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 staffing for nursing in accident and emergency departments (A&Es) – also known as emergency departments.

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 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).

5. The need for a review of staffing specifically in A&E settings has been highlighted by NHS England (2013) in its report 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 needs to be reviewed, including the following.

   - Factors affecting attendance rates and patterns that determine patient volumes and case mix:
     - Local demographics and temporal variations.
     - Initiatives to manage patient flow and demand in the community.
     - Changing population use of primary care and out-of-hours services.

- Factors affecting initial and ongoing assessment and care delivery within the A&E department:
  - Reconfiguration of A&E services at national and local levels.
  - Variation between A&Es in the number of attendances dealt with per nurse whole time equivalent.
  - Increasing use of technology in general working of A&E departments and in treatment therapies.
- Factors affecting transfer out or discharge from A&E:
  - Availability of hospital beds.
  - Availability of community-based care and support.

7. This NICE guideline will make recommendations on safe staffing for nursing in A&E departments, based on the best available evidence. It will take into account factors that influence arrival at and transfer out and discharge from A&E, but these will not be the focus of the guideline. It will also identify the indicators that should be used to provide information on whether safe care is being provided.

8. The guideline will not set a single ratio for nursing staff to patients. Any staffing decision support toolkits to determine nursing staff requirements in an A&E setting will be assessed against the guideline recommendations. NICE will offer a separate endorsement process for any tools that meet 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 staffing for nursing in A&Es 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. It will also be relevant to those responsible for services affecting attendance into and transfer out and discharge from A&E.

12. The guideline will also be of interest to patients, carers and other members of the public and to people involved in developing staffing decision support toolkits and resources for assessing and determining safe nursing staff requirements.

What the guideline will cover

13. This guideline will cover registered nurse and healthcare assistant staffing requirements. It will also cover registered nurses with specialist skills (such as registered mental health and registered children's nurses) who are members of the A&E nursing staff establishment.

14. The guideline will cover all nursing care provided to adults and children in all secondary care type 1 A&E departments in hospitals. This includes all departments that are a consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients.

15. The guideline will consider a range of patient, environmental and staffing factors that may impact on safe nursing staff requirements at the A&E department level. This will include:

    - Factors affecting nursing staff requirements arising from attendance rates and patterns, including likely patient volumes and case mix.
    - Factors affecting nursing staff requirements in relation to initial and ongoing assessment and care delivery within the A&E department, such as
        - Patient factors, for example: acuity (how ill the patient is); dependency (level of dependency on nursing care); availability of patient support (family, carers, relatives); patient turnover; psychosocial complexity of patients.
        - Environmental factors, for example: department type (such as whether it is a major trauma centre); department size and physical layout; ease of access to key specialties such as imaging; the existence of separate triage units or paediatric units and their physical proximity to the main A&E area.
        - Staffing factors, for example: the division and balance of tasks between registered nurses and healthcare assistants; experience, skill mix and specialisms; proportion of temporary nursing staff; availability of care and services provided by other healthcare staff; management factors, such as management and administrative approaches and teaching and supervision arrangements.

- Factors affecting nursing staff requirements in relation to patient transfer out or discharge from A&E that determine likely time spent in A&E, such as:
  - Patient dependency and acuity and the availability of support for patients (for example, support from social services and from family, relatives and/or carers).
  - Environmental factors that affect the transfer of patients back into the community (such as availability of support from social services) and the ability to transfer patients out of A&E to other parts of the hospital.
  - Staffing factors such as nursing staff transfer duties.

16. This guideline will also cover the role of organisational factors that support safe nursing staff requirements at a department level, such as: the physical availability of inpatient beds to transfer patients out of A&E to other parts of the hospital; crowding (such as bed occupancy level resulting in overfull A&E waiting areas); organisational culture, policies and procedures; management structure and approaches.

17. See appendix A for a diagram summarising these elements of the scope and their relationship.

What the guideline will not cover

18. This guideline will not cover A&E-related service design or reconfiguration, or different service delivery models or components of these models such as hospital-level bed management.

19. This guideline will not make recommendations on how to alter factors influencing A&E attendance, transfer out and discharge; for example, the availability of primary care or minor care services in the community that provide an alternative to A&E and therefore influence attendance. It will, however, recommend how these should be taken into account in planning nursing staff requirements within A&E departments.

20. While we acknowledge the importance of multidisciplinary teams in ensuring safe care, this guideline will not attempt to assess safe staffing requirements for other members of the multidisciplinary team in A&E departments. This includes emergency nurse practitioners (ENP) or advanced nurse practitioners (ANP). However, the guideline will consider how the availability of other multidisciplinary team members affects nursing staff requirements in A&E departments.

21. The evidence used to inform the development of the guideline will not cover type 2 and 3 A&E departments which comprise single specialty A&E services (for example, ophthalmology, dental), or other types of urgent care units such as walk-in centres and minor injury units, which may treat minor injuries and

illnesses but are not consultant-led. However, the recommendations may be relevant to those settings.

22. Other hospital departments, such as intensive care units, surgery departments, clinical decision units and acute medical assessment/admission units will not be covered by this guideline.

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 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 outcomes are associated with safe staffing of the nursing team?
  - Is there evidence that demonstrates a relationship between nursing staff numbers and increased risk of harm?
  - Which outcomes should be used as indicators of safe staffing?

- What patient factors affect nursing staff requirements as patients progress through an A&E department (attendance and initial assessment, ongoing assessment and care delivery, discharge)? These include:
  - Patient case mix and volume, determined by, for example, local demographics and seasonal variation, or trends in attendance rates (such as bank holidays, local or national events, and the out-of-hours period)
  - Patient acuity such as how ill the patient is, their increased risk of clinical deterioration and how complex and time consuming the care they need is
  - Patient dependency
  - Patient risk factors, including psychosocial complexity and safeguarding
  - Patient support (that is, family, relatives, carers)
  - Patient triage score
  - Patient turnover

- What environmental factors affect nursing staff requirements as patients progress through A&E (attendance and initial assessment, ongoing assessment and care delivery, discharge)? These include:
  - Availability and physical proximity of other separate units (such as for triage) or clinical specialties, such as the 'seven key specialties' (that is, critical care, acute medicine, imaging, laboratory services, paediatrics, orthopaedics and general surgery), and other services such as social care
  - Department size and physical layout
  - Department type (for example, whether it is a major trauma centre)

- What staffing factors affect nursing staff requirements as patients progress through an

A&E department (attendance and initial assessment, ongoing assessment and care delivery, discharge)? These include:

  - Availability of, and care and services provided by other multidisciplinary team members such as emergency medicine consultants, anaesthetists, psychiatrists, pharmacists, social workers, paramedics and advanced nurse practitioners and emergency nurse practitioners who are not part of the core A&E nursing establishment
  - Division of activities and balance of tasks between registered nurses, healthcare assistants, specialist nurses and other healthcare staff who are part of the A&E team
  - Models of nursing care (for example, triage, rapid assessment and treatment)
  - Nursing experience, skill mix and specialisms
  - Nursing staff transfer duties within the hospital and to external specialist units
  - Nursing team management and administration approaches (for example, shift patterns) and non-clinical arrangements
  - Proportion of temporary nursing staff (for example, bank and agency)
  - Staff and student supervision and teaching

- What approaches for identifying nursing staff requirements and/or skill mix, including toolkits, 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 nursing staff requirements at a departmental level? These include:
  - Availability of other units or assessment models such as short-term medical assessment or clinical decision units, ambulatory care facilities or a general practitioner working within the hospital
  - Crowding (for example, local factors influencing bed occupancy levels and attendance rates such as changes in usual climate temperatures which results in over-full A&E or wards)
  - Organisational management structures and approaches
  - Organisational culture
  - Organisational policies and procedures, including staff training
  - Physical availability of inpatient wards or specialist units to transfer patients out of A&E to other parts of the hospital

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
- Appropriate drug delivery or drug omissions and other nursing staff-associated drug errors
- Patients receiving assistance with activities, including missed care events such as help with eating, drinking, washing and other personal needs
- Addressing the needs of patients with disabilities
- Assessment of care needs, monitoring and record keeping
- 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 (for example, Sepsis 6 bundle and TIA and Stroke bundle)
- Cared for by a nurse with appropriate competence
- Assigned appropriate triage category
- Completion of safeguarding duties

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 care, staff and litigation costs
- Currency of relevant staff training
- Nursing vacancy rates
- Patient falls

• Proportion of patients admitted from A&E • Proportion of patients in the department for more than 4 hours • 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) • Other staffing-related outcomes
[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 final scope.

Related NICE guidelines

Published guidelines

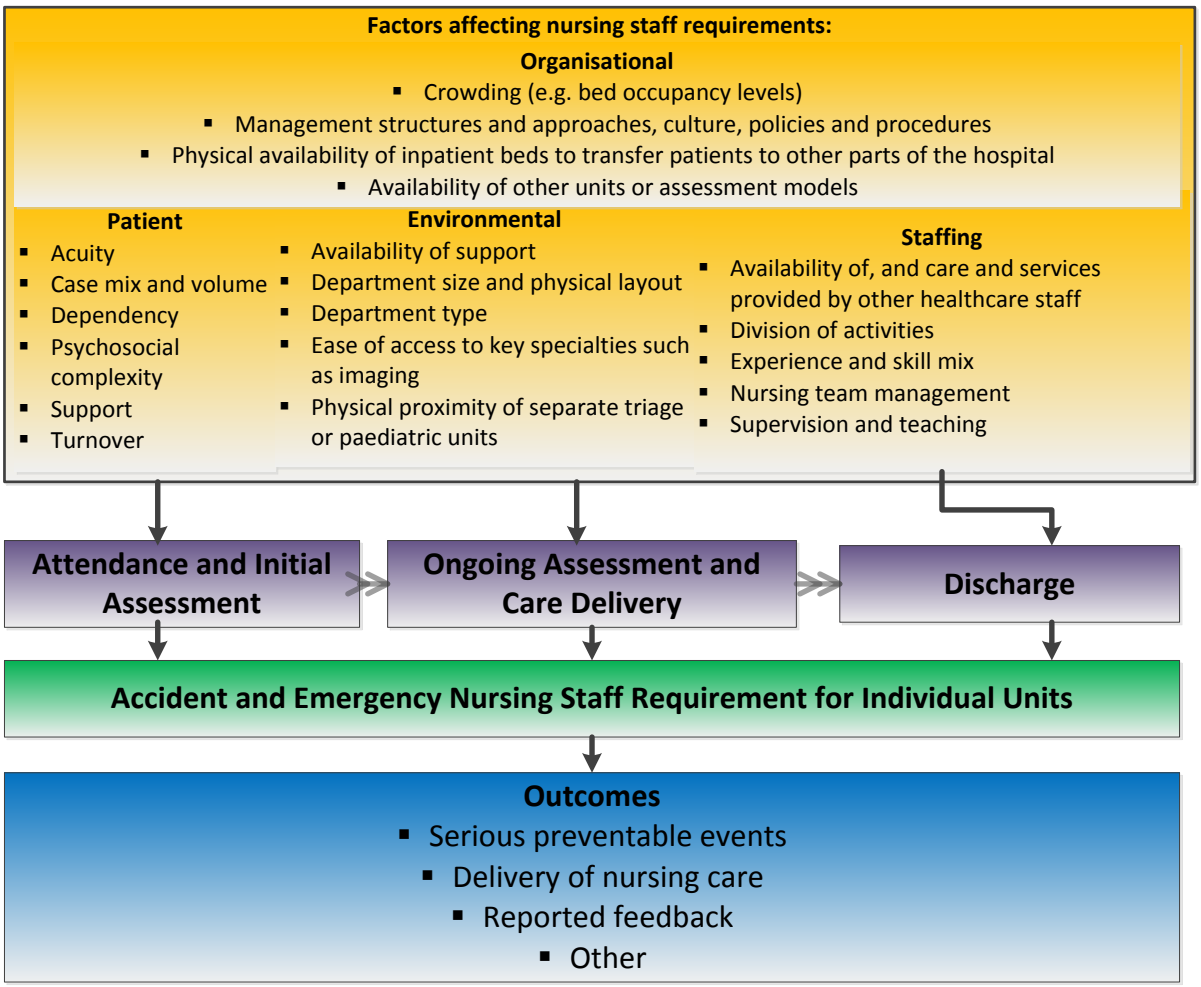
28. Many NICE clinical guidelines are related to this guideline on safe staffing for nursing in A&Es. Please see the NICE website.

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
    - Acute medical emergencies

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

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NHS England (2013) The never events list; 2013/14 update (accessed 23 December 2013)

NHS England (2013) Everyone Counts: Planning for Patients 2013/14 Technical Definitions