Validating the Safer Nursing Care Tool for setting nurse staffing levels in four NHS Trusts

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Background

Deciding on adequate nurse staffing levels to ensure patient safety is a complex issue and has been addressed by a large body of tools. However, evidence that these tools generate staffing levels matching patient needs on particular days has been lacking. The Safer Nursing Care Tool (SNCT) is a NICE-endorsed tool for setting the number of staff to employ (the establishment) on a ward. It is being increasingly used for on-the-day deployment and redeployment in addition to its original purpose. It involves categorising patients according to their acuity and dependency once a day and from this calculating the average daily staffing requirement. Until now, as for other tools, the appropriateness of setting staffing levels according to the SNCT has not been verified. In particular, it is unknown how patient needs vary over time and hence the suitability of using particular sample lengths and timings.

Our objectives are firstly showing the extent to which SNCT staffing requirements vary within a day and between days and secondly validating the tool against nurses' perceived staffing adequacy.

Methods

The following data were collected at least daily for 1 year for each general adult inpatient ward in four NHS Trusts: perceived staffing adequacy questions, SNCT ratings, actual staffing (both permanent and temporary staff), total patient counts, and admission, discharge and transfer data. Firstly we provide descriptive analysis of the SNCT requirement in different wards, focussing on how it varies within days and between days. Secondly we present multi-level models (nested at the ward level) to investigate whether staffing adequacy according to the SNCT predicts perceived staffing adequacy. We will look at different measures of perceived staffing adequacy and assess the impact of additional factors on this relationship.

Results

We present results showing the variation in the SNCT staffing requirement within and between days for different wards. A series of multi-level models are presented, allowing us to start to draw conclusions about the validity of the tool compared to perceived staffing adequacy.

Implications

Since the SNCT is widely-used in the NHS, our findings have implications as to whether it is appropriate to use the tool in its current form for daily staffing level decisions, or whether there are other factors that need to be taken into account.