Are staffing levels adequate in your department: if not what are you doing about it?

“For nurses to provide compassionate care which treats patients with dignity and respect higher levels (of staff) will be needed and these should be determined by every health care provider.”

Safe Staffing Alliance 12th May 2013

Last month saw much highlighted about the concerns of inadequate staffing levels within hospitals from a variety of sources one of which being the Safe Staffing Alliance which is made up of representatives from the Royal College of Nursing, Unison, Florence Nightingale Foundation and the Patients Association. Their concern is that the ratio of qualified nurses to patients is too low in many hospitals. This was revealed through a survey of 31 English hospitals with a sample of 3,000 participants who stated that wards were only run for 40% of the time with the required ratio of one nurse to eight patients.

Katherine Murphy CEO of the Patients Association stated that the Care Quality Commission (CQC) had quotes from patients stating that nurses were “overworked”, “did not have enough time” and were “not able to give the care they need” due to shortages of staff.

At the Royal College of Nursing conference in April they surveyed 2,000 senior nurses of which 70% said they were not confident that staffing levels were adequate and more than a third said staffing levels were unsafe on a weekly basis (Triggle 2013).

The Professional Advisory Service (PAS) provided by AFPP to members is run by the Trustees of the Association and we are seeing more and more requests for guidance with regard to staffing levels within the perioperative environment. Many of you are being challenged to reduce your ratios of registered practitioners to man your theatres in cost cutting exercises by your managers. I would encourage you to counter challenge those proposals remembering this is one of the key areas in the Francis (2013) report with regard to “openness, transparency and candour” encouraging you all as practitioners to “speak up and speak out” if you see standards that will compromise patient care.

Shortages of staff also lead to more errors occurring that shouldn’t. Also highlighted in the news in May (Beckford 2013) was the 762 ‘never events’ which have occurred over the last four years leading to patients suffering from events which have occurred unnecessarily and should have been preventable. Many of these errors occur within the operating theatre such as wrong site surgery and retained foreign objects with one example of a seven inch pair of forceps being left behind following routine removal of a gall bladder.

As professional practitioners we are constantly under the spotlight and it is our responsibility as professionals to ensure that our patients receive the best care possible. Utilising tools such as the World Health Organisation (WHO) 2008 Checklist and the ‘five steps to safer surgery’ you can help minimise those errors. However, if staffing levels are not adequate even utilising these will still leave your patients more vulnerable. I therefore urge you to continue to challenge any suggestion of reduction in staffing levels in your departments.

You can use the guidance on staffing ratios recommended by AFPP utilising the ‘staffing policy template’ and our ‘Staffing of Obstetric Theatres – a consensus statement’ which can be found on the web site at (www.afpp.org.uk/careers/Standards-Guidance). We are also about to launch an updated version of our ‘Staffing for Patients in the Perioperative Setting’ (2008) which will also assist in guiding you.

Will you take on the challenge?

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References

