NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Safe staffing for nursing in inpatient mental health settings

Topic

The Department of Health in England and NHS England have asked NICE to develop an evidence-based guideline on safe staffing for nursing in inpatient mental health settings.

Who the guideline is for

This guideline is primarily for NHS provider organisations or other organisations that provide or commission inpatient mental health services for the NHS.

Who should take action:

- healthcare boards
- hospital and unit managers
- healthcare professionals
- NHS providers and commissioners.

It will also be of interest for:

- people using services, their families and carers, and other members of the public
- people developing decision support toolkits and resources for assessing and determining safe staffing for nursing in inpatient mental health settings.

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 will carry out an equality impact assessment during scoping. The assessment will:

- list equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope, if this is done.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

Nursing staff who are part of the nursing establishment in inpatient mental health settings. This includes:

- registered nurses
- non-registered nursing staff such as healthcare assistants or assistant practitioners.

The nursing establishment is defined as the number of registered and non-registered nursing staff posts funded to work in a particular ward, department or hospital.

Groups that will not be covered

Nursing staff and other multidisciplinary team members who are not part of the nursing establishment in inpatient mental health settings. This may include:

- registered nurses, such as:
  - matrons
  - advanced nurse practitioners such as senior or specialist mental health nurse practitioners
  - psychiatric liaison nurses (including discharge nurses)
  - general adult nurses

  - nurses working only in the community as part of the crisis resolution and home treatment team
  - nurses who are responsible for the transition between paediatric and adult services.
- non-nursing staff, such as:
  - graduate mental health workers
  - support, time and recovery (STR) workers
  - increasing access to psychological therapies (IAPT) therapists.

1.2 Settings

Settings that will be covered

- Adult and older adult inpatient mental health settings. This includes:
  - psychiatric intensive care units (PICUs)
  - acute wards
  - designated section 136 units or places of safety that are staffed by the nursing establishment of inpatient mental health settings
  - rehabilitation units
  - low and medium secure units.
- Tier 4 child and adolescent mental health service (CAMHS) inpatient settings.

Settings that will not be covered

- Mental health services provided in community settings such as:
  - crisis resolution and home treatments
  - supported housing
  - outpatient care
  - acute day care (which is independent of inpatient mental health acute wards with care provided by staff from a different nursing establishment)
  - voluntary care and support groups
  - prisons
  - local authority organisations (for example, schools).
- Other acute wards and settings that are not specific to mental health (for example, accident and emergency departments).

- Other inpatient mental health settings such as:
  - triage wards
  - specialist units such as those for substance use and detoxification, eating disorders and for mothers and babies
  - residential care
  - high secure units.

Although the guideline will not specifically cover these settings, the recommendations may be relevant to these settings.

1.3 Activities, services or aspects of care

Key areas that will be covered

The guideline will cover minimum numbers of nursing staff and the skill mix needed to deliver safe care in inpatient mental health settings. To achieve this the following key areas will be covered:

1 Service user outcomes and indicators associated with safe staffing for nursing in inpatient mental health settings. These may include the nurse-to-service user ratio, the minimum number of nurses and the skill mix needed to deliver safe care.

2 Factors affecting safe staffing for nursing in inpatient mental health settings. These include:
  - service user factors, for example: case mix and volume (including whether service users are voluntary or compulsory attendees), acuity (how ill the person is), comorbid conditions, medication use, treatment, risk of crisis including self-harm, risk of violence, turnover (how quickly service users are admitted and discharged from inpatient mental health services), availability of support (family or carers) and level of dependency on nursing care
  - environmental factors, for example: ward type, size and physical layout, access to outside areas, ease of access to key specialties and the existence of other teams (such as crisis teams and acute day units) and how near they are to the ward

- staff factors, for example: the division and balance of tasks between registered and non-registered nursing staff; staff mix (including the balance of skills, proportion of temporary staff and proportion of male and female staff); staff turnover; availability of and care and services provided by other multidisciplinary team members; management and administrative factors; and staff and student teaching and supervision arrangements.

3 Organisational factors affecting safe staffing for nursing at a ward level. These include:
   - organisational management structures and approaches
   - organisational culture
   - organisational policies and procedures, including those for staff training, preventing self-harm and 'blanket rules' (these are written or unwritten rules that are applied to everyone at the service and are generally inflexible; an example of this may be the use of mobile phones).
4 Nursing care activities that should be considered when determining safe staffing for nursing in inpatient mental health settings.
5 Approaches and toolkits that help assess and determine safe staffing requirements for nursing and how often these should be used.

See appendix A for a diagram summarising the main areas covered by the scope and their relationship.

Areas that will not be covered

1 Service design or reconfiguration, and different service delivery models or components of these models, such as hospital-level bed management. (The guideline focuses on the safe staffing for nursing needed to implement the different models of care used in clinical practice.)
2 Safe staffing for other members of the multidisciplinary team in inpatient mental health settings (for example, psychiatrists and psychologists). However, the guideline will consider how the availability of other multidisciplinary team members affects safe staffing for nursing in inpatient mental health settings.

3 The effectiveness of:
   - different groups of healthcare professionals in delivering care
   - different treatment and management strategies and interventions (such as seclusion)
   - inpatient care compared with community care.

   These areas may be covered by other NICE guidelines.

4 Workforce planning and recruitment at network, regional or national levels.

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 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, as appropriate.

1.5 Review questions

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

1 What service user outcomes are associated with safe staffing for nursing in inpatient mental health settings?
   - Is there evidence of a relationship between nursing staff levels or skill mix and increased risk of harm?
   - Do nursing staff levels or staff-to-service user ratios impact on outcomes?
   - Which outcomes should be used as indicators of safe staffing?

2 What service user factors affect nursing staff requirements in inpatient mental health settings? These might include:
   - case mix and volume (including whether service users are voluntary or compulsory attendees)
   - acuity (how ill the person is)
   - comorbid conditions

- medication use
- treatment
- risk of crisis including self-harm
- risk of violence
- turnover (how quickly service users are admitted and discharged from inpatient mental health services)
- availability of support (family or carers) and
- level of dependency on nursing care.

3 What environmental factors affect nursing staff requirements in inpatient mental health settings? These might include:

- ward type, size and physical layout
- access to outside areas
- ease of access to key specialties and the existence of other teams (such as crisis teams and acute day units) and how near they are to the ward.

4 What staffing factors affect nursing staff requirements in inpatient mental health settings? These might include:

- the division and balance of tasks between registered and non-registered nursing staff
- staff mix (including the balance of skills, proportion of temporary staff and proportion of male and female staff);
- staff turnover
- availability of and care and services provided by other multidisciplinary team members
- management and administrative factors
- staff and student teaching and supervision arrangements.

5 What organisational factors at a ward level influence nursing staff requirements in inpatient mental health settings? These might include:

- organisational management structures and approaches
- organisational culture
- organisational policies and procedures, including those for staff training, preventing self-harm and ‘blanket rules’ (these are written or unwritten rules that are applied to everyone at the service and are

generally inflexible; an example of this may be the use of mobile phones).

6 What core nursing care activities should be considered when determining nursing staff requirements in inpatient mental health settings?
   - What key activities are currently carried out by nursing staff?
   - Do the activities carried out by registered nurses and non-registered nursing staff such as healthcare assistants and assistant practitioners differ?
   - How much time is needed for each activity?
   - Are activities that are carried out by nursing staff associated with outcomes?

7 What approaches for identifying safe staffing for nursing and/or skill mix including toolkits, are effective in inpatient mental health settings and how often should they be used?
   - What evidence is available on the reliability and/or validity of any identified toolkits?

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are listed below, however this is not a definitive list. Other outcomes may be included, depending on the evidence and the Committee's considerations. Outcomes of most relevance to this guideline will be those that are most closely linked to staffing levels:

1 Serious incidents
   - Deaths and serious untoward incidents attributable to problems with the care received in inpatient mental health settings. Serious untoward incidents include episodes of self-harm, physical aggression or violence; containment incidents or restrictive practices (for example, manual restraints, time out, seclusion, coerced medication); refusal of medication; rapid tranquilisation; episodes of absconding; alcohol and substance misuse; and attempted suicide.

- Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers (also known as ‘never events’), including incorrect administration of drug treatments, suicide using non-collapsible rails and serious safeguarding incidents.

2 Delivery of nursing care

- Appropriate levels of nurse–service user contact (including nurse keyworker sessions with service users).
- Appropriate levels of family liaison and service user chaperoning (including nursing escort during leave or treatment and investigations).
- Behaviour/safety and therapeutic engagement observation.
- Drug omissions and other drug errors associated with nursing staff.
- Falls.
- Service users receiving help with activities, such as help with eating, drinking, washing and other personal needs, and missed care events.
- Addressing the needs of service users with disabilities.
- Assessment of care needs, monitoring and record keeping.
- Assessment of physical health with regular reassessment, including response to treatment.
- Assessment of mental health problems (for example, severity of symptoms and duration of episode) with regular reassessment, including response to treatment and risk of relapse.
- Time to participate in multidisciplinary forums.
- Time to receiving medication.
- Timeliness of scheduled physical observations, clinical paperwork and delivery of interventions needed.
- Continuity of community care if service users were receiving community care before hospital admission.
- Care by a nurse with appropriate competence.
- Completion of safeguarding duties.

3 Other

- Proportion of service users in crisis who are not seen within 4 hours of referral to secondary care services.
- Proportion of people admitted to a place of safety who are not assessed under the mental health act within 4 hours.
- Proportion of service users in crisis who do not receive a comprehensive assessment (this includes inpatient care).
- Proportion of service users using mental health services who are not involved in shared decision-making.
- Proportion of service users who do not have daily one-to-one contact with mental health professionals who are known to them.
- Costs, including care, staff and litigation costs.
- Current and up to date staff training.
- Nursing vacancy rates.
- Staff clinical appraisal and statutory review rates.
- Staff retention and sickness rates.
- Unsafe discharge and readmission.

4 Reported feedback

- Service users' and carers' experience and satisfaction ratings related to inpatient mental health settings, such as complaints related to nursing care, Friends and Family Test.
- Staff experience and satisfaction ratings.

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 inpatient mental health settings:

- Patient experience in adult NHS services (2012) NICE guideline CG138

- Service user experience in adult mental health (2011) NICE guideline CG136

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:

- Transition between inpatient mental health settings and community or care home settings. Publication expected: August 2016
- Transition from children's to adult services. Publication expected February 2016
- Violence and aggression (update). Publication expected May 2015

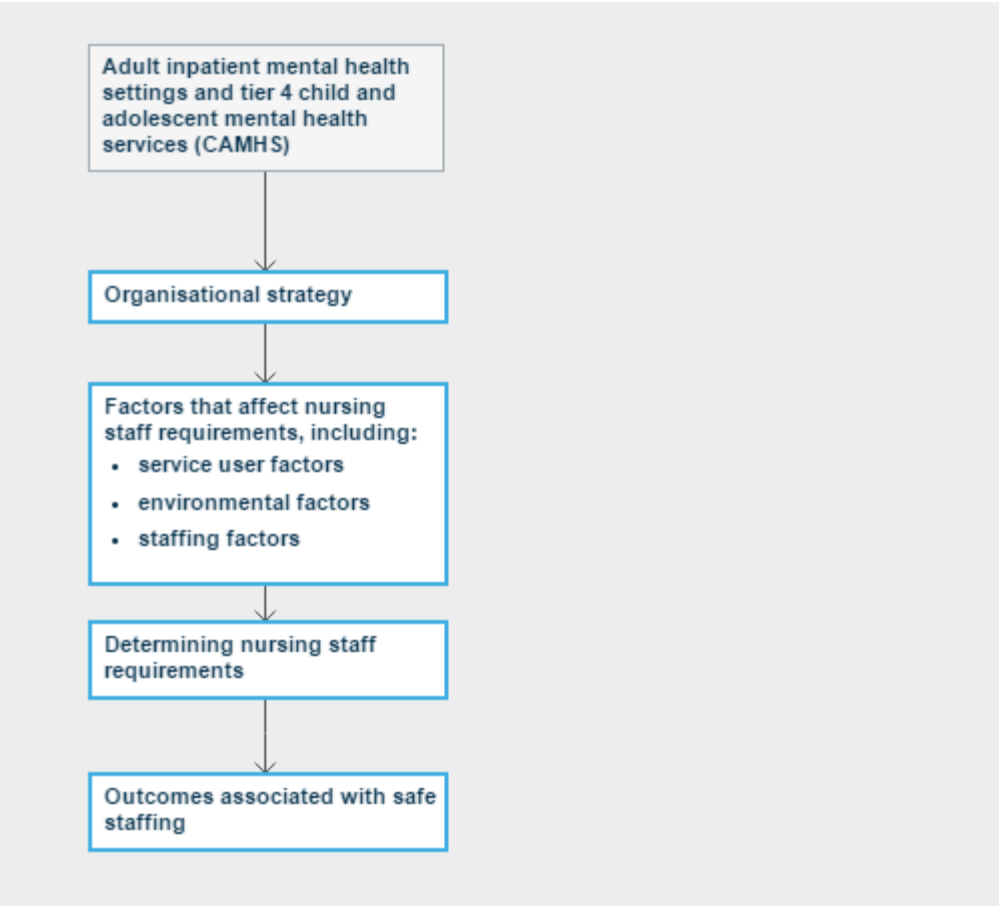
2.2 NICE Pathways

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.

A pathway outline has been drafted based on this scope and is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

The guideline on safe staffing for nursing in inpatient mental health settings is relevant to many of NICE's mental health topics, and links will be included in the pathway where relevant. Topics with particular relevance include the NICE guidelines on transition between children's and adults services and transition between inpatient mental health settings and community and care home settings (both of which are in development).

Safe staffing for nursing in inpatient mental health settings overview



3 Context

3.1 Key facts and figures

The Francis report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 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. The Berwick report stated that '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'.

The need for guidelines on safe staffing was also highlighted in 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).

The need for a review of staffing in inpatient mental health settings was highlighted by the Commission for Healthcare Audit and Inspection (2008).

There are a number of reasons why staffing of nurses working in inpatient mental health settings needs to be reviewed. These include:

- increasing numbers of admissions and complexity of service user issues (including people who are detained under the Mental Health Act 1983, amended 2007)
- reconfiguration of mental health services
- loss of experienced inpatient staff to community teams
- lack of availability of therapeutic interventions
- longer stays, variation in the use of inpatient beds and high bed occupancy rates
- the availability of the wider multidisciplinary team and support services, including crisis resolution and home treatment teams, to facilitate early discharge.

In 2012/13 the rate of access to specialist mental health services for people aged 18 years and over was 3761 per 100,000 population (approximately 1 in 27 in England). Furthermore, over a third of people using specialist mental health services were aged 65 years or over (Annual report from Mental Health Minimum Data Set [MHMDS], Health and Social Care Information Centre).

It is estimated that around 39% of adult service users in the Mental Health Minimum Data Set had at least 1 inpatient episode of care. In addition, mental health service users are more likely to access hospital services than non-service users in the general population (HES-MHMDS data linkage report 2012-13, Health and Social Care Information Centre).

3.2 Current practice

There is significant variation in nursing staff levels (for example, staff-to-service user ratios) across inpatient mental health wards within the UK, and there is no standardised method to determine safe staffing levels. In addition, the needs of service users may not be taken into account when calculating safe staffing.

Section 136 of the Mental Health Act (1983, amended 1995, 2007) states that someone who appears to be experiencing a mental health crisis in a public place can be picked up by police and taken to a place of safety for assessment. In all but exceptional circumstances this should be in a healthcare setting. A designated unit (136 suite) within the mental health services may be used as a place of safety. There should be a minimum of 2 mental healthcare professionals available to receive individuals in places of safety. The Royal College of Psychiatrists (2013) recommend that consideration should be given to having dedicated staff for this who can be assigned to other wards when not needed in the mental health place of safety.

A survey, A safer place to be, carried out by the Care Quality Commission in 2014 revealed that many places of safety are turning people away or making people wait with the police for long periods because they are full or because there are staffing problems. Data from the survey shows that:

- The minimum number of healthcare professionals allocated to work in the place of safety varies and in some cases no staff are specifically allocated to the unit.
- Staff allocated to work in places of safety also work across other teams (for example, crisis resolution and home treatment teams, psychiatric intensive care units and inpatient mental health wards).

Section 31 of the Mental Health Act (1983, amended 1995, 2007) requires hospital managers to ensure that people under the age of 18 years are admitted to an environment suitable for their age. This applies to both people detained under the Act and people admitted voluntarily. However, people under 18 years old may be admitted to an adult ward if their need is:

- overriding (that is, a young person needs immediate admission for their safety or that of others); this acknowledges that although an inpatient child and adolescent mental health service (CAMHS) is normally the preferred environment for people under the age of 18 years, there will be occasions when this is not available
- atypical (that is, an adult ward is the most appropriate clinical placement even if a CAMHS bed is available).

Guidance from the Royal College of Psychiatrists (2009) recommends that when young people are admitted to adult mental health wards they are cared for by ward staff who are trained to work with people under the age of 18 years and who receive supervision and support from a named CAMHS professional. Specifically it is recommended that ward managers can access bank nursing staff who regularly work with young people and that there are named staff members from CAMHS and the adult service who maintain links between the teams.

Guidance from the Royal College of Psychiatrists (2010) for inpatient wards for adults of working age recommends that:

- wards have an agreed minimum staffing level across all shifts which is met
- the agreed minimum staffing level includes more than 1 qualified mental health nurse per shift
- an experienced member of staff is assigned daily to the floor to monitor service user interaction and observe for risk behaviour when the primary or allocated nurse is absent or unavailable.

Recently NHS England (2013) has proposed that some existing tools for calculating staffing levels may be applicable to inpatient mental health settings. These include:

- Nursing Hours per Patient day calculations
- Professional Judgement Software
- Ward Staff Per Occupied Bed
- Patient Dependency/Acuity Specialty Specific Tool.

The NICE quality standard for service user experience in adult mental health (2011) recommends that service users in hospital:

- can see a mental healthcare professional known to them on a one-to-one basis every day for at least 1 hour
- can see their consultant on a one-to-one basis at least once a week for at least 20 minutes
- are given an opportunity to meet a specialist mental health pharmacist.

3.3 Policy, legislation, regulation and commissioning

Policy

General policy documents highlight the need for safe staffing guidelines. There are some policy documents that are more specific to mental health and these are also outlined below.

- 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 (2012) No health without mental health: implementation framework
- HM Government (2014) Mental Health Crisis Care Concordat. Improving outcomes for people experiencing mental health crisis

Legislation, regulation and guidance

Admissions to inpatient mental health services can be either voluntary (informal) or compulsory (formal) depending on the circumstances. The Mental Health Act (1983, amended 1995 and 2007) sets out the required number and expertise of mental health practitioners that are needed to enforce a compulsory admission. The guideline will cover both voluntary and compulsory admissions to inpatient mental health settings. The following legislation is of relevance:

- The Mental Health Act 1983
- The Mental Health (Patients in the Community) Act 1995
- The Mental Health Act 2007

Good practice guidelines which may be relevant for inpatient mental health settings are outlined below:

- Young Minds, the National Mental Health Development Unit, the National CAMHS Support Service (2011) Transitions in mental health care
- Royal College of Psychiatrists (2012) Standards for Inpatient Wards for Older People (2nd ed.)
- Royal College of Psychiatrists (2011) Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)
- Royal College of Psychiatrists (2010) Accreditation for inpatient mental health services (AIMS). Standards for inpatient wards - working-age adults
- Royal College of Psychiatrists' Centre for Quality Improvement (2011) Quality Network for Inpatient CAMHS. Service standards. 5th ed.

4 Further information

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

The guideline is expected to be published in October 2015.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.

5 Appendix A. Summary of the main elements of the scope and their relationship