Safe staffing for older people in hospital

Older People’s Nursing – current challenges and future potentials
Manchester 20th March 2012

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Ombudsman’s report (2011)

- NHS provision is failing to respond to the needs of older people with care and compassion
- Basic standards of care are not being met
- Attitudes (personal and institutional) fail to recognise humanity and individuality
- Numerous other reports critical of NHS and independent sector care for older people
Hospital care for older people today

- No longer ‘Geriatric wards’ or ‘back wards’
- ‘Nicholson Challenge’ (England) – £20 billion saving
- Increasing acuity and dependency
- Complex need – frailty, dementia, delirium, falls risk, sensory impairment
- Highly skilled, professional care is needed
RCN older people’s project - aims

- Identify safe staffing levels for older people’s wards
- Identify underpinning factors and conditions to support safe staffing
- Publish recommendations and guidance for the public, commissioners, service providers and practitioners
- Support nurses and share good practice
Our approach

- Membership survey – first in depth exploration of staffing levels and care issues on older people’s wards
- Expert Nurse panel
- Regional visits across UK
- Focus groups
- Literature review
Nurses working on older people’s wards

- Experienced nurses are often very positive about working in the speciality
  - 88% enjoy caring for older people
  - 90% consider themselves a specialist
- Gerontological nursing is seen as highly skilled especially communication, psychological, social care
- Focus groups and expert nurses – a rich picture
RCN member survey 2012 results

Skill mix remains too dilute on older people’s wards:

- 9.1 - 10.3 patients per RN on older people’s wards
- 6.7 patients per RN on adult general / medical / surgical wards
- 4.2 patients per RN on children’s wards
A typical day on a typical ward…

- 28 bed ward
- Six staff on duty
  - Three Registered Nurses
  - Three Health Care Assistants
- Ward Sister included in the staffing numbers
What the nurses say...

“The dependency of the patients has increased and the public’s expectation has increased of what should be provided without any increase in resources”

“The staffing levels given don’t take into account patient dependency, merely patient numbers. The majority of our patients are totally dependant for assistance…”
The consequences for patients

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of nurses reporting that this aspect of care was left undone, or was done inadequately on their last shift due to lack of time</th>
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</thead>
<tbody>
<tr>
<td>Comforting / talking to patients</td>
<td>78%</td>
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<tr>
<td>Promoting mobility and self-care</td>
<td>59%</td>
</tr>
<tr>
<td>Oral hygiene</td>
<td>48%</td>
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<tr>
<td>Falls prevention</td>
<td>45%</td>
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Key messages

- Patient dependency and acuity has increased
- Expectations of care quality are rightly high
- Resources for older people’s wards are not up to date
  - Skill mix remains too dilute
  - Total numbers of staff are too low
- Patient care is compromised by short staffing
- Action is needed now to modernise care for older people and end the disadvantage that some older people face in hospital
Our recommendations

- Staffing levels must be determined locally, with specific considerations for older people
- Ward Sisters must be empowered to make decisions on staffing their areas
- Appropriately staffed wards – right skill mix, right numbers, flexible staffing to manage peaks in demand = time to care properly
- Strong leadership both at ward and organisation level
- Sufficient staff at patient mealtimes
- Good quality pre- and post-registration education and training on ageing and health
- Development of metrics which recognise the full nursing contribution including compassionate care
Skill mix and staffing level recommendations

<table>
<thead>
<tr>
<th></th>
<th>Skill mix</th>
<th>RN : pt ratio</th>
<th>Staff : pt ratio</th>
<th>Number of RNs</th>
<th>Total staff number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>50 : 50</td>
<td>1: 9</td>
<td>1: 4.6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Basically safe care</td>
<td>50 : 50</td>
<td>1: 7</td>
<td>1: 3.3 – 3.8</td>
<td>4 or above</td>
<td>8 or above</td>
</tr>
<tr>
<td>Ideal, good quality care</td>
<td>65 : 35</td>
<td>1: 5 – 1.7</td>
<td>1: 3.3 – 3.8</td>
<td>4 - 6 or above</td>
<td>8 or above</td>
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Next steps for the older people’s project

- Safe staffing for older people recommendations – publication at conference March 20th 2012
  - Congress events
  - Products and publications throughout 2012
  - Regional road shows
  - Autumn roundtable event with stakeholders
  - Web-based resources including e-learning
  - Activists’ checklist

- Working with stakeholders to effect positive change in care for older people
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