

Self-assessment toolkit

From values to action:

**The Chief Nursing Officer's
review of mental health nursing**

DH INFORMATION READER BOX

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Self-assessment toolkit

From values to action: The Chief Nursing Officer's review of mental health nursing

Introduction

This toolkit is intended to complement the report *From values to action: The Chief Nursing Officer's review of mental health nursing*. *From values to action* makes a number of good practice recommendations that apply to nurses working in services for people across the whole age range. Recommendations relate to nursing practice and education and the organisational context in which care is provided. The toolkit is largely for the use of organisations, in consultation with stakeholders – but anyone can use it to reflect on current local nursing-related issues.

It is anticipated that, during 2008, stakeholder organisations that contributed to *From values to action* will together review developments to date. A research evaluation project is also being established to identify progress and ways in which successful implementation can happen.

Status of recommendations

From values to action was developed following an extensive consultation with mental health nurses (MHNs), service users, other individuals and organisations, and it is supported by a range of professional and managerial organisations. The recommendations are for implementation at local discretion. The Healthcare Commission considers this report an important contribution to modernising and improving the quality and care for service users. Many of the recommendations identified in this document relate to areas outlined in the core and developmental standards published by the Department of Health in *Standards for Better Health* (DH 2004)¹, eg standards C5, D2, C11, D5, C16, D11.

Use of the Self-assessment toolkit

This document is formatted in Word so it can be changed to meet local need.

The tables below provide suggestions about the lead individuals or organisations for each recommendation.

Some organisations, such as higher education institutions, may lead on a limited number of recommendations and hence may only need to carry out the self-assessment in relation to those recommendations.

To effectively utilise this toolkit, it is suggested that organisations first identify which recommendations might actively involve them and then set up a process for initial evaluation, identifying a lead for the process and stakeholders who should be involved.

¹ Department of Health (2004) Standards for Better Health. DH, London.
www.healthcarecommission.org.uk/InformationForServiceProviders/StandardsAndCriteria/fs/en

One method that organisations may find useful to summarise progress is through utilising a 'traffic light' approach, whereby progress towards successfully carrying out an action is measured on a simple scale. Such methods are useful for summarising, but need to be complemented by text to explain the rating further:

Red – not met

Amber – partially met

Green – met

Some of the detailed points for 'making change happen' for each recommendation advise that organisations 'consider' the need to take certain action. A meaningful assessment of such points would require statements of how the consideration should take place, involving which stakeholders and on what criteria.

Recommendation 1: The key principles and values of the Recovery Approach will inform mental health nursing practice in all areas of care and inform service structures, individual practice and educational preparation. These values will recognise the need to: <ul style="list-style-type: none"> • value the aims of service users; • work in partnership and offer meaningful choice; • be optimistic about the possibilities of positive change; • value social inclusion. 						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. MHNs to use clinical supervision to reflect on how their clinical practice can best incorporate recovery values. 2. MHNs to fully take account of the service user's own meaningful aims in the assessment, care planning and Care Programme Approach processes with which they are involved and for this to be audited. 3. MHNs working in care management roles to arrange for direct payments to service users where they choose this. ²	MHNs with clinical supervisors, line managers, clinical governance depts and social care leads.					
4. Service providers to review operational policies and philosophies for services in which MHNs work to ensure that they support them in delivering care based on recovery principles.	Service providers with MHNs, service user/carer reps, other professionals and service managers.					
5. All educational/training programmes for MHNs to be reviewed to reflect recovery principles as expressed within the <i>Ten Essential Shared Capabilities</i> . ³ 6. Service users and carers to be routinely involved in the recruitment, education and assessment of all MHNs.	Education providers, commissioners and leads, with MHNs, service user/carer reps and human resources.					

2 Department of Health/Care Services Improvement Partnership (2006) Direct payments for people with mental health problems: A guide to action. DH, London.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4131060&chk=7yrY37.

3 Department of Health (2004) The Ten Essential Shared Capabilities – A Framework for the whole of the Mental Health Workforce. DH, London.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4087169&chk=fmalxy

Recommendation 2: MHNs will promote equitable care for all groups and individuals.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. All MHNs to use supervision and annual appraisal to reflect on their role in tackling inequalities in care and demonstrating non-discriminatory practice.	All MHNs with supervisors and line managers.					
2. Nursing strategies to reflect the need for MHNs to actively engage in practices that reduce inequalities in care, eg by: <ul style="list-style-type: none"> encouraging reporting of inequalities in service provision; advocating for service users where they may be disadvantaged. 3. To establish arrangements whereby the MHN workforce in the future will reflect diversity in the communities served, eg by: <ul style="list-style-type: none"> profiling the current workforce against the populations served; forming links with local community groups; advertising in minority publications; publicising the contribution made by existing MHNs from minority backgrounds; providing opportunities to develop support workers. 	Nurse directors with MHNs, strategic health authorities (SHAs), clinical governance depts, service user/carer reps and human resources.					
4. All MHNs to receive diversity and anti-discrimination training (including cultural competency) every three years.	Education providers/commissioners with MHNs, equality leads, service user/carer reps.					

Recommendation 3: All MHNs will access, understand and use evidence that can improve outcomes for service users.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. MHNs to use clinical supervision to support the use of evidence in practice. 2. MHNs completing post-graduate level courses to produce articles/summaries of their research for possible publication and/or internal distribution.	MHNs with supervisors and line managers.					
3. To review nursing strategies and research strategies to ensure that they include reference to processes that will support nurses engaging in research activities. 4. To review all nurse consultant roles to ensure that they are contributing to research, either directly or through supporting others. 5. To identify a nurse with a special interest in research to act as a 'champion' and encourage and support other MHNs in engaging with research.	Nurse directors with MHNs, other professionals, research leads and clinical governance depts.					
Recommendation 4: For MHNs to principally work directly with service users with higher levels of need and support other workers in meeting less complex needs.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. Service providers to review current nursing roles and evaluate whether these make best use of the range of nursing skills, ie that nurses focus on working directly with individuals with higher levels of need in terms of acuity, severity or complexity, and/or support other workers to meet less complex needs. 2. To identify processes/changes required to enable MHNs to work in such ways.	Directors of nursing and service managers with MHNs, service commissioners, human resources, education leads and other health and social care agencies.					

**Recommendation 5:
All MHNs will be able to form strong therapeutic relationships with service users and carers.**

Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. All assessments by MHNs to:</p> <ul style="list-style-type: none"> • identify any carers and how their needs will be assessed; or • assess the needs of any carer and then produce a care plan. <p>2. Wherever possible service user choice to be supported, eg in MHN keyworker gender preference.</p> <p>3. All MHNs to have access to advice on how information can be provided without breaching confidentiality.</p>	<p>MHNs with line managers and directors of nursing.</p>					
<p>4. MHNs to have access to written information for service users and carers, including on:</p> <ul style="list-style-type: none"> • services; • medication; • diagnoses/problems. <p>5. All MHNs to have access to support systems for identifying and addressing stressful situations, eg:</p> <ul style="list-style-type: none"> • opportunities to raise with managers issues that cause work stress; • regular clinical supervision; • advice from professional leads; • staff counselling services. 	<p>Service providers with MHNs, service user/carer reps, occupational health and line managers.</p>					

Recommendation 6: All MHNs will be able to comprehensively assess and respond to service users' individual needs and identified risks.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. All assessments to take into account that people have interrelated psychological, social, physical and spiritual needs. Care plans to reflect these issues and this to be audited. 2. All assessments to identify any risk of self-harm, self-neglect, abuse from others and violence towards others. Care plans to reflect these issues and this to be audited. 3. MHNs to actively engage with service users in devising risk management plans whenever possible and this to be audited. 4. All MHNs to know and act upon local 'vulnerable adults' policies and this to be incorporated into inductions for new employees.	All MHNs with service user/carer reps, clinical governance depts, education leads and line managers.					
5. Managers and staff to discuss how positive risk management can avoid producing unnecessarily defensive practice and the results of this to be reflected in policies and processes and managed through local governance systems. 6. All MHNs to have ready access to advice and guidance from named and designated child protection professionals and know to whom they are accountable in relation to safeguarding children.	Service providers with MHNs, other professionals, clinical governance depts and safeguarding children leads.					

Recommendation 7: MHNs will have the skills and opportunities to improve the physical well-being of people with mental health problems.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. MHNs to have the appropriate competencies to support physical well-being through:</p> <ul style="list-style-type: none"> assessment of current capabilities in teams and developing team-based training based on local need; and/or developing individual development programmes based on individual appraisal utilising the Knowledge and Skills Framework. 	<p>Service providers with MHNs, line managers, education leads and supervisors.</p>					
<p>2. MHNs to be able to:</p> <ul style="list-style-type: none"> refer on to medical or other primary care staff in response to evidence of unmet physical health need, arranging support as required to ensure services are then actually received; or arrange for further investigations themselves. <p>3. MHNs to identify the need for and provide, or refer for, health promotion information and activities required to support physical well-being.</p>	<p>All MHNs with clinical supervisors, line managers, clinical governance depts, other professionals and healthcare organisations.</p>					

Recommendation 8: MHNs will contribute to an increase in the availability of evidence-based psychological therapies.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. To evaluate current competencies in foundation skills for engaging psychologically with people with mental health problems, by using the Knowledge and Skills Framework and setting up individual or service-wide development programmes as required.	Line managers and MHNs with education leads and psychological treatment leads.					
2. Service providers to identify with commissioners the future service arrangements required to meet the need for psychological therapies in all settings. 3. Service providers to identify arrangements required to support MHNs to contribute to meeting local need for psychological therapies, including: <ul style="list-style-type: none"> • type and level of skills required in each service; • how skills and knowledge will be developed; • how clinical supervision will be ensured; • what changes in service organisation and practices will be required to ensure skills can regularly be applied in practice; • 'champions' to support developments. 4. All MHNs due to attend training in psychological therapies to formally identify with their manager how they will apply new skills in practice and how supervision will be provided.	Service providers and commissioners with MHNs, service user/carer reps, service commissioners, psychological treatment leads and education leads.					

Recommendation 9: For MHNs to increase the social inclusion of people with mental health problems.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. Service providers and commissioners to develop arrangements to fight stigma at local level, eg through:</p> <ul style="list-style-type: none"> • media communication arrangements (including highlighting excellent nursing practice); • links with local schools, colleges and employers; • open events; • allowing use of meeting rooms by non-mental health community groups when unused. <p>2. Inpatient services to develop arrangements to break down barriers with local communities, eg through:</p> <ul style="list-style-type: none"> • open days; • inviting local media in; • forming links with voluntary groups. 	<p>Service providers and commissioners, with MHNs, service user/carer reps and local communities.</p>					
Recommendation 10: All MHNs to recognise and respond to the spiritual and religious needs of service users.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. Service providers to ensure all MHNs have accessible sources of information/advice regarding religious/spiritual issues, eg information directories and access to experts and/or faith community representatives.</p>	<p>Service providers with MHNs, service user/carer reps and chaplains/faith advisers.</p>					

Recommendation 11: MHNs in all settings will be able to respond to the needs of people with mental health and substance misuse problems.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. All MHNs to have access to sources of specialist advice on working with people with dual mental health and substance misuse problems.	Service providers with managers, clinical governance depts and all MHNs.					
2. All MHNs to have received training on dual diagnosis issues, including: <ul style="list-style-type: none"> • recognition; • assessment (physical and psychological); • motivational interviewing techniques; • availability of resources. 	Education providers, commissioners and leads with MHNs, service user/carer reps and substance misuse leads.					
Recommendation 12: All individuals receiving inpatient care will receive a service that is safe, supportive and able to respond to individual needs.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. Individual risk assessments and risk management plans in inpatient settings to include assessment of possible risk to service users posed by others (including the risk of intimidation or sexual violence), in addition to risks presented to self or others. 2. To develop good practice agreements, in conjunction with service users, which clearly state what service users can expect to be available to them, and what can reasonably be expected of service users at night time. 3. To implement 'protected time initiatives' on all inpatient units.	All MHNs and ward managers with other staff, service users and carers, local police and clinical governance teams.					

Recommendation 12 (continued)						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>4. To introduce practices to reduce absconion from unlocked wards, eg through:</p> <ul style="list-style-type: none"> • the introduction of signing in and out books; • the identification of individuals at high risk of absconding and providing them with targeted nursing time; • the careful breaking of bad news. <p>5. To develop clear agreements with local police on the level of priority for requests to find people absent without leave, based on their level of risk.</p>						
<p>6. Service providers to develop shared roles between inpatient and crisis/home treatment staff.</p> <p>7. All new community staff to spend time in inpatient settings as part of their induction, and vice versa.</p> <p>8. All ward managers to agree with their manager any actions needed to develop their leadership skills through annual individual development plans.</p> <p>9. Modern Matrons to be given sufficient authority to ensure that cleaning standards are met and maintained, and for this role to be part of their annual appraisal.</p> <p>10. To review career pathways for nurses in patient/acute care in the context of service user and staffing needs, so that a rewarding career structure is available to attract and retain experienced MHNs.</p> <p>11. To review how non-professionally qualified roles can make a greater contribution to care, directly and indirectly, and the developments needed to support this.</p>	<p>Service managers with MHNs, other staff and human resources.</p>					

Recommendation 12 (continued)						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>12. To consider developing a range of specialist clinical interests for individuals in teams (eg psychological therapies, substance misuse issues or spiritual issues) as a means of:</p> <ul style="list-style-type: none"> • providing a valuable resource for the team; • developing networks of expertise and links with specialist services; • supporting individual professional development and job satisfaction. <p>13. To carry out 'paper reviews' to identify and remove duplications in administrative processes and to shift routine administrative tasks to non-professionally qualified roles.</p> <p>14. Modern Matrons, with ward managers, to lead on ensuring that all service users are treated with dignity and respect, and service providers to develop specific means of supporting and monitoring this.</p>						

**Recommendation 13:
MHNs will improve care by developing new roles in response to local need.**

Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. Service providers to put in place arrangements to support the implementation of nurse prescribing based on local need, taking into account the potential for service redesign and skill mix review, using both supplementary and independent prescribing arrangements.</p> <p>2. Service providers to evaluate senior nursing posts, such as nurse consultant roles, as part of a wider review of senior clinical roles, taking into account factors such as:</p> <ul style="list-style-type: none"> • service user need; • the need to develop new services and introduce new skills; • the need for flexibility of staff to meet future changes; • the need to create rewarding career structures; • legal developments (eg planned changes in mental health law, non-medical prescribing and Working Time Directives); • plans for new ways of working for different professions; • shortages of any particular profession/skills; • the need to create strong clinical and professional leadership. 	<p>Service providers with non-medical prescribing leads, directors of nursing, lead pharmacists, service managers, service user/carer reps, all MHNs, other professional leads and service commissioners.</p>					

Recommendation 14: Nurse pre-registration education will prepare MHNs to provide effective and values-based care.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
<p>1. Higher education institutions (HEIs) to review pre-registration programmes to meet minimum competencies as set out in <i>Best practice competencies and capabilities for pre-registration mental health nurses</i>.</p> <p>2. HEIs to consider adopting a range of different approaches to placements to improve benefits for students, eg longer placements and client attachment.</p>	HEIs and education commissioners with MHNs and service user/carer reps.					
<p>3. Service providers and HEIs to develop strong co-operative relationships to improve educational outcomes through:</p> <ul style="list-style-type: none"> • involving all nurse lecturers with healthcare providers, eg in clinical care, practice development or research; • identifying an MHN to act as mentor for each student for the entire period of pre-registration training; • involving clinical staff in teaching; • high level co-ordination and co-operation between organisations; • shared posts. 	Directors of nursing and HEIs with MHNs and line managers.					
<p>4. Higher education institutions to involve service users and carers in every aspect of education, including:</p> <ul style="list-style-type: none"> • recruitment; • curriculum planning; • teaching; • student assessment. 	HEIs and service user/carer reps , with education commissioners and education leads.					

Recommendation 15: All MHNs will contribute effectively to multi-disciplinary teams.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. All MHNs to work assertively and professionally within multi-disciplinary teams and to identify any factors preventing this.	MHNs with line managers and professional leads.					
2. All MHNs to have an identified professional lead who can offer support and professional advice. 3. Nursing strategies to define how professional leadership skills will be developed and ensured for the future. 4. To review all induction programmes to ensure that the range of professional roles is understood by all employees, and consider other means such as shadowing and shared educational events. 5. To identify ways of encouraging and celebrating nursing achievement, eg through annual awards, publicising good practice, actively supporting publications in professional journals and conference presentations.	Directors of nursing with all MHNs, education/training leads, human resources and other professionals.					

Recommendation 16: All MHNs will continue to develop skills and knowledge throughout their careers.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. All MHNs to engage in regular clinical supervision from a suitably trained supervisor and this process to be audited. 2. All MHNs to actively seek to develop skills and knowledge through utilising electronic and other resources to identify the evidence base for practice.	All MHNs with supervisors, directors of nursing and line managers.					
3. Service providers to consider developing local career frameworks to support education and workforce planning and career development advice. 4. To consider the identification of specific time for continuing professional development for each nursing role and include within job specifications. 5. Service providers to discuss with SHAs means by which the availability of secondment of support workers for nurse training can be maximised.	Directors of nursing with all MHNs, education/training leads, human resources and other professionals.					
Recommendation 17: Processes, roles and systems will improve the recruitment and retention of MHNs.						
Making change happen	Suggested lead contributors	Current position	Traffic light rating G, A or R?	Action planned	Lead person	Review date
1. Service providers to review current arrangements supporting the recruitment and retention of MHNs with reference to recommendations in <i>Recruitment and retention of mental health nurses: Good practice guide</i> .	Service providers with SHAs and MHNs.					



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