NICE guidance on safe staffing levels in mental health

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Areas to cover

• NICE’s role in setting guidelines on safe staffing:
  – Topic areas
  – Process overview
• Initial issues raised
• Mental health topics
Referral to NICE

“NICE to publish guidance on safe staffing for the following settings”:

• adult inpatient wards in acute hospitals – July 2014
• maternity settings – January 2015
• accident and emergency settings – May 2015
• mental health in-patient settings
• learning disabilities in-patient setting
• mental health community setting
• learning disabilities in the community
• community nursing care settings
• acute in-patient paediatric and neonatal wards
Process overview

Key stages of guideline development:

• Independent Safe Staffing Advisory Committee
• Evidence reviews
• Economic modelling
• Consultation and testing

Endorsement of tools:

• Separate process
General approach

Organisational & managerial factors

- Staff factors
- Patient factors
- Environment factors

Ward/unit staffing requirement

- Outcome measures
- Process measures & ‘Red flags’
Endorsing published tools

• To assess whether tools are compliant with all or part of NICE recommendations
• Focussed on content of the tool, with some assessment of functionality
• Process involves external expert opinion and internal assessment against agreed criteria
• Open application process
• Output will be a ‘Statement of endorsement’ of display on the tool.
Key messages in the guideline

• Staffing levels relate to patient needs
• Registered nurses and skill mix
• Role of red flags
• No single minimum number
• Monitoring and flexibility is important
Issues raised

• Lack of published research and data
  – Outcomes
  – Skill mix
  – Activity

• Need for ratios?

• Implementation challenges:
  – Workforce and training
  – Monitoring and data collection
  – Resource impact
Safety outcomes and nursing care

Which are linked?

- Pressure ulcers?
- Falls?
- Healthcare associated infection?
- Medication administration error?
- Venous thromboembolism?
- Deterioration not recognised?
- Failed discharge?
- Diagnostic error?

Few if any safety outcomes relate primarily to nursing care, but few if any safety outcomes are not at least partly influenced by nursing care.
Monitoring outcomes has limitations
Skill mix and falls

Falls per 1000 adjusted bed days

HCA proportion of all staff

- less than 10%
- 10 to 20%
- 20 to 30%
- 30 to 40%
- more than 40%
Skill mix recommendations

- Registered nurses remain accountable for the overall care.
- RNs can consider delegation to HCAs taking into account:
  - HCAs’ level of knowledge skill and competence
  - Need for RNs to provide supervision and support
  - That a higher proportion of RNs is associated with improved patient outcomes.
‘Bottom up’ activity calculation

Ongoing requirements:

- **Routine**, eg simple conditions, minimal assistance required
- **Additional needs** (20-30mins per activity), eg iv medication
- **Significant care needs** (>30 mins per activity), eg parenteral nutrition
- **1 to 1 care**, eg constant monitoring

Do we need a minimum ratio?
Assessing the impact

• How many registered nurses (FTE) are currently employed in adult inpatient wards in acute hospitals?
• How is this figure likely to change in the future?
• What is the cost impact?
• What are the potential benefits – costs and savings - of the guidance?
Future growth (HEE)
Staffing Steering Group

- National organisations with a strategic interest in planning for and supporting staffing across the NHS, including:
  - NHS England
  - Department of Health
  - Health Education England
  - Care Quality Commission
  - Trust Development Authority
  - Monitor
  - NHS Employers
  - Royal College of Nursing and Midwives
MENTAL HEALTH SAFE STAFFING GUIDELINE
Mental health & LD topics

Guidelines in this area should:

• *focus on settings/services*, rather than client groups
• *focus on outcomes and activities*, rather than staff numbers in isolation.
• provide recommendations on staffing that could be applied within the range of existing service configurations, and *not define the service model*
• *ensure CAMHS services and settings are included* as appropriate in the guidelines, including successful transition between child and adult services.
Context

• In 2012/13, the rate of access to specialist mental health services for people aged 18 years and over was 3,761 per 100,000 population.
• Around 39% of adult MHMDS service users had at least one inpatient episode of care.
• Significant variation in staffing levels across mental health wards in the UK
• No standardised method to determine safe staffing on acute wards.
Need for the guideline

• Increasing admissions and complexity of service users, which includes patients under section
• Potential 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
• Ability of staff to establish and maintain a therapeutic relationship with individual patients
• Availability of the wider multidisciplinary team including CRHT team to facilitate early discharge
### Key elements of the scope

<table>
<thead>
<tr>
<th><strong>Patient group</strong></th>
<th>All those on an inpatient ward – children and adults</th>
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<tbody>
<tr>
<td><strong>Staff groups</strong></td>
<td>Registered nurse and healthcare assistants working on an inpatient mental health ward</td>
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</table>
| **Settings**      | • Acute wards in mental health inpatient settings for adults (including designated section 136 units or places of safety that are within acute wards or units that are staffed by the acute ward nursing establishment)  
                    • Tier 4 acute wards in mental health inpatient settings for children and young people |
Summary

• First NICE guideline on safe staffing in adult wards is out for consultation

• The first mental health topic is mental health inpatient settings

• Challenges relate to lack of evidence and data

• Prioritising nurse staffing is only one element – work on whole team staffing models also required.