

Workforce and Workload Planning Programme

Community Nurse

<p>Face-to-face patient related Contact; Face to Face contact - everything you do to or with a patient present (includes recordkeeping where the patient is actively involved in the process e.g. care planning however does not include any general recordkeeping completed within the patient's home)</p>	
<p>ASSESSMENT</p>	<p>Assessment (analysis) > planned intervention > evaluation of care. Examples:</p> <ul style="list-style-type: none"> • Risk / Continence / Falls / Health needs / Older persons / Family assessment • GIRFEC practice model assessment • EPDS • Care planning • Care Package Management (applications for funding) • Referral/facilitating access to other services • Care Coordination • Crisis Intervention/ unplanned care • Key worker role
<p>INTERVENTIONS; Specific clinical interventions demonstrating specialist/advanced skills</p>	<p>District Nursing</p> <ul style="list-style-type: none"> • Management of acute/ chronic/ long term conditions (e.g. asthma, oxygen, home ventilation diabetes, renal, cardiac, oncology) • Case management of 'Hospital at home' and/or care of the acutely ill adult • Continence Care e.g. stoma, bladder and bowel management • Pain assessment and management • Venepuncture • Administration of medicines • Medication management / Supplementary and independent prescribing and administration of Intravenous therapy (e.g. chemotherapy, antibiotics, TPN)

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- Nutritional support including enteral feeding
- Wound Management
- Palliative and Bereavement care
- Intravenous access devices (e.g. portacath, central lines)

Health Visiting, School Nursing and Public Health Nursing

- Provide face to face detailed information, support, advice and appropriate onward referral:
- Examples:
- Assisting family/ child/ young person with documentation
- Supporting child/ young person / parental with learning disabilities / mental health issues and / or additional needs
- Supporting parents / families with child developmental and behavioural issues
- Supporting parents / families with child physical health conditions
- Supporting Parents with health issues e.g. Postnatal depression Smoking cessation support & advice
- Dealing with / reporting of child protection issues as per the local Child Protection Guidelines
- Supporting families with language barriers (ethnic origin)
- Work with family with specific health and social needs; liaise with other agencies
- Plan, organise and run clinics and groups; provide advice and health education :
- Examples
- Antenatal Classes / Parenting group / Breast feeding / Infant massage
- Post natal depression
- Developmental review / child health immunisation / Triple P
- Implement programme as per revised Hall 4
- Carry out immunisation programmes for school age children
- Undertakes health assessments, screening and any necessary follow-up action
- Examples:
- Enuresis/ Encopresis/ Head lice

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	<ul style="list-style-type: none"> • Chaotic family / poor parenting/ Substance misuse / Domestic violence • Physical abuse suspected / confirmed / Sexual abuse indicators / Formal child protection on register • Assist visit e.g. where 2 staff are specifically required to visit e.g. palliative care patient)
Supporting /Advising /Enabling skills	<ul style="list-style-type: none"> • Knowledge of needs of patient and dynamics of family situation • Developing and establishing a relationship • Skilled listening • Enabling/empowering • Planning
Palliative/ End of life care	<ul style="list-style-type: none"> • Care coordination / Anticipatory care planning • Counselling skills • Bereavement support • Case Manager role
Clinical Documentation/ Patient held records	<ul style="list-style-type: none"> • 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
Education/ Awareness raising	<ul style="list-style-type: none"> • Delivery of appropriate face to face education to under and post graduate students • Delivery to children, young people, families and carers e.g. Insulin / eye drops/ Epipen administration / Weaning / Breast feeding / Health promotion • Multidisciplinary and multi-agency training • Evaluation of patient care/understanding. (Patient involvement) • Delivery to children, young people, families and carers • Multidisciplinary and multi-agency training Training carers to use hoists

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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
- Referrals to other services
- Prescription writing / ordering
- Patient handover - updating colleagues when requiring cover for annual leave/ term time
- Transfer from HV caseload to School nurse caseload
- Discussion/liaison with colleagues and partner agencies
- Arranging for the patient to be seen by the GP, or other member of the MDT / Multi-agency Team
- Arranging effective admission / discharge planning
- Opportunistic discussions with other professionals (internal / external) regarding a patient
 - Letters/reports and referrals
 - 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, teacher, 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)

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	<ul style="list-style-type: none"> • 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 • Childrens hearings and court appearances • Acting as lead professional/ named person for a child • Attending critical incident meetings • Risk assessment and management
Admission /Discharge Coordination	<ul style="list-style-type: none"> • 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)
Research/Audit	<ul style="list-style-type: none"> • Clinical audit • Consultation with children and young people • Research governance / clinical effectiveness and evidence based practice • Service evaluation
Clinical Documentation/ Patient Held Records	<ul style="list-style-type: none"> • Development of protocols/policies for individual health needs- • Literature review

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<p>Venue of intervention</p>	<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>
<p>Assist Visit</p>	<p><u>Face to Face</u> Assist visit - where 2 staff are required for the visit e.g. palliative care patient. Both nurses will record his/her workload attributed to the patient in the normal way, i.e. in own record. The Tick box should be highlighted to indicate that this particular workload is related to an Assist Visit).</p> <p><u>Non-Face to Face</u> Assist visit - where 2 staff are required for the non face to face intervention e.g. difficult phone call which requires another member of staff to listen into the call. Both nurses will record his/her workload attributed to the patient in the normal way, i.e. in own record. The Tick box should be highlighted to indicate that this particular workload is related to an Assist Intervention</p>
<p>Face to Face Contact - Levels of Intervention</p>	<p>Non Face to Face Contact- Levels of Intervention</p>

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<p>Level 1 – Straightforward – 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 – Straightforward - 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 • Community Nurse 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
<p>Level 2 – Minimal - 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 	<p>Level 2 – Minimal - 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

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<ul style="list-style-type: none"> • 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, fever, colic, advice to liaise with nursery/school. Assessment of the situation at this stage deems no further intervention required beyond discussion and advice to with parent/carer/client • Direct face to face communication with parent, nursery, school, CMO, AHP, external agencies to gather information • Direct Communication with carer / families / wider PCT, multiagency 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 	<ul style="list-style-type: none"> • Assessment of situation results in the need for uncomplicated direct 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 • Advice to parent/carer re fever, colic, advice to / liaison with nursery/school. Assessment of the situation at this stage deems no further intervention required beyond advice/information • Discussion between the Community Nurse & GP/ Pharmacist re medication management which involves the Community Nurse having to access and refer to patient's case notes • Communication with parent, nursery, school, CMO, AHP, external agencies to gather information. • Communication with carer / families / wider PCT, multiagency 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>carer/patient about signs to look for and how to access intervention should that be required</p> <ul style="list-style-type: none"> • Advice to family / carer re patient condition 	
<p>Level 3 – Moderate – 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. <ul style="list-style-type: none"> - home visit to explain the importance of immunisation attendance following DNA tests, to discuss possible child protection concerns, post natal depression support - the omission of which would be detrimental to the health and wellbeing of the client/family/carer - Post-operative wound, with, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required 	<p>Level 3 – Moderate - 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 • Complicated handover e.g. Midwife to Health Visitor • Condition and medication management & awareness presentation to nursery/school staff e.g. EpiPen, Midazolam, Inhaler devices • Communication with Specialist Nurses to inform assessment and ongoing intervention

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- Clinic visit ♦ enuresis, immunisation, developmental review
- Assessment resulting in further monitoring / intervention
- First visit ♦ new baby
- Communication face to face with Specialist Nurses to inform assessment and ongoing intervention
- 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.

- Health Visitor / School Nurse contributing to GIRFEC i.e. report preparation and attendance at meeting
- DN contributing to ASP Protection/ Case Conferences and complex case discussion
- Community Nurse 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 – Complex - 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 • Direct parent/carer/client/professional contact as lead professional for GIRFEC involving attendance at 	<p>Level 4 – Complex – 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. • 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

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<p>meeting taking forward outcomes arising from the meeting</p> <ul style="list-style-type: none"> • Attendance at Child Protection case conference / discussion with contribution from Health Visitor / School Nurse • 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 • Attendance and preparation for MARAC • Complex situation requiring the coordination of multiple avenues of advice and information. Demand for personal support to family/carer increasing • Regular re-assessment of a complex situation with multiple interventions required • Intensive family support 	<ul style="list-style-type: none"> • Responding to a range of complex person centred need as they move up and down the continuum for long term conditions from anticipatory care, supported self-management, complex care management, palliation and end of life care • Proactively managing and facilitating effective complex discharge planning • Providing clinical and professional expertise to patients, carers and members of the multidisciplinary team as appropriate • Effective utilization of staff resource using appropriate tools • Lead professional / Chair for GIRFEC or ASP -taking forward outcomes arising from meetings such as liaising with Social Work • Attendance at Child Protection case conference / discussion with contribution from Health Visitor / School Nurse • Gathering information and preparing complex reports for CC/CD • Assuming the role of Lead Professional • Call from a family in crisis requiring immediate and high level intervention • Deterioration of a complex client situation • Attendance and preparation for MARAC • Preparation for locality planning groups e.g. negotiating resources at multi-agency groups for long term condition patients
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Examples of associate work

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Management/HR Guidance	Administration	Meetings
<ul style="list-style-type: none"> • Off duty • Staff salary data / SSTS • Recruitment • Sickness/absence reporting and return to work meetings • Disciplinary/ performance management • Service planning/strategic planning • Caseload management (work allocation, handovers, etc.) • Management supervision • Project work 	<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) • Mileage / timesheets paperwork • Undertaking KSF reviews / PDP including objective setting • Incident reporting • Inputting Case load Data on IT systems 	<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 • Team meetings • Professional meetings/forums

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Professionally Related Activity	Personal / Professional development	Cleaning/house keeping
<p>Providing</p> <ul style="list-style-type: none"> • Clinical supervision / clinical support • Developing education resources (e.g. Cleanliness champions, model policies) • Multi-agency teaching • Contributing to programme and curricula development • Drafting guidance for consultation • Student related activities • Mentorship pre/post registration <p>Delivering</p> <ul style="list-style-type: none"> • Delivering education and training (lectures, workshops, etc) • Multi-agency teaching • Research and audit 	<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 	<p>Examples are not exclusive:</p> <ul style="list-style-type: none"> • Cleaning equipment • Cleaning and tidying store cupboards • Light cleaning / Tidying up • Emptying bins, change bin bags and disposing of rubbish • Cleaning fridge • Carrying out equipment checks • Carrying out decontamination of equipment • Restock the department

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<ul style="list-style-type: none"> • Disseminating guidance and expert advice (web, e-mail, print etc) 		
<p>Travel;</p> <p>Please note that travel miles should be rounded to the nearest mile e.g. 16.6 should be entered as 17.</p> <p>The option of choosing more than one mode of transport per journey is available e.g.:</p> <ul style="list-style-type: none"> • 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 		
<p>Group Clinics;</p> <p><u>Routine clinic (sessions):</u> Every patient attending sessions/clinics should be recorded individually using CHI or a unique identifier and a level of intervention score (applied to the workload during the individual session).</p> <p><i>Some example may include:</i></p> <ul style="list-style-type: none"> • Well baby clinics / Child development clinic/ Vision screening • Drop in groups / Drop in for health information • Behaviour modification / treatment options and support e.g. Smoking Cessation / Enuresis and Continence • Treatment Room clinics / Leg Ulcer clinics <p><u>Group clinic (sessions):</u> number of patients/ hours of clinic /sessions to be recorded.</p> <p><i>Some example may include:</i></p> <ul style="list-style-type: none"> • Therapeutic Group work e.g. Post-natal depression / eating disorders • First time mothers groups/ Breast feeding support group/ Parent education sessions ◆ante or post-natal e.g. weaning • Healthy Respect?/ Mellow parenting / Incredible Years parenting 		

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- Behaviour modification / treatment options and support e.g. Smoking Cessation / Enuresis and Continence

Mass clinics/sessions: number of patients/pupils and hours of clinic to be recorded.

Some example may include:

- Immunisation clinics to administer vaccines e.g. flu / childhood /HPV/BCG DTP/MMR

Health Promotion/Education

Some example may include:

- Health Fair
- Health Education in Schools

Examples of exceptions

Exception reporting is only for **rare, extraordinary events** that cannot reasonably be anticipated on a day to day basis. This 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.