

Safe staffing for nursing in adult inpatient wards in acute hospitals overview

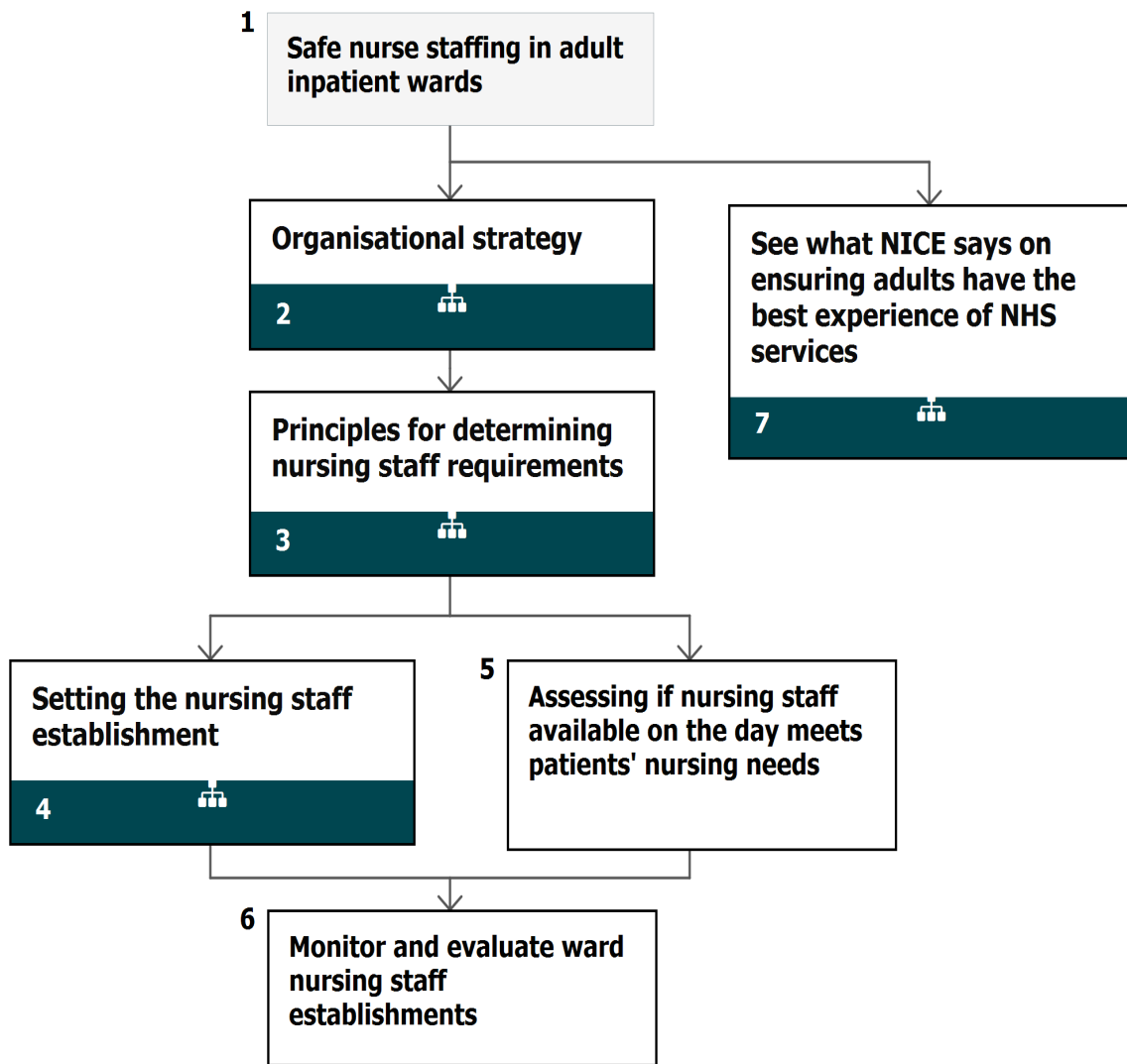
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals>

NICE Pathway last updated: 22 June 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Safe nurse staffing in adult inpatient wards

No additional information

2 Organisational strategy

[See Safe staffing for nursing in adult inpatient wards in acute hospitals / Organisational strategy for safe nurse staffing in adult inpatient wards in acute hospitals](#)

3 Principles for determining nursing staff requirements

[See Safe staffing for nursing in adult inpatient wards in acute hospitals / Principles for determining nursing staff requirements in adult inpatient wards in acute hospitals](#)

4 Setting the nursing staff establishment

[See Safe staffing for nursing in adult inpatient wards in acute hospitals / Setting the ward nursing staff establishment in adult inpatient wards in acute hospitals](#)

5 Assessing if nursing staff available on the day meets patients' nursing needs

These recommendations are for the registered nurses on wards who are in charge of shifts.

Systematically assess that the available nursing staff for each shift or at least each 24-hour period is adequate to meet the actual nursing needs of patients currently on the ward. The nurse in charge on individual shifts should make the on-the-day assessments of nursing staff requirements, which could be facilitated by using a NICE-endorsed decision support toolkit.

Take into account the patient factors outlined in factors to take into account and the information in [ongoing nursing care activities that affect nursing staff requirements](#) [See page 10] and [one-off nursing care activities that affect nursing staff requirements](#) [See page 8].

Monitor red flag events and record requirements

Monitor the occurrence of the nursing red flag events throughout each 24-hour period.

Monitoring of other events may be agreed locally.

If a nursing red flag event occurs, it should prompt an immediate escalation response by the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward.

Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or other appropriate action.

Nursing red flag events

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and involves checks on aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Fewer than 2 registered nurses present on a ward during any shift.

Note: other red flag events may be agreed locally.

See what NICE says on [preventing falls in older people](#) and [pressure ulcers](#).

6 Monitor and evaluate ward nursing staff establishments

These recommendations are for senior management and nursing managers or matrons to support safe staffing for nursing at a ward level.

Monitor whether the ward nursing staff establishment adequately meets patients' nursing needs using the safe nursing indicators below. These are indicators that evidence shows to be sensitive to the number of available nursing staff and skill mix. Consider continuous data collection of these safe nursing indicators (using data already routinely collected locally where available) and regularly analyse the results.

See the guideline for further information on [data collection for safe nursing indicators](#).

Compare the results of the safe nursing indicators with previous results from the same ward at least every 6 months. The comparisons should also take into account the specific ward and patient characteristics (such as patient risk factors and ward speciality). Reported nursing red flag events should also be reviewed when undertaking this monitoring and prompt an earlier examination of the adequacy of the ward nursing staff establishment.

There is no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards. However, take into account that there is evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts. Therefore if the available registered nurses for a particular ward (excluding the nurse in charge) are caring for more than 8 patients during the day shifts, the senior management and nursing managers or matrons should:

- closely monitor nursing red flag events (for more information, see [nursing red flag events \[See page 8\]](#))
- perform early analysis of safe nursing indicator results
- take action to ensure staffing is adequate to meet the patients' nursing needs if indicated by the analysis of nursing red flag events and safe nursing indicators.

In many cases, patients' nursing needs, as determined by implementing the recommendations in this guidance, will require registered nurses to care for fewer than 8 patients.

Safe nursing indicators

Please see the guideline for further information on [safe nursing indicators](#).

Patient reported outcome measure

Data can be collected for the following indicators from the [National Inpatient Survey](#):

- Adequacy of meeting patients' nursing care needs.
- Adequacy of provided pain management.
- Adequacy of communication with nursing team.

Safety outcome measures

Falls: record any fall that a patient has experienced. The severity of the fall could be further defined in accordance with National Reporting and Learning System categories: no harm; low harm; moderate harm; severe harm; death.

Pressure ulcers: record pressure ulcers developed or worsened 72 hours or more after admission to an organisation. The patient's worst new pressure ulcer could be categorised as grade 2, 3 or 4.

Medication administration errors: record any error in the preparation, administration or omission of medication by nursing staff. The severity of the error should also be recorded.

Staff reported measures

Missed breaks: record the proportion of expected breaks that were unable to be taken by nursing staff working on inpatient hospital wards.

Nursing overtime: record the proportion of nursing staff on inpatient hospital wards working extra hours (both paid and unpaid).

Ward nursing staff establishment measures

Data can be collected for some of the following indicators from the NHS England and Care Quality Commission joint [guidance to NHS trusts on the delivery of the 'Hard Truths' commitments](#) on publishing staffing data regarding nursing, midwifery and care staff levels and more detailed data collection advice since provided by NHS England.

- Planned, required and available nursing staff for each shift: record the total nursing hours for each shift that were planned in advance, were deemed to be required on the day of the shift, and that were actually available, plus the bed utilisation during the same period.
- High levels and/or ongoing reliance on temporary nursing: record the proportion of nursing

- hours provided by bank and agency nursing staff on inpatient hospital wards. (The agreed acceptable levels should be established locally.)
- Compliance with any mandatory training in accordance with local policy (this is an indicator of the adequacy of the size of the ward nursing staff establishment).

Note: other safe nursing indicators may be agreed locally.

See what NICE says on [preventing falls in older people](#) and [pressure ulcers](#).

7 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Nursing red flag events

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 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
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 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Fewer than 2 registered nurses present on a ward during any shift.

Note: other red flag events may be agreed locally.

One-off nursing care activities that affect nursing staff requirements

	Routine nursing care needs	Additional nursing care needs (about 20–30 minutes per activity)	Significant nursing care needs (more than 30 minutes per activity)
Admission		Admission assessment	Complex admission assessment

Care after death			Arrangements after the death of a patient, including support for relatives and carers
Discharge planning	Simple follow-up and transfer home	Coordination of different services	Organising complex services, support or equipment
Patient and relative education and support	Routine teaching about condition, routine post-op care	Teaching about a significant new condition (such as diabetes, heart disease or cancer)	Teaching about a new complex or self-managed condition (such as dialysis, colostomies), or to patient or their carers or relatives who have difficulties with communication including sensory impairment or language difficulties
Patient escorts	Routine escorts or transfers for procedures	Escorting a patient off a ward for 20–30 minutes	Escorting a patient off a ward for more than 30 minutes
Procedures and treatments	Simple wound dressings, specimen collection	Catheterisation, nasogastric tube insertion, multiple wound dressings	Complex wound dressings (such as vacuum-assisted closure), tracheostomy care

Note: these activities are only a guide and there may be other one-off activities that could be considered.

Ongoing nursing care activities that affect nursing staff requirements

	Routine nursing care needs	Additional nursing care needs (about 20–30 minutes per activity)	Significant nursing care needs (more than 30 minutes per activity)
Care planning	Simple condition and care plan	Complex condition or care plan (such as multiple comorbidities)	Attending multidisciplinary meetings
Direct contact and communication	Providing information and support to patients, including all emotional and spiritual needs	Complex multiple health needs	Difficulties with communication including sensory impairment or language difficulties
Eating and drinking	Ensuring food and drink provided and consumed	Assistance with eating and drinking	Parenteral nutrition
Fluid management	8-hourly IV fluids	IV fluids more frequently than 8 hourly or blood components	Complex fluid management (such as hourly or requiring monitoring in millilitres)
Management of equipment	Simple intermittent (such as catheters, IV access)	Central lines, drains, stomas	Multiple lines, drains, ventilator support
Medication	Regular oral medication	IV medication or frequent PRN medication	Medication requiring complex preparation or administration, or 2 nursing staff

Mobilisation	No assistance needed	Assistance needed (such as post-op or during out of hours periods)	Mobilisation with assistance of 2 nursing staff
Observations	4–6 hourly	2–4 hourly	More frequent than 2-hourly
Oral care	No assistance needed	Assistance needed	Intensive mouth care needed (such as patient receiving chemotherapy)
Skin and pressure area care	Less frequent than 4 hourly	2–4 hourly	More frequent than 2 hourly or requiring 2 nursing staff
Toileting needs	No assistance needed	Assistance needed	Frequent assistance or 2 nursing staff needed
Washing or bathing and dressing	Minimal assistance with washing, dressing and grooming	Assistance with some hygiene needs by 1 member of the nursing staff	Assistance with all hygiene needs, or needing 2 nursing staff

Abbreviations: IV, intravenous; PRN medication, medication administered as needed.

Note: these activities are only a guide and there may be other ongoing activities that could be considered.

Glossary

Bed utilisation

the number of patients that the ward nursing team is responsible for during each 24-hour period.

This includes patients who are discharged or transferred to another ward during the 24-hour period

Ward nursing staff establishment

the number of registered nurses and healthcare assistants funded to work in a particular ward, department or hospital. This includes all nursing staff in post, as well as unfilled vacancies or vacancies being covered by temporary staff. Ward nursing staff establishments are usually expressed in number of whole time equivalents

Nursing hours per patient

this is how the measure of nursing staff requirements could be expressed. It represents the number of hours of nursing time (for both direct patient care and other nursing activities) provided by registered nurses and healthcare assistants per patient over a defined period. This is an alternative to expressing nursing time as a ratio of how many patients each nurse cares for. The 2 measurements are interchangeable. For example, a registered nurse or healthcare assistant working an 8-hour shift (after accounting for breaks) can contribute 8 hours of nursing time that day, which includes direct patient care as well as other necessary nursing activities

Nursing red flag events

events that prompt an immediate response by the registered nurse in charge of the ward. The response may include allocating additional nursing staff to the ward or other appropriate responses

Nursing staff requirements

the nursing staff required by each ward. This should take into account all nursing care needs of patients, ward factors and staff factors including nursing activities other than direct patient care. This can be expressed as number of nursing hours

Nursing staff

this refers to registered nurses and healthcare assistants, unless otherwise specified

Nursing staff roster

the daily staffing schedule for registered nurses and healthcare assistants to work on an

individual ward

Skill mix

the composition of the nursing team in terms of qualification and experience. This is typically expressed as a percentage of registered nurses to healthcare assistants. Nursing skill mix should also encompass individual clinical competencies and different areas of expertise and grades of registered nurses healthcare assistants

Patients' nursing needs

the total nursing care needed by each patient on an individual ward that has been assigned to the nursing profession. This term includes both patient acuity (how ill the patient is, their increased risk of clinical deterioration and how complex their care needs are; this term is sometimes used interchangeably with the terms 'patient complexity' and 'nursing intensity') and patient dependency (the level to which the patient is dependent on nursing care to support their physical and psychological needs and activities of daily living, such as eating and drinking, personal care and hygiene, mobilisation)

Decision support toolkit

a practical resource to facilitate the process of calculating the nursing staff requirements for wards or organisations. It may be electronic or paper-based

Healthcare assistants

all unregistered clinical staff working in hospital or community settings under the guidance and supervision of a registered healthcare professional. They may have a variety of titles such as healthcare support worker, nursing auxiliary and nursing assistant. In this guidance, the term healthcare assistants also includes assistant practitioners. The responsibilities of healthcare assistants vary, depending upon the healthcare setting and their level of training and competence

NICE endorsement programme

the NICE endorsement programme assures users that an endorsed decision support toolkit estimates nurse staffing requirements in line with the relevant NICE recommendations. NICE awards an endorsement mark, which is a seal of approval, to toolkits that meet the endorsement criteria

Sources

Safe staffing for nursing in adult inpatient wards in acute hospitals (2014) NICE guideline SG1

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.