

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Management and organisational approaches to safe staffing

Topic

The Department of Health in England and NHS England have asked NICE to develop a guideline on management and organisational approaches to safe staffing.

Who the guideline is for

- providers of NHS services
- commissioners of NHS services
- boards responsible for providing NHS care
- managers of organisations and services providing NHS care.

It may also be of interest to:

- people using services, their families and carers and the public
- nursing, midwifery, and other healthcare staff who deliver care at ward or unit level to NHS patients and people using NHS services
- private sector or voluntary organisations commissioned to provide services for the NHS.

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](#).

Equality considerations

NICE will carry out an equality impact assessment during scoping. The assessment:

- 27 • lists equality issues identified, and how they have been addressed
- 28 • explains why any groups are excluded from the scope, if this was done.

29 **1 What the guideline is about**

30 **1.1 *Who is the focus?***

31 **Groups that will be covered**

32 People with a responsibility for supporting, leading, managing and governing
33 the provision of nursing and midwifery care to NHS patients and people using
34 NHS services. These include:

- 35 • chief executives
- 36 • board members
- 37 • commissioners
- 38 • senior managers
- 39 • nursing and midwifery managers
- 40 • human resource managers
- 41 • chief nurses
- 42 • directors or heads of nursing and midwifery.

43 **1.2 *Settings***

44 **Settings that will be covered**

45 All settings in which nursing or midwifery care is received by NHS patients
46 and people using NHS services. This includes home settings and private
47 facilities that provide care for the NHS.

48 **1.3 *Activities, services or aspects of care***

49 **Key areas that will be covered**

- 50 1 Management approaches (such as policies, procedures and models) for
51 supporting safe staffing for nursing and midwifery that apply to all
52 nursing or midwifery staff within the organisation. Approaches might
53 include:

- 54 – staff and team management, such as human resource policies,
 - 55 involving nurses and midwives in senior team or board management
 - 56 decisions
 - 57 – systems that are used to handle information on NHS patients and
 - 58 people using NHS services for organisations
 - 59 – systems for managing workflow for organisations
 - 60 – rostering for organisations
 - 61 – capacity and contingency planning for organisations
 - 62 – escalation policies and procedures for organisations
 - 63 – approaches for flexible staffing for organisations, such as use of on-
 - 64 call, bank and agency staff, and flexible employment contracts.
- 65 2 Organisational approaches (such as policies, procedures and models)
- 66 for assessing and changing culture and leadership across an
- 67 organisation. Approaches might include:
- 68 – organisational improvement programmes (such as MAGNET)
 - 69 – leadership improvement programmes.

70 **Areas that will not be covered**

- 71 1 Approaches for supporting safe staffing for other staff groups (such as
- 72 doctors, allied health professionals and administrative staff).
- 73 2 Approaches for supporting safe staffing for nursing and midwifery that do
- 74 not apply throughout the organisation (for example, policies and
- 75 procedures that are specific to certain wards, units, settings, or teams).
- 76 This is covered by other safe staffing guidelines.
- 77 3 Factors that influence the number and skill mix of nursing and midwifery
- 78 staff, support workers and other non-registered nursing and midwifery
- 79 staff needed at a ward, unit, setting or team level (for example, case mix;
- 80 ward type, layout and size; availability of other staff and services). This is
- 81 covered by other safe staffing guidelines.
- 82 4 Systems that are used to handle information on NHS patients and
- 83 people using NHS services that are used by only some nursing and
- 84 midwifery staff within an organisation (for example, cancer registries and
- 85 cardiology information systems).

- 86 5 Approaches or toolkits for calculating the staffing establishment, or for
87 assessing the number of staff needed on that day. This is covered by
88 other safe staffing guidelines.
- 89 6 Ratios of NHS patients or people using NHS services to staff for specific
90 types of wards, units, settings or teams. This is covered by other safe
91 staffing guidelines.
- 92 7 National curriculum for student nurse training; supervision, preceptorship
93 and continuing professional development for nurses and midwives.
- 94 8 Roles and responsibilities of nurses and midwives.
- 95 9 Models of care and service delivery, such as where should a service be
96 located, what should it include, how quickly should it be delivered, what
97 staff and equipment are needed to provide it, and procedures to ensure
98 that high quality care is cost effective.
- 99 10 Nationally set terms and conditions, pay scales and remuneration.

100 **1.4 Economic aspects**

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

107 **1.5 Key issues and questions**

108 While writing this scope, we have identified the following review questions:

- 109 1 What management approaches are effective for supporting safe staffing
110 for nursing and midwifery throughout an organisation? For example:
- 111 – staff and team management, such as human resource policies, team
112 working approaches, involving nurses and midwives in senior team or
113 board management decisions, having nurses and midwives as
114 managers
 - 115 – systems that are used to handle information on NHS patients and
116 people using NHS services for organisations

- 117 – systems for managing workflow for organisations
 - 118 – rostering for organisations
 - 119 – capacity and contingency planning for organisations
 - 120 – escalation policies and procedures for organisations
 - 121 – approaches for flexible staffing, such as use of on-call, bank and
 - 122 agency staff, and flexible employment contracts.
- 123 2 What organisational approaches (such as policies, procedures and
- 124 models) are effective for assessing and changing organisational culture
- 125 and leadership, and lead to improvements in safe staffing for nursing
- 126 and midwifery? For example:
- 127 – How is the delivery of nursing and midwifery care influenced by
 - 128 organisational culture and leadership?
 - 129 – What evidence is available on the reliability or validity of any identified
 - 130 approaches?
 - 131 – How often should the approaches be used?

132 **1.6 Main outcomes**

133 Examples of the main outcomes that will be considered when searching for

134 and assessing the evidence are:

- 135 1 Organisational culture:
- 136 – attitudes of patients and staff
 - 137 – bullying of patients and staff
 - 138 – staff morale
 - 139 – openness and transparency
 - 140 – standards of care
 - 141 – staff engagement.
- 142 2 Safety events:
- 143 – deaths and serious untoward incidents attributable to problems with
 - 144 the delivery of care
 - 145 – serious largely preventable patient safety incidents that should not
 - 146 have occurred if available preventative measures had been

147 implemented (also known as '[never events](#)'), for example, entrapment
148 in bedrails, failure to monitor and respond to oxygen saturation
149 – other safety outcomes, for example violence and aggression, falls,
150 infection, medication administration errors.

151 3 Delivery of care:

- 152 – completing observations and clinical documentation
- 153 – missed care.

154 4 Experience and feedback:

- 155 – patient or carer experience and satisfaction
- 156 – staff experience and satisfaction
- 157 – complaints.

158 5 Other:

- 159 – staff retention and absenteeism
- 160 – nursing and midwifery staff vacancies
- 161 – litigation
- 162 – resource use and costs.

163 **2 Links with other NICE guidance and NICE** 164 **Pathways**

165 **2.1 NICE guidance**

166 **NICE guidance about the experience of people using NHS services**

167 NICE has produced the following guidance on the experience of people using
168 the NHS. This guideline will not include additional recommendations on these
169 topics unless there are specific issues related to management and
170 organisational approaches to safe staffing:

- 171 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 172 • [Service user experience in adult mental health](#) (2011) NICE guideline
173 CG136

174 **NICE guidance in development that is closely related to this guideline**

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

- 177 • [Safe staffing for nursing in A&E departments](#). Publication expected May
178 2015.
- 179 • [Workplace policy and management practices to improve the health and
180 wellbeing of employees](#). Publication expected May 2015.
- 181 • [Safe staffing for nursing in inpatient mental health settings](#). Publication
182 expected October 2015.
- 183 • [Service delivery and organisation for acute medical emergencies](#).
184 Publication expected November 2016.

185 **2.2 NICE Pathways**

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

189 The guideline will overlap with many existing NICE guidelines. The NICE
190 Pathway will integrate the recommendations from all guidelines, showing
191 clearly how they fit together. Topics with particular relevance include the suite
192 of NICE guidelines on [safe staffing](#), and guidelines on [managing long term
193 sickness and incapacity for work](#) and [promoting mental wellbeing at work](#).

194 Other relevant NICE guidance will also be added to the NICE Pathway,

195 **3 Context**

196 **3.1 Key facts and figures**

197 NICE has developed and is continuing to develop a range of safe staffing
198 guidelines that are aimed at specific services and settings within organisations
199 providing care to NHS patients and people using NHS services. There is also
200 a need for a guideline that focuses on management and organisational
201 approaches to support safe staffing for nursing and midwifery that are relevant

202 across the range of settings and staffing groups included in the [safe staffing](#)
203 [programme of work](#).

204 **3.2 Current practice**

205 NHS services should have an open and transparent organisational culture that
206 enables safe, high-quality and compassionate care to be continually provided
207 and improved in line with the following principles outlined in the Francis report:

- 208 • commitment to common values throughout the organisation by all involved
- 209 • fundamental standards that are readily accessible and can be complied
210 with
- 211 • rigorous policing of compliance with the fundamental standards and zero
212 tolerance of a lack of compliance
- 213 • openness, transparency and candour throughout the organisation
- 214 • strong leadership in nursing and midwifery
- 215 • strong support for leadership roles
- 216 • accountability of everyone within the organisation
- 217 • information on performance accessible and useable by all, allowing
218 effective comparison by individuals, services and organisation.

219 Leadership has been identified as the most influential factor in shaping
220 organisational culture (King's Fund 2014). The 2014 King's Fund survey on
221 [culture and leadership in the NHS](#) revealed that staff views of leadership in
222 the NHS have improved over time, but most staff still believe that leadership is
223 poor or very poor. The survey also revealed a difference in staff views about
224 their organisational culture – board executives were more positive about the
225 organisational culture than other staff, particularly nurses. Importantly, only
226 40% of responders agreed that concerns would be dealt with properly.
227 Therefore, there is still a long way to go towards achieving services with
228 organisational cultures that nurture safe, high-quality and compassionate
229 care.

230 In 2012, the [NHS Leadership Academy](#) was set up to help to develop
231 outstanding NHS leaders and drive improvements in patient care.

232 **3.3 Policy, legislation, regulation and commissioning**

233 **Policy**

234 General policy documents highlight the need for guidelines on management
235 and organisational approaches to safe staffing:

- 236 • Department of Health (2015) [Culture change in the NHS: applying the](#)
237 [lessons of the Francis Inquiries](#)
- 238 • National Quality Board (2013) [How to ensure the right people, with the right](#)
239 [skills, are in the right place at the right time: a guide to nursing, midwifery](#)
240 [and care staffing capacity and capability](#)
- 241 • Department of Health (2013) [Hard truths: the journey to putting patients](#)
242 [first](#)
- 243 • Department of Health (2011) [NHS staff management and health service](#)
244 [quality](#)

245 The Kings Fund has been commissioned to review leadership and
246 management in NHS services:

- 247 • The King's Fund (2015) [Leadership and leadership development in health](#)
248 [care: the evidence base](#)
- 249 • The King's Fund (2014) [Developing collective leadership for healthcare](#)
- 250 • The King's Fund (2013) [Patient-centred leadership: rediscovering our](#)
251 [purpose](#)
- 252 • The King's Fund (2012) [Leadership and engagement for improvement in](#)
253 [the NHS: together we can](#)
- 254 • The King's Fund (2011) [The future of leadership and management in the](#)
255 [NHS: no more heroes](#)

256 **Legislation, regulation and guidance**

- 257 • [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations](#)
258 [2014](#): Sets out fundamental standards of care which CQC will inspect and
259 regulate, such as requirements for staffing, safe care and treatment, good
260 governance, receiving and acting on complaints, duty of candour, fit and
261 proper persons test for directors.

- 262 • The [NHS Constitution](#) was updated in 2015 and includes an expectation
263 that staff will raise concerns and that their employers will support them, and
264 by providing greater clarity about how the law protects them
- 265 • [Quality reports](#): NHS foundation trusts must include a report on the quality
266 of care they provide in their annual report to improve public accountability.

267 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 25 March to 22 April 2015.

The guideline is expected to be published in February 2016.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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