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National Mental Health Nurse Directors Forum

Influencing and advancing care in mental health and learning disabilities

LEADING MINDS

The Strategic Landscape and the Nursing Contribution #MHForum2019

Happy Nurses Day Everyone

Welcome to the May edition of Leading Minds, my first as Editor. This newsletter is an opportunity for sharing good practice across our organisations big or small all contributions are welcome and appreciated. So keep them coming.

It is indeed a time of change within our profession, which sees a new chair of the Forum Mel Coombes and a new CNO Dr Ruth May, building on the previous work of both Avril and Jane.

It is also the year we celebrate 100 Years of Learning Disability Nursing. Last year we held a very successful Learning Disability conference focusing on the contribution Learning Disabilities Nurses bring to peoples life's. We also heard of the significant crisis in recruitment to Learning Disability nursing which is being supported by NHSE. However, as DONs and senior Nurse leaders we have a significant opportunity and role to ensure we support the Learning Disability nurses of the future. We are seeing more and more people with complex needs who need the care and interventions that Learning Disability Nurses (working in MDTs) bring, to support people achieve a quality of life.

I am also glad our new CNO has a focus on recruitment and retention particularly a challenge for us all. We have heard recently on social media about the mental distress that can be caused by working in our services and on page 15 Simon shares his research on mental illness in healthcare workers, which gives us all food for thought in terms of our organisations offer on Mental Health Wellbeing to the workforce.

I am mindful there is still a lot we can do together to improve the environment we work in particularly in relation to modernising our approach to staffing and career development, for existing nurses and young

people coming into the profession. On page 10 Venessa Beverly and Jane set out the work they are doing together, surely best practice in terms of workforce planning, collaboration and working across boundaries. Not to mention the work Peter is leading on in strengthening Mental Health and Learning disability nursing page 17.

Finally thank you to all the contributors of this edition, have a great conference and all the best for the 12th of May Nurses Day.

#proudtocare

MARIA NELLIGAN
EXECUTIVE DIRECTOR OF NURSING AND QUALITY, NORTH STAFFORDSHIRE COMBINED HEALTHCARE
LEADING MINDS EDITOR

The information sharing bulletin for National Mental Health Nurse Directors Forum

CQC Relationships

The MHLD forum continues to have strong positive relationships with the CQC. The CQC published its report on Sexual Safety (cqc.org.uk/publications/major-report/sexual-safety-mental-health-wards) in September 2018 and has now gone on to develop the brief guide as to how trust will be inspected in this area. Our co-production event the forum held with the CQC fundamentally shaped this report.

On the 28th June we are holding a further co-production event with the CQC, focused this time on the CQC and the MHLD forums response to the state of care report, in particular, in reference to Acute Adult inpatient services and our patients and staff experiences. This followed the letter all trusts received from Paul Lelliott on 29 March 2019. Joining us at the event will be Paul Lelliott, Deputy Chief Inspector (Lead for Mental Health) Care Quality Commission (CQC), Professor Sir Simon Wessely (Professor of Psychological Medicine) Kings College London and Adrian Eggleston, Director & EFM Operational Lead, NHS Estates and Facilities Division. We are looking forward to welcoming DoN colleagues to this event. The Agenda and pre event reading can be found here mhforum.org.uk/all-events.

I am continuing to work with the CQC on a brief guide on care planning (these are the guides the CQC use when carrying out the inspections and providing evidence for the reports). I will circulate over the summer the final draft for your consideration. Your support and expertise is much appreciated.

As always, if there are areas where you feel we should be focusing our work with the CQC please do not hesitate to get in touch with myself.

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Statement related to co-development:

“As a man and student mental health nurse in the 90’s, I learnt about inequalities in health; in particular men’s reduced access to health support due to a range socio-economic reasons. Gradually I’ve become more active in promoting men’s health, through fundraising and raising awareness through national events (e.g Movember, Campaign Against Living Miserably (CALM), face up to cancer).

In 2011 I was involved in the Implementing Recovery and Organisational Change (ImROC) project, which was supported by the Department of Health. I had the opportunity to visit Nottinghamshire Healthcare NHS Foundation Trust’s Recovery College, led by Julie Repper and attend a range of national workshops. Whilst I had always thought that I’d worked collaboratively with the people I cared for, I learnt more about co-production and co-delivery, which I embraced and put into practice.

When I joined NHFT in 2016, I was pleased that a Recovery College was being created and volunteered to contribute. As a Senior Practitioner and Dialectical Behaviour Therapist in the Personality Disorder Hub, I was able to combine my personal and professional interest in promoting men’s mental health. Initially I was able to attend workshops about the recovery college, which helped to refresh my knowledge and meet like-minded others and begin to draft the course I wanted to deliver.

I was then paired with a male Improved Access to Psychological Therapies (IAPT) peer support worker to co-develop and co-deliver a course. Around this time I had also began attending NHFT’s Suicide Prevention Strategy Group. Having met with him, we shared lots of common interests. When places were advertised to attend the ‘Working Together Suicide Prevention’ Conference in March 2018, I shared the details with him, as it was a common interest, we attended together and it proved to be a great opportunity to learn more about the subject. We then enrolled onto the NVQ in Planning and Delivering Training, which enabled us to develop a training plan. On one of the days of completing the training, sadly a mutual colleague and friend died by suicide, which increased our commitment to raise awareness and share ways of gaining support to prevent suicide.

Since then we were joined by Expert by Experience (EBE), who previously completed the Structured Clinical management program with NHFT. We now had three equally passionate men, keen to share their knowledge and experiences to challenge the myths about talking about suicide, whilst raising awareness and increasing prevention.

We then piloted the course, were given helpful and constructive feedback and then delivered the course at the University of Northampton to service users, carers, mental health nursing and OT students, which was really rewarding.

I’m now thinking about how I can organise a ‘living library’ inspired by the Recovery College in Nottinghamshire Healthcare NHS Foundation Trust, whilst doing a sponsored walk/run or ride in memory of those lost to suicide, whilst promoting men’s mental health”

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Northumberland Tyne and Wear NHS Foundation Trust (NTW) is Leading the way for Multi Professional Approved Clinicians

The changes made in England and Wales to the Mental Health Act (1983) in 2007, introduced "non-medical" Approved Clinicians (AC) broadening the range of professionals able to undertake the functions previously performed by the Responsible Medical officer (RMO).

An Approved Clinician (AC) is an experienced professional (doctor, social worker, psychologist, mental health or learning disability nurse or occupational therapist) who has been approved as possessing the necessary knowledge, skills and competencies to be responsible for the care and treatment of someone cared for within the mental health system. The Responsible Clinician (RC) is the AC with the overall responsibility for the care and treatment of a patient detained under the Mental Health Act (MHA) including those who are subject to compulsion within the community.

The "non- medical AC/RC" terminology is misleading because it indicates the role is somehow different to our medical colleagues when there is no distinction between the legal powers of the role. Consequently, NTW has introduced the term Multi- Professional Approved Clinicians (MPACs) because it is more respectful and inclusive of all professions, including doctors.

Despite the changes to the Act in 2007, Oates et al, (2018) highlighted the application of the "non-medical" role is still in its infancy, with limited uptake. As of October 2018, information collated by the North of England Approval Panel (NEAP) indicated there were just 67 MPACs out of 7000 who were not doctors (England and Wales). There was a total of 23 nurses; 10 of whom were employed within the North East of England and 6 within NTW. The North of England also has the larger national number of MPAC, psychologists totalling 21 out of 40. Unfortunately there are only 2 Occupational Therapists and 2 Social workers identified elsewhere within the country.

Following the changes to the Act, early field testing began within NTW. The field test project prepared a cohort of two senior nurses and three consultant clinical psychologists (Gillmer and Taylor, 2008). Following the success of this approach MPACs including nurses and psychologists have gradually expanded across services.

Oates el al (2018) suggested the role may be undertaken in any setting. This is a replicated finding within NTW for nurses and psychologists. From a nursing perspective, Nurse Consultant posts have increased incorporating the MPAC role within job descriptions. Subsequently the role has developed within inpatient and community settings including: Learning Disability; the Rehabilitation Pathway; Secure services; Children and Young Peoples services; Urgent Care/acute admissions and the north and south community teams.

In summary, the role remains in its infancy. Coffey and Hannigan (2013) identified it presented a significant departure from existing modes of practice, extending the responsibilities of nurses into new and uncharted areas. We continue to find the MPAC role challenges traditional practice and culture but continue to build upon our success. NTW pioneers forward, valuing the importance of a broader range of professionals within this role to provide patient choice. It also recognises the wider expertise of professionals, utilising their clinical skills, knowledge and competence to meet patient need.

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Positive Practice Principles in the Setting of Standards for Collaborative Mental Health Care Delivery

Crisis and Access Teams across the UK are under constant internal and external pressure to deliver high quality care in an ever changing environment.

This summary illustrates how the development of a Clinical Standards Group (CSG) sustains progress and improvements for the Service Users, their Carers and the workforce. The principles "fundamental foundations for a system of beliefs, concepts and behaviours" were laid down early on in the process of the group's development, from previous structures (Trust-wide Crisis Team Forum in 2008 then Business Unit Development in 2010). The focus was improving clinical quality, sharing good practice and contributing to the national body of evidence whilst standardising approaches and models across the Northumberland Tyne and Wear (NTW) NHS trust footprint.

It was evident there were varying approaches to crisis clinical practice, hence the group was tasked with a collective standardised programme of works.

Standard- A level of quality or attainment; something used as a measure, norm, or model in comparative evaluations. Oxford Dictionary.

In the early days of the Trust Wide Crisis Forum, the membership consisted mainly of Team and Service Managers. In present times, the CSG is attended by all Clinical Leads working in Access, Crisis and Street Triage, Nurse Consultants, Medical staff, and Clinical Managers, as well as having Service User and Carer facilitator involvement and pharmacy representatives. Staff considering Clinical Lead positions, or expressing a desire to attend as part of their development are also welcome additions to the group. Others have been co-opted onto the group dependent on focus/content. For example, Veterans Mental Health services, peer support workers and PALS staff.

The group meets monthly with an agreed agenda; devise annual Action/Audit Plans and also protect development days to share ideas, review/update programmes of work and support individuals' professional progression. In addition, the group has developed a Service User and Carer Strategy, and host twice yearly events to focus on the needs of Service Users and Carers, held at local Carer Centres across the NTW footprint.

The CSG approach has enabled and empowered staff to improve quality of Access and Crisis care provided to our service users. Having a shared vision; shared goals; meaningful exchange of ideas in a 'safe space', the CSG has completed a range of outputs and quality standards. These are monitored by a programme of audit, aiming to complete one audit every month, led by a Clinical Lead with support from another group member. The outcomes of audits have been presented at national conferences and promoted within the RC Psych HTAS Chat facility.

The CSG generates a culture of learning and professional growth within a supportive, structured environment.

A successful CSG is viewed as a change agent within the context of Collective Leadership Principles, contrasting with traditional approaches to leadership, and developing clinical collective capability. This approach may inform other Access and Crisis Teams nationally.

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Sexual safety on Mental Health Wards – Our Response

Sexual Safety on Mental Health Wards (CQC, September 2018) reports findings from sexual patient safety incidents submitted through the NHS National Reporting and Learning System (NRLS) from data collected (April to June 2017) from 54 mental health trusts in England. Included were incidents that involved sexual assault or harassment of patients or of staff, and sexualised behaviour. Also included were incidents of nakedness, even when this was in a non-sexual context, and sexual words used as insults. Also included were reports that appeared to describe consensual sexual activity because it was rarely possible to determine from the description whether those involved had the mental capacity to agree to engage in sexual activity.

Lincolnshire Partnership NHS Foundation Trust (the Trust) had representatives attend one of the CQC's four related engagement events where initial findings were discussed. Findings were:

1. Clinical leaders of mental health services do not always know the best ways to promote the sexual safety of people using services and of their staff.
   Many staff do not have the skills to respond appropriately to incidents.

2. It is likely incidents are under-reported and reports may not reflect the true impact on the person who is affected.

3. People who use services do not always feel that they are kept safe from unwanted sexual behaviour.

4. Joint working with other agencies such as the police does not always work well in practice.

Recommendations were:

- The health and social care system must provide co-produced guidance to enable everyone who delivers mental health services to do the right thing about sexual safety.
- Staff should be given the right training to enable them to put in place new national guidance for managing sexual safety incidents. Leaders must also encourage staff to have open conversations about sexual safety with people who use services.
- Providers, stakeholders, staff, people who use services, the police and safeguarding teams should work together on the approach to sexual safety incidents to make sure that disclosures are taken seriously and given the attention and sensitivity they deserve.
- In summary, the report highlights the responsibility every Trust has to ensure that patients on in-patient wards are kept safe and their privacy and dignity maintained at a time that, for many, is the most vulnerable point in their lives. The Royal College of Nursing (RCN) in its response to this report highlighted that patients are safer when clinical staff receive regular and consistent clinical supervision.

Our actions to date include:

1. Each of the clinical divisions with in-patient wards has completed a high level gap analysis against the findings and recommendations of the report. Work aligned to this analysis is already underway and will continue.
2. Clinical divisions have drafted and circulated a patient safety leaflet which includes a focus on sexual safety. This will be built on in the coming months so ward specific and easy read versions are co-produced with patients and / or carers (where appropriate).
3. A sexual safety project has been established, with dedicated leadership within the clinical divisions and with strong patient, staff and student involvement.
4. The Trust has an established CQI work stream to support the embedding of clinical supervision across the Trust, to ensure clinical staff receive regular and consistent clinical supervision.

CQI Sexual Safety Project – Progress to date:

- Dedicated project lead (Band 7) one day per week; and dedicated project support (Band 4) 2 days per week; and an oversight group to support successful progress of the project.
- There is a strong emphasis on collaboration, recognising that strong patient and staff involvement is needed to address issues of not feeling safe from either comments or acts of a sexual nature within in-patient wards. Staff must be empowered to have open conversations with service users and be able to work collaboratively to ensure concerns raised by patients, carers, staff and students are dealt with both sensitively and seriously.
- The sexual safety project team is working across both the Trust's older adult and adult inpatient wards to raise awareness and gain both staff and patient / carer opinions about feeling safe on in-patient wards via 'feeling safe groups' and questionnaire feedback. These avenues of data collection have already identified and highlighted potential areas for improvement and the groups empower all parties to speak up and discuss how and what can be done to support all to feel safe within the inpatient settings during difficult periods.
- Student Nurses, staff members and patients throughout the project will be at the centre of future focus groups, data collection and review and re-testing of data and will provide input into a training package to be the catalyst for this change.
- Staff on the wards, following undergoing the training in sexual safety, will have a greater awareness and along with patients will be given greater opportunities to express thoughts and feeling around safety. By fully involving students in this project and supporting them to undergo the training as well as existing staff, the Trust's future workforce to be better equipped to manage their own and their patients' sexual safety on in-patient wards.
- The Sexual Safety Project Group has presented its early work at a national level and will continue to network widely to support sharing of learning and to support best related practice.

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SLP Nursing Development Programme

South London Mental Health and Community Partnership – Oxleas Foundation Trust, South London and Maudsley Foundation Trust, South West London and St George's Mental Health NHS Trust

Collaboration not competition has risen rapidly up the NHS catchphrase charts since the Long-Term Plan was published.

There's a very welcome focus on increasing partnership working – locally and not 'top down' – to planning and delivering services that meet distinct population needs.

The signal to move away from the purchaser-provider split to more collaborative, ICS-based, approaches sees Trusts increasingly working together, putting local patients at the centre of service development and innovation.

Here in south London, we have been talking 'collaboration not competition' for nearly two years. Led by our three Chief Executives, the three Trusts in the South London Mental Health and Community Partnership (SLP) have made this happen.

Our Directors of Nursing have come together in a true partnership, sharing ideas and resources and leading innovations and initiatives for each other.

This has helped a culture of true collaboration to thrive - we've put new policies, processes, and practices in place and now work very differently.

New system-level New Care Models programmes for Adult secure Forensic and Tier 4 CAMHS patients have improved outcomes, brought care closer to home, and saved millions to reinvest in local services. We're now applying this approach to highly complex patients (typically with a diagnosis of psychosis and often significant co-morbidities and challenging behaviours requiring funded, restrictive, placements), working with CCG and Local Authority commissioners.

We identified the chance to tackle together a key challenge - retaining and developing a nursing workforce for the future. And of course, improving patient experience through continuity of care, and better managing use of agency staff, and associated cost pressures.

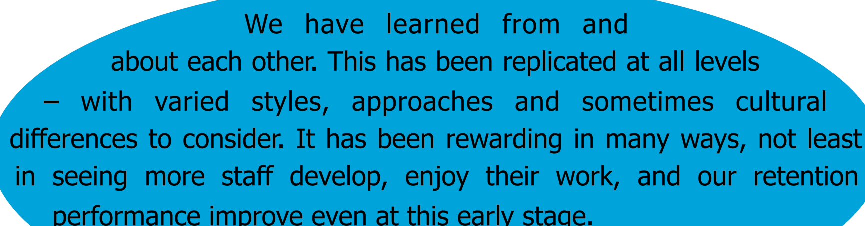
We formed the Nursing Development Programme - a workforce development strategy encompassing our 4,500+ nurses. A huge consultation exercise including 35 separate events, identified key issues driving staff turnover, job satisfaction and retention and areas to improve, including:

- Clear career progression routes
- Increased face to face time with patients
- More training and development opportunities
- Experience in different roles and across Trusts

We co-designed and co-deliver a highly focussed programme working collaboratively in teams drawn from and covering all three Trusts, with development nurse secondment roles.

Specific initiatives have included:

- Introducing common job descriptions for all band 2-6 nursing roles
- Developing and launching competency frameworks supporting clear progression routes with the skills, qualifications and experiences required from Band 2-6
- 'Employee Passport' so staff can move easily and quickly between our Trusts without repeating checks and mandatory and statutory training. We agreed the principle that 'the training quality matters most' not replicating exact style, content and format of courses. Staff can share their training and development records so their new HR teams and line managers can better support future career development
- Post-graduate learning including Master's degrees for 30+ nurses
- Introduced 70+ Nursing Associates, giving Band 3 HCAs new development opportunities through two-year courses including university study. We are taking on the challenges of embedding this role into ward and community teams, freeing up RMNs for more patient-facing time
- Series of new training programmes and courses including BAME Leadership, Reducing Restrictive Practice, Responsible Clinician/Approved Clinician training for nurses as a potential career pathway, Band 6 Leadership for inpatient nurses



Ruth Fortune, Nursing Associate from Oxleas' Older People's Community Mental Health Team and one of the first cohort to complete the programme, said: "It was positive being able to combine work with study and the combination of theory and practical knowledge helped 'join the dots'. I feel confident and empowered to take on extra responsibility and focus on even more patient-centred care."

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BEVERLEY MURPHY, DIRECTOR OF NURSING, SLAM
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Resetting boundaries: Preserving our future workforce

2018 was the NHS's 70th anniversary with many marking this milestone with celebration, reflections and concern about the next 70 years. Many recognise that staff are the pinnacle to the NHS's continued success. Ensuring that a growing and ageing population receives the right care at the right time and in the right place relies on having the right resources to deliver this care.

The need for transformational thinking to meeting the challenges of a strained workforce have never been more critical. Figures show that we have 20,000 vacancies in mental health, 5000 of those are nurses who have left since 2010. This number will continue to grow if there are no radical steps taken to tackle the situation. We need a flexible approach to the delivery of services to attract and retain a strong sustainable workforce.

Work relating to workforce transformation is under way with Health Education England and its partners working to procure the appropriate education and training programmes to support the extension of existing and established roles. Advanced clinical practice (ACP) is one such avenue. ACP's are predicted to help to improve clinical continuity, provide more patient-focused care, enhance the multi-professional team and help to provide safe, accessible and high quality care. NHS employers nationally are considering how ACP's can meet service need.

KMPT is one such provider organisation. The trust is 6 months into a 12 month trainee ACP pilot to support the development of advanced roles within the organisation. The pilot is strongly aligned to the trusts ambitious Nursing strategy which includes the development of a nursing clinical career pathway. The trainee ACP pilot is a an initial step in exploring how these new advanced roles will be implemented within in acute inpatient settings. The pilot will also support the identification of any gaps in governance structures and lay the foundations of an advanced clinical practice policy for the organisation to support consistency in local practice. The pilot will also explore a work based portfolio pathway- an alternative pathway to the current academic and clinical practice portfolio achieved though the ACP masters.

Our trainee candidates were selected based on the 4 pillar of advanced practice, with candidates expected to evidence some experience in these domains.

The pilot will be evaluated through qualitative measures, gathered from a range of stakeholders, the impact of the role; notably in creating and improving capacity and sustainability within the system. The pilot has also provided the organisation with opportunities to network with other provider organisations to explore challenges to ACP practice in mental health.

Initial findings are that the pilot is demonstrating a successful project that will further enable the delivery of timely care whilst ensuring that the introduction of new roles is considered and structured. Additionally, the trainees ACPs appear to be bringing a unique and valuable contribution to the ward team.

At a local level, the pilot is demonstrating the innovation and bold leadership required to reset the traditional models of care and look to a flexible ways to continue to deliver quality and improve patient outcomes- themes that are reflected in the NHS long term plan.

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Safer dementia care in Mental Health hospitals

Manor Hospital is CWPT's dementia inpatient facility. Patients admitted to Manor Hospital have a primary diagnosis of dementia, and almost all patients are designated at risk of falls. 50% of falls at Manor Hospital occur in bedrooms, of which 70% occur during the night shift.

CWPT chose Manor Hospital as the first service pathway to implement an innovative new digital tool that improves patient safety, and in the case of dementia patients, reduces the number of falls and associated patient injuries.

Oxehealth's "Digital Care Assistant" uses an optical sensor to pay attention to a patient in a room. It provides data to staff on high-risk activity that may lead to falls, tracks night-time behaviour, and enables nurses to measure vital signs without entering a bedroom and disturbing a patient while they sleep. There is no device connected to the patient, and the technology works even in total darkness.

The technology was installed in 12 bedrooms (50% total) in Manor Hospital (dementia wards). After 8-months, the impact of the Digital Care Assistant in Manor Hospital has been significant:

-33% reduction in falls at night

-Significant reduction in fall severity; moderate falls reduced from 8% to 2%

-56% reduction in demand for A&E services

-Staff and carers report greater confidence and peace-of-mind

-460 clinical hours saved per year from reducing falls

-71% reduction (7,800 clinical hours per year) in enhanced observations

Staff reported feeling more confident in managing patient risk; Tracy Beechey, Deputy Ward Manager stated, "I couldn't imagine not having the system now in place. It's something that makes us feel more secure and we feel it sets up safety for the patients."

Linda Fitzpatrick, Ward Manager, commented, "The system is part of our team… It's our 6th team member of staff on the night shift…it cannot do the hands-on care, but it can give you more time [for the hands-on care]."

Carers felt greater peace of mind. When asked what he liked most about the system, one carer responded "peace of mind that my mum is being well looked after."

The introduction of the Digital Care Assistant has reduced falls, improving the quality of patient care and experience during their stay at Manor Hospital. At the same time, staff experience has improved and there is a clear business case emerging for the organisation - as well as the wider NHS.

For more information, you can read the full report here: oxehealth.com/resources/falls_white_paper

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Survey regarding mental illness amongst healthcare workers

This is a summary of some of the findings of research regarding mental illness amongst NHS healthcare workers and the causal beliefs held by NHS healthcare workers. This research has been accepted for publication in the British Journal of Mental Health Nursing.

The literature suggests that there are high rates of mental illness amongst healthcare workers.

A questionnaire survey regarding mental illness amongst healthcare workers, including nurses, (n=2073) was conducted in four London NHS Trusts. Three of the Trusts provided mental health services. Some highlights were:

- 47% of respondents disclosed they had experienced a mental illness
- 76% reported a family member had experienced a mental illness
- 70% reported a colleague had disclosed a mental illness
- 12% reported that low intelligence was very important in explaining mental illness
- 10% reported that possession by evil spirits or demons was very important in explaining mental illness
- 97% reported there would be a decreased chance of gaining promotion if a healthcare worker disclosed a mental illness at work
- 68% reported there would be an increase in being shunned if a healthcare worker disclosed a mental illness at work

It is acknowledged that the response rate was low and that this is a limitation. However, the study was conducted over four sites and there were 2073 respondents, which gives it strength.

The results highlight that many NHS healthcare workers have personal experience of a mental illness. The results also highlight some non-evidence based causal explanations for mental illness held by healthcare workers, and some of the perceived risks of a healthcare worker disclosing a mental illness at work.

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Trauma Awareness Training Initiative for all Ward based Nursing staff and Therapy/ Education Staff

For some time Rampton Hospital has been delivering Trauma Awareness training to staff in different ways and to different audiences, however since May 2018 we have been delivering Trauma Awareness to all new staff commencing employment within the hospital.

There was a realisation that there was a training deficit for existing staff in relating to Trauma Awareness and this audience is in excess of 800 members of staff, quite a daunting figure! I looked at existing expertise within the hospital and asked for peoples support in delivering training over the next 10 months as part of ongoing staff wellbeing initiatives.

During March we held a 'Train the Trainers' day during which 15 staff (combined nursing, psychology and Allied Health Professionals) where shown the training package, practiced delivery of the package and had an opportunity to ask questions.

Going forward we have committed to training all members of ward based staff and all therapy and education staff before the end of 2019. The dates are all pre-booked for the year and facilitators have been allocated. The Learning and Development department have been a tremendous support in assisting with booking and enabling reporting of areas yet to book places on the training.

The training explores trauma in the Forensic patient group, how this might present and how staff may respond to this. In addition the training encourages staff to recognise their responses to trauma and how to manage these, and highlights the support available to staff working in this challenging environment.

A future development from summer will be to offer a different version of the training to all housekeeping/ domestic staff working on the wards and to Administrators that may read or type about traumatic events and may be effected by this work.

Post 2019, we will continue to deliver the training to all new starters to the hospital ensuring we have a work force that has awareness of trauma and the challenges working in this environment and most importantly they are aware of skills and resources available to them.

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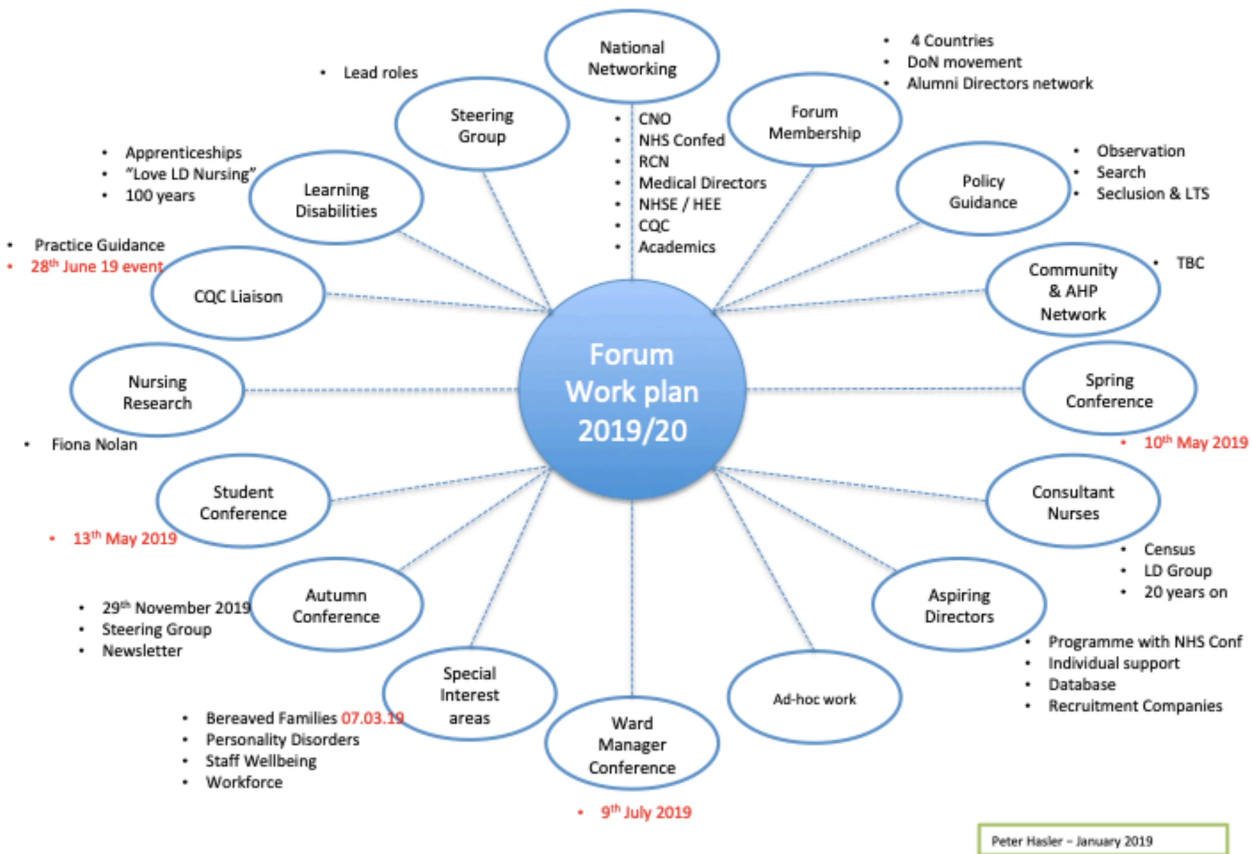
Report from Peter Hasler – Development Officer

This newsletter signals the beginning of a new era for the Forum with Avril Devaney now stepped down as Chair and Mel Coombs taking over the role. My personal thanks to Avril for the amazing job she has done in the last three years and I wish her all the best in her retirement.

Many of you will have also been aware of a high number of retirements within the Nurse Director world in the last year. We knew this was coming and have been working behind the scenes to get people prepared and ready for vacant roles. It has been a delight to see so many new appointments being made and we wish them all well.

When I was doing my handover to Mel as the new chair I decided to do it in the form of a diagram – I thought I would share that with you as it very simply describes the wide range of activities that the Forum is now involved in.



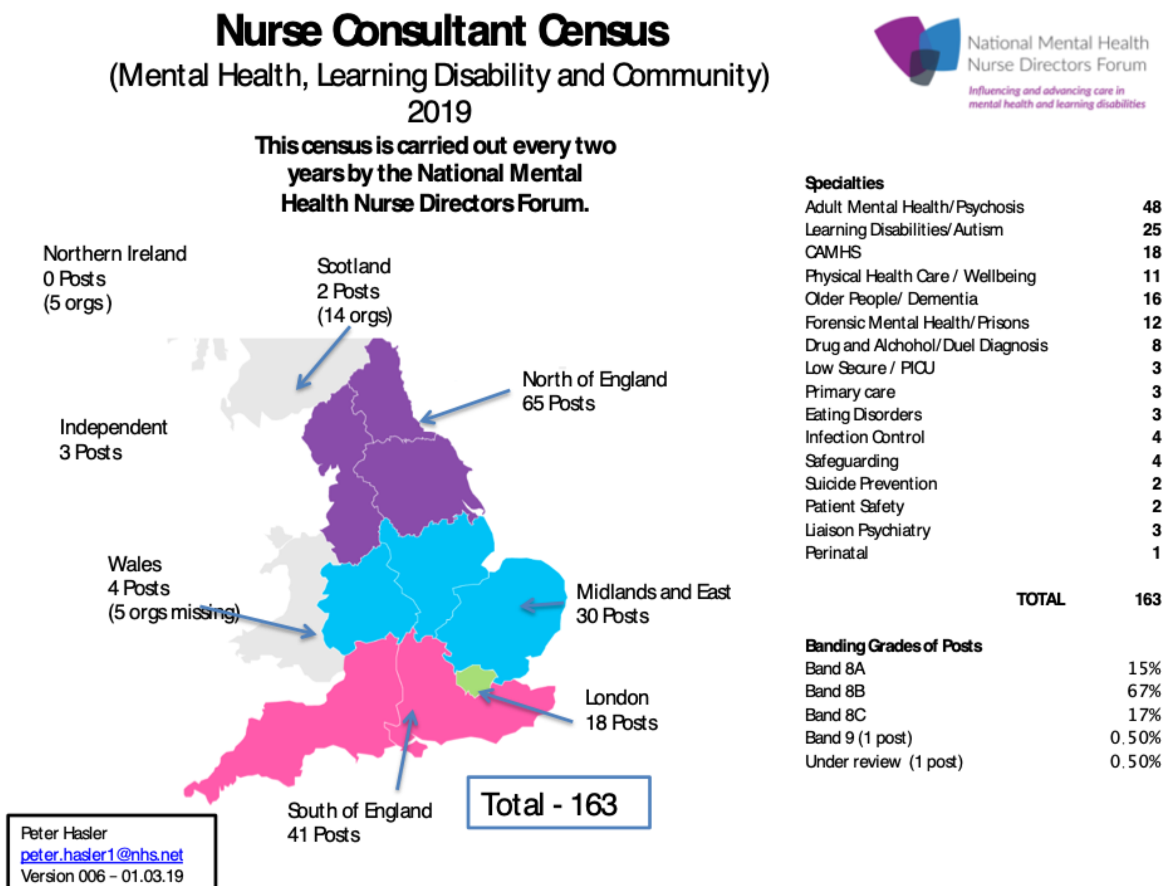
So, let me focus on two parts of that activity, our Aspiring Directors and the Nurse Consultants.

Aspiring Directors

We have set up a series of master classes and support in collaboration with the NHS Confederation Mental Health Network for aspiring directors. 15 people were nominated by their Nurse Directors for the first year, all have an invite to attend our conferences and the bespoke master class sessions which start this month with speaker – Claire Murdoch. This will be an annual cycle with a new group selected for 2020. Please make a point of meeting them at the conference.

Consultant Nurses

The Forum has committed to undertake a two yearly census of the Nurse Consultant posts in the country. This work has just been completed and is shown below. Since 2017 there has been a small increase of 10 posts and there has been a significant increase in posts in the North of the country.



The Forum would like to ensure that it supports the development of existing Nurse Consultants and the next generation. Natalie Hammond – Nurse Director from Essex and a steering group member has agreed to be the link Director for Nurse Consultants supported by myself.

I am sure we can look forward to another strong year of activity within the Forum. We have maintained our 100% membership of the English Trusts and continue to look for new member organisations in Wales, Scotland the Northern Ireland.

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Spring Conference Programme

	The Strategic Landscape and the Nursing Contribution **Hosted by South London and Maudsley NHS Foundation Trust**
9.15	Welcome by Chair Dr Mathew Patrick, Chief Executive, South London and Maudsley NHS Foundation Trust
9.30	The Strategic Landscape NHS and Mental Health Helen Gilburt, Policy Fellow, Kings Fund
10.15	The Landscape for Regulation Dr Paul Lelliott, Care Quality Commission
11.00	Break
11.25	Restrictive Practice Training Standards or Restraint Ray Walker, Regional Chief Nurse and AHP Lead, North, Health Education England
11.35	New Models of Care 'Our model, the impact on quality' Dr Mathew Patrick, Chief Executive, South London and Maudsley NHS Foundation Trust
12.20	LTP Nursing and Midwifery work stream Prof Mark Radford, Director of Nursing - Improvement
13.00	Lunch
13.45	Implementation of the Long Term Plan Claire Murdoch, CEO CNWL and National Mental Health Director NHSE
14.30	Table discussions How can nursing leaders within the strategic landscape have collective impact
15.15	Closing Comments
15.30	Close

Reflective Account Form

Reflective account:

WHAT WAS THE NATURE OF THE CPD ACTIVITY

WHAT DID YOU LEARN FROM THE CPD ACTIVITY

HOW WILL YOU CHANGE OR IMPROVE YOUR PRACTICE AS A RESULT?

HOW IS THIS RELEVANT TO THE CODE?
SELECT ONE OR MORE THEMES: PRIORITISE PEOPLE – PRACTISE EFFECTIVELY – PRESERVE SAFETY – PROMOTE PROFESSIONALISM AND TRUST

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