

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Summary of Patient Testimony Presented to Safe Staffing Advisory Committee

Name:	Phil Kelly
Job title:	Topic Specialist Lay Member
Address:	
Guidance title:	Safe nurse staffing of adult wards in acute hospitals
Committee:	Safe Staffing Advisory Committee
Subject of expert testimony:	Patient perspective of safe nurse staffing
Summary testimony:	<p>This presentation begins by introducing Phil Kelly as the Topic Specialist Lay Member, as well as currently being a Lay Member on the NICE Bladder Cancer Clinical Guideline Development Group. Moving on to describe Phil's direct experience of Acute Hospitals both as an inpatient and also when visiting a close family member.</p> <p>Next is a personal statement of gratitude and indebtedness to the NHS, as a whole, and to the many dedicated and conscientious nursing, health care assistant and support staff that had provided a high level and good quality of care and professional attention over the previous 3+ years of treatment(s). The statement concludes with a brief confirmation that Phil has had a good final outcome – and is well.</p> <p>There follows a combination of short statements and actual examples of direct experiences illustrating what Phil perceives to be nurse (+ health care assistant) staffing level issues – especially in relation to the workload demands and numbers of the more experienced (registered) and lead nurses; turnover of patients, bed pressures and the effect of multiple admissions/discharges. Going on to describe what he sees as being the impact on patient care.</p> <p>A specific focus on night shifts reflects his sense of the active 'patient and caring day' being extended well into the evening – as very busy lead nurses worked from bed to bed around the ward undertaking all the more complex and/or technical nursing tasks. He reports his experience of variation in the approach and performance of some of the other staff on night shifts.</p> <p>Concern is expressed regarding the long shifts that he saw a number of nursing and other ward staff working (12 hours+), with some appearing to be physically drained and 'wilting' towards the end of such shifts.</p> <p>He describes what he felt was a 'lull' in the level of nursing input to patients either</p>

side of, and during, twice daily handovers, raising questions about shift patterns, potential to overlap shifts and care continuity.

Another issue covered relates to the implications of specialist nurses (e.g. Specialist Pain Nurses, Stoma Nurses, etc.) working a 5 day week, with a statement made that, if the involvement of specialist nursing staff is an integral component of the care package, then it should be available 7 days a week – or other staff working at weekends should be trained to be competent to take on those roles in their place.

Concluding with a statement of support for the use of nurse staffing ‘tools’ that can better link staffing levels and skill mix to actual patient needs, that are flexible enough to adapt to changing requirements – *in real time* – and that can deal with the impact of admissions, discharges and other unplanned demands. He advocates using ‘tools’ capable of reflecting time spent at patient bedsides, and encourages Trusts to engage patients (and their carers) in the process of agreeing and evaluating staffing levels – as well as providing real-time feedback.

He finally states that he feels there is more to safe staffing than just getting the numbers and skill mix right. Though this would be a good start, he sees it as only part of the story, believing that there must also be clear focus on quality and the ‘what and how’.....