

**Item 2.2a**  
**Appendix 4**

## **Knowsley Community Cardiovascular Disease (KCVD) Knowsley Community Respiratory (KCRS) Services' Workforce Assurance Report**

### **1. Introduction**

The report provides an overview of the staffing and structure of the Knowsley Community Services to provide assurance that staffing meets National guidelines where applicable and that safe and quality care can be provided to patients in the community managed by staff employed Liverpool Heart & Chest Hospital.

As the drive to shift specialised and non-specialised care out of hospital, there is a greater demand for a skilled and competent community nursing workforce to facilitate this shift at a local level. Community Nurses are essential in the delivery of continuous care as they often serve as an interface between acute and community care, focusing on prevention, self-management and providing support to transition patients smoothly across the health and social care services. Delivery of the strategic vision of the Five Year Forward View requires a 'joined up' approach and LHCHs Community models of care demonstrate how services lead the way to achieve effective delivery of patient centred community services.

It should be noted that there is no single National Work force tool for Community Services that can incorporate all factors (Royal College of Nursing, 2010). The Chartered Society of Physiotherapists, The College of Occupational Therapists, Royal College of Nursing Guidelines were consulted however the diverse models of care that community teams provide and the trans disciplinary working mean that benchmarking would not add value to this exercise, as there are no similar complete models of care such these provided by LHCH.

### **2. Background**

The Community services comprises of a large number of multidisciplinary professionals including Respiratory Consultants, Cardiologists, Cardiac Physiologists, Registered Nurses, Respiratory Physiologists, Exercise Physiologists, Occupational Therapists, Physiotherapists, Speech and Language Therapist (SALT), Social Worker, Psychotherapists, Exercise Instructors, Rehabilitation Assistants and Administrative Support providing services to patients in the community, both in Primary Care Venues, community venues and in patients own homes.

Both KCVD & KCRS services are separately commissioned services through Knowsley Clinical Commissioning Group (CCG), although both specialities are co-located in the Community Portakabin on the LHCH site, deliver separate specialist services within the Metropolitan Borough of Knowsley (KMBC) and it is within this context that staffing levels will be described in this paper.

The Knowsley Admin Hub is core to the delivery of safe effective community services.

### **3. Community Teams – structure, function and staffing**

#### **3.1 Cardiovascular Service (CVD)**

The CVD Service has 9.8 nursing staff in post (9.2wte in post-0.6 vacancy to be recruited into). There are a total 26.4wte funded clinic posts (excluding admin).

##### **3.1.1 Community CVD Diagnostic Service**

The diagnostic service have funding for 2.0 wte consultant cardiologists (provided by 5 different cardiologists) and 3 Cardiac physiologists (Managed by J Beukers) who attend the community clinics. The heart failure nurses are present at the clinic but are not involved in reviewing “consultant new” patients.

##### **3.1.2 Community Cardiovascular Rehabilitation Service**

The British Association of Cardiovascular Prevention and Rehabilitation Standards and Core Components (BACPR 2012) and the Scottish Intercollegiate Guidelines Network (SIGN 2002) define clear staffing resources needed to provide comprehensive rehabilitation. The recommendation for staffing is 1 to 5 or 1 to 10 depending on the complexity of patients. The staffing levels currently in post are adequate to meet the service requirements. There is a recommendation of psychology time –this is provided by 0.6wte Band 6 Specialist Therapist who will commence in post.

Cardiovascular Rehabilitation and Pulmonary Rehabilitation (Commissioned through KCRS) appointed a Band 7 Cardiopulmonary Rehabilitation Facilitator who commences in post in Sept 2016. This is an exciting new role which will further cement the “merged groups” and Lead in exploring the opportunities for delivering more effective and efficient Long Term Condition Rehabilitation. There are 3.6wte band 6 nurses (2 NMPs) (0.6wte vacancy). 2.0wte band 6 exercise physiologists and 0.8 wte band 5 exercise instructor.

##### **3.1.3 Community Heart Failure Service**

There are currently 4.6 Heart failure specialist nurses in post for a heart failure case load of 230 patients. Recommended case load per practitioner is 1:50. There are 1.0wte Band 7 Trainee Assistant Practitioner (in University 2 days per week), 1.0wte Band 7 Team Leader, 2.6 wte Band 6 Nurses (1.0wte on maternity leave). The service has been commissioned for treatment, management and optimisation of medications. Once the patient is stabilised and fully titrated they are discharged back to the care of the GP, unless the patient is entering into the palliative stages and has had frequent hospital admissions.

##### **3.1.4 Community Stroke service**

The Early Supported Discharge Stroke Service is therapist led and provides a comprehensive stroke follow-up service which has a single point of access and accepts all referrals based on the assessment of the acute trust therapists. In 2014 the CCG required that the service provides 7 day service – this is provided through on call. There are currently 8.4wte staff in the service – 0.8wte band 7 Occupational Therapist (OT) Team Leader, 1.0wte Band 7 Physiotherapist (PT) (currently on maternity leave), 1.0wte band 6 PT, 1.0wte band 6 OT, 3.0wte band 4 Rehab Assistants, 0.4 wte band 6 SALT (currently being provided through agency), 1.0wte Social Worker (provided from KBMC)

Based on the NICE guidance for stroke rehabilitation of at least 45 minutes of therapy for a minimum of 5 days. These guidelines are being met.

The Stroke Team will transfer under the management of the Therapies Department in Sept 2016.

Staffing is adequate within the Community CVD service to support the delivery of safe, quality and care.

### **3.2 Knowsley Community Respiratory Services (KCRS) (formerly known as Knowsley Community COPD Service)**

KCRS has been commissioned from 2<sup>nd</sup> November 2015 to offer services supporting the management of patients with other respiratory conditions such as pneumonia, bronchiectasis asthma and other conditions. The service has expanded and has an establishment of a total of 36.76 wte, 19.97 nursing staff. There are 11.54wte allied health professionals and 5.25wte Band 4 or 3 Health Care Assistants.

#### **3.2.1 Rapid response**

Nurses and physiotherapists triage on average 600-900 calls per month which can result in 350-450 home visits required. The service is commissioned as an avoidance to hospital admission service and requires a 2 hour response time for eligible patients. Throughout the year it is incredibly busy with 2 nurses on the rota for the early shift, 2 for the late shift and one nurse on a middle shift -7 days per week all year 8am-10pm with telephone advice overnight.

#### **3.2.2 Community Physiotherapy**

From June 2016 now provide 7 days service for chest clearance with a 4 hour response time

#### **3.2.3 Early supported discharge**

In-reaching into Whiston and Aintree hospital to support patients to be safely discharged with support for 14 days. There has traditionally been only one nurse, this will increase with 3.0 wte nurses employed by Whiston and Liverpool Community Health who has the lead role for this.

#### **3.2.4 Community Respiratory Clinics**

2.4wte consultants in partnership with the Royal and Aintree provide clinics 6 days per week 10am-6pm with one late clinic and 1 Saturday clinic. 1.0 advanced practitioner, 2.0 Two nurses are required for clinic (New and oxygen), 2.0wte Respiratory Physiologists, 1.0wte psychotherapist and 0.3wte band 7 psychologist.

#### **3.2.5 Home Oxygen Assessment and Review service (HOSAR)**

1.0wte Band 7 Oxygen Nurse Team Leader, 2.4wte Band 6 oxygen nurses, 2.0wte band 4. Assistant Practitioner. Oxygen guidelines are adhered to.

#### **3.2.6 Pulmonary Rehabilitation**

Guidelines for standards of care in Pulmonary Rehabilitation (The British Thoracic Society (2013)) similar to cardiovascular rehabilitation recommend staffing levels at 1 to 6 depending upon patient complexity. The service is predominantly therapist led but

with the commencement of the band 7 Cardiopulmonary Facilitator this role will see both services working more closely together.

### **3.2.7 Psychotherapy**

0.5wte Band 7 psychologist (to be recruited to) and 1.0wte Psychotherapist band 6

### **3.2.8 Annual Spirometry 2.0wte band 6 staff (Managed by D Russell)**

Overall the Benchmarking and scrutiny of the staffing levels give assurance of the safety of patients nursed in the community services. There is adequate staffing within the Community Respiratory Service to support the delivery of safe, quality and care.

## **3.3 Knowsley Admin Hub**

There are 15.59 wte administrative staff employed by Knowsley Community Services, 1.0wte Band 5 Admin Hub Manager, 0.93wte Band 4 Admin Hub Team Leader, 11.7wte Band 3 general admin staff, secretaries and booking clerks providing admin services 7 days per week 8.30am -6pm.

There are adequate admin requirements for the eservice, however with the introduction of EPR the staffing establishment will greatly reduce over the next few years. With the introduction of 7 day working there has been a high turnover of staff which has caused concern.

## **3.4 On call and 7 day working**

The Community Respiratory Service provides on call nursing and physiotherapy 7 days a week, 24 hours a day. A physiotherapist works until 18:00hrs on weekdays, with on call providing a service from 18:00 – 22:00hrs. Nurses are on call from 2200-0800

The triage response time is 2hours from call at home to assessment and 4 hours for chest clearance.

As this will be the first year for the addition of the new respiratory conditions staffing levels especially over the winter months will be closely monitored.

The Early Supported Stroke Team provide and on call service from 09.00-17.00 Saturdays and Sundays.

The Community Services embrace the ethos to continue to provide 7 day services and going forward will be exploring the most cost effective way to deliver a quality and safe that works collaboratively with all other component parts of the patient pathway over 7 days.

The Community Services can provide full assurance that the staffing levels provide safe care to patients and where appropriate meet national guidelines in the majority of specialities. There are two areas where full assurance cannot be provided and these are Speech and Language Therapy in Stroke and in Early Supported Discharge for Respiratory Patients.

There are a number of opportunities to be explored to identify solutions to the two areas where full assurance cannot be provided. The key actions required are:

- Strengthen the links between the Community Therapies Team and LHCH Therapies Teams - explore more joined up working, peer support, sharing of

specialist skills. The Community Stroke service, following organisational change will transfer to the therapies department at the end of the summer.

- Within the Respiratory Service there is significant investment available for the development of partnership working with Aintree, Royal Liverpool Hospital and Whiston for provision of additional consultant sessions and appointment of 3.0wte ESD nurses. Service Level agreement and a Community Partnership Board will be established to ensure that local agreements are in place before the winter pressures. A rotational physiotherapist band 6 post commenced June 2016 and partnership working with the Psychology Department at Aintree to provide supervision and professional peer support commenced in July 2016.
- Work will be undertaken to further develop the collaborative working between all of the community teams for more effective ways of working. The Joint Cardiopulmonary Rehabilitation post will merge the teams and a workforce plan will be undertaken to consider those areas where skill mix can be changed.
- A review of skill mix of individual teams will take place to ensure that the separately commissioned services do not place artificial barriers, producing unnecessary 'hand-offs' between teams and create silo working between teams that reduce efficiency.
- Admin teams review with the introduction of an electronic patient's record will be undertaken to ensure that the benefit realisation of EPR is actualised.
- Knowlsey Community Teams will support a LHCH Community Strategy, identifying, supporting and sharing experiences when involved in developing services for Liverpool in the Cardiology and Respiratory redesign.

#### **4. Summary**

The above outlined opportunities to strengthen the workforce within Speech and Language Therapy in Stroke and in Early Supported Discharge for Respiratory Patients will be monitored through the People Committee.