

OUT OF HOURS COMMUNITY NURSING CONSULTATION UPDATE

To: **Health Committee**

Meeting Date: **19th March 2020**

From: **Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)**

Purpose: **To outline the proposed changes to the Out of Hours community nursing workforce and provide clarification on the anticipated impact in East Cambridgeshire and Fenland specifically.**

Recommendation:

- a) To review the proposed model; and**
- b) To consider CPFT assurance on consultation process**

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1 SUMMARY

- 1.1 CPFT are currently in consultation with staff regarding proposed changes to the Out of Hours (OOH) community nursing workforce across Cambridgeshire and Peterborough. The consultation with staff in the teams is about changing skill mix and working patterns to provide an equitable high quality service within budget. There is **no loss of service** proposed and the changes to bases affect staff, not patients. Patients are not currently seen in any of the bases, this is a home visiting service covering the evening (twilight) and night time. This service will continue to be delivered in full.
- 1.2 There is no loss in service proposed; however, we are aiming to provide a more equitable service with a specific focus on End of Life, blocked catheters, admission avoidance and unplanned OOH community nursing. We are also aiming to reduce reliance on agency and bank staff by having a roaming team to cover shifts in demand. This also supports consistent service quality.

2 BACKGROUND

- 2.1 The Out of Hours (OOH) community nursing service provides nursing support for patients during the evening and night-time across Cambridgeshire and Peterborough.
- 2.2 The current budget for the service is £1.67m, commissioned via Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The service has a predicted overspend of £406k for the 2019/2020 financial year.
- 2.3 A review of the service was undertaken and a proposal was constructed with the aim to:
 - Deliver an equitable consistent staffing and service structure countywide
 - Ensure clear, consistent criteria for the service access countywide
 - Increase the staffing resilience countywide
 - Maintain safe and responsive out of hours community nursing care
 - Deliver a reduction in current overspend
- 2.4 CPFT anticipate an investment of £58k of additional funding on top of the current budget in order to deliver the proposed clinical model on an ongoing basis.
- 2.5 The proposed clinical model and subsequent staff consultation was co-produced over a period of months collaboratively with Out of Hours clinical leads, with feedback which shaped the final proposal.
- 2.6 The Clinical Director for the Older People's and Adult Community (OPAC) directorate reviewed the proposal. Several amendments were made to ensure and enhance quality, patient safety, patient experience and clinical effectiveness. The Quality Impact Assessment was then signed off by the directorate's Clinical Director on 18th December 2019.

- 2.7 CPFT launched a staff consultation on the proposal with its Out of Hours nursing service on the 4th February 2020, with the closing date of the 5th March 2020.
- 2.8 Following a query from Cambridgeshire and Peterborough Clinical Commissioning Group the draft consultation document and Quality Impact Assessment were shared on the 30th January 2020.
- 2.9 Concerns regarding the potential impact of the proposal for East Cambridgeshire and Fenland communities and the lack of public consultation were escalated by the CCG to CPFT in early February 2020.

3 SERVICE MODEL AND PROPOSAL

- 3.1 The Out of Hours nursing service historically consists of four small clinical teams working under three clinical managers. Each of the teams have evolved differently, with current variations in hours of operation, referral criteria and models for service delivery across clinical pathways such as end of life care and admission avoidance.
- 3.2 The teams are not static and have worked in an agile way throughout the county during the evening and night for years while having touchdown bases in Cambridge, Peterborough, Huntingdon and Doddington.
- 3.3 This has allowed staff to access equipment and stock at any base out of hours as well as work from home to their first visit and then return directly to home after their last visit, therefore reducing travel time and increasing clinical time to see patients.
- 3.4 Patient referrals are always triaged by an out of hours clinician so that patients with the greatest clinical needs are prioritised, and staff are therefore deployed in order to meet the highest clinical need.
- 3.5 The proposal does not reduce the hours of operation of the Out of Hours Nursing service.
- 3.6 The proposal does not change the clinical leadership and management of the Out of Hours Nursing service.
- 3.7 The key changes proposed include:
- Change in shift lengths to ensure efficiency of staff matched to demand
 - Standardisation of start time of all teams
 - An additional roaming team after 10pm to provide countywide resilience
 - Enhanced administrative resilience of the service

- Increased number of non-registered staff to support and enhance safe working for registered staff
- Consolidating the service from 4 teams to 3 teams based on analysis of service demand and workforce capacity.

3.8 See appendix 1 for the past 12 month's service demand. The service will continue to be able to meet this demand with the proposed changes. There will not be a reduction in service quality.

4 SPECIFIC ISSUES IN EAST CAMBRIDGESHIRE AND FENLAND

4.1 Loss of Base in East Cambridgeshire and Fenland

4.1.1 The service already operates in an agile manner (i.e through staff using mobile IT solutions rather than working from bases) . This proposal will not change this. There will still be a base for the Out of Hours Nursing service in Doddington. We do not anticipate any change in driving times for staff who deliver services in East Cambridgeshire and Peterborough.

4.2 Loss of Service in East Cambridgeshire and Fenland

4.2.1 There is no anticipated reduction in services to the community of East Cambridgeshire and Peterborough. We anticipate the additional investment in non-registered staff and a roaming night team will enhance the service provision countywide.

4.2.2 It is proposed that the existing clinical team leads will work on a rotational system area wide, providing clinical and operational oversight of the entire service.

4.2.3 This includes the co-ordination and deployment of available resource countywide inclusive of East Cambridgeshire and Fenland following accurate clinical triage which will allow for urgent and complex referrals to be prioritised accordingly.

5.0 Public Consultation

Public consultation was not considered necessary as these changes are completely internal and affect staff working patterns and staff bases but do not have an impact on the service to patients. Undertaking consultation with staff when seeking to change their hours of work; the bases they work into; and skill mix within teams is a regular occurrence and routine practice. We engaged clinical team leaders in developing the proposals and spent much time co-producing feasible options with them. This is how cost improvement plans are developed and delivered, and we have an agreed quality impact assessment process to assess the extent of change as a result of endeavouring to deliver services within budget. If that assessment showed a loss of service or change that affected patients then we would expect to engage with patients and consider public consultation.

6.0 Conclusion

This internal staff consultation has now concluded and we are considering the responses

received from staff in advance of making any changes to staff working patterns.

We would be happy to share the outcome of the consultation with the health committee. In addition, if this change is implemented, then we would also be happy to return to the committee to share the impact in practice of the change.

Appendix 1



