KEEPING GOING!

Progress toward implementation of the refreshed action plan for *Rights, Relationships and Recovery*, the review of mental health nursing in Scotland
Introduction by the Chief Nursing Officer

Rights, Relationships and Recovery (RRR) is as relevant to mental health services in Scotland now as it was when it was first published in April 2006 and will remain so as we move forward into the future.

The reason for this is clear. In promoting a values-based, rights-based, recovery focus for mental health nurses, RRR anticipated the patient-centred, safe and effective underpinning that is now the aspiration for all in health and social services. The ethos, actions and approaches it advocates mirror and complement those of the Healthcare Quality Strategy for NHSScotland, which is the central driver for improving service users’ experiences and outcomes in the NHS.

This is about providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions. It is about developing mutually beneficial partnerships between service users, carers and those delivering services that demonstrate compassion, continuity, clear communication and shared decision-making.

When I read these words taken from the quality strategy, I could easily be reading RRR. If anyone doubts that, just take a look at Box 4 on page 21 of the RRR report (reproduced opposite), which sets out the underpinning elements of models to guide mental health nursing practice. The read-across is unmistakeable, reassuring and inspiring.

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Models of mental health nursing practice – from Rights, Relationships and Recovery: the report of the national review of mental health nursing in Scotland

Models of mental health nursing practice need to:

→ acknowledge and promote people’s central role in assessment of their own care needs and in planning and evaluating care, decreasing their need to rely on formal services and support

→ respect people, value their contributions and views and preserve their dignity

→ focus on people and maximise individual choice

→ enable people to take greater control of their lives and instil hope and belief that recovery is possible

→ encourage people to retain or regain social networks, work, education and community connections as early as possible

→ build on people’s strengths and aspirations, emphasising strengths rather than deficits or dysfunction

→ foster partnerships between people who need support and people who support them

→ acknowledge the key role played by families and carers in the person’s recovery

→ shift the emphasis of mental health nursing interventions and services from managing organisational risk towards therapeutic management of individual risk.
This RRR report, *Keeping Going!*, sets out how significant a part RRR is playing, and must continue to play, in supporting services to put the quality strategy into action. It shows how mental health nurses across the country are adopting the ethos and approaches advocated by RRR and the quality strategy, and how they are responding flexibly to service user and carer need to develop partnerships and improve experiences and outcomes. This is being driven from a strong education base, with a new framework for pre-registration education and training packages on the Ten Essential Shared Capabilities (10 ESCs) and recovery approaches being accessed by students and staff throughout Scotland.

But adopting a values-based, rights-based approach isn’t necessary only for frontline practitioners. It must permeate through entire organisations, reaching and influencing every level. That’s why, along with colleagues from the Chief Nursing Officer Directorate of the Scottish Government, I undertook training that has been developed through RRR on the 10 ESCs and values-based practice. This training has helped us to think about our own values within the Directorate and to reflect on how we can help to develop person-centred approaches in policy and practice. My grateful thanks go to Steve Wright and Lynn Murray from NHS Ayrshire & Arran, who delivered the training, and to my colleague Hugh Masters, who organised the session.

Mental health nursing needs to be at the heart of approaches to improving service users’ and carers’ experiences and safety. The wider service can learn much from mental health nursing in terms of adopting partnership approaches with service users and carers, about placing them at the centre of care and about responding positively to the things that they, and not the professionals, identify as being important.

RRR recognises that nothing stands still in health care and that it is important for mental health nurses to keep themselves up to speed with best practice developments. RRR consequently set up PIRAMHIDS, “Positive and Innovative Resources: a Mental Health Interactive Database [Scotland]”, which we are continuing to support and maintain. This online resource offers a portal through which practitioners and others can share their good practice and help to build a solid and broad evidence base for mental health nursing. PIRAMHIDS stands as a strong example of how the original call in RRR for a more robust climate for learning and development, evaluation and research is coming to fruition in Scotland.

RRR also supports the drive to promote new ways of working in health and social care in Scotland. The refreshed action plan for RRR, published in 2010, called explicitly for new whole-systems ways of working to be developed and implemented to enable continuity of nursing care across service boundaries and elements. This reflects RRR’s strong focus on helping people to work across traditional boundaries, concentrating their efforts on supporting service users and carers in all the multiple facets of their lives.

We have seen real changes in the way mental health services have been configured over the last five years, particularly in acute care settings, with the advent of intensive home treatment teams and other nurse-led initiatives. These services are not only reducing hospital admissions in line with HEAT targets, but are more importantly providing people with mental health problems and their carers with new and accessible supports.

Clinical supervision remains central to supporting modernised mental health nursing practice and is key to nurturing and sustaining person-centred, values-based and rights-based approaches. We will be doing all we can to ensure that RRR’s aspiration of access to regular clinical supervision for all mental health nurses is achieved and maintained.

RRR is an initiative that encapsulates many of the aspirations we now have for NHSScotland. It is also a challenging initiative, calling as it does for changes not only in what mental health nurses do, but also in how they think and feel. It is to the enormous credit of the mental health nursing community in Scotland, in practice, management, education and research, that they have taken on the challenges posed by RRR and seized the opportunity to develop themselves, their service and, ultimately, the quality of care offered to service users and carers.

While the refreshed RRR action plan officially closes at the end of 2011, I implore all mental nurses in Scotland to stay in it for the long run and ensure that the excellence RRR is creating becomes the norm for the future.

*Ros Moore Chief Nursing Officer for Scotland*
RRR – the story so far ...

Eileen Moir, chair of the RRR National Implementation Group, reflects back on RRR’s progress

RRR represents a revolution in mental health nursing. It is a revolution that reflects wide-ranging political, economic, social and technological factors that culminated in an irresistible force for change in mental health nursing in Scotland.

The driving force behind the review of mental health nursing in Scotland was a recognition that nursing had lost its focus. It was clear that mental health nurses had fantastic skills, but the “package” wasn’t being brought together in a way that could easily be described. We needed to know how our skills could be articulated and shared to ensure the best possible outcomes for service users and carers.

At that time, in the early 2000s, it seemed to me that mental health services had become very risk averse. Because of the closure of the large institutions that started in the 1980s, mental health had grasped the ethos of community care and had placed a great emphasis on developing community services and new and different pathways of caring for people with mental health problems. This meant that the acuity of individuals admitted to inpatient units became much greater, and inpatient care became dominated by the need to keep people safe.

Inpatient units provide an enormously important element of care, of course, but the drive to ensure “safety at all costs” could sometimes mitigate against the humanity and dignity of the individual and his or her experience of care. RRR has brought that humanity, dignity and respect back into focus.

The purpose of the review was to shine a light on mental health nursing, to identify its unique qualities and to set a direction for the future. It is due to the passion, energy and willingness of mental health nurses throughout the country to change the focus of their practice that RRR has done what it set out to do.

We had a very strong impetus for change in the Mental Health (Care and Treatment) (Scotland) Act 2003, which was enacted in 2005. This principled piece of legislation underpinned the values- and rights-based philosophy on which RRR is based and provided mental health nurses with a new lens to guide how they relate to, communicate with and develop relationships with service users and carers.

If values-based and rights-based approaches to care are now mental health nurses’ underpinning for practice, the 10 ESCs and Realising Recovery learning materials and the Scottish Recovery Indicator are their delivery tools. These brilliant innovations are changing the way nurses think, feel and act. How encouraging it is to find that the same principles and tools are now underpinning pre-registration mental health nursing programmes. Hopefully this will mean that the registered practitioners of the future (in all sectors) will have values, rights and recovery as their default position.

What RRR has done, perhaps above everything else, is channel the mental health nursing workforce into a clearly articulated, principles-based, goal-directed force for change. We have come a tremendously long way in a relatively short period of time. But we need to ensure that the impetus and momentum created by RRR now continues as we move forward.

In taking these steps, we need to focus down on areas where RRR and mental health nurses can really make a difference, developing high-impact interventions and metrics to measure impact and improvement. And these will be even more important as we move forward in an uncertain economic climate.

The revolution isn’t over – it’s just beginning.

Eileen Moir Chair of the National Implementation Group
The refreshed RRR action plan for 2010/2011 was published in June 2010. It followed a process of review of the original 24 actions set out with the Rights, Relationships and Recovery report in 2006, acknowledging where actions had been achieved and reflecting where progress still had to be made. Five actions had been completely achieved and were therefore “crossed off”. The remaining 19 were at various stages of achievement and were reflected in the 15 actions set out in the refreshed action plan, which covered three broad areas:

- **Culture and values**: strengthening the climate for care
- **Practice and services**: understanding the issues and planning for the future
- **Education and development**: preparing for the future

The refreshed action plan also reflected new health and social care policy, legislation and wider issues that have emerged since the launch of RRR in 2006.

The following sections provide an overview of progress nationally on meeting the actions set out in the refreshed action plan.

### Culture and values

**ACTION 1**

All mental health nurses must have undertaken training in the 10 ESCs by March 2011.

All mental health nurses to ensure engagement with this learning and continue to develop practice in a way that reflects the 10 ESCs, evidencing this in their personal development plans.

The 10 ESCs training is continuing in all NHS boards, often in tandem with the Realising Recovery training. Evidence that 10 ESCs training and related objectives are influencing staff personal development planning is increasing, with examples of nurses looking at the impact of training on individual practice, service change and service user evaluation and feedback. Importantly, feedback from boards suggests crossover of training, with managers, learning disability nurses and, increasingly, allied health professionals taking part [this also applies to the Realising Recovery training]. Five boards are confident of meeting the target by April 2011 or earlier, which is remarkable given the ambitious nature of the action point.

A national evaluation of the 10 ESCs training was published in 2010. The 10 ESC learning resources are currently being revised by NHS Education for Scotland (NES) and will be available in April 2011.

**Measures of success**

- Percentage of mental health nurses trained in the ESCs
- Percentage of other staff trained in ESCs in each NHS board area

**ACTION 2**

Plans must be made to support mental health nurses to use the Scottish Recovery Indicator (SRI) to develop the recovery orientation of practice, with plans linked to the roll out of the NES/Scottish Recovery Network Realising Recovery training.

Most boards are still considering the best way to implement SRI, possibly looking to ensure multidisciplinary involvement, and are currently piloting the tool. The Scottish Recovery Network reports approximately 1000 registered users, with over 130 services in Scotland using the tool. It remains a key tool in RRR’s drive to promote recovery-focused approaches.

**Measures of success**

- Number of online SRI registrations and website activity
- Number of SRI completions in each board area
- Clear evidence of the impact on practice
Practice and services

**ACTION 3**

All mental health services must have implemented approaches to care described in the main review report that reflect the principles underpinning mental health legislation, the 10 ESCs and recovery orientation by October 2010.

NHS boards and regions should take full account of the workforce implications of the models of care recommended in the main review report in the production of their annual workforce plans.

NHS board nurse directors/local implementation groups and board acute inpatient forums should work together to lead and support this, drawing on the range of national guidance and resources available to support progression.

**ACTION 4**

New whole-systems ways of working should be developed and implemented to enable continuity of nursing care across service boundaries and different service elements. Opportunities for staff to experience care across different service boundaries should be developed: examples of this might include secondments, staff exchanges and joint learning activities, as well as planned rotation.

Capability frameworks for acute and crisis care and for care of older people were developed by NES and are being used within health boards.

Evidence is emerging of synergy between these actions and implementation of other national nursing initiatives. For instance, Leading Better Care is cited consistently as a positive influence and Releasing Time to Care is being reported as a positive development that can support implementation of the actions (see boxed text). The challenge for mental health nursing is to make sure that the ethos of RRR translates across to, and is enhanced by, these initiatives and new quality improvement methods being introduced throughout NHSScotland.

**Releasing Time to Care (RTC) Mental Health**

RTC Mental Health was launched in NHSScotland in early 2009, with the first nationally supported training being delivered in May 2009. As of December 2010, 10 NHS boards are implementing RTC Mental Health, with 78 wards currently involved.

RTC can demonstrate a number of key benefits for senior charge nurses and their teams:

- improved leadership ability of the senior charge nurse
- an increase in direct patient care time
- improved productivity and efficiency
- improved staff morale and team working.

Work is currently under way to demonstrate the impact of RTC on various elements related to these key benefits. This will ensure that RTC Mental Health is sustained and that improving quality and productivity is part of everyday working practice.

The implementation of RTC Community in mental health is currently in development, with the production of appropriate information and amendments to complement the existing RTC Community resources. RTC and RRR can complement each other as many of the modules within RTC support related actions of RRR.

**Leading Better Care (LBC) in Mental Health**

As of December 2010, 2108 senior charge nurses were engaged in refocusing their role. This equates to 99% of all senior charge nurses identified by their NHS boards to be involved in the first phase of LBC and includes 443 senior charge nurses/band 6 nurses from across NHSScotland from mental health and learning disabilities settings.

LBC will continue to work to ensure that senior charge nurses/team leaders have appropriate measures of quality for hospital and community mental health settings to enable them to demonstrate the nursing contribution to the delivery of high-quality, effective and person-centred care. This will be done in an integrated way with other national work streams and drivers, such as RRR, the Scottish Mental Health Patient Safety Programme and integrated care pathways.

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Acute inpatient forums are active in several boards, and real gains are being seen in how services are being delivered. For instance, intensive home treatment teams (IHTTs), many of which are nurse led, are now opening positive options and choices to service users and carers.

There is evidence that the current economic climate is making it difficult for boards to sustain formal planned staff rotation programmes, but innovative solutions such as short-term secondments and exchanges are emerging. Many acute inpatient and community crisis services are working to provide these opportunities, with good feedback about the benefits for staff understandings of the whole system of care and the realities of service users’ lives.

### Measures of success
- Evidence of the use of models of care that reflect the principles underpinning mental health legislation, the 10 ESCs and recovery approaches
- Evidence of innovative approaches to rotation, short-term secondments and exchanges

### ACTION 5
**Mental health nursing’s contribution to promoting social inclusion and addressing health inequalities should be developed.**

It continues to prove difficult to retrieve precise data from boards around this action and the involvement of mental health nurses. Some examples of good practice are nevertheless emerging, particularly in relation to the priorities set out in *Towards a Mentally Flourishing Scotland*, such as the creation of a social prescribing for mental health development group in NHS Lanarkshire. A crucial element of this is the contribution mental health nurses make to addressing health inequalities through physical health improvement activities (see boxed text).

### Embedding physical health care in mental health nursing practice

RRR has raised expectations of the critical role nursing plays in nurturing and facilitating a holistic approach to recovery from ill health. This expectation now includes the realisation of the immense therapeutic potential that mental health nurses have to positively impact on reversing mortality and morbidity trends and averting sudden deterioration of individual physical status.

Within NHS Greater Glasgow & Clyde, the need to galvanise and improve approaches to physical health care for people with mental health problems and to recognise the challenge of health inequalities are currently being progressed by a range of measures, including:

- Developing and sustaining a mental health service-wide medical emergency training programme model that emphasises the role of nurses
- Implementing a physical health care policy for mental health services, including a physical health measure that is integrated with the electronic single shared assessment
- Developing a physical health care survey and training needs analysis for mental health nurses across inpatient and community settings
- Developing an early warning scoring system for inpatient mental health settings that meets national criteria
- Contributing to shaping the revision of the pre-registration curriculum at Glasgow Caledonian University to embed “improving physical health care” learning and practices, and teaching year 3 students on recognising and responding to physical ill health and medical emergencies
- Integrating the needs of people with mental health problems in the board-wide nutrition strategy
- Providing leadership to support physical health care needs identification and improvement
- Developing and implementing policy and procedural guidelines on physical care delivery for multi-professional use.

### Measures of success
- Evidence of structured and evidence-based physical health care improvement interventions
- Evidence of the involvement of mental health nursing in social prescribing approaches
**ACTION 6**

Mental health nurses’ role in delivering psychological therapies must be progressed using a stepped approach to competency development.

This is a key action, particularly in view of the access target for psychological therapies included in HEAT targets for 2011/2012. Its achievement requires the provision of accredited training, ongoing clinical supervision for nurses practising psychological therapies and proactive management activity to ensure nurses have protected time for practice.

Multidisciplinary psychological therapies strategies are being developed, or are already in place, across all boards, alongside activity to scope the number of mental health nurses trained to deliver psychological therapies and interventions and the number of nurses regularly using these skills in practice. While integration of skills into practice is happening, it can face challenges, particularly around issues such as integration into ways of working in particular services and nursing roles and gaining access to regular supervision. Challenges can also be found in accessing training for remote and rural staff.

Good links with higher education institutions have been reported. For example, NHS Ayrshire & Arran and NHS Lanarkshire have jointly developed an MSc in psychosocial interventions in partnership with the University of the West of Scotland and are currently developing a joint cognitive behavioural therapy training programme.

**Measures of success**

- Evidence of the contribution of mental health nurses to delivering psychosocial therapies in line with the HEAT target
- Evidence of mental health nurses delivering other psychosocial interventions in a range of practice settings

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**Education and development**

**ACTION 7**

The number of nurse consultant posts in mental health throughout NHS board areas should be increased in line with specific service and workplace requirements.

Nurse consultants in mental health in Scotland are now widespread across health boards, with the number standing at 15. Nurse consultants are found in a wide range of practice areas: mental health/learning disabilities, evidence-based therapies, care of older people, psychological therapies, dementia, substance misuse, forensic care, intensive home therapy and children’s and adolescent mental health services (CAMHS).

The focus of this action is now widening to include other roles such as mental health advanced nurse practitioners and nurse-led community crisis services. There is a need to continue to develop the evidence base for these roles and to support their development nationally. The professional leadership of mental health nurses within NHS boards should also continue to be developed.

**Measures of success**

- Number of nurse consultants and advanced roles per specialty and NHS board area
- The professional leadership structure for mental health nursing within boards

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**ACTION 8**

Higher education institutions (HEIs) must work with their partner organisations to fully implement the national framework for pre-registration mental health nursing programmes by December 2010.

A report on HEIs’ progress on achieving this action has been prepared by NES. It shows that all seven HEIs who deliver the mental health nursing pre-registration programme in Scotland have achieved the action.

**Measure of success**

- Evidence of implementation mapped against the Framework
**ACTION 9**

The role of mental health support workers and peer support workers in NHSScotland must be maximised, supported and developed.

The experience of peer support workers reported by boards is largely positive, but there are few currently in post. While no board has reported structured plans to prioritise these posts in staffing profiles, mainly for financial reasons, they nevertheless remain supportive of the approach. An independent evaluation of the peer support worker role in five health board areas carried out on behalf of the Scottish Recovery Network supports further roll out across Scotland. It will also be important to review the model of peer support generally.

**Measures of success**

Development of peer support worker posts and/or peer support approaches in practice

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**ACTION 10**

All newly qualified mental health nurses should complete Flying Start NHS™ alongside planned developmental and consolidation experiences by the end of 2010.

All boards report that newly qualified staff are expected and encouraged to take part in Flying Start NHS™. Over 500 mental health nurses are currently registered with the programme.

**Measures of success**

Numbers of newly qualified mental health nurses completing Flying Start NHS™

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**ACTION 11**

The leadership capacity and capability of the mental health nursing profession in NHSScotland must continue to be strengthened and enhanced.

Strong evidence of systematic development of actions taken forward by local implementation groups has been submitted by most NHS boards. A number of boards have now replaced local implementation groups with other structures, mainly by subsuming the RRR actions into existing practice development groups and initiatives. Approximately 50% of existing local implementation groups continue to be chaired by the NHS board executive director of nursing, while the others are chaired by a senior mental health nurse.

**Measures of success**

Evidence of nurse director involvement in local implementation

Evidence of local implementation group or similar structured implementation activity

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**ACTION 12**

All mental health nurses must undertake regular clinical supervision. All mental health nurses must exercise their responsibility to ensure that they engage in regular clinical supervision and evidence this in their personal development plans on an annual basis.

This is an action that merits being prioritised by boards. The need for all mental health nurses to engage in clinical supervision remains paramount in the development of the profession.

All boards report that clinical supervision strategies and procedures are in place or are about to be put in place. Most have developed training and have issued local guidance. Audits and surveys have been, or are being, carried out to establish the position in several boards.

While board reporting does not make clear the percentage of practice areas active in clinical supervision, the evidence suggests that different inpatient areas and care of older people settings have lower rates than specialist and community-based services (for instance, a number of forensic services and CAMHS report 100% rates).

There is some evidence of boards re-examining clinical supervision activity in general to prepare to involve the mental health nursing workforce in delivering psychological therapies and interventions.

**Measures of success**

Percentage of mental health nurses receiving clinical supervision – per NHS board area and practice area

Number of supervisors – per NHS board area and practice area
A more robust climate of learning, development, evaluation and research must be developed across the mental health nursing community in NHSScotland.

The PIRAMHIDS (Positive and Innovative Resources: a Mental Health Interactive Database (Scotland)) initiative is generating significant interest throughout the mental health nursing community. There are currently over 150 examples of practice published, consisting of fully detailed submissions highlighting the practice delivery, evidence-base and service user impacts, including:

- 21 submissions relating to Releasing Time to Care
- Information on specific programmes of work/projects exhibited at showcase events in individual health boards that are acknowledged as being representative of positive and innovative practice in mental health.

In addition, there are fully interactive tools to assist users in realising the integration of national drivers and programmes of work and over 70 useful links to other resources, including the Integrated Care Pathways for Mental Health toolkit. Information about upcoming events, opportunities to share practice through the Mental Health Nursing Forum awards and regular and real-time news updates are also posted.

There have been over 17,400 visitors to the site with approximately 10,000 since April 2010, signifying a large increase in activity since the publication of the RRR refreshed action plan. There have been 62,964 unique pages viewed on the site and, importantly, 948 users have sought information on how to contribute. Although established as a national database for Scotland, it should be highlighted that PIRAMHIDS has been accessed from 103 countries and territories worldwide.

PIRAMHIDS will continue to be hosted and administered by NHS Quality Improvement Scotland (QIS), including after the transition of QIS to Healthcare Improvement Scotland in April 2011.

**Measures of success**

Submissions to PIRAMHIDS per NHS board area
Web site activity data

**ACTION 14**

Mental health nursing’s contribution to non-medical prescribing should be developed.

The main developments seen so far in non-medical prescribing relate to the development of more robust NHS board governance and policies, with training allocation now being closely monitored, a focus on the “added value” of non-medical prescribing in particular areas (such as addictions and dementia and, increasingly, therapeutic antipsychotic medication prescribing) and the development of new services in which non-medical prescribing is built into service design (such as crisis services). This is possibly linked to boards’ current focus on exploring different models of care, different roles for professionals and different ways of delivering services.

**Measure of success**

Number of mental health nurses who are non-medical prescribers – per NHS board area and practice area

**ACTION 15**

Implementation of the review will continue to be driven and supported at a national level.

The Mental Health Nursing Forum for Scotland is seen as growing in influence, and reports suggest good representation and engagement between the Forum and the National Implementation Group.
Examples of good practice reflecting progress in the three core areas of the refreshed action plan are being reported from across Scotland. This section focuses on four areas as examples of the kinds of activity that RRR is driving forward.

Making a difference with clinical supervision

RRR is a very powerful advocate for clinical supervision. Clinical supervision has become a key element of mental health services in NHS Lanarkshire, as associate director of nursing for mental health, Karen Robertson, explains. “RRR highlights not only that clinical supervision is a worthwhile activity, but also that nurses need to be given time to take part,” she says. “These are messages that we’ve very much taken on board in NHS Lanarkshire.”

The health board set up several subgroups to focus on delivering RRR actions, one of which was about clinical supervision. Led by practice improvement and development nurse Pauline Hanlon, the subgroup carried out an audit of clinical supervision activity as it was at that time. This revealed that clinical supervision was most active in community services but wasn’t being hugely addressed in inpatient settings, largely because of time issues.

The subgroup developed a clinical supervision framework, backed by a toolkit, which was widely disseminated. A second audit was then performed which, while showing some improvement, particularly in adult wards, demonstrated that some areas were still clearly struggling.

At this point, Pauline started asking some questions of staff about the barriers they were facing. “We then realised that actually, quite a number of people didn’t know how to participate in clinical supervision and what benefits it might bring them,” Karen says. “Their experience of clinical supervision had tended to be very managerial and hierarchical and, frankly, they couldn’t see what was in it for them.”

Karen and her colleagues then went about trying to spread some positive messages about clinical supervision to offset any negative impressions that may have existed. But the team recognised that the issue of people not actually knowing how to participate in supervision needed to be tackled head on. And this is when the idea of developing a DVD arose.

“Pauline contacted Dr Graham Sloan, consultant nurse in psychological therapies at NHS Ayrshire & Arran and an acknowledged expert in clinical supervision, and Pauline and Graham then worked with the University of the West of Scotland to develop the DVD,” Karen explains.

The DVD, *Make Room for Clinical Supervision*, was launched in 2010. It explains what clinical supervision is, why it is important, and how it should be performed. Karen believes it is a unique and special product.
“It reflects the high value in which clinical supervision is held strategically,” she says. “Clinical supervision has always been part of my career, but I could see that for some nurses in the board, that wasn’t the case. By opening people up to the potential benefits of clinical supervision, we’re opening them up to opportunities to take part. As the title of the DVD states, we’re asking nurses – all nurses – to make room for clinical supervision.”

Making a difference with the SRI

The refreshed RRR action plan recognises the value of the Scottish Recovery Indicator (SRI) tool in helping services to develop the recovery orientation of their practice. Services using the tool are guided to collect evidence from assessments, care plans, service information and interviews with service providers and service users. Data collected are then compared against a series of 19 indicators, each of which is a recovery-focused statement.

Scottish Recovery Network (SRN) SRI project lead William Ellis has found high levels of enthusiasm for using the tool, but recognises that challenges exist. “We get so many people registering on the site from all across the world – interest is really high,” he says. “We also have a reasonable level of active use of the tool, with over 130 services having participated. What we are finding, though, is that services are struggling to reach completion for a variety of reasons.

“We now need to focus on how we are going to address this, principally through continued support for learning networks and by making adaptations to the tool.”

SRN has commissioned a research project that is assessing the impact of the SRI, as Simon Bradstreet, network director at SRN, explains. “The evaluation involves working with learning network participants to assess the impact of using the tool [see boxed text]. It’s not so much about finding out whether the tool has worked well or not, although obviously that is useful to know, but is more about trying to find out what is actually happening as a result of using the tool.

“Where the tool is well used we do see an impact, but the intention with this research is to provide a more objective and independent assessment. We hope that one result of this could be increased buy in and usage. If we are asking busy services to undertake a complex and time-consuming process, we need to be able to evidence the sort of impact it could have.”

SRI learning networks

Working in partnership with NHS Education for Scotland, SRN has been hosting three regional SRI learning networks. The networks bring together up to 90 NHS practitioners from across Scotland who have responsibility for practice and service development. The learning networks last for a year, during which time participants have five separate learning days in which they undergo core learning based on the SRI, Realising Recovery and the 10 ESCs training resources.

Feedback from services that have completed the tool nevertheless shows that it provides a framework within which they can safely build recovery-focused environments. Theresa Watson, practice improvement and development nurse in NHS Lanarkshire, is one of those who has experience of, and has seen the benefits of, using the tool in her area.

“We have been using the SRI where there had been a high incidence of sickness absence and, as a result, frequent use of bank nurses,” she says. “Because of this, the staff had difficulty in sustaining the Releasing Time to Care programme. Using the SRI is allowing us to obtain an overall baseline measurement of the service and is helping us to identify areas for improvement that we can then put into an action plan for all staff to focus on.”

Making a difference in education

RRR recognised that the fundamental changes in mental health nursing that it aspired to provide for service users and carers could only be achieved with a strong education foundation, both at pre-registration and post-registration levels. Key actions on education have consequently figured large in the RRR action plans.

And good progress has been made, according to programme director for mental health at NES Susanne Forrest, who was formally the national project officer for the review of mental health nursing in Scotland that resulted in the original RRR report.

Susanne feels the massive task of developing and rolling out the 10 ESCs learning resource for Scotland from materials originally developed in England has proved particularly valuable. NHS boards are required by RRR to ensure that all mental health nurses receive training in the 10 ESCs. Practically all are on target and some have already achieved full coverage.
“The development of the materials was a collaborative activity with contributions from the NHS, higher education sector and voluntary sector, with Health in Mind and Penumbra being commissioned to successfully deliver the training for trainers programme that was put in place to support local implementation,” Susanne says.

“The materials themselves have proved popular with a wide range of nurses, other professionals and service users and carers. We also had a formal evaluation that provided positive results, and we have recently revised the learning materials in the light of comments from the evaluation and to reflect ongoing developments in professional practice and policy.”

Closely aligned to the 10 ESCs is the Realising Recovery learning materials, developed by NES in partnership with the Scottish Recovery Network. “RRR originally only required us to develop a national framework for training in recovery approaches, which we achieved,” Susanne explains. “But we then took it a stage further, working with SRN to develop the learning materials and supporting training for trainers in board areas.” NES appointed three part-time regional coordinators to support those who had been through the “training for trainers” preparation and had returned to their boards.

Pre-registration education has also been addressed through RRR. Specifically, the action plan required that a new framework for pre-registration mental health nursing programmes in Scotland be produced to reflect the priorities in the main review report. This framework was launched in March 2008 and incorporates the 10 ESCs and Realising Recovery learning materials.

“We will be producing a refreshed version of the framework to reflect the new Nursing and Midwifery Council standards for pre-registration nursing education that were published in September 2010,” Susanne explains. “We have already mapped the competencies in the existing framework for pre-registration mental health nursing programmes with the new NMC standards and have found very strong read-across.”

In addition to these major projects, NES has fulfilled its commitments under the RRR action plan to develop capability frameworks for mental health nurses in care of older people and acute care settings, which were launched in 2008.

Making a difference with psychosocial interventions and psychological therapies

Nurses at all levels in NHS Greater Glasgow & Clyde are taking advantage of training opportunities to prepare them to deliver psychosocial interventions (PSI) and psychological therapies.

To date, over 850 practitioners have been trained in the SPIRIT (Structured Psychosocial InteRventions in Teams) approach. Staff trained in this approach are equipped with skills to deliver an evidence-based approach in everyday clinical practice across all tiers of service, including primary care, community mental health teams and inpatient environments.

The Glasgow PSI for psychosis course run in collaboration with Glasgow Caledonian University supports mental health practitioners to empower individuals to manage their symptoms through reducing the distress associated with their experiences. Over 80 staff, the majority of whom have been nurses, have been trained.

“Participants achieve an improved understanding of the contribution of psychosocial interventions towards recovery,” nurse consultant for PSI Catriona Kent explains. “A range of skills are taught, including interventions for positive and negative symptoms, assessing and developing understanding and interventions for families and carers.”

Individual staff have developed a range of initiatives within clinical service as a result of the PSI course, including family and carers groups, learning about psychosis groups, formulation-driven multidisciplinary working and initiatives to promote greater service user involvement.

“With mental health nurses having core skills in getting alongside people with the aim of understanding their experiences,” Catriona continues, “the scene is already set for enhancement of these skills with training in psychological therapies or psychosocial interventions.”
Hugh Masters, Nursing Officer (Mental Health and Learning Disabilities) at the Scottish Government, looks forward to where RRR now needs to go

No one could deny that the RRR action plan, both the original plan and the refresh, is hugely ambitious. It sets out an extensive plan to transform mental health nursing, a plan that has never been equalled in Scotland (or elsewhere, for that matter) in its scope, breadth and aspirations for mental health nurses and for improving experiences for service users and carers.

Its scope has challenged mental health nurses to stretch themselves, encouraging them to look at their work with different eyes and to think laterally about the nature of their services. If you set the bar high, you have to produce a better performance to clear it.

There were those who advocated that RRR should have been a multidisciplinary, rather than a nursing-specific, initiative. Some of the arguments round this were set out very cogently in the RRR Annual Report 2009, where Mari Brannigan presented the case “for” a nursing-specific initiative and Nigel Henderson the case “for” a multidisciplinary one. I can see merit in both arguments, but I feel that nursing needed, and was ready for, its own review when the RRR process launched.

What is beyond argument is the fact that despite it being a nursing-specific initiative, RRR has had an impact far beyond the confines of nursing. A clear example of this is the action plan for allied health professionals (AHPs) working in mental health, Realising Recovery, which builds on the route set by RRR to carve out a specific, but complementary, path for AHPs. It is also hugely encouraging to see AHPs accessing education opportunities created through RRR, specifically the 10 ESCs and Realising Recovery learning materials, alongside nursing colleagues.

While applauding the efforts mental health nurses in Scotland have made and the improvements you have brought through RRR, I now ask you to do one more thing – keep it going.

We will keep going with the refreshed action plan until the end of the year and the National Implementation Group and local groups will continue to monitor progress nationally and at board level. But it cannot stop there.

We’re now aligning the next stage of RRR development to the three quality ambitions for the NHS, as set out in the Healthcare Quality Strategy for NHSScotland.

To ensure person-centred care, we will aim to further improve people’s experiences of mental health services by continuing to promote values-based and recovery-focused practice, providing better options for service users and carers and delivering personalised care. We will also
continue our fight against social exclusion, stigma and discrimination, with the SRI continuing to be one of the main tools in helping us achieve this.

We will promote **effectiveness** through a combination of early-recognition and evidence-based treatments and interventions. This will include interventions focused on psychological therapies, improving the physical health of people with mental health problems, promoting healthy lifestyles and improving cross-sectoral working. We will continue to promote career opportunities for mental health nurses at consultant, advanced and specialist levels and support innovative approaches to care for specific groups, such as people with dementia, and to the adoption of specific functions, such as non-medical prescribing. We will advance mental health nursing leadership at all levels and open opportunities for clinical–academic careers. And we will develop a system of metrics for mental health nursing focusing on high-impact outcomes and ensure that mental health nursing is at the forefront of quality improvement initiatives.

And to ensure people’s **safety**, we will continue the drive to create safe healthcare environments that protect people from avoidable harm, including suicide, and to ensure that all mental health nurses have access to regular, effective clinical supervision. We will promote mental health nursing’s considerable contribution to the national patient safety agenda and continue to support multidisciplinary risk assessment and positive risk-taking approaches.

Specific synergies between the refreshed RRR action plan and the three quality ambitions for the NHS are shown at Annex 1.

A key challenge for RRR is to continue to drive the mental health nursing profession forward while integrating fully not only with the quality strategy, but also with other wider policy initiatives. *Scotland’s Dementia Strategy*, the Scottish Patient Safety Programme in Mental Health, HEAT targets on access to psychological therapies and CAMHS and nursing policies and developments, such as *Leading Better Care* and *Releasing Time to Care* – all of these, and more, impact on, and are impacted by, RRR and mental health nursing.

The RRR refreshed action plan and our measures to keep it going are not one-off activities, there to be achieved, ticked off and marked “done”. They are catalysts for positive change. They define a culture and a set of principles for practice that are enduring and that need to be constantly refreshed, restored and sustained. They set corporate and individual responsibility to deliver positive change, responsibilities that our boards and you as individuals are striving hard to fulfil.

So let’s take the opportunity as we move through the refreshed RRR action plan to redouble our efforts to ensure, as Ros Moore puts it in her introduction, that the excellence RRR is creating becomes the norm for the future. Let’s keep it going.

**Hugh Masters** - Nursing Officer (Mental Health and Learning Disabilities), Scottish Government
References and resources


Scottish Recovery Indicator [website]. Access at: http://www.scottishrecoveryindicator.net/
Annex 1. Mapping RRR refreshed action plan to primary dimension of quality *(Healthcare Quality Strategy for NHSScotland)*

<table>
<thead>
<tr>
<th>Area of RRR</th>
<th>Primary dimensions of quality</th>
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<tbody>
<tr>
<td><strong>Culture and values: strengthening the climate for care</strong></td>
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<tr>
<td><strong>ACTION 1</strong></td>
<td>Person centred</td>
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<tr>
<td>All mental health nurses must have undertaken training in the 10 Essential Shared Capabilities Learning Materials –Scotland (10 ESCs) by March 2011.</td>
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<tr>
<td>All mental health nurses to ensure engagement with this learning and continue to develop practice in a way that reflects the 10 ESCs, evidencing this in their personal development plans.</td>
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<td><strong>ACTION 2</strong></td>
<td>Person centred</td>
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<td>Plans must be made to support mental health nurses to use the Scottish Recovery Indicator to develop the recovery orientation of practice, with plans linked to the roll out of the NES/SRN <em>Realising Recovery</em> training.</td>
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<td><strong>Practice and services: understanding the issues and planning for the future</strong></td>
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<td><strong>ACTION 3</strong></td>
<td>Person centred</td>
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<tr>
<td>All mental health services must have implemented approaches to care described in the main review report that reflect the principles underpinning mental health legislation, the 10 ESCs and recovery orientation by October 2010.</td>
<td>Person centred</td>
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<tr>
<td>NHS Boards and regions should take full account of the workforce implications of the models of care recommended in the main review report in the production of their annual workforce plans.</td>
<td>Effective</td>
</tr>
<tr>
<td>NHS board nurse directors/local implementation groups and boards’ acute inpatient forums should work together to lead and support this drawing on the range of national guidance and resources available to support progression.</td>
<td>Safe</td>
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</table>
### ACTION 4

New whole-systems ways of working should be developed and implemented to enable continuity of nursing care across service boundaries and different service elements. Opportunities for staff to experience care across different service boundaries should be developed, examples of this might include secondments, staff exchanges, joint learning activities, as well as planned rotation.

| Person centred | Effective |

### ACTION 5

Mental health nursing’s contribution to promoting social inclusion and addressing health inequalities should be developed.

| Effective |

### ACTION 6

Mental health nurses’ role in delivering psychological therapies must be progressed using a stepped approach to competency development.

NHS board nurse directors/local implementation groups must work with key stakeholders to revise and update the strategies they developed in 2007 to ensure they continue to:

- support an incremental growth in nurses trained in psychological therapies
- enable practitioners to have access to skills-based training programmes at a variety of levels
- ensure the governance, supervision and support arrangements are in place to promote the dissemination of skills in practice, linked to staff development and service development
- ensure plans are informed by national guidance.

### Education and development: preparing for the future

### ACTION 7

The number of nurse consultant posts in mental health throughout NHS board areas should be increased in line with specific service and workplace requirements.

| Effective |

### ACTION 8

Higher education institutions must work with their partner organisations to fully implement the national framework for pre-registration mental health nursing programmes by December 2010.

NHS Education for Scotland should continue to work with the higher education institutions to support developments and share best practice.

| Effective |
| ACTION 9 | The role of mental health support workers and peer support workers in NHSScotland must be maximised, supported and developed. | Person centred | Effective |
| ACTION 10 | All newly qualified mental health nurses should complete NHS Flying Start™ alongside planned developmental and consolidation experiences by the end of 2010. | Effective |
| ACTION 11 | The leadership capacity and capability of the mental health nursing profession in NHSScotland must continue to be strengthened and enhanced. NHS board nurse directors should continue to demonstrate leadership in implementing the actions from the review, ensuring local implementation groups are maintained to support and drive implementation. | Effective |
| ACTION 12 | All mental health nurses must undertake regular clinical supervision (requirement to qualify as a clinical supervision session: group or individual facilitated, held a minimum of every six weeks [maximum of two months between sessions], and be of at least one hour duration). All mental health nurses must exercise their responsibility to ensure that they engage in regular clinical supervision and evidence this in their personal development plans on an annual basis. | Safe | Person centred | Effective |
| ACTION 13 | A more robust climate of learning, development, evaluation and research must be developed across the mental health nursing community in NHSScotland. | Effective |
| ACTION 14 | Mental health nursing’s contribution to non-medical prescribing should be developed. | Effective |
| ACTION 15 | Implementation of the Review will continue to be driven and supported at a national level. The Mental Health Nursing Forum for Scotland are encouraged to continue to support the sharing of learning, progress and common solutions to challenges on a national basis, remaining active in supporting progress of the action plan. | Effective |