

## Report on Imperial College Healthcare NHS Trust staffing levels and vacancy rates to Westminster City Council Adults Health and Public Protection Policy and Scrutiny Committee

### 1. Background

This paper has been produced in response to a request from the Adults Health and Public Protection Policy and Scrutiny Committee for a summary report of the actions being taken in relation to the issues of staffing levels and vacancy rates raised in the Care Quality Commission's inspection report on Imperial College Healthcare NHS Trust published in December 2014.

### 2. Introduction

Imperial College Healthcare NHS Trust ('the Trust') comprises Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye hospitals, and was formed in 2007. It is one of the largest acute trusts in the country and, in partnership with Imperial College London, the UK's first academic health science centre (AHSC).

The Trust delivers acute and integrated care services, treating patients at every stage of their lives – with over 55 specialist services for both children and adults.

In 2014/15:

#### Our care

- over one million outpatient contacts
- 186,000 people treated as inpatients
- over 280,000 people attended one of our A&E departments or urgent care centres
- over 8,700 babies born in our hospitals

#### Our people

- over 10,000 staff
- 1,900 doctors
- 3,000 nurses and midwives
- 500 allied health professionals

### 3. Care Quality Commission Inspection

The Care Quality Commission (CQC) carried out an inspection of the Trust in September 2014. The inspection assessed our services according to five domains:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

According to these domains, the CQC asks these key questions of all services in their inspection:

Safe:	Are people protected from abuse and avoidable harm?
Effective:	Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?
Caring:	Do staff involve and treat people with compassion, kindness, dignity and respect?
Responsive:	Are services organised so that they meet people's needs?
Well-led:	Does the leadership, management and governance of the organisation assure the

delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

By services, the CQC means the eight 'core services' it has identified for NHS acute trusts:

- Urgent and emergency services
- Medical care (including older peoples' care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

The CQC also considers that the Trust has a ninth core service, 'Neonatal services', as this represents a large volume of the Trust's activities.

The CQC rates each service for each of the five domains using a four point scale:

- Outstanding
- Good
- Requires Improvement
- Inadequate

#### 4. Care Quality Commission Inspection Reports

The CQC published our inspection reports (one for the Trust overall and one for each of our main sites) on its website on 16 December 2014 (<http://www.cqc.org.uk/provider/RYJ>). The CQC considers the Western Eye Hospital to be a specialist hospital and it was not included in this inspection.

While the Trust achieved a rating of *good* in two quality domains ('effective' and 'caring', noting particularly end of life care, intensive care services, maternity and children's services), the overall Trust rating was *requires improvement*, with this rating also being applied to the 'safe', 'responsive to people's needs' and, 'well-led'.

By site, Queen Charlotte's & Chelsea Hospital was rated as *good* and St Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital were rated as *requires improvement*. Most importantly, staff were consistently seen by patients as caring and compassionate and the Trust achieved some of the best results for patients, including in the specialist centres for stroke and major trauma.

While the Trust was disappointed with its overall rating of *requires improvement*, the report was considered to be extremely constructive, and clearly sets out a number of challenges while also recognising the positive impact of work undertaken over the previous year and highlighting the great care that the Trust provides.

#### Overall ratings

In terms of the CQC's five domains, the Trust was awarded the following ratings:

Domain	Rating
Safe	<i>Requires improvement</i>
Effective	<i>Good</i>
Caring	<i>Good</i>
Responsive	<i>Requires improvement</i>
Well-led	<i>Requires improvement</i>

#### Hospital ratings

Each hospital was given a separate rating:

Hospital	Rating
Queen Charlotte's & Chelsea Hospital	<i>Good</i>
Charing Cross Hospital	<i>Requires improvement</i>
Hammersmith Hospital	<i>Requires improvement</i>
St Mary's Hospital	<i>Requires improvement</i>

Overall, the Trust was rated as *requires improvement*.

## 5. Urgent and emergency services at St Mary's Hospital

The CQC found that standards of cleanliness and infection control were inconsistent in 'Urgent and emergency services' at St. Mary's Hospital. The CQC served the Trust with a formal Warning Notice on 19 September 2014 which required the Trust to make immediate improvements by 17 October 2014.

An action plan to address these concerns was developed and implemented. This included refurbishing much of the department, with new flooring and lighting and more sinks, as well as additional cleaning rotas and a staff focus on infection control.

The CQC carried out a follow-up inspection of 'Urgent and emergency services' at St. Mary's Hospital on 25 November 2014 and found that we had met all the CQC's requirements. This meant that the service was found to be compliant with the regulatory requirements relating to cleanliness and infection control.

As a result of the follow-up inspection, two of our ratings for 'Urgent and emergency services' at St. Mary's Hospital were changed: the 'Safe' domain and the overall rating for the service improved from 'Inadequate' to 'Requires improvement'. These improvements were reflected in an updated version of our St Mary's Hospital inspection report which was published on the CQC's website on 7 January 2015.

The Chair of the committee Councillor Harvey and a group of councillors held a meeting at St Mary's Hospital on Friday 10 April 2015 to discuss the CQC inspection report and visit the emergency department and urgent care centre.

## 6. CQC Inspection Action Plan

Following our 'Quality Summit' held on 12 December 2014, the Trust was required to submit to the CQC an action plan which addresses the full findings from our inspection. The action plan was:

- Approved by the Trust Board on 28 January 2015
- Accepted by the CQC on 29 January 2015 with no changes required (this means that the CQC considers that the actions we proposed are adequate and have appropriate timeframes for completion).

Our CQC action plan developed in response to the findings of the CQC inspection report addresses the regulatory breaches identified (referred to as *must-do compliance* actions) as well as areas where there are not regulatory breaches, but improvements are required (referred to as *must-do* actions). Good progress had been made by mid-May 2015, with 47 of the 55 *must-do compliance* and 35 of the 37 *must-do* actions either completed or on track for completion. It is planned that the majority of outstanding actions will be completed by the end of September 2015.

Specific areas for action include:

- Improve infection prevention and control – cleaning and maintenance of equipment
- Improve completion of WHO surgical checklist
- Improve medicines management
- Reduce vacancy levels
- Review medical staff in critical care
- Accelerate improvements to outpatients
- Improve management of elective pathways
- Improve management of emergency pathways
- Ensure local understanding of key priorities and objectives
- Improve reporting of statutory and mandatory training.

The Trust's executive committee oversees progress through a regular monitoring report, providing assurance to the Trust board's quality committee at each of its meetings. Overall we are continuing to make progress implementing the Trust actions that respond to the 'must-do compliance' and 'must-do' actions' in the CQC action plan.

When the CQC come back to inspect us, they will check that we have done what we set out in our action plan. We have not been told a date for when our next CQC inspection will take place, but we expect it will take place before the end of the 2015/16 financial year.

## **7. Trust staffing levels and vacancy rates**

The Committee asked for this paper to focus on the actions being taken in relation to the issues of staffing levels and vacancy rates raised in the CQC's inspection report.

The Trust's action plan in response to the CQC inspection findings details the individual compliance action and specific findings together with the Trust's overall and specific actions to address these.

The four *must-do compliance* actions set out by the CQC relating to staffing levels and vacancy rates, are set out below:

- *The high vacancy rates for nursing staff and healthcare assistants on some medical wards at Charing Cross Hospital must be addressed.*
- *The level of medical staffing out of hours for ICU and level 2 beds in Critical care at Charing Cross Hospital must be addressed.*
- *The high number of vacant nursing and healthcare assistant posts on some medical wards at Hammersmith Hospital must be corrected.*
- *The staffing levels in Maternity and Neonatal Services at QCCH must be reviewed and action taken in order to ensure they are in line with national guidance.*

## **8. Current progress on staffing levels and vacancy rates**

The Trust's executive committee recently considered a monitoring report on the *must-do compliance* and *must-do* actions in the CQC action plan. The progress on implementing the actions in response to each of the four areas for staffing levels and vacancy rates is provided in Appendix 1 to this paper. The initial data set as provided to the CQC and detailed in the appendix is from June 2014.

The details of the specific actions developed in response to these four CQC *must-do compliance* actions, which form part of the Trust's overall CQC action plan, are shown in Appendix 2.

In terms of the Trust's overall actions we have worked hard to address our vacancy rate and reliance on interim and agency staff, particularly for nursing roles. Although this has been a priority for some time, our CQC inspection further highlighted the challenge.

Our CQC action plan includes our goal to achieve and maintain a 5 per cent vacancy rate for band 2 – 6 ward-based nursing and midwifery roles.

In order to ensure we stay on track to achieve this goal, we are working to improve our recruitment processes. We have introduced a rolling programme of recruitment which started with monthly interviews and quarterly 'open days' where we both interview and enable successful candidates to go home with a confirmed employment offer (subject to the necessary statutory pre-employment checks and satisfactory references). These programmes have been increased to weekly to speed up fulfilment. Also improved processes have decreased the period of time between advertisement close and start date by 3.47 weeks to 8.36 weeks. Within this, the period of time between conditional offer to start date has improved by 1.92 weeks, bringing clearances down to 4.23 weeks.

We are also using social media to promote vacancies more widely and recently launched a new careers microsite to promote the roles on offer at the Trust.

Our actions to retain our staff are focused on providing enhanced learning and development opportunities and promoting staff health and wellbeing.

## 9. Safe staffing monitoring and reporting

Every two months our public Trust board meeting considers an 'Operational Report' which includes performance information and commentary on safe nurse and midwife staffing.

The most recent Operational Report considered by the Trust board at its meeting held on 27 May 2015, contained the following section:

### **Safe Nurse/Midwife Staffing**

*In April, the Trust reported the following for the average staffing fill rate:*

- *Above 90 per cent for registered nursing/midwifery and care staff during the day; &*
- *Above 95 per cent for registered nursing/midwifery and care staff during the night.*

*Please refer to Appendix 1 for ward level detail [not included with this paper].*

*The month of April saw an improvement in performance, particularly regarding care staff. This is due to a reduction in vacancies and an increase in the bank fill rate. There were some ward areas where the fill rate was below 85 per cent for care staff. Key reasons for this are:*

- *Small numbers of unfilled shifts in some areas e.g. A6 CICU and Paterson ward which has shown a bigger impact on the overall fill rate for that area.*
- *An increase in the acuity of patients particularly on medical wards which has resulted in requesting additional staff for patients who require specialising. Where additional shifts have not been filled, this has impacted on the fill rates for these areas*

*On these occasions senior nurses have made decisions to mitigate any risk to patient safety by undertaking the following:*

- *The ward manager/sister working clinically within the numbers;*
- *Increasing the compliment of registered staff where there has been a reduced fill rate for care staff;*
- *Monitoring progress against recruitment and vacancy reduction plans;*
- *Reviewing staffing on a daily basis;*
- *Adjusting the occupancy to ensure patient needs are met by the staff that are available;*  
&
- *Redeploying staff from other areas, where possible.*

*Divisional Directors of Nursing have confirmed that the levels of care provided during April were safe, effective and caring.*

## 10. Summary

Over the past 12-18 months, the Trust has worked hard to improve recruitment, address staffing levels and reduce vacancies, particularly for nursing roles. As a result, we have increased our total staff establishment and started reducing our vacancy rates and are continuing to do so.

As always the safety of our patients is our top priority. We are continuing to make progress implementing the Trust actions that respond to the *must-do compliance* and *must-do* actions in the CQC action plan.

We are building on our CQC action plan, which is progressing well, especially in terms of reducing vacancy rates, and we will be publishing our new quality strategy later this summer, to be supported by our first systematic quality improvement methodology.

**Extract from CQC action plan monitoring report\***

(\* covering progress up to end May 2015)

<b>Compliance Action SC2a: Address the high vacancy rates for nursing staff and healthcare assistants on some medical wards at Charing Cross Hospital.</b>	
<p><b>Summary</b></p> <p>The areas identified were stroke, acute medicine, elderly and oncology.</p> <p>In June 2014 vacancy rates were, on wards:</p> <ol style="list-style-type: none"> <li>1. Stroke – 22.92%</li> <li>2. Acute Medicine – 18.34%</li> <li>3. Elderly – 7.97%</li> <li>4. Oncology – 17.23%</li> <li>5. 20% vacancy rate for HCA in neurology but this related to a single WTE</li> </ol> <p>Trajectories for meeting targets of 5% vacancy rates for Band 3 healthcare assistants (HCAs) and Band 5 qualified nursing staff are reviewed monthly for all such staff across the Trust. Divisional figures are also reviewed at monthly meetings with Divisional Nursing Directors.</p>	<p><b>KPIs Progress</b></p> <ul style="list-style-type: none"> <li>• Through increased advertisement and recruitment events the vacancy rates are;</li> <li>• 1. Stroke – 12.87%</li> <li>• 2. Acute Medicine – 13.58%</li> <li>• 3. Elderly – 10.95%</li> <li>• 4. Oncology – 19.61%</li> <li>• 5. Neurology – 7.6%</li> <li>• Current trajectories for the clinical division for medicine predict a 5% vacancy rate for: <ul style="list-style-type: none"> <li>○ Healthcare assistants by August 2015</li> <li>○ Band 5 nursing staff by December 2015</li> </ul> </li> <li>• The actual vs. planned safe staffing fill rate for the division of medicine for April was 94%.</li> </ul>

Acknowledging the lack of progress in Elderly and Oncology, the additional actions have been taken:

- European recruitment campaign – 4 WTE (whole time equivalents) Charing Cross Hospital, 2 WTE St Mary's Hospital
- Facebook campaigns for advertisements
- Rolling 2 week campaigns for Band 5 nurses
- Improved education through Nurse Educator

**Compliance Action SC2b: Address the level of medical staffing out of hours for ICU and level 2 beds in Critical care at Charing Cross Hospital.**

<p><b>Summary</b></p> <p>The actions completed to date were reviews of the out of hours cover on the ICU and for HDU / Level 2 beds.</p> <ul style="list-style-type: none"> <li>• The HDU no longer accepts patients at risk of requiring intubation – these patients are now directly referred to the ICU</li> <li>• A further 3 middle grade posts are being recruited for the ICU</li> <li>• Current arrangements and risk mitigation are being reviewed, including the protocol for calling in ICU consultants</li> </ul>	<p><b>KPIs Progress</b></p> <ul style="list-style-type: none"> <li>• An internal audit was commissioned on 6<sup>th</sup>/7<sup>th</sup> May 2015. We are currently awaiting the report and will implement the recommendations once received.</li> </ul>
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**Compliance Action SC3a: Address the high vacancy rates for nursing staff and healthcare assistants on some medical wards at Hammersmith Hospital.**

<p><b>Summary</b></p> <p>On inspection there were nursing staff vacancies within all medical specialties at the hospital. Acute had the highest at 25%, Elderly 22%, and infectious diseases 17%.</p>	<p><b>KPIs Progress</b></p> <ul style="list-style-type: none"> <li>• Ongoing recruitment activity has facilitated the following changes; <ul style="list-style-type: none"> <li>○ Acute Medicine - 4.08%</li> <li>○ Elderly - 19.38%</li> <li>○ Infectious disease – 9.65%</li> </ul> </li> <li>• Current trajectories for the clinical division for medicine predict a 5% vacancy rate for: <ul style="list-style-type: none"> <li>○ Healthcare assistants by August 2015</li> <li>○ Band 5 nursing staff by December 2015</li> </ul> </li> </ul>
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The following are also under consideration:

- Recruitment campaigns outside London
- 'Skype' interviewing
- Increased rotation
- Possible initiatives with local job centres

**Compliance Action SC3b: Review the staffing levels in Maternity at QCCH and take action to ensure they are in line with national guidance.**

**Summary**

At inspection the ratio of one midwife to 33 women was lower than the national average of one to 29.

A ratio of 1:30 midwives was agreed for the first phase in October 2014 with further recruitment planned for 2015. This will be in place for July 2015.

**KPIs Progress**

- 32.8 WTE (whole time equivalents) qualified midwives have joined since March 2015
- A further 31.58 qualified midwives have accepted offers and are awaiting start dates
- 28.15 WTE vacancies remain although 15 of our students will undergo selection processes in June 2015. These plans will deliver and maintain the required ratio by keeping pace with the healthy turnover rate and with minimal reliance on temporary staffing.



**Extract from Trust overall CQC action plan**

<b>S2 Compliance Action:</b> The high vacancy rates for nursing staff and healthcare assistants on some <b><u>medical wards at Charing Cross Hospital</u></b> must be addressed.	
<b>OVERALL ACTIONS BEING TAKEN</b>	
<p><b>2.1</b> In April 2015, the People and Organisational Development team was restructured to align with divisions, and additional administrative support was added.</p> <ul style="list-style-type: none"> <li>• Review vacancy management (complete)</li> <li>• Review recruitment business processes (in progress)</li> </ul> <p><b>Director Lead</b> Jayne Mee, Director of People and Organisational Development</p>	
<p><b>2.2 Develop</b> a new e-roster policy which includes key indicators through the 'QuEST' quality improvement team</p> <ul style="list-style-type: none"> <li>• Provide 'masterclass' sessions for managers on principles and practice of good rostering (through QuEST and Allocate (in progress))</li> <li>• Report KPIs through <ul style="list-style-type: none"> <li>○ the The QuEST programme board, which reports monthly at the Executive Committee (complete/ongoing)</li> <li>○ Divisional performance meetings and by continuing with the existing weekly Operational Resilience Report, which reports at the Executive Committee (ongoing)</li> </ul> </li> </ul> <p><b>Director Lead</b> Jayne Mee, Director of People and Organisational Development</p>	
<p><b>2.3</b> Align staffing with the Trust bed capacity plan for 2015 / 16 (part of the Trust's business plan)</p> <ul style="list-style-type: none"> <li>• A demand and capacity assessment will be factored into divisional business plans to ensure staffing establishments match bed capacity</li> <li>• The plan will be monitored via weekly Operational Resilience meetings</li> </ul> <p><b>Director Lead</b> Steve McManus, COO</p>	
<p><b>2.4</b> Deputy Chief Nurse from NHS London to review recruitment plans for the Division of Medicine and provide feedback.</p> <p><b>Director Lead</b> Janice Sigsworth, Director of Nursing</p>	
<b>SPECIFIC FINDINGS</b>	<b>ACTIONS</b>
<p><b>2.5</b> High vacancy rates were on the divisional risk register but it was not clear what action was being taken to address them</p>	<ul style="list-style-type: none"> <li>• Review Vacancy levels for bands 2 to 6 at divisional performance reviews monthly using <ul style="list-style-type: none"> <li>○ A performance trajectory with an end goal of 5% by December 2015 (complete)</li> <li>○ More detailed workforce summaries (for example, by division by site) (complete/ongoing)</li> </ul> </li> <li>• Instigate monthly meetings between the Director of Nursing and Divisional Director of Nursing for Medicine to review vacancies <ul style="list-style-type: none"> <li>○ Division of Medicine to present detailed action plan to reduce vacancy rate to 5%.</li> <li>○ Report and monitor to the performance management</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>meeting monthly</li> <li>○ To align business planning with bed capacity and staffing requirements throughout the year</li> <li>○ Review staff establishment plans with COO and Divisional Director / Director of Nursing if changes are required</li> <li>○ Update the safe nursing and midwifery staffing policy to provide clarity around revised processes; particularly seasonal variation</li> <li>● HR Business Partner to ensure (bands 2-6) recruitment plans for Medicine (complete)</li> <li>● Division of Medicine to establish a Task and Finish Group to meet fortnightly to oversee the vacancy reduction plan (complete)</li> </ul> <p><b>Director Lead</b> Jayne Mee, Director of People and Organisational Development</p> <p><b>Divisional Leads</b> Tim Orchard, Divisional Director, Medicine</p> <p>Sally Heywood, Divisional Director of Nursing, Medicine</p> <p>Gemma Glanville, HR Business Partner for Medicine</p>
<p><b>2.6</b> High vacancy rates for nurses in the following specialties:</p> <ul style="list-style-type: none"> <li>➤ Stroke (9N and 9W)</li> <li>➤ Acute medicine (9S and 4S)</li> <li>➤ Elderly medicine (8W and 8S)</li> <li>➤ Oncology (Weston)</li> </ul>	<ul style="list-style-type: none"> <li>● Recruit to 5 % vacancy level for bands 2 to 6 (ongoing)</li> <li>● Attain bank fill of 90% by improving management of requests (receipt, booking, etc.) and developing a business case to address day rates (complete)</li> </ul> <p><b>Director Lead</b> Jayne Mee, Director of People and Organisational Development</p> <p><b>Divisional Leads</b> Tim Orchard, Divisional Director, Medicine Sally Heywood, Divisional Director of Nursing, Medicine</p>
<p><b>2.7</b> High vacancy rates for healthcare assistants in neurology</p>	<p>Same actions as for S2.6</p>

**S3 Compliance Action:** The level of medical staffing out of hours for ICU and level 2 beds in **Critical care at Charing Cross Hospital** must be addressed.

**OVERALL ACTIONS BEING TAKEN**

**3.1** As part of the Trust's 2015/16 business plan, the Critical Care Committee (which meets monthly) has carried out a strategic review which has recommended that critical care 'hubs' will be created on each site

- External stakeholders across the Critical Care Network will be engaged in the redesign
- Co-location of levels 2 and 3 beds (agreed at Quality Summit)
- Reconfiguration of the service to increase capacity
- Side by side management of HDUs and ICUs, including improvement of timely access to airway-trained staff

**Director Lead**  
Steve McManus, COO

With regard to the workforce issues below in addition and covering all the issue we have

commissioned internal audit to review medical/nursing cover of critical care service	
<b>SPECIFIC FINDINGS</b>	<b>ACTIONS</b>
<b>3.2</b> A Registrar was not always available out of hours on the ICU so cover was sometimes provided by junior doctors (the most senior would be a CT2). At the time of the inspection, none of the junior doctors had ventilation training	<ul style="list-style-type: none"> <li>Review availability of registrar out of hours in the ICU (will be addressed under 3.1)</li> <li>Junior doctors to have undertaken airway training in accordance with national curriculum</li> <li>Develop an action plan to address the reconfiguration of CC services</li> </ul> <p><b>Divisional Lead</b> Jamil Mayet, Divisional Director, SCCS</p>
<b>3.3</b> The on-call consultant could take up to 30 minutes to arrive, which means immediate support is not always available.	<p>Review the appropriateness of this and whether there are any alternatives</p> <p><b>Divisional Lead</b> Jamil Mayet, Divisional Director, SCCS</p>
<b>3.4</b> The consultant often stayed late (until midnight) due to the lack of a Registrar.	This will be addressed under S3.1
<b>3.5</b> Although there is a medical consultant for the HDU, there were no critical care medical staff dedicated to the HDU or other level 2 beds.	This will be addressed under S3.1
<b>3.6</b> There was support from Site Ops team but not all site practitioners were airway trained and were often preoccupied out of hours with bed management. Additionally, although there were two anaesthetists covering theatres out of hours, they were not ICU trained.	<ul style="list-style-type: none"> <li>Review scope of practice for Site Practitioners to determine whether the appropriate airway training is being met (all should be ALS trained –will be addressed under 3.1).</li> <li>Ensure that staff have current details (contact information, procedure) for accessing airway support</li> </ul> <p><b>Senior Management Lead</b> Nicola Grinstead, Director of Operational Performance</p>
<b>3.7</b> Out of hours, there was a general medical registrar and two senior house officers, none of whom were airway trained.	<p>This will also be addressed under S3.1</p> <ul style="list-style-type: none"> <li>Confirm that the Trust has sufficient numbers of airway-trained staff (all medical staff should be ALS trained) and that access out of hours is appropriate to meet patient needs</li> <li>Ensure that staff are aware of who to call and what to do when they need airway support Undertake an audit of practice</li> </ul> <p><b>Divisional Lead</b> Tim Orchard, Divisional Director, Medicine</p>

**S4 Compliance Action:** The high number of vacant nursing and healthcare assistant posts on some medical wards at Hammersmith Hospital must be corrected.

SPECIFIC FINDINGS	ACTIONS
4.1 High vacancies were on the divisional risk register for Medicine	This will be addressed under S2
4.2 Unfilled shifts were specifically mentioned on B1, Fraser Gamble, John Humphrey, De Wardener and Weston wards.	This will be addressed under S2

**S5 Compliance Action:** The staffing levels in Maternity and Neonatal Services at QCCH must be reviewed and action taken in order to ensure they are in line with national guidance.

SPECIFIC FINDINGS	ACTIONS
5.1 Inadequate midwifery staffing levels were lower than the national average and did not meet the recommended ratio on postnatal wards.	<p>Midwifery staffing plan being implemented from 1 April 2015 will bring midwife to patient ratio to 1:30</p> <ul style="list-style-type: none"> <li>• Monthly recruitment open days will be held on an on-going basis               <ul style="list-style-type: none"> <li>○ Centralised team with 'offer on the day' to improve process efficiency and reduce withdrawals between interview and offer. (complete/ongoing)</li> <li>○ Candidates will be ready to start within eight weeks (in progress)</li> </ul> </li> <li>• Review recruitment plans and processes by the Deputy Chief Nurse for NHS London (complete)</li> </ul> <p><b>Director Lead</b> Jayne Mee, Director of People and Organisational Development</p>
5.2 Neonatal services did not have the establishment recommended by the BAPM.	<ul style="list-style-type: none"> <li>• Review 24 to 27 cot capacity as part of business planning in 2015 / 16               <ul style="list-style-type: none"> <li>○ Action plan to be developed in a paper for review by the W&amp;C Divisional Management Team</li> <li>○ Produce a business case to support recruitment of additional nurses to achieve BAPM standards (note - this is still under review by NHS England)</li> <li>○ Monitor progress through directorate and divisional Quality and Safety Committees and Management Committees</li> <li>○ Any increase staffing required will be addressed under S5.1 (complete and ongoing)</li> </ul> </li> </ul> <p><b>Director Lead</b> Janice Sigsworth, Director of Nursing</p> <p><b>Divisional Leads</b> Jacqueline Dunkley-Bent, Divisional Director of Nursing, W&amp;C Natalie Dowey, HR Business Partner, W&amp;C</p>