National Mental Health and Learning Disability Nurse Directors Forum

Influencing and advancing care in mental health and learning disabilities

LeadingMinds

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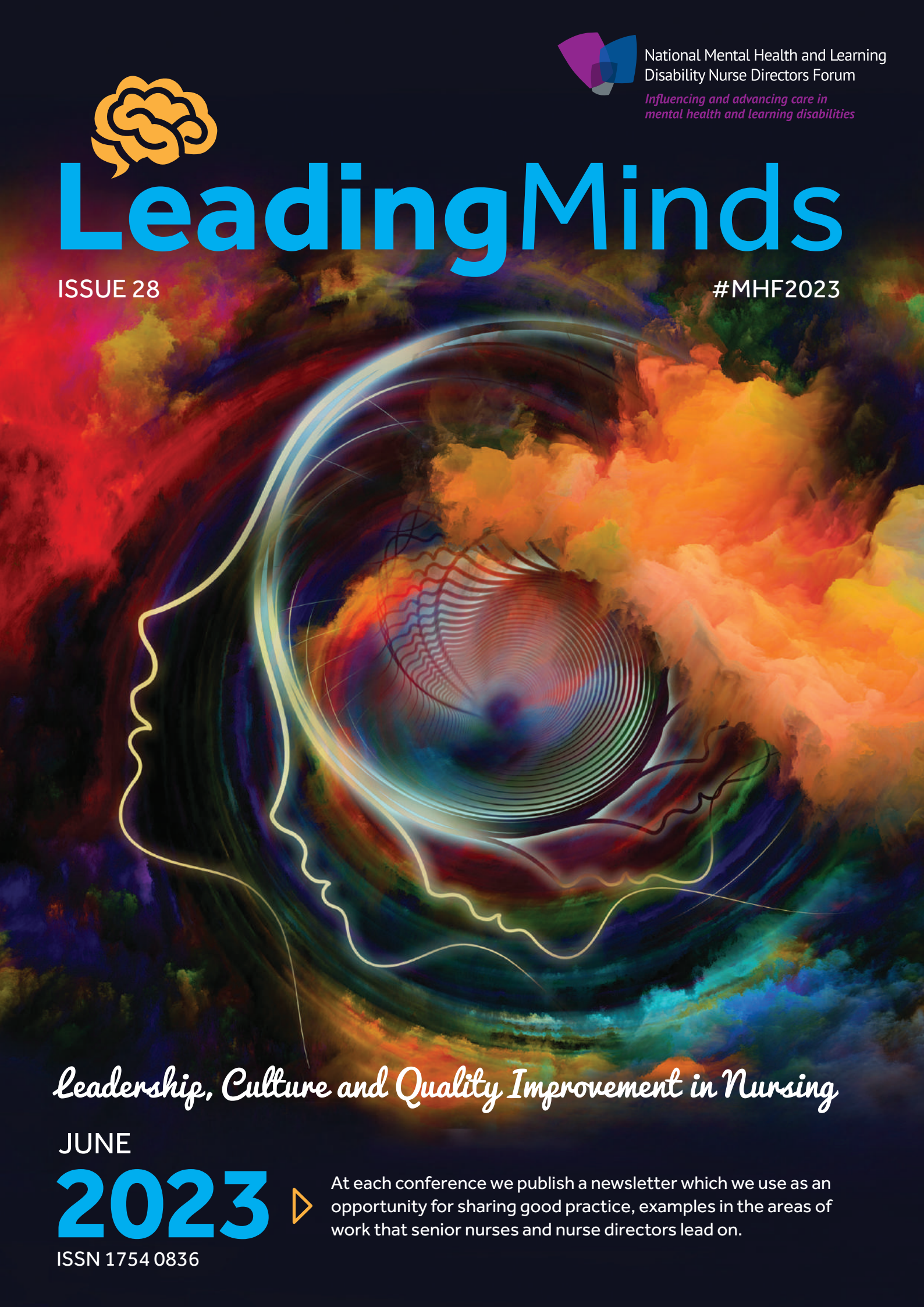

Leadership, Culture and Quality Improvement in Nursing

JUNE

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At each conference we publish a newsletter which we use as an opportunity for sharing good practice, examples in the areas of work that senior nurses and nurse directors lead on.

LeadingMinds

"I welcome a discussion on education programmes for community nursing as it is essential to embrace the art and science of nursing and enhance nursing careers."

Maria Nelligan

Executive Director of Transformation/ Interim Chief Nurse, GMMH

Well here we are again. It's been another challenging year in providing mental health and learning disability services, particularly the focus on poor care on inpatient wards as highlighted by the Panorama programme last year. I am heartened to see there will be a transformation programme led by NHSE steeped in lived experience. As we recover from the pandemic with a significant demand on our services we continue to have challenges in recruiting to the workforce. We have long discussed and acknowledged the challenges for colleagues working in inpatient services but now we are seeing similar pressures in community services. The Mental Health Investment Standards (MHIS) for our community services has been welcomed, along with the Transforming Community Services Framework, marking a significant opportunity to transform our community services with and for people. Gone is CPA with a focus on risk to a move towards a recovery and person-centred approach with people. In fact, this move singles the biggest opportunity for us to modernise our community services and reduce the demand for inpatient admissions.

I am looking forward to hearing from our national speakers today about the vision for the future as I am conscious that each ICB has approached the transformation agenda differently. The use of technology in Mental Health is getting a nudge with the development of DIALOG+ which I have to declare I am a big fan of. Of course, it is only right we are also hearing about services user engagement and co-production - maybe this transformation programme will really be informed by the people who have a vested interested in making it work.

"I am heartened to see there will be a transformation programme led by NHSE steeped in lived experience."

I welcome a discussion on education programmes for community nursing as it is essential to embrace the art and science of nursing and enhance nursing careers. However, I remain concerned regarding the status of our profession and its future. Is it right a NQN earns £13 per hour? Having studied for three years to gain a degree, many with significant loans. The job is significantly challenging, supporting patients and their families in their time of distress and the impact this has had on our nurses and their mental health wellbeing, and in turn our retention. This needs consideration and addressing.

Maria Nelligan

I would like to encourage all my chief nursing colleagues to have these discussions with their boards so we can look to how we can enhance the careers for our NQN and of course our internationally recruited nurses, leaving behind them their support networks. Maybe the Irish system is one to look at where the programme includes an internship year following the three year degree with a small case load and higher levels of support. This approach is one I have being discussing with my boards looking to move NQN following a period of successful preceptorship to a Band 6 role in so doing the Band 5 role is an entry level developmental role. This gives the potential to develop and retain nurses and of course has the ability to improve safety and experience.

I look forward to seeing you all and discussing and debating more. Make sure you network and enjoy your day.

Beyond diagnosis – the importance of transdiagnostic pathways, thinking and practice in mental health settings

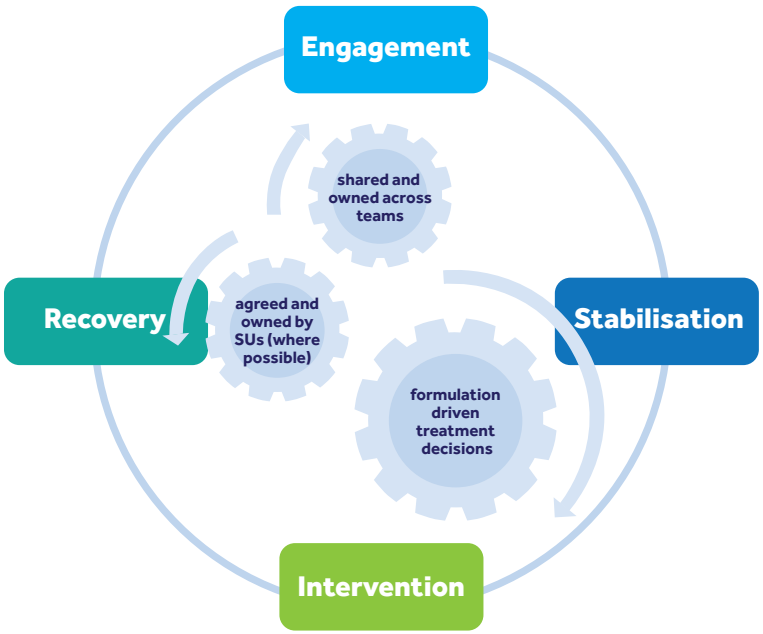

Diagram 1.

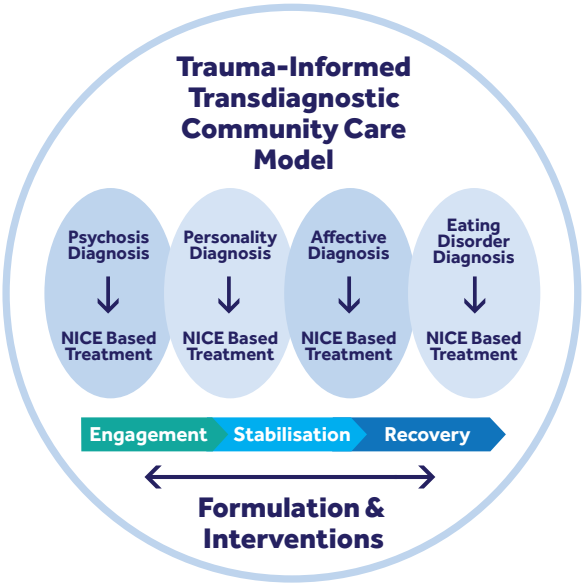

Diagram 2.

BDCFT (Bradford District Care and Foundation Trust) is in the process of adapting a transdiagnostic (TD) framework when considering the mental health needs of their service users (see Diagram 1). The TD model is based on the non-pathologising principals of trauma-informed care. It is employed as clinical evidence suggests that adults accessing secondary care mental health services are often diagnosed with more than one mental health 'condition' (McLaughlin, Colich, Rodman & Weissman, 2020). Given the multitude, and symptomatic overlap, of secondary care clients' diagnoses, therapeutic interventions need to be formulation driven, informed by a focus on clients' traumatic experiences that underly their mental health difficulties alongside an awareness of clients' diagnoses (Fried & Robinaugh, 2020, Johnston & Dallos, 2013).

In practice most psychiatrists, psychologists, therapists and other healthcare professionals already consider the complexity of clients' individual presentations beyond their diagnoses, as complex clients mental health struggles hardly ever fit into a single diagnostic category (Johnston, 2014). The transdiagnostic model offers a pathway that better reflects the nature of complex clients lived experiences of mental health difficulties, guides treatment decisions (according to clients' formulations) and provides a more accurate governance framework for secondary care mental health services.

The model considers factors beyond individual (or indeed multiple) diagnostic categories, to show an understanding of the wider (and often systemic) factors that contribute to clients' mental health difficulties (like their finances, religious/spiritual beliefs, the communities they live in, their family values, housing and their friendship/social networks etc.). Diagnostic recommendations, and NICE guidelines organised by diagnosis, continue to influence treatment decisions and choices of therapeutic interventions, but are considered in the context of a trauma-informed, formulation driven understanding of clients' difficulties (see Diagram 2).

The model also takes into consideration 'Adverse Childhood Experiences' (ACEs) and Adverse

Dr Ellen Finch-Sieg, Dr Francis Corrigall & Nafeesa Nizami
Transdiagnostic Pathway Leeds @ BDCFT

Community Environments (ACoE). ACEs include domestic violence, substance misuse, emotional/ sexual abuse, maternal depression, physical and emotional neglect, parents divorcing, mental illness, incarceration and homelessness, whereas, ACoEs include poverty, discrimination, community disruption, lack of opportunity, economic mobility and social capital, poor housing quality and affordability, violence and how these impact on the development and maintenance of mental ill health (Ellis & Dietz, 2017).

Healthcare professionals interventions are considered to carry 'therapeutic value' within the engagement, stabilisation and recovery phases of clients 'recovery journeys'. The emphasis of the transdiagnostic pathway is on a shared formulation from the beginning of a clients' engagement with services, which then guides how every and each healthcare professional working with this client interacts with the client, and what treatment decisions are considered for a particular client in terms of interventions that carry the highest 'therapeutic value' with the least invasive procedures. Clients are hence offered 'therapeutic opportunities' that reflect an understanding and appreciation of their lived experiences (including traumatic experiences in clients' childhood and adulthood, as well as the more positive lived experiences which have allowed clients to 'survive' despite adversities and have contributed to their resilience).

The transdiagnostic pathway model encourages healthcare professionals to elicit and listen to clients' accounts of their experiences to generate shared understandings of how clients' feelings, thoughts and behaviours are related to their childhood and adult experiences and how these experiences are situated in a wider context of social, political, economic, and religious values (Johnstone & Dallos, 2013).

"The transdiagnostic pathway model encourages healthcare professionals to elicit and listen to clients' accounts of their experiences."

Rather than approaching client care from a 'one size fits all' approach, the specific 'formula' for each clients' presentation may be highly individualized whilst being guided by evidence-based research on 'what works for whom' (Roth & Fonagy, 2006, Green & Latchford, 2012) and national guidelines (NICE).

As clients start to engage with our services, either because they are asking for support or are in our services under the MH Act, a DRAFT formulation will be gathered from the information that is obtainable from the client and his/her social networks (family, friends etc.) which will then be refined as the client moves through our services. Clients evolving formulations will follow them across services (from inpatient to outpatient services and vice versa), a bit like a passport, and be owned by the client and inputted on and refined across the (multi-disciplinary teams) MDTs the client works with.

The authors believe that it is high time that healthcare trusts sign up to pathway models, like the TD framework, that more accurately reflect the lived experiences of their service users.

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Clinical supervisors' perspectives of peer group clinical supervision during COVID-19 – A mixed methods study

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Report: Doody, O., O Donnell, C., Murphy, L., Turner, J. and Markey, K. (2022) Evaluation of the Implementation of Peer Group Clinical Supervision for Nurses and Midwives in NMPDU West Mid-West area incorporating the counties of Galway, Mayo, Roscommon, Limerick, Clare and North Tipperary. Limerick: University of Limerick and the Nursing and Midwifery Planning and Development Unit.

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Title

Clinical supervisors' perspectives of peer group clinical supervision during COVID-19: A mixed methods study.

Aim

To explore clinical supervisors' perspectives of peer group clinical supervision (CS).

Background

An evolving healthcare system places increased demands on nurses and midwives, highlighting the need for continuous personal and professional development to enhance effective and efficient care. The emphasis on increasing the quality and safety of healthcare services and delivery is challenged by reports that highlight declining standards of nursing and midwifery care (Francis Report 2013; Markey et al. 2019; Zelenikova et al. 2020).

The core values guiding nursing and midwifery practice are encouraging such as compassion, care, commitment, competence, communication and courage (Department of Health 2016, Cummings and Bennett 2012). However, imposing value statements in isolation is unlikely to change behaviours and greater consideration needs to be given to ways in which these values are nurtured and applied in daily practice. Furthermore, concerns have been raised with regards to global staff shortages (Both-Nwabuwe et al. 2018), and the evidence suggests several contributing factors such as poor workforce planning (Squires et al. 2017), job dissatisfaction (Sasso et al. 2019) and healthcare migration (Gea-Caballero et al. 2019).

Therefore, providing positive and supportive environments for nurses and midwives working in an ever-changing and complex healthcare services is paramount. CS is one approach that nurtures and supports professional guidance, ethical practice and personal development, which impacts positively on staff morale and standards of care delivery.

Design

A mixed methods approach was used (survey and semi-structured interviews) to capture clinical supervisors' perspectives of CS. Two health service institutional review boards approved this study (approval nos.: Ref: 091/19, Ref: C.A. 2199).

Method

The Manchester CS Scale (n=36) (Winstanley and White 2011) and interviews (n=10) were used to collect data and were analysed through SPSS and content analysis. The qualitative and quantitative data's reporting rigour was checked against the Standards for Reporting Qualitative Research and the Consensus-Based Checklist for Reporting of Survey Studies Guidelines.

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Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

Results

Participants had a generally positive experience of delivering CS, placed a high value on CS and reported a high level of satisfaction with the level of supervision they were delivering to supervisees. The benefits of peer group CS relate to self (confidence, leadership, personal development and resilience), service and organisation (positive working environment, retention and safety) and patient care (critical thinking and evaluation, patient safety, quality standards and increased standards of care).

Discussion

The benefits of peer group CS identified related to self (confidence, leadership, personal development, resilience), service and organisation (positive working environment, retention, safety) and professional patient care (critical thinking and evaluation, patient safety, quality standards, increased standards of care). Findings are reinforced by the wider literature which identifies self-confidence and facilitation (Agnew et al. 2020), leadership (McCarthy et al. 2021), personal development (Rothwell et al 2021), resilience (Francis and Bulman, 2019), positive/supportive working environment (Chircop et al. 2021), staff retention (Stacey et al. 2020), sense of safety (Feerick et al. 2021), critical thinking and evaluation (Corey et al 2021), patient safety (Sturman et al. 2021), quality standards (Alfonsson et al. 2018) and increased standards of care (Coelho et al. 2022).

This study reports peer group CS to help reduce stress and anxiety where CS sessions, enabled discussion and reflection on professional situations both emotionally and rationally. Research has made links with CS and an increase in quality and standards of care (Sturman et al. 2021).

"Providing positive and supportive environments for nurses and midwives working in an ever-changing and complex healthcare services is paramount."

Establishing a group was a fundamental aspect of the process highlighted in this study. Groups are established by setting ground rules, building the relationship and trust, having respect and upholding confidentiality. For peer group CS to be effective it needs to occur regularly, meetings need to be arranged in advance, have protected time, and be conducted in a private space (Bifarin and Stonehouse, 2017). While it is generally accepted that for a clinical supervisor to be credible, they need to be an expert in their professional field and understand work-related issues so as to be better placed to support the CS process (Love et al. 2017).

"Groups are established by setting ground rules, building the relationship and trust, having respect and upholding confidentiality."

Management support and buy in, considering organisational culture and attitude toward clinical supervisory practice, is an important factor (Markey et al 2020). This support and buy-in needs to occur at both management and individual level (Stacey et al. 2020). A lack of time and heavy workloads are the main barriers to effective supervision (Brody et al. 2016) with clinical supervisors often unable to find time due to busy environments affecting flexibility and quality of the session (Bulman et al. 2016).

Misconceptions still exist in CS and these need to be addressed, such as CS not being seen as a priority (Pack, 2015), perceived to be a luxury (Love et al. 2017), self-indulgent (Bayliss, 2006) or just chatting during work hours (Kenny and Allenby, 2013). A key issue is a lack of a common understanding about the role and purpose of CS (Kenny and Allenby, 2013) and negative associations with the term lead to a lack of engagement (Love et al. 2017). The support of the external clinical supervisors and the peer group CS session was crucial to enabling the peer group clinical supervisor to relax into their role, learn through experience and develop their skills of CS facilitation in a supported structure. Educating clinical supervisors is an investment, but it cannot be a one-off investment as ongoing external CS for the clinical supervisors (Wilson et al. 2016).

Conclusions

The findings provide evidence for the importance of strategically planning, implementing and evaluating peer group CS in ensuring sustainability.

- This paper draws attention to the complexities of strategically planning peer group CS across a range of healthcare services.
- This study addresses some of the disparities in identifying the necessity for adequate education and training for CS.
- Peer group CS should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of management, clinical supervisors and clinical supervisees, in ensuring sustainability.
- CS supports personal growth and professional development and is valued by clinical supervisors and supervisees. However, being supported and receiving adequate preparation and training to facilitate peer group CS is essential.

" The core values guiding nursing and midwifery practice are encouraging such as compassion, care, commitment, competence, communication and courage."

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LeadingMinds

Tipping the Balance – implementing truly person-centred and collaborative care in Mental Health services

Lancashire and South Cumbria NHS Trust has implemented a clinical model called DIALOG+, enabling Mental Health services to provide person-centred, recovery-focused interventions. DIALOG+ supports the nationally mandated move from the Care Programme Approach (CPA) and captures outcome measures that help improve care.

LSCFT has involved service users, carers, staff and partners to develop an innovative digital App with a wide range of functionality. Comprehensive training and focus on policy and practice is shifting the balance in care delivery, empowering staff to support service users to thrive on their recovery journeys.

"The Trust's goal is to provide person-centred and meaningful interventions, by the right professional at the right time."

LSCFT, a large Mental Health (MH), Learning Disability and Community Trust, provides a wide range of services across all ages. The Trust's goal is to provide person-centred and meaningful interventions, by the right professional at the right time.

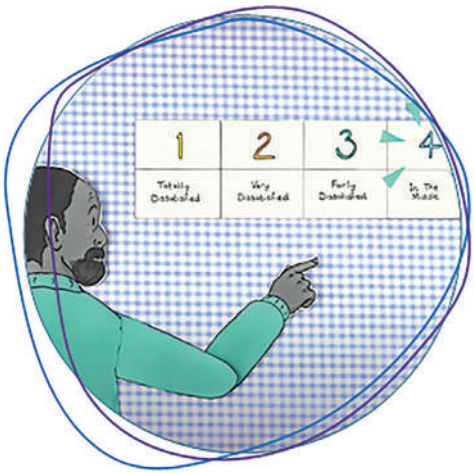
In July 2021 Trusts were mandated to move away from CPA as part of National Community Mental Health Transformation. This presented LSCFT with an extraordinary challenge as CPA has been embedded in MH services for 30 years. Transforming MH care delivery while shifting organisational culture to become truly person-centred, collaborative and recovery-focused was a challenge that required innovative thinking.

LSCFT engaged with a wide range of service users, carers, staff and other stakeholders to define a new clinical model for MH services. The chosen model was DIALOG+ which is a Patient Reported Outcome Measure (PROM) that is evidence based to increase service user satisfaction within 11 domains of their lives. DIALOG+ encourages person-centred and recovery-focused practice (Priebe, 2015).

By involving service users, carers, staff and partners we created a way of implementing DIALOG+ as a new clinical model, routinely gathering PROMs and ensuring that we transform the delivery of MH care.

The LSCFT DIALOG+ Programme was launched in May 2022. Service users, carers, clinical staff, digital staff, Business Intelligence (BI) and communications teams have worked collaboratively to implement various workstreams:

- Development of our App using an 'agile' way of working that makes involvement accessible to service users, carers and staff.
- Design of the My Care Plan and My Safety Plan templates.



- Development of a comprehensive 3.5 day training programme, mandated for all disciplines to attend face to face.
- Developing and implementing a QI Workstream to measure benefits.
- Engaging all VCFSE and Local Authority partners in the design of the new clinical model.
- Construction of a new, self-serve BI dashboard in collaboration with staff to make it easy to access and to promote the use of routine outcome measures (PROMs) in the delivery of care.

A DIALOG App is widely available to review the DIALOG scales. It is costly to link to an Electronic Patient Record (EPR) and service users told us they wanted to complete their own care plans on an App following the DIALOG+ intervention. Involvement with service users and carers enabled us to create a digital App for an iPad. The App allows service users to complete DIALOG+ scales, care and safety plans in their own words.

" The App allows service users to complete DIALOG+ scales, care and safety plans in their own words. "

At the end Q4 2022/2023 there were:

- 52 teams who had implemented the clinical model and App, achieving over 75% compliance with a mandated 3.5 day training programme.
- A total of 1596 DIALOG+ interventions completed, resulting in 1596 service users using the App to produce person-centred care plans.

Nationally, since the Francis Report (2013), there has been a focus on ensuring that care planning is robust, involves the person receiving the care and is at a consistently high standard.

The 2023 Annual Report from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH, 2023) further highlights the need for person-centred care plans, devised by service users to mitigate the risk of suicide.

The key to implementing a contemporary clinical model of MH care has been ensuring staff have the right underpinning knowledge and skills to provide a solid foundation of Trauma Informed Practice, an Introduction to Solution-Focused Approaches, Care Planning, Clinical Risk Assessment, Person-Centred Care and the Importance of Working with Service Users and Carers. To ensure staff had the knowledge we implemented Dialog+ across the Trust with 103 staff accessing the bespoke training.

LSCFT's App and training programme has given staff the tools to deliver person-centred assessment and apply solution-focused approaches to care plans and safety plans. Our App has also given service users the ability to utilise the 'speech to text' function to dictate their plans and this is uploaded to the Electronic Patient Record.

Patient identified Recovery focused goals will reduce the time needed to recover (Bee et al, 2015) and facilitates shared decision making and encourages service users to take control of their own recovery (Lambert, 2019) as well as reducing rates of inpatient admission for people with severe mental illness (Hercelinkskyj et al, 2014). This contributes to the reduction of iatrogenic harm and positively impacts on patient safety.

As a result of implementing the DIALOG+ Programme we have seen an increase in outcome measures being collected and used to inform practice. The comprehensive training programme that's been compiled is influencing clinicians' behaviours. These areas have been highlighted as previous failings by Priebe et al (2015).

"For the 1st time ever I feel in control of my care and can understand my care plan now I see it in front of me on the iPad"
Service User, CMHT

52 teams have completed training and implemented LSCFT's App since December 2022. They are mainly:

- Home-Based Treatment Teams.
- Community Mental Health Teams (Adults and Older Adults).
- Early Intervention Services.

Based on successful outcomes and feedback the Trust Board have approved a further extension to the DIALOG+ Programme covering all Specialist Services.

The Trust has a DIALOG+ Policy and has made amendments to other policies relating to Care Planning and Clinical Risk Assessment. We have held bespoke events across the Trust's Clinical Networks to promote the model and App to all LSCFT staff, VCFSE partners and Regional stakeholders.

The project team are continuing to gather data from staff and service users at pre and post-implementation stages. Our future ambition is to support all MH service users to reach their recovery goals without delay and release more time to care with the use of LSCFT's App. Reducing length of time with MH services, particularly inpatient MH settings, will reduce iatrogenic harm and improve service user experience. We will further embed the use of routine outcome measures to deliver care and in-service design across all MH services.

"Our future ambition is to support all MH service users to reach their recovery goals without delay and release more time to care with the use of LSCFT's App."

"Using the App lets me spend more therapeutic time with patients. I don't need to return to base to update plans."

Social Worker, CMHT

The Local Authority has adopted the format of the revised My Care Plan template to shape their care plan for social care. The Project team will offer Train the Trainer sessions for Local Authority staff and materials for the Trauma Informed Session that is part of the training programme. This is strengthening links with partner agencies in our move towards integrated health and social care services within community hubs.

The App and training created by LSCFT has been recognised by 11 other Mental Health Trusts across the country. Bespoke webinars have been chaired by the Project Team for each of the NHS Trusts that have made contact and assistance is being given with implementation.

NHS England have recognised our exemplar programme and are producing a recorded webinar and digital and clinical case studies based on our Programme that will be shared nationally.

Executive level support and continual oversight and monitoring has supported the implementation, embedding and spread of the Clinical Model, digital App and training programme.

A research study is under development that will focus on retention of Registered Mental Health Nurses following investment in intensive training and a shift to meaningful interventions.

LSCFT's Dialog+ Programme shifted focus away from seeing Dialog+ as a recordable outcome measure, recognising it as a tool for changing culture within healthcare and improving patient safety. Putting service users at the heart of decision making, recognising trauma and changing language from risk to safety and dedicating time for carer engagement are all central to our Dialog+ Programme.

The value of LSCFT's Dialog+ Programme in relation to patient

experience is demonstrated in service user feedback:

> **"The DIALOG Scale was useful. It started up conversations between us, which as we discussed, helped us build our relationship. It helped to remind me of areas of my life that I have perhaps ignored or forgotten about and through talking with you about it, meant I could set relaxed goals or plans for the next few months. It felt a more personable experience, especially being able to complete it myself, rather than having questions fired at you for someone to then go away and type up their interpretation. It felt less clinical, more relaxed and not rushed."**
>
> Service User, CMHT

> **"The rating scale was good as I personally find it hard to put myself into categories so I was able to look into everything as an individual and break my thoughts up. Using this helped me look at the main areas I need support and what I need to do to improve my mental health."**
>
> Service User, CMHT

The training programme has given us the opportunity to deliver wellbeing sessions, providing support and guidance for staff on managing their own mental health and recognising the unprecedented pressures faced.

Staff have positively fed back:

> **"For me the best part of the App is that it's interactive - it enables service users to be more engaged - they have more autonomy over their care and work more toward their goals. I was hesitant initially but now fully embrace this way of working, as I'm already seeing changes it's making for service users lives."**
>
> RMN, CMHT

Following implementation, 100% of staff in one CMHT felt their time with service users was more therapeutic and effective. Staff report experiencing more joy at work and fewer reported considering alternative roles, fostering greater productivity and reduced sickness absence (Priebe, 2015).

Creating the App has reduced the costs of our EPR provider building a mobile solution and seeing a reduction in mileage claims and increase in service user contacts.

Our Dialog+ Programme puts service users and carers at the heart of the development of training materials, the functions of the App, choice of tablet/laptop to purchase for staff and creation of new 'My Care Plan' and 'My Safety Plan' templates.

The Project Team has enabled collaboration between service users and carers, BI, digital, transformation, corporate nursing, clinical staff and external partners. Following initial feedback the App has been developed further, ensuring feedback has been acted on.

The Dialog+ Programme enhances service user, carer and staff involvement. There continues to be a range of engagement sessions available via social media and face to face involvement to increase accessibility and equality of involvement for all.

The Trust invested in developing and delivering a 3.5 day training package to clinical staff with patient facing roles, which also looked at how to support our service users and carers in the most engaging and collaborative of ways. The Trust's Recovery College was used to involve service users, carers and staff in the production of training materials and offer of co-delivery of the session, dedicated to the importance of working with service users and carers.

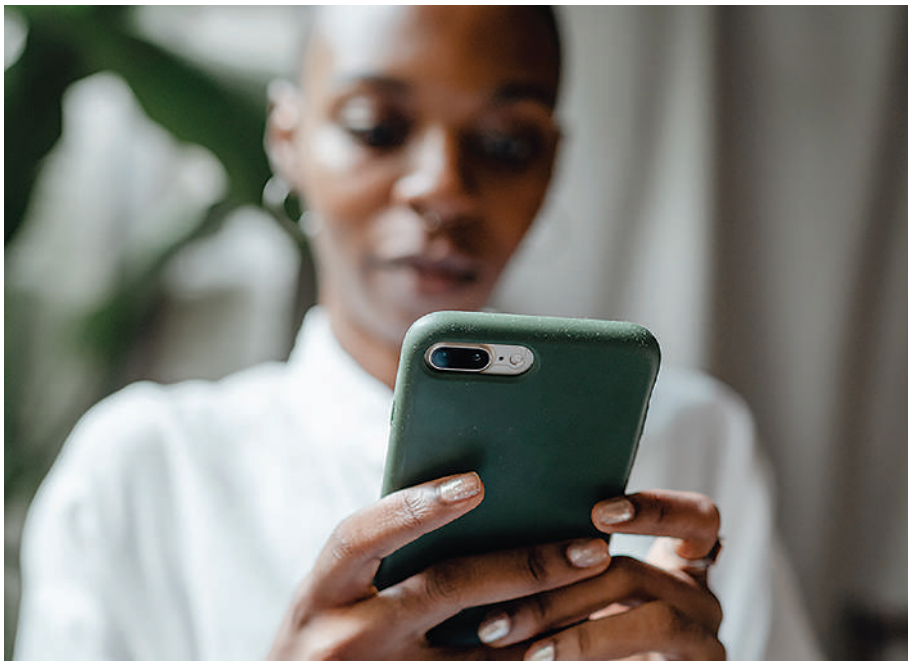
With patient-centred care always at the heart of the initiative, the training was able to incorporate trauma informed care, training on how best to support and engage with carers, as well as training on assessing risk, which supported notions of professional curiosity, safety and collaboration. Training has been face to face within groups, enabling a richness of discussion and shared experiences and has featured videos of people with lived experience sharing their expertise with staff.

The training package acknowledges service users as individuals who are at the heart of decision making, recognising their trauma and knowing how best to work with them. Changing language from risk to safety and dedicating time to embedding positive principles for carer engagement are all part of the Dialog+ programme journey that the Trust has embarked upon.

The Trust's Dialog+ Programme has presented a unique opportunity to truly transform care delivery based on service user and carer feedback. We passionately believe that this is needed in a climate of targets and key performance Indicators. By focusing solely on our nationally mandated targets in relation to Community Mental Health Transformation we were in danger of transforming the way services collect routine outcome measures; ticking the box but missing the point.

Laura Holt (was Holdcroft)
Acting Deputy Chief Nurse and Quality Officer
Lancashire and South Cumbria NHS Foundation Trust

Management and Supervision Tool



North East London NHS Foundation Trust (NELFT) have been working in collaboration with Holmusk to implement MaST (Management and Supervision Tool) as part of their Community Transformation Programme.

MaST provides an interactive system for our community teams using information from our existing electronic health record system (RIO), and applies a risk of crisis and complexity algorithm to support improved decision making. MaST doesn't require any additional data entry but brings relevant service user information together in one place so that prioritisation can be person-specific, evidence based and consistent across services.

The MaST project aims to enable our mental health services to work in a more joined-up way, empowering staff to manage their caseloads with less time spent on administration and more time delivering the best possible care for service users.

The Holmusk team and the pilot team in NELFT, including service users, have been working together since 2022 to develop the system in a way that enhances the professional practice in the team.

The initial feedback from the team is that this is a development that will make a real difference to service provision.

Susan Smyth
Director of Nursing (Trustwide Mental Health Inpatients)
North East London NHS Foundation Trust

Leeds is a city rich in services provided by many different health, social and voluntary organisations that support people experiencing difficulties with their mental health, and there is a long history of partnership working across health, adult social care and the voluntary and community sector.

That said, we know that for people who need and use mental health services, and for their loved ones/carers/family, that the reality can

‘In it together’– working in partnership to transform community mental health in Leeds

often be a disjointed experience where:

- People are referred between different services based on diagnosis, and complexity/risk, not need, with services bound by eligibility criteria, resulting in people ‘falling between the gaps’ of services.
- People are discharged from community mental health services with limited or no access to ongoing support in their community.

- There are significant disparities in access to, experience of, and outcomes of using health and care services based on people’s protected characteristics and environmental factors.

We want to change this and are working hard as a partnership in Leeds to change the offer for adults and older people with complex and ongoing mental health needs (commonly referred to as ‘severe mental illness’ or SMI).

Our vision is to create a radical new model of joined-up primary and community mental health that responds to local populations’ needs and will remove barriers to access, so that people:

- Access care, treatment and support as early as possible.
- Live as well as possible in their communities.

To make this vision real we have aimed to:

- Involve people with lived experience, including carers, across all areas of our work.
- Think holistically and creatively about all the things that matter to people and support them to live well.
- Get the right partners, representing a range of sectors, around the table and have them actively involved in the design, implementation and decision making.
- Constantly pay attention to relationships, culture and hierarchies.
- Use data and insight to understand differences in our populations, the strengths in our populations and what matters to people in different communities.
- Think differently about how we fund services and invest in communities.
- Develop new roles that really understand their communities and can support people to feel connected in their communities.
- Embed a trauma-informed lens in all that we do.

It’s early days on our change journey, but a key positive learning has been in the power of partnerships and building trust. We need to focus as much on relationships and culture as we do systems and processes and we need to create psychologically safe, reflective spaces for people to work together. As we start to implement and test our new ways of working, focusing on the how teams work together will be as important as to what they do. This is paramount if we really want to create services and support for people that are more joined up and more personalised, and deliver on our vision for a transformed system in Leeds.

Liz Hindmarsh
Programme Manager
Transforming Community Mental Health.
Leeds and York Partnership NHS Foundation Trust.

LeadingMinds

Learning disability nursing boosted by new professional development opportunities

All learning disability nurses have the opportunity to develop in key specialist areas following the launch of the **Learning Disability Nursing CPD Award** - an online training programme open to anybody with an interest in learning disability nursing.

As well as providing a programme to enable progression to various levels of practice and specialist roles, the training can be used to enhance core knowledge and can help to decrease variances in practice between services. It also provides an opportunity for people from other nursing backgrounds to gain knowledge of the fundamental aspects of learning disability nursing.

This fantastic step forward is part of the work to advance a dedicated career structure for learning disability nursing. The training provides a programme of continuing professional development and enhances the skillset of learning disability nurses working within specialist areas of community, inpatient, acute and primary care services.

Accessing the e-learning

The first session of the training programme is now live, with the three specialist clinical pathways to follow soon.

Marketing & Communications Team
Technology Enhanced Learning
NHS England

To find out more and to access the training, please visit the Learning Disability Nursing CPD Award programme page

SCAN FOR DETAILS

Students boost their confidence ahead of their first NHS role

NHS Learning Hub Beta

"The content is available for all nursing students, you just need a Learning Hub account which is free to all NHS staff and students."

Nursing students preparing for their first professional role can access updated resources to support them adjust to working life in the 'Preparing for your Future as a Nurse' programme which is on the NHS Learning Hub.

There are updates to the 'What to expect from preceptorship' section to support the new national preceptorship framework for nursing. More resources have been added to the self-care and wellbeing and clinical supervision sections and the programme is easier than ever to digest with videos, infographics and links to useful external resources.

The content is available for all nursing students, you just need a Learning Hub account which is free to all NHS staff and students and can be accessed at any time which means students can work their way through it around their university or placement workloads and schedules.

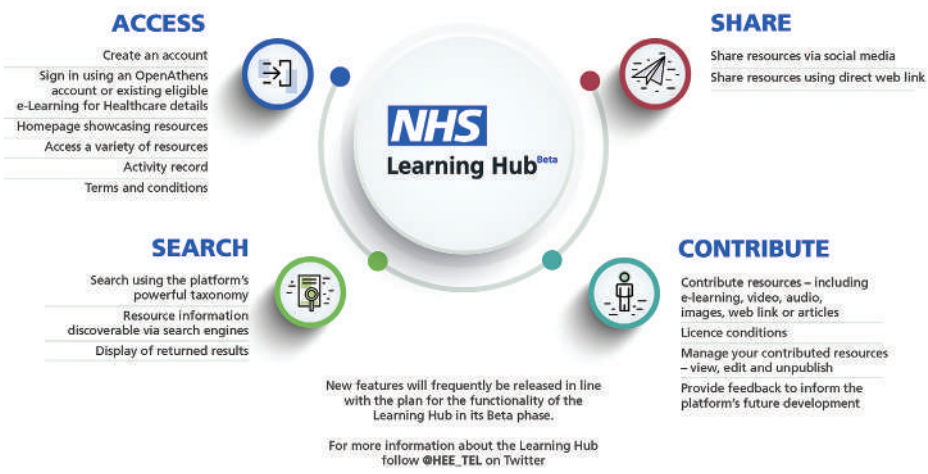
The 'Preparing for your Future as a Nurse' programme was developed by the NHS England Workforce, Training and Education directorate. It includes information to help transition from being a student nurse into a first post as a registered nurse with advice for searching and applying for a first job, what to expect at the start, how to make the most of the early stages of a nursing career, and much more.

Visit the **'Preparing for Your Future as a Nurse'** programme to find out more.

Please also look out for our posts on Twitter (@NHSE_TEL) and help us to share the message where you can.

To subscribe to TEL News please email: **edtechcomms@hee.nhs.uk**

Marketing & Communications Team
Technology Enhanced Learning
NHS England



LeadingMinds

South London and Maudsley (SLaM) NHS Foundation Trust – cause to complain

Why did we do this work?

In December 2021 the Trust went on an improvement journey to ensure that the complaints raised by our patients were responded to in a timely way. Following analysis of our data it had been found some patients could wait up to two years for a response. The Organisation reset the expectation of our complaints for a response to be sent to the patient within 28 days.

It was important to our Organisation to respond to a patient who had raised concerns within a reasonable time frame. The attention and priority we gave to replying to patients concerns was deemed to be a true north measure of how important our patient experience was to us.

This coincided with a review by the Public Health Service Ombudsman who were reviewing the NHS complaints standards and in December 2022 released their revised standards of which a key aim was.

"Staff respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging a complaint. They give clear timeframes for how long it will take to investigate the issues, considering the complexity of the matter."

Complaint responses sit within the portfolio of the Heads of Nursing and Quality. They were asked to address their backlog of complaints and put in improvements to ensure new complaints were responded to by the required standard.

As the Head of Nursing for Southwark, I was committed to the overall goal. I wanted us to send a clear message to our patients that their concerns were important to us.

The Directorate I led were starting from a baseline mean of 13% of complaint responses being sent within a 28 day time frame. This was calculated on data over the previous five years.

Despite us trying multiple methods to achieve the Trust standard, nothing was working for us. We had the largest backlog of unanswered complaints within the organisation.

"As the Head of Nursing for Southwark, I was committed to the overall goal. I wanted us to send a clear message to our patients that their concerns were important to us."

As a Directorate we felt this was a small but important way we could contribute to our Trust's core strategic ambitions. These included: to deliver outstanding mental health care to children, young people, adults, and older adults who we serve in our highly diverse communities, to enable our patients to be treated with kindness, compassion, dignity, and respect, to build a culture of trust together and to be viewed by our employees and communities as transparent, responsive, decent, and equitable.

What did we choose to do ?

Our Care Improvement System enables us to develop and embed a system of routines, behaviours and tools which will help solve problems and embed daily continuous improvement. It's an opportunity for us to focus on what matters most for patients, carers and their families. We decided to try one of the tools from this newly implemented system, an 'Improvement Huddle'.

Why do an Improvement Huddle?

They provide a structure for frontline teams to collectively improve on measures that directly feed into directorate and strategic priorities. It provides a forum for continuous improvement. It creates opportunities for teaching and engages the team in structured problem solving. The improvement methodology used enabled collegiate collaboration and enhanced inter-team communication. Weekly monitoring of measures enhanced process efficiencies. It supported us to build greater understanding of the solutions that worked for everyone instead of one member of the team, and ultimately enabled us to develop an improved and timely outcome for our patients who had raised concerns.

Authors: **Beatrice Komieter, Humera Shaikh, Helen Kelsall, Fatima-Zohra Allali, Annie Williams, Edith Adejobi, Anna Gillespie, Adeniyi Aderinto, Tara Murray.** South London & Maudsley NHS FT

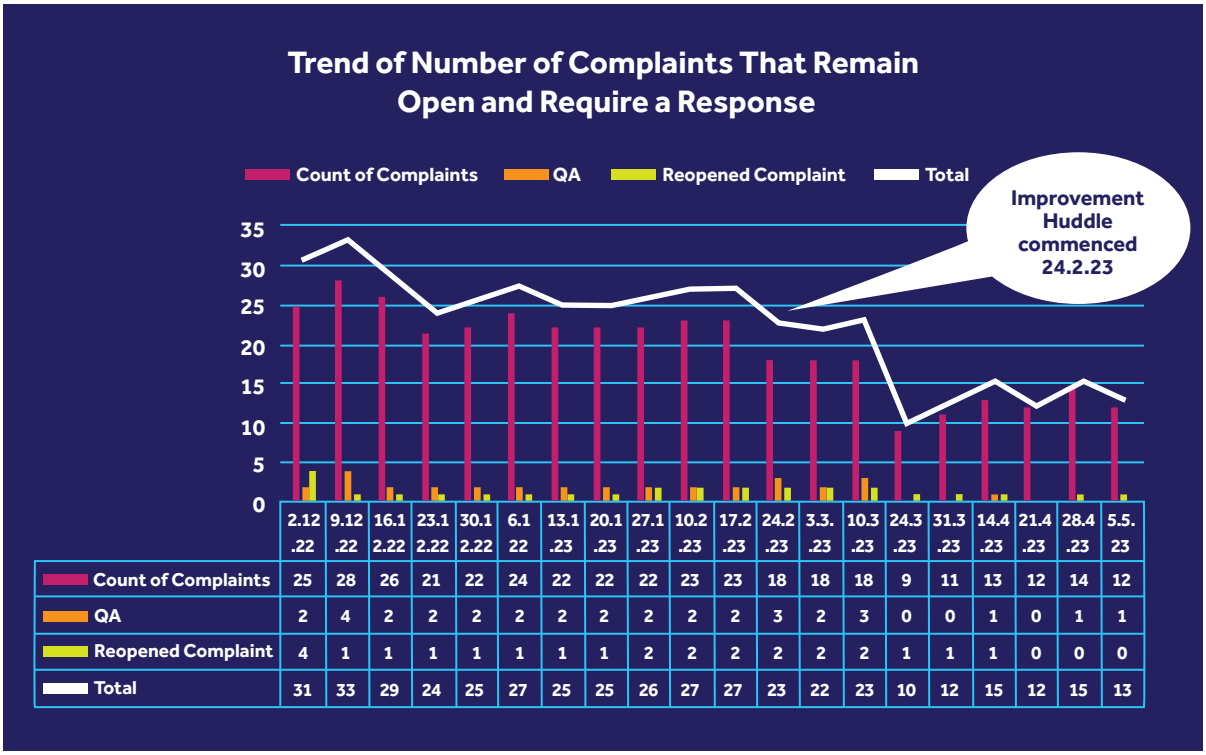
Who got involved?

Weekly Improvement Huddles took place. The Huddles were attended by the Deputy Chief Nurse, the Head of Nursing and Quality, the Deputy Head of Nursing and Quality, the Deputy Director for Crisis and Inpatients, the Deputy Director for Community Mental Healthcare, the Governance Lead, the Head of Complaints, the Governance Officer and the Clinical Governance Administrator. Huddles were held on Fridays. The best part of the Improvement Huddle was getting to celebrate our success.

What did we achieve?

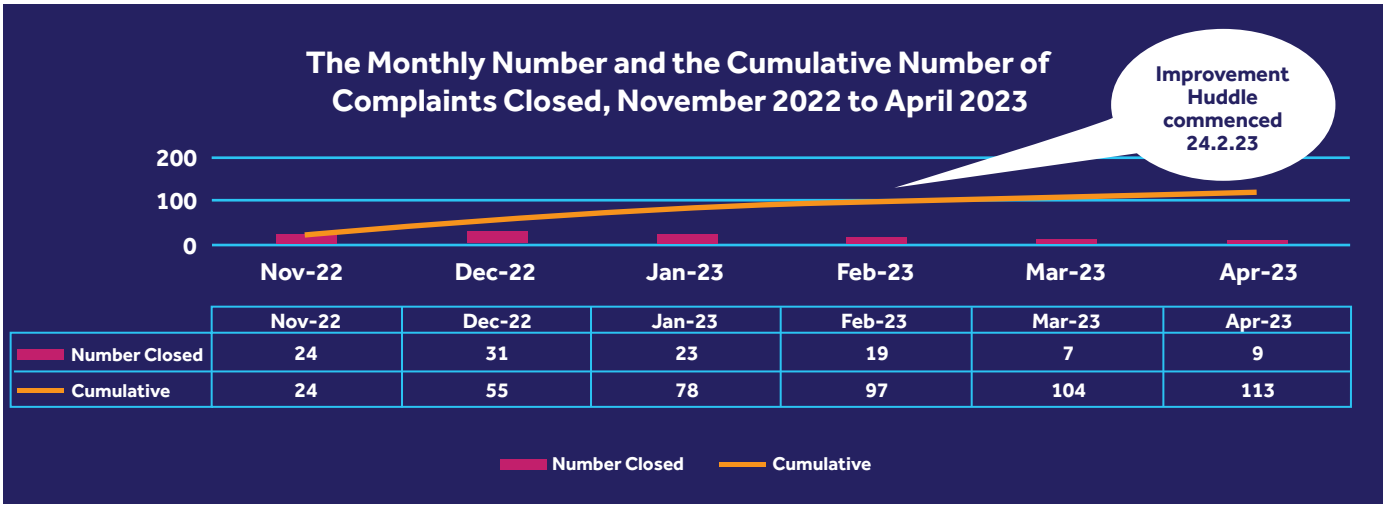
Following the commencement of the Improvement Huddle on 24 February 2023, the number of complaints that required a response reduced from n=28 (9.12.22) to n=9 (24.3.23) as per Graph 1. Using the methodology described above, complaint responses sent out on time weekly increased from 0% to 100% within 2 weeks of initiation of the Huddles. The methodology implemented has also enabled overdue and in-time complaints to be closed (Graph 2). In the month of April 2023, the Directorate achieved 86% of responses being sent within 28 days.

Graph 1.



	2.12.22	9.12.22	16.12.22	23.12.22	30.12.22	6.1.22	13.1.23	20.1.23	27.1.23	10.2.23	17.2.23	24.2.23	3.3.23	10.3.23	24.3.23	31.3.23	14.4.23	21.4.23	28.4.23	5.5.23
Count of Complaints	25	28	26	21	22	24	22	22	22	23	23	18	18	18	9	11	13	12	14	12
QA	2	4	2	2	2	2	2	2	2	2	2	3	2	3	0	0	1	0	1	1
Reopened Complaint	4	1	1	1	1	1	1	1	2	2	2	2	2	2	1	1	1	0	0	0
Total	31	33	29	24	25	27	25	25	26	27	27	23	22	23	10	12	15	12	15	13

Graph 2.



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number Closed	24	31	23	19	7	9
Cumulative	24	55	78	97	104	113

LeadingMinds

Community mental health transformation – co-production

Synopsis of the presentation

In Coventry and Warwickshire, at the very start of our Community MH Transformation journey, we began by working in close and equal partnership with our Experts by Experience (EBE) and Peer Recovery Workers. At the heart of our transformation has been a principle of equal power balance shared by all; creating a real cultural shift and a genuine culture of working together in a collaborative way. This has influenced decision making at all levels of the system.

The ethos of the adult and older adult community mental health transformation is to both enhance existing and develop new services to meet local needs. The aim is:

- Delivery of a mental health offer at a system, place and neighbourhood level to reduce local health inequalities and best meet the needs for our local populations through multi-agency MDT working.
- Greater integrated working between primary, secondary and voluntary community and social enterprise (VCSE) partners – reducing boundaries and silo working.
- Reduce variation in access to care and introduce new innovative care models, therapies and holistic treatment.
- Embed delivery of trauma informed care.

This is a groundbreaking, once in a generation transformation programme of Community Mental Health Services. This will benefit adults and older adults with severe enduring mental illness across Coventry and Warwickshire inline with the NHS Long Term Plan.

To deliver this transformation successfully there needs to be a coming together of not only those who deliver the services, but those who receive or have received them in a meaningful way.

representatives from all areas relevant to mental health service delivery to influence these essential changes.

This has been brought to life with the support of the CWPT communications team who have co-produced animations with staff and Experts by Experience and celebration films to promote and educate about our transformation.

How are we involving everyone to co-produce the transformation?

We are growing our lived experience workforce, especially through Peer Recovery Workers. We have also used the stories of those with lived experience of delivering and receiving services to bring the transformation to life. Our workstreams have

Co-production

This transformation has included key partners in the project including (but not exhaustive)

- CWPT staff throughout the organisation
- Coventry and Warwickshire Councils including social care
- Experts by Experience

- Peer Recovery Workers
- Members of the public
- Primary Care
- Integrated Care Boards
- NHS England
- Voluntary, Community and Social Enterprise services

Eleanor Cappell
Community Mental Health Transformation Programme Lead, CWPT
Cappell Eleanor (RYG) C&W PARTNERSHIP TRUST <Eleanor.Cappell@covwarkpt.nhs.uk>

Community Enhanced Response Model and building our future nursing workforce

South West London and St. George's NHS Trust are launching our new Enhanced Response Service on the 6th June 2023 in response to the critical pressures within our inpatient settings, A&E Departments and crisis teams, as well as our major challenges around our mental health workforce and the roll out of our community mental health transformation.

This service aims to improve our patient experience by enhanced triage, to determine the person's mental health related concerns, the urgency of the problem and the most appropriate f2f response, engagement and intervention. This will support patients and families within our community settings before they reach crisis, enabling them to stay in their community safely and successfully and continue on their clinical pathway and receive the appropriate interventions to reach their recovery goals.

This service will be provided by Trainee/ Advanced Clinical Practitioners within trainee posts who will be part of our Integrated Recovery Teams, creating a clinical career pathway for our nursing profession, acting as strong role models within the four ACP pillars and improving our workforce challenges.

Paula Robins
Head of Nursing & Quality
Adult Community Service Line
South West London & St George's Mental Health NHS Trust

LeadingMinds

Impact of a new Virtual Centre for Clinical Education and Professional Development

Background

In response to the changing landscape, Bradford District Care Trust has recently reviewed how learners, newly qualified and established support and registered staff groups across nursing and the allied health professions have timely and responsive access to education and pastoral support. As the Trust Estate does not enable a dedicated teaching and learning space, a Virtual Centre for Clinical Education and Professional Development has been established over the last six months. This encompasses investment in roles which are field specific across nursing and the allied health professions to enable equity of provision and a widening of the previous smaller team portfolio:

- Band 4: Education and Practice Development support workers providing education and pastoral support to HCSW/nursery nurses in the clinical setting and additional support for first year student nurses when in the placement area.
- Band 6: Practice Educators providing education and pastoral care to pre-registration learners and newly qualified registrants within their 12 month preceptorship. These roles are predominantly clinically based.
- Band 7: Practice Education Leads with a strategic focus and portfolio that includes placement allocations, quality assurance, placement expansion and student/placement support.
- Operational Manager for the centre with strategic oversight and responsibility for the centre - reporting into the Deputy Director for Nursing and the Professions.

Specific impact within mental health services

There have been two significant pieces of work that have demonstrated the impact of this investment within mental health services. The first is that of the Practice Educator who works across the community and inpatient services providing both group and bespoke 1-1 education and restorative supervision to newly qualified registrants and placement support to students when in the practice learning environment.

The second is the introduction of a Practice Educator for Physical Health within mental health inpatients. This role delivers on the Health Education England Physical Health Competency Framework for Mental Health and Learning Disability Settings (December 2020).

Leading change in preceptorship provision

Acting on feedback from previous newly qualified nurses, the Virtual Centre for Clinical Education and Professional Development has reviewed and refreshed its InsideOut preceptorship programme over the past year, demonstrating improved outcomes around NQN experience, a robust 12 month transition programme incorporating monthly restorative supervision and retention of its new registrant workforce. It has further expanded the offer inline with the NHSE National Preceptorship Framework (Oct 2022). The centre

now delivers preceptor masterclasses, offers a monthly preceptor forum for peer support and development opportunities and preceptor quality award, whereby preceptees can submit a nomination and the monthly recipients become a preceptorship champion for their service. The aim is to develop this into a community of practice moving forwards.

There was an identified need to review the preceptorship programme in light of the impact of Covid/placement challenges on the confidence and clinical competence of the graduating registrant. Alongside the ongoing need to retain nurses, ward/team-based transition pathway clinical competencies handbooks have been created. This has been a co-production piece collaboratively with the ward managers/team leaders and introduced for use in clinical practice. The Practice Educator has completed the Professional Nurse Advocate programme to deliver robust pastoral support responding to the resilience and emotional wellbeing needs of the newly qualified MH nurse.

"There was an identified need to review the preceptorship programme in light of the impact of Covid / placement challenges on the confidence and clinical competence of the graduating registrant."

Building on this, the Practice Educator:

- Provides timely and responsive support for both preceptors and preceptees.
- Is visible and accessible in the clinical area.
- Is the central point of contact for preceptees and preceptors.
- Facilitates improved communication channels to identify individual learning needs or concerns around progression.
- Provides a package of support and education which builds on strengths, celebrates progression and enables the registrant to flourish.

Physical Health training in mental health services

The Practice Educator for Physical Health plans, implements, delivers and evaluates training for qualified Mental Health Nurses and Nurse Associates across two hospital sites. The training package created meets the required competencies set out in the Health Education England physical health competency framework for mental health and learning disability settings (December 2020) and has been put in place to address the learning needs of this staff group via a dedicated role.

The training is delivered across an eight-week period (two days face to face and x two days MS teams) for qualified nursing associates and nurses within mental health inpatient settings.

The content of the training is as follows:

Day 1: (face to face for two weeks) NEWS & SBARD, Manual Blood Pressure, Sepsis, Blood Glucose & Diabetes.

Day 2: (MS teams for two weeks) Urinalysis, Seizures, Cardiology (ECG), Nutrition and Smoking.

Day 3: (MS teams for two weeks) Alcohol & Substance Misuse, Nutrition & Weight Management, VTE & Health Improvement & Wellbeing.

Day 4: (face-to-face for two weeks) Aseptic Technique & Infection Prevention, Wound Care, Pressure Ulcer Care & Catheter Care.

Upon completion of the training the nurses and nurse associates receive a signed competency booklet and a signed Continuous Professional Development certificate. There is ongoing pastoral support on an individual basis in the clinical setting and, if required. further support in any areas of the training. Wards have been provided with new wound care guides, pressure ulcer guides and a 'how to' guide to send an e-referral to the Tissue Viability Nurse.

From September the Practice Educator is looking to implement an annual training refresher for those that have already completed the physical health training programme.

"Upon completion of the training the nurses and nurse associates receive a signed competency booklet and a signed Continuous Professional Development certificate."

The training is being co-produced using evaluations completed by the nurses and nurse associates who have identified key areas of the original programme which they would like to revisit to further develop their knowledge base, confidence and competence.

References

BDCFT Preceptorship transition programme for newly qualified nurses and nursing associates (2022)

Health Education England physical health competency framework for mental health and learning disability settings (December 2020)

National preceptorship framework for nursing (NHSE Oct 2022)

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Seamus Watson
National Improvement Director, NHS England

The national investigation

This national investigation sought to understand how people at risk of suicide are cared for by community mental health teams (CMHTs) and the factors that contribute to care being delivered outside of national guidelines.

Specifically, the national investigation looked at the areas of:

- Assessing a patient's risk for self-harm or suicide.

- Identifying menopause as a risk factor for mental health.
- Engaging with families.
- Treating a patient with a first episode of psychosis.

Healthcare Safety Investigation Branch care delivery within community mental health teams

Findings

While national guidance says that a patient's risk of harm should not be stratified into categories such as high, medium or low, such stratification remains common in many trusts.

Current research only demonstrates a link between menopause and low mood, and not between menopause and more severe mental health symptoms.

Women are frequently prescribed antidepressant medication when hormone replacement therapy may be a more appropriate treatment for their symptoms.

Menopause is not routinely considered as a contributing factor in women with low mood who are assessed by mental health services, and staff do not receive training in this area as standard.

Mental health practitioners often find it difficult to know how and when to engage with families.

National guidance raised the upper age limit for referral to the Early Intervention in Psychosis pathway in 2016. Some trusts continue to prioritise younger patients for a variety of reasons.

Safety recommendations have been made to:

- NHS England
- Care Quality Commission
- National Institute for Health and Care Excellence
- Royal College of Psychiatrists

The Healthcare Safety Investigation Branch expect a response to their recommendations from these organisations within 90 days of publication of the final report.

Recommendations

HSIB recommends that the Care Quality Commission evaluates the way in which it reviews how community mental health services assess risk of harm, to ensure its inspections are inline with the latest national guidance.

HSIB recommends that the National Institute for Health and Care Excellence evaluates the available research relating to the risks associated with menopause on mental health and, if appropriate, updates existing guidance.

HSIB recommends that the Royal College of Psychiatrists forms a working group with relevant stakeholders to identify ways in which menopause can be considered during mental health assessments.

Safety observations

It may be beneficial for mental health organisations to have a dedicated liaison officer who acts as a point of contact for both families and clinicians when navigating involvement in a patient's care and decision making.

It may be beneficial for organisations to involve families in care planning and assessments, and that practitioners are appropriately trained in working with families.

It may be beneficial for education bodies to develop training programmes in safety planning and psychosocial assessments, once NHS England has provided guidance on how such assessments should be conducted.

It may be beneficial for mental health organisations to ensure their Early Intervention in Psychosis referral process is inline with the national guidance, and that staff are clear about the upper age limit of patients accepted onto the pathway.

HSIB noted the following safety action

NHS England has written to all mental health trusts in England to highlight the importance of taking a person-centred approach to psychosocial assessments and safety planning. The communication asks trusts to move away from risk assessment tools that stratify an individual's risk of suicide or self-harm.

To view full report scan QR code.

SCAN FOR DETAILS

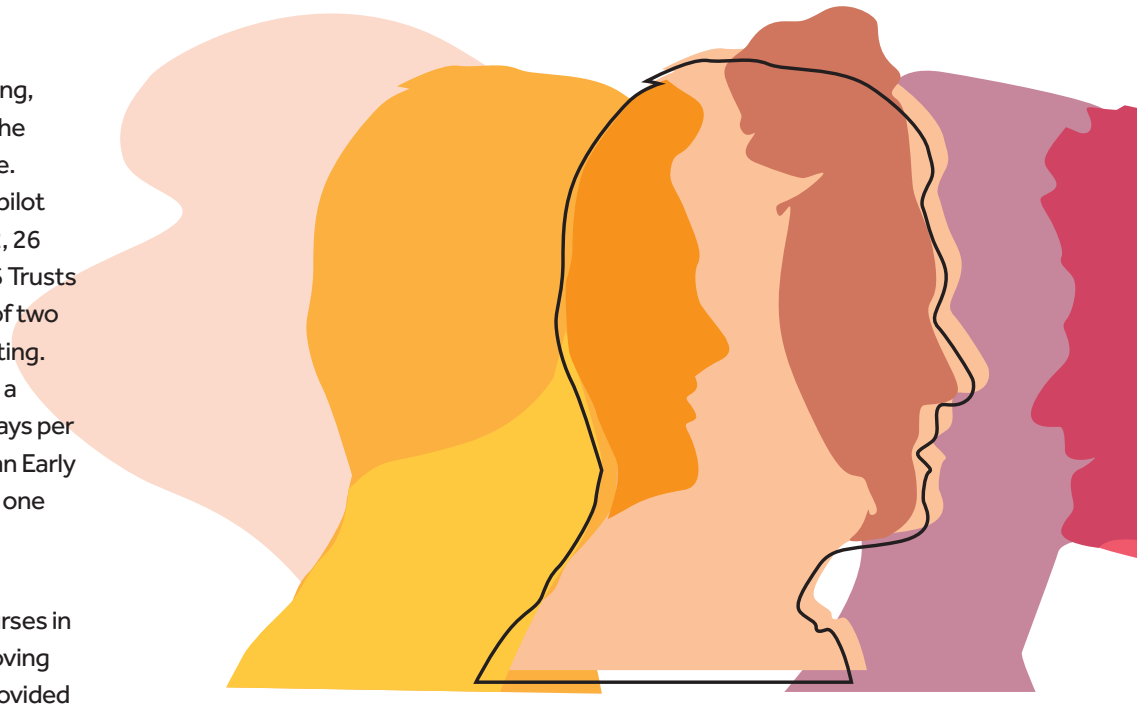
Supporting the mental health nursing workforce – implementing the Professional Nurse Educator role in a community mental health team

Twanna Menzies-Thompson discusses how she has implemented the Professional Nurse Educator role in a community mental health team, to support both the wellbeing and retention of the mental health nursing workforce.

The mental health nursing workforce has been experiencing ongoing recruitment and retention challenges. Accordingly, the Professional Nurse Educator (PNE) pilot role was developed to support training, development and wellbeing of the mental health nursing workforce. As part of the NHSE 12-month pilot which commenced in April 2022, 26 PNEs were appointed in 13 NHS Trusts across England. Twanna is one of two PNEs based in a community setting. Prior to this, she was working as a senior university lecturer four days per week and a care coordinator in an Early Intervention in Psychosis Team one day per week.

"My passion is to improve the experience for mental health nurses in the workplace, whilst also improving the quality and safety of care provided to people that access our services. Therefore, this role was 'right up my alley'. Albeit, I had many concerns some developing into fears as the role was new and still undefined. Fortunately, as part of the NHSE offer during the pilot, I was able to attend a monthly PNE community of practice, as well as quarterly oversight group meetings. This afforded me the invaluable opportunity to learn from my peers who were already in post. I was able to learn from their experiences, as well as borrow ideas and resources which had proved successful. For example, creating a PNE poster for sharing on the Trust intranet as one way of introducing and promoting the role. I must note that I had to adapt several of these ideas as I was based in the community in comparison to the majority of my PNE peers who were based in inpatient teams.

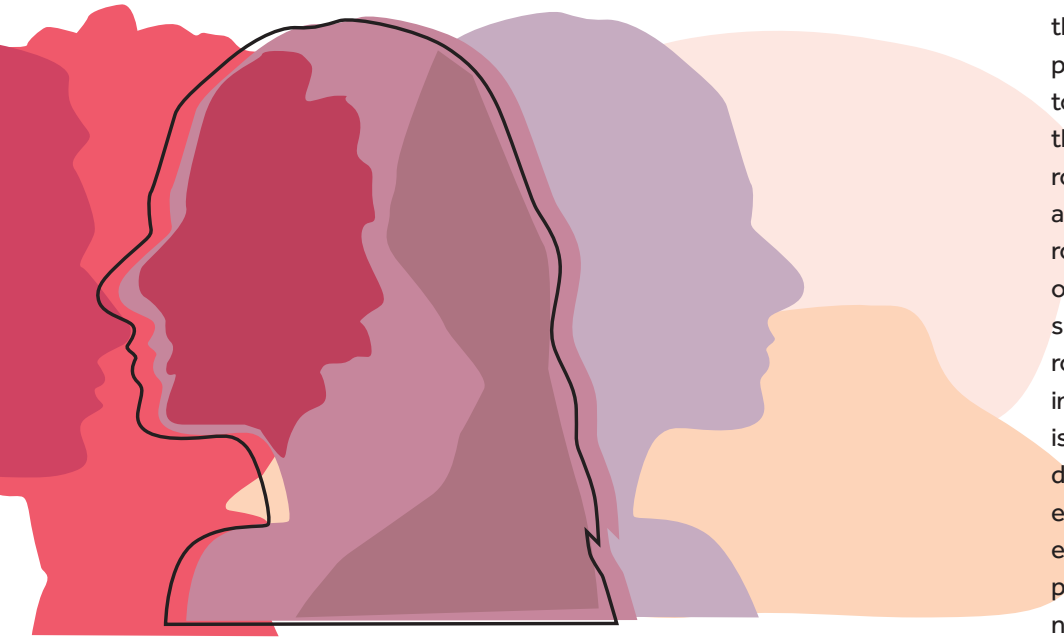
"I was tasked with supporting two teams consisting of mostly bank and agency nurses. One team had a manager who had just started in post. The other was being managed



" Since commencing my role, I have implemented a range of initiates to support both the wellbeing and professional development of mental health nurses in community teams."

"My passion is to improve the experience for mental health nurses in the workplace, whilst also improving the quality and safety of care provided to people that access our services."

by a senior social worker as the team manager was off longterm sick. I was informed that both teams had a high turnover of nurses. My approach was to attend the team meetings to introduce myself and the role as a form of wellbeing and developmental support. As I was responsible for developing a locality training programme, I had one to one meetings with each nurse to 'melt the ice' and seek their views on what they thought the issues were and how these could be improved. Furthermore, I shadowed the nurses in practice to better understand the barriers and challenges they were experiencing.



Since commencing my role, I have implemented a range of initiates to support both the wellbeing and professional development of mental health nurses in community teams. I have developed an induction process for newly recruited nurses. I created a locality handbook which provides concise information on the service, the role of the community mental health nurse, lone working, assessment and formulation, risk etc. The booklet includes a wellbeing section pertaining to the PNE and Practice Nurse Advocates (PNA) role and is provided to staff in conjunction with the Mental Health Nursing Handbook. I have also developed a locality training programme (and competency workbook) for all staff and implemented an induction process for student nurses. I also facilitate restorative clinical supervision (RCS) groups for Band 5 community mental health nurses and student nurses. Feedback that I have received from colleagues and students has indicated the positive impact of the PNE role on the staff teams that I am working with.

"Due to the role being based within the clinical team at 'point of care' I can provide personalised interventions to mental health nurses to enable them to develop professionally. As the role is a senior clinical role, I am also able to provide visible leadership and role modelling which further enables our mental health nurses to feel supported in the workplace. The PNE role itself has also brought me back into working in clinical practice which is something that I had not considered doing previously. It is a great role for experienced mental health nurses and encourages them to stay in clinical practice. This is important so that our new nurses and student nurses can be properly supported to develop and thrive."

For further information about the Professional Nurse Educator role please contact:

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LeadingMinds

South London and Maudsley (SLaM) NHS Foundation Trust case study

Background

In November 2021, Dame Ruth May, the Chief Nursing Officer for England, launched the national strategic plan for research, consisting of five key themes.

At South London and Maudsley NHS Foundation Trust, we have used the 'Listening into Action' platform to collaboratively create the Trust's strategic ambitions. One of our key strategic ambitions is '**Being a Catalyst for Change**,' which supports our commitment to being a leading and reliable voice in national and global conversations to improve mental health.

Context

The Nursing Directorate at the Trust sought to bring together the articulation of the Nursing Research Strategy with our Trust's strategic aims. One mechanism we have developed to achieve this is the Research Champion (RC) Network. Research Champions (RCs) serve as the primary point of contact to ensure our service users are aware of relevant opportunities to participate in research. The Network is multidisciplinary in nature with a strong emphasis on engaging our nursing workforce, who are incredibly well positioned to integrate research opportunities and findings to ensure high quality provision of care.

Outcome

How does the Research Champion role link with the themes from the Nurse Research Strategy?

Aligning nurse-led research with public need:

Nurses as RCs create a feedback loop between service users and researchers. RCs are the mechanism through which we can share both public priorities for research and disseminate findings in a meaningful way.

"At South London and Maudsley, we are passionate about research and developing our nurses as future leaders."

Releasing nurse-led potential:

We ensure that each RC's clinical team receives funding of eight hours a month, enabling protected time for RCs to dedicate to research activity.

Building the best research system:

By having a RC in each clinical team, we are building a research ecosystem, where the impact of research can be directly fed into care provision. We are creating a system of continuous quality improvement that places the community we serve at the heart and demonstrates the inextricable connection between research and clinical care.

Developing future nurse leaders of research:

Developing future nurse leaders of research is central to our ambition. Working closely with our RCs and their teams, we provide research-focused CPDs, journal subscriptions and secondment opportunities.

We offer student nurses the opportunity to become associate RCs, as well as a specialised research placement, thereby increasing awareness of clinical academic career opportunities and supporting those who wish to be future nurse research leaders.

Digitally enabled nurse-led research:

Making the most of our technologies, we have recently launched a Live Dashboard on our intranet with the studies open for recruitment. Our RCs can browse and filter studies by conditions/interest and share potential studies of interest and relevance to service users.

Conclusion

At South London and Maudsley we are passionate about research and developing our nurses as future leaders. The RC network is one example of how we are realising the National CNO research strategy at a local level and taking steps towards growing a clinical and academic pathway for our nurses.

References:

NHS England and NHS Improvement (2021). National Health Service (2021).

Making Research Matter

Chief Nursing Officer for England's strategic plan for research

Scan QR code for website

SCAN FOR DETAILS

Ishtaah Persand
Research Champion Nurse Lead

Carrie-Ann Black
Head of Nursing for Research and Quality, South London and Maudsley NHS Foundation Trust

Authors:
Karen Lascelles, Dorit Braun, Andy Watson, Liz Barkes, Linda Thompson, Ben Ssentume, Flo Evans, Ria Clarke, Rhiannon Shinner, Di Hilson

Involving and supporting families, friends and carers – Life Beyond the Cubicle project

The Community Interest Company Making Families Count and Oxford Health NHS FT have developed an e-Learning and training resource for adult mental health clinicians, with the aim of improving family involvement and support during and following mental health crises to help optimise safety and reduce harm. The project, which was funded by Health Education England, resulted from the sad and difficult bereavements of the project initiators from Making Families Count. We recognised that although there is a wealth of guidance about why and how to involve families and friends it is not happening consistently. We wanted to respond to the challenges of practice and help clinicians overcome barriers to meaningful engagement of families and friends. The title 'Beyond the Cubicle' denotes the importance of clinicians thinking beyond what is immediately before them and attending to the patient's and family's wider context and needs.

The project is led by Dorit Braun, volunteer Project Coordinator at Making Families Count and Karen Lascelles, Nurse Consultant at Oxford Health NHS Foundation Trust. It is firmly rooted in the wider mental health system through the support of an Advisory Group made up of members who reflect a wide range of expertise, disciplines and backgrounds, including people with lived experience.

The e-Learning materials have been developed by a small Co-Creation Group of 10 people with lived experience as patients, family carers and clinicians from Oxford Health NHS Foundation Trust. This process has been crucial to ensuring that the materials reflect the experiences and aspirations of those with lived experiences as well as the learning needs of clinicians.
The e-Learning materials consist of the following modules:

- Introduction (includes guidance on how to use this resource)
- Module 1: Why do families and friends matter?
- Module 2: Assumptions and expertise
- Module 3: Feelings and fears
- Module 4: Confidentiality and information sharing
- Module 5: Safety planning
- Resources for family and friends

The modules are interactive. Each module includes films, audios and scenarios along with questions for reflection and pointers to good practice.

Initial testing was carried out by clinicians in a range of work settings in Oxford Health NHS and Berkshire Foundation Trusts, including inpatient, crisis, psychiatric liaison and community teams. Student nurses were also invited to test. Materials are being revised based on feedback from this testing phase.

In autumn 2023 we plan to test the revised materials more widely with up to six NHS Mental Health Trusts. We will make further revisions and then publish on the Health Education England e-Learning platform in winter 2023. At that point the materials will be free to use by anyone working in the NHS.

Trusts who agree to test the materials will need to demonstrate how the Trust will implement the e-Learning, the range and numbers of clinicians who will be asked to test, the approach to providing feedback to the developers and to the independent evaluator.

If you are interested in testing, please contact Dorit Braun:
Dorit.Braun@makingfamiliescount.org.uk
or Karen Lascelles:
karen.lascelles@oxfordhealth.nhs.uk

Peter Hasler
Forum Development Officer

It is fantastic that we are once again meeting at Warwick for our conference. After the very successful autumn conference at Derby where the focus was on inpatient services, it is now an opportunity to look at our community services.

I remember 30 years ago when we implemented the 'Care Programme Approach' known to all as the CPA. It soon became part of our language; service users came to understand what it was and how their care and services were being co-ordinated through CPA. The National Community Mental Health Framework which commenced in April 2021 still has a way to go before staff and service users make this part of their everyday language. We will be supporting workstreams going forward to help implementation and learning.

The last year in the Forum has continued to be an active one and we are more able to respond quickly with MS Teams being part of all our lives. Some highlights I would draw your attention to: -

- In September 2022 we started our 4th intake of the Aspiring Director programme jointly with the NHS Confederation. 15 people commenced this year's programme of masterclasses, group and personal support. There is nothing more rewarding than to see individuals moving through their career and replacing the 'old guard.' Many of this year's cohort are attending the conference so please speak to them.
- The 2023 census of consultant nurses commenced in February. We are doing it differently this year with the census being sent to individuals. Fiona Nolan has been assisting with this and I am sure that the final report will be most interesting.
- The Consultant Nurses across the UK are now much better linked together and co-ordinating their work. This has been greatly helped with support from Emma Wadey at NHSE. We met with the chairs of the consultant nurse groups who had raised concerns that the robustness of appointments had slipped and they are offering to support organisations with appointments and national standards.

"The last year in the Forum has continued to be an active one and we are more able to respond quickly with MS Teams being part of all our lives."

- Last year we published the guidance on Vision-Based Patient Monitoring Systems (VBPMS) which can be found on our website - https://mhforum.org.uk/oxehealth-resource-pack This has been followed up with work on patient observation. In the autumn we plan to have a conference/workshop to review the VBPMS and to broaden out the thinking on digital solutions in mental health and learning disabilities.
- Other workstream meetings and events that have occurred include:-
  - Patient safety network meetings (May 22 and March 23).
  - NHSE on the review of suicide deaths and severe self-harm July 22).
  - The update on the Mental Health Act reforms (September 22).
  - The new guidance on medical emergencies in eating disorders (September 22).
  - Emma Wadey to discuss Risk Assessment tools (September 22).
  - Body worn cameras (October 22).
  - Learning from sexual safety incidents (October 22).
  - Inpatient quality transformation (January 23).

Peter Hasler
Forum Development Officer
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- o CNO Strategy (February and March 23).
- o Developing Consultant Nurse posts.
- o Patient and carer race equality framework (May 23).
- o Risk and Safety Assessment in mental health (May 23).

Finally, we have seen a lot of movement in the Chief Nurse posts across the country in the past 12 months. We say farewell to several people who have given so much of their careers to the profession and have decided to retire. We maintain an 'Alumni Nurse Director Group' and always look for opportunities to use their years of experience to mentor the next generation.

" There is nothing more rewarding than to see individuals moving through their career and replacing the ' old guard'. Many of this year' s cohort are attending the conference so please speak to them."

National Mental Health and Learning Disability Nurse Directors Forum

Influencing and advancing care in mental health and learning disabilities

Transformation of Community Services

08.45-09.15 **Registration**
Please wear your organisation ID badge

09.15-09.30 **Welcome by Chair**
Ellie Gordon, Senior Nurse: Learning disability and mental health, national nursing and midwifery directorate, Health Education England

09.30-10.30 **Schwartz session – 'Why I do the job I do'. Four panellists:**
Clare Parker, Executive Director of Quality & Nursing, Pennine Care NHS Foundation Trust.
Karen Lascelles, Nurse Consultant, Oxford Health. Dorit Braun, Project Coordinator, Life Beyond the Cubicle.
Marie Nicholls. MSc. RMN, General Manager - Community Mental Health & IAPT (Healthy Minds Service) Coventry & Warwickshire Partnership NHS Trust
Facilitated by Claire Maguire, Consultant Clinical Psychologist & Phil Gordon, Pennine Care NHS Foundation Trust

10.30-11.00 **Break & networking session**

11.00-11.15 **HSIB report on safety in community mental health services**
Seamus Watson, National Improvement Director, NHS England

11.15-11.45 **Assessment of suicide risk in mental health practice**
Shifting from prediction to therapeutic assessment, formulation and risk management
Karen Lascelles, Nurse Consultant, Oxford Health NHS Foundation Trust

11.45-11.55 **National overview and vision for 23/24**
Emma Wadey, Deputy Director Mental Health Nursing, NHS England

11.55-12.15 **Development of specialist qualification standards in community mental health nursing**
Emma Wadey, Deputy Director Mental Health Nursing, NHS England
Rebecca Burgess-Dawson, National Clinical Lead (Mental Health), Honorary Nurse Consultant (Crisis Resolution)

Moving on from CPA

12.15-12.30 **DIALOG+ – our journey so far**
Laura Holt, Acting Deputy Chief Nurse & Quality Officer, Lancashire & South Cumbria NHS Foundation Trust

12.30-12.45 **Update on community mental health transformation and the move away from CPA**
Clare Smyth , Programme Manager, Adult Community Mental Health Team, NHS England and NHS Improvement

12.45-13.00 **Questions & answers**
Laura Holt & Clare Smyth

13.00-14.00 **Lunch & networking session**

14.00-14.15 **Involving & supporting families, friends & carers – Life Beyond the Cubicle project**
Dorit Braun, Project Coordinator, Making Families Count, Life Beyond the Cubicle

14.15-14.30 **Community mental health – co-production**
Claire Handy, Advanced Lived Experience Development Lead. Trudy Cavanagh, Expert by Experience
Dawn Nicholls, Co-Production Lead & Dimensions, Tool Project Manager Coventry & Warwickshire Partnership NHS Trust

14.30-14.45 **In it together – working in partnership to transform community mental health in Leeds**
Liz Hindmarsh, Transforming Community Mental Health Programme Manager. Annette Morris, Involvement Lead, Leeds Involving People. Bill Owen, Operations Director, Barca. Debbie Thrush, Clinical Lead Working Age Adults Community Mental Health Teams, Leeds & York NHS Partnership Foundation Trust

14.45-15.00 **Implementation of Management and Supervision Tool (MaST) in our community mental health teams**
Susan Smyth, Director of Nursing (Trustwide Mental Health Inpatients), North East London NHS Foundation Trust

15.00-15.15 **Community enhanced response model and building of future nursing workforce**
Paula Robins, Head of Nursing & Quality, Adult Community Service Line, South West London & St George's Mental Health NHS Trust

15.15-15.30 **Questions & chairs closing comments. Refreshments available on close**
Ellie Gordon, Senior Nurse: Learning disability and mental health, national nursing & midwifery directorate, Health Education England