

# Adults, Health & Public Protection Policy & Scrutiny Committee

**Date:** 24<sup>th</sup> June 2015

**Classification:** General Release

**Title:** **NHS ACUTE STAFFING**

**Report of:** Policy & Scrutiny Manager

**Cabinet Member Portfolio** n/a

**Wards Involved:** All

**Policy Context:** City for All: Choice

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## 1. Executive Summary

1.1 In October 2014, the Care Quality Commission published their report of their inspection of Chelsea and Westminster Hospital. The CQC judged that the Trust '**required improvement**'. Amongst areas suggested for improvement the level of staffing at the Trust was brought into question. In December 2014 the Care Quality Commission published their inspection report of their visit to Imperial College Healthcare NHS Trust. The CQC also judged that Imperial '**required improvement**' and a number of comments related to similar issues.

## 2. Key Matters for the Committee's Considerations

- What remedial actions can the Trusts take to improve the situation?
- How can the Committee assist the Trusts in addressing the issues raised in the CQC reports?
- The NHS Five Year Forward View calls on Health Education England to do more to improve retention, particularly in nursing and Emergency Medicine and to deal with workforce shortages in those areas with care

quality or financial risks, how are our Acute Trusts facing up to this challenge?

### **3.0 Background – the CQC reports on the Acute Trusts**

#### **3.1 Chelsea and Westminster Hospital NHS Foundation Trust**

3.2 Medical staffing levels did not meet national recommended standards in A&E and palliative care medicine. However, there was a comparatively higher number of consultant staff in other specialities, which was improving access to specialist care.

3.3 Agency nurses did not have access to the electronic patient records, including risk assessments, prescription and administration records. Therefore, the electronic system could only be updated by a permanent member of staff, which resulted in delays in the records being updated. The agency staff also had to rely on information provided at handover to identify the risks for the patients they were caring for. Care records were not adequately completed and were not always personalised.

3.4 Nursing staffing levels had been reviewed and assessed using the Safer Nursing Care Tool in some areas but had not been completed across the trust. Some staff involved in this work were not clear about what tool had been used and some staff indicated that the trust had taken a 'one size fits all approach' and had not taken the complexity of patients into consideration. Some staff also reported that there could also be an unresponsive culture when they tried to report significant concerns. There had not been a board report to demonstrate appropriate application of the Safer Nursing Care Tool across the organisation. Nurse recruitment was recognised as a priority for the trust, as some wards were below establishment. Around 85 nurses and midwives had been recruited and it was intended that they would be in post by the end of the year (2014). Bank (overtime), agency and locum staff were used to fill vacancies where possible but some areas, including the acute assessment unit (AAU) and children's services did not always have safe staffing levels.

3.5 Not all staff had appropriate knowledge of the Mental Capacity Act 2005 and deprivation of liberty safeguards to ensure that patients' best interests were protected. There was guidance for staff to follow on the action they should take if they considered that a person lacked mental capacity.

#### **4.0 Imperial College Healthcare NHS Trust**

4.1 Nurse staffing levels were not sufficient in all areas and there were some instances of shifts remaining unfilled with a significant use of agency staff, this

was especially applicable to the adult medicine wards. Medical staffing was in the majority of areas good. Around 50% of the doctors employed by the trust were specialist registrar doctors who were supported by consultants (30% of all doctors). The number of middle grade doctors was higher than the England average of 39%. The number of junior doctors employed by the trust was lower than the national average. Only 18% of all doctors were junior grades compared to the England average of 22%. The trust advised this was due to the high degree of specialist care provided by the trust

- 4.2 At St Mary's Hospital, specifically, there were comments which suggested that consultant cover in critical care was insufficient and that existing consultant staff should be supported while there were vacancies in the department
- 4.3 Compliance action had been taken against Imperial by the CQC as the Commission considered that people who used services were not protected against the risks of care or treatment that is inappropriate or unsafe because there were not sufficient numbers of nursing staff on the neonatal intensive care unit, maternity wards at *Queen Charlotte & Chelsea Hospital*. Also at Hammersmith Hospital there were not sufficient numbers of nursing staff and healthcare assistants on the medical wards. Further to this, another compliance action was in place because the Commission considered that people who used services were not protected because there were not sufficient numbers of nursing staff and healthcare assistants in some medical wards; and insufficient medical staff for out of hours ICU and level two beds at *Charing Cross Hospital*.

**If you have any queries about this Report or wish to inspect any of the  
Background Papers please contact Mark Ewbank x2636  
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**BACKGROUND PAPERS** Nil return

**APPENDICES:**

**Appendix A:** Submission to the Committee from Chelsea and Westminster Hospital NHS Foundation Trust

**Appendix B:** Submission to the Committee from Imperial College Healthcare NHS Trust