Evidence Review- Safe Caseloads in District and Community Nursing

Call for grey literature and unpublished evidence

Dear Colleague

The England Centre for Practice Development is currently conducting an evidence review commissioned by NHS Improvement (NHSI) into Safe Caseloads for district and community nurses in community and primary care settings to follow on from the NICE report (July 2015) titled “Safe staffing for adult nursing care in community settings”. The review draws on evidence of associations between non-nursing groups and outcomes. The last review did not take account of grey literature and unpublished evidence that might be helpful in developing some national principles that would guide workforce planning for the future.

If you have any unpublished evidence that you would like to share with the team, please would you email this by 30th September to:

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Review Questions and Methods:

An evidence review will be conducted to identify, assess and synthesize the available evidence. Questions to be explored include:

1. How is the concept of safety when applied to nursing caseloads defined in the literature?
2. What gaps and challenges have been identified in managing staff reductions and gaps in the workforce?
3. What lessons can be learned from other fields of practice outside of nursing and applied to create new insights and approaches to calculating safe nursing caseloads?
4. What new approaches for assessing and determining safe nursing caseloads and/or skill

1 Includes reference to Allied Health Professionals and Health Care Assistants in DN Teams, and other services such as Marie Curie and Hospice at Home services, rehabilitation services and rapid response.
mix, including toolkits, have been published and how often they should be used?

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

5. What outcomes are associated with safe nursing caseloads and staffing for adult nursing care in community settings?

5.1 Do nursing staffing levels, ratios of nursing staff per head of the population, average or minimum caseloads or skill mix affect outcomes?

5.2 Do dashboard metrics provide useful measures that systemically evidence changes and improvements in safe nursing caseloads and staffing?

5.3 What outcomes should be used as indicators of safe nursing caseloads and staffing?

6 What care activities should be considered when determining safe nursing caseloads and staffing requirements for adults in community settings?

6.1 What activities are currently carried out by nursing staff?

6.2 Do the activities carried out by registered nurses and non-registered nursing support staff (such as healthcare assistants, healthcare support workers and nursing assistants) differ?

6.3 How much time is needed for each activity, and does this differ according to the setting in which care is delivered (for example, a person’s home or a community clinic)?

6.4 Are activities that are carried out by nursing staff associated with outcomes?

7 What patient/service user/carer factors, staffing and environmental factors affect safe nursing caseloads and staff requirements for adults in community settings?

8 What organisational factors affect safe nursing caseloads and staff requirements for adults in community settings at a team or service level?

Timeframe for Completion of the evidence review 30th October 2016

Thank you for your time and support