



National Mental Health Nurse Directors Forum

*Influencing and advancing care in
mental health and learning disabilities*

LEADING MINDS

Working to the Boundary of Registration : Best Practice and Innovation in Mental Health Nursing #MHForum2017

Welcome to the autumn edition of Leading Minds.

We are celebrating how nurses are demonstrating innovation and working to the boundaries of registration in order to deliver quality services.

The nursing profession has a long history of innovation and pushing the boundaries of practice, starting with arguably the two most famous nurses; Florence Nightingale and Mary Seacole.

Florence Nightingales innovative thinking continues to influence our day to day practice, by using statistical evidence and patient records on mortality Nightingale got to work on improving hygiene and sanitation amongst soldiers which resulted in a huge reduction in the mortality rates. She was also renowned as an advocate for her patients; her approach to patient centred care continues to have a major influence on nursing practice today.

Mary Seacole whilst a contemporary to Nightingale made equally great contributions to nursing but in an entirely different way. Seacoles practical hands on approach combined with her determination and resourcefulness saw her delivering care in adverse conditions. One could argue that Mary Seacoles approaches cemented resilience and compassion into the heart of nursing.

Innovation, resilience and working differently could not be more important than in the current NHS climate, shortages in nursing and difficulties in recruitment and retention means we have to continue to think differently about the workforce particularly in shaping new roles and extending practice.

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The Prime Minister promised to tackle the “burning injustice of mental illness” with the announcement of an expansion plan for mental health services, a commitment to 21,000 new posts at a cost of £1.3bn, more trained nurses, therapists, psychiatrists, peer support workers and other mental health professionals, and a major drive to retrain and retain mental health staff.

The government have also committed to providing funding for clinical placement requirements for an additional 5,170 pre-registration nurse degrees from next year. A further 5,000 nursing associates will be trained through the apprentice route in 2018, with an additional 7,500 being trained in 2019. A new shortened nurse degree apprenticeship route will also be offered for nursing associates who wish to work towards registered nurse status.

There is also commitment to improve retention rates amongst our current workforce, introducing new arrangements to support flexible working to all NHS staff, to address and support work life balance and “Homes for Nurses” schemes which will give NHS workers first refusal on affordable housing generated through the sale of surplus NHS land.

Whilst none of these commitments are quick wins, I know as a nursing community we will continue to rise to the challenge and think out of the box to deliver creative, patient centred services that Florence and Mary would be proud of.



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CQC Inspections and Guidance

The CQC published the State of Care report which highlighted key strengths and common areas for improvement in mental health care www.cqc.org.uk/publications/...report/state-care-mental-health-services-2014-2017

There is particular focus on the provision of rehabilitation services that support recovery and modern mental health care, and increasing concern in relation to the concept of locked rehabilitation services. Alongside this, work is progressing around the regulation of dormitory accommodation with a desire to move clearly away from such provision. Analysis is also being completed in relation to the levels of sexual assault and incident reports received in inpatient mental health services, with initial finding highlighting this to be an area of real concern

The CQC has also announced changes to the way in which it will continue to inspect and regulate services. This will include a reduction in the number of announced comprehensive Chief Hospital of Inspection visits, and an increase in the number of focused unannounced visits, which will then be supported by announced well led reviews. The guidance for the well led reviews can be found here <https://www.cqc.org.uk/sites/default/files/Well-led%20framework%20statement%20of%20intent%20FINAL.pdf>

Thank you to all who provided comments on the single sex accommodation brief guide. This is now in its final draft form and is progressing through the CQC policy team.

I am currently in the process of reviewing the following brief guides: Care certificate and unregistered work force https://www.cqc.org.uk/sites/default/files/20170322_briefguide-care_certificate_standards_inspectors_guide_to_gathering_evidence.pdf, and restraint https://www.cqc.org.uk/sites/default/files/20170126_briefguide-Restraint_physical_mechanical.pdf

If any of you have thoughts and comments that you would like included for consideration please email me or call 020 3513 6212 to discuss further.

If you would like to discuss any CQC matters with me, particularly in relation to how we can support the CQC to regulate our services as effectively as possible, please do get in touch.

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SWLSTG: South London Partnership Band 5 – 7 Development Programme

South West London & St George's Mental Health NHS Trust secured funding from Health Education England (HEE) to develop the South London Mental Health and Community Partnership programme. The programme aims to address nursing recruitment and retention challenges across South London Mental Health trusts and foster collaborative working between SWLSTG, SLaM and Oxleas.

A key objective of the programme was to deliver bespoke training for the band 5-7 nursing workforce to support continued professional development in three key areas:

- [Practical and Clinical Skills Development](#)
- [Quality Improvement](#)
- [Leadership and Management in Health](#)

A band 7 Development Nurse was employed to support the delivery of this objective by enabling nurses to undertake degree, masters and CPD courses and to implement frameworks to allow inpatient nurses to transition into the community setting.

Nurse vacancy rates in London have increased by 25% since 2015 with one in six posts vacant (Ibid.). This is particularly apparent in community settings, with a high reliance on agency nurses (King's Fund 2015). South West London & St George's Mental Health NHS trust, in line with the national picture, has a 23.4% vacancy rate for band 5-7 nurses working in community mental health teams (CMHTs).

Trusts are required to initiate innovative strategies to increase nurse recruitment and retention. This is in light of national funding cuts for post-registration training for nurses. There are concerns that the reduction in funding towards training and education will ultimately affect safe and up to date patient care (NHE 2016).

In partnership with SLaM & Oxleas an accredited transition programme for nurses who have completed their preceptorship and are considering a career in the community is in the initial stages of development. In addition, specific CPD courses have been commissioned, including Psycho, Social Intervention and Clinical Advanced Practitioner programmes that will target the needs of HTTs and CMHTs. The opportunities were advertised to all nurses in the trust in July 2017. Heads of Nursing, Head of Nurse Education, Research and Practice development and the SLP Development Nurse assessed each applicant individually and assigned the funding.

Thirty-nine nurses were awarded funding and have successfully enrolled onto their identified course and have signed the trust values based learning agreement which sets out how the trust will support staff throughout the course and what is expected in return. The band 7 Development Nurse meets with the awardees regularly both individually and in group forums to help embed academic studies in clinical practice. In addition the Development Nurse is working with Heads of Nursing and Ward Managers to identify talented nurses appropriate for the band 5-6 inpatient to community transition programme.

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Non-Medical Prescribing in the 2gether NHST

Background to Non-Medical Prescribing

"The Non-Medical Prescribing programme aims to give patients quicker access to the medicines they need to maximise benefit to NHS services." The implementation of Non-Medical Prescribing has formed part of an overall agenda to modernise the NHS by developing 'new ways of working, Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England', Department of Health (2006).

The legal basis for Non-Medical Prescribing and subsequent guidance which supports this policy can be found in:

- 'Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England', Department of Health (April 2006).
- Standards of Proficiency for Nurse and Midwife Prescribers. NMC (2006).
- Single Competency Framework for all Prescribers' RPS (2016)
- Health and Social Care Act: Part 5: Prescribing Rights: Section 63 Department of Health (2001).
- Nurse and pharmacist independent prescribing, 'mixing of medicines'. Possession authorities under patient group directions and personal exemption provisions for Schedule 4 Part II drugs, Home Office (2012).

Overview

Non-Medical Prescribing within the 2gether NHS Trust is undertaken in line with the 2gether POPAM (Policy for Ordering, Prescribing and Administration of Medication) and in Particular POPAM 10 - Non medical prescribing.

The 2gether Trust currently has 60 Non-Medical Prescribers (Nurses) One pharmacist prescriber is awaiting NMP course results.

The 2gether Trust supports its NMPs in a number of ways through the NMP Lead Nurse and NMP administrator:

- Co-ordinating NMP training with local Universities and maintaining the Trust NMP register once qualified.
- Providing appropriate and relevant CPD for the NMP's offering 6 CPD sessions per year, of which the NMPs must attend at least 3.
- Facilitating the NMP survey, analysing the results and reporting these along with an annual update to the Nurses Professional Advisory Committee.
- Representing NMP's at the Drugs and Therapeutics Committee.

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- Ensuring an annual NMP Appraisal form to share prescribing boundaries and activity with the NMP's manager who is generally not an NMP themselves.
- Co-ordinating the Annual South west Regional Mental Health and LD Conference alongside AWP(Alternate years).

NMP Governance

Governance Leads in each of the specialities attend a regular leads meeting which oversees the activity and development of NMP's. They have devised NMP protocols for NMP's working in specific fields to support evidenced based best practice. The specialities include Organic, Psychosis, Non Psychosis and Learning disability. NMP Governance leads also contribute to electronic information sharing.

Where an NMP's field of work is not covered by one of these protocols then an individual Scope of Practice is devised and approved by the manager and NMP lead.

Minutes of the Governance leads meetings are shared with all NMP's and also with the Deputy Director of Nursing.

Governance and Trust NMP Leads are often called upon to investigate, support and advise on NMP prescribing activity.

Supervision

The trust provides a range of supervision opportunities for the NMP's. This is either in speciality groups such as Learning Disability Nurse Prescribers or in locality groups due to the Trust being spread out over a wide geographical area.

Preceptorship

A preceptorship process and easy to use pack was devised by Phill Morgan Henshaw NMP Governance lead and NICE Medicines and Prescribing Associate. This process reflects key learning areas of the Single Competency Framework for all Prescribers' (RPS, 2016) along with practical support of an experienced NMP. The pack also provides template letters to GP's or hospital medics to enable a smooth transition from newly qualified NMP into Confident and active prescriber. Preceptorship is provided over a 6 month period with a minimum of 4 face to face sessions plus evidence of other discussion via E mail, telephone etc. All new NMP's since 2014 have used this process and pack and given feedback on its effectiveness making suggestions for improvement. The Trust is now on Version 2 following revision in May 2017.

The process of preceptorship has been particularly useful where an NMP has recently joined the trust or where the NMP has moved from one speciality to another, enabling a smooth transition as a prescriber in the field.

The future of Nurse Prescribing

The Nursing and Midwifery Council (NMC) announced in June 2017 proposals to radically overhaul pre-registration nursing standards and implement a new education framework for the delivery of nursing and midwifery education and training in the UK. A 13 week consultation is taking place.

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The new education standards would involve plans to prepare nurses to be able to prescribe from earlier on in their careers 1 year rather than the minimum 3 years currently in place. There are a number of other changes proposed such as the Designated Medical Practitioner who supervises the Nurses on the V300 course, to be replaced with any prescribing practice supervisor and assessor roles. This could be any registered healthcare professional with a suitable prescribing qualification and relevant prescribing experience. This will be an excellent opportunity for experienced NMP's to support Nurses undertaking the training.

The consultation will run for 13 week and the impact upon Non-Medical Prescribing course will be known in September 2017.

Conclusion

Providing the Trust NMP's with adequate support, resources and governance to fulfil the Nurse Prescribing role is essential to maintaining high standards and development of best practice. Confident and skilled nurse prescribers are able to make a real difference to the patients that they serve.

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Establishing the National Workforce Skills Development Unit

Background to the Unit

The Tavistock and Portman NHS Foundation Trust (TPFT) as part of its provision of specialist mental health services provides a wide range of education, training and development activities. Some of these activities are funded by Health Education England (HEE) on behalf of the wider system. As part of the annual review and negotiation of the contract between HEE and the TPFT a need for a national body to address some of the strategic educational and workforce development activities relating to Mental Health and the Mental Health Workforce was identified.

Hence, HEE has commissioned the TPFT to develop The National Workforce Skills Development Unit (NWSDU). The NWSDU will specify, manage, and be accountable for, a range of educational projects focused specifically on enhancing mental health workforce capability throughout the NHS in support of the NHS part of its Five Year Forward View and the Five Year Forward View for Mental Health.

Establishment of a team to provide capacity and capability

The Unit was established with effect from April 2017 and Chris Caldwell the TPFT Director of Nursing is providing Executive Board leadership to the Unit, Chris is supported by Ian Tegerdine as Associate Director for the Unit and Rob Hardy leads on each of the live projects. The senior team are supported by a small team consisting of an Operations Manager (Joanna Daci) and associated Project Managers.

Linking to the Mental Health Workforce Development Collaborative

The mental health workforce development collaborative is a network of seven Mental Health Trusts across England that have identified common interests and objectives and have agreed voluntarily to work together on workforce issues of shared concern. As part of its work the Collaborative links with and supports the NWSDU through the provision of expertise, links to networks and potential sites for piloting NWSDU products. The Collaborative partners are:

[Avon and Wiltshire Mental Health Partnership NHS Trust](#)

[Birmingham and Solihull Mental Health NHS FT](#)

[Lancashire Care NHS FT](#)

[Mersey Care NHS FT](#)

[Nottinghamshire Healthcare NHS FT](#)

[Oxford Health NHS FT](#)

[The Tavistock and Portman NHS FT](#)

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Current live projects

The NWSDU has agreed with HEE, as it's commissioner, that the following five projects will form its preliminary portfolio:

Vulnerable Children Expressing Harmful Sexual Behaviours

This project seeks to develop a supportive education and training framework tailored to health workers, in collaboration with the NSPCC, to underpin the service and staff development approaches for working with these children.

Children and Young People with Learning Disability and Complex Mental Health Conditions

This project aims to develop a strategic workforce planning framework to support the 49 Transforming Care Partnerships in changing service provision models from long term residential care for this vulnerable client group.

Psychological, Stress Trauma and Resilience

This project seeks to understand the impact of long term chronic psychological stress and trauma on the NHS workforce, to consider how we may build resilience, but also how we may reduce the need for resilience, and to potentially develop individual, team and organisation support mechanisms

Primary Care

This project seeks to develop mechanisms that enables primary care staff to better address the needs of those patients with comorbid complex mental health conditions.

Perinatal Mental Health

This project has now reported to HEE, and having built on the recent work in developing a workforce competency framework for staff working in the perinatal field; the project undertook an analysis of past and planned education provision, identifying the training gaps, against the Perinatal Mental Health Competency Framework.

Get In Touch

WE ARE OPEN TO SUGGESTIONS THAT WE CAN EXPLORE WITH HEE AS TO FUTURE WORKFORCE PROJECTS, SO IF YOU HAVE IDEAS, OR WOULD LIKE TO KNOW MORE ABOUT THE UNIT, OR TO GET INVOLVED WITH OUR WORK THEN PLEASE CONTACT US VIA EMAIL: WORKFORCE@TAVI-PORT.NHS.UK OR TELEPHONE: 0208 938 2091.

EPUT - Falls Collaborative

Essex Partnership University NHS Foundation Trust (EPUT) provides community health, mental health and learning disability services for a population of approximately 2.5 million people throughout Bedfordshire, Essex, Suffolk and Luton.

Since 2013/14, the Trust has had a priority to reduce the level of avoidable falls, and a number of areas of work had been taken forward with significant progress. However, following an audit it was recognised that further actions were required to achieve further reductions and improve patient safety. Working with NHSI EPUT is one of three mental health Trusts taking part in a national falls collaborative.

To drive forward the agenda a Falls Co-ordinator post was created holding responsibility for taking primary role in providing support to nursing, therapy and medical staff around falls prevention and management measures. Governance arrangements have been further strengthened by wider multi-professional membership of the Trustwide Falls Group. The risk assessment tool and root cause analysis tool have been reviewed (in accordance with NICE Guidance) to ensure that the complex nature and causes of falls are captured and clinical decision making is supported. Falls prevention has been promoted across the Trust with clinical frontline staff holding ownership of falls prevention and as such are included in any initiatives from the outset. This has gone a long way to the development of a shared vision for the very highest quality care.

A training package, based on the national Fallsafe project which was developed by a number of organisations including the Royal College of Physicians, the British Geriatrics Society, NHS South of England and the Health Foundation has been introduced for registered staff on older peoples wards, and commenced on 1st April last year. The training covers patient risk factors, environmental risk factors, the use of specialist equipment and actions to be taken following a fall. In addition, face to face training has been delivered on older people's inpatient units which included advice on risk assessment, falls prevention care planning and use of appropriate falls preventative equipment.

The Trust has invested in resources to support falls prevention. Assistive technology has been introduced, specialised beds purchased and digital reminiscence therapy system for older people's wards. The system has been extremely effective in promoting higher levels of engagement between staff and patients and their carers and has improved the therapeutic environment.

Safety huddles have been introduced on older people's wards. They have improved the ward environment by improving the pathway for regular staff communication across the MDT providing an opportunity for concerns to be raised and addressed about patient safety.

In areas where patients experience the greatest number of falls, Falls Care Bundles have been introduced. The associated interventions, when used together have been found to significantly improve patient outcomes.

The impact of these changes has resulted in a 25% reduction in the number of falls resulting in serious incidents and both staff and patients are reporting higher levels of engagement

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Mental health nursing and population mental health – an opportunity to establish a new voice

In many respects mental health practice has changed immensely over the past three decades. We have closed our large hospitals and established organised, robust, knowledge-based and funded community services for people with mental health problems. We, nurses have lead much of this innovation.

In 2017, we concentrate our work and our interest primarily on people who are already experiencing mental health difficulties. We mainly wait for people to become ill before we get involved.

Over the past decade some mental health professions, particularly Psychiatrists have been raising the broader issue of the mental health of communities, cities and nations. This approach, often referred to as Public Mental Health, raises the three core domains which need to be addressed to comprehensively challenge ill health :

1. The promotion of health in communities and nations
2. The prevention of ill health
3. Improving the lives of people who are experiencing health challenges

This population-based approach to mental illness is relatively new. Compared to other established national health programmes, there aren't many mental health professionals who feel sufficiently aware and informed to advocate for this approach to mental health. Despite this, there has been a genuine interest in treating mental illness equally to physical illness for several years.

Mental health nurses are currently in a situation where this population-based approach to mental illness is being promoted, yet mental health nursing has very little involvement with the debate or chance to influence.

There are many things we can do now to raise the profile of mental health nurses in shaping this population-based approach. Locally, we can raise the importance of promotion and prevention of mental illness when we discuss mental health with colleagues in our communities and we can reinforce the connection between the wider determinants of mental illness (e.g. employment / occupation, social inclusion, decent housing) and the people we see.

At a national level, we can engage and influence key decision-makers in the debate about population approaches to mental health and demonstrate the contribution mental health nurses can make.

This is a new field for us. We may feel that we haven't got sufficient background or history in this area, but the truth is, very few people have. Our role as nurses is respected by communities, our knowledge of mental health and illness is robust and significant, our ability to have conversation with others is in our genes and our ability to lead major change recognised.

As mental health nurses, we have an opportunity to become actively involved in population-based approaches to mental health. There is already a significant amount of knowledge and evidence in this area, we can quickly familiarise ourselves with this.

We will always have a very important part to play in helping people who have mental illness. Becoming involved in this new area will help demonstrate that we, mental health nurses, also think about and the promotion of health and the prevention of illness.

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The Tavistock and Portman 
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Reflective Learning in Preceptorship Programmes

The Tavistock and Portman NHS Foundation Trust has recently undertaken a review of the reflective learning opportunities for newly register nurses (NRN) in preceptorship programmes, working with 14 trusts across North, Central and East London. The project has been funded by the North Central and East London (NCEL) local office of Health Education England (HEE) as part of a programme aimed at improving workforce retention. It is also aligned to the CapitalNurse programme's work on Preceptorship.

The review covered acute, mental health and specialist trusts across the area and provided a clearer picture of the availability of reflective learning (RL), factual accounts and experiences of RL and also the meaning and the impact for preceptees. Through speaking with preceptorship leads, preceptees and educational leads the review sought to identify:

- [The availability of reflective learning opportunities](#)
- [The models and levels of reflective learning](#)
- [Factors affecting attendance and use of the groups](#)
- [The impact and experience for preceptees.](#)

Findings

- The review highlighted the breadth of differences in all aspects of the work. The breadth of RL opportunities ranged from discussing and writing up a reflective account in a workbook as a minimum, to attending regular, mandatory and facilitated groups with consistent membership of peers.
- Attendance at groups was noted to be influenced by the level of support within the organization. To enable attendance the groups needed to be supported from the top, to be mandatory and for off duties, caseloads and backfill to be in place to enable nurses to leave the ward/clinical area.
- Protected time with peers and a facilitator appeared to be highly valued by the preceptees. This was experienced as supporting them and their work and led to them feeling more valued by the organisation.
- The opportunity to reflect with peers contributed to NRN's feeling less isolated, feeling more able to speak up and voice concerns, it increased their confidence and developed their understanding.
- The role of the Preceptorship Leads appeared key in supporting the NRN's in making transitions in their work whilst recognising significant transitions in their personal lives.
- Models and depths of reflection varied. Action learning sets were common, providing a structured and positive approach to difficulties. It was of note that many of the groups did not seek to explore the emotional impact of the work.
- Many facilitators had not had specific training and did not receive supervision for this aspect of their work.

Summary- Different Values

The review identified that the reflective learning opportunities provided the NRNs with valuable support, although there was significant diversity in the availability of groups. The benefits for preceptees were consistently clear, although resources were a constant issue. Further exploration may support a financial case for the value of reflective learning in relation to retention and resilience, and one that may extend beyond preceptorship programmes.

Next Steps

We are currently in discussions with Health Education England to consider the next steps for this project. If you would like more information or are interested in getting involved please contact:

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Creating New HORIZONS

As public health services remain under threat, the case for a joined-up approach has never been stronger. Jenny Thompson describes a collaborative project in Somerset that's improving perinatal mental health outcomes

Joint working between health visiting and talking therapy services at Somerset Partnership NHS Foundation Trust has been delivering positive results at perinatal mental health groups for mothers, fathers and their babies.

The aims of the joint working are for health visitors to learn assertiveness and therapeutic intervention skills from their talking therapy psychological wellbeing practitioner (PWP) colleagues, and for PWPs to learn about parenting and child development from the health visitors.

For the mothers and fathers attending the Horizon perinatal mental health groups, the goals are to learn and understand perinatal mental health, build strategies to deal with their illness, develop peer support, learn about healthy lifestyles, and how to promote their child's emotional wellbeing.

An expected outcome is that mothers' mood levels will improve, evidenced by better scores on the PHQ9 and GAD screening tools.

The Horizon groups consist of seven three-hour weekly sessions, run by a health visitor and a PWP. Each session has a theme, such as assertiveness and learning to live with perinatal mental health. The groups are offered to a mother during the antenatal period up until her baby is a year old. They run as a rolling programme, so mothers can attend when they're able, and new mothers can join whichever session is being held that week.

Mothers can bring babies under six months in order to support breastfeeding and promote understanding of attachment and baby cues. Fathers are invited to the seventh session to discuss their roles and health needs. A follow-up session is held for each group of mothers so they can maintain their peer support. Following each session, the health visitor and PWP debrief and supervise each other. Health visitors and PWPs developed the session contents in consultation with mothers, and a toolkit containing all the related material is available to start working with mothers.

BACKGROUND

In 2015 the updated perinatal mental health pathway directed health visitors to refer mothers with mild to moderate perinatal mental illness to their GPs and talking therapy services. But health visitors

OUTCOMES

All the objectives of the joint working and running of Horizon groups have been achieved with excellent results. These include:

- Health visitors and PWPs understand each other's roles, refer mothers between services, and benefit from each other's supervision
- Health visitors have learned assertiveness skills from PWPs, and PWPs learned about parenting and child development from health visitors
- Mothers' self-esteem and self-worth has improved, making them feel safe and supported. They developed self-care and strategies to manage their condition
- PHQ9 and GAD scores reduced after two to three sessions
- Mothers and fathers understood what perinatal mental health is
- Fathers learned about their role in the family (anxious mothers had inadvertently restricted the fathers' input into child care and parenting)
- Mothers and fathers increased their support systems within the community
- Mothers understood baby cues, got to know their babies and began to enjoy parenting.

seemed reluctant to make referrals to talking therapies – they reported that some mothers didn't want consultations over the phone. So the task was to identify how to improve joint working between health visiting and talking therapies to ensure mothers were receiving the best from the perinatal interventions offered by both services.

In one area of Somerset, health visitors had been running a group called 'Mums' time' for mothers with perinatal mental health problems. This had some good outcomes, including mothers developing peer support and fathers having a better understanding of perinatal mental health.

But it also highlighted that health visitors would benefit from better knowledge and skills in working therapeutically with mothers. Health visitors reported they felt out of their depth on perinatal mental health and that they would benefit from supervision from mental health colleagues. They also said that when they liaised with mental health services, particularly on children's safety and wellbeing, they found that their mental health colleagues had little understanding about the health visitor role, children's development and the impact a mother's illness could have on her children.

Out of this came the idea to run the joint perinatal mental health groups. These groups would build on the successful outcomes of the 'Mums' time' programme, while attempting to improve joint working between services.

IMPLEMENTATION

So the roll-out of Horizon groups began, run jointly by a health visitor and a PWP. Four planning sessions took place, including a shared training session with the health visitors and PWPs who would be running the groups, initially in two areas of Somerset.

Just four mothers were invited to those first groups, allowing the health visitors and PWPs to familiarise themselves with the programme and to identify what worked and what needed changing. The lack of crèche funding led to the practical decision to let babies attend, though mothers were encouraged to find childcare for babies over six months. The first groups also experimented with rolling sessions, welcoming new mothers into established groups, and a session for fathers.

The trials were a success and Horizon sessions are now established in four areas. A monthly steering group receives feedback from each area, and evaluates outcomes and feedback in order to adapt the programme. PHQ9 and GAD scores are collated to evaluate service delivery.

This has been an extremely successful joint service way of working, which has been shown to achieve fantastic outcomes

The initiative has also challenged past concerns about running groups – for example, mothers could join at any stage rather than be forced to attend every session to stay with a group, which worked well for mothers who at times felt low in mood and energy. Welcoming new mothers and returning mothers at the start of sessions allowed them to feel accepted. One said: 'If I'm having a bad week I know I can come back another week and that's okay.'

Health visitors and PWPs initially found it harder to run sessions with babies. But as one PWP acknowledged: 'Mothers multitask all the time. It was me who found the babies more distracting, so I learned to deal with it.' And the babies' presence allowed the health visitor and PWP to discuss bonding and attachment, and to demonstrate simple interaction in play, while mothers could maintain breastfeeding.

Another positive outcome is that mothers with anxiety reported feeling calmer after attending the group. One said she was relieved to hear other mothers express feelings that she had felt ashamed of, such as resenting her baby for making her feel so anxious. Other mothers said they had laughed for the first time and had fun.

LEARNING POINTS

Mothers who attended the original Horizon group formed a trusting relationship with the health visitor, but a few then stopped interacting with their mental health worker. In some cases the mother contacted the health visitor when feeling suicidal, potentially leaving herself at risk and causing stress to the health visitor. This was a key reason for starting the joint working. The talking therapy startup skilled the health visitors to feel more confident in talking to mothers about suicide, while the Horizon sessions included time to discuss self-care and how mothers should ask for the right help and work with their mental health worker.

In addition, when mothers discuss thoughts of harming their children, the health visitor and PWP have to assess the situation and consider increased mental health support and/or the safety of the child. They also discuss confidentiality and their safeguarding responsibility at the start of each session. Health visitors inform safeguarding nurses when they rerun groups and ask for extra supervision.

Overall, this has been an extremely successful joint service way of working, which has been shown to achieve fantastic outcomes for women and their families.

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Essex Partnership University NHS Foundation Trust Talent Management Process

The 9-Box model is one of the most commonly used talent management and succession planning frameworks. The approach being a two dimensional grid where individuals are placed into one of 9 boxes based on the amount of potential and performance they demonstrate.

To support the implementation of the model in EPUT the Trust has recently introduced a competency framework aligned to our values of Compassionate, Empowering and Open. This means that along with an employee's performance they are also measured on their behaviours during recruitment, supervision, appraisal, and if required capability processes.

It is recognised that the potential of an individual is extremely difficult to assess, however the use of measurement indicators allows the process to be evidence based taking into account the individual's current work performance and demonstrated behaviours. Each box in the model has a list of descriptors which have been developed to include performance and behaviour questions for managers to ask themselves when placing people on the matrix.

Once populated individuals identified as High Potential (HIPO) will be supported to meet the requirements of the next post identified for them. EPUT has a range of leadership programmes including the NHS Leadership Academy, ARHP Integrated Leadership, Local Workforce Partnership developments, Management Development Programmes and Quality Academy developments that the Trust are intending to build into development pathways. Through partnerships with local universities and the pathways mentioned above the Trust has developed routes for leadership, technical and clinical skills.

Talent management and succession planning have become increasingly important as the Trust compete for staff in a highly competitive environment. Utilising apprenticeships will enable the new organisation to grow its own talent and support the succession planning process for the future particularly in those areas where the evidence shows that the workforce is aging. The 9 box model will further support this process by allowing EPUT to track where each employee is in terms of future progression and provide appropriate development and stretch targets.

The Trust's Quality Academy allows those who are noted as having high potential or future high potential to undertake stretch projects to support their development with the possibility of moving to other roles within the organisation. Those highlighted as High Professional will act as mentors to those undertaking projects as part of the Quality Academy.

To increase objectivity when placing people on the gird the following measures will be taken:

- Introducing talent review meetings of senior managers from across the Trusts to improve the quality of the dialogue and decisions. These should ideally be facilitated by an objective third party to challenge assessment decisions and the assumptions behind these.
- Ensuring there is a transparent, fair and objective performance management system to ensure assessments of performance are as unbiased as possible. Inviting feedback from colleagues and other stakeholders, in addition to the line manager, as part of a 360-degree feedback can also improve the objectivity of the process.
- Tracking minority group representation in the high potential (HIPO) pool and taking steps to encourage inclusion and avoid unconscious discrimination based on factors unrelated to job performance.

Currently the model is being rolled out for levels 8C and above. The Trust hopes to increase this over time.

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DIALECTICAL BEHAVIOURAL THERAPY (DBT)

Dialectical Behavioural Therapy

Dialectical Behavioural Therapy (DBT) is one of the core treatments used at Rampton Hospital High Secure Hospital due to its effectiveness with Personality Disordered patients. However, the majority of this treatment is delivered through manuals in group and individual sessions which can often deter patients or delay them from engaging. Our project, Digi DBT, worked with patients to create an App for the forensic services that takes the same teachings from DBT, but the delivery is modern and engaging. By producing patient audio which weaves their lived experiences within the therapy, new patients are more likely to engage as the impact is far greater.

For the project we set up three weekly patients workshops over the course of three years where patients met as a production company. Here they created audio, images and made production based decisions on App development. We sourced an expert in animation and design from the industry so patients could work in partnership to produce a professional and high-end App. Patients were given workshops in radio, camera, editing and project management to ensure they had the skills to meet their individual responsibilities. After two and a half years we held an App launch where patients graduated from the Digi DBT project and were able to showcase their App to a wider audience.

Some of the benefits of this project included production of an App that is designed purely for the forensic services, which can be featured on patient Televisions and the virtual campus. Over three hours of audio content that can help a patient in a crisis, and teach them core mindfulness skills. Ethical approval has been sought therefore we can use patient's audio in the future to deliver a greater impact. In total 15 patients engaged in the workshops; learning new skills in project management, speaking & listening, creative industries, confidence building and more. There is an ongoing research study to signify how effective enhanced experiential learning can aid the learning process and delivery of therapy. Finally, transferring teaching methods from Digi DBT over to the delivery of therapy to improve engagement.

We have had great interest from other hospitals to imbed this App into their facilities. This project has been invited to speak at over ten conferences and events in the last year to highlight how innovation and the arts can improve services within mental health. The App is being embedded into the delivery of therapy in our own services, with not only therapists using audio content in the delivery of key learning modules, but the education department now using audio production to deliver their education modules.

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National Mental Health
Nurse Directors Forum

*Influencing and advancing care in
mental health and learning disabilities*

SWLSTG Preceptorship Programme: learning from the youngest generation

South West London and St Georges' bespoke in-house Preceptorship Programme which started in September 2016 has now seen the completion of 5 Cohorts (74 preceptees graduating). Cohort 6 commenced on 4th September with 15 preceptees. The most recent cohort 7 commenced on 6th October 2017, with 16 preceptees. Cohort 8 will be commencing on 6th November, and we are expecting a total of 11 preceptees. The programme has recently celebrated the success of 9 preceptees from Cohort 5 at their presentation event who completed the programme. Preceptees presented their quality improvement projects/pledge that they have implemented in their practice in line with the Trust Nursing Framework and National Framework, Leading Change, Adding Value. Ward managers, senior leaders, preceptors and the Nursing Development team attended the celebratory event demonstrating their value on the development programme also.

Background: In September 2017 the programme celebrated its one year success with 5 cohorts, 74 preceptees having completed their preceptorship programme. From this, the themes that emerge from Action Learning sets/reflective sessions inform the programme and are continually adjusted to meet the needs of our preceptees. A Health Education England funded project has provided the opportunity to introduce Preceptee mentors to support the programme. These are graduates from the preceptee programme who act as role models and provide one to one support through experience on the programme as well as supporting preceptees through their transition in clinical practice. A monitoring database of preceptee and preceptor meetings ensures that preceptees are receiving quality support in practice and also identifies areas that require additional support from the Preceptorship team and preceptee buddies who target those clinical areas for support.

Feedback from the preceptees has highlighted its success, particularly the value of the reflective practice groups and peer support. The first 4 cohorts have been successfully evaluated as a comparison project with findings presented at the RCN International Mental Health Nurses conference in September 2017.

Newly qualified nursing staff require access to a robust, high quality Preceptorship Programme for their personal and professional development and to support nursing retention rates. The Trusts target is to ensure all newly qualified nurses are enrolled onto a programme within a month of joining the Trust. Moving forward a new initiative has been introduced based on preceptees feedback. Preceptorship Plus quarterly forums will ensure that preceptees continue to receive the valuable required support post Preceptorship Programme.

SARAH HUGGIN – DEPUTY PROJECT DEVELOPMENT NURSE
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Employee Development Scheme

Hertfordshire Partnership University NHS Foundation Trust (HPFT) is looking at adopting an Employee Development Scheme (E.D.S.) which is an approach to improving staff recruitment, retention and development. It reflects a model of employee engagement often adopted in the private sector and is gaining increasing interest from many organisations. These organisations are looking to obtain the best people with the right values and behaviours to work in their sector, to deliver consistently high quality services and customer experience. The trend for organisations in the 21st century is to establish life relationships with their workforce rather than just work related priorities.

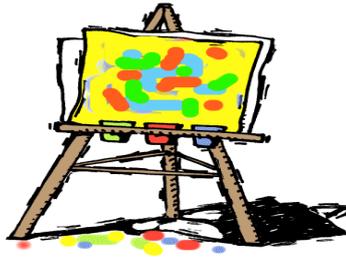
Employee Development Schemes (E.D.S.) represent an opportunity for organisations to adopt a different approach to staff engagement. E.D.S. is an approach to support staff to develop personally, this includes any learning/hobbies/pastimes and development opportunities that staff may wish to pursue. It is seeking not just a new work relationship but a life relationship with staff as well. The organisation wants to ensure that employees reach their potential in all areas of life and engage with their local community.



HPFT is considering how to facilitate an approach to roster requests that ensures staff complete their working hours and allows staff to participate in their chosen personal development/learning activities. There is no cost in allowing a flexible approach in staff requests for time off and particular working patterns to participate in personal development activities. For example a staff member working an early/late shift and/or having a day off as part of their duty rota to attend/participate in an activity will not incur a cost to an organisation.

The health service is experiencing significant recruitment issues. The NHS confederation (2017) indicates the mental health nursing workforce has decreased by approximately five thousand registered nurses from 2009 to 2016. Changes to how training is funded and retirement profile at least locally will impact on numbers in the profession and workforce.

There are strong links between staff engagement and patient outcomes, staff well-being, motivation and patient experience (King's Fund, 2014) Supporting staff development through on-going personal learning and education opportunities is a way of engaging with staff. E.D.S. is a way of for the organisation to develop, not only to recruit and retain staff. It is about attracting the people with the right values and behaviour that reflect how HPFT needs to operate today and in the future.



E.D.S. will help HPFT to;

1. Improve people's experience of the organisation
2. Be a socially responsible organisation
3. Be a leading organisation
4. Have staff engaged with local community
5. Increase staff morale and wellbeing
6. Increase staff motivation
7. Increased productivity
8. Develop Staff resilience

It is envisaged that any scheme will initially be made available to nursing staff and probably in services that have local recruitment and retention issues. Services still need to operate and so not all staff can have the same time off for personal development activities. A protocol will be developed to ensure a fair and equitable process for those who wish to apply for E.D.S. The scheme will eventually be made available to all staff employed by HPFT should this approach to staff engagement following evaluation be assessed as providing the benefits and outcomes as outlined previously. Having an E.D.S. may ensure that the Trust's priorities of providing safe, effective, high quality services continue to be delivered.



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Report from Peter Hasler – Development Officer

It's been another active year in the forum and I thought that it would be helpful to have a summary of the main areas of work that have been occurring.

Membership – We still have all England Trusts in membership and a strong private/charitable membership and two Welsh boards. It would be great to have full coverage in Wales – a target for 2018.

New branding and website – earlier in the year we launched the new name for the forum – “The National Mental Health Nurse Directors Forum” and a refreshed website - <http://www.mhforum.org.uk> Please give us feedback and tell us if there are things that we can add to the website to make it more helpful to you.

Formal Responses from the Forum – we have been able to submit formal responses and evidence to two important consultations – NMC nursing education consultation and the health select committee on nursing workforce.

Nurse Consultant Census – the annual census of our nurse consultants has been slow and on-going. Three years ago we took over responsibility to maintain a full list of who we have in post in Consultant Nurse posts. The list can be found on our website so please check that your list is up to date, and if not please contact me. Once I have the full picture individual Nurse Consultants will be contacted to complete a more in-depth questionnaire building on Fiona Nolan's work from two years ago.

Clinical Policy writing – we have commissioned the writing of two key policies on “Search” and “Observation.” We hope these will be available shortly in a final draft form. If these prove to be a success we would like to commission others. Please inform us if there is a policy you feel would be helpful to have as a national template.

Aspiring Healthcare Leaders Masterclass – Sean Duggan hosted an excellent masterclass on – “Mental Health – understanding the political context” on the 20th June 2017. We hope to organise other in the near future.

CQC reports – I have been circulating up to date copies of the CQC summary results for our organisation. We intend to expand this to the private sector in the near future. The up to date copy will always be on the website.

Ward Manager/Team Leader Conference – this conference held on the 3rd July 2017, there were about 80 people attending with a great speaker line up and participation. This conference is planned to occur every 18-24 months.

Community Health Services Network – as well as launching a special listserv email address we have inviting people to put themselves forward to establish a new support group. So far the uptake has been slow so please consider supporting this in your organisation.

Smoke Free NHS – the second conference supported by the forum was hosted by the Derbyshire Trust took place in Derby on the 25th September 2017. The lead Trusts are South London and Maudsley and Cheshire and Wirral. The conference was widely supported and the feedback was extremely positive. We should not forget that mental health has been leading the way in the NHS and you should be proud of the achievements to date.

Ghanaian Nurse Network – this initiative came from a Ghanaian team leader wanting to support mental health care in his country. I have been working with him and a core group with support from the RCN President – Cecilia Amin. More than 40 Ghanaian mental health staff came forward to support the project which we plan to formally launch in the new year.

2017 Mental Health Student Nurse Conference – The conference occurred on the 9th October 2017 at the ICC Birmingham and was a huge success. Approximately 400 student nurses from across the country attended, speakers were inspiring and thought provoking including Norman Lamb MP, Andy Brogan on behalf of NHSI, Dr Lucy Johnstone, Jake Mills – Comedian and founder of the Chasing the Stigma – Hub of Hope (<https://chasingthestigma.co.uk/>) , State of Mind – Dan Scully ex- England Rugby Captain.

We also have some forthcoming events in planning over the next year that may be of interest to you.

- “Safe Self Harm” Conference – there will be a second conference planned for 16th February 2018 which will once again be co-produced.
- Independent Inquiry into Child Sex Abuse “Truth Project” – Judge Sunita Mason, chair of the inquiry would like to meet with senior mental health nurses in the forum to make us more aware of the on-going findings. Further details will follow.

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 #MHForum2017



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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The information sharing bulletin for National Mental Health Nurse Directors Forum

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The information sharing bulletin for National Mental Health Nurse Directors Forum

Working to the Boundary of Registration : Best Practice and Innovation in Mental Health Nursing

Friday 17th November

09.15 Welcome by Chair, Valerie Provan, Consultant Nurse/Approved Clinician, Professional Head of Nursing MH NMP Lead (CPFT) Cumbria Partnership NHS Foundation Trust

09.30 Championing the role of the Approved clinician/Responsible Clinician for mental health nursing. How I got to, where I am and what next? Dee Barker, Nurse Consultant, Rehabilitation In-Patient services Northumberland, Tyne & Wear NHS Foundation Trust

10.10 Advanced Nursing Practice.....Invest in the future, Annabella Hudson, Advanced Nurse Practitioner, Norfolk and Suffolk NHS Foundation Trust

10.40 “Stepping Forward” - making it a reality Lisa Bayliss-Pratt, Director of Nursing & Deputy Director of Education and Quality, Health Education England

11.10 Comfort break

11.30 Implementation of the Therapeutic Engagement Questionnaire: preliminary findings from the pilot study, Mary Chambers, Professor of Mental Health Nursing, Kingston and St George's Joint Faculty

**12.00 Developing extended non-medical roles in Devon Partnership Trust
Joel Cutter Specialty Clinician, Matthew Hibbert Advanced Practitioner**

12.45 LUNCH

13.30 Experiences as a non-medical approved clinician. Tom Tunnicliffe, Advanced Nurse Practitioner, Alison Blofield, Consultant Nurse / Approved Clinician, South Staffordshire & Shropshire Healthcare NHS Foundation Trust

14.00 Nurse Prescribing in ‘depot’ clinics: Back to Basics and Beyond, Wendy Allam, Clinical Nurse Specialist, Trevor Parsons, Clinical Nurse Specialist, Hildah Jiah, Nurse Consultant, Hertfordshire Partnership University FT

14.30 Chairs closing Comments

14.45 Conference Close

14.45 Annual General Meeting, all welcome

15.00 Day Close

The information sharing bulletin for National Mental Health Nurse Directors Forum