

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
SAFE STAFFING GUIDELINE
SCOPE

Guideline title

1. Safe nurse staffing of adult wards in acute hospitals

Background

2. The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health and NHS England to develop an evidence-based guideline on safe and cost-effective staffing in acute adult inpatient wards (see appendix A).
3. The Francis report on Mid Staffordshire and the Berwick report on improving the safety of patients in England both identified NICE as a lead organisation in developing advice on NHS staffing levels. The Berwick report stated:

‘NICE should interrogate the available evidence for establishing what all types of NHS services require in terms of staff numbers and skill mix to ensure safe, high quality care for patients’.
4. The need for guidelines on safe staffing was also highlighted in the recent policy documents and responses:
 - ‘How to ensure the right people, with the right skills, are in the right place. 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)
5. This NICE guideline will make recommendations on safe nurse staffing in adult wards in acute hospitals, based on the best available evidence of effectiveness and efficiency. It will also identify the indicators that should be used within trusts to provide an indication of whether safe and effective nursing care is being provided.
6. The guideline will not set minimum nurse staffing levels. However, related tools for determining safe staffing levels will be assessed for their compliance with guideline recommendations. NICE will offer a separate endorsement process for any submitted tools that are compliant with guideline recommendations.
7. The development of this guideline and the underpinning evidence reviews will be informed by the existing NICE guideline manuals.

The guideline

8. This document defines what this guideline will (and will not) consider and what the evidence reviews and economic modelling will cover data permitting.

Who the guideline is for

9. This guideline will be primarily for use by NHS provider organisations or others who provide or commission services for NHS patients. It is aimed at healthcare trust boards, hospital managers, ward managers, healthcare professionals and commissioners.
10. It will also be of interest to patients and carers and other members of the public, and to people involved in developing tools and resources for assessing and determining safe and effective nurse staffing levels.

What the guideline will cover

11. The setting will be adult wards in acute hospitals. This includes both medical and surgical wards providing scheduled and unscheduled care for adults, and acute hospital care for the older person. This guideline will have 2 main elements:
 - Establishing safe and efficient staffing levels for nurses and healthcare assistants at ward level to meet patients' needs
 - Organisational and managerial considerations relevant to efficient and safe delivery of nursing care at ward level.
12. The guideline will consider the following factors that may impact on safe nurse and healthcare assistant staffing at ward level:
 - Outcomes related to nursing levels and skill mix
 - Patient factors, including acuity (level of acute medical sickness), dependency (level of dependency on nursing care) and turnover (patient admission and discharge rates)
 - Management of the nursing team, including division and balance of tasks between nurses and healthcare assistants and supervision
 - Ward environmental factors, including the physical layout and diversity of clinical disciplines.
13. The role of organisational factors within hospitals that support safe and efficient nurse staffing at a ward level will also be examined.

14. See appendix B for a diagram summarising these elements of the scope and their relationship.

What the guideline will not cover

15. The guideline will cover only adult wards in acute hospitals. Other adult hospital wards, such as intensive care, maternity and mental health wards, and assessment or admission hospital-based units will not be covered by this guideline. However, it is likely that NICE will develop future guidelines making recommendations on safe staffing levels in other ward types and settings (see appendix A).
16. While we acknowledge the importance of a multi-disciplinary approach to ensure safe and effective nursing care, the involvement of doctors, specialist nurses and other healthcare professionals will not be addressed in this guideline, although they may be covered in future guidelines. However, evidence permitting, this guideline will consider the roles and tasks undertaken by nurses and healthcare assistants.
17. This guideline will not cover:
 - Nurse workforce planning and recruitment at regional or national levels
 - The assessment of the reliability and validity of tools or resources used to assess and establish safe staffing levels.

Review questions

18. The guideline will draw upon the international published literature. Box 1, below shows the main review questions that will be considered, provided evidence is available.

Box 1: main review questions for the guideline

Focusing on adult inpatient ward-level activities

- What patient safety outcomes are associated with nurse and healthcare assistant staffing levels and skill mix?
 - Which outcomes should be used as indicators of safe staffing?
 - What outcomes are associated with tasks undertaken by registered nurses, healthcare assistants, and other staff?
- What patient factors affect nurse and healthcare assistant staffing requirements at different times during the day? These include:
 - Patient dependency and acuity assessment and grading
 - Patient turnover.
- What management approaches affect nurse and healthcare assistant staffing requirements?
 - What nursing staff supervisory and/or team management approaches are required?
 - What approaches for identifying required nurse staffing levels and skill mix are effective, and how frequently should they be used?
- How does the ward environment, including physical layout and diversity of clinical disciplines, affect safe staffing requirements?

Focusing on organisational level activities

- What organisational factors influence safe staffing at a ward level? This includes:
 - Management structures and approaches
 - Organisational culture
 - Organisational policies and procedures, including staff training

Outcomes to be considered

19. Box 2 shows the outcomes that will be considered. The evidence will be interrogated to determine the relationship between these outcomes and nurse- and healthcare assistant-dependent activities.

Box 2: outcomes to be considered*Serious preventable events*

- '[Never events](#)' (serious, largely preventable safety incidents), including maladministration of potassium-containing solutions, wrong route administration of oral/enteral treatment, maladministration of insulin, opioid overdose of an opioid-naïve patient, inpatient suicide using non-collapsible rails, falls from unrestricted windows, entrapment in bedrails, transfusion of incompatible blood components, misplaced naso- or oro-gastric tubes, wrong gas administered, air embolism, misidentification of patients, severe scalding of patients
- '[Safety thermometer](#)' including pressure ulcers, falls, catheter-related and urinary tract infections, venous thromboembolism – risk assessment and prophylaxis

Delivery of nursing care

- Patients receiving assistance with daily living activities, including missed care events such as help with eating, drinking, washing and other personal needs
- Completion of vital signs observations and other clinical paperwork
- Drug omissions and other nurse associated drug errors

Reported feedback

- Patient and/or carer experience and satisfaction ratings related to nursing care
- Patient complaints related to nursing care
- Staff experience and satisfaction ratings

Other

- Staff retention and sickness rates
- Nurse and healthcare assistant vacancy rates
- Costs, including both care, staff and litigation costs

20. The following outcomes may be considered, data permitting:

- Mortality
- Hospital acquired infections: *Staphylococcus aureus* bacteraemia (including multi-resistant *Staphylococcus aureus*); *Clostridium difficile*-associated infection; Enterococcus and glycopeptide-resistant enterococci; hospital-acquired pneumonia; surgical site infection surveillance service)
- Length of admission
- Hospital re-admission
- Accident and emergency rates following discharge

Economic aspects

21. A review of the economic evidence will be undertaken. Scenario modelling will be carried out to determine the impact of different workload factors on nurse and healthcare assistant staffing levels and associated outcomes. The associated costs and benefits for these various scenarios will also be calculated.

Status of this document

22. This is a final scope for acute adult in-patient ward staffing levels. The development of the guideline will begin in January 2014.

Related NICE guidelines

Published guidelines

23. The following published guidelines are related to this guideline on safe nurse staffing of adult wards in acute hospitals.
 - Patient experience in adult NHS services (CG138)
 - Acutely ill patients in hospital (CG50)

Guidelines under development

24. NICE is currently developing the following related service delivery guideline (details available from the NICE website):
 - Trauma services: service delivery of trauma services

Appendix A - Referral of the programme of work by the Department of Health and NHS England

NICE is asked to evaluate existing safer staffing tools and evidence, publish guidance for the NHS on safer staffing and accredit relevant safer staffing tools. Though the focus of the work will be nursing and maternity staffing levels, the programme of work should also take into account the importance of getting skill mix right and the wider context of other workforce groups, along with the importance of multi-disciplinary working in modern healthcare.

The result will be evidence-based guidance on cost-effective, safe staffing levels to support local decisions at ward and team level for NHS providers or others who provide or commission services for NHS patients.

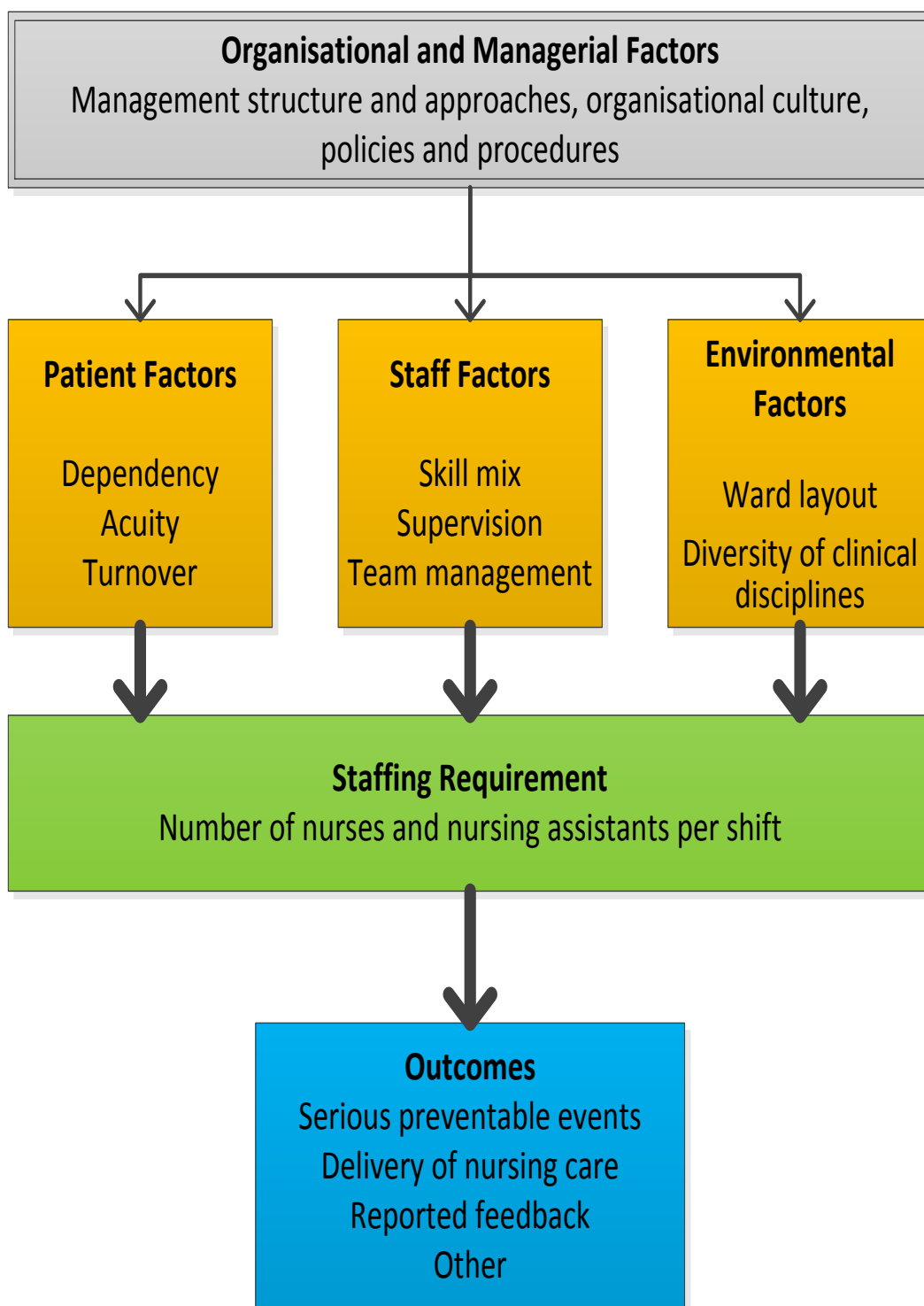
July 2014 NICE to have published guidance on safer staffing for adult in-patient wards

July 2014 NICE to have accredited safer staffing tools relevant to the above setting.

August 2014 onwards NICE to publish guidance on safer staffing for the following settings:

- Accident and emergency settings
- Acute in-patient paediatric and neonatal wards
- Community nursing care settings
- Learning disabilities in-patient setting
- Learning disabilities in the community
- Maternity settings
- Mental health community setting
- Mental health in-patient settings

Appendix B. Summary of the main elements of the scope and their relationship



Appendix C. References

Berwick D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. Department of Health

Department of Health (2013) Hard Truths. The Journey to Putting Patients First. Department of Health

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office

Health and Social Care Information Centre (2013) NHS Safety Thermometer. <http://www.hscic.gov.uk/thermometer> (accessed 23 December 2013)

National Quality Board (2013) 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. NHS England

NHS England (2013) The never events list; 2013/14 update. <http://www.england.nhs.uk/wp-content/uploads/2013/12/nev-ev-list-1314-clar.pdf> (accessed 23 December 2013)