Guideline scope

Safe staffing for nursing in community care settings for over 18s

Topic

The Department of Health and NHS England have asked NICE to develop an evidence-based guideline on safe staffing for nursing in community care settings for over 18s.

Who the guideline is for

- providers of community nursing services for the NHS
- commissioners of community nursing services for the NHS
- boards responsible for providing community nursing services for the NHS
- community nursing staff
- managers of organisations providing community nursing services for the NHS.

It may also be relevant for:

- people using services, their families and carers, and other members of the public
- people developing toolkits and resources for assessing and determining safe staffing for community nursing services.

Equality considerations

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.
1. What the guideline is about

1.1 Who is the focus?

Groups that will be covered

Nursing staff who are part of the nursing establishment in community care settings for over 18s. This includes:

- registered nurses providing care for over 18s in the community; for example, district nurses, community matrons and nurses providing specialist care for specific conditions or diseases
- non-registered nursing staff providing care for over 18s in the community; for example, healthcare assistants and assistant practitioners.

The nursing establishment is defined as the number of posts for registered and non-registered nursing staff funded to provide community nursing care across a defined geographical location.

Groups that will not be covered

Nursing staff and other multidisciplinary team members who are not part of the nursing establishment in community care settings for over 18s. This may include:

- registered nurses who are or will be covered by other safe staffing guidelines, such as:
  - community midwives
  - mental health nurses
  - learning disability nurses.
- registered nurses who are not part of the nursing establishment in community care settings for over 18s, such as:
  - children's community nurses
  - health visitors
56  – school nurses
57  – practice nurses
58  – dental nurses
59  – prison and custody nurses
60  – specialist nurses working only in inpatient settings
61  – nurses working only in nursing care homes
62  – nurses working in adult social care.
63  • non-nursing staff who are not part of the nursing establishment in
64  community care settings for over 18s, such as:
65  – therapists; for example, occupational therapists, physiotherapists,
66  podiatrists, speech and language therapists
67  – social care workers.

1.2  **Settings**

**Settings that will be covered**

69  • People’s homes, community clinics and any other setting in which care is
70  delivered by the community nursing team for over 18s.

**Settings that will not be covered**

72  • Inpatient settings.
73  • Community hospitals.
74  • Schools.
75  • Children’s centres.

77  Although the guideline will not specifically cover these settings, the
78  recommendations may be relevant to these settings.

1.3  **Activities, services or aspects of care**

**Key areas that will be covered**

80  The guideline will cover minimum numbers of nursing staff and the skill mix
81  needed to deliver safe nursing care for over 18s in community care settings.
82  To achieve this, the following key areas will be covered:
Outcomes and indicators associated with safe staffing for nursing in community care settings for over 18s. These may include nurse-to-patient/service user ratios, the minimum number of nurses and the skill mix needed to deliver safe care.

Factors affecting safe staffing for nursing in community care settings for over 18s. These may include:
- Patient/service user factors, for example: case mix and volumes, population demographics, acuity (how ill the person is), prevalence of chronic disease, availability of support (family or carers) and level of dependency on nursing care
- Environmental factors, for example: the nature of the geographical area covered by community nursing teams (distance covered, urban or rural, ease of access to people’s homes and community clinics), ease of access to key specialties and existence of other teams or services
- Staffing factors, for example: the division and balance of tasks between registered and non-registered nursing staff (skill mix); staff turnover; the range of services provided; availability of and care and services provided by other multidisciplinary team members; management and administrative factors; and staff and student teaching and supervision arrangements.

Organisational factors affecting safe staffing for nursing in community care settings for over 18s. These may include:
- Organisational management structures and approaches
- Organisational culture
- Organisational policies and procedures, including those for staff training and lone working.

Nursing care activities that should be considered when determining safe staffing for nursing in community care settings for over 18s.

Approaches and toolkits that help assess and determine safe staffing requirements for nursing in community care settings for over 18s and how often these should be used.
See appendix A for a diagram summarising the main areas covered by the scope and their relationship.

**Areas that will not be covered**

1. Service design or reconfiguration, and different service delivery models or components of these models, such as different models of community care delivery, and delivery of patient/service user care in the community compared with inpatient care. However, the guideline will consider safe staffing for nursing needed to implement the different models of care used in community services for over 18s.

2. Safe staffing for other members of the multidisciplinary team in community settings (for example, physiotherapists and social care workers). However, the guideline will consider how the availability of other multidisciplinary team members affects safe staffing for nursing in community care settings for over 18s.

3. The effectiveness of:
   - care delivered by nursing staff compared to other healthcare professionals working in the community
   - different treatment and management strategies and interventions

4. Workforce planning and recruitment at network, regional or national levels.

**1.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS perspective, or wider perspectives as appropriate.

**1.5 Review questions**

While writing this scope, we have identified the following review questions:
1. What outcomes are associated with safe staffing for nursing in community care settings for over 18s?
   - Is there evidence of a relationship between nursing staff levels or skill mix and increased risk of harm?
   - Do nursing staff levels or nursing staff-to-patient/service user ratios affect outcomes?
   - Which outcomes should be used as indicators of safe staffing for nursing?

2. What patient/service user factors affect nursing staff requirements for over 18s in community care settings? These might include:
   - Population demographics
   - Patient/service user acuity and dependency
   - Prevalence of chronic disease and frail older patients/service users
   - Availability of support (family or carers)
   - Safeguarding issues.

3. What environmental factors affect nursing staff requirements for over 18s in community care settings? These might include:
   - The nature of the geographical area covered by community nursing teams (distance covered, urban or rural, ease of access to people’s homes and community clinics)
   - Ease of access to key specialities
   - Existence of other teams and services

4. What staffing factors affect nursing staff requirements for over 18s in community care settings? These might include:
   - The division and balance of tasks between registered and non-registered nursing staff (skill mix)
   - The range of nursing services provided
   - The availability of services provided by other multidisciplinary team members
   - Management and administrative factors
   - Staff and student teaching and supervision arrangements.

5. What organisational factors affect nursing staff requirements for over 18s in community care settings? These might include:
organisational management structures and approaches
organisational culture
organisational policies and procedures, including those for staff training and lone working.

What core nursing care activities should be considered when determining nursing staff requirements for over 18s in community care settings?

- What key activities are currently carried out by nursing staff?
- Do the activities carried out by registered nurses and non-registered nursing staff (such as healthcare assistants and assistant practitioners) differ?
- How much time is needed for each activity, and does this differ according to the setting in which care is delivered (for example, a person’s home [including care homes], or a community clinic)?
- Are activities that are carried out by nursing staff associated with outcomes?

What approaches for assessing and determining nursing staff requirements and/or skill mix, including toolkits, are effective in community care settings for over 18s and how often should they be used?

- What evidence is available on the reliability and/or validity of any identified approach or toolkits?

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are listed below; however this is not a definitive list. Other outcomes may be included, depending on the evidence and the Committee's considerations. Outcomes of most relevance to this guideline will be those that are most closely linked to nursing staff levels.

1 Serious incidents
- Deaths and serious untoward incidents attributable to problems with the care provided by nursing staff in community care settings.
209 - Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers (also known as 'never events'), including incorrect administration of drug treatments and serious safeguarding incidents.

214 2 Delivery of nursing care
215 - Preventing avoidable deterioration.
216 - Preventing unnecessary admission to hospital.
217 - Preventing healthcare-associated infections.
218 - Early discharge.
219 - Improving the safety of discharge.
220 - Preventing medication errors.
221 - Preventing medical device errors.
222 - Preventing pressure ulcers.
223 - Preventing avoidable venous thromboembolism.
224 - Completing safeguarding duties.

225 3 Patient/service user and staff feedback
226 - Reported experience and satisfaction ratings related to community nursing, such as complaints related to nursing care.
227 - Staff experience and satisfaction ratings.

229 4 Other
230 - Nursing staff retention and sickness rates.
231 - Nursing staff clinical appraisal and statutory review rates.
232 - Nursing vacancy rates.
233 - Current and up-to-date nursing staff training.
234 - Costs, including care, staff and litigation costs.
2 Links with other NICE guidance and NICE Pathways

2.1 NICE guidance

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to safe staffing for nursing in community care settings for over 18s:

- Medicines adherence (2009) NICE guideline CG76.

NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

- Safe staffing for nursing in inpatient mental health settings. NICE guideline. Publication expected October 2015.
- Management and organisational approaches to safe staffing. NICE guideline. Publication expected February 2016.
- Safe staffing for nursing in community mental health settings. NICE guideline. Publication expected May 2016.
2.2 **NICE Pathways**

When this guideline is published, the recommendations will be added to NICE Pathways. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A draft pathway outline on safe staffing for nursing in community care settings for over 18s, based on the draft scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

### Safe staffing for nursing in community care settings for over 18s overview

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Nursing in community care settings for over 18s

Organisational requirements

Factors that affect nursing staff requirements, including:
- patient factors
- environmental factors
- staffing factors

Determining nursing staff requirements

Set the nursing staff establishment

Assess differences between nursing staff needed and available

Monitor and evaluate nursing staff establishments

Outcomes and indicators associated with safe staffing
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3 Context

3.1 Key facts and figures

The need for a review of nurse staffing in community care settings was highlighted by the Queen's Nursing Institute report commissioned by NHS England: Developing a national District Nursing Workforce Planning Framework (2014). The report identified the need for a robust system to objectively assess population demands, determine the size of the workforce required to meet demand in a given locality, and deploy the available workforce efficiently.

There are a number of reasons why staffing for nursing in community care settings for 18s needs to be reviewed. These include:

- increasing demand for nursing care at home
- ageing population with more complex needs
- increased prevalence of complex long-term health problems
- earlier discharge and discharge of patients with more serious or complicated medical problems
- advances in healthcare techniques and technology allowing more complex care to be delivered at home
- decreasing numbers of qualified district nurses and community specialists.

NHS England’s five year forward view noted that there has yet to be a shift from acute to community sector-based working, with just a 0.6% increase in the numbers of nurses working in the community over the past 10 years. In December 2014, there were 1264 community matrons and 5644 district nurses (full time equivalent) working in the community compared with 1545 community matrons and 7979 district nurses in December 2009 (Health and Social Care Information Centre). Community health services as a whole have around 100 million patient/service user contacts per year, and comprise approximately £10 billion of the NHS budget (King's Fund report). Over the age of 75, 1 in 4 people need a district nurse’s care at home, rising to 1 in 2 people over 85. To meet this growing demand, home nursing services have
been changing and developing, but as a consequence there are fewer
community specialists (district nurses) with more nursing tasks being done by
healthcare assistants (Queen's Nursing Institute).

3.2 Current practice

The Queen's Nursing Institute report commissioned by NHS England showed
that decision-making around nursing staff levels is often decentralised and not
systematic, with district nursing establishments often derived from available
budgets, historical practice or overly simplistic and standardised caseload
sizes.

A King's Fund report on managing quality in community healthcare services
highlighted that nursing staff shortages were a recurring theme reported in
surveys and interviews. Providers were least positive about their performance
in the area of ensuring adequate staffing numbers, skill mix and caseload.

Monthly performance reports to boards showed that providers were failing to
meet targets for appraisal compliance, staff sickness and mandatory training
rates. Providers reported that planning and managing the workforce within
community services was challenging, largely because of the volume of
demand and increase in patient/service user acuity (how ill the person is), with
patients being discharged earlier into the community to relieve pressure on
acute services.

Nurse staffing levels in the community are typically captured as either a ratio
(for example, number of district nurses per 1000 head of population) or
through average caseloads (for example, number of patients/service users
seen per district nurse). There is no existing guidance on appropriate staffing
ratios, the required number of community nurses per population or
recommended maximum caseloads. National work has been undertaken to
benchmark nurse staffing levels in the community, but this does not determine
whether existing staffing levels are sufficient to ensure safe care.
3.3  **Policy, legislation, regulation and commissioning**

**Policy**

Recent reports highlighted the need for safe staffing guidelines, such as the [Francis report of the Mid Staffordshire NHS Foundation Trust Public Inquiry](#) and the [Berwick report on improving the safety of patients in England](#). The need for guidelines on safe staffing was also highlighted in reports produced in response:

- **How to ensure the right people, with the right skills, are in the right place at the right time: a guide to nursing, midwifery and care staffing capacity and capability** (National Quality Board 2013).
- **Hard truths: the journey to putting patients first** (Department of Health 2013).

There are also some documents that are more specific to nursing in community care settings and these are outlined below.

- Monitor (2015) [Commissioning better community services for NHS patients](#)
- King's Fund (2014) [Managing quality in community health care services](#)
- NHS England (2014) [Five year forward view](#)
- Queen's Nursing Institute (2014) [Developing a national District Nursing Workforce Planning Framework](#)
- Department of Health (2013) [Care in local communities: a new vision and model for district nursing](#)

**Commissioning**

In 2013 clinical commissioning groups took responsibility for commissioning many community services, but local authorities became responsible for commissioning certain community-based services, such as intermediate care and some public health services such as sexual health services. NHS England also became responsible for commissioning certain public health services provided in the community, such as immunisations. Community service providers can have more than 1 commissioner body and potentially more than 1 clinical commissioning group or local authority commissioner.
The community services sector is more diverse than the acute or mental health sector, and provider bodies can be NHS community trusts, mental health or acute trusts, charities or social enterprises, or private sector providers.

4 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 22 April to 20 May 2015.

The guideline is expected to be published in March 2016.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.
5 Appendix A. Summary of the main elements of the scope and their relationship

Factors affecting nursing staff requirements

Organisational factors
- Management structures and approaches
- Organisational culture
- Organisational policies and procedures

Patient/service user factors
- Population demographics
- Patient acuity and dependency
- Prevalence of chronic disease
- Availability of support

Environmental factors
- Nature of geographical area covered
- Urban/rural
- Distances covered by team
- Ease of access to people’s homes and community clinics

Staffing factors
- Division and balance of tasks
- Range of services provided
- Availability of services provided by other multidisciplinary team members
- Management and administration
- Supervision and teaching

Outcomes
- Serious incidents (e.g. deaths and incidents attributable to problems with the care provided by nursing staff in community care settings)
- Delivery of nursing care (e.g. preventing avoidable deterioration, medication errors or pressure ulcers)
- Other (e.g. patient and staff experience)

Organisational factors which affect nursing staff requirements

Staffing requirements for nursing in community care settings for over 18s

Establishment setting

On the day assessment
- Red flag events

Monitoring and review
- Indicators
- Red flag events