# Section 4: Workstream Baseline



# Mental Health Workstream - Summary

# **Overview**

This workstream-specific section is designed to provide a view on the workforce affected by a workstream. Key aims are to show the extent of fragmentation of roles, and the variation in workforce from the main baseline, so that impact assessments can be made on the change.

The Transformational Programme follows the national strategy 'No Health without Mental Health'. The programme covers adults with mental health needs but acknowledges critical links with children's mental health services. The current service provision is recognised as fragmented with elements of duplication across a range a service providers (Mental Health Clinical Strategy Proposition). Acute care and community provision of mental health services has a total workforce of 1,342 employees covering 50 different roles.

# **Key areas of transformation**

- Primary Care Mental Health and Community Mental Health Team
- Recovery focussed model
- Crisis Care and Development of a Multi-agency Assessment and Crisis Centre
- Third Sector

Development plans include Liaison Psychiatry to support A&E departments, wards and both medical and surgical outpatient departments. A team will be built from the current limited liaison

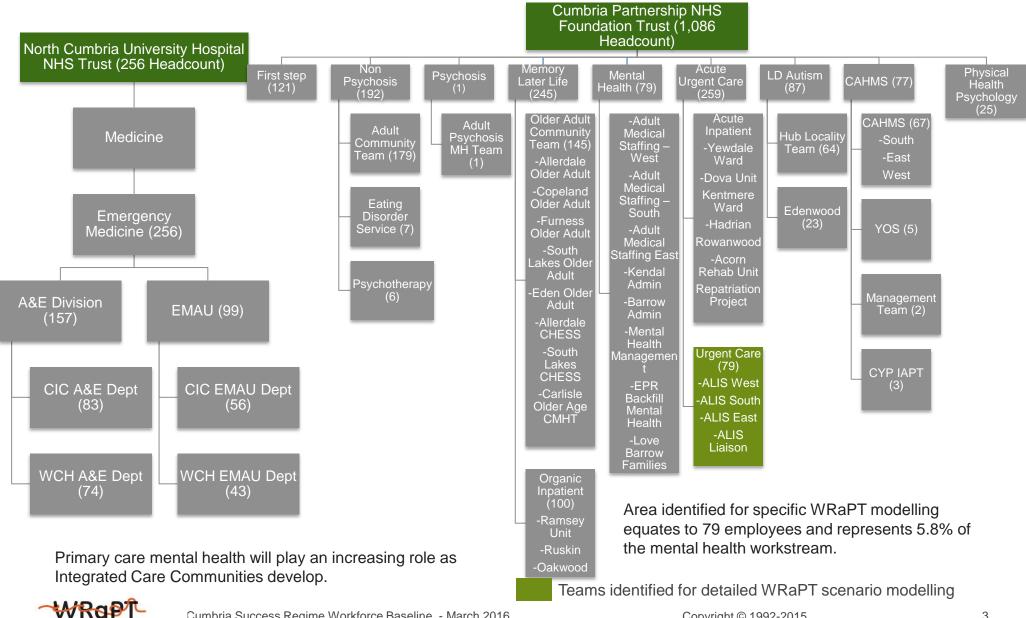
service across Furness General, West Cumberland Hospital and Cumberland Infirmary sites.

# **Key Points**

- National policy recommends a future mental health workforce with an improved skill mix which has implications for recruitment, training and development of the current workforce (Five Year Forward View for Mental Health, February 2016).
- CPFT Medical Director identified issues with psychiatry (old age and Child and Adolescent) in meeting future service demands.
- Plans to transform Mental Health acute service provision will require a step change, seeking an optimised balance of resources including workforce to the bed base and community provision. A key element is the retention and upskilling of the workforce (Mental Health Clinical Strategy Proposition).
- The total headcount for the Mental Health workforce is 1,342 equating to 1,153.32 WTEs.
- 1,104 (82%) employees are female and 404 (36%) of these employees are aged 50 or over.
- The highest spend on CPFT agency is on the ALIS Team.
- The WRaPT Team have been asked to undertake scenario modelling for the Urgent Care, Mental Health Liaison Teams.
- Validated ESR data indicates this represents 81 employees from the total Acute Care and Community Mental Health workforce.



# Mental Health Workstream



# Mental Health Workstream: Baseline Characteristics



1342

Headcount

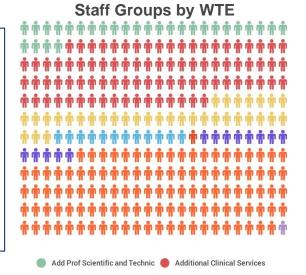


1153.32

WTF

The total headcount for the Mental Health workforce is 1,342 equating to 1,153.32 WTEs. 1,215 members of staff are employed on a permanent basis and 127 members of staff are employed on a temporary basis.

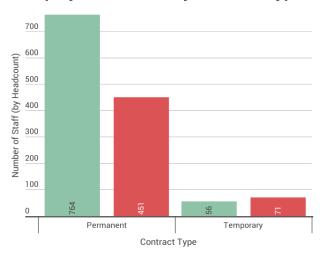
The graph showing number of staff by pay band shows the majority of the workforce is split across Band 3, 5 and 6. There are 50 different roles covering this workstream which fall into 7 staff groups, the largest proportion of the workforce falls within Nursing and Midwifery and Additional Clinical Services.



Estates and Ancillary Medical and Dental

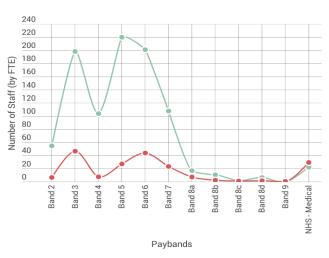
Nursing and Midwifery Registered Students Staff Roles by WTE

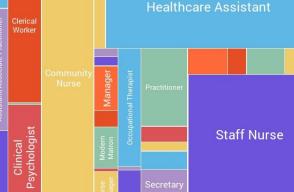
#### **Employment Status by Contract Type**



Full Time Part Time

# Staff Pay by Gender





Administrative and Clerical

WROPIL

Cumbria Success Regime Workforce Baseline - March 2016

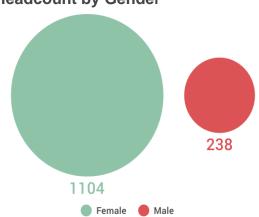
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# Mental Health Workstream: Baseline Characteristics

atheism or other.

status.

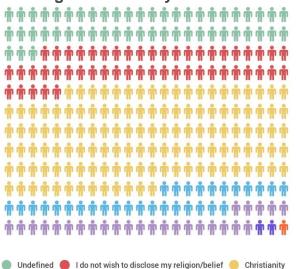
# **Headcount by Gender**



1,104 (82%) employees are female and 404 (36%) of these employees are aged 50 or over. 595 employees declared their religious status as Christian with the remaining undefined, unknown,

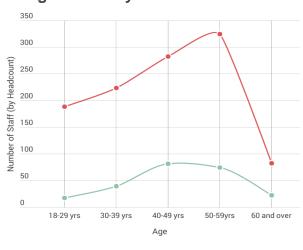
1,259 (94%) employees declared their ethnicity status as white and 27 (0.02%) employees indicated a BME status. 4.99% of employees declared a disability

# **Religious Status by Headcount**

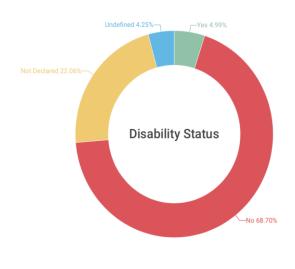


Atheism Other Buddhism Hinduism Islam

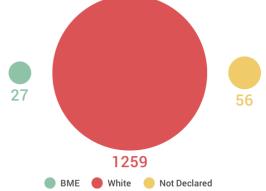




Female



# Ethnicity Status by Headcount





# Children and Families Workstream - Summary

#### **Overview**

This workstream-specific section is designed to provide a view on the workforce affected by a workstream. Key aims are to show the Workforce Challenges and Proposals - Key Points profile of the current workforce, variation in workforce from the main baseline and provide a summary of workforce proposals.

This programme of work covers Children and Family Services and Maternity Services. The driver for the workstream transformation programme is to provide safe and sustainable service models which meet recommended standards of care. The current medical staffing model does not meet all recommended clinical standards.

It should be noted that extensive work has already been undertaken to consider potential options and implications for the current and future Children's and Families workforce. The WRaPT have been requested to undertake workforce sceanrio modelling focussing on the Paediatric Community Nursing Team

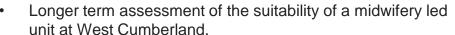
# **Key Areas of Transformation**

#### **Children and Families**

- Remodelled Short Stay Paediatric Assessment Unit (SSPAU)
- Expanded integrated Children's Nursing Service
- Paediatric Outreach services
- Structured support to primary care
- Integration across services

#### **Maternity**

Consultant led maternity units at Cumberland Infirmary and West Cumberland Hospital



#### **Children and Families**

In 2015, RCPCH published new standards of care and the current workforce configuration does not meet these standards. Joint standards from the RCOG, RCPCH and Royal College of Anaesthetics include availability of a paediatrician within 10 minutes to support resuscitation of a newborn is not met out of hours on either paediatric or maternity unit. Issues have also been identified with the sustainability of parts of the Nursing Team workforce. Furthermore, the Community Paediatric Team is failing to meet Referral to Treatment Standards.

Proposals will have significant implications for the configuration of the workforce. The SSPAU model covering both sites will be based on consultant expansion with an associated reduction in Speciality Doctor posts. Increasing the Consultant element of the workforce would address the issue of sustainable acute rotas that are compliant with national standards. Within the SSPAU model, the vision is that initial assessment would be undertaken by APNPs and Neonatal support would utilise ANNPs. Clearly, expansion of the workforce in these three areas will be reliant on recruitment and retention for these post.

The new expanded and integrated Children's Community Service will include both acute and community staff. The service will be supported by consultant outreach clinics and will link closely to Integrated Care Communities.

# Children and Families Workstream – Summary

# **Maternity**

#### **Obstetrics**

The current obstetric medical workforce follows the traditional configuration with junior and non-consultant staff providing first on call cover. Staffing does meet standards but there is a high reliance on locums.

Proposals are based on a move to a Consultant resident on call. A requirement for an additional 10 obstetric consultant posts has been identified. This model will be supported by Advanced Midwife Practitioners and GPSIs.

# **Midwifery**

The current midwifery staffing levels are in line with standards. Delivery of the midwifery led unit will require redesign of midwifery workforce. Future configuration will see an integrated midwifery team across the Midwifery Led Units and the community.

#### **Paediatric and Neonatal**

Historically, reliance on locum peadiatricians has been high, particularly at the West Cumberland site. As indicated previously paediatric cover does not meet national standards. The cover that is provided is done so by using speciality doctors, an APNP and Consultants, this was highlighted as a concern during the CQC inspection.

The proposed change to a SSPAU model would necessitate an additional 5WTE consultants at West Cumberland Hospital with no change at Cumberland Infirmary.

# **Surgery and Anaesthetics**

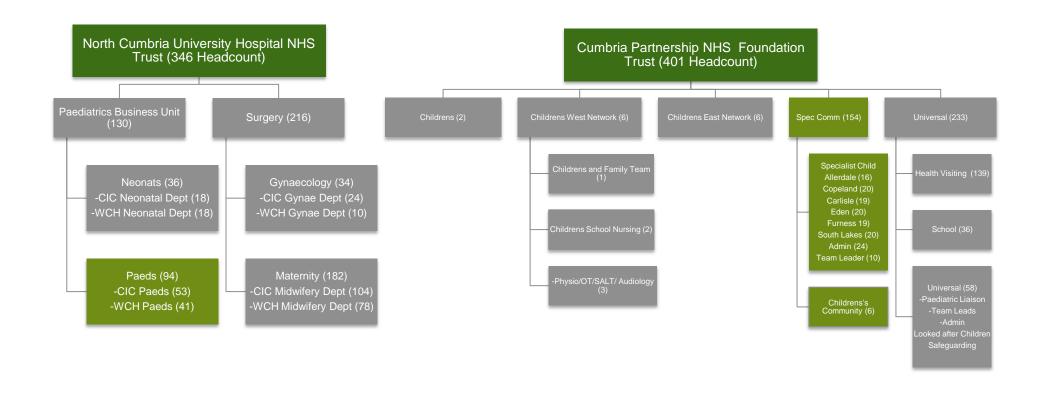
Staff recruitment and retention in the area of anaesthetics, Emergency Consultant out of hours cover ceased at West Cumberland Hospital due to patient safety risks therefore, all emergency surgery is provided at Cumberland Infirmary.

An alternative model of care has been identified to cover ICU at Westcumberland involving an Advanced Critical care Practitioner role.

- The total headcount for the Children and Families workforce is 747 employees equating to 551 WTEs.
- A significant number (192.53 FTE/35%) of the workforce are band 6 employees.
- There are 15 roles covering this workstream which fall into 6 staff groups, Nursing and Midwifery is the largest group with 424 employees. Compared to the other Success Regime workstreams, the staff roles/groups appear less fragmented.
- 723 (97%) employees in the Children and Families workstream are female.
- 312 (42%) employees are aged 50 or over.



# Children and Families (inc Maternity)







# Children and Families Workstream: Baseline Characteristics



747

Headcount

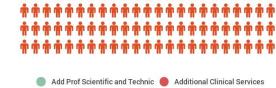


551.00

WTE

The total headcount for the Children and Families workforce is 747 employees equating to 551 WTEs. 688 members of staff are employed on a permanent basis and 69 members of staff are employed on a temporary basis.

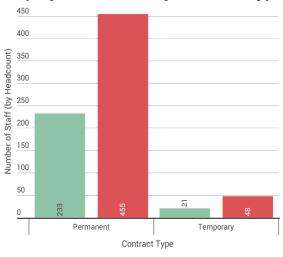
The graph showing number of staff by pay band shows a significant number (192.53 FTE/35%) of the workforce are band 6 employees. There are 15 roles covering this workstream which fall into 6 staff groups, Nursing and Midwifery is the largest group with 424 employees.



Staff Groups by WTE

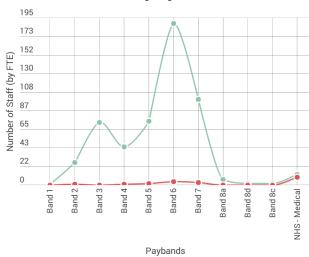
Administrative and Clerical Allied Health Professionals

# **Employment Status by Contract Type**

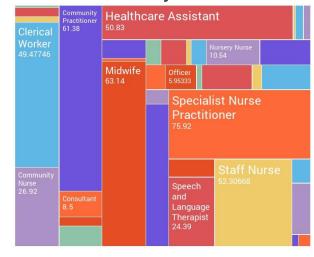


Part Time

# Staff Pay by Gender



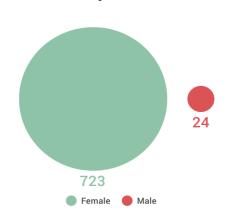
# Staff Roles by Headcount





# Children and Families Workstream: Baseline Characteristics

#### **Headcount by Gender**



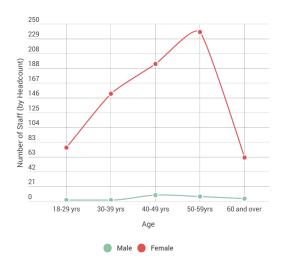
723 (97%) employees in the Children and Families workstream are female. 312 (42%) employees are aged 50 or over. 426 (57%) employees declared their religious status as Christian, 198 (26%) employees did not disclose religious status and 41 (5.4%) were undefined. The remaining declared their status as either Atheism, Islam, Hinduism or other.

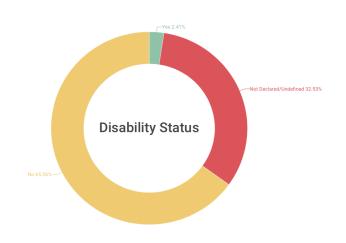
709 (95%) employees declared their ethnicity status as white and (1.7%) employees indicated a BME status. A disability status was declared by 18 (2.41%) employees.

#### **Religious Status**

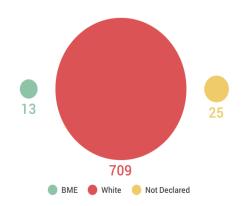


# Age Profile by Gender





#### **Ethnicity Status by Headcount**





# Specialised Commissioning Workstream - Summary

#### **Overview**

Specialised services in North Cumbria have an over reliance on locum and interim staff as a result of challenges in recruitment and retention. Many services are provided on a shared care or network model between NCUHT and other providers, predominately Newcastle Upon tyne Hospital Foundation Trust (NUHT).

The 2013 Keogh Review identified concerns with relate directly to the specialised service workforce:

- Professional isolation and insuficient peer support due to size of teams, and increasing sub-specialistation.
- Scale insufficient numbers critical mass for consultants to achieve critical mass standards.
- Recruitment and retention of the specialised workforce.

# **Key Areas of Transformation**

The proposal for transformation is based on providing 'bundles of care' and networks that are built around lead providers.

Within the scope of the Success Regime, the proposals are to:

- Reconfigure services based on the lead provider model— Cardiology, Vascular Trauma, Children's Cancer and Mental Health.
- Development of Oncology, Radiotherapy and Chemotherapy service in North Cumbria with the support of a tertiary centre.

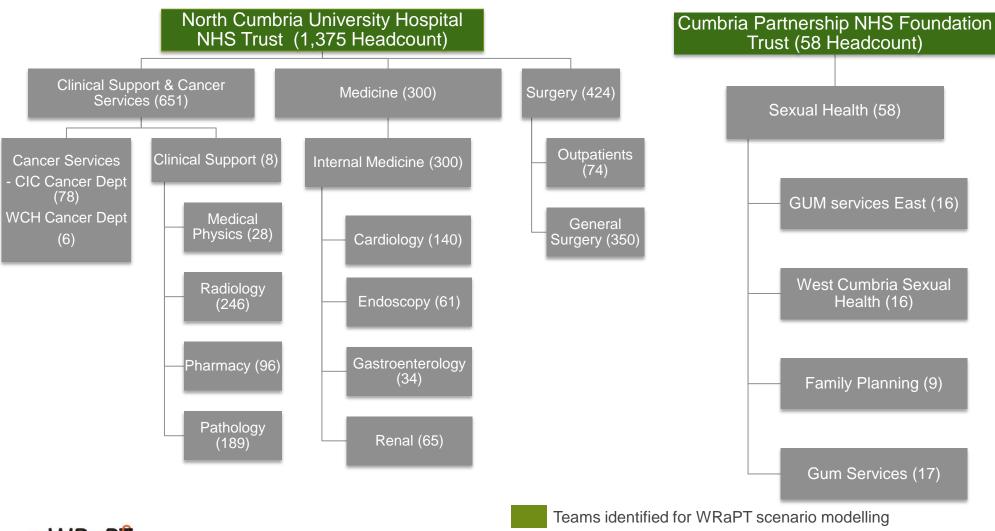
# **Key Points**

The WRaPT Team were initially asked to undertake workforce modelling with Opthalmology services. However, due to the interdependency with NUHT and the lack of access to NUHT data this was not pursued. The areas identified for potential modelling were Oncology and Radiotherapy Services.

- The total headcount for the Specialised Commissioning workforce is 1,433 equating to 1,126.86 WTEs.
- There are 50 different roles covering this workstream which fall into 8 staff groups, the largest proportion of the workforce falls within Nursing and Midwifery and Additional Clinical Services.
- 1,250 (87%) employees in the specialised commissioning workforce are female.



# **Specialised Commissioning**



# Specialised Commissioning: Baseline Characteristics



1433

Headcount



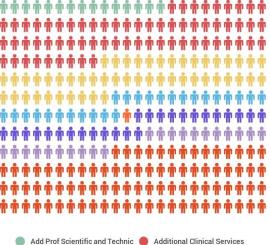
1126.86

WTF

The total headcount for the Specialised Commissioning workforce is 1,433 equating to 1,126.86 WTEs. 1,332 members of staff are employed on a permanent basis and 101 members of staff are employed on a temporary basis.

The graph showing number of staff by pay band shows the majority of the workforce is split across bands 2, 3, 5 and 6. These bandings equate to 804.95 (71%) of the FTE workforce. Medical staffing is 80.15 FTE and of these the majority (50.7 FTE) are male. There are 50 different roles covering this workstream which fall into 8 staff groups, the largest proportion of the workforce falls within Nursing and Midwifery and Additional Clinical Services.

# Staff Groups by WTE

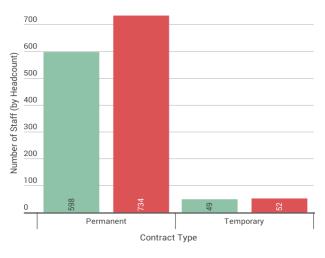


Administrative and Clerical Allied Health Professionals

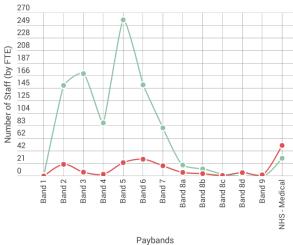
Healthcare Scientists

Nursing and Midwifery Registered

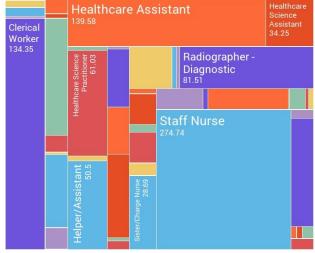
# **Employment Status by Contract Type**



# Staff Pay by Gender



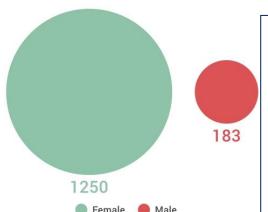
# Staff Roles by WTE



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# Specialised Commissioning: Baseline Characteristics

# **Headcount by Gender**



Age Profile by Gender

1,250 (87%) employees in the specialised commissioning workforce are female. 545 (38%) employees are aged 50 or over. 678 (47%) employees declared their religious status as Christian, 436 (30%) employees did not disclose religious status and 100 (6.9%) were undefined. The remaining declared their status as either Atheism, Islam, Hinduism or other.

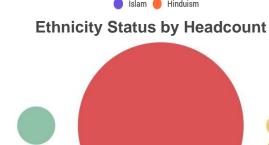
1,340 (93%) employees declared their ethnicity status as white and 71 (4.9%) employees indicated a BME status. A disability status was declared by 33 (2.3%) employees.

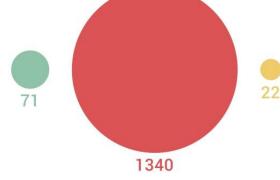
**Disability Status** 

# **Religious Status**



Christianity Not Disclosed Undefined Atheism Other





Not Declared



350

Number of Staff (by Headcount)

50 0

Cumbria Success Regime Workforce Baseline - March 2016

50-59yrs

60 and over

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-Not Declared/Undefined 39 71%

# Elective Workstream - Summary Overview

West Cumberland Hospital – Centre of Excellence and MSK and Orthopaedics proposition documents outline the elective workstream proposals. The future aim will be to concentrate simple elective work across a range of specialities at West Cumberland Hospital and also establish a Clinical Assessment and Treatment Service (CATS) for MSK and Orthopaedic.

# **Key Areas of Transformation**

#### **West Cumberland Hospital – Centre of Excellence**

The new West Cumberland site represents an opportunity to develop a centre of excellence and to redress the previous imbalance of elective and outpatient activity at Cumberland Infirmary. Two options proposed 1) move some non-complex elective and 2) move all non-complex elective. Both options will require detailed assessment of workforce implications and future needs. An initial potential barrier identified is the lack of surgical on call at West Cumberland as the elective workload increases.

# **MSK** and Orthopaedics

Development of a CATS is the preferred proposal and would be in line with the Department of Health, Musculoskeletal Services Framework. The service would be staffed by the following; Orthpeadic Consultants, ESP Physiotherapist, Physiotherapists, Physiotherapy Technicians, Consultant Surgical Podiatrist, HSP Podiatrists, Podiatrists, Podiatry Technicians, Psychologist, Spinal Assessment and GPwSIs.

The CATS would be based on a number of principles including integration of specialist and generalist professionals and integration of workforce teams across organisational boundaries.

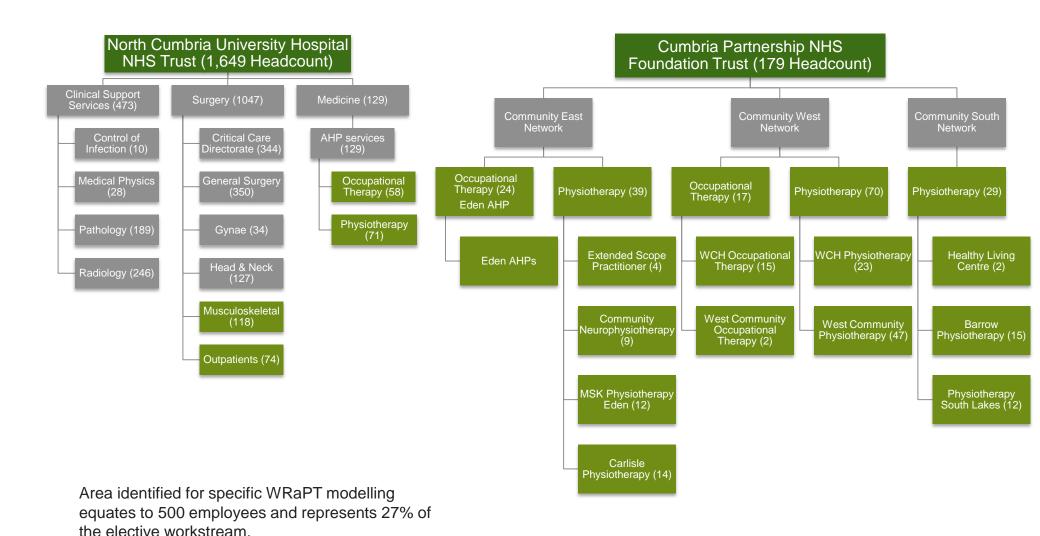
# **Key Points**

The WRaPT Team have been asked to undertake workforce modelling for the MSK workforce.

- The total headcount for the Elective workforce is 1,828 equating to 1,409.02 WTEs.
- There are 8 different roles covering this workstream which fall into 14 staff groups, the largest number of employees (440) are within the Acute, Elderly and General Nursing group.
- 1,507 (82%) employees in the elective workforce are female.
- 718 (39%) employees are aged 50 or over.



# Elective







# Elective Workstream: Baseline Characteristics

Ť

1828

Headcount



1409.02

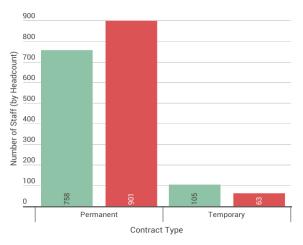
WTE

The total headcount for the Elective workforce is 1,828 equating to 1,409.02 WTEs. 1,659 members of staff are employed on a permanent basis and 168 members of staff are employed on a temporary basis.

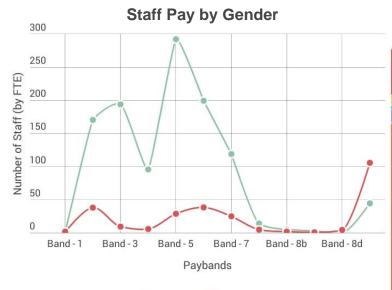
The graph showing number of staff by pay band shows the majority of the workforce is split across bands 2, 3, 5 and 6. These bandings equate to 971.65 (69%) of the FTE workforce. Medical staffing is 150.48 FTE and of these the majority (105.87 FTE) are male. There are 8 different roles covering this workstream which fall into 14 staff groups, the largest number of employees (440) are within the Acute, Elderly and General Nursing group.

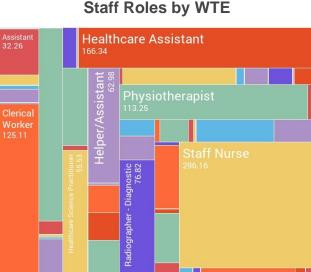
# 





Full Time Part Time

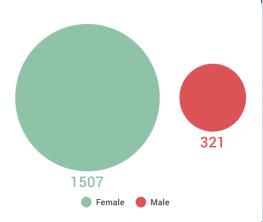






# Elective Workstream: Baseline Characteristics

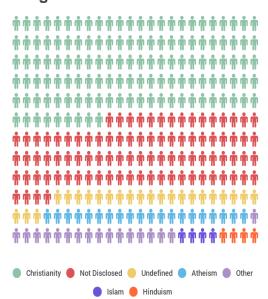
#### **Headcount by Gender**



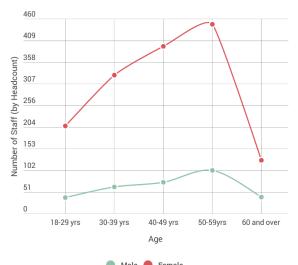
1,507 (82%) employees in the elective workforce are female. 718 (39%) employees are aged 50 or over. 819 (45%) employees declared their religious status as Christian, 577 (32%) employees did not disclose religious status and 146 (8%) were undefined. The remaining declared their status as either Atheism, Islam, Hinduism or other.

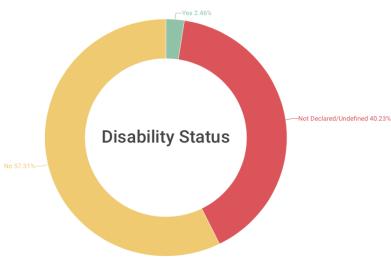
1,666 (91%) employees declared their ethnicity status as white and 114 (6.2%) employees indicated a BME status. A disability status was declared by 45 (2.46%) employees.

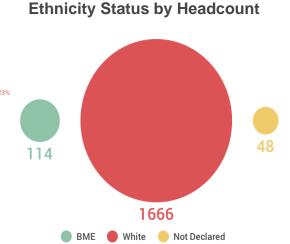
# **Religious Status**



#### Age Profile by Gender









# Proactive and Urgent Care Workstream - Summary

#### **Overview**

The Proactive and Urgent Care propositions cover eight areas:

- COPD
- Stroke and Early Supported Stroke Discharge
- Emergency Surgery
- Frailty
- Integrated/unscheduled care
- Community Hospitals
- Integrated Care Communities (covered in the subsequent section)
- West Cumberland Hospital medicine medical workforce

Significant workforce challenges have been identified across the workstream areas. These largely relate to difficulties in recruitment and retention of staff and the associated high reliance on locum and agency staff.

Plans for the transformation of clinical services are not fully formed in all areas. Integrated Care Communities and Community Hospitals have been identified to undertake specific WRaPT modelling.

# **Key Areas of Transformation**

Service developments in this workstream are underpinned by the transformation of the acute medicine, medical staffing model at West Cumberland Hospital. There are a number of proposals including the option for an Integrated Team/Composite Workforce.

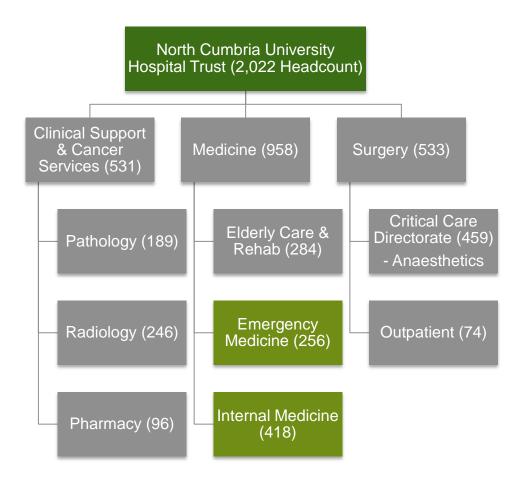
This proposes that current resources are utilised with increased support of Advanced Practitioners who will undertake roles previously performed by junior doctors and registrars. The need to upskill sections of the workforce is acknowledged within a number of propositions including COPD, Frailty and Unscheduled care.

# **Key Points**

- The total headcount for the Proactive and Urgent Care workforce is 3,525 equating to 2,762.56 WTEs.
- A significant proportion (706.88 FTE/25.6%) of the workforce are female, band 5 members of staff.
- The majority of the Proactive and Urgent Care workforce fall within Nursing and Midwifery and Additional Clinical Services staff groups.
- 3,135 (89%) employees are female and 1,372 (39%) of the total number of employees are aged 50 or over, of note 293 (8.3%) of these employees are 60 and over.
- The WRaPT Team have been asked to undertake scenario modelling for the Community Hospitals.



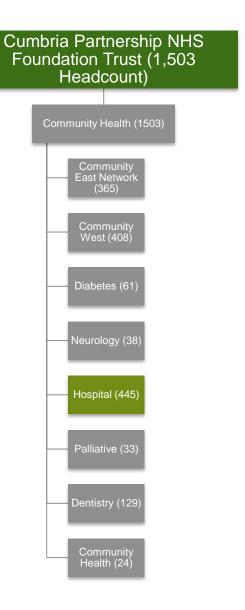
# Proactive and Urgent Care





Area identified for WRaPT scenario modelling





# Proactive and Urgent Care: Baseline Characteristics



3525

Headcount



2762.56

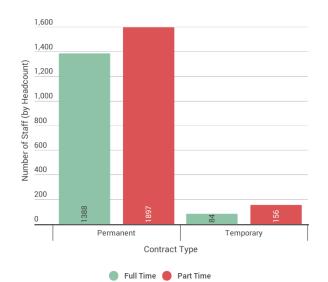
WTE

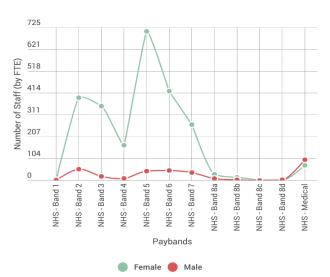
The total headcount for the Proactive and Urgent Care workforce is 3,525 equating to 2,762.56 WTEs. 3,285 members of staff are employed on a permanent basis and 240 members of staff are employed on a temporary basis.

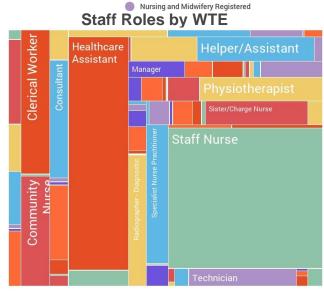
The graph illustrating staff pay by gender shows females at Band 5 represent a significant proportion (706.88 FTE/25.6%) of the workforce. There are 53 different roles covering this workstream. These roles fall into eight staff groups, the largest proportion (2,336, 66%) fall within Nursing and Midwifery and Additional Clinical Services.

# **Employment Status by Contract Type**

# Staff Pay by Gender







Add Prof Scientific and Technic Additional Clinical Services

Administrative and Clerical Allied Health Professionals

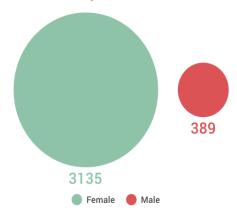
Estates and Ancillary Healthcare Scientists Medical and Denta

Staff Groups by WTE



# Proactive and Urgent Care: Baseline Characteristics

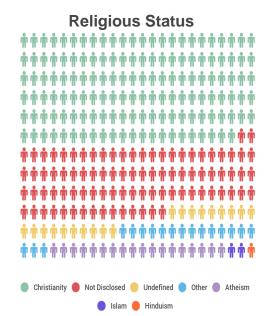
#### **Headcount by Gender**



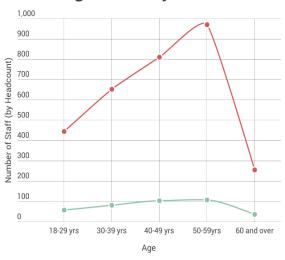
3,135 (89%) employees are female and 1,372 (39%) of the total number of employees are aged 50 or over, of note 293 (8.3%) of employees are 60 and over.

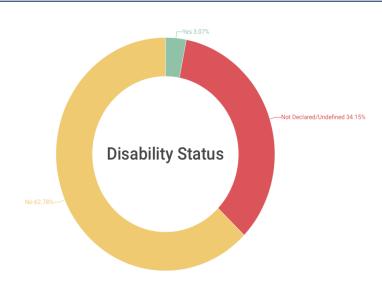
1,742 (49%) employees declared their religious status as Christian with the remaining not disclosed, undefined, unknown, Atheist, Islam, Hindu or other.

3,275 (92.9%) employees declared their ethnicity status as white and 113 (3.2%) employees indicated a BME status. 3.07% of employees declared a disability status.

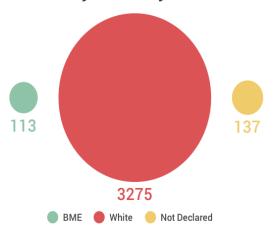








# **Ethnicity Status by Headcount**





# Integrated Care Communities Workstream - Summary

#### **Overview**

The integrated care communities proposal is focused on 'a place based system of care' as recommended by The Kings Fund (2015). The approach will be led by primary care and will include other community service providers i.e. CPFT and third sector organisations. From a workforce perspective the approach will require better integration and new skills and roles. Preliminary focus groups suggested that layers of integration would work well across North Cumbria.

The current system of care is fragmented offering poor outcomes and resulting in health inequalities. Challenges include an over reliance on interim staff and duplication across different care pathways.

# **Key Areas of Transformation**

The ICCs will be formed of groups of general practices, community staff, such as community nurses, therapists, social workers, primary mental health care workers and third sector workers. Whilst initially the focus of ICC's will be the support and management of older people and those with Long Term Conditions, over time this model will incorporate mental health and children and younger people as this is a whole population model.

Early adopter sites have been identified Workington ICC, Maryport and Cockermouth and Eden Locality. These early adopter sites will be developing a workforce & training plan as part of there implementation planning.

There is a requirement to establish the ongoing leadership capacity and capability to ensure expertise and skills are shared and long term recruitment and retention planning across organisational boundaries.

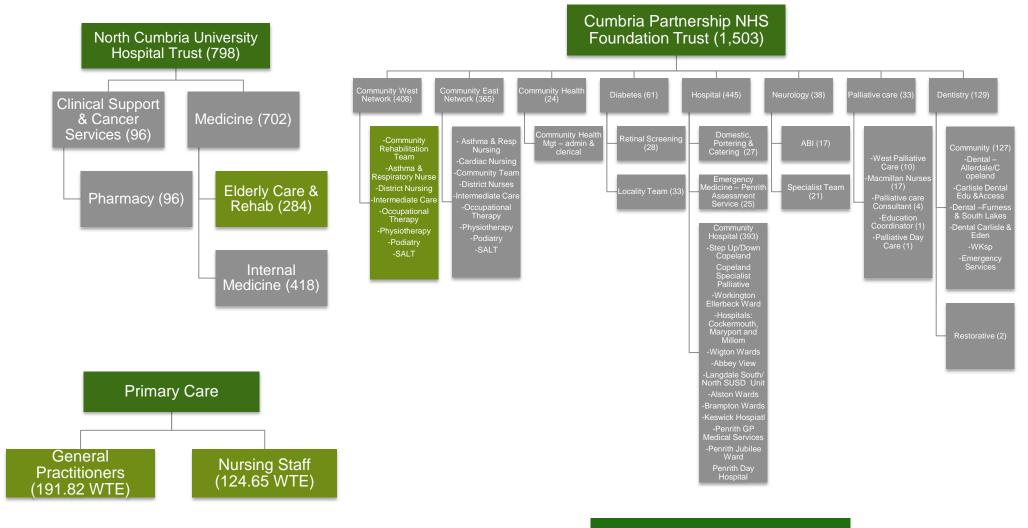
# **Key Points**

The WRaPT team have been asked to support the Early Adopter Sites, initially focusing on Workington ICC.

- The acute and community provision headcount for the Integrated Care Communities workforce is 2,301 equating to 1,808.58 WTEs.
- The graph illustrating staff pay by gender shows females at Band 5 represent the highest proportion (483.94 WTE/26.7%) of the workforce.
- There are 30 different roles covering this workstream (excludes the social care and primary care workforce).



# **Integrated Care Communities**



Social Care Teams



# Integrated Care Communities: Baseline Characteristics



2301

Headcount



1808.58

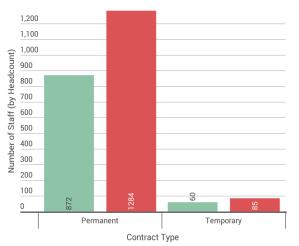
WTE

The acute and community provision headcount for the Integrated Care Communities workforce is 2,301 equating to 1,808.58 WTEs. 2,156 members of staff are employed on a permanent basis and 145 members of staff are employed on a temporary basis.

The graph illustrating staff pay by gender shows females at Band 5 represent the highest proportion (483.94 WTE/26.7%) of the workforce. There are 30 different roles covering this workstream (excludes the social care and primary care workforce).

The roles fall into eight staff groups, the largest being Nursing and Midwifery and Additional Clinical Services.

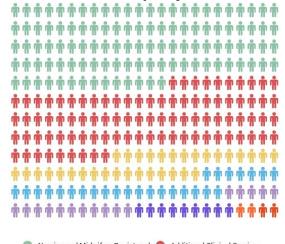
# **Employment Status by Contract Type**





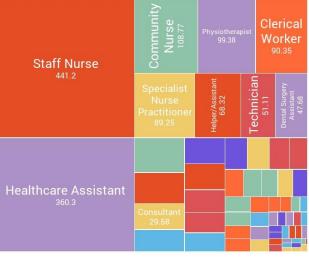


# Staff Groups by WTE



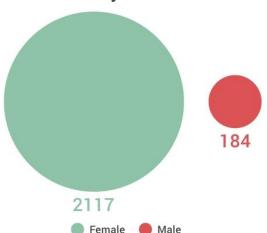


# Staff Roles by WTE



# Integrated Care Communities: Baseline Characteristics

# **Headcount by Gender**

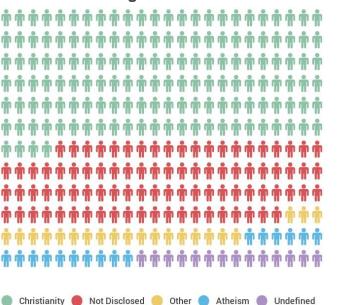


2117 (92%) employees are female and 922 (40%) of the total number of employees are aged 50 or over.

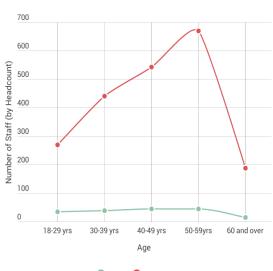
Christianity is the predominant religious group comprised of 1185 (51.5%) members of staff, 713 staff declined to disclose their religious beliefs.

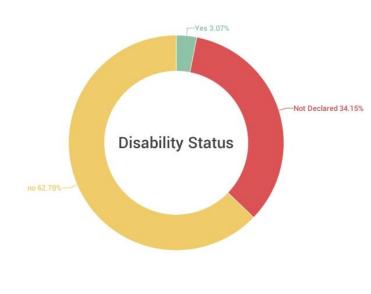
63 (2.7%) staff identified themselves as belonging a black or minority ethnic group and 70 (3.07%) are declared disabled

#### Religious Status

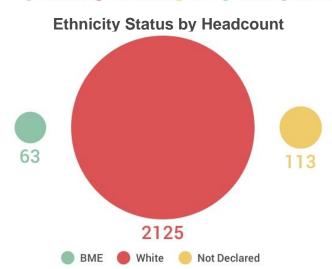


# Staff by Age Range and Gender





Not Declared





Cumbria Success Regime Workforce Baseline - March 2016

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