SCRUTINY BOARD (HEALTH AND WELLBEING AND ADULT SOCIAL CARE)

18 APRIL 2012

ITEM 11: CQC COMPLIANCE UPDATE – SUPPLEMENTARY INFORMATION

The Leeds Teaching Hospitals **NHS**
NHS Trust

LEEDS TEACHING HOSPITALS NHS TRUST NURSING STAFF LEVELS

1. Background

The formulas used to work out how many nurses should be deployed have been agreed between the Trust and nursing unions, including the Royal College of Nursing and UNISON. The Trust has committed to fund the nursing establishment (the actual number and levels of posts) in line with the Blueprint agreement for the next five years, until 2017. The document that contains these figures have become known in hospital shorthand as the nursing "blueprint".

The Trust currently funds **3945** registered and **1333** unregistered nurse posts. This number will increase by over 200 over the next five years. This number of nursing posts compares favourably to all other teaching hospitals.

2. Safe/Minimum staff levels

Only the local assessment of the Ward Sister and the management team that supports her/him can decide what the minimum safe standard is because it will vary according to a number of factors. These would include the number of patients, the severity of their condition, conditions on the ward and the experience of staff and the skill mix available to the Sister at the time.

When the CQC inspected us in February this year care observed on one hospital ward was deemed not to be acceptable. The most serious instance of poor care they observed was when a patient was being attended by two nurses. Staff levels were not the pivotal factor in determining how a patient was treated - it was the behaviour of individual members of staff. We are taking separate actions to address unacceptable professional practice.

3. Staff availability on shifts

There are several reasons why a shift may not have a full complement of nurses available:

- Vacancy
- Sickness Absence
- Poorly managed patterns of annual leave
- Poorly managed leave for completion of mandatory training
- Maternity leave

Vacancy

We are confident that the number of nurse posts we have committed to fund is correct. However, we are currently around 306 registered nurses and 155 unqualified nurses short of the "optimum level" we would like. These vacancies do have an effect on the availability of nursing care on a ward and this effect is not evenly spread around the hospital. It is more difficult to recruit staff to work on what are perceived to be 'difficult shifts in busy wards'.

We need to know in advance when people are going to be missing from a shift. Ward sisters should return roster information 6 weeks in advance, which gives us time to fill expected absences. We are automating this system (E-rostering). We are also increasing the sanctions for missing this deadline.

We attempt to fill any gaps with overtime or agency shift work and in most cases are successful; however, we find it most difficult to fill gaps in wards where older people are treated.

We have increased advertising and our presence at nursing conferences in attempt to improve awareness. We are having specific difficulty recruiting to older people's wards and we are considering how we can make these roles more attractive to qualified candidates who have a choice.

In the last round of interviews for recruiting non-qualified nurses (two weeks ago) we shortlisted 90 applicants and were only able to appoint 30. The two main reasons for non-appointment were a lack of appropriate training to work in the acute sector and low levels of numeracy and literacy skill. In response we are seeking the support of local colleges to address these problems.

Sickness

We have tightened up local management procedures and have taken a series of measures to improve sickness absence, for example we ran a successful flu vaccination programme for staff. As a result sickness absence is reducing across the Trust. The reduction is shown in table 1 below.
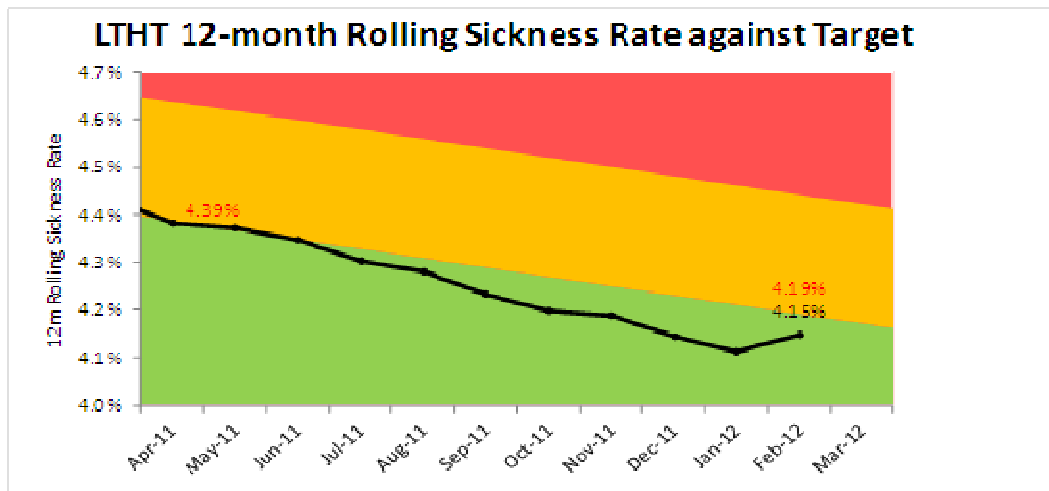

Table 1

Other factors

Many of the other reasons for low staff availability are to do with a lack of local management information or poor local management of resource. We are working with ward leaders to improve performance and skills in absence management.

4. Summary

CQC inspection reports have highlighted the need for continuing vigilance on professional standards. They have also emphasised the importance of making sure the right number of staff are available to ensure the risks of poor patient care is lowered.

There is a responsibility upon us to fund nursing posts and to improve our recruitment to them. That is why we have made an early commitment to do so and to increase our nursing workforce over a five year period. It is also important to remember that our hospitals are treating more patients and those patients have more complex needs than every before so we are constantly assessing our nursing availability and matching it to the prevailing circumstances.

LTHT
April 2012