

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
SAFE STAFFING GUIDELINE
SCOPE

Guideline title

1. Safe staffing for nursing in accident and emergency departments

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 nursing staffing of accident and emergency departments (A&Es).

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 a number of recent reports produced in response:

- 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](#)
- Department of Health (2013) [Hard truths: the journey to putting patients first](#)

5. NHS England has recently published a report highlighting the need for a review of staffing specifically in A&E settings: see [High quality care for all, now and for future generations: transforming urgent and emergency care services in England](#).

6. There are a number of reasons why staffing of the nursing team in A&Es may need to be reviewed, including:

- Increasing attendance at A&Es
- Changing case mix
- Reduced bed numbers
- Increasing use of community-based care

- Initiatives to manage patient flow and demand
 - Reconfiguration of A&E services at national and local levels
 - Reconfiguration and changing population use of primary care and out of hours services
 - Considerable variation between A&Es across the country in the number of attendances dealt with per nurse whole time equivalent
 - Increasing waiting times
7. This NICE guideline will make recommendations on safe and effective staffing of the nursing team in A&Es, based on the best available evidence. It will also identify the indicators that should be used to provide information on whether safe and effective care is being provided.
 8. The guideline will not set a single ratio for nursing staff to patients. However, related tools for determining nursing staff requirements in an A&E setting will be assessed for their compliance with the guideline recommendations. NICE will offer a separate endorsement process for any submitted tools that are compliant with the guideline recommendations.
 9. The development of this guideline and the underpinning evidence reviews and economic analysis will be informed by the draft unified manual for guideline development.

The guideline

10. This scope defines what the guideline on safe nursing staff requirements in A&E will (and will not) consider, and what the evidence reviews and economic analysis will cover, data permitting.

Who the guideline is for

11. 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 boards, hospital managers, unit managers, healthcare professionals and commissioners.
12. It will also be of interest to patients, carers and other members of the public, and to people involved in developing toolkits and resources for assessing and determining safe and effective staffing requirements.

What the guideline will cover

13. This guideline will cover nursing staff requirements, including all levels of nursing staff such as registered nurses, emergency nurse practitioners (ENP),

advanced nurse practitioners (ANP) and healthcare assistants (HCAs). Additionally, the guideline will cover specialist nurses (such as mental health and paediatric nurses) who are core members of the A&E nursing team.

14. The guideline will cover all nursing care provided to adults and children in all secondary care A&E departments in hospitals. This includes major trauma units, trauma units, resuscitation facilities, emergency medical units and minor injury units.
15. This guideline will have 2 main elements:
 - Establishing safe and effective nursing team staffing requirements in A&E departments to meet patients' needs.
 - Organisational and managerial considerations relevant to safe and effective delivery of nursing care at the department level.
16. The guideline will consider the following factors that may impact on safe nursing staff requirements at the department level:
 - Patient factors, such as acuity (how ill the patient is, their increased risk of clinical deterioration and how complex or time-consuming the care they need is), dependency (level of dependency on nursing care), patient turnover and social complexity of patients.
 - Department factors, such as department type, size, physical layout and intra-department compartmentalisation.
 - Environmental factors, such as local geography and demographics, and availability of primary care or minor care providers that provide an alternative to A&E (for example, on-site out of hours GP services and urgent care units).
 - Staff factors, such as the division and balance of tasks between registered nurses and healthcare assistants, experience, skill mix and specialisms, and availability of and care provided by other healthcare staff.
 - Nursing team management factors, such as management and administrative approaches and teaching/supervision arrangements
17. The role of organisational and managerial factors that support safe and effective nursing staff requirements at a department level will also be examined.
18. See appendix A for a diagram summarising these elements of the scope and their relationship.

What the guideline will not cover

19. This guideline will only cover hospital-based A&E departments. Other hospital departments, such as intensive care units, surgery departments, clinical

decisions units and acute medical assessment/admission units will not be covered by this guideline. This guideline will also not cover hospital-based primary care services and walk-in centres.

20. This guideline will not cover specialist A&Es such as ophthalmology or dental A&Es.
21. While we acknowledge the importance of multi-disciplinary teams in ensuring safe and effective care, this guideline will not attempt to assess safe staffing requirements for other members of the multidisciplinary team, although they may be covered in future NICE guidelines.
22. This guideline will not cover different service delivery models or components of these models, such as hospital level bed management.
23. This guideline will not cover nursing workforce planning or recruitment at network, regional or national levels.

Review questions

24. 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

At A&E departmental level

- What patient safety activities and outcomes are associated with staffing of the nursing team?
 - Is there evidence that demonstrates a minimum staffing threshold for safe nursing care?
 - Which outcomes should be used as indicators of safe staffing?
- What patient factors affect nursing staff requirements, at any point in time, at a local level? These include:
 - Patient acuity
 - Patient dependency
 - Patient risk factors, including social complexity and safeguarding
 - Patient triage score
 - Patient turnover
- What department level factors affect nursing staff requirements? These include:
 - Overcrowding
 - Department type
 - Department size, physical layout and intra-department compartmentalisation
 - Availability of other clinical disciplines, such as the ‘seven key specialties’ (i.e. critical care, acute medicine, imaging, laboratory services, paediatrics, orthopaedics and general surgery)
- What environmental factors affect safe nursing staff requirements? These include:
 - Local geography and demographics
 - Physical and temporal availability of alternative primary/minor care providers (e.g. on-site out of hours GP services)
 - Physical and temporal availability of alternative social care and mental health care services
 - Physical and temporal availability of appropriate in-patient wards for transfer
 - Availability of short-term medical assessment or clinical decision units
 - Availability of local NHS 111 or other telephone care line
- What staffing factors affect safe nursing staff requirements? These include:
 - Nursing experience, skill mix and specialisms
 - Division of activities and tasks between registered nurses, healthcare assistants, specialist nurses and other staff who are part of the A&E team
 - Availability of and care provided by other healthcare staff (e.g. emergency medicine consultants, anaesthetists and psychiatry)
- What department management factors affect nursing staff requirements? These include:
 - Nursing team management and administration approaches (e.g. shift patterns)
 - Models of care (e.g. rapid assessment and treatment)
 - Models of triage (e.g. who undertakes triage, who provides clinical advice)
 - Staff and student supervision and teaching
- What approaches for identifying safe nursing staff requirements and/or skill mix at a

department level, including tool kits, are effective and how frequently should they be used?

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

At organisational level

- What organisational factors influence safe nursing staff requirements at a local level? These include:
 - Management structures and approaches
 - Organisational culture
 - Organisational policies and procedures, including staff training

Outcomes to be considered

25. Box 2 shows examples of the outcomes that will be considered, evidence permitting. The evidence will be interrogated to determine any relationships between these outcomes and nursing staff requirements. Some of these outcomes may correspond to NICE quality standards, [Clinical Quality Indicators \(CQI\)](#) and/or the [NHS outcomes framework](#).

Box 2: Outcomes of interest ^a*Serious preventable events*

- Deaths attributable to problems with care received in A&E
- Serious, largely preventable safety incidents (also known as '[Never events](#)'), 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
- Serious untoward incidents

Delivery of nursing care

- Appropriate levels of family liaison
- Appropriate levels of patient chaperoning
- Drug omissions and other nursing staff-associated drug errors
- Patient falls
- Patients receiving assistance with activities, including missed care events such as help with eating, drinking, washing and other personal needs
- Time to analgesia
- Time to fluids
- Time to IV antibiotics
- Time to pain assessment
- Timeliness of scheduled observations and other clinical paperwork
- Timeliness of required investigations
- Timely completion of care bundles (e.g. Sepsis 6 bundle and TIA and Stroke bundle)

Reported feedback

- Patients and carers experience and satisfaction ratings related to the A&E, such as:
 - Complaints related to nursing care
 - Friends and family test (CQI 5)
 - Staff experience and satisfaction ratings

Other

- Ambulance wait
- Ambulatory care rate (CQI 1)
- Closure to admissions or ambulance diversions caused by staffing capacity
- Costs, including both care, staff and litigation costs
- Currency of relevant staff training
- Nursing vacancy rates
- Proportion of patients admitted from A&E
- Proportion of patients arriving by ambulance
- Proportion of patients in the department for more than 4 hours

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| <ul style="list-style-type: none">• Rate of patients leaving the department without being seen (CQI 4)• Staff clinical appraisal and statutory review rates• Staff retention and sickness rates• Time to initial assessment (CQI 6)• Total time in A&E (CQI 3) |
| ^a This is not a definitive list. Other outcomes may be included, depending on the evidence and the Committee's considerations |

Economic aspects

26. A review of the economic evidence will be undertaken. Scenario modelling will be carried out to determine the impact of different workload factors on nursing staff requirements and associated outcomes. The associated costs and benefits for these various scenarios will also be calculated.

Status of this document

27. This is the draft scope, released for consultation between 20 May 2014 and 17 June 2014. It will be discussed at a stakeholder meeting on 5 June 2014. The final version of the scope will be available on the NICE website by mid July 2014.

Related NICE guidelines

Published guidelines

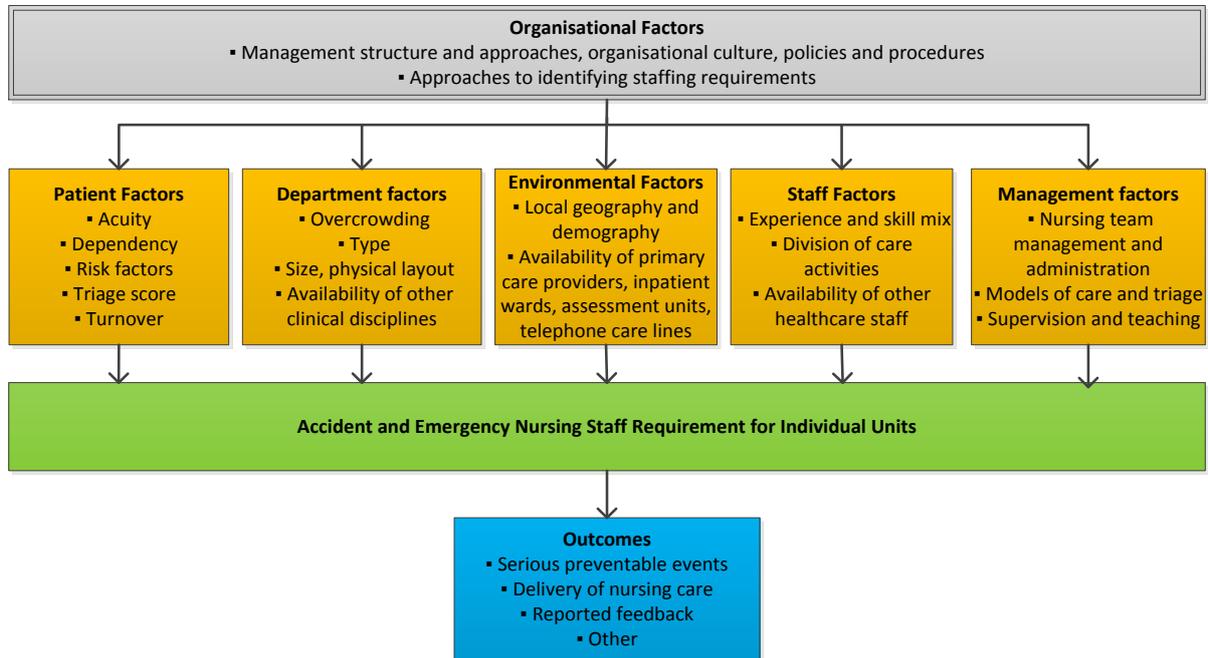
28. The following published guidelines and quality standards are related to this guideline on safe nursing staffing in A&Es.
- Myocardial infarction (CG48)
 - Head injury (CG176)
 - Feverish illness in children (CG160)
 - Acutely ill patients in hospital (CG50)
 - Bacterial meningitis and meningococcal septicaemia (CG102)

Guidelines under development

29. NICE is currently developing or updating the following related guidelines (details available from the [NICE website](#)):
- Major trauma services
 - Major trauma

- Complex fractures
- Spinal injury assessment
- Acute medical emergencies
- Acute heart failure
- Fractures

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



Appendix B. References

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

National Advisory Group on the Safety of Patients in England (2013) [A promise to learn – a commitment to act: improving the safety of patients in England](#). London: Department of Health

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)