Guy's and St Thomas' NHS
NHS Foundation Trust

Board of Directors Meeting

29th January 2014

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Update on the Nursing, Midwifery and Health Visitor Workforce

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Eileen Sills CBE
Chief Nurse and Director of Patient Experience

Guy's and St Thomas' NHS
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A paper prepared and presented by Eileen Sills CBE,
Chief Nurse and Director of Patient Experience

Update on the Nursing, Midwifery and Health Visitor workforce

Executive Summary

Purpose:

- To update the Board of Directors on the assessment made against the 10 expectations set out in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and NHS Commissioning Board.
- To provide to the Board of Directors an overview of the size and shape of the Trust's non-ward based adult nursing profile.
- To provide the Board of Directors with an overview of the rational for the profile of the non-ward based workforce.
- To provide the Board of Directors with an assessment against the RCN's evidence of children's staffing.
- To bring to the attention of the Board of Directors any workforce risks.

Key Points:

- To demonstrate compliance with new staffing expectations and RCN children's staffing standards.
- It has been a very challenging exercise to capture accurately the exact make up of the non-ward based workforce, due to many roles working across specialties. It has however enabled us to undertake a comprehensive stocktake and to provide the Board with an understanding of the rational for the workforce we have and where the key recruitment challenges are, which is predominantly in critical care and theatres.

Implications:

- Although the emphasis on nurse staffing across the NHS has been at ward level, there are just as many risks within the non-ward based staffing. Therefore it is essential that we apply the same focus and priority on our ward staffing.

Recommendations:

- **The Board of Directors is asked to note the information contained in this report and the actions we have in place.**

1.0 Introduction

1.1 The following report to the Board of Directors is the third in a series of reports/updates on the nursing workforce. From the end of February 2014 the Board will receive a monthly performance report on nurse staffing.

1.2 The emphasis on ensuring safe nurse staffing levels has been reinforced with recent publications:

- Hard Truths – The Journey to Putting Patients First 'Hear the patient, speak the truth and act with compassion'. Published by Department of Health.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England.
- Defining Staffing Levels for Children and Young People's Services. Published by Royal College of Nursing (RCN).

1.3 This report addresses our compliance with the recommendations/expectations within these reports. However these and previous reports have focussed, quite rightly so, on staffing for inpatient areas. In recent years there has been a noticeable shift in both numbers and acuity of patients cared for in our non-ward based environments. Therefore it is just as important for the Board of Directors to understand the size and shape of our non-ward based nursing workforce. For the purpose of this report that will include all areas with the exception of Children's Services as this has been reported in earlier reports..

1.4 The report is split into three parts:

- **Part One:** Response to the National Quality Board's 10 expectations.
- **Part Two:** Assessment against the RCN's 16 core standards for safe children's staffing within Evelina London.
- **Part Three:** Overview of the non-ward based nursing workforce which identifies the key issues/risks with actions being undertaken.

Part One

2.0 Response to National Quality Board's 10 expectations:

Expected	Trust Response
Board takes full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and core staffing capacity and capability	In place. The Board of Directors have in place a process for setting and monitoring nurse staffing levels. The Board of Directors receive regular updates from the Chief Nurse which will now be undertaken monthly. Staffing levels and patient acuity and dependency is monitored continuously and levels are adjusted as necessary. Nursing staff know they can escalate at anytime if they are concerned.
Processes are in place to enable staffing establishments to be me on a shift by shift basis.	There are a number of different processes in place to monitor shift by shift staffing: • ERoster • daily acuity • escalation procedures • daily sitrep monitoring
Evidence based tools are used to inform nursing and midwifery and core staffing capacity and capability.	We use the National Safer Care acuity tool supported by further acuity and dependency data.
Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	In place through; • Trust policies • clinical leadership model • clinical Fridays • regular forums to meet senior staff • post Francis listening exercise
A multi-professional approach is taken when setting nursing, midwifery and care establishments.	All relevant staff are involved and the Chief Nurse works directly with ward sisters to review staffing establishments. There is a formal review six monthly.
Nurses, midwives and care staff have sufficient times to fulfil responsibilities that are additional to the direct care duties.	All establishments have a built in uplift to cover study leave, sickness and annual leave. All ward sisters are in a supervisory role.
Boards receive monthly updates on workforce information. Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	In place.
NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	On the patient status at a glance boards on each ward, the nurses on duty are clearly stated.
Providers of NHS services take an active role in securing staff in line with their workforce requirements.	In place. We have an active recruitment programme and work closely with LETBs to confirm our future workforce requirements.
Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time with the providers with whom they contract.	Not applicable to us but as required we will be able to demonstrate to our commissioners the systems we have in place.

Part Two

3.0 Assessment against the RCN's 16 core standards for safe children's staffing within Evelina London:

3.1 The RCN published a set of 16 core standards for children and young people's services in 2013. As assessment has been undertaken against each of these standards within Evelina London, and is set out as follows. We will be undertaking the same exercise across all services that care for children outside of Evelina London, e.g. Dental.

3.2

Standard	Compliance
1. The shift supervisor will be in a supervisory role.	Compliant. All clinical areas have this built into their establishments.
2. Nurse Specialists and ANPs not included in bed side numbers.	Compliant. All our non-ward based specialist roles are not included in the bed side numbers.
3. One Nurse per shift will be trained in APLS/EPLS.	Compliant.
4. Minimum of 70:30 registered : unregistered staff in clinical areas.	Compliant. We have 87:13 registered : unregistered skill mix in our acute in-patients areas. Ratio is 50:50 in OPD area but overall we are above the 70:30 ratio.
5. 25% uplift in establishments to cover annual leave, sickness and study leave.	Compliant. All our ward establishments have individual uplifts set which is determined by the profile of the workforce. This is reviewed annually as part of business planning.
6. Two RN Child at all times in in-patients and day care.	Compliant.
7. Nurses should be trained in Children's Nursing with additional training for specialist services / roles.	Compliant. Although on PICU we currently have four RN Adult staff who are supervised and supported.
8. 70% of nurses should have appropriate training for the speciality (i.e. Intensive Care, Oncology and Neurosurgery).	Partially Compliant. For the only areas not compliant; Renal – 65% and Cardiac – 56%, training plans are in place.
9. Support roles should be used to ensure that RN are used effectively.	Compliant. Senior Nursing Assistant roles as well as bespoke Milk Kitchen roles for unregistered workforce are in place.
10. Unregistered staff have completed appropriate course and competency assessment.	Compliant. All unregistered staff are inducted, undertake a diploma programme supported by a set of competencies.
11. Number of University students should not exceed the agreed levels.	Compliant.
12. Patient dependency scoring tool in place.	Compliant.
13. Quality indicators measured and monitored for adjustments in nurse staffing levels.	Compliant. Discussed at Clinical Governance and a number of other weekly / monthly forums.
14. Access to a senior children's nurse. All Matrons must have RN Child.	Compliant. PNP team 24/7 as well as a team of Matrons and 1.8 wte Heads of Nursing.
15. Compliance with Safeguarding guidance.	Compliant. Staff do also attend external training sessions.
16. Children and Young People must have care from a skilled workforce and dedicated environment that meets their needs.	Compliant within ELCH. A full assessment is underway across all areas of the Trust where children are cared for outside of Evelina.

Part Three

4.0 Overview of the non-ward based nursing workforce:

4.1 Introduction

To accurately assess the size and shape of the non-ward based nursing workforce to ensure that it meets our requirements has been a difficult exercise for the following reasons.

- In many cases staff provide a service across different settings and therefore cannot just be associated to one clinical area, e.g. a clinical nurse specialist may work across outpatients and a clinical department or ward.
- Electronic Staff Record (ESR) system does not hold the data in the format we need and therefore data for this report has had to be collected manually.

Therefore at the time of writing, this section of the report is as accurate as we can make it.

4.2 The non-ward based workforce makes up for approximately 42% of our total nursing workforce.

4.3 It is important to state that the profile of our non-ward based staff, particularly in ambulatory areas, has changed in recent years to reflect the changing clinical needs of our patient population. An example of which is our dermatology and oncology services. The dermatology nurse-led day service replaced a 24 bedded inpatient ward and our chemotherapy and acute oncology service avoids patients having to be admitted. This has led to a significant increase in the acuity of our patients cared for within our ambulatory areas and at times acuity of our patients in these settings can match those of our ward environments. At present there is no tool to monitor the acuity and dependency of our patients in our out-patients settings, therefore we are developing our own.

4.4 In addition this workforce has also seen significant change and development to support the Trust's response to becoming European Working Time Directive (EWTD) compliant by nurses taking on advanced roles and developing a range of nurse-led services to meet activity and service changes. Income associated with all our nurse-led services across the Trust has doubled from £6m in 2007 to £14m in 2013.

4.5 The size and shape of our non-ward based workforce is often challenged when the total number is benchmarked with external organisations. This is not particularly helpful; as you will see from this section of the report this workforce is very varied. Therefore in future it is recommended that this workforce is separated out into key groups to ensure an accurate and fair review, especially if a benchmarking exercise is to be undertaken.

For the purpose of this report, the following areas have been reviewed:

5.0 Accident and Emergency
6.0 Critical Care
7.0 Theatres
8.0 Dialysis
9.0 Clinical Nurse Specialists
10.0 Consultants Nurse / Midwife
11.0 Specialist Teams
12.0 Imaging
13.0 District Nursing
14.0 Health Visiting
15.0 School Nursing
16.0 Matrons
17.0 Clinical Research Nurses
18.0 Practice Development Nurses
19.0 Ambulatory and Outpatient settings

5.0 Accident & Emergency

5.1 Workforce profile:

	Budgeted WTE	In post	Vacancy (inc Mat leave)
Trained	84.2	83.4	0.8
Untrained	14.8	14.8	0
Total	**99**	**98.2**	**0.8**

5.2 The nursing staff in the Emergency Department provide a 24/7 service and over the years the role of the nurse within A&E has changed considerably, with many now holding advanced skills and qualifications. They are able to diagnose, treat and discharge patients independently.

5.3 There is no validated workforce tool to determine staffing levels, however the Shelford Group have just commissioned a piece of work to create a tool, which the Trust has participated in. Early indications demonstrate that we have an effective and efficient workforce model.

5.3.1 Three years ago a new type of unqualified worker was introduced into the department. A number of Clinical Assistant Practitioners (CAPs) were recruited and trained to assist the nursing staff with a variety of basic tasks such as carrying out patient observations, performing ECGs and plastering of limbs.

5.4

Opportunities / Issues	Actions
• No longer a major trauma or stroke centre – could have implications for recruitment and retention which needs monitoring closely.	• We have explored nursing rotations with Kings to provide opportunities for staff to care for trauma patients. The development of other skills such as alcohol nurse pathways and band 6 junior emergency nurse practitioners have been implemented.
• High levels of maternity leave across all services within A&E.	• Recruiting to maternity leave vacancies and ensuring we utilise other opportunities to ensure stabilisation of the workforce.
• Local population increases due to Vauxhall housing development and other initiatives which may increase demand for services.	• Ensuring we have a robust workforce strategy to meet anticipated demand and change in patient referral pathways.

6.0 Critical Care

6.1 Workforce profile:
Includes Lane Fox, Victoria HDU, Intensive Care Unit, CC Response Team. & ECMO

	Budgeted WTE	In post	Vacancy (inc Mat Leave)
Trained	357.7	329.4	28.3
Untrained	16.9	15	1.9
Total	**374.6**	**344.4**	**30.2**

6.2 The Trust has 54 critical care beds this includes 2 flexible Overnight recovery beds). There are also 20 High Dependency beds across the Trust in Doulton, Page & Victoria wards

6.3 Critical care staffing has nationally recommended nurse to patient ratios. Level 3 patients (ITU patients) have a ratio of 1:1. Level 2 patients (mainly in HDU) have a ratio of 1:2.

6.4 For a unit of our size it is recommended that we have the budgeted equivalent as tabled in 5.1. Current vacancies total 30wte. These gaps are managed by staff working bank shifts and covering peak activity with agency staff.

6.4

Opportunities / Issues	Actions
• Recruitment - an acute shortage of specialist critical care nurses, particularly across London. • Retention of specialist critical care nurses. • Development of critical care service that impacts on workforce and require a further increase in nursing posts: - Increase in ECMO activity and development of service to expand to VA ECMO provision. - Need to establish and implement dedicated retrieval service. - Development and implementation of eICU. - Development of outreach intermediate care facility, linked with Lane Fox unit.	• Recruitment and retention strategy in place developed with the workforce team, HR, and the Trust's nurse recruitment lead.

7.0 Theatres

7.1 Workforce profile:
Includes Main theatres, CPOAU, SAL & DSU on both sites

	Budgeted WTE	In post	Vacancy (inc Mat Leave)
Trained	571.8	520.8	51
Untrained	34.4	24.7	9.7
Total	**606.2**	**545.5**	**60.7**

7.2 The department consists of 46 operating theatres across Guy's, St Thomas's and Evelina hospital. A surgical admission lounge (SAL) has been implemented on both sites and a centralised pre-operative assessment service (CPOAU) that is continuing to develop.

7.3 The preoperative medicine department delivers both inpatient and day case theatre facilities, alongside an anaesthetic service to patients receiving procedures in outlying areas across the Trust. Both elective and emergency operating take place in all areas.

7.3.1 In addition staff provide elective and emergency support to areas outside of the preoperative department including obstetric theatres, dental day surgery, endovascular, assisted conception and imaging which encompasses CT, MRI and PET scanners.

7.3.2 Each theatre is staffed according to the Association for Perioperative practice (AfPP) national staffing guidelines. A theatre sister is assigned per two theatres and is the included in staffing numbers 90% of the time. Each scheduled theatre session will have four registered theatre nurse/ODPs consisting of:

1. Anaesthetic assistant (Band5/6)
2. 2 x Scrub nurse (Band 5/6)
3. Circulating practitioner (Band5/6)

7.3.3 In theatre sessions where local anaesthesia is used staffing numbers are reduced accordingly as an anaesthetic assistant is not required.

7.4

Opportunities / Issues	Actions
• Recruitment - an acute shortage of specialist theatre nurses in particular across London. • A further need to expand the workforce due to the following developments: - Increasing demand for theatre sessions from all specialties in response to meeting cancer and 18 week targets - resulting in increased nurse vacancies. - Clinical innovation requiring development of new facilities - new theatre builds in line with expansion of services - resulting in increased nurse vacancies. - Retention of theatre support workers.	• Recruitment and retention strategy in place - developed in conjunction with the workforce team, HR and the Trust's nurse lead for recruitment. • Review skill mix conducted to convert band 6 posts to band 5 via attrition. - Band 5 posts easier to recruit - target met. • Need to review the theatre support workers band 2/3.

8.0 Dialysis Unit

8.1 Workforce profile:
Includes Astley Cooper, Acute, satellites and the community

	Budgeted WTE	In post	Vacancy (inc Mat Leave)
Trained	115.8	106.1	9.7
Untrained	27	25	2
Total	**142.8**	**131.1**	**11.7**

8.2 The renal unit currently has five dialysis areas; on-site is the Astley Cooper dialysis unit and an acute dialysis team covering inpatient dialysis on the Guy's and St Thomas' sites. Four areas are off site, Borough Kidney treatment centre which houses satellite dialysis and the community dialysis team, Tunbridge Wells kidney treatment centre, New Cross Gate and Camberwell.

8.3 The dialysis areas are all nurse led, they are managed by a band 7 sister/charge nurse supported by a matron. The units vary in size from 16 stations to 34 and run on two or three shifts per day. They are based in the community to keep patients near their homes to prevent travel into the main hospital site. The staffing ratio is 1:4 supported by senior nursing assistants all at band 3 levels. The workforce has been reviewed and some band 5 posts were taken out and replaced with band 3 to work at 70:30 ratio. Onsite is 80:20 ratio due to the dependency of the patients.

8.3.1 Our patients are outpatients and return to home, nursing home or to an in patient bed following treatment. The nurses look after the patients holistically and support them with the back up of community services. Community team (home dialysis) train patients on Peritoneal Dialysis and Haemodialysis to perform their own dialysis in their home. Areas such as this and acute areas require highly specialised nurses to be able to perform training and look after acutely ill patients. Recruitment for these posts is always internal from the other dialysis areas.

8.4

Opportunities / Issues	Actions
• Experienced dialysis nurses have been difficult to recruit.	• We have recruited nurses without dialysis experience and trained them, training can take up to 8-12 weeks before nurses can operate independently taking a cohort of patients, eventually some go on to take the renal course (for six months) to aid their development.
• Difficulty in attracting newly qualified nurses to take up a post in dialysis.	• A rotation programme has been run to aid this, where nurses can start on a ward area and then rotate into the dialysis unit when they have some experience.
• Increasing complexity and co-morbidity of our patients with increased dependency.	• A dependency score for dialysis is being considered to enable us to identify future workforce needs effectively.
• There are difficulties recruiting into maternity leave posts as the time required to train outweighs the benefits.	• All our staff join the bank as they also act as our only pool of bank staff and work in the other dialysis areas.
• Difficulties recruiting to Tunbridge Wells as posts have no London weighting (HCA), only 5% Fringe payment but an equally high cost area.	• Working with HR Business Partners to look at potential opportunities to address this issue.

9.0 Clinical Nurse Specialists (CNS)

9.1 Workforce profile:

Directorate	Budgeted WTE	In post	Vacancy
Abdominal Medicine & Surgery	14.2	10	4
Acute Medicine	14.3	9.1	5.2
Cardiovascular	28.3	22.1	6.2
Chief Nurse's Office	4.7	4	0.7
CLIMP	2	2	0
Community	19.2	34.3	6
GRIDA	41.9	41.7	0
Haematology & Oncology	47.4	42.8	4.6
Inpatient Services	7	5	2
PCCP	13.8	14.8	0.9
Surgery	6	6	0
Women's Services	6.5	6.1	0.4
Total	**205.3**	**197.9**	**30**

9.2 Clinical Nurse Specialists are employed across all services. This staff group is crucial in the implementation of the Cancer Reform Strategy, European Working Time Directive and the need to deliver an increased level of activity in a range of settings. The CNSs provide a vital clinical role throughout the Trust. They provide expert levels of direct care and shape and influence care at a variety of levels. This role is important in providing specialist clinical practice skills, patient advocacy, consultation, education, research and audit. They play a leading role in the development of clinical guidelines, protocols, screening and assessment tools, and program development. CNSs also provide consultation and education to other health care practitioners, and are involved in the generation and/or implementation of research findings appropriate to the client population group.

9.2.1 In addition, this workforce has been instrumental in the development of ambulatory models of care. Examples include Neurology, Oncology and Dermatology where treatments previously requiring inpatient stays are now provided on an outpatient basis.

9.2.2 This specialist and advanced workforce plays a key role in preventing acute exacerbations of conditions and reducing the need for hospital admissions through active management such as with assisting patients to choose healthy behaviours and reduce lifestyle risks. Examples include neutropaenic sepsis management, congestive heart failure, asthma, diabetes, angina and hypertension.

9.3

Opportunities / Issues	Actions
• To ensure the CNS role achieves a maximum of 75% of their time in clinical practice.	• A major productivity work based assessment has been undertaken. • Each CNS will be working with their Head of Nursing to review the outcome of the assessment. • All CNSs will be set individual productivity measures in this year's business planning.
• The CNS role has the opportunity to contribute effectively to the Fit for the Future programme.	• A focus on strengthening the CNS role in clinical coding is underway.
• A number of CNS roles are 'lone' practitioners leaving a temporary service gap should the CNS be away from work or leave the Trust.	• All directorates to have a resilience plan to manage any gaps in the service.

10.0 Consultant Nurse / Midwife

10.1 Workforce profile:

Directorate	Budgeted WTE	In post	Vacancy
Abdominal Medicine & Surgery	3.6	3.7	0
Community	0.8	0.8	0
GRIDA	2.7	2.9	0.1
Haematology & Oncology	3	4	0
Medical Specialties	1	1	0
PCCP	1	1	0
Women's services	1	2	0
Total	**13.1**	**15.4**	**0.1**

10.2 The Consultant Nurse / Midwife (CN/M) posts are one of the few nursing roles to be outlined and proscribed by the Department of Health. The expectation is that the post holder will be a clinical nursing leader, driving high quality service and standards as well as advancing clinical practice on both a local and a national scale.

10.2.1 The 4 integrated sub roles of the CN/M are:

- expert clinical practice (at least 50%)
- professional leadership and consultancy
- education, training and development
- practice and service development, research and evaluation

10.2.2 All CN/Ms have direct clinical roles, delivering individualised clinical care to patients on booked procedure or out-patients lists. They improve access and referral pathways for patients/ clients by designing and providing innovative services within their specialty. They enhance clinical care using advanced assessment, including diagnostics, prescribing medications, treatments and case load management for people living with chronic disease. This has made a considerable financial contribution to the Trust, as direct income, reducing length of stay and readmission, reducing waiting times and providing "one stop" services.

10.2.3 All CN/Ms are involved in education, many holding visiting lecturer positions at KCL or other HE institutions and/or leading specialist training and courses locally and beyond. Through research collaborations post holders are able to contribute to the R&D agenda; providing a link with HEIs and raising the profile of the Trust through publications and conference presentations.

10.3

Opportunities / Issues	Actions
• Potential opportunity for the CN/M role to make a greater contribution to medical productivity and support the changes occurring within the medical workforce. • A number of CN/M roles are 'lone' practitioners leaving a temporary service gap should the CN/M be away from work or leave the Trust.	• Review of CN/M job plans. • Review the need for further investment in these roles. • All directorates to have a resilience plan to manage any gaps in the service.

11.0 Specialist Teams

11.1 Workforce profile:

Name of Team	Budgeted WTE	In Post	Vacancy
Infection Control	23	23	0
Safeguarding Adults	8.6	8.6	0
Safeguarding Children (inc. community)	16.9	12.2	4.5
Site Nurse Practitioners	38.4	30.9	7.5
Tissue Viability Nurses	4	1	3
Discharge Team	10	6	0
Total	**100.9**	**81.7**	**15**

11.2 Within the Trust we have a number of specialist teams that contribute to improving patient outcomes, keeping patients safe and training the workforce.

11.3 These services are largely responsible for the overarching delivery of key Trust objectives and targets. They provide leadership and support to all staff and patients. Many of these services are key to the implementation of national requirements and statutory regulations.

11.4

Opportunities / Issues	Actions
• Ensuring we have sufficient resources within the TVN team to deliver the tissue viability CQUINS (pressure ulcers).	• Regular reviews of the CQUINS and robust plans in place to deliver the plan and recruit to the vacancies. • Having a robust site nurse practitioner plan to meet these changes.
• Ensuring we are able to adhere to the European Working Directive, supporting the reduction of junior doctors hours.	• To ensure that the SNPs are adequately trained and developed in the specialist skills to support the reduction in junior doctors. • The introduction of an advanced clinical nurse post who will work alongside the medical teams to deliver clinical care.
• An increase in the numbers of safeguarding adult/children cases has occurred over the last 12 months.	• Governance arrangements in place to mitigate this risk.

12.0 Imaging

12.1 Workforce profile:

	Budgeted WTE	In post	Vacancy (inc Mat Leave)
Trained	30	26	4
Untrained	19	18	1
Total	**49**	**44**	**5**

12.2 The role of imaging and, as a consequence, the role of the nurse within imaging has changed considerably in recent years. Many of our outpatients undergo considerable invasive procedures which, in the past, they would have been admitted for and therefore they need to have the appropriate level of care pre and post procedure. It is also important to note that at any point in time during the day there is at least a ward full of inpatients within the imaging department.

12.3

Opportunities / Issues	Actions
• The role of the nurse in imaging is changing – we need a comprehensive workforce plan that will enable us to respond to clinical/service changes.	• Workforce strategy to be written.

13.0 District Nursing

13.1 Workforce profile:

Locality	Budgeted WTE	In post	Vacancy
Bermondsey & Rotherhithe	23.8	21	2.7
Borough & Walworth	25.6	32.4	3.1
Dulwich	24.5	20.5	4
Lambeth North	27	25.2	1.7
Lambeth SE	39.5	33.4	6
Lambeth SW	43.5	42.1	1.4
Peckham & Camberwell	28.1	24.2	3.8
Total	**212**	**198.8**	**22.7**

13.2 The District Nursing Service aims to support people to remain as well as possible within their own homes and communities. Complex care is provided in community settings, including the care of some of our most vulnerable citizens and often in extremely challenging environments. District nurses support people to manage their long term conditions and are key professionals in planning, providing and managing this part of hospital care.

13.3 The service has 218 community staff nurses and specialist practitioners, organised as seven localities in different geographical locations in the community and undertake on average 26,000 visits every month. The service operates 8am-11pm, 7 days per week, 365 days per year.

13.4 The nurses work closely with GP practices and offer skilled nursing care to adults in their place of residence who are registered with a Lambeth or Southwark GP including residential care homes.

13.5

Opportunities / Issues	Actions
• Insufficient staff to meet service requirements.	• This is being reviewed as part of business planning and bids are being submitted to the commissioners. Support to district nursing services by seconding staff from other parts of the organisation. • In the short term cover has been increased.
• Strengthening standards and practice across all district nursing services.	• Increase the number of practice development nurses to support education and training.
• Being able to recruit skilled district nurses to support the increased work load with the move to care for patients within the home setting but also with higher acuity.	• The setting up of a district nursing task force to implement a robust workforce strategy for community nursing, locally as well as London wide.

14.0 Health Visitors

14.1 Workforce profile:
Includes new Health Visitor students

Locality	Budgeted WTE	In post	Vacancy
Bermondsey & Rotherhithe	10	10	0
Borough & Walworth	16.6	16.6	0
Dulwich	10.9	9.3	1.6
Lambeth North	14.7	14.7	0
Lambeth SE	25.7	23.7	2.0
Lambeth SW	21.3	8.4	12.9
Peckham & Camberwell	15	13	2.0
Total	**114.2**	**95.7**	**18.5**

14.2 Health visitors work with children aged 0 – 5 and families to enable them to get the best start in life and achieve their potential with additional support where this is required through evidence based interventions and in collaboration with other partners across social care.

14.3 The HV role includes the following:

- Assess the health needs of expectant mothers, children and families as well as the developmental progress of babies and children at the key stages as described in the Healthy Child Programme (2009).
- Undertake an additional assessment of the developmental progress of all children between the ages of 3 – 4 years subject to child protection and child in need plans, as well as those where there are safeguarding concerns but do not meet the threshold for social service intervention.
- Provide advice on a range of parenting and health factors such as breastfeeding, parenting, safety of the baby and child, infant feeding with particular emphasis on preventing childhood obesity from an early age.
- Provide additional advice and support for families with domestic violence, mental health and alcohol and substance misuse factors.
- Providing specific advice to parents on home safety so as to reduce the need to attend A&E.

14.4 The service is provided by generic health visitors, early intervention health visitors and supported by a combination of community staff nurses and nursery nurses.

14.5 Health visitors actively contribute to multidisciplinary work and assess the risk and protective factors, triggers of concern and signs of abuse and neglect in children. Health visitors are usually the only professionals providing support and advice to children and families who do not meet the threshold for social care, and this range of children is rising.

14.6

Opportunities / Issues	Actions
• Ensuring with the increasing number of student health visitors we have sufficient numbers of mentors to support. • Ensuring the clinical leadership support is available to support the qualified health visitors in the future.	• Review supervision model to ensure it meets the needs of an increasing number of students. • A review of clinical leadership support has been undertaken and an investment of 1.4 WTE has been added to the structure. • A senior professional lead will oversee the Health Visitor Strategy.

15.0 School Nursing

15.1 Workforce profile:

Locality	Budgeted WTE	In post	Vacancy
Bermondsey & Rotherhithe	4.6	4.6	0
Borough & Walworth	5.7	3.7	2
Dulwich	3.6	3.6	0
Lambeth North	4.8	4.8	0
Lambeth SE	5.9	3.9	2
Lambeth SW	6.8	6.8	0
Peckham & Camberwell	6.4	4.6	1.7
Joint immunisation team Lambeth Southwark (sit in B&W budget)	 3 1.8	 0 0	 0 0
Totals	**42.6**	**32**	**5.7**

15.2 School nurses, who are specialist public health practitioners, provide a range of services for school aged children and young people mainly in schools.

15.3 School nurses work in partnership with children, young people and their families to ensure that children's health needs are supported within their school and their community.

15.4 They provide services that are visible, accessible and confidential, which deliver universal public health and ensure that there is early help and extra support available to children and young people at the times when they need it. This includes services to help children and young people with illness or disability within the school and beyond.

15.5 The school undertakes the health assessment for children and young people where there are safeguarding concerns and contribute to multidisciplinary work to safeguard children and young people from harm.

15.6 One of the team leaders leads a team of nurses who provide the range of school age immunisations in all the schools across both boroughs.

15.7 School nurses make referrals to speech and language therapy, GPs, paediatricians and other specialists as required.

15.8

Opportunities / Issues	Actions
• The school nursing review highlighted that there are may be an insufficient number of school nurses within the Southwark team.	• A review of staffing has been undertaken. • This will be addressed through the Trust business planning and discussions with the commissioners.

16.0 Matrons

16.1 Workforce profile:

Directorate	Budgeted WTE	In post	Vacancy
Abdominal Medicine & Surgery	7	2.6	4.4
Acute Medicine	6	6	0
Cardiovascular	2	2	0
CLIMP	0.8	0.8	0
Community	12.9	8.9	0
Dental	4	4	0
GRIDA	7	7	0
Haematology & Oncology	7.4	7.4	0
Home Ward	4	0	0
Medical Specialties	3	3	0
PCCP	9.8	8	1.8
Surgery	2	2	0
Women's Services	8	6	2
Total	**73.9**	**57.7**	**8.2**

16.2 Matrons provide clinical leadership and support to Ward and Departmental Sisters/Charge Nurses to promote excellence in nursing and midwifery care to maintain and improve clinical standards.

16.3 Their role is extremely important in reducing and managing risk, identifying risks early and addressing the root causes. Within the nursing teams they are pivotal in ensuring that Trust values are upheld and that all patients are treated with compassion, dignity and respect. Their key responsibility is to ensure that the patient experience is of the highest quality and inspires patient and public confidence. This is achieved through high visibility, accessibility and surveillance. A minimum of 75% of their working activities are clinical. A number of Matrons, especially those in GRIDA combine their leadership role with running nurse-led services.

16.4

Opportunities / Issues	Actions
• All Matrons need to achieve spending 75% of their time in clinical practice.	• Directorates reviewing the role of the Matron as part of the Nursing Productivity workstreams which is a programme under Fit for the Future. Each Matrons role is under review dependent on clinical/service need.

17.0 Clinical Research Nurses

17.1 Workforce profile:

Directorate	Budgeted WTE	In post	Vacancy
Abdominal Medicine & Surgery	2	1	1
Cardiovascular	5	2	4
GRIDA	3	5.5	0
Haematology & Oncology	15.6	12.6	3
Medical Specialties	2	1	1
PCCP	5	2	3
R&D : NIHR	99.9	73.8	26.1
Women's Services	0	0.5	0
Total	**132.5**	**98.4**	**38.1**

17.2 The current Clinical Research Nurses at GSTT are funded externally by grants generated by research activity.

17.3 Clinical Research Nurses (CRNs) are thought to be the fastest growing group within the profession across the UK. This is reflected at GSTFT as the workforce has grown to approximately 130 posts spanning many therapeutic areas. This has been partly due to the recent growth of a solid research infrastructure across the UK which has supported the development of the CRN role and confirmed its importance. Much of this is funded by the National Institute of Health Research (NIHR) which was established by the Department of Health in 2006 to support world class research within the NHS. More recently the launch of the NIHR Research Nurse strategy 2013 aims to define both the impact of the CRN role on patient experience and career progression pathways. Work is ongoing to provide a cohesive national workforce through UK regional meetings in 2014 and Guy's and St Thomas' is hosting the inaugural London meeting in February.

17.4 The role of the CRN has greatly evolved supporting patients recruited into research studies either as part of their normal clinical pathway or to have access to novel treatments which are otherwise not available to them. Studies may also concentrate on the collection of data to provide greater information about a condition or population. The CRNs act as the patient advocate and ensures patient safety and adherence to research governance requirements at all times. They work alongside other members of the research and clinical teams to identify and screen patients who may be suitable to be treated within a research study. Additional responsibilities within the role include support with the informed consent process, investigational tests, medicines management, data collection and safety reporting.

17.5

Opportunities / Issues	Actions
• With the expansion of research activity there are opportunities to develop other roles to support the research agenda.	• A research workforce plan is in development and opportunities for secondments from general nursing are being created. • The introduction of band 3 assistant roles has been successful in certain research specialties.
• To lead nationally and internationally the nursing research contribution to the overall KHP research strategy.	• Work is underway to increase the profile of nursing research.

18.0 Practice Development Nurses (PDNs)

18.1 Workforce profile:

Directorate	Budgeted WTE	In post	Vacancy
Abdominal Medicine & Surgery	2.5	2.5	0
Acute Medicine	5	3.6	2.4
Cardiovascular	0.6	0.6	0
Chief Nurses Office	0	1	0
Community	1.6	1	0.6
Haematology & Oncology	0.1	0	0
PCCP	12	7.6	4.4
Surgery	1	1	0
Training & Education	3.4	3.5	0
Women's Services	3.8	3.6	0
Total	**30**	**24.4**	**7.4**

18.2 The number of PDNs has reduced over the years. They mainly work within inpatient areas. They provide training and development for all grades of nursing staff especially to our newly qualified staff who must have a six month period of preceptorship. They are a valuable resource which provides assurance that staff are competent as well as providing excellent nursing care.

18.3 Increasingly they have been actively involved in delivering simulation training as part of the multi-professional faculty within the SiM centre. This has been positively evaluated and it has been recognised by an investment of a non-medical lead to support the development of further programmes for non-medical staff.

18.4

Opportunities / Issues	Actions
• To develop further opportunities to generate income via the SiM centre non-medical training programmes.	• New non-medical lead now in post to take this forward.
• To scope further opportunities for PDNs to support Trust Wide educational / developmental work.	• Scoping PDN educational activity and mapping the Trust educational requirements to their activity.

19.0 Ambulatory and Outpatient Settings

19.1 Across our Trust we have a number of ambulatory and outpatient settings, many of which are nurse-led and prevent the need for patients to be admitted, for example, the Dermatology Day Centre and Chemotherapy Day Unit. It is this particular staff group that is difficult to un-pick as many of the staff who support these areas are already captured, for example, under the CNS heading. Further work is required to identify the core staffing within these areas.

19.2

Opportunities / Issues	Actions
• To ensure the robust recruitment of highly specialised Nurses to provide treatment/care in these specialities.	• A focus on talent spotting of staff interested in been developed into these post. • Increase opportunities for secondments and rotation into Ambulatory areas so increase the potential interest of staff to work in the fields of nursing. • Ensure we work closely with HR to have a workforce plan that addresses recruitment to these areas.
• To ensure we can provide education and training that is relevant to the service need of each of these departments.	• Head of Nursing to work with the Educational department and the HEI to develop educational programme that meet our needs. Several programmes are already in place.
• To have the right skill mix to ensure patient safety.	• Ensure we are following and national benchmarking related to staffing in outpatient areas. • Work has commenced on developing an outpatient acuity monitoring Tool.
• Have the ability to cross cover services with specialities in the event of planned and unplanned leave or increased demand.	• As part of reviewing nurses job plans, ensure that this is taken into consideration and training is given so staff can be flexed appropriately.
• To review the role of the nurse in the outpatient setting to ensure they take on a role which ensures 'every contact counts' to focus on public health, for example, smoking, alcohol and obesity.	• A project will commence as part of our 6Cs campaign.

20.0 Recommendation

The Board of Directors is asked to note the information contained in this report and the actions we have in place.

Eileen Sills CBE
Chief Nurse & Director of Patient Experience **16th January 2014**