

Standards for safe staffing in neonatal and children's critical care services¹

Purpose

The Association of British Paediatric Nurses (ABPN) aims to promote the development of children's nursing through evidence-based information about practice and education. This position statement has been produced by officers and members of the Association to provide the nursing workforce requirements for health care services accessed by children and young people.

The standards contained within this position statement are the minimum essential recommended for all providers of services for infants, children and young people

Background

The intensity of workload within all services and across all settings continues to increase as a result of changes in complexity of illness, advances in medicine, increased public expectations and changes in how services are configured, such as primary care out-of-hours provision². The Kings Fund highlighted that such changes have resulted in increased numbers attending emergency care departments, with more children and young people requiring assessment, observation and short stays, in acute settings^{3,4}.

The Association of British Paediatric Nurses (ABPN) has repeatedly stated that all health services accessed by children and young people must be age appropriate and delivered by suitably educated and skilled practitioners⁵.

The Royal College of Nursing (RCN) previously clearly defined the nursing workforce and safe standards related to the care of children and young people across all health care provision, including for example acute or mental health settings, community, social care or independent sector provision. The ABPN actively contributed to the first edition of the standards published in 2003⁶, and subsequent iterations^{7,8}. However, many of the RCN publications have over recent years been archived creating a void in the availability of evidence-informed, quality assured standards for practice guidance.

In this document, the ABPN has drawn upon more recent international comparisons in respect of paediatrics including neonates^{9,10}, acknowledging the increasing complexity in the needs of infants (neonates), children and young people requiring critical, high dependency or special care today.

Within neonatal and children's critical care services

- all registered nurses must be trained in neonatal/paediatric Basic Life Support and safeguarding children to level 3 as defined by the intercollegiate framework¹¹

- a band 7 supernumerary supervisory ward sister/charge nurse
- at least one nurse per shift on each ward/department trained in Neonatal Advanced Life Support (NALS) or Advanced Paediatric Life Support (APLS)/European Paediatric Advanced Life Support (EPALS) recognising specific clinical and service needs
- a minimum of one practice educator to update all staff
- various support roles including¹²:
 - a ward receptionist +/- administrative support for the ward sister/charge nurse
 - at least one health play specialist
 - one housekeeper +/- one hostess

The minimum baseline establishment should be increased by 27 percent to cover annual leave, sickness, study leave, parental leave and other leave¹³.

The number of students on a shift should not exceed university, and individual clinical areas, agreed numbers¹⁴.

Neonatal service standards¹⁵

Special care and transitional care

- 1:4 registered nurse: infant (this group includes babies requiring treatment for jaundice and premature infants requiring tube feeding)¹⁶
- 70 percent of nursing capacity should be registered nurses

High dependency care

- 1:2 registered nurse: infant (this includes babies requiring nasal continuous positive airway pressure (CPAP) or intravenous nutrition or observation and treatment for convulsions)¹⁷
- 80 percent nursing capacity should be registered nurses

Intensive care

- 1:1 registered nurse: infant (this group includes babies born with congenital anomalies requiring surgery, or babies requiring respiratory and other system support due to extreme prematurity); there are times when this ratio will be increased to 2:1 registered nurse: infant, such as in neonatal extracorporeal membrane oxygenation (ECMO)¹⁸
- 80 percent nursing capacity should be registered nurses

70% of registered nurses in neonatal services should hold a post-registration neonatal nursing qualification¹⁹

If unregistered staff are employed, such as nursery nurses or assistant practitioners²⁰, these staff should have undertaken relevant training to a minimum of NVQ3 or foundation degree and should work under the direct supervision of a registered nurse.

Children's critical care service standards^{21,22}

- There should be at least two registered children's nurses on duty at all times in each children's critical care area
- All registered and unregistered nursing staff working in respective levels of critical care should have the right knowledge, skills and competence²³

Designated children's intensive care

Level 1: 0.5:1 registered nurse: patient (children requiring close supervision and monitoring following surgery or with single system problems)

Level 2: 1:1 registered nurse: patient (this includes children requiring intubation and ventilation)

Level 3: 1.5:1 registered nurse: patient (this includes ventilated children on vasoactive drugs or with multiple system problems)

Level 4: 2:1 registered nurse: patient (this includes children requiring ECMO or renal replacement therapies)

- For each of the above categories, the ratio increases by one level if the child is nursed in a cubicle.
- The ratio of registered nurse to non-registered staff should not fall below 85:15²⁴.
- If the unit also provides a retrieval service, retrieval nurses must not be factored into bedside nursing requirements

High dependency care^{25,26,27}

- 0.5:1 registered nurse: patient for children requiring close supervision and monitoring following surgery, those requiring close observation for mental health problems or with single system problems
- 1:1 registered nurse: patient, where the child is nursed in a cubicle, has mental health problems requiring close supervision, or where the condition of the child deteriorates and requires intensive care. This higher ratio will also be required during the admission process until the child is fully admitted and stable.

The ABPN believes

- children and young people have a right to be cared for in age-appropriate facilities and by nurses who have the right education, training, knowledge and skills to meet their needs^{28,29,30}
- staffing levels should be reviewed at least once a year³¹
- there should be access to a senior children's nurse³² for advice at all times throughout the 24-hour period, as well as a named or designated safeguarding

- professional for advice 24 hours a day³³
- local and national workforce planning is essential, encompassing all services and sectors delivering care for children and young people³⁴
- **the standards contained within this position statement are the minimum essential recommended for all providers of services for infants, children and young people**

It is important to review local workforce priorities and responses alongside national workforce policy which can be accessed via national government websites.

Useful websites

NHS England <https://www.england.nhs.uk/>

Department of Health Northern Ireland <https://www.health-ni.gov.uk>

NHS Scotland <https://www.gov.scot/health-and-social-care/>

NHS Wales <https://www.nhs.wales>

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References

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- ¹ The term 'children and young people' is used to refer to infants (neonates), children and young people up to the age of 18, or at the point at which an individual's transition to adult health services is completed.
 - ² Kings Fund & Nuffield Trust (2024) Public satisfaction with the NHS and social care in 2023 https://assets.kingsfund.org.uk/f/256914/x/48c40ea52b/public_satisfaction_nhs_social_care_2023_bsa_2024.pdf
 - ³ Kings Fund (2013) Are accident and emergency attendances increasing? <https://www.kingsfund.org.uk/blog/2013/04/are-accident-and-emergency-attendances-increasing?>
 - ⁴ Royal College of Paediatrics and Child Health (2017) Standards for short stay paediatric assessment units <https://www.rcpch.ac.uk/search?keywords=short+stay+paediatric+assessment+units>
 - ⁵ Association of British Paediatric Nurses Position Statement on Children and Young People's Rights [abpn_position_statement_children_and_young_peoples_rights.pdf](#) and Background Briefing paper on Children and Young People's Rights [abpn_background_briefing_children_and_young_people.pdf](#)
 - ⁶ Royal College of Nursing (2003) Defining staffing levels for children and young people's services: RCN guidance for clinical professionals and service managers, 1st Edition London: RCN.
 - ⁷ Royal College of Nursing (2007) Defining staffing levels for children and young people's services: RCN guidance for clinical professionals and service managers, 2nd edition, London: RCN.
 - ⁸ Royal College of Nursing (2013) Defining staffing levels for children and young people's services: RCN guidance for clinical professionals and service managers, 3rd edition, London: RCN.
 - ⁹ Ministry of Health, British Columbia August 2024 https://www.bcnu.org/files/mNPR_Hospital-Based_Care_Setting_Policy_Directive.pdf
 - ¹⁰ <https://www.trustednursestaffing.com/nurse-patient-ratios-by-state/>
 - ¹¹ Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and competencies for health care staff
 - ¹² Support roles should be used to ensure that registered nurses are used effectively
 - ¹³ Royal College of Nursing (2021) Nursing workforce standards, London: RCN
 - ¹⁴ Nursing and Midwifery Council (2018) Realising Professionalism: Standards for education and training. NMC
 - ¹⁵ The dependency of infants necessitates regular review (a minimum of once per shift)
 - ¹⁶ The British Association of Perinatal Medicine revised and updated the detail related to the level of care – see British Association of Perinatal Medicine (2011) *Categories of Care* <https://www.bapm.org/resources/34-categories-of-care-2011>
 - ¹⁷ The British Association of Perinatal Medicine revised and updated the detail related to the level of care – see British Association of Perinatal Medicine (2011) *Categories of Care* <https://www.bapm.org/resources/34-categories-of-care-2011>
 - ¹⁸ The British Association of Perinatal Medicine revised and updated the detail related to the level of care – see British Association of Perinatal Medicine (2011) *Categories of Care* <https://www.bapm.org/resources/34-categories-of-care-2011>
 - ¹⁹ <https://www.england.nhs.uk/long-read/national-standards-for-neonatal-qualified-in-specialty-qis-education/>

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- ²⁰ Unregistered staff must have completed a course of training specific to the setting, and in the care of infants, children and young people and have undergone a period of competence assessment before carrying out care and delegated tasks
- ²¹ The dependency of infants, children and young people necessitates regular review (a minimum of once per shift)
- ²² The standards reflect international ratios and the Paediatric Intensive Care Society Standards for the Care of Critically Ill or Injured Children (2021) <https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf>
- ²³ Association of British Paediatric Nurses Position Statement on Children and Young People's Rights [abpn_position_statement_children_and_young_peoples_rights.pdf](#) and Background Briefing paper on Children and Young People's Rights [abpn_background_briefing_children_and_young_people.pdf](#). Unregistered staff must have completed a course of training specific to the setting, and in the care of infants, children and young people and have undergone a period of competence assessment before carrying out care and delegated tasks
- ²⁴ The standards reflect international ratios and the Paediatric Intensive Care Society Standards for the Care of Critically Ill or Injured Children (2021) <https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf>
- ²⁵ High dependency care is increasingly provided outside of an intensive care unit in specialist wards in tertiary hospitals and within general wards in district general hospitals. The registered nurse to patient ratio applies regardless of setting
- ²⁶ In designated children's high dependency units (HDUs) the nurse in charge must hold a children's intensive care qualification.
- ²⁷ All nurses working in high dependency settings should have completed specific training to attain additional knowledge, skills and competencies in high dependency nursing
- ²⁸ Association of British Paediatric Nurses Position Statement on Children and Young People's Rights [abpn_position_statement_children_and_young_peoples_rights.pdf](#) and Background Briefing paper on Children and Young People's Rights [abpn_background_briefing_children_and_young_people.pdf](#)
- ²⁹ ABPN Position Statement on Children's Nurse Education [abpn_position_statement_nurse_education_final_24_november_2024.pdf](#) and ABPN Background Paper on Children's Nurse Education [abpn_cn_education_background_paper_final_22nd_november_2024.pdf](#)
- ³⁰ <https://www.england.nhs.uk/long-read/national-standards-for-neonatal-qualified-in-specialty-qis-education/>
- ³¹ To recognise changes in service configurations, reductions in lengths of stay, clinical complexity, increasing acuity, children and young people admitted in emotional distress including those who have self-harmed
- ³² A senior qualified children's nurse is a nurse that holds a children's nursing qualification, and a master's degree in an appropriate health/social care related subject, with a minimum of five years' full-time experience in uninterrupted clinical practice. The expectation is that this post would be at a minimum of Band 8a dependent on the full scope and remit of the position in which case the post may be graded higher where the remit is greater. All post holders of matrons positions in children's services must hold a registered children's nursing qualification.
- ³³ Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and competencies for health care staff
- ³⁴ Association of British Paediatric Nurses Workforce planning and nurse staffing position statement [abpn_position_statement_workforce_planning_and_nurse_staffing-final_nov_2024.docx](#) and background briefing paper [abpn_workforce_planning_and_nurse_staffing_background_briefing_paper-final_nov_2024.docx](#)