

Guidelines for Promoting Sleep and Rest at Night

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

To provide information to all staff who work within or are responsible for in-patient areas (including Ambulatory/Short Stay care) on aiding all in- patients who have experienced or are experiencing periods of restless sleep.

This guideline is for use by the following staff groups:

All staff who work within or are responsible for in-patient areas (including Ambulatory/Short Stay areas)

Lead Clinician(s)

Alison Robinson Deputy Chief Nurse

Approved by Nursing, Midwifery and AHP Board on: 4th November, 2024

Approved by Medicines Safety Committee on: NA
Where medicines included in guideline

Review Date: 4th November, 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
September 2013	New Guideline	Senior Nursing & Midwifery
August 2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 6 months in Line with TMC approval	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
23 rd January 2020	Document extended for 6 months whilst review takes place	Lisa Miruszenko
July 2020	Document extended for 6 months during COVID 19 period	QGC/Gold Meeting
October 2020	Review and approved with No changes	Lisa Miruszenko/Vicky Morris
4 th November 2024	Reviewed and updated with changes	Nursing, Midwifery and AHP Board

Guidelines for promoting rest and sleep at night

Introduction

As a result of the National Picker In-Patient Survey and our local patient experience survey it was identified that a significant number of our patients were experiencing noise at night which prevented them from having a restful night's sleep. This has also been identified through our Family & Friends feedback and Inpatient Survey which commenced in March 2024. In addition to this patients were also finding it difficult to rest at other times during the day due to activity and noise. The perception generally was that this was mainly due to noise, and to noise generated by staff. Sleep is an essential for a person's health and wellbeing. The side effects from not having enough sleep can have a significant impact on the patients' recovery.

Background

The Lead Nurse for Patient Experience & Quality Matron have identified through the Fundamentals of Care meetings and Inpatient Survey findings that patients sleep and rest needed to be monitored across all three sites. As a result, night time audits were instigated and conducted. This involved the review of all wards at Worcestershire Acute Hospital sites. This involved the use of an audit tool and also speaking to staff on duty as well as patients this also included those boarding.

Lead Nurses for Quality & Patient Experience embarked on reviewing the practices on nights. This involved reviewing all the wards at the Alexandra and Worcester sites speaking to the staff on duty at night, observing and noting any comments by some patients using an audit tool. Sleepy eyes poster with promoting sleep guidance was rolled out across the Trust, appendix 1.

Guidelines for Staff

1. Settle patients down and make sure they are comfortable

Whilst undertaking your routine care rounds, use this opportunity to ask if the patient is comfortable and whether they need any specific help to settle down to rest or sleep. Check whether they have any pain, need the toilet, an extra blanket or simply need 'tucking in'. These were all things identified by patients that are helpful.

2. Ask if they have any worries or concerns they would like to talk about before going to sleep

Patients often struggle to settle down to rest or sleep as they are mulling over the events of the day or worrying about what is planned for the next day. A few minutes spent listening to their worries and fears, giving appropriate information or reassurance can make all the difference.

Aid Sleep & Rest

- As part of the snack and snooze project, offer patients a snack, milky drink or herbal tea
- Ask patients what their normal routine is before bedtime
- Signpost your patient to the relaxing music and relaxation exercises on the free hospital channel via their bedside TV system.
- Ensure sleep kits containing an eye mask and ear plugs are available as stock items via the NHS Supply Chain.
- Night lights are switched on and reducing the daytime lighting. Try to reduce the lighting by 1030hrs to promote rest and sleep.

3. Encourage patients to turn off their TVs

Some patients do find watching television or listening to the radio useful as a method for relaxing, if the patient is in a shared room gently remind them that other patients do require a relaxing atmosphere to sleep and encourage the use of earphones.

If headphones are not available, please obtain some from an empty bed space or contact Hospedia to supply an additional set.

If appropriate to do so, draw the curtains a little to block out the light of the screen.
Dim the television screens

NB safety takes priority, and it may not be appropriate to draw the curtains at all, please exercise your judgement with patient safety in mind.

Visit the patient regularly to ensure that they haven't fallen asleep, turn off the television if they have.

4. Implement the Snack & Snooze Initiative

After handover of the evening shift, patients should all be offered a drink and a snack before bedtime. This can include a cold or warm drink and any of the snack that the inpatient areas have available. Patients should also be offered snacks and drinks throughout the night in order to aid them to rest and sleep. It is the areas responsibility to ensure that these provisions are available for patients and there are adequate supplies. All staff on the wards need to be **educated about offering snacks** to patients and this should also be well advertised through the ward areas.

5. Sleepy Eyes; Use the guidance of the SLEEPY EYES poster within all ward areas

Guidelines for Promoting Rest and Sleep at Night		
WAHT-NUR-086	Page 4 of 16	Version 3

WAHT-NUR-086

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Sleep is important to our patients and we will monitor them closely overnight with regular care and comfort rounds.

Lights to be dimmed between 10:30pm - 6am

Keep volume to a minimum - promote quiet talking amongst colleagues and patients.

Encourage all patients to use their call bells, which will be answered by staff promptly.

Patients will be offered night time drinks and snacks in line with the Snack and Snooze project

Use of mobile devices such as phones and tablets should be limited - switch them off, set them to do not disturb or use headsets. Staff will not be using such devices in the bays.

Eyes - eye masks and ear plugs to be offered to patients, but welcome to bring your own.

6. Try to complete any predicted bed moves in advance of settling patients down to sleep.

The movement of some patients overnight cannot be avoided, however please be mindful that this will disturb some patients, so try to reduce the noise as much as possible. **Where possible there should be minimal bed moves made between the hours of 10:30pm and 7am.**

7. Use pen torches instead of switching on overhead or over bed lights where appropriate to do so.

Pen torches are a stock item and should be readily available on all wards.

8. Respond to buzzers and alarms promptly and switch them off when attending the patient

Prolonged buzzer noise is a source of disturbance to other patients and means those requiring assistance are unable to settle back down to rest and sleep until their care needs have been met.

Please reduce volume of buzzers minimise disturbance to other patients.

9. Ward buzzers

Staff working on nights should avoid pressing door buzzers, but tap or knock on the door. Most staff should have ID cards to allow discreet access to the ward areas without causing disturbances. Nurse call bells have been placed on Evergreen and Avon 4.

10. Ward Phones

Ensure the phones have their tone reduced on the back of the phones and this is reinstated next morning

11. Speak in hushed tones

Voices travel when the ward is quiet – please lower your voice when attending to patients. If you are talking at the nursing station you need to be mindful of volume when speaking to staff and using the telephone. Although away from the bedside this can still interrupt rest and sleep significantly.

12. Don't disturb a patient unless absolutely necessary

Try to avoid repeated disturbances by organising tasks together where possible so you minimise the need to disturb a patient further. **If you need to attend to a patient during the night for example to perform observations advise the patient in advance so they are aware and keep disturbance to a minimum.**

WAHT-NUR-086

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13. Noisy activities

Putting stores away should be done with the storeroom closed when unpacking. **Be mindful of noisy crates and any banging noise associated with movement of equipment throughout the ward area.**

14. Report, fix or replace any noisy equipment

Squeaky wheels, banging doors, fault alarms on electronic equipment are all sources of disturbance. Please ensure that all faulty equipment is reported promptly so that it can be fixed or replaced. **If appropriate remove from use until it has been either fixed or replaced.**

Most common equipment noise was mentioned by night staff and observed:

- Commodes
- Baxter pumps beeping/ infusion pumps beeping
- Air mattresses alarms
- Air conditioning units above the nursing station
- CPAP or nebulisers machines
- Bladder scanner
- Drinks and snack trolleys/ machine
- Bedpan washer on some wards are very noisy in use
- Dinamaps
- Some bins
- Resuscitation trolley
- Crates

Guidelines for Patients

This information is included in the admission booklet that should be made available to all patients on admission

1. If you are struggling to rest or sleep, please let the nursing staff know as they may be able to help.

Please ask them to share with you the 'Top tips to help you rest and sleep'

2. If you have any worries or concerns, please discuss them with a member of staff.

Being a patient in hospital can be very daunting and you may have worries about your care, treatment or things that are happening outside of hospital; perhaps related to family or your situation at home

All staff involved in your care will want to know if you have worries or concerns so they can help. You may just need some additional information or reassurance that will make you feel less worried. If you need more support than this or need to speak to someone specific this can be arranged so please don't be afraid to ask. **We appreciate sleep and resting in hospital can be difficult, however we will provide any reasonable adjustments in order to facilitate this for you.**

3. Respect other patients need to rest and sleep.

Rest and sleep is such an important part of recover so please be considerate of the needs of your fellow patients, especially if they choose to rest or sleep at different times to you.

Guidelines for Promoting Rest and Sleep at Night		
WAHT-NUR-086	Page 6 of 16	Version 3

WAHT-NUR-086

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4. When the main lights are turned out please turn your TV off or use the headphones provided.

If you do not have a set of headphones please either ask a member of the nursing team or the team from 'Hospedia' who will obtain a set for you.

5. Please help to reduce noise from mobile phones

It is recognised that patients use their mobile phones whilst in hospital. For some this is an important part of keeping in touch with loved ones. If you do use your phone there are a few things you can do to reduce the risk of disturbing your fellow patients:

- Please switch your phone to silent, if you do make or receive a call please try to do this out of earshot of other patients especially during the night.
- If you do need to make or receive a call at the bedside please keep the call time to a minimum and speak quietly.
- If you need to speak at length please ask a member of the nursing team if there is somewhere private for you to do so.
- **Where possible dim the screen lighting so as not to disturb others during the night**

6. Please talk quietly to other patients at night time

The hospital environment can be noisy so it can be difficult to rest or sleep, this may mean that your usual sleep pattern is disrupted.

Talking with staff and other patients can help you to relax and make your stay a little more pleasant. If you are chatting to staff or patients please be mindful of other patients who may be trying to rest or sleep.

7. Please keep noise and movement during the night to a minimum

If you need assistance to get to the bathroom, or find something from your bedside locker during the night please ask a member of staff to help.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

WAHT-NUR-086

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References

- Arbaster.G & Carr.S (2000) Silent Night. Nursing Times
- Pedersen.T (2012) Hospital Noises, Disturb sleep, hinder recovery. Psychocentral.
- Roberts.M (2009) Hospital wards break world health ‘noise limits’. BBC news
- Harmon.K (2012) Hospital Noise may disrupt patient improvement. Scientific American
- Ashford & St Peter’s Hospitals NHS Foundation Trust Sleepy Eyes Initiatives 2023

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Julie Webber – Lead Nurse for Patient Experience
Patience Ngundu – Quality Matron
Alison Robinson – Deputy Chief Nursing Officer
Sarah Shingler – Chief Nursing Officer
Claire Bush – Urgent Care Nursing Director
Tracey Baldwin – SCSD Nursing Director
Rebecca Moore – Specialty Medicine Nursing Director
Stacey Waldron – Surgery Nursing Director
Deputy Divisional Directors of Nursing – All divisions and sites

This key document has been circulated to the chair(s) of the following committee’s / groups for comments;

Committee
Patient and Carer Experience Committee
Senior Nursing and Midwifery Group
Patient and Public Forum Group
Fundamentals of Care Committee

WAHT-NUR-086

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Alison Robinson
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Webber	Lead Nurse for Patient Experience	julie.webber6@nhs.net
Date assessment completed	20.11.24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Guidelines for promoting sleep and rest at night time			
What is the aim, purpose and/or intended outcomes of this Activity?	The guidance is to support staff in providing a conducive environment for patients to rest and sleep in during the night. It provide advice on what staff need to do in order to facilitate patients to rest and sleep appropriately whilst in hospital.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/>	<input type="checkbox"/> Staff	<input type="checkbox"/> Communities
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/> Other _____	
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/>		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity			

	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	The guidance was already in place it has been reviewed and slightly amended. It provides advice for the inpatient wards on what to provide for patients to aid sleep and rest. Rest and sleep has been an area that the patients have been reporting was poor in some areas of the Trust via the inpatient survey. Sleepy eyes poster has been initiated in line with this guidance and is now being used widely across the Trust.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Previous consulting has taken place.
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X			This guidance will support people of all age groups from Children to Older Adults
Disability	X			May support those who need sleep and rest to be aided due to their condition or illness
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity	X			Will support those who are pregnant and given birth
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		

WAHT-NUR-086

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X			Will support all inpatients
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Not applicable as the guidance is one of support and help			
How will you monitor these actions?	Results of the inpatient survey. Family & friends feedback from patients Complaints of PALS relating to sleep and rest Night time audits (quarterly)			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	This will be monitored yearly			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9

WAHT-NUR-086

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protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Julie Webber
Date signed	20.11.24
Comments:	
Signature of person the Leader Person for this activity	Julie Webber
Date signed	20.11.24
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

WAHT-NUR-086

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