

## **Safe Staffing for Nursing in Adult inpatient Wards**

### **Background**

In 2014 the National Institute for Health and Care Excellence (NICE) issued safe staffing guidance which detailed recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. The guidance did not stipulate any particular tool that should be used for this review, but is based on the best available evidence. The guideline discusses the care overnight on wards for adult patients. It does not cover Intensive care, maternity or acute admission or assessment wards.

This NICE Guideline is based on assessing the needs of individual patients when making decisions about safe nursing staffing requirements on acute adult inpatient wards. These assessments should take into account the individual need for holistic care, personal patient preferences and patient contact time. An example of how time is allocated to nursing needs of patients is included in Appendix A.

In her letter of 11th June 2015, the Chief Nursing Officer for England, Jane Cummings, detailed a letter to all Directors of Nursing in which she highlights that *'NICE's work as the totality of our focus on safe staffing is to miss the point. The ultimate outcome of good quality care is influenced by a far greater range of issues than how many nurses are on a particular shift, even though that is important'*.

She suggests that there are 6 other factors that must be considered:

- *All staff on duty should be taken into account, not just nurses*
- *Many care settings are not in a hospital and span organisational boundaries*
- *It is not just about filling rotas or looking at numbers, it is also about how much time nurses spend with or supporting patients*
- *Just as there is no one-size fits all approach for these new models of care, there will be no identikit approach to the mix of staff we need*
- *There is a need for career progression for non registered staff, nurse retention and flexible working*
- *There is, as yet, little research evidence into what safe staffing looks like for other care settings*

### **Care Contact Time**

In November 2014, NHS England produced 'Safer Staffing : A Guide to Contact Care Time' which recognised that staffing levels impact upon the ability of nursing and

midwifery staff to provide high quality care. The focus on delivering safe staffing has been in response to reports that suggest nurses and midwives are not visible enough and are often too busy with administrative tasks to deliver direct care to patients. NICE guidelines recommend monitoring and action to ensure patients are receiving *'the nursing care and contact time they need'* with the emphasis on *'safe patient care, not the number of available staff'*. There has been much debate regarding the need to go beyond the numbers to determine 'safe' staffing levels.

Within Wessex, the Deputy Directors of nursing have been working with our commissioners to understand how a review of contact care time could be implemented or evaluated. There was overwhelming consensus by the group that the contact time would vary significantly from ward to ward and, as a percentage of time allocated to contact care would not necessarily constitute a meaningful result. Agreement was made to perform an observational study of 2 wards as an initial stage (Appendix B – Activity Clock), and the results were presented to the Wessex Directors of Nursing meeting 16<sup>th</sup> June 2015.

### **12 Hour Shifts (Long Days):**

The national inclination to move to 12 hour shifts in previous years has long since been debated in terms of both patient outcomes, incidents and continuity of care. There continues to be national scrutiny of whether this should be sustained.

### **Methodology**

Each of the Acute adult wards were asked over a 20 day period from 12<sup>th</sup> February 2015 to Friday 8<sup>th</sup> March 2015. This was specifically Monday to Friday.

Using the NICE Guidance a tool was developed for the Ward Sisters to complete on a daily basis (Appendix A).

It should be noted that the 4 week period was one of the busiest times in the hospital and a number of wards had difficulty completing the tool over patient care.

All the audit wards apart from Abbotsbury Ward took part in this audit. Some wards uploaded their safe staffing information electronically over the 20 days; other wards, due to patient demand, uploaded 10 days of information. This is indicated on the results table.

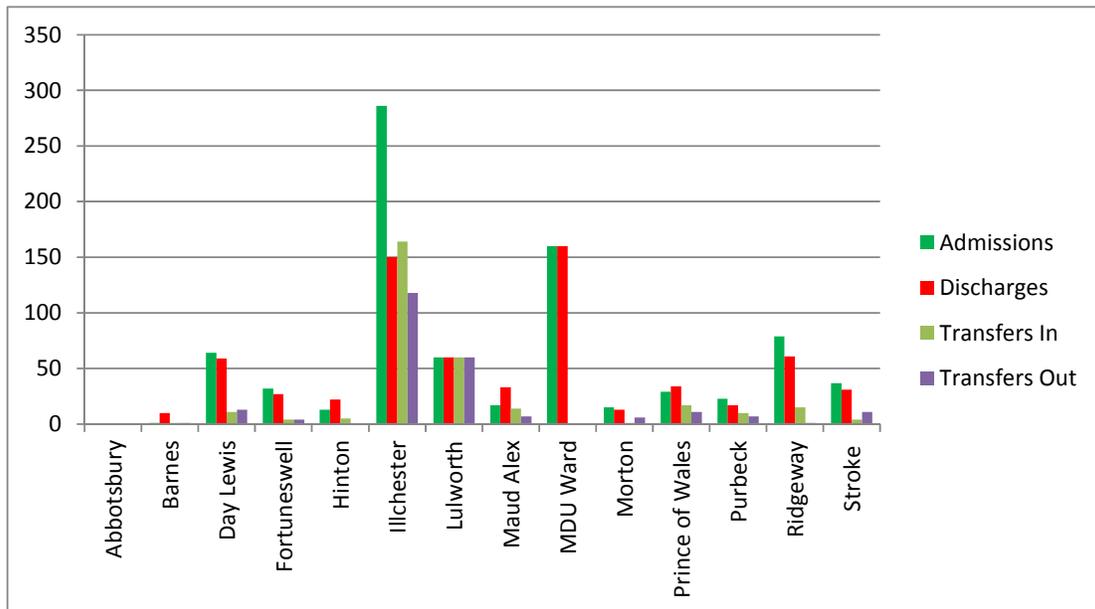
Theatres and Intensive care use different tools. Theatres safe staffing will report separately. There is new NICE Guidance for safe staffing within Maternity.

**Results table**

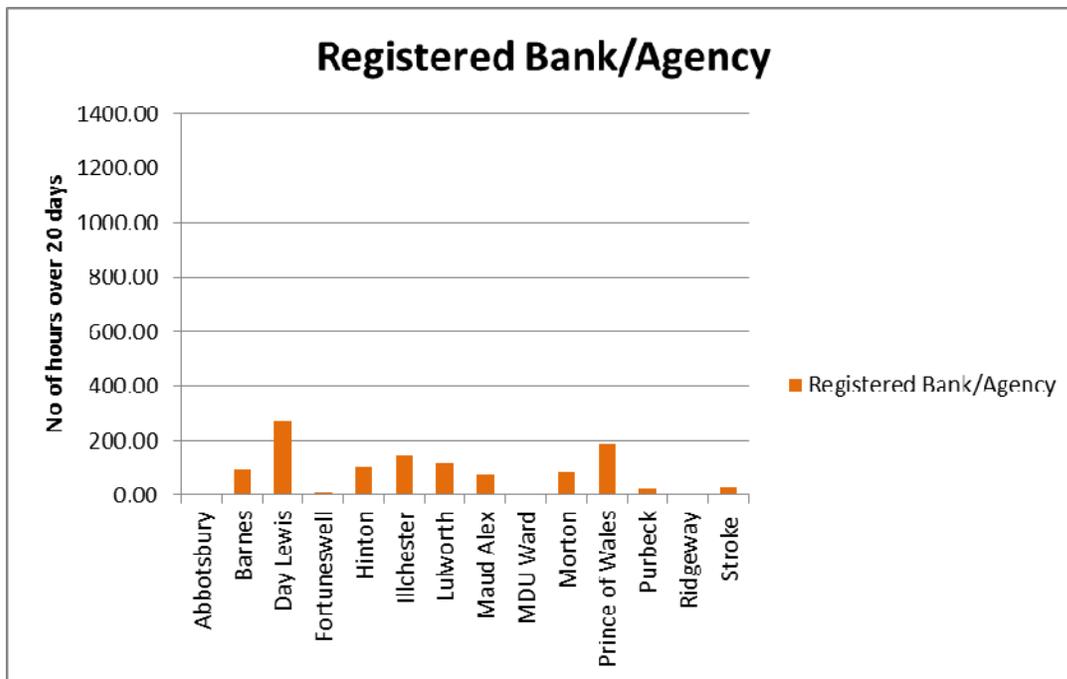
Ward		Total actual hours	Calculated requirement (hours)	Variance	Nurse/HCA Establishment - Day	Nurse/HCA Establishment - Night
<b>Barnes Ward</b> 23 beds	RN	1734	1280	454	3	2
	HCA				3	2
<b>Maud Alex/CCU</b> 17 beds	RN	2203	1337	866	3	2
	HCA				2	2
<b>Hinton Ward</b> 16 beds	RN	1399	1213	186	4	2
	HCA				2	2
<b>Day Lewis Ward</b> 23 beds	RN	1912	1112	800	3	2
	HCA				3	2
<b>Moreton Ward –</b> 22 beds	RN	2049	1062	987	4	2
	HCA				4	2
<b>Ridgeway Ward</b> 21 beds	RN	2020	1951	69	4	2
	HCA				4	2

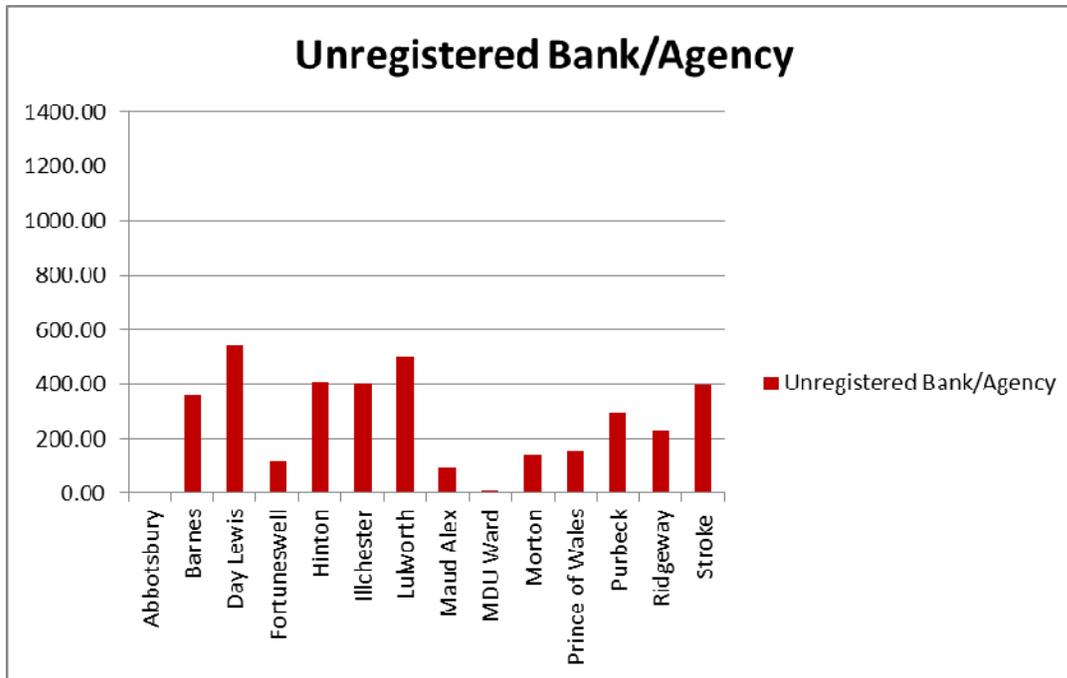
<b>Purbeck Ward</b>	RN	2677	2410	267	5	2
27 beds	HCA				6	2
<b>Lulworth Ward</b>	RN	2602	2270	332	6	2
28 beds	HCA				4	2
<b>Fortuneswell Ward</b>	RN	1265	751	514	3	3
16 beds	HCA				2	2
<b>Abbotsbury Ward</b>	RN				5	2
	HCA				4	2
<b>Ilchester Ward</b>	RN	2540	1645	895	6	4
30 beds	HCA				2	3
<b>Prince of Wales Ward</b>	RN	1285	864	421	4	2
14 beds	HCA				3	2
<b>Stroke Unit</b>	RN	1720	1112	608	4	2
21 beds	HCA				3	2

**Patient Flow (over full 20 days)**



**Registered and unregistered Bank and Agency staff per ward**





### Discussion

The safe staffing review was conducted over one of the busiest times in the hospital. Although all the Ward Sisters were enthusiastic to complete it; it did mean an extra layer of work for them and their Deputies. The tool from NICE was very complicated and, at the beginning of the data collection proved to be time consuming. However as the Sisters became accustomed to the tool the time spent completing it reduced.

### Clinical Judgement:

The tools suggested in the NICE guidance cannot provide absolute calculations and do not take into account other factors that influence the levels of staffing required on a ward or shift. ***There is currently no tool sophisticated enough to be able to provide this level of scrutiny and therefore clinical judgement is paramount to any decisions made relating to staffing levels and skill mix.***

The results in the table demonstrate that the level of hours used on each ward is more equal to the levels of hours calculated using this tool; however, the discrepancies are reflective of the procedures or specialities of the ward. For example, Fortuneswell ward demonstrates a surplus of nursing hours. As a palliative care area it would be a necessity for staff to take a longer period of time than highlighted within the NICE tool to communicate with both patients and their relatives and, where possible, plan for a discharge to the patients preferred place of death. Similarly Ilchester, with close to 300 admissions and 300 discharges/transfers out would require a significantly higher amount of time than calculated in the NICE tool.

## **Conclusion**

The NICE Guidance for Safe Staffing is complex to negotiate. It was decided to use the NICE Guideline tool for the initial audit as a baseline and to test its usability.

The NICE tool does not, nor can replace clinical judgement, which should be utilised in conjunction with other indicators and triangulated to inform a more accurate position

## **Recommendations:**

- 1.** CCU/Maud Alex aim to replace a band 3 position with a band 5 position to enable 2 staff nurses to be present in CCU and the remainder 2 staff nurses to be allocated to Maud Alex (This is currently a 1:10 patient ratio)
- 2.** The audit results are used as a **guide** to staffing levels and that the trust is committed to proactively reviewing staffing levels based on other indicators such as risks, incidents (Falls, Pressure ulcers), complaints, friends and family feedback
- 3.** The next staffing review utilises the same tool to enable a direct comparison on hours required to reflect an increase/decrease in acuity
- 4.** Benchmarking information from other trusts with similar speciality wards may be beneficial in the next review of staffing levels.

**Nice Audit Tool**

	Definition 1	Definition 1a	Definition 1b	Definition 2	Definition 3
	Routine nursing care needs	Patient is unstable with greater potential for deterioration	Stable but dependant on nursing care to meet most of the activities' of daily living	Additional nursing care needs 20-30 minutes per	Significant nursing care needs (>30 minutes per activity)
Care planning	Simple condition and care plan	Increased level of observations and therapeutic interventions	Complex wound management	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.	Providing information and support to patients, including all emotional and spiritual needs.	Patient and/or carers requiring enhanced psychological support owing to poor disease prognosis or clinical outcome.	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	Assistance with eating and drinking	Assistance with eating and drinking	Parenteral nutrition

<b>Fluid management</b>	8-hourly IV fluids	IV fluids more frequently than 8 hourly or blood components	IV fluids more frequently than 8 hourly or blood components	IV fluids more frequently than 8 hourly or blood components	Complex fluid management (such as hourly or requiring monitoring in millilitres)
<b>Management of equipment</b>	Simple intermittent (catheters, IV access)	post 24 hours following insertion of tracheostomy; central lines; epidural or multiple chest or extra ventricular drains.	Central lines, drains, stomas	Central lines, drains, stomas	Multiple lines, drains, ventilator support
<b>Medication</b>	Regular oral medication	IV medication or frequent PRN medication	Complex intravenous drug regimens (including requiring prolonged preparatory/administration & post administration care)	IV medication or frequent PRN medication	Medication requiring complex preparation or administration, or 2 nursing staff.

<b>Mobilisation</b>	No assistance needed	Assistance needed (such as post-op or during out of hours periods)	Mobilisation with assistance of 2 nursing staff.	Assistance needed (such as post-op or during out of hours periods)	Mobilisation with assistance of 2 nursing staff.
<b>Observations</b>	4-6 hourly	4-6 hourly	2-4 hourly	2-4 hourly	More frequent than 2 hourly
<b>Oral care</b>	No assistance needed	Assistance needed	Assistance needed	Assistance needed	Intensive mouth care needed (such as patient receiving chemotherapy)
<b>Skin and pressure area care</b>	<4 hourly	<4 hourly	2-4 hourly	2-4 hourly	More frequent than 2 hourly or requiring 2 nursing staff.
<b>Toileting needs</b>	No assistance needed	Assistance needed	Assistance needed	Assistance needed	Frequent assistance or 2 nursing staff needed.

<b>Washing or bathing and dressing</b>	Minimal assistance with washing, dressing and grooming	Assistance needed	Assistance needed	Assistance with some hygiene needs by 1 member of the nursing staff	Assistance with all hygiene needs, or needing 2 nursing staff.
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**2. One-off nursing care activities that affect nursing staff requirements**

	Definition 1	Definition 1a	Definition 1b	Definition 2	Definition 3
	Routine nursing care needs	Patient is unstable with greater potential for deterioration	Stable but dependant on nursing care to meet most of the activities of daily living	Additional nursing care needs 20-30 minutes per	Significant nursing care needs (>30 minutes per activity)
Admission	N/A	Admission assessment	Complex admission assessment	Admission assessment	Complex admission assessment
Care after death	N/A	N/A	N/A	N/A	Arrangements after the death of a patient, including support for relatives and carers
Discharge planning	Simple follow-up and transfer home	N/A	Complex discharge where this is the responsibility of the ward based nurse.	Coordination of different services	Organising complex services, support or equipment

<p><b>Patient and relative education and support</b></p>	<p>Routine teaching about condition, routine post-op care</p>	<p>Routine teaching about condition, routine post-op care</p>	<p>Teaching about a significant new condition (such as diabetes, heart disease or cancer)</p>	<p>Teaching about a significant new condition (such as diabetes, heart disease or cancer)</p>	<p>Teaching about a new complex or self-managed condition (such as dialysis, colostomies), or to a patient or their carers or relatives who have difficulties with communication including sensory impairment or language difficulties.</p>
<p><b>Patient Escorts</b></p>	<p>Routine escorts or transfers for procedures</p>	<p>N/A</p>	<p>N/A</p>	<p>Escorting a patient off a ward for 20-30 minutes</p>	<p>Escorting a patient off a ward for more than 30 minutes</p>

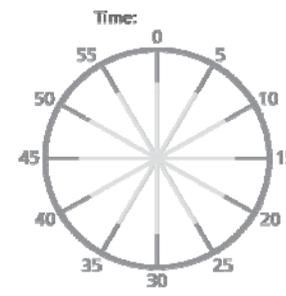
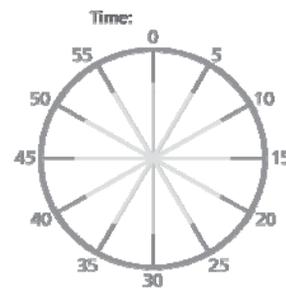
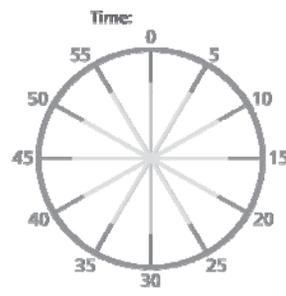
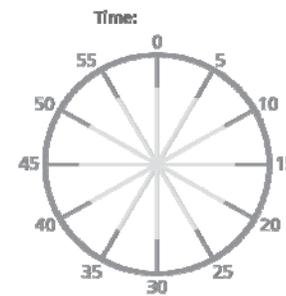
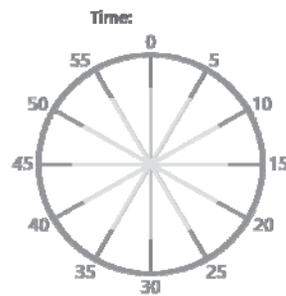
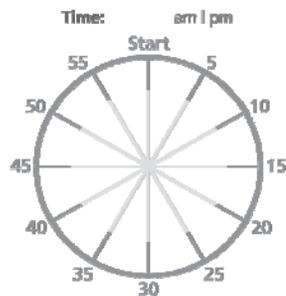
<b>Procedures and treatments</b>	Simple wound dressings, specimen collection	Catherisation, nasogastric tube insertion, multiple wound dressings	Complex wound dressings (such as vacuum-assisted closure), tracheostomy care	Catherisation, nasogastric tube insertion, multiple wound dressings	Complex wound dressings (such as vacuum-assisted closure), tracheostomy care
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Job Title: HCSW | AP | RN | RM | SR | CN | WM

Date:

Ward:

Central Manchester University Hospitals NHS Foundation Trust



**CODES**

**Direct Care (Nursing)**

- MIs - Meals
- Med - Medications
- P/C - Patient Communication
- NP - Nursing Procedures
- Hyg - Patient Hygiene
- Obs - Patient Observations
- OTDN - Other
- Esc - Off ward with PT

**Direct Care (Process)**

- WR - Ward Round
- Ad - Admissions
- Dis - Discharges
- OTDP - Other

**Indirect Care (Nursing)**

- SH - Shift Handover
- D - Nursing Documentation
- F/D - Professional Discussion (face to face)
- T/D - Professional Discussion (Telephone)
- R/C - Relative Communication
- En/C - Environment/cleanliness
- OT - Ordering Patient Tests
- OTIC - Other

**Non-patient Activities**

- SS - Student Support
- B - Break
- OS - Ordering Stocks
- SI - Search For Items
- ST - Staff Training
- DFR - Off Ward without PT
- ONP - Other

**EXAMPLE**



## Time to care activity clock

## Activity Clock

The recording of the Activity Clock by each individual member of staff allows the ward team to find out how much time is spent on 'Direct Patient Care', 'Indirect Patient Care' and 'Non-Patient Care' during a shift.

The Activity Clock Tool can then be used to allow staff to learn about how they work, which is important before and after you begin a module process by analysing that information and then using that information appropriately.

## Instructions

The Activity Clock Tool is completed by each individual member of staff and kept with them until the end of the staff members shift.

- Each clock represents 1 hour of each 8 hour shift.
- Each clock is divided into 5 minute segments.
- A keycode states a 'Primary Task' each staff will carry out throughout a shift.  
**Complete** Job title as stated. NB – WM – to be used by Ward Managers / Team Leaders when you are clinical.  
**Complete** Date and Ward Area - e.g.27/05/10 , Ward 39.  
**State start time** - e.g. 07:30, 13:30 etc. A start time is required for each clock.  
**Fill in** each 5 minute clock segments following the keycode. See Example overleaf.

or

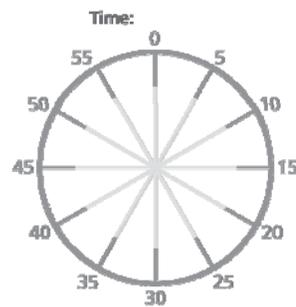
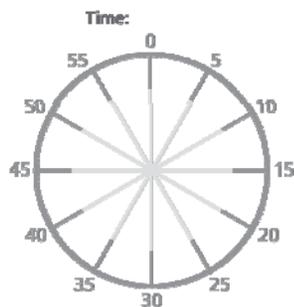
**Fill in** section of the clock using the keycode and arrows.

See Example overleaf.

**Please return** the completed Activity clock tool to the Nurse in charge at the end of the shift.

## Extra Clocks

If working more than an 8 hour shift, please use the extra clocks below to record your extra hours.



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## Time to care activity clock