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## **Will safe staffing in Mental Health Nursing become a reality?**

The debate over nurse staffing levels in healthcare has been raging across the developed world for many years. More recently it has crystallised, partly due to recession, rising costs and healthcare scandals. Some of these costs are directly associated with the professionalisation of nursing. Highly educated nurses not only bring about benefits in terms of reduced morbidity and, indeed, mortality (see the Europe-wide RN4CAST study, [www.rn4cast.eu](http://www.rn4cast.eu)) but also higher wage costs to those funding healthcare. Tensions between public expectations of high quality nursing care, a call from within the profession to protect the wellbeing of nursing staff in the face of nursing shortages and a need to control escalating healthcare costs mean that many nursing leaders, healthcare funders and governments across the world are eager for some guidance – even formulae – that will help them identify the optimal, most cost-effective, skill mix of nursing and para-nursing staff. Indeed, some individual US and Australian states are ahead of the game having legislated for safe staffing over a decade ago.

The debate in the United Kingdom (UK) gained particular momentum in 2013 following a key recommendation of the Francis Inquiry, a landmark public inquiry into poor quality care in the Mid Staffordshire NHS Foundation Trust, an English National Health Service (NHS) provider. In England, the National Institute of Health and Clinical Excellence (NICE) was subsequently asked to review the evidence base for safe nurse staffing levels across nine principal areas of healthcare, including two specific mental health areas: in-patient settings and community care. Wales took things a step forward, assuming the debate was already settled, and started to legislate on safe staffing ratios earlier this year.

NICE duly completed and published two of the scheduled nine reviews (adult general inpatient wards and maternity settings), both finding that safe staffing is dependent on the availability of registered nurses and midwives. At the beginning of June 2015, NICE's work on the remaining reviews – including the two mental health reviews – was halted by the CEO of NHS England, a decision which inflamed mental health nurses for a variety of reasons. Firstly, it reinforces a view that costs are outweighing safety in service delivery. This is an especially salient concern given that, as in many other recession-hit countries, austerity has (unsurprisingly) coincided with

increased demand for mental health care. Funding for mental health care has not kept pace with need and, indeed, some would argue has even been cut. For example, from 2010-14, a 10% increase in mental health detentions in England was matched by an 8% reduction in mental health nursing staff (RCN, 2014). This strain has been felt across mental health services but particularly in acute inpatient and community teams. Secondly, it raises questions over NICE's impartiality: whether NICE is, as claimed, an independent organisation or merely a branch of the NHS. Thirdly, it implies that the recent call for "parity of esteem" between mental and physical health, endorsed by the UK government in 2012 following similar calls elsewhere in the world (in US health insurance payments and the World Health Organization's "no health without mental health" declaration, for example), may be nothing more than rhetoric. Of the scheduled nine NICE reviews the two which focused on mental health have both been cancelled.

Ironically, a Care Quality Commission (CQC) report on crisis mental health care, published shortly after NICE was told to halt its work concludes that "local providers and commissioners have to ask serious questions about whether the services they provide are safe" (CQC, 2015). In mental health there is clear evidence that the presence of qualified nursing staff reduces the levels of coercive practice and improves the quality of care provided (Bowers et al, 2007). There is also clear international evidence (RN4CAST) which suggests the levels of qualified nursing staff are directly related to patient safety, quality of care, and the education of the next generation of students.

That a key recommendation of the Francis Inquiry – an inquiry into one of the biggest scandals ever to have affected British health care – has been overruled should perhaps be mental health nursing's biggest concern. Nursing has been singled out and subjected to intense scrutiny and review following this inquiry. Safe staffing work should be considered key to improving the quality and safety of nursing care across healthcare, wherever it is provided. The Francis Inquiry explicitly linked poor leadership, staffing policies and an overemphasis on costs to inadequate standards of care. NHS England's decision appears to have prioritised costs over safety of care, despite objections by a range of significant stakeholders including the UK Royal College of Nursing, the Florence Nightingale Foundation, the Patients' Association and the inquiry head (Sir Robert Francis) himself.

Following a backlash, England's Chief Nursing Officer (CNO) attempted to reassure nurses on the safety and quality of NHS staffing via an open letter that managed to conflate safe staffing in mental health areas with multidisciplinary working and skill mix. This is a dangerous misunderstanding, particularly in acute mental health care where the professional status and specialist skills of staff are of paramount importance to safety. Of the professions she listed as contributing to mental health care, the CNO failed to understand that it is registered mental health nurses that have the main responsibility for the 24-hour, direct care of patients and service users. Thus, rather than reassure registered mental health nurses, the CNO's letter inadvertently insulted mental health nurses by seemingly devaluing their skills. That her open letter failed to reassure nurses and vociferous objections from the likes of Sir Francis may well have forced the Secretary of State for Health to intervene on the issue. In July 2015, he announced that NICE, the CNO, nursing representatives (via an advisory board), the CQC, and a new body "NHS improvement" would now all work together on safe staffing recommendations.

This is to be welcomed but it will be of little value to mental health nurses if our influence in the safe staffing decision-making process is limited. We should be at the forefront of the development of national, if not international, safe staffing practices in mental health – a domain that is rightly ours. We should remain cautious, however. We have seen little thus far to counter the view that safe staffing is barely more than a debate over the minimum number of registered nurses healthcare providers can get away with to avoid legal and/or reputational consequences. We do not dispute that more research may be needed into safe staffing in mental health areas, but the evidence suggests that many mental health areas are not safe currently. Consequently action is needed now if we are to meet the CNO's vision of having "the right staff, with the right skills in the right place" (NHS England 2013). Indeed, we may ask why two years down the line from this vision things remain pretty much the same, if not worse, in mental health settings.

## References

Bowers L, Whittington R, Nolan P, et al., (2007). The city 128 study of observation and outcomes on acute psychiatric wards. Southampton: National Institute for Health Research Service Delivery and Organisation Programme. [www.nets.nihr.ac.uk/projects/hsdr/081304061](http://www.nets.nihr.ac.uk/projects/hsdr/081304061)

Care Quality Commission (2015). Right here, right now: People's experiences of help, care and support during a mental health crisis.

[www.cqc.org.uk/sites/default/files/20150611\\_righthere\\_mhcrisiscare\\_summary\\_3.pdf](http://www.cqc.org.uk/sites/default/files/20150611_righthere_mhcrisiscare_summary_3.pdf)

NHS England (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.

November. [www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf)

RCN (Royal College of Nursing) (2014). Frontline First: Turning back the clock? RCN report on mental health services in the UK.

[www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/600628/004772.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0004/600628/004772.pdf)