



News from Brussels

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Number of pages: 11 pages

UK: Nurses “too busy” to give patients efficient basic care!

As you surely remember, in the latest issue of our “News From Brussels” we have reported on the shortage of nurses that several Members States are currently facing. In this article, we would like to share with a report of the UK press on consequences of this shortage of nurses for the patients.



According to the latest UK nursing research by leading academics (see Times 30/07/2013), wards should have seven patients or less per registered nurse to avoid missing vital care.

Researchers have in fact found that the number of patients per nurse on duty was significantly linked with the incidence of unfinished care by nurses, or “missed care”, and have thus called for it to be used as an early warning for potential patient safety concerns and unnecessary deaths.

The study in question, carried out by the National Nursing Research Unit (NNRU) at King's College London, also found that more than **eight out of 10 hospital nurses had to leave care undone on their last shift because of staffing shortages.**

It also revealed that when the number of patients per registered nurse was over seven significantly more vital nursing for patient safety was missed.

In May the **Safe Staffing Alliance**, which includes the Royal College of Nursing, Unison and the Florence Nightingale Foundation, has affirmed that one nurse should look after an absolute maximum of eight patients.

The NNRU findings come as senior nurses are set to warn hospital regulators that they should monitor staffing levels and that latest workforce figures are revealing a **drop of 1,000 NHS nurses** in England in one month.

The researchers argue that hospitals could use a nurse-rated assessment of "missed care" as an early warning measure to identify wards with inadequate nurse staffing, rather than relying on mortality indicators that reveal problems after they have happened.

"Missed care is a more direct indicator of quality deficiencies with a clear pathway to adverse patient outcomes and experience," they said this week in the journal BMJ Quality & Safety.

"The inquiry into excess mortality at Mid Staffordshire Foundation Trust critically shows that the consequences of poorly informed experiments to improve the efficiency of the nursing workforce can be disastrous," they added.

The study, carried out between January and September 2010, involved 46 acute trusts in England. Researchers, led by the **NNRU's deputy director Jane Ball**, surveyed 2,917 registered nurses working in 401 general medical and surgical wards.

Nurses were given a list of 13 care activities, with **86% reporting one or more had been left undone due to lack of time on their last shift.**

Most frequently left undone activities were comforting or talking with patients, educating patients and developing or updating care plans. Pain management, and treatment and procedures were the least likely to be missed.

The study also revealed nursing workforce levels. The average **number of patients** cared for per nurse during a **day shift was 7.8**, compared **with 8.8 in the afternoon or evening, and 10.9 at night.**

Fewer elements of care were missed and the odds of missing any care were significantly lower when nurses were caring for the fewest patients – six per nurse or less – compared with when nurses caring for the most – around 12 or more patients per nurse.

The practice environment, as rated by nurses, was also significantly associated with missed care. There were fewer missed activities on wards where the environment was rated as positive in terms of factors like support from management and nurse-doctor relations.

“Our findings clearly show that nurses are more likely to report care being left undone when they are working on shifts with high numbers of patients per registered nurse,” Ms Ball said.

“For NHS hospitals to significantly reduce the amount of care left undone would require a change to a daytime shift average of just over seven or fewer patients per registered nurse providing care”.

But the researchers add: *“Our findings raise difficult questions for hospitals in a climate where many are looking to reduce—not increase – their expenditure on nurse staffing”.*

A report published last week showed that hospital foundation trusts **in England were looking to cut their nursing workforce by 4% across 2014-16**, following a short-term increase this year.

Lead study author **Ms Ball** told Nursing Times: *“As we saw in the Keogh review, this study demonstrates the importance of registered nurse staffing levels to the quality and outcomes of patient care”*.

“By looking at ‘care left undone’ due to lack of time, we can understand more about the association previously found between nurse staffing levels and patient mortality,” she said. *“The study provides an indication of the scale of the staffing problems we face.”*

Ms Ball pointed out that only the **top 40% of hospital wards in the study had nurse staffing levels sufficient to significantly reduce the chances of care being left undone**. The majority had staffing levels that were insufficient to meet patient needs on every shift.

Peter Carter, chief executive and general secretary of the Royal College of Nursing, said: *“These are depressing findings and unfortunately not surprising”*.

“When nurses are overloaded with tasks, and have extremely limited time to complete them, something has to give. Without enough staff on the ground it’s vital care such as having the time to talk with, and reassure, patients that suffers,” he added.

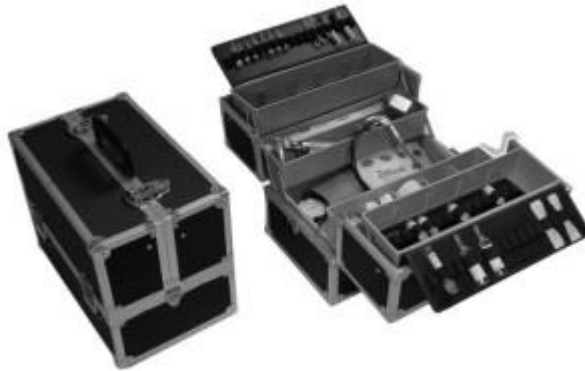
Finally he concluded *“We need to prevent poor care by making sure wards are well staffed, not just use poor care as an early warning sign. We urge all employers to make use of this research”*.

This article is a good indicator of the actual state of the nursing profession. Please, feel free to provide us with feedback.

For further information on this subject please contact our Secretariat.

Top hospital trusts to adopt safe staffing tool developed by nurses

The top hospital trusts in England have agreed to use a toolkit that details exactly what nursing establishment they need for safe hospital wards. A useful idea which should be spread in all Member States?



The 10 chief executives of **the Shelford Group**, which comprises England's largest and most prestigious teaching and research hospitals, have signed up to use the **Safer Nursing Care Tool** to determine safe nurse staffing levels.

The 10 trusts collectively employ over 83,000 people with a turnover of more than £7bn.

The tool recommends appropriate staffing levels based on patients' sickness and dependency for medical wards. Plans are also underway to develop similar tools for A&E departments, acute medical units and other specialty wards.

The original version was created six years ago by University College London Hospitals Foundation Trust chief nurse **Professor Katherine Fenton** and Sheffield Teaching Hospitals Foundation Trust chief nurse **Professor Hilary Chapman**.

It uses evidence from **1,000 best practice wards**, covering 119,000 interventions delivered to almost 2,800 patients over two years.

Professor Fenton said: *“If the tool is used as intended it will give acute trusts what they need in terms of nurse staffing, based on the acuity and dependency of the patients. Lots of trusts are already using the tool”*.

She added that she could not see how some trusts could be considering reducing the nursing workforce given the increasingly complex patients. She highlighted that her trust planned to recruit 500 nurses and healthcare assistants.

According to **Professor Fenton** the link **between staff numbers and patient care is clear**. *“We have to use evidence based tools that calculate what level of staffing you need and you can’t go below that level, it’s as simple as that”*.

We feel that this article is obviously related to the previous one, and FEPI can become a forum of ideas for both issues discussed above. Maybe our November conference in Zagreb is the best opportunity that?!

Health World-wild tour: Africa

Nursing is a critical component of health care in every community, but perhaps nowhere more so than in the countries of Africa today. And nursing education is often seen as a key indicator of the solidity of a country's health care system.



While acknowledging that Africa confronts the world's worst public health crisis, a May 2013 report from the World Health Organization (WHO) stresses that the continent can move forward on recent progress by strengthening its fragile health systems (The Health of the People, May 2013).

A book being released by the **Honor Society of Nursing, Sigma Theta Tau International (STTI)** is the first report of its kind to document nursing, health care and nursing education in Sub-Saharan African countries.

The state of Nursing and Nursing Education in Africa: A Country-By-Country Review examines nursing and health care in 22 countries, analyzes their progress toward the WHO Millennium Development Goals, and forecasts the future of nursing and nurse education in Africa. The book is by **Hester Klopper**, PhD, of Potchefstroom, South Africa, and **Leana R. Uys**, DSocSc of St. Francis, South Africa.

“Reform of nursing and nurse education in the private and public health care sectors of Africa are likely to improve the quality of patient care and patient safety” said **Klopper**, president-elect of STTI. *“The health care system is facing high rates of both communicable and non-communicable diseases and is challenged by workforce shortages”*.

“This book will be a critical resource for faculty, researchers and practitioners who want to work in Africa or with colleagues there,” said STTI **President Suzanne Prevost**, *“It also will be an asset to marketers, educators, researchers and product developers who are involved in humanitarian efforts”*.

For more information on the book in question, please contact our Secretariat in order to get all the details.

Forthcoming Event

British Association of Urological Nurses (BAUN) Annual Conference & Exhibition

When?	3th – 4th – 5th November 2013
Who?	The BAUN Annual Conference features a range of expert speakers on a variety of pertinent topics.
Where?	Harrogate International Centre North Yorkshire HG1 5LA, Royaume-Uni
What?	<p>Sunday 3rd November 2013</p> <p>They are offering pre-conference workshops on Sunday 3rd November, focusing on Urodynamics, Flexible Cystoscopy and TRUS Biopsy. The aim of these workshops is to provide specialist nurses with theory and practical experience.</p> <p>These workshops were very popular last year and they were highly evaluated so early registration is recommended.</p> <p>Please visit the conference website for more information: www.eventsforce.net/baunconf2013</p> <p>Monday 4th November 2013</p> <p>They have a very exciting session from key note speaker Dr. Carrington Mason on ‘Both Sides of the Knife’ which is being sponsored by Prostate Cancer UK. In addition, this year’s Eileen O’Hagan lecture – Prostate Cancer a European Nursing Approach will be presented by EAUN.</p> <ul style="list-style-type: none"> • <i>MDT - Intermittent Hormones Debate: Dr Heather Payne</i> • <i>Modernising the diagnostic pathway: Professor Mark Emberton</i> • <i>Targeted HiFu the results so far: Professor Mark Emberton</i> • <i>Effects and treatment options for pelvic radiation: Ann Mulls</i> • <i>Eileen O’Hagan Lecture - Prostate cancer a european nursing approach: Presentation by EAUN</i>

	<p>Tuesday 5th November 2013</p> <p>On Tuesday the programme divides into two subsections on oncology and benign urology. With expert speakers covering each area there will be something for everyone.</p> <p>As part of the benign programme, they have another international speaker joining them from the USA called Cindy Dobbmeyer-Dittrich. Cindy will be presenting an exciting session on 'InterSim; A Comparison of Sacral Neuromodulation Practices between the US and UK'.</p> <p>Oncology Programme</p> <ul style="list-style-type: none"> • <i>A nurses guide to urological radiology: Dr Sidath Liyanage</i> • <i>Living beyond testicular cancer in a nutshell: Sue Brand</i> • <i>The oncological management of testicular cancer: Dr Naveed Sarwar</i> • <i>What lies beneath - the clinical management of penile cancer: Mike Foster</i>
Registration	<p>For more information and to register, please follow this link: www.eventsforce.net/baunconf2013</p>