

VISIT TO BARTS: SOME OBSERVATIONS

We spent half a day at Barts Hospital yesterday at the invitation of Trevor Clay, talking to nurses in the intensive care, cardio-thoracic and general surgery wards and to nurses, nursing management and the RCN over lunch. The visit was helpful in illustrating some of the issues relevant to nurses pay and training.

Impressions

On our tour of the wards we gained a number of impressions:

- That nursing is becoming increasingly highly skilled, particularly in areas such as intensive care and post-operative nursing. These jobs require the nurse to give constant attention for an 8-hour shift and to make life or death decisions about administering drugs - for example, to regulate blood pressure or to increase sedation.
- Because patients are discharged much earlier than previously, on average they are more seriously ill whilst in hospital. They also require more attention than in the past when some of those about to be discharged could even help with simple tasks, such as distributing the tea.
- Both these factors combine to require a higher number of trained nurses to maintain an adequate level of care than in the past. They also make nursing more stressful.
- Nurses in the most skilled and stressful jobs and those who perform particularly well in the job are paid no more than any other nurse in the grade. It has become no more than any other nurse in the grade.

increasingly difficult to fill these key posts, since many nurses stay only for a short time using their qualification as a way of getting a preferred but less stressful job.

- In all the cases we saw, wards had been closed not for lack of funds but because of a lack of available nursing staff. Overall, Barts are short of 100 out of 600 posts for trained nurses. We saw equipment costing £30,000 in a two-bedded intensive care ward lying idle because no nurses were available despite £100,000 being available to fund the 10 posts required. The ratio of 5 staff per bed illustrates the labour intensive nature of this kind of care.
- Because of shortages of skilled nurses much more had to be left to students who sometimes had to take decisions for which they were not properly trained.

Staffing

On staffing, we concluded that:

- It is clear that there is a genuine shortage of nurses. As far as we could judge, there is no scope for more efficient use of nursing staff in the areas we visited.
- However, one cannot be sure that the shortage of staff is as great as might appear by comparing the actual numbers in post with establishment because, as yet, there appears to be no proper system of staff inspection. We were told that the complement was largely historical but that there was an initiative to provide much better information about the requirements for staff. However, the shortfall on one ward we visited, 10 out of a complement of 22 nurses, seemed strong evidence that there was an unavoidable shortage.

- On pay, it is clear that the remuneration system needs to be changed to reward staff who work in more difficult or stressful jobs, who have additional relevant qualifications or on the basis of exceptional personal performance.
- There is also a particular need to pay higher salaries in London where the difficulties in recruiting and retaining staff appear to be primarily related to the high cost and lack of availability of suitable housing.

The new salary structure currently being priced by the Review Body will allow these changes to be made. It has a new grading structure which will enable nurses in the more demanding jobs to be rewarded. It will also have an element of flexibility to allow local managers to increase pay rates for particular groups of staff where there is a shortage. This ought to satisfy the RCN since they seem willing to accept local flexibility but not rigid regional differentials.

Recruitment and Training

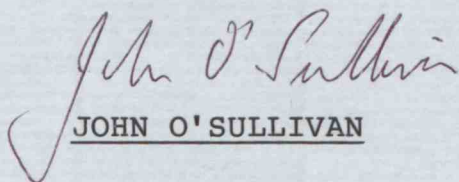
On recruitment and training the conclusions were:

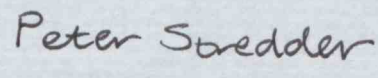
- The present system of relying on high levels of recruitment with a high wastage rate and limited scope for entry after the age of 25 or flexibility to accommodate married women wanting to return to the profession involves considerable wastage of resources. Because of demographic changes, with many fewer young women being available to train for nursing, changes will need to be made to widen entry into the profession. The RCN seem ready to accept this.
- A number of changes can be made to widen entry into nursing. More effort could be made to attract men, those who have had another first career and those with lower

academic qualifications. The emphasis in future should be on ensuring standards of achievement during training. Equally, the NHS could be much more flexible in keeping in touch with and accommodating the particular requirements of women who had left to have families but want to return, perhaps on a part time basis.

- There is a similar waste of resources in more advanced training, for example, the six months intensive care course, since many nurses use their training for only a relatively short period. The Sister in charge of the intensive care unit told us that none of her contemporaries on her intensive care course were still working in intensive care.

- Although nursing is now highly skilled in certain areas, by no means all of a nurse's duties require high levels of skill. There seems to be scope for creating a new type of 'nursing assistant' who would take over the less skilled aspect of nurses work and the duties of auxiliaries. Unlike auxiliaries, who work as part of the ward team, the nursing assistant would work under the supervision of a specific nurse and with the patients for whom she was responsible and have some training. This would mean that wards could be staffed with fewer qualified nurses without any reduction in the quality of care. It would be cheaper because nursing assistants would be much less fully trained and would be paid less than nurses. And because they would be working under the supervision of a registered nurse, this would appear to be acceptable to the RCN.


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