

CYPFHS
Impact of reduced staffing on HCWP delivery in
Generic Health Visiting Service
Recruitment Plan

January 2023

S Situation	<p>Generic health visiting caseloads are above the (historical) recommendation of 250 children per wte health visitor. This has a direct impact on the delivery of the HCWP. The service is not able to provide all mandated HCWP contacts universally currently.</p> <p>Higher caseload numbers result from vacancies and an inability to backfill maternity leave (due to recruitment) and the service has high staff absence due to sickness. This results in increased need to move staff frequently to manage risk and this has a direct impact on the well-being, resilience and retention of the workforce.</p>
B Background	<p>Health visitors deliver the Healthy Child Wales Programme to all families in Cardiff & Vale with children under 5 (HCWP, 2016). The Healthy Child Wales Programme (HCWP) and WG mandate the contacts children from antenatal to school handover.</p> <p>The contacts are universal so we need to offer them to all (approx) 19,000 children on our caseloads and cover three areas of intervention; screening, immunisation and monitoring and supporting child development. Families are aware of this universal provision and what contacts they should have from a HV.</p> <p>Recent statistics show there are increasing numbers of families who require support from statutory agencies (Stats Wales 2018), this has a direct impact on the workload of the health visitor who is often the sole professional working with the family. Safeguarding numbers doubled in 2021 (COVID related) and safeguarding continues to remain high in Cardiff and the Vale. [REDACTED]</p> <p>In January 2022, the Health Visiting Principles were launched by the CNO which is the first step towards a Nurse Staffing Act for HV. To comply with the Principles the HV Service would require a 26.9% uplift (currently no uplift in establishment) and a 75/25 Registered/unregistered skill mix. This funding needed to support such a model was significant. Since the submission form Health Boards to WG, the CNO has put a pause on this with no timescale for review.</p>
A Assessment	<p>Workforce and Retention- current sickness levels 6.48% (ESR December 2022). Maternity leave 6.8% of caseload holding workforce. There are a number of staff on extended sick leave who have been deemed unfit to return to work. We also have a number of staff on reduced caseloads in line with OH & HR advice. There has been a high level of attrition across the service. Whilst we don't have exit feedback (raised with HR) we consider factors such as increased safeguarding, high levels of expectations from extremely vulnerable clients and complex families and from other agencies all to be a contributory factor. Health</p>

12 January 2023

Visitors describe the 24/7 responsibility of their caseload and increased risk within their caseload. We know that some staff have returned to wards as an RN on a lower band, other experienced HV's are choosing to retire earlier.

Current funded establishment		
Senior Nurse 8a	0.5wte	Current postholder retires in March 2023. Plan to increase to 1.0wte (use funding from establishment)
Band 7 Operational Managers	3.0wte	3.0 wte management non-caseload holding but supporting some clinics 0.5wte retires in May 2023
Band 7 OM		1.0wte Secondment in HEIW (returns March 2023)
Band 7 Caseload Holding HV's	8.4wte	0.8wte Band 6 seconded to CPE Band 7
Caseload Holding Band 6 Health Visitors	68.67 wte	6.4 wte sickness 4.8wte Maternity Leave (3.0wte backfill agreed) Current vacancy = 2.44 WTE Band 6 (having converted Band 6 vacancy money to 6 x WTE Band 5 and 2 x Band 4 posts) – Vacancies for these posts are due to go live on TRAC later this week
Band 5	4.8wte	Registered Nurse non- caseload holders 1.0wte leave for SCPHN in April 2023 Plan to recruit to additional 6.0wte (includes leaver above and 3.0wte already on TRAC from Band 6 vacancy).
Band 4	6.29	Plan to recruit to additional 2.6wte. Includes 0.6wte leaver end of Feb. Funding from Band 6 vacancy.
Band 3	2.8wte	No change

We currently have 68.67wte caseload holding band 6 health visitors and 8.4 caseload holding band 7 health visitors = 77.07 wte. There are 11.2 wte caseload holding health visitors not in post due to sickness or maternity leave or unable to perform the role. This leaves 57.47 wte or 25.5% of the caseload holding health visitors not actually in work. Leaving 74.5% of health visitors to provide service to 19,000 children under 5 and their families. This leaves us with an unsafe, inequitable service.

This persistent staff shortage has impacted on our continuing performance against the delivery of the HCWP. We are currently drafting a reduced service delivery plan for staff to ensure a safe service is delivered equitably to clients whilst also considering staff wellbeing and assisting in retention of staff. This plan will prioritise the more vulnerable families and will deliver a reduced programme which is safe and subject to review on a monthly basis. The draft Welsh Levels of Care (WLOC) evidences our staff's professional judgement of the presence of more vulnerable families, which is having a direct impact on the workload experienced by them. The service has also been impacted as a result of other services' waiting list challenges, such as neuro-development and support from Children Services, as families seek support from their health visitor whilst waiting for input from other agencies.

We have recruited Band 5 Community Public Health Nurses who have been an added support to the service. They have integrated well into our service and we are planning to increase our establishment of Community Public Health Nurses by 6.0 WTE. However, it remains difficult to recruit Band 6 Health Visitors. We're working with People and Culture to raise our profile at recruitment events and attract more staff. Further work is being undertaken to review the Exit Questionnaire used for staff leaving the service.

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Recommendation

- Use a proportion of Band 6 HV vacancy money to recruit increased skill mix as follows:
 - Band 5 Community Public Health Nurses – To recruit an additional 6.0wte (this includes 1.0wte Band 5 who will leave for SCPHN training in April 2023).
 - Band 4 Assistant Practitioners – to recruit an additional 2.6wte (this includes 0.6wte who resigned on 21.12.22)
- To meet with staff at an Extraordinary meeting to discuss the reduced staffing plan
- To offer enhanced overtime to staff to assist with delivery of the reduced staffing plan
- Continue to work with HEIW to advocate for increased HV training places and submit workforce data to support commissioning numbers.
- Support form C&W Clinical Board to utilise UHB Recruitment Events to promote HV in CVUHB.
- Scoping of all clinic activity required to streamline clinics where there are multiple in one area with small numbers. The impact on individual GP practices will require discussion with Primary Care.
- [REDACTED]
- Leadership – current Senior Nurse retires in March 2023. Post is 0.5wte and not manageable or equitable with leadership structure in other HB's. This is a priority and an additional 0.5wte will need to be funded from establishment currently.
- Continue to focus on staff well-being. Further staff events to support WB planned. Regular 1:1's and whole team staff forums.
- Resolve boundary issues e.g. Taff's Well, Creigiau and Pentyrch as we have staff travelling into neighbouring health boards. To discuss at CMT.
- Manage risks across whole HV service i.e. generic and Flying Start to optimise safety.



Staffing Risk
Assessment Generic 1

(see attached Risk Assessment)

- To review the reduced staffing plan following the Extraordinary meeting with staff on 19 January 2023 to discuss the ongoing plan.

12 January 2023