The New Roles in Mental Health Nursing Task & Finish Group

Final Report
March 2019

REPORT FROM THE NURSING TASK & FINISH GROUP

Executive Summary

Introduction

This report has been completed by the Nursing Task and Finish Group for it to be presented at the Health Education England (HEE) Mental Health New Roles Programme Board, on the 27th March 2019.

This plan draws on the conclusions drawn, key projects, recommendations and proposed next steps, which have been garnered following a number of focused meetings by the experts within the task and finish group, additionally drawing on external reports, evidence and summaries from other sources to inform the work.

As a result of this work, the recommendations and implementation plan for the Nursing Task and Finish Group sets out a clear case for articulating the clear role and need for nurses within not only the mental health workforce, but the wider healthcare pathway.

There's a clear case that more mental health nurses are required both in the NHS and in those other private and voluntary organisations and agencies that serve it. Equally, there's a shared understanding that mental health nurses even from before they consider pre-registration training, right throughout their career to retirement, need at all stages to feel valued, supported, developed and safe in their practice.

The key recommendations from the Nursing Task & Finish Group are:

Recommendation 1.

1. Overarching assurance is needed that every geography has a demand and supply plan that is understood by the system and Academic Institutions. This plan should include a strategy around maximising all of the placement opportunities available, numbers currently working in the system, leaving etc.

Recommendation 2.

2. 5 action groups to be established to cover the following key projects to support and define the offer for mental health nurses in the system:

Project 1: Nurse preceptorship with links to 'Repair 2' project.
Project 2: Upskilling in physical health and linking in with the Future Nurse Oversight Group.
Project 3: Unique Selling Point 'USP' of the Mental Health Nurse.
Project 4: Career Framework and Advanced Clinical Practice (ACP) for mental health nurses
**Project 5: Optimising the development of the non-medical Approved/Responsible Clinician
        and explore the ACP/Consultant apprenticeship route.**

1.   Nursing Task & Finish Group

Nursing is a role that has existed in England since the UK Nursing Act of 1919, therefore this is not a new role per se. However, it has been clearly understood that the addition of Nursing Associates, apprenticeship options and the developments in more clearly articulating Advanced Practice and Nurse Consultants are all ways in which mental health nurses can develop their career, widen participation and entry to the profession, and provide a better quality of care to the populations that they serve.

The nursing workforce challenge is the greatest workforce challenge in Mental Health with an overall reduction of 13% FTE between 2009-2017.The group met four times (two face to face meetings and three times by telephone conference) throughout the project, which included a transformational workshop led by the HEE Transformational Lead, where the group developed and refined a number of proposed projects.

Membership was from a wide spectrum of operational roles in mental health care settings, NHS E, NHSI, HEE and HEI *(Appendix 1).* Although there was no service user involvement within the Task & Finish group, the plans were to use existing networks to maximise service users' engagement outside the membership and to look at how best to gain their understanding and engagement.

Good progress was made within the group with a list of priorities being identified. It should be noted that a number of the projects identified did cut across many other projects being undertaken by NHS I, NHS E and NHS Employers, so a lot of time was spent talking to other nursing leads across these organisations, so we could exclude any proposed projects where there was duplication. The role of the group then focused on looking more into the detail of the remaining projects proposed, ensuring integration around the children's and young people's agenda and across all aspects of mental health nursing.

2.   Context

The shortage of nurses in England is acute and is being addressed more widely across the Arm's Length Bodies and as part of Health Education England's overall workforce plans moving forward.

Key Facts

- – Nationally the vacancy rate isc.11%; a range of 8%-26% across the country.
- – Growth in nursing posts has not kept pace with other professions, but the net effect of staff turnover leaves 4% fewer MH nurses employed each year.
- – Despite 67% finding working in MH rewarding, over a quarter were considering leaving, with voluntary resignation and retirement cited as the most common reasons for leaving.
- – Sickness rates are a common concern, with stress, anxiety and workforce pressure the most common cause.
- – Numbers of nursing support staff remain relatively stable, with more support workers than qualified staff.
- – The emphasis needing to be on the workforce re-design: specialist skills for more complex interventions and a more generic workforce supporting recovery focused care.
- – 65 Universities currently run mental health nurse programmes,

3. The agreed projects and approach to delivery

Kick Start Workshop: Projects Identified.
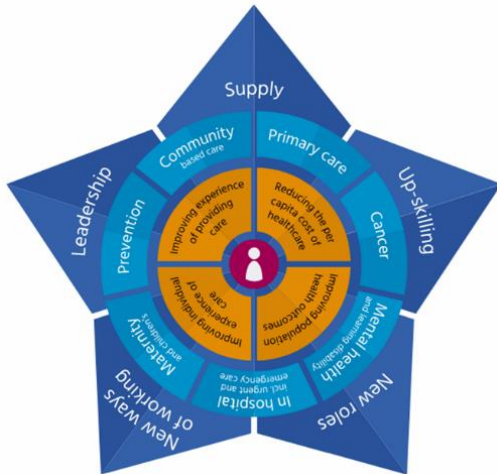
A nursing 'Kick start' workshop using the HEE Star methodology was held in December 2018 for the task and finish group, to support a coherent approach across the eight groups identified.

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations.

The HEE Star has two functions;

1.Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions

2.Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The purpose of the nursing task and finish group was to determine the list of projects under each of the named enablers of transformation, which resulted in a list of **29** possible projects from the nursing group for integration across all aspects of mental health nursing and children and young people nursing. The full list of projects can be found in *Appendix 2.*

To avoid any duplication, discussions took place with nursing colleagues across NHS I, NHS E and NHS Employers, to exclude any proposed projects where work had already commenced.

The role of the group then focused on looking more into the detail of the remaining projects proposed and identified the following key projects across supply, upskilling, new ways of working and leadership.

Work was considered in terms of timelines, prioritisation, range of workforce interventions and course of action to address the issue.

4. Key Projects Identified

4a. Supply

Supply Project: Identify local trailblazers to model mental health nurse requirement against demand, creating an agreed blueprint/methodology for national spread and adoption.

One of the current issues is a lack of clarity and gaps in our understanding around how many mental health nurses the system needs over the next 5 yrs. There appears to be no real supply plan and certainly members on the group vocalised that nothing is being communicated to the system now and it appears to be a reactive approach.

Exemplars were received from the group around Greater Manchester's and South London Trusts model across the partnership of 3 NHS organisations which included the nursing associate pathway model.

Greater Manchester:
A nursing, midwifery and AHP 'Delivery Group' involving the four GM Higher Education Institutions (HEIs), Chief Nurses and other key stakeholders has been established under the auspices of 'Devo Manc'. The four HEIs and the Chief Nurses have a good historic working relationship and have been looking at a GM-wide supply model

and numbers needed going through the Higher Education Institutions (HEIs). This includes mental health nursing supply, though mainly within a discussion of overall nursing supply. Through the Delivery Group, the University of Manchester, University of Salford and Manchester Metropolitan
University (the current suppliers of pre-registration mental health nursing) share information and work co-operatively with Pennine Care NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust on future supply.

South London Partnership:
It was recognised that there had been considerable investment to date. An example was given around the 'Career ladder for mental health nurses,' by encouraging people to come into the Trust as a Band 2/3 support worker. This initiative has been entirely led by local Directors of Nursing.

The partnership also recognises the importance of staff consultation and retention initiatives as they were seen as key, if we are to retain mental health nurses. Work is developed by the Practice Education Teams and the Capital Nurse budget, which supports the preceptorship work and looking after the next generation of mental health nurses. Work is currently spit across the 2 STP footprints with clinical engagement being successful through the care pathways work.

Recommendation 1	Outcome	Timeline	Lead
1. Overarching assurance is needed that every geography has a demand and supply plan that is understood by the system and Academic Institutions, which includes a strategy around maximising all of the placement opportunities available. This should include the numbers currently working in the system, leaving etc. **Best Practice identified around the NHS I recruitment resource.**	Assurance obtained and a accurate overview and better understanding of supply, capacity and variations within the system. To maximise new routes of entry and pipeline to achieve the expansion requirements of the Long-Term Plan To determine what financial support is required to achieve optimum supply of mental health nurses	By December 2019	HEE Workforce Planning and Intelligence Teams and NHS I

Placements

A mental health nursing student's placement is a vital part of their learning experience and getting it right can contribute greatly to their development as well as the team they are working in. Insufficient placement capacity and unblocking the issues raised around indemnity insurance when a student is placed in a non-NHS setting, continues to be an issue.

Advice was sought from the HEE Policy Team who advised that the current position, by law, was that all qualified nurses/practitioners employed in the independent sector, must arrange for and have their own indemnity insurance. Independent sector employers must also arrange appropriate indemnity or insurance cover for their organisations and staff.

The legal advice for placing NHS trainees on placements in non-NHS settings is different. By law, HEE can place NHS trainees (who have their indemnity covered through the NHS CNST) on placements in non-NHS

settings subject to this being governed through a control mechanism like a strong LDA, to ensure trainees are not lost to the independent sector and come back to work in the NHS.

It was agreed that further work was needed to obtain further clarity and to link up with the HEE placements pilot project around increasing placements for all students. Mental Health employers are included in that conversation.

Preceptorship

The transition from being a student to a newly qualified mental health nurse is often a challenging time; often determining, or even curtailing, career trajectories for years to come if it is a stressful experience. There is a need to support, develop, and retain mental health nurses through their first year and look at innovative preceptorship programmes, that is mental health field specific.

The RePAIR 2 Project
Reducing Pre-registration Attrition and Improving Retention.
In 2015 Health Education England (HEE) established the Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project, to help improve the retention of students on nursing (adult, mental health, learning disability and child), midwifery and therapeutic radiography courses.

The findings of the RePAIR study were launched on 12th October 2018, and the outputs are available on the HEE Website. These include the RePAIR Report, an Executive Summary and a comprehensive new resource, the RePAIR Toolkit, which is aimed at all those involved in the education, training, and supervision of pre-registration healthcare students and those who are newly qualified.

The RePAIR report had a number of recommendations which will be taken forward by the RePAIR implementation programme. Also, in the autumn of 2018 HEE's RePAIR legacy projects were launched which take a more in depth look at some of the insights that arose from the RePAIR findings.

RePAIR legacy has six separate projects, at different stages of progress, three are directly linked to RePAIR recommendations:

1. Valuing Year 2 students (recommendation 6)
2. The Impact of the Culture of Care on the learning environment (recommendation 14)
3. Transition shock and levels of self-doubt (recommendation 11)
4. Early career choices
5. Late and end of career choices
6. Clinical training capacity (qualitative only)

The large-scale national RePAIR Implementation Programme has four Domains:
A. Building the practice learning capacity (RePAIR Legacy project 6 will migrate to this Domain)
B. Learner clinical supervision and support
C. Preceptorship toolkit (RePAIR recommendation 12)
D. On-line platform to support student and staff placement communication (Proof of concept developed in RePAIR).

RePAIR included nursing, midwifery and therapeutic radiography professions. The RePAIR legacy projects include nursing and midwifery only, whereas the RePAIR Implementation Programme includes nursing, midwifery and all the allied health professions.

In RePAIR, preceptorship was highlighted as being vital to supporting healthcare professionals in their early careers and is one of the four domains of the RePAIR Implementation programme. One section of

the early career choices project survey asks about preceptorship programmes and the influence these have on the decisions people take when looking for their first post. Building the practice learning capacity will also be a focus of RePAIR. However, the bigger piece of work on increasing placement capacity is a focus of the Education Reform work, being lead by Hazel Smith. HEE have a target to increase pre-registration nurse placements, which will be across all fields.

We need to ensure that the work of the mental health task and finish group is aligned to both RePAIR II and the Education Reform programme, to ensure that mental health placements and preceptorship for Mental Health nurses are being considered as part of these agendas.

Recommendation 2 Project 1.	Outcome	Timeline	Lead and Resources
To establish a project around mental health nurse preceptorship with links to the HEE 'Repair 2' project to avoid any duplication .and identify specific issues around mental health nursing To scope and develop an innovative new preceptorship programme for mental health nurses. To collaborate and influence the Repair 2 work around the need to have a specific mental health component, working in partnership to take some specific pieces of work forward.	To connect the work of Repair 2 into the preceptorship project ensuring closer alignment with the Repair 2 Group	September 2019	HEE & NHSI **Finances**

4.b Upskilling

Upskilling Project:
Define the core skill requirement to enable flexibility and transferability of the MH nurse workforce across relevant settings. How mobile is a MH nurse across the varies fields of MH Nursing?

The Future Nurse Standards
The Nursing and Midwifery Council (NMC) standards shaping the future of nursing for next generation.

The (NMC) launched these ambitious standards back in 2018, that set out the skills and knowledge the next generation of nurses will learn to enable them to deliver world class care. The regulator has also introduced a more modern and innovative approach to the way universities and their practice partners train nurses and midwives. Any University that wishes to deliver nurse training, will now have to do so with the new standards. As from the 1st September 2020, all universities that are delivering on the old standards will have to transfer and deliver to these new standards, with many already delivering from this September transitioning existing students in the system.

There are 7 platforms that make up the proficiencies, to give the nurse the right knowledge skills and attributes, that they require to care and provide compassionate care for people in a range of settings, across health and social care. Pushing the boundaries into Integrated working, multi-disciplinary working, care outside of hospital and strengthening the public health agenda. They also provide a benchmark for nurses working overseas that wish to come over and work in the UK, with expectations to register with the NMC against these new standards. Along with nurses that have let their registration lapse, that wish to come back on the NMC register.

Key differences around how we will be supporting and supervising students in practice, the term mentor will no longer be used. Looking at supervising and assessing student nurses in practice with supervisors being any registered health or social care profession e.g. AHP, Social worker, Nursing Associate, with the assessor being a registered nurse. The students will now have an academic assessor, practice assessor and practice supervisor.

In relation to mental health nursing, there are new proficiencies and nursing procedures that are now aligned across all fields of practice: communication, relationship management and key clinical skills that will now be required for all fields and there is a need to support mental health nurses that may not have had these skills previously in their training. There is no limit around simulation hours stated and new registrant coming out prescriber, ready to access the V150/V100 following registration.

It's therefore going to be critical to develop the core current mental health nursing workforce to support the needs of these students coming into their clinical areas.

A Future Nurse Oversight Group for England is now established and making recommendations for Task & Finish Groups around areas such as Transition, supervisor and upskilling and practice learning environment.

Upskilling Registered Mental Health Nurses

The increasing demand for improved mental health services nationwide provides a tremendous opportunity for more employers to look at how they can upskill and educate mental health nurses.

A registered mental health nurse working in any field of mental health nursing has core skills that are transferable e.g. inpatient MH, older adult, frailty, personalised care and forensic settings. All of these areas make a mental health nurse competent in their field of practice, but there is a need to ensure there's enough rotation and upskilling around the core and specific skills needed in primary care, physical health and wellbeing. There is a need to train in context e.g. Venepuncture tied in with Lithium prescribing and risk assessment and to scope the expectation, whilst still retaining a specialty e.g. a diabetic service user with a psychosis.

Its acknowledged that HEE CPD money was currently being used around parity of esteem, signs and assessment skills.

Upskilling in Physical Health

Scoping has been undertaken across the breadth of mental health nursing roles, core skills, and setting of mental health nurses practice. This work has been reviewed against the NMC 7 platforms within the standards of proficiency for registered nurses.
The key elements concluded to date are:

- Identification of mental health nursing core skills, this has been adapted from the Skills for Health - Core Skills Frameworks 2016.

- A summary list of relevant mental health nurse practice settings.

- A summary list of mental health concerns adapted from Royal College of Psychiatrists 2019.

The next steps for this project are:

- Engagement work with mental health nurses and other mental health professional staff to consider scoping outcomes against the skills and proficiencies in the standards of proficiency for registered nurses NMC document.

- Identification and consideration of existing projects in place, including any early findings.

- Summary paper outlining upskilling requirements for mental health nurses by practice setting by AFC Band.

Recommendation 2. Project 2.	Outcome	Timeline	Lead and Resources
Upskilling into Physical Health and links with Future Nurse. To identify the upskilling requirements for mental health nurses by: Engaging with mental health nurses and other mental health professional staff to consider scoping outcomes against the skills and proficiencies in the standards of proficiency for registered nurses NMC document. Ensuring a Mental Health Nurse and all of the other	- Upskilling requirements identified and supported, enabling the mental health nurse role to reach its full potential across mental health settings. - To create a unique career development opportunity and to assist in developing the profession locally and inform national planning. - Expansion of the physical skills set will lead mental health nurses to occupy an eclectic variety of roles in even wider clinical and non-	Timeline needs to link with Future Nurse Programme of Work but immediate recourses required to ensure that needs of Mental Health Nursing are met	HEE & NHSI ensuring with the Chair of the Future Nurse Board

Fields of Practice are represented on the Future Nurse Board to address issues in the procedures Annex B to address concerns in mental health nursing around achieving the required skills and competencies required. Helping the transformation agenda and to the new service models in the NHS Long Term Plan.	clinical settings; a fact that will be celebrated and supported. - To ensure the special and unique nature of mental health nursing is separated out from other nursing fields and other professions within mental healthcare, so it can be articulated and presented.		Finances

The Unique Selling Point of Mental Health Nurses

To attract more people into the MH nursing profession there was a need to identify the USP of mental health nursing.

The USP of mental health nurses

Two registrants within the nursing task and finish group, including the Clinical Lead for Mental Health in HEE (herself an RMN) had a call and discussion where they attempted to encapsulate the unique selling point, 'USP' of choosing a career in mental health nursing.

The purpose of articulating this would be to make available a message to;

• Explain to those outside mental health nursing what the role is more clearly

• Promote the role to new applicants

• Provide clarity to current RN(MH) registrants

• Enable considerations of careers within the field

In discussions it became clear that the USP may in fact be breadth and diversity of career opportunity!

• Mental health nurses occupy a uniquely biopsychosocial space within healthcare.

• With the same field of registration, we can clinically collaborate with Medicine (as non-medical prescribers, clinic nurses, nurse Consultants), Occupational Therapy (community therapists, group therapists), Social Care (housing support, criminal justice liaison, care navigators), Psychological therapies (CBT and EMDR therapists, family intervention workers) and even our colleagues in acute medicine (as ECT nurses, for instance).

• It is this breadth of opportunity and possibility that affords a potential candidate a whole career that can genuinely concentrate not on ill health alone, but on the whole person, their quality of life and a coproduced version of recovery that makes sense to an individual.

• This means that the most vulnerable and acutely distressed will feel supported with all their health concerns, but equally the mental health nurse can afford themselves quality and purpose within their role.

• Overall, the mental health nurse often has an enhanced public health, social and safety role in routine practice – acting in the public interest and when necessary depriving an individual of their liberty in the immediacy to protect themselves and/or others.

• Mental health nurses routinely become clinical specialists, academics and teachers. Their humanistic and collaborative skills also lend themselves to becoming researchers, policy drivers and strategists.

In summary therefore, mental health nursing is defined by a lack of boundaries.

• To test these thoughts, nursing members of the new roles group wished to capture the existing work of MHNA(UK) and Dave Munday, Lead Professional Officer from UNITE, the Mental Nurse Directors Forum and the Mental Health Professional Lead at the RCN.

Recommendation 2 Project 3.	Outcome	Timeline	Lead and Resources
The Unique Selling Point (USP) of a Mental Health Nurses' role is identified and promoted to obtain better understanding of the role. It will attract more people into the mental health nursing and continued pride in the profession We also want to encourage more diverse recruits into the profession including targeting	The profession is clearly identified as a positive career pathway for potential new candidates All groups who are looking a mental health careers will to consider the USP of Mental Health Nurses	July 2019	HEE, NHSI linking with the Royal College of Psychiatry Mental Health and Learning Disability Careers Collaborative Recruitment Campaign

mature applications, men, those from a BAME background and applicants who are considering nursing as a second career.			**Finance**

Career Framework and Advanced Clinical Practice (ACP) for Mental Health Nurses

The importance of a structured career framework for all mental health nurses was prominent in the Task and Finish groups discussions, to enable nurses to develop appropriate knowledge and skills to be able to progress onto more senior or alternative positions if they wish, and also ensure they develop within their existing role, to continue to meet the evolving needs of the populations they support.

Scoping

The mental health nursing task and finish group determined the need for a simple to follow schematic to illustrate mental health nursing career options.

The purpose of this schematic would be to allow careers advisors, education providers and employers to have clear information when advising nurses on careers in mental health and to support existing mental health nurses in developing their careers. In addition, the information will raise the profile of mental health nurses in contributing to care within multi professional teams and across care settings.

The document will track career progression from Agenda for Change bands 2 to 8c.

Key Elements

The schematic will aim to illustrate the different pathways to becoming a Registered Nurse in mental health, including acceleration via apprenticeship routes.

The information contained in the document will take account of current and planned educational routes into nursing and how progression can be achieved post qualification.
Information about clinical roles in higher bands will be informed by the work of the HEE task and finish group on Accountable Clinician/Responsible Clinician roles.

Next Steps

- A draft document will be shared with the Task and Finish group by the end of April 2019
- Alongside this the information on the schematic will be tested more widely with nursing leaders and education providers to ensure accuracy of information and that all potential opportunities for mental health nurses have been included

Recommendation 2 Project 4.	Outcome	Timeline	Lead
Career Framework and Advanced Clinical Practice (ACP) for mental health nurses	A career framework and progression from Agenda for Change bands 2 to 8c enabling mental health nurses to develop appropriate knowledge and skills to be able to progress onto more senior or alternative positions,	April 2019	HEE & NHSI

The career framework will set out a new and bold vision for mental health nursing in a consistent way to ensure safety, quality, and effectiveness. and encourage diversity of applications including more mature students and those from BAME backgrounds.	and ensure they develop within their existing role, to continue to meet the evolving needs of the service users they support.		

4.c New Ways of Working
New Ways of working Project:
Establish national oversight of MH nurses operating as Responsible Clinicians
e.g. appetite, known obstacles, exemplars and design Myth buster

The Responsible Clinician has overall responsibility for care and treatment for service users being assessed and treated under the Mental Health Act. These responsibilities include;

- Making decisions about treatment
- Reviewing detentions
- Assessing whether the criteria for renewing detention are met
- Granting leave of absence for detained patients
- Barring the Nearest Relative from discharging the patient in specific situations.
- The power of discharge from detention.

Although the Responsible Clinician has overall responsibility decisions about the service users care and treatment are made in discussion with the multi-disciplinary team.

This project is part of an overarching programme of work across the 4 Task and Finish groups (Allied Health Professionals, Psychology, Social Work and Nursing) to create and implement a plan for the spread and adoption of this role.

Non-Medical ACs: The Numbers

	Number of portfolio route ACs on register (as of October 2018)				
	Psychologist	Nurse	OT	Social worker	Total
North of England	21	10	0	0	31
Midlands and East of England	4	6	0	1	11
London	4	0	1	0	5
SE/SW England	6	4	0	0	10
Wales*	6	3	1	1	11
Total	41	23	2	2	68

* Wales does not use the portfolio-route and has a different mechanism for approval.
** Total does not include people whose approval has lapsed.

Figure 1 The number of ACs on the register by professional background.

Optimising the Development of the non-medical Approved/Responsible Clinician Extended Roles

A meeting was arranged in March 2019 with a wide range of attendees from DHSC, ALBs, Chairs or a nominated rep from Task and Finish Groups (AHP/Nursing/SW/Psych), Training Institutions, Exemplar sites (Oxleas, Devon & Northumberland), A/C & RC Clinicians.

A template was distributed for completion before the meeting to cover the current opportunities, barriers, challenges etc and was collated into a summary report. DHSC also invited the Deputy Programme Lead and New Roles Senior Project Lead to the National Panel meeting, where the discussions from the workshop was shared.

An action plan and next steps are currently being compiled with DHSC and will link in with the mental health meeting planned around ACP/Consultant roles that will support wide spread adoption at pace and scale.

Recommendation 2 Project 5.	Outcome	Timeline	Lead
Project 5: Spread and adoption of the Accountable/Responsible Clinician Role (ACP /RC) This project is being taken forward as a cross cutting project via HEE multi-professional AC/RC Group. To work closely with the AHP, Psychology and Social Work T&F Groups to create and implement a plan for the spread and adoption of this role. To work closely and explore opportunities around an ACP/Consultant Nurse apprenticeship route. To work with the RCN and other professional bodies to: - Support nurse executives in the development of this role. - Increase support, awareness and help those nurses on their journey to build their competencies. - To obtain position statements from the RCN showing their support for the development of the MD AC/RC role. - To obtain CNO support for the AC/RC role in nursing	To reduce the risk that this emerging profession will not be properly supported, developed and deployed. To encourage more diverse recruits into the profession which will include targeting mature applications, men, those from a BAME backgrounds and applicants who are considering nursing as a second career.		HEE /Department of Health and Social Care

4d. Leadership

Leadership Project:
Establish national baseline of ACP's and Nurse Consultants in MH settings to understand leadership capacity.

Advanced Clinical Practice (ACP) in mental health, is not a role, but defined as a level of practice that's working closely with medical colleagues. An example of this is covering an on call rota as part of a clinical team to a pre-determined level of expertise underpinned by appropriate training and experience.

ACP in mental health, is currently being supported and underpinned by the work that the Associate Director of Education and Quality is doing at HEE around advanced roles, the consultant role and the roles that lead up into advanced level practice involving the specialist workforce, so we can start to understand the mental health offer.

Work has started and is ongoing to reflect what we need to assure employers, the public, the workforce and as a marker, for when people are skilled enough in their level of reasoning with these more complex roles, what we might have to offer and system guidance to help people understand the opportunities for uptake and linkages across to other areas of study.

The timeline for this programme of work is around 6 months.

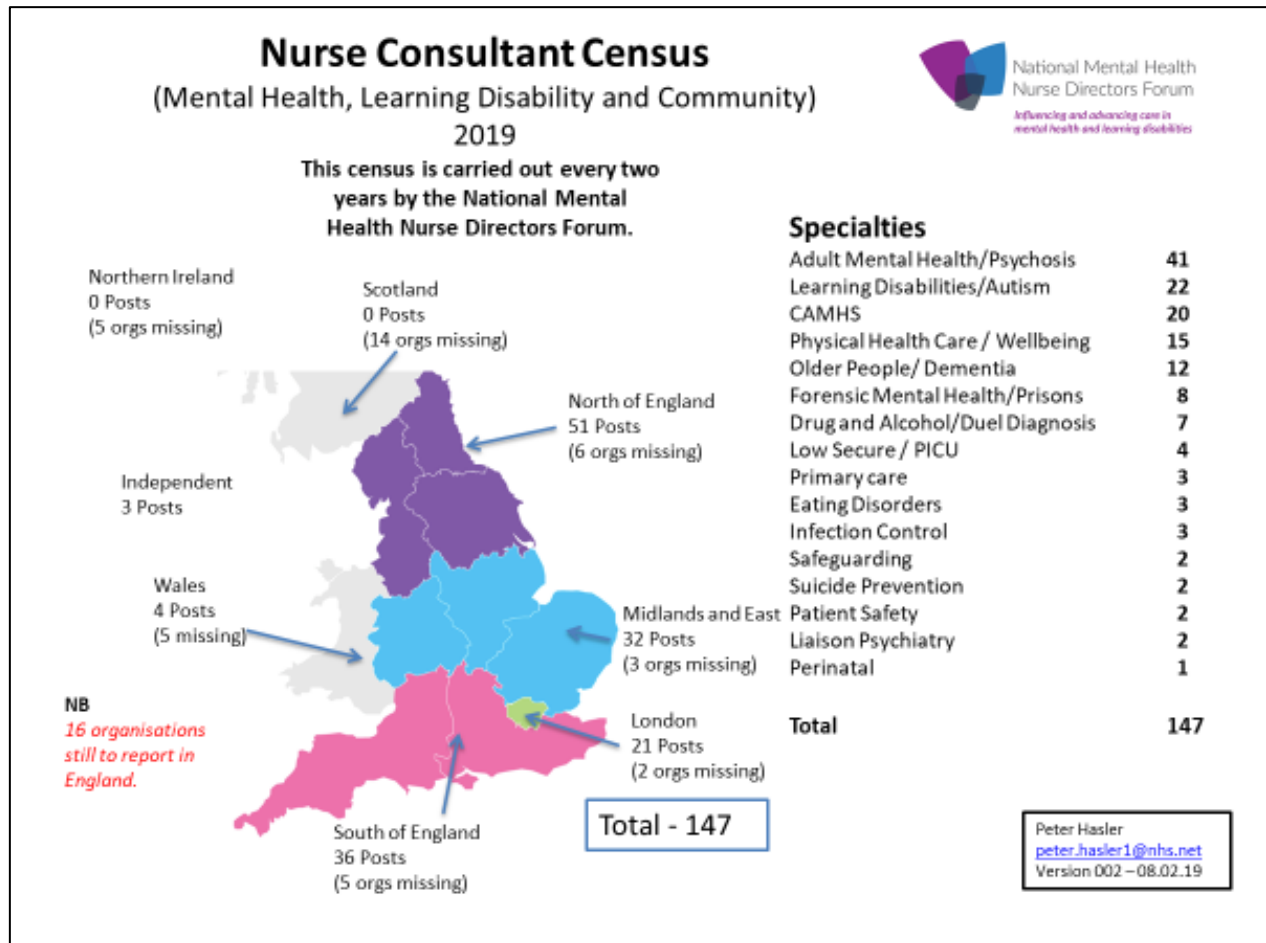The database from MH Nurse Consultants Forum has been obtained *(Figure 1).*

Figure 1: MH Nurse Consultants Forum.

5. Conclusions

There's a clear case that more mental health nurses are required both in the NHS and in those other private and voluntary organisations and agencies that serve it to deliver the transformation set out in the NHS Long Term Plan, Stepping Forward and the Five Year Forward View for Mental Health, based on the best evidence to date. We also want to encourage more diverse recruits into the profession which will include targeting mature applications, men, those from a BAME background and applicants who are considering nursing as a second career.

The increasing demand for improved mental health services nationwide provides a tremendous opportunity for more employers to look at how they can upskill and educate mental health nurses. There are real opportunities to enable nurses to develop appropriate knowledge and skills to be able to progress onto more senior or alternative positions if they wish. Supporting mental health nurses to ensure they develop within their existing

role, will continue to meet the evolving needs of the populations they support, improve access to services at an earlier stage, at the right time and allow for services delivered in a more integrated way.

Appendix 1: **Nominated membership of the group**

Name	Role and Organisation
Paul Reeves (Chair)	Senior Nurse Advisor, NHS Improvement
Steven Pryjmachuk	Professor of Mental Health Nursing Education & Director of Clinical Affairs, Uni of Manchester & Manchester Academic Health Science Centre
Deborah Wildgoose (MH Provider)	NHS England (formally Dir. Of Nursing & Quality at RDASH)
Melanie Coombes	Director of Nursing, Cambridgeshire & Peterborough NHS Foundation Trust
Andrea Lewis	Assoc. Director of Operations, Ashford & St Peters NHS Foundation Trust
Emma Bagshaw	Mental Health Nurse working at NHSI Improving pathways for mental health patients
Danielle Fullwood	Senior Nurse; Professional Development, HEE National Nursing Programme
Alison Smith	Transformation Collaborative rep, South London
Nicole Karen-Fung	Consultant Child and Adolescent Psychiatrist, Birmingham Women's and Children's NHS Foundation Trusts CAMHS
Ed Freshwater	RCN Chair MH Nursing Forum

Attendance by HEE Workforce Transformation Programme Team

Kirstie Baxter	National Head of Workforce Transformation
Lucy Dodkin	Development Manager - National Workforce Transformation Team, Project Manager – Topol Review
Helen Podmore	Workforce Transformation Lead, HEE

Attendance from the HEE Mental Health Programme Team

Sarah Mahoney	Mental Health Workforce Specialist HEE

Debbie Hilder	Mental Health Workforce Specialist HEE
Rebecca Burgess-Dawson	HEE Clinical Lead for Mental Health
Sue Hatton	New Roles Senior Project Lead

Appendix 2: Proposed Projects

Nursing MH Task and Finish Group
Proposed Projects

Supply	Up-skilling	New roles	New ways of working	Leadership

Supply

- Establish collective national oversight of variation in turnover, sickness absence and vacancy rate by mental health setting, to compare with that of other disciplines in MH
- Identify local trailblazers to model mental health nurse requirement against demand, creating an agreed blueprint/methodology for national spread and adoption
- Map all supply routes into mental health nursing to determine attrition 'pinch points' (Align recommendations to Nurse First lessons)
- Explore presence/models of local activity to influence and partner with Higher and Further Education Institutions on future numbers
- Liaise with 'Health Careers' to establish need for/produce specific MH Nursing marketing and communications materials for targeted audiences e.g. mature students, schools etc.

Up-skilling

- Define the core skill requirement to enable flexibility and transferability of the MH nurse workforce across relevant settings.
- Define the range of career pathways and associated competencies to illustrate the breadth of opportunities in MH nursing
- Define the skills, knowledge and training development needs bespoke to mental health nursing
- Explore examples of 'transfer' programmes into mental health (for existing workforce) and map the current MH nursing standards against those defined in Future Nurse.
- Establish a strategic plan for the progression of support workers e.g. national/regional campaign, design of career tube map etc. (identifying upskilling requirement, apprenticeship opportunity etc.)

New roles

- Produce a shared narrative of how the emerging Nursing Associates, Physician Associates and Peer Support Worker roles best compliment the mental health nursing workforce, informed by best practice exemplars (in collaboration with related task and finish groups)
- Establish best practice Preceptorship programmes and delivery models in mental health and make recommendations for spread and adoption
- Ensure (via trailblazers) evaluation of how the new Education MH Practitioner impacts on the recruitment and retention of MH nursing and explore their potential as a supply route into MH nursing, including the training, education and APEL opportunities.

New ways of working

- Establish the evidence base/exemplars of broader MDT working and its' potential mitigation of nursing vacancies e.g. Pharmacists and AHP's
- Establish national oversight of MH nurses operating as Responsible Clinicians e.g. appetite, known obstacles, exemplars and design Mythbuster
- Map known innovative nursing models to determine priorities for spread and adoption (inc. 'Leading Change, Adding Value')

Leadership

- Undertake a stakeholder analysis of leaders/influencers required (clinical and system wide) to ensure delivery of identified projects.
- Build on existing narrative (Health Careers, NMC) to redefine the scope and purpose of MH nursing as part of an evolving MDT and make proposals to update.
- Establish national baseline of ACP's and Nurse Consultants in MH settings to understand leadership capacity.
- Produce a communications and engagement plan to reflect the delivery requirement of improvement projects.

Supply

- Scope conversion rate from other professions to mental health nursing
- Scope 'Return to Specialty' activity for registrants
- Scope the undergraduate placement opportunities in MH settings and make recommendations
- Explore potential for and existing examples of international recruitment activity and determine core standards for adaptation/ training programmes required
- Establish anticipated scale of retirement for those with Mental Health Officer status (across MH and wider settings e.g. primary care, third sector) and design a coherent approach to portfolio career options. (Lessons from Health Visiting, RePAIR programme)
- Establish mechanism to explore outputs of 'stay' and 'exit' interviews – collate a collective intelligence of what makes people stay, as well as influences departure
- Scope/Establish the evidence base for how preceptorship, mentorship and supervision impact upon retention

Up-skilling

New roles

New ways of working

- Design a national specification for a 'Call for Evidence' to prompt examples of new ways of working in MH nursing e.g. use of digital technology, joint appointments/colla borations with third sector, talent management models, service user involvement (linking with relevant leaders, networks, forums)
- Map wider third sector MH provision to promote a wider 'asset based' awareness of available support to the workforce

Leadership