

Workforce and Workload Planning Programme

Clinical Nurse Specialist

Face-to-face patient related Contact; Everything you do to or with a patient present (includes recordkeeping where the patient is actively involved in the process)	
ASSESSMENT	Assessment (analysis) > planned intervention > evaluation of care Examples: o Risk / Continence / Falls / Health needs / Older persons / Family assessment. Care planning. Care Package Management (applications for funding) Referral/facilitating access to other services Care Coordination. Crisis Intervention/ unplanned care. Key worker role
INTERVENTIONS; Specific clinical interventions demonstrating specialist/advanced skills	Management of acute/ chronic/ long term conditions (e.g. asthma, oxygen, cystic fibrosis, home ventilation diabetes, renal, cardiac, oncology). 'Hospital at home' and/or care of the acutely ill adult. Continence Care e.g. stoma, bladder and bowel management. Pain assessment and management. Clinical investigations (e.g. venepuncture, monitoring and interpretation of results). Administration of medicines. Medication management / Supplementary and independent prescribing and administration of Intravenous therapy (e.g. chemotherapy, antibiotics, TPN). Nutritional support including enteral feeding. Wound Management. Palliative and Bereavement care. Intravenous access devices (e.g. portacath, central lines). Pre – post operative assessment and care (e.g. orthopaedic). Neurological (e.g. epilepsy, complex health care needs, learning disability).
Clinical Consultation	Communication with MDT other professionals & families. Information sharing. Multidisciplinary and multiagency working. Assessment of capacity to consent
Discharge Coordination	Multidisciplinary discharge planning meetings. Coordination of supplies and equipment (patient specific
Child Protection Activity	Referral. Meetings. Training. Reports/documentation. Reviewing
Supporting /advising /counselling skills	Knowledge of needs of patient and dynamics of family situation. Developing and establishing a relationship. Skilled listening. Enabling/empowering. Planning.

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Palliative / terminal care/ breaking bad news	Providing diagnosis. Counselling skills. Bereavement support. Care coordination. Key worker role.
Clinical Documentation / Patient Held Records	Clinical case records / written communication (e.g. letters, reports). Assistance with applications for benefits (e.g. Disability Living Allowance). Risk assessment (e.g. home ventilation, moving & handling). DNAR / Anticipatory care plans. Development of protocols/policies for individual health needs.
Training and Education	Identification of best practice. Delivery to children, young people, families and carers. Evaluation of patient care/understanding, (Patient involvement). Multidisciplinary and multiagency training. Delivery of appropriate face to face education to under and post graduate students.
Research / audit	Patient/family audit. Consultation with children and young people. Research governance. Service evaluation. Supporting clinical trials.

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NON FACE-TOFACE PATIENTRELATED CONTACT; everything that you do without the patient being present

Professional Communication involving clinical advice utilising knowledge and skills.

Receiving and making telephone calls, e-mails and faxes to MDT / other professionals, parents/carers, patients.
Receiving and making telephone calls to other professionals, parents/carers, patients. Referrals to other services.
Prescription writing/ ordering Patient handover – updating colleagues when requiring cover for annual leave.
Discussion/liaison with colleagues and partner agencies. Relating to arranging or discussing care or management of a patient. Arranging for the patient to attend A&E or for admission to the ward. Opportunistic discussions with other professionals (internal / external) regarding a patient. Ward liaison (discharges and admissions).
Letters/reports/dictation. Minutes of individual patients' meetings, reports for meetings (case conference) to whom it may concern letters.

Education/ Training of staff / carers in relation to a specific patient. Training to a support worker, nursing assistant looking after a patient with i.e. gastrostomy, tracheotomy, diabetes or cystic fibrosis etc (if the patient was present then this would be a direct contact).

E-mail/fax relating to a patient: Fax to enteral feeding company re change of regime or GP regarding a prescription or a new referral being sent. E-mail to other professionals, social work or psychology.

Writing up notes following record keeping/phone calls and entering information onto computer. Patients notes (written). Patients notes (electronic). Preparing notes/results for clinics/consultation (clinic preparation). Record keeping including IT based. Prescription writing / ordering. Lab results (filing). Tracking / filing records. Ordering equipment. Multi-agency team meetings/ case discussions and case conferences

Attending critical incident meetings

Risk assessment and management

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Admission /Discharge Coordination	Coordination / participation in multidisciplinary admission / discharge planning meetings to arrange effective admission / discharge planning. Ensuring that appropriate care packages are in place to support patients and carers within the community. Coordination of supplies and equipment (patient specific).
Admission /Discharge Coordination	Clinical audit. Research governance / clinical effectiveness and evidence-based practice. Service evaluation
Clinical Documentation/ Patient Held Records	Development of protocols/policies for individual health needs.

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Venue of intervention	<p><u>Face to Face</u> The Location refers to where the contact/intervention took place, for example Home, Health Centre etc.</p> <p><u>Non-Face to Face</u> The Location refers to where the nurse was when carrying out the non face to face intervention, for example Home, Health Centre etc</p>
Group clinics	<p>Group clinic (sessions): If you run a group clinic (i.e. with a number of patients at one time), e.g. Cardiac Rehabilitation / Bereavement Support Group, please use the specific Clinic section recording start and finish, type of clinic and number of people seen. Any additional workload over and above the group purpose should be reported under the Direct Intervention screen including level of intervention.</p> <p>If appropriate if you carry out Health Promotion/Education Sessions e.g. Breast Awareness / Talks to Public Groups record start and finish, type of session and number of people seen. Any additional workload over and above the session purpose should be reported under the Direct Intervention screen including level of intervention.</p>

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Face to Face Contact - Levels of Intervention	Non Face to Face Contact- Levels of Intervention
<p>Level 1 – Example</p> <ul style="list-style-type: none"> • Provide face to face advice and/or information with no other input required at that point • Straightforward assessment of a situation that requires advice/information but no other input / assessment of a situation which results in advice/information given directly to parent/carer/client but no other input • Simple post-operative wound that requires removal of suture or a straightforward assessment requiring no further intervention • Home / clinic contact with parent /carer/client following e.g. A/E attendance, hospital discharge, DNA, follow up on a previous call • Accessible record and documentation of intervention 	<p>Level 1 – Example</p> <ul style="list-style-type: none"> • Provide advice and/or information with no other input required at that point • Simple assessment of a situation that requires advice/information but no other input • Cancer CNS responding to telephone call from District Nurse, about a patient with cancer, seeking advice about appropriateness of vaccination whilst on treatment • CNS responding to telephone call from another Healthcare Professional seeking advice re patient care • Arranging venues, invitations to external agencies, minute taking, taking forward outcomes arising from meetings such as liaising with social work • Accessible record and documentation of intervention Straightforward input of information e.g. change of appointment

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<p>Level 2 – Example</p> <ul style="list-style-type: none"> • Provide face to face advice and/or information but further support or wider explanation is required • Provide face to face advice in a situation which requires recipient specific understanding i.e. where there are cognitive / sensory impairment • Assessment of situation results in the need for uncomplicated direct clinical intervention in one or two aspects of care at that point but once completed no further intervention required • Assessment of a situation which results in the need for minimal intervention e.g. discuss the management of constipation through dietary advice. Assessment of the situation at this stage deems no further intervention required beyond discussion and advice to with parent/carer/client • Direct Communication with carer / families / wider PCT, multi agency colleagues • Unplanned meeting with parent/carer/client requiring minimal intervention/ advice/ discussion and client understanding assured • Post-operative wound inflamed requiring observation but not intervention and information provided to carer/patient about signs to look for and how to access intervention should that be required • Advice to family / carer re patient condition 	<p>Level 2 – Example</p> <ul style="list-style-type: none"> • Provide advice and/or information but further support or wider explanation is required • Provide advice and/or information in a situation which requires recipient specific understanding i.e. where there are cognitive / sensory impairment • Assessment of situation results in the need for uncomplicated intervention in one or two aspects of care at that point but once completed no further intervention required • Assessment of a situation which results in the need for minimal intervention e.g. Dietary advice re constipation. Assessment of the situation at this stage deems no further intervention required beyond advice/information • Discussion between GP & CNS re medication management which involves CNS having to access and refer to patient's casenotes • Communication with carer / families / wider PCT, multi agency colleagues • Advice to family / carer re patient condition • Record not accessible, arrange access to record Documentation - Input of intervention information into client record e.g. telephone liaison advice/information
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<p>Level 3- Example</p> <ul style="list-style-type: none">• Provide face to face detailed information and provide support and advice to parent/carer/client for a complicated situation• Direct face to face assessment of a complicated situation requiring moderate intervention on more than one or two aspects of care and will require further monitoring and intervention. e.g. <p>a) Post-operative wound, with, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required</p> <p>b) Assessment resulting in further monitoring / intervention</p> <p>c) Communication face to face with Ward / Community Nurses to inform assessment and ongoing intervention</p> <p>d) Management of a diabetic patient where there is need for regular titration of dosage and or regular contact with secondary services due to instability of blood sugars</p>	<p>Level 3 - Example</p> <ul style="list-style-type: none">• Provide detailed information and provide support and advice for a complicated situation• Assessment of a complicated situation (case management) requiring intervention on more than one or two aspects of care and will require further monitoring and intervention e.g. the need for face to face contact, home visit, GP/clinic visit - the omission of which would be detrimental to the health and wellbeing of the client/family/carer• Assessment resulting in further monitoring / intervention• CNS contributing to Case Conferences and complex case discussion• CNS contributing to MDT meeting which involves preparation for the meeting, taking forward several outcomes arising from the meeting such as liaising with other agencies
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<p>Level 4- Example</p> <ul style="list-style-type: none"> • Complex situation requiring the coordination/ case management of multiple avenues of advice and information. Demand for personal support to family/carer increasing • Regular re-assessment of situation required with multiple interventions required. Long-term situation • Post-operative wound open, discharging, patient generally unwell parent/carer upset and anxious. May require re-admission • Assuming the role of Lead Professional in a given situation • Direct contact with a family in crisis requiring immediate and high level intervention • Deterioration of a client situation which involves direct contact and intervention e.g. referral to other NHS services, social services etc... • Intensive family support 	<p>Level 4- Example</p> <ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. And increasing demand for personal support to families and carers. Demand for personal support to family/carer increasing • Regular re-assessment of complex situation required with multiple interventions required. Long-term situation • Diabetes CNS liaising with staff nurse in ward to support the nurse in monitoring the patient's blood sugar level, providing dietary advice and providing support for the family • The case requires Case Management for patients with complex needs related to long term conditions, palliative care or end of life care. Examples –Advanced assessment, high levels of decision making, formulation and co-ordination of management plans in partnership other agencies adopting a patient centred approach • Plan deliver and evaluate complex packages of care through continuous audit and monitoring of appropriate data • Proactively managing and facilitating effective complex discharge planning • Providing clinical and professional expertise to patients, carers and members of the multi disciplinary team as appropriate • Assuming the role of Lead Professional
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	<ul style="list-style-type: none">• Call from a family in crisis requiring immediate and high level intervention• Gathering information and preparing complex reports• Deterioration of a complex client situation
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Examples of associate work		
<p>Specialist Clinical Consultation Guidance</p> <ul style="list-style-type: none"> • Advice to professionals (internal/external) • Advice to external agencies • Communication with MDT other professionals & families • Information sharing, e.g. Ward rounds / case discussion • Attending incident meetings • Adverse event management (e.g. clinical incidents in blood transfusion settings) • Compiling reports • Co-ordinating programmed activity in the Boards, hospitals, primary care (e.g. vaccination services) 	<p>Management/HR Guidance</p> <ul style="list-style-type: none"> • Off duty • Staff salary data / SSTS • Recruitment • Sickness/absence reporting and return to work meetings • Disciplinary/ performance management • Project work 	<p>Administration Guidance (non patient)</p> <ul style="list-style-type: none"> • Emails • General phone calls • Travel forms E Expenses • Database (non patient related) • Monthly reports/statistics • Supplies/ordering (general) • Co-ordination of equipment (general) • Lab results (filing) • Mileage / timesheets paperwork • Incident reporting

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<p>Meetings (non patient specific) Guidance</p> <ul style="list-style-type: none"> • Senior Nurse meeting / Team meetings • Representing Team leader/line manager at meetings • Managed clinical networks • National forums • Attending steering group meetings • Professional meetings/forums 	<p>Delivery of staff teaching / education / practice development Guidance</p> <p><u>Providing</u></p> <ul style="list-style-type: none"> • Clinical supervision / clinical support • Personal Development Review/Personal Development Plan • Developing education resources (e.g. Cleanliness champions, model policies safer blood s,) • Multi-agency teaching • Contributing to programme and curricula development • Drafting guidance for consultation • Student related activities • Mentorship pre/post registration <p><u>Delivering</u></p> <ul style="list-style-type: none"> • Delivering education and training (lectures, workshops, etc) • Multi-agency teaching • Research and audit / Lead researcher role • Disseminating guidance and expert advice (web, e-mail, print etc) 	<p>Personal / Professional development</p> <ul style="list-style-type: none"> • Mandatory training • Continuing Professional Development, e.g., Conferences, study days, self-directed learning • eKSF/Personal Development Review/Personal Development Plan • Clinical supervision • Team development • Shadowing opportunities to enhance skills
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Travel

Please note that travel miles should be rounded to the nearest mile e.g. 16.6 should be entered as 17.

The option of choosing more than one mode of transport per journey is available e.g.:

- Walking from your work base to collect your car; the car journey; and walking to the location.
- Walking from one end of the Hospital / Health Centre / building to the other

Examples of exceptions

Exception reporting is only for **rare, extraordinary events** that cannot reasonably be anticipated on a day today basis. This may not always be related to a patient. It is acknowledged that the CNS roles require a significant level of flexibility and that continual and sometimes rapid re-assessment and prioritisation of workload is central to the function which allows unexpected / unplanned care needs to be addressed. However, it is only an exception if it is unusual and rarely occurs. Exceptions may not always be related to a patient. The Unique identifier box is a mandatory field and requires completion, when entering non patient related exceptions N/A should be entered into the Unique Identifier box.

NB Leave, e.g., annual leave, sick leave, special leave are management issues and are not recorded as Exceptions