NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Management and organisational approaches to safe nursing and midwifery 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 nursing and midwifery 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 has carried out an equality impact assessment during scoping. The assessment:

- lists equality issues identified, and how they have been addressed

- explains why any groups are excluded from the scope, if this was done.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

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

- board members (or equivalents for non-NHS organisations); these may include:
  - chief executives
  - chief nurses
  - directors or heads of nursing and midwifery
  - chief operating officers
  - human resources directors
  - finance directors
  - local authority cabinet members
  - local authority elected members
  - directors of operations or senior operations managers
  - non-executive directors
- commissioners
- senior managers
- nursing and midwifery managers.

1.2 Settings

Settings that will be covered

All settings in which care is received by NHS patients and people using NHS services from the nursing and midwifery team directly (including registered and non-registered nursing and midwifery support staff).This includes

inpatient and community setting, home settings, prisons and private facilities that provide NHS-funded care.

1.3 Activities, services or aspects of care

Key areas that will be covered

1 Management approaches (such as policies, procedures, systems and models) for supporting safe staffing for nursing and midwifery that apply to all nursing or midwifery staff across an organisation. Approaches might include:
   - policies and models for staff and team management, such as human resource policies (for example, flexible working, staff training, study leave, bullying and harassment), governance, assurance and risk assurance systems for safe staffing, models for involving nurses and midwives in senior team or board management decisions, development and competency programmes, and safety improvement programmes
   - models for handling information on NHS patients and people using NHS services
   - systems for managing workflow
   - workforce planning systems (for example, workforce profiling and monitoring), work allocation and rostering
   - policies and procedures for capacity and contingency planning policies and procedures
   - policies and procedures for managing the delivery of safe care, such as escalation and downgrading care procedures
   - systems for addressing risk to patient care posed by variation in demand for services, variation in patient or service user needs (including provision of specialised services) or deficits in nursing and midwifery staff levels
   - policies and procedures for managing nursing and midwifery vacancies and temporary staffing, and for supervision arrangements for temporary staff
   - policies and procedures for defining and implementing roles and responsibilities of people who manage nurses and midwives

- policies and procedures for defining and implementing roles and responsibilities of the board.

2   Organisational approaches (such as policies, procedures and models) for assessing and changing culture and leadership across an organisation. Approaches might include:

- organisational development and improvement programmes
- staff empowerment programmes
- leadership development and improvement programmes.

Areas that will not be covered

1   Approaches for supporting safe staffing for other staff groups (such as doctors, allied health professionals and administrative staff).

2   Approaches for supporting safe staffing for nursing and midwifery that do not apply throughout the organisation (for example, policies and procedures that are specific to certain wards, units, settings or teams). This is covered by other safe staffing guidelines.

3   Factors that influence the number and skill mix of nursing and midwifery staff, support workers and other non-registered nursing and midwifery staff needed at a ward, unit, setting or team level (for example, case mix; ward type, layout and size; availability of other staff and services). This is covered by other safe staffing guidelines.

4   Systems that are used to handle information on NHS patients and people using NHS services that are used by only some nursing and midwifery staff within an organisation (for example, cancer registries and cardiology information systems).

5   Approaches or toolkits for calculating the staffing establishment, or for assessing the number of staff needed on that day. This is covered by other safe staffing guidelines.

6   Ratios of NHS patients or people using NHS services to staff for specific types of wards, units, settings or teams. This is covered by other safe staffing guidelines.

7   National curriculum for student nurse training; supervision, preceptorship and continuing professional development for nurses and midwives.

8   Roles and responsibilities of nurses and midwives.

9   Models of care and service delivery, such as where a service should be located, what it should include, how quickly it should be delivered, what staff and equipment are needed to provide it, and procedures to ensure that high quality care is cost effective.

10   Nationally set terms and conditions, pay scales and remuneration.

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 and, if appropriate, a social care perspective.

1.5   *Key issues and questions*

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

Management approaches for supporting safe staffing for nursing and midwifery across an organisation

1   What staff and team management approaches are effective for supporting safe staffing across an organisation and how should they be implemented? For example:

–   What methods for assessing or changing management approaches are effective and how reliable and valid are they?

–   How often should the approaches be used?

–   How do these approaches influence the delivery of safe nursing and midwifery care?

Examples of management approaches include:

–   policies and models for staff and team management, such as human resource policies (for example, flexible working, staff training, study leave, bullying and harassment), governance, assurance and risk

assurance systems for safe staffing, models for involving nurses and midwives in senior team or board management decisions, development and competency programmes, and safety improvement programmes

− policies and procedures for defining and implementing roles and responsibilities of people who manage nurses and midwives

− policies and procedures for defining and implementing roles and responsibilities of the board.

2   What management systems are effective for supporting safe staffing across an organisation and how should they be implemented? For example:

− What methods for assessing or changing management systems are effective and how reliable and valid are they?

− How often should the approaches be used?

− How do these approaches influence the delivery of safe nursing and midwifery care?

Examples of management systems used across organisations include:

− models for handling information on NHS patients and people using NHS services (such as Patient Administration System [PAS], Central Booking Service [CBS])

− systems for managing workflow

− workforce planning systems (for example, workforce profiling and monitoring), work allocation and rostering.

3   What approaches for addressing risk to patient care posed by variation in demand for services, variation in patient or service user needs, or deficits in nursing and midwifery staff levels and skill mix across an organisation are effective? How should they be implemented? For example:

− What methods for assessing or changing approaches for addressing risk to patient care posed by variation in demand for services, variation in patient or service user needs, or deficits in nursing and midwifery staff levels and skill mix are effective and how reliable and valid are they?

- How often should the approaches be used?
- How do these approaches influence the delivery of safe nursing and midwifery care?

Examples of approaches for organisations include:
- capacity and contingency planning policies and procedures
- policies and procedures for managing the delivery of safe care, such as escalation and downgrading care procedures
- systems for addressing risk to patient care posed by variation in demand for services, variation in patient or service user needs (including provision of specialised services) or deficits in nursing and midwifery staff levels
- policies and procedures for managing nursing and midwifery vacancies and temporary staffing, supervision arrangements for temporary staff.

Organisational approaches for supporting safe staffing for nursing and midwifery throughout an organisation

4   What organisational approaches are effective for assessing and changing organisational culture and support safe staffing for nursing and midwifery across an organisation? How should these approaches be implemented? For example:
- What methods for assessing or changing organisational culture are effective and how reliable and valid are they?
- How often should the approaches be used?
- How do these approaches influence the delivery of safe nursing and midwifery care?

Examples of organisational approaches include:
- organisational development and improvement programmes
- staff empowerment programmes.

5   What organisational approaches are effective for assessing and changing organisational leadership and support safe staffing for nursing and midwifery across an organisation? How should these approaches be implemented? For example:

- What methods for assessing or changing organisational leadership are effective and how reliable and valid are they?
- How often should the approaches be used?
- How do these approaches influence the delivery of safe nursing and midwifery care?

  Examples of organisational approaches include:
- leadership development and improvement programmes.

1.6   Main outcomes

Examples of the main outcomes that will be considered when searching for and assessing the evidence are:

1   Organisational culture:
- attitudes of patients and staff
- bullying of patients and staff
- staff morale
- openness and transparency
- standards of care
- staff engagement.

2   Safety events:
- deaths and serious untoward incidents attributable to problems with the delivery of care
- serious largely preventable patient safety incidents that should not have occurred if available preventative measures had been implemented (also known as 'never events') – for example, entrapment in bedrails, and failure to monitor and respond to oxygen saturation
- occurrence of red flag events
- other safety outcomes – for example, violence and aggression, falls, pressure ulcers, infection, use of restrictive interventions and medication administration errors.

3   Delivery of care:
- length of stay
- readmission rates

- completing observations and clinical documentation
- missed care or unmet need.

4   Experience and feedback:
- patient or carer experience and satisfaction
- staff experience and satisfaction
- complaints.

5   Other:
- staff absenteeism
- nursing and midwifery staff leaver rates
- nursing and midwifery staff vacancies
- spend on bank and agency staff
- unpaid overtime
- missed breaks
- litigation
- resource use and costs
- number of disciplinary proceedings.

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 management and organisational approaches to safe staffing:

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

- [Safe staffing for nursing in adult inpatient wards in acute hospitals](#) (2014) NICE guideline SG1
- [Safe midwifery staffing for maternity settings](#) (2015) NICE guideline NG4

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 A&E departments.](#) Publication expected May 2015.
- [Workplace policy and management practices to improve the health and wellbeing of employees.](#) Publication expected June 2015.
- [Safe staffing for nursing in inpatient mental health settings](#). Publication expected October 2015.
- [Safe staffing for nursing in community care settings for over 18s](#). Publication expected February 2016.
- [Safe staffing for nursing in community mental health settings.](#) Publication expected May 2016.
- [Service delivery and organisation for acute medical emergencies](#). Publication expected November 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.

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

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

# 3	Context

## *3.1	Key facts and figures*

NICE has developed and is continuing to develop a range of safe staffing guidelines that are aimed at specific services and settings within organisations providing care to NHS patients and people using NHS services. There is also a need for a guideline that focuses on management and organisational approaches to support safe staffing for nursing and midwifery that are relevant across the range of settings and staffing groups included in the safe staffing programme of work.

## *3.2	Current practice*

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

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

Leadership has been identified as the most influential factor in shaping organisational culture (King's Fund 2014). The 2014 King's Fund survey on culture and leadership in the NHS revealed that staff views of leadership in the NHS have improved over time, but most staff still believe that leadership is poor or very poor. The survey also revealed a difference in staff views about their organisational culture – board executives were more positive about the

organisational culture than other staff, particularly nurses. Importantly, only 40% of responders agreed that concerns would be dealt with properly. Therefore, there is still a long way to go towards achieving services with organisational cultures that nurture safe, high-quality and compassionate care.

In 2012, the NHS Leadership Academy was set up to help to develop outstanding NHS leaders and drive improvements in patient care.

3.3   Policy, legislation, regulation and commissioning

Policy

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

- Department of Health (2015) Culture change in the NHS: applying the lessons of the Francis Inquiries
- 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
- Department of Health (2011) NHS staff management and health service quality

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

- The King's Fund (2015) Leadership and leadership development in health care: the evidence base
- The King's Fund (2014) Developing collective leadership for healthcare
- The King's Fund (2013) Patient-centred leadership: rediscovering our purpose
- The King's Fund (2012) Leadership and engagement for improvement in the NHS: together we can

- The King's Fund (2011) [The future of leadership and management in the NHS: no more heroes](#)

Legislation, regulation and guidance

- [The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014](#): Sets out fundamental standards of care which CQC will inspect and regulate, such as requirements for staffing, safe care and treatment, good governance, receiving and acting on complaints, duty of candour, fit and proper persons test for directors.
- The [NHS Constitution](#) was updated in 2015 and includes an expectation that staff will raise concerns and that their employers will support them, and by providing greater clarity about how the law protects them
- [Quality reports](#): NHS foundation trusts must include a report on the quality of care they provide in their annual report to improve public accountability.

4   Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

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.