

NICE guidelines

# **Safe staffing for nursing in adult inpatient wards in acute hospitals**

## **Frequently asked questions**

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[www.nice.org.uk/guidance/SG1](http://www.nice.org.uk/guidance/SG1)

## **General queries regarding the safe staffing guidelines programme**

### **1 *What is this programme of work intended to cover?***

This NICE work programme aims to produce best practice guidelines making evidence-based recommendations for safe staffing for particular settings or staffing groups. NICE staffing guidelines cover health and care in [England](#). Decisions on how the guideline recommendations apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

### **2 *What is this programme of work not intended to cover?***

This programme of work is not intended to make recommendations on workforce planning, which is outside NICE's remit and is the focus of work of other national organisations. The NICE safe staffing guidelines focus on existing models of service or care delivery rather than potential new service design or configuration, although these may be the focus of future guidelines.

### **3 *Who decides what are covered by the safe staffing guidelines?***

NICE produces guidelines based on the topics referred by the Department of Health and NHS England. See the [NICE website](#) for the full list of topics that have been referred.

### **4 *Why are the guidelines only looking at individual staff groups and not the multidisciplinary care teams?***

The current referral for staffing guidelines asks NICE to focus on nursing and maternity staffing and to consider the wider context of other workforce groups, along with the importance of the multidisciplinary team. For each guideline topic a scope is prepared which reflects the referral and outlines what will and will not be included in the guideline.

### **5 *How are the recommendations made?***

NICE has established an independent advisory committee – the Safe Staffing Advisory Committee – to consider the evidence and develop the recommendations.

Further details on developing NICE safe staffing guidelines and the Safe Staffing Advisory Committee can be found on the [NICE website](#).

## **6 *Are the recommendations mandatory?***

As with all NICE guidelines, the safe staffing guidelines are not mandatory, but it is desirable to follow all the recommendations. The NHS is obliged to have regard to them in planning and service delivery as part of a general duty to deliver high-quality care that meets patients' needs.

Recommendations for actions that should (or should not) be taken use directive language such as 'agree', 'assess', 'calculate', 'ensure procedures are in place', 'record' or 'take'. Recommendations for which the quality of the evidence is poorer, or where there is a closer balance between benefits and harms (factors that could be used or actions that could be taken), use 'consider'.

## **Queries regarding safe nurse staffing of adult wards in acute hospitals guideline**

### **7 *What does the first staffing guideline cover?***

This [guideline](#) covers safe staffing for nursing in adult inpatient wards in acute hospitals. It recommends a systematic approach to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week.

The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing. It also makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet the nursing needs of patients on the ward.

### **8 *Who are these recommendations for?***

This guideline is aimed at healthcare boards, hospital managers, ward managers, healthcare professionals and commissioners who are responsible and accountable for staffing for nursing in adult inpatient wards in acute hospitals.

For ease of use, the recommendations are intended to be brief and action orientated. [Appendix 1](#) of the guideline (on the NICE website) gives a detailed description of how the Committee developed the recommendations. Further support from NICE to help implement the recommendations is also available on the NICE website.

## **9 *How were the recommendations in this guideline developed?***

This guideline was developed using NICE's draft unified guideline process manual. In brief, a scope for the guideline was developed and used to set the review questions of the evidence reviews. A separate economic analysis was undertaken. This evidence together with the other reports listed in section 2 of the [guideline](#) were considered. Details of the Committee's considerations are documented in the evidence to recommendations tables presented in [appendix 1](#) of the guideline.

## **10 *What do you mean by adult inpatient wards in acute hospitals?***

Adult inpatient wards are wards that provide overnight care for adult patients in acute hospitals. This excludes intensive care, high dependency, maternity, mental health, acute admission or assessment units or wards, or inpatient wards in community hospitals. These topics may be covered in future guidelines.

The content of the first safe staffing guideline may also be applied to other healthcare settings.

## **11 *Why isn't NICE recommending a nurse to patient ratio?***

The Safe Staffing Advisory Committee reviewed the best available evidence and concluded there is no single nursing staff to patient ratio that can be safely applied across the wide range of acute adult in-patient wards in the NHS. This is because there is considerable variation in the nursing needs of different patients across different wards and at different times as demonstrated by the real-life data that were examined in the economic analysis and field testing reports.

Having a single recommended nurse to patient ratio would not allow for all the nursing care needs of patients to be adequately accounted for. This guideline recommends the factors that need to be systematically assessed at ward level when

determining nursing staff requirements, with the nursing care needs of individual patients being the main driver.

### **12 *Why are nursing hours per patient being recommended rather than number of nurses present or nurse to patient ratios?***

The recommendations say that nursing hours per patient could be used as a measurement to express nursing staff requirements (rather than a recommendation for a specific decision supporting toolkit). It represents the number of hours of nursing time (for both direct patient care and other nursing activities) provided by registered nurses and healthcare assistants per patient over a defined period. Nursing hours per patient is a common denominator that allows more accurate representation of the available staff capacity. It allows nursing staff requirements to be determined from the starting point of the nursing needs of individual patients on each ward. It also enables different shift durations of the nursing staff on a particular ward to be more easily accounted for.

### **13 *The guidance states that if each nurse is caring for more than 8 patients this increases harm, so should that not be a minimum ratio?***

The Safe Staffing Advisory Committee recognised that there was evidence to show that if each registered nurse is caring for more than 8 patients, there is an increased risk of serious harm. The Safe Staffing Advisory Committee's consideration of this evidence led to the development of recommendation 1.5.3. This recommends that in situations where a registered nurse is caring for more than 8 patients during day shifts, it is important to check whether patient needs are being adequately met by looking at nursing red flag events and safe nursing indicator results. The number of available nursing staff should be adjusted if necessary.

Situations in which a registered nurse is regularly caring for 8 or more patients during day shifts should therefore be treated as a signal that the delivery of safe care may be at risk, and not as a minimum nurse to patient ratio. In some cases a registered nurse caring for more than 8 patients during day shifts may be safe, but in many situations, the care needs of patients, as determined by following the

recommendations in the guideline will require registered nurses to care for fewer than 8 patients.

#### **14 *How much will this cost?***

The current national cost for nursing staff in acute wards is estimated at around £4 billion. Implementing the NICE guideline is unlikely to have significant financial impact in many trusts, as they may simply need to adapt their processes to work out where nursing staff should be at any given time. Nor will any financial impact be felt in a one year period. Many trusts are already rolling out planned staffing changes as a result of the Francis enquiry, which will spread the cost across a number of financial years. The expected increased training numbers for nursing staff will also see a gradual increase between now and 2017.

Precise estimates of the cost of the guideline nationally are very difficult to produce because of local variation and because changes are already being made. The important estimates are those that will be made by individual hospitals. In addition, over time, the savings from safer care will be significant and may even match or exceed the upfront cost. For instance, reducing the number of infections patients get after surgery could save up to £700 million a year alone. For every fall avoided because a nurse was available to help a patient to the bathroom another £1,400 is saved.

#### **15 *How is this guideline intended to be used in practice?***

The guideline is intended to provide practical recommendations that will support local decisions at ward and team level. Because of the complicated array of factors that determine safe nurse staffing requirements, we recognise that successful implementation of the recommendations could be helped by using decision support toolkits. The guideline recommendations therefore also provide a specification for the content of decision support toolkits to help determine safe nursing staff requirements.

NICE will offer an endorsement process to assess whether submitted decision support toolkits for informing nursing staff requirements comply with the guideline recommendations. An endorsement mark, which is a seal of approval, will be

awarded to toolkits that meet the endorsement criteria. Work has already begun with the endorsement of decision support toolkits for this guideline. Further information about the NICE endorsement programme, including details on the endorsement assessment process, endorsement assessment results and the review process for endorsed decision support toolkits can be found on the [NICE website](#).

### **16 *Why are there recommendations to collect more data on wards?***

The Safe Staffing Advisory Committee was clear that although much attention is placed on the required number of nursing staff, what is most important, especially to patients, is that their needs are met and that safe care is being provided. It is therefore crucial to collect data regularly to assess this and to inform future local decisions. The Safe Staffing Advisory Committee also acknowledged that more data from the UK would help inform the future review and update of this guideline.

The red flag events have intentionally been designed to be reported only when they occur, so as to reduce the burden of data collection. The safe nursing indicators have been selected based on evidence showing a strong relationship to the number of available nursing staff and also because many of them are already routinely collected as part of other required datasets. Coordination of the data from these various data sets will be necessary to enable analysis in order to assess the safety of the nursing care that is provided.

### **17 *How do we expect that the nursing red flags and the safe nursing indicators will help patients get the nursing care they need?***

The guideline recommends that organisations should have a system in place for red flags to be reported by any member of the nursing team, patients, relatives or carers. It then details what action should be taken immediately to address the problem. Whilst this could involve the need from additional staff, it may also be possible to deal with the nursing red flag event within the ward in question.

The safe nursing indicators should also help focus the nursing team on outcomes that matter to patients including pain management, communication and prevention of adverse events. The guideline recommends that there should be regular reviews of

the red flag events and safe nursing indicators in order make any amendments to the ward nursing staff establishment.

### **18 *What is new or different about this NICE guideline over existing guidelines for nursing staff?***

This guideline differs from the existing guidelines developed by other organisations because it was developed using the most extensive systematic review of the published literature on this subject that has been undertaken to date. The quality of the evidence was appraised by an academic institution with expertise in this subject. Furthermore, an economic analysis was also commissioned to support the development of this guideline.

This evidence was considered by an independent advisory committee of experts in the field who represent a wide range of healthcare professionals and lay members. The draft guideline was then subject to field testing, and to a public consultation in which relevant stakeholders and individuals were able to provide significant feedback. All the feedback was reviewed and considered by the Safe Staffing Advisory Committee and final revisions to the guideline were undertaken before publication.

### **19 *When will the guideline be updated?***

The usual process for updating NICE guidelines will apply to this guideline. After 2 years, a search to identify if any relevant new evidence is available will be undertaken and used to decide if the process of updating the guideline should be started at this point.



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