Promoting the Context and Value of Nursing in the North West

Resource Paper

Presented by: The Symmetric Partnership

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Introduction

What follows is a 'quick and dirty' review of a variety of resources on nursing and the wider NHS, predominantly over the past decade. It is by no means a piece of in-depth research; rather it is a compilation of useful articles and further reading. The structure of the paper is such that a link is provided to an article and/or website followed by a brief description of what you will find by clicking on that link. This gives you the opportunity to read in more depth something that may be of interest to you. It is a 'live' document and will be added to as the project progresses.

Whilst undertaking such a 'literature' review it is easy to fall into the trap of only presenting the negative - after all this is largely what the media does. It is important to remember that there is much to celebrate! Having said that, examples of good practice were sometimes quite hard to find which in itself may say something about the need to draw more attention to what is good about the profession.

However, there is also much to be concerned about. Nearly everyone has a story about care – their own or that of a family member – many of which include an example of how the nurse or doctor, ward or hospital influenced 'how it was for them.' Nursing care has, in particular, come under fire recently. When the NHS employs nearly 400,000 thousand nurses at the core of its workforce it is not surprising that there are villains as well as heroes.

Background

In recent years there has been a considerable amount of negative press around 'standards of care' in the NHS and, in particular, the nursing offer has come under direct criticism. The series of articles below, featured in the Independent in April of last year, take a look at the state of nursing in the UK and, whilst not empirical evidence, makes an attempt to understand what went 'wrong' and what might need to happen to put it right.

http://www.independent.co.uk/voices/commentators/christina-patterson/a-crisis-in-nursing-six-operations-six-stays-in-hospital--and-six-firsthand-experiences-of-the-care-that-doesnt-care-enough-7628092.html - this article talks about the low standard of care the author (and others) received whilst in hospital. Although maybe not the norm – as newspapers don't tend to print good news stories – the article provides a large number of examples of where nursing appears to have forgotten its caring role.

http://www.independent.co.uk/voices/commentators/christina-patterson/reforms-in-the-1990s-were-supposed-to-make-nursing-care-better-instead-theres-a-widely-shared-sense-that-this-was-how-todays-compassion-deficit-began-how-did-we-come-to-this-7631273.html - this article discusses Project 2000 which moved the training of nurses out of hospitals and into universities. Critics of the policy believe that this has made nurses into 'mini doctors' and may rule out people from the profession who have a basic instinct to 'care'. It also discusses how nursing has changed and looks at nurses' shift patterns, accountability issues, paperwork and sickness levels and how these may have had a detrimental effect on the nursing role.

http://www.independent.co.uk/life-style/health-and-families/health-news/how-can-a-profession-whose-raison-dtre-is-caring-attract-so-much-criticism-for-its-perceived-callousness-does-nursing-need-to-be-managed-differently-or-is-the-answer-to-develop-a-new-culture-of-compassion-

7637490.html - this article suggests that different cultures have different approaches to care. British culture has changed and that, in general, we don't care as much as we used to and nursing reflects this. It looks at practice elsewhere to see how this 'culture' could be changed. It also looks at developments in the UK to 'train' people in compassion.

http://www.independent.co.uk/voices/editorials/leading-article-what-can-and-should-be-done-about-nursing-7628075.html - this article suggests that times have changed and nursing has changed with them. Nurses need far more knowledge and technical expertise than they once did and whilst the requirement for them to have a more academic education is not, in itself, misplaced, the concentration on this aspect may have had detrimental effects elsewhere.

http://www.independent.co.uk/voices/commentators/christina-patterson/christina-patterson-more-nurses-better-paid-than-ever--so-why-are-standards-going-down-7628093.html - this article suggests that there was never a 'golden age of nursing' and that the profession has always had its difficulties. However, the article argues that in the last 5-10 years things have got considerably worse. The article goes on to look at a number of reports highlighting some examples of very poor standards of 'basic' care eg buzzers not answered, sheets not changed etc

http://www.independent.co.uk/life-style/health-and-families/health-news/the-nurses-who-taught-an-ailing-hospital-how-to-care-7640685.html - the author of this article spent a day at The Central Manchester University Hospitals NHS Foundation Trust, one of the biggest NHS trusts in the country that had prompted terrible reports by the ombudsman but is now described as "exemplary". The Trust has developed a "ward accreditation" scheme which rates each ward as gold, silver or bronze. The scheme looks at areas like the "culture of leadership", "communication within the team", and "the ability to use the data they've collected", which staff learn over a 14-week programme, to "make decisions" and "monitor change". The culture is already changing eg nurses have been overheard telling each other in the canteen that they're "going for gold."

http://www.independent.co.uk/life-style/health-and-families/features/day-five-my-10point-plan-for-change-by-christina-patterson-7643996.html - this article is a proposed ten point plan for improving nursing.

Initiatives

Over the past few years there have been a number of 'initiatives', advice and reports' which have looked at nursing and attempted to provide a way forward to drive up standards of care.

In 2006 the Chief Nursing Officer (CNO) presented her report "*From values to action: The Chief Nursing Officer's review of mental health nursing*"

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133840.pdf

The CNO carried out this review in order to answer the question **'How can mental health nursing best contribute to the care of service users in the future?'**

A summary of the key recommendations were:

- Mental health nursing should incorporate the broad principles of the Recovery Approach into every aspect of their practice. This means working towards aims that are meaningful to

service users, being positive about change and promoting social inclusion for mental health users and carers. These principles need to be reflected in training for nursing and in organisational policies.

- All MHNs need to do what they can so that all groups in society receive an equitable service and that the people working in mental health nursing reflect local population groups.
- Developing and sustaining positive therapeutic relationships with service users, their families and/or carers should form the basis of all care.
- Mental health nursing should take a holistic approach, seeing service users as whole people and taking into account their physical, psychological, social and spiritual needs. This means that MHNs need to widen their skills to improve service users' physical well-being through better assessment and health promotion activities and provide more evidence-based psychological therapies. MHNs need training, supervision and managerial support.
- Inpatient care should be improved through measures that include increasing the time MHNs spend in direct clinical contact, reviewing support workers' roles and minimising the time MHNs spend on administrative tasks. Modern Matrons should lead on ensuring that all are treated with dignity and respect.
- MHNs need to be well trained in risk assessment and management. They should work closely with service users and others to develop realistic individual care plans.
- MHNs should use their valuable skills in the most effective way possible, by focusing on working directly with people with high levels of need and supporting other workers to meet less complex needs.
- Pre-registration training courses should be reviewed to ensure that essential competencies are gained by the point of registration. Relationships between higher education institutions and service providers should be strengthened.
- Career structures for MHNs should be reviewed according to local needs, and a range of new nursing roles should be developed and supported by provider organisations.
- The recruitment and retention of MHNs need to be improved through initiatives such as linking with schools and colleges, presenting positive messages about mental health to the media and reviewing current roles.

In 2009, Callaghan et al wrote their '*Evaluation of the Chief Nursing Officer's Review of Mental Health Nursing in England*' http://www.nottingham.ac.uk/nursing/cno-review/resources/CNO-Review-Final-Report.pdf

The conclusion of the evaluation was as follows:

"Implementation of the CNO Review of mental health nursing in England varies. In MHTs there is evidence of acceptance of the Review and some evidence of subsequent actions to implement the Review recommendations, but these are not widespread and there was little reported evidence that changes were directly attributable to the Review.

Implementation of the Review recommendations appears to be hampered by an overall lack of an evidence-based implementation plan at both the national and local level. A lack of strategic nursing leadership in some MHTs appeared to be associated with a lack of implementation as the Review appeared to be subjugated by competing Trust priorities and a lack of awareness of it among mental health nurses. Whilst many MHTs reported making progress towards implementation of the Review recommendations when surveyed, detailed case studies with selected Trusts did not always support this finding.

In HEIs there are many examples of the Review steering revision of mental health nursing education curricula, most notably in shifting the focus of education towards recovery approaches, as evidenced in phase 2, and working in partnership with service users, carers and other stakeholders in many, if not all, aspects of education, as evidenced in all phases."

In December 2012, NHS Commissioning Board chief nursing officer Jane Cummings and Viv Bennett, director of nursing at the Department of Health, outlined their vision for the future of nursing in England. The document http://www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf sets out six broad areas of nursing where they believe changes are needed.

These are:

- Helping people to stay independent, maximising wellbeing and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring impact
- Building and strengthening leadership
- Ensuring that we have the right staff, with the right skills in the right place
- Supporting positive staff experience

The document also sets out six fundamental values that should underpin nursing. These are referred to as the six Cs and are as follows:

- **Care** – what we do day-to-day, we take care of people
- **Compassion** – not what we do, but how we do it, treating patients with dignity and respect
- **Commitment** – there needs to be a nursing commitment to improve outcomes and do the right thing
- **Communication** – we must think about the way we communicate with colleagues and managers as well as patients, relatives and carers, but this C is also about me and my desire to use social media to engage more and deliver key messages
- **Courage** – being brave enough to do the right thing and speak up when you are not happy with something your organisation is doing
- **Competence** – a high level of competence is required to deliver support and advice that affects lifestyle changes that benefit the health and wellbeing of families and communities

And finally, the report contained a series of charts that demonstrated how the 6Cs can contribute to high quality, compassionate and excellent health and wellbeing outcomes for people in a range of settings (mental health)

http://www.commissioningboard.nhs.uk/files/2012/12/6c-mental-health.pdf

There have also been other reports which seem to have been disregarded. For example, two years ago, the Prime Minister's Commission on the Future of Nursing and Midwifery in England published a vision for nursing and midwifery called 'Front Line Care'. The Commission warned that the nursing issue must move to the top of the NHS agenda in the challenging times ahead. Among its 20 recommendations, it highlighted the need to prepare nurses to meet the growing need for highly skilled care for people with long-term conditions and the complex needs of ageing. It saw nurses as centre stage to deliver this care, both in hospitals and in people's homes, but that they must be properly equipped and supported to do so.

http://webarchive.nationalarchives.gov.uk/20100331110400/http://cnm.independent.gov.uk/wp-content/uploads/2010/03/front_line_care.pdf

And only a few months ago, the Nursing and Care Quality Forum (NCQF) published a letter to the Prime Minister with suggested recommendations about what to do about nursing https://www.wp.dh.gov.uk/ncqf/files/2012/07/NCQF-letter-to-PM-_Final_.pdf which again seems to have gone under the radar.

The Mid-Staffordshire NHS Foundation Trust Public Inquiry

The Mid-Staffordshire Foundation Trust public inquiry report made a range of recommendations affecting nurses and nursing. Inquiry chair Robert Francis QC's 'key themes' affecting nursing were summarised in Chapter 23 of the report and are as follows:

- The evidence shows that a completely unacceptable standard of nursing care was prevalent at the Trust and that this caused serious suffering for patients and those close to them;
- The decline in standards was associated with inadequate staffing levels and skills, and a lack of effective leadership and support.
- Nursing staff at the Trust did not receive effective support or representation from the Royal College of Nursing (RCN).
- The aptitude and commitment of candidates for entry into nursing to provide compassionate basic hands-on care to patients should be tested by a minimum period of work experience, by aptitude testing and by nationally consistent practical training. Effective support and professional development for nurses should be made the responsibility of professionally accountable responsible officers for nursing, and, in due course, reinforced by a system of revalidation.
- The capacity for front-line nursing leadership needs to be increased by enhancing the role, by better support and professional development resources, by placing leaders at the centre of teams caring for patients, and by identifying nurses with personal responsibility for each patient.
- The leadership required for the delivery of excellent nursing care should be recognised and incentivised in the remuneration structure by more explicit reference to the delivery of excellent care, and by use of professionally formulated and accepted performance measures.
- The specialist skills, commitment and compassion needed for the nursing care of the elderly should be accorded the recognition they deserve by creation of a specialist registered status.
- There is an inherent conflict between the professional representative and trade union functions of the RCN which may diminish the authority of its voice on professional issues.
- It is important that the strength of the nursing voice is not diminished by the transfer of the post of Chief Nursing Officer to the NHS Commissioning Board. That voice could be further strengthened by a requirement that all organisations in the healthcare system for which nursing issues are relevant had the advantage of a nurse at board level.
- Ward nurse managers and named nurses should be an intrinsic part of medical ward rounds and other contacts between doctors and patients.

There are 29 recommendations in Chapter 23 of the report that relate directly to nursing and can be found here http://www.midstaffspublicinquiry.com/sites/default/files/report/Volume%203.pdf. Whilst the vast majority of these recommendations are not for provider Trusts to implement most of

the recommendations will have implications for all providers in the coming months and years. The investment needed to deliver these recommendations is not yet quantified.

The government's response to the Francis report can be found here
https://www.gov.uk/government/news/putting-patients-first-government-publishes-response-to-francis-report

Moving forward

As part of the 'Promoting the context and Value of Nursing in the North West' project every Director of Nursing from each of the 9 North West Trusts was asked to take part in a semi-structured interview with Steve Arnold, Symmetric Partnership LLP. Directors were asked for their views on a number of issues and the following themes were identified where work might be taken forward:

Student Nurse Training;
Culture Change;
Recovery Model of Care;
Clinical Supervision;
Physical wellbeing of mental health service users;
Developing common principles to guide nurse staffing levels and skill mix.

Where we have found them, we have highlighted some further information/reading which may be of interest and examples of existing good practice in these areas.

Student Nurse Training

http://www.nursingtimes.net/nursing-practice/clinical-zones/management/few-trusts-test-nurses-for-compassion/5027110.article

Very few NHS organisations test potential nurse recruits on their aptitude for nursing, despite early evidence from trusts where it has been implemented that it can improve standards. However, an investigation by Nursing Times found that none of the 23 acute trusts that replied to a request for information on their recruitment process actively used any form of aptitude test to assess whether applicants for nursing jobs were compassionate or caring.

Nursing Times found the idea was more likely to be used in the mental health sector, where three out of 14 trusts that replied said they had some form of assessing nurse aptitude – such as psychometric testing, group exercises and the involvement of service users – and a further two were thinking about introducing it.

A spokesman from Leeds Partnerships NHS Foundation Trust said psychometric tests were available for recruiters to use if they wanted during interviews – including ones for "emotional intelligence" and "occupational personality".

The South London and Maudsley NHS Foundation Trust introduced a multi-phased test – known as an "assessment centre" – for band 5s in 2006, which involves group discussion exercises that assess attitude and behaviour, as well as technical skills. Around 100 nurses have so far been recruited

using an "assessment centre" out of a workforce of around 1,400. Senior staff have noticed a difference - the number of staff that have had to be performance managed has started to drop, which is an early indicator of better quality.

The Welsh Assembly has gone a step further and since last year required that all applicants to pre-registration nursing courses are assessed on their caring disposition.

http://www.nursingtimes.net/nursing-practice/clinical-zones/educators/online-test-could-find-nurses-with-the-right-values/5050257.article

An online test that could be used to identify nursing course applicants who lack kindness and compassion is being trialled at universities across the UK. In a pilot scheme at London Southbank University and Great Ormond Street Hospital, the test identified as unsuitable the same 20% of applicants to a children's nursing course as those rejected by interviewers.

Culture Change

http://www.nursingtimes.net/nursing-practice/clinical-zones/educators/compassion-what-history-teaches-us/5029818.article

A look at historical views on compassion.

http://www.aboutmyarea.co.uk/Bedfordshire/Luton/LU3/News/Local-News/237526-First-Class-Care-for-Patients

South Essex Partnership University NHS Foundation Trust (SEPT) has launched a campaign to reinforce the culture of care and professional standards provided by the Trust's nurses and health care professionals.

This targeted campaign will help reinforce the 'fundamentals of nursing including compassion; pain management; privacy and dignity; hydration and nutrition and communication.

SEPT Chief Executive Dr Patrick Geoghegan OBE, said:

"This campaign is about recognising the importance of the traditional qualities patients associate with nursing and supporting our nurses and health care professionals to provide the excellent, compassionate care we all expect."

http://www.homecare.co.uk/news/article.cfm/id/1556930/new-vision-and-stronger-role-for-mental-health-nurses

A new three year strategy to enhance, develop and support learning disability and mental health nursing in Norfolk and Suffolk has been launched. The visionary document recognises nurses as the largest and most influential professional group working within Norfolk and Suffolk NHS Foundation Trust. It provides a framework to help nurses focus on the important issues that will enable them to provide safe and effective care.

Director of nursing, patient safety and quality, Roz Brooks, said: "The new nursing strategy will support and strengthen the roles of nurses within the Trust to ensure we continue to deliver compassionate, high quality care in new ways during the challenging times ahead."

The core ambition is to deliver excellent nursing care and ensure the needs of service users are at the heart of everything nurses do.

The document sets out a nursing pledge: "At Norfolk and Suffolk Foundation NHS Trust, we believe that nursing means treating all people with dignity and respect; caring with compassion and protecting the most vulnerable. This upholds our commitment to providing person centred expert care, resulting in the best possible outcomes and experience for everyone who uses our services."

As part of its commitment to improving quality, the Trust promises to:

• Listen to service users' views about the help they need, talking about and developing their care plan with them and giving them a copy

• Talk with them about their treatment choices, including any medication they take and giving them information about possible side effects

• Tell them the name of their care coordinator and who to contact for help out of hours

• Listen to relatives and carers and encourage service users to involve them in their care. The vision will be delivered through eight key activities:

• Bringing clarity to quality

• Measuring quality

• Publishing quality performance

• Recognising and rewarding quality

• Instigating leadership for quality

• Safeguarding quality

• Staying ahead

• Supporting nurses to deliver quality

Quality is seen from the service user's perspective, encompassing how safe the treatment will be; what the experience will be like and how effective treatment will be. Nurses will be expected to treat all service users and carers with kindness and sensitivity and with a positive attitude and respect their culture and diversity. They will respect and promote the rights of service users when making decisions and choices.

To promote safety, nurses will be expected to challenge poor practice, attitudes and behaviour and escalate areas of concern, recognising that failure to do so is as culpable as poor practice itself.

To ensure the effectiveness of treatment nurses will ensure care and treatment is provided in line with contemporary evidence-based practice and innovative models of care. They will maximise their role in health and wellbeing.

The essence of nursing care is seen as getting to know and value individuals through effective assessment, finding out how they want to be cared for and providing care that ensures their dignity and respect is maintained.

Recovery Model of Care

For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking.

Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

The recovery process:

- provides a holistic view of mental illness that focuses on the person, not just their symptoms
- believes recovery from severe mental illness is possible
- is a journey rather than a destination
- does not necessarily mean getting back to where you were before
- happens in 'fits and starts' and, like life, has many ups and downs
- calls for optimism and commitment from all concerned
- is profoundly influenced by people's expectations and attitudes
- requires a well organised system of support from family, friends or professionals
- requires services to embrace new and innovative ways of working.

Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing beyond a person's mental health problems, recognising and fostering their abilities, interests and dreams. Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health. Recovery is about looking beyond those limits to help people achieve their own goals and aspirations.

Research has found that important factors on the road to recovery include:

- good relationships
- financial security
- satisfying work
- personal growth
- the right living environment
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future.

- being believed in
- being listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.

There is a strong link between the recovery process and social inclusion. A key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery.

Are there tools to help service users and mental health services?

Three approaches that may help service users and mental health services are:

WRAP (Wellness Recovery Action Planning)
WRAP is a self-management and recovery system developed in the US by people with mental health difficulties. People are supported to create their own wellness recovery action plan, setting out their goals, what help they need to get there, what helps keep them well, and what puts their mental health at risk. A WRAP will also state how the person wants others to respond when symptoms have made it impossible for them to continue to make decisions safely for themselves and take care of themselves.

You can find out more about WRAP on the [Mental Health Recovery and WRAP website](#).

DREEM (Developing Recovery Enhancing Environments Measure)
DREEM is an outcome measure and research tool to see how 'recovery-oriented' a service is. It is a self-report instrument that gathers information about mental health recovery from people who using mental health services. The DREEM asks people where they are in their process of mental health recovery and what markers of recovery they are currently experiencing.

You can find out more about DREEM on the [Recovery Devon website](#).

Recovery Star
This is a tool for people using services to enable them to measure their own recovery progress, with the help of mental health workers or others. The 'star' contains ten areas covering the main aspects of people's lives, including living skills, relationships, work and identity and self-esteem. Service users set their personal goals within each area and measure over time how far they are progressing towards these goals. This can help them identify their goals and what support they need to reach them, and ensure they are making progress, however gradual, which itself can encourage hope.

You can find out more about Recovery Star on the [Mental Health Providers Forum website](#).

http://www.tidal-model.com/

The Tidal Model is a recovery model for the promotion of mental health developed by Professor Phil Barker, Poppy Buchanan-Barker and their colleagues. The Tidal Model focuses on the continuous

process of change inherent in all people. It seeks to reveal the meaning of people's experiences, emphasising the importance of their own voice and wisdom through the power of metaphor. It aims to empower people to lead their own recovery rather than being directed by professionals.

http://www.nesta.org.uk/library/documents/PPPprojectSummaries.pdf

The People Powered Health programme was designed to support the design and delivery of innovative services for people living with long term health conditions.

The People Powered Health approach offers a vision for a health service in which:

- the health and social care system mobilises **people** and recognises their assets, strengths and abilities, not just their needs.
- the ability to live well with long-term conditions is **powered** by a redefined relationship, a partnership of equals between people and health care professionals
- the **health** and care system organises care around the patient in ways that blur the multiple boundaries between health, public health, social care and community and voluntary organisations.

http://www.nesta.org.uk/library/documents/PPHBusiness_case.pdf

This paper describes the specific investments required to create services with a People Powered Health approach, and the practical benefits that can be achieved as a result

http://www.nursingtimes.net/nursing-practice/clinical-zones/mental-health/nurse-to-research-mental-health-recovery/5048654.article

Amy Bennett, a senior nurse practitioner at Sheffield Health and Social Care NHS is looking at the development and implementation of a new assessment tool to help health professionals in the trust to become more recovery focused. For example, by providing individualised support to a person so they can discover or rediscover skills which can lead to work, education and social opportunities in the future. Health professionals in the trust will use the assessment tools – such as questionnaires and guidelines, to assess and monitor how well the recovery model is working.

http://www.nursingtimes.net/the-role-of-the-mental-health-support-time-recovery-worker/201116.article

http://www.nursingtimes.net/nursing-practice/clinical-zones/mental-health/using-safety-crosses-for-patient-self-reflection/5045375.article

Patients in a medium-secure mental health unit used Productive Ward safety crosses as a tool for self-reflection in order to promote recovery.

http://www.hsj.co.uk/home/innovation-and-efficiency/peer-support-works-on-the-road-to-recovery/5052161.article

Cambridgeshire and Peterborough Foundation Trust is using the experience of former mental health service users and training them to be peer support workers

http://www.nursingtimes.net/using-family-group-conference-in-mental-health/564092.article

This article discusses the family group conference (FGC) as a recovery model and its application in mental health nursing

Clinical Supervision

http://www.wlmht.nhs.uk/wp-content/uploads/2011/02/C16-Clinical-Supervision-for-Nurses..pdf

WLMHT's Clinical Supervision for Nurses policy

http://www.smhp.nhs.uk/LinkClick.aspx?fileticket=hNY0vGkIe38%3D&tabid=165&mid=746

Suffolk NHS Foundation Trust's Clinical Supervision Policy

http://www.rdash.nhs.uk/wp-content/uploads/2009/11/Clinical-and-Management-Supervision-for-Clinical-Staff.pdf

Rotherham, Doncaster and South Humber Mental Health Foundation Trust's Clinical and Management Supervision Policy

http://www.piramhids.com/case_study_data/clinical_supervision_for_nurse1.aspx

A case study of Clinical Supervision for Nurses within High Secure Forensic Services

http://www.mhtu.co.uk/res%20clinical%20supervision.pdf

South Bedfordshire Community Health Care Trust Journal of Clinical Practice – an article about Clinical Supervision - developing, implementing and evaluating practice standards in Acute & Community Mental Health

http://www.nursingtimes.net/nursing-practice/clinical-zones/mental-health/does-clinical-supervision-lead-to-better-patient-outcomes-in-mental-health-nursing/5013977.article

This article looks at the assertion that clinical supervision is claimed to be beneficial, but does the evidence support this? This trial examined the impact on supervisors, supervisees and patients.

http://www.nursingtimes.net/using-solution-focused-techniques-in-clinical-supervision/199240.article

This article outlines the concept of solution-focused clinical supervision. Solution-focused clinical supervision makes the assumption that the supervisee has the answers within her or himself; focusing on their effective patterns of behaviour uncovers this

http://www.nursingtimes.net/transforming-patient-care-using-a-clinical-governance-programme/199804.article

Physical Health

http://www.nursingtimes.net/nursing-practice/clinical-zones/mental-health/rotate-roles-to-ensure-we-treat-both-mental-and-physical-health/5047161.article

http://www.nursingtimes.net/nursing-practice/clinical-zones/mental-health/nurses-to-rotate-mental-and-physical-health-roles/5045520.article

In Norfolk a pilot has been launched that will allow staff from mental health, acute and community trusts to rotate into each other's workplace for up to six months. The scheme will see mental health nurses swap roles with colleagues in acute hospitals and vice versa. It is hoped that the scheme will help to promote holistic care.

The programme will be run jointly by Norfolk and Suffolk Foundation Trust, Norfolk and Norwich University Hospitals Foundation Trust, James Paget University Hospitals Foundation Trust and Norfolk Community Health and Care Trust.

So far the pilot has identified a number of key areas for staff to rotate across including accident and emergency, crisis home treatment teams, community teams, long-term condition clinics and dementia care services. Further suggestions have been made to include school nurses and health visitors.

A hospital spokesperson said "They will learn about our services, and about how to use pathways rather than referring patients directly to crisis teams. This will help them to work more effectively with people who have mental health problems."

http://www.hsj.co.uk/resource-centre/mental-health-partnership-sets-out-to-boost-physical-health/472592.article

An article about Bolton PCT which set out to help people with severe mental health problems by creating practice-based registers for these patients to ensure they received a full annual physical health check.

http://www.hsj.co.uk/resource-centre/best-practice/referral-management-admissions-and-discharge-resources/providing-mental-healthcare-alongside-physical-healthcare/5031961.article

The Birmingham and Solihull MH Trust has developed a new model for patient assessment and discharge that helps address the full spectrum of patient needs in one assessment through the use of a RAID model.

(See also the 'Best Practice in MH Nursing in the North West' which gives a number of examples of good practice in this area.)