

# THE ART OF THE POSSIBLE

ENTRY ROUTES INTO MENTAL HEALTH  
AND LEARNING DISABILITY NURSING

EVALUATION REPORT AND RECOMMENDATIONS



South West NHS England Workforce, Training and Education, Nursing and Midwifery Team.

**MAY 2024**



## PROJECT EVALUATION TEAM AND AUTHORS OF THIS REPORT

### **Christian Brailsford**

Regional Head of South West NHS England Workforce, Training and Education Nursing and Midwifery Team.

### **Selina Saveker**

Senior Workforce Lead, Mental Health and Learning Disability Nursing, South West NHS England Workforce, Training and Education Nursing and Midwifery Team.

### **Jake James**

Social Care Workforce Lead, South West NHS England Workforce, Training and Education Nursing and Midwifery Team.

### **Dr Lisa Burrows**

Head of Clinical Academic Development, South West Clinical School in Cornwall.

### **Dr Frazer Underwood**

Associate Director of NMAHP Research and Evidence Informed Practice, Co-Director of the South West Clinical School in Cornwall.

# ▶ CONTENTS

**Introduction** - 4

**The challenge we face** - 6

**Background** - 8

**Evaluation methodology** - 10

**Key findings** - 12

- A. Improve routes to practice - 14
- B. Improve placement capacity - 15
- C. Regional collaboration in learning disability nursing - 16
- D. System-wide strategies - 17

**Recommendations** - 18

1. Improve the visibility and appeal of Mental Health and Learning Disability Nursing roles - 18
2. Identify novel entry routes into Mental Health and Learning Disability Nursing - 18
3. Expand the quantity and improve the quality of RNMH and RNLD clinical placements - 18
4. Establish a Regional RNLD Pre-Registration Programme - 20
5. Empower the current nursing workforce to provide improved care - 20
6. Increase the identity and purpose of Mental Health and Learning Disability Nursing roles - 20

**Art of the possible: next steps** - 22

# ▶ INTRODUCTION

Led by the South West NHS England Workforce, Training and Education, Nursing and Midwifery Team, this report explores the art of the possible to address supply challenges, and suggests improvements, for entry routes into mental health and learning disability nursing.

In the region, there is a significant risk of being unable to meet the demand due to several factors: insufficient individuals entering the field, high vacancy rates, and the impending retirement of a substantial portion - 25% - of the mental health and learning disability workforce within the next two to five years.

This highlights the immediate need to boost enrolment in registered nurse mental health (RNMH) and registered nurse learning disability (RNLD) programmes. Despite this urgency, higher education institutions (HEIs) have failed to reach recruitment targets for the past three years.

Consequently, the undergraduate learning disability (LD) supply is increasingly vulnerable, with one HEI LD nursing provider even suspending its programme due to declining applicants.

Between March and June 2023, South West NHS England initiated two workstreams to investigate the supply challenges encountered by HEIs in the South West that provide RNMH and RNLD qualifications, as well as the challenges experienced within the NHS itself.

Nearly one hundred students, NHS and social care colleagues, academics, clinicians, and system stakeholders have contributed to the evaluation. These contributions were independently analysed and shared with an expert regional panel to shape this report's final recommendations.

The recommendations will help drive the South West RNMH and RNLD workforce towards fulfilling

the goals outlined in NHS England's Long Term Workforce Plan (LTWP), which aims to train 38% more mental health nurses and 46% more learning disability nurses by 2028/29.

We'd like to thank all those colleagues who supported this project, and those who contributed to the findings and development of the recommendations.

We look forward to working with you to deliver the recommendations which will improve the outcomes and experiences of service users, carers, and staff within mental health and learning disability services across the region.

## CHRISTIAN BRAILSFORD

Regional Head of South West NHS England Workforce, Training and Education Nursing and Midwifery Team.

## SELINA SAVEKER

Senior Workforce Lead, Mental Health and Learning Disability Nursing, South West NHS England Workforce Training and Education Nursing and Midwifery Team.

## AIMS

By 2028/29, we aim to train...

38%



More mental health nurses

46%



More learning disability nurses



# ▶ THE CHALLENGE WE FACE

Our challenge is that the supply of RNMH and RNLD workforce in the South West hasn't matched the growing demand. Without strategically targeted action, these workforce gaps will only widen, leading to disruptions in service provision and potentially compromising patient care and experience.

## SOUTH WEST REGION KEY FACTS\*

### MENTAL HEALTH NURSING

#### Workforce gaps

- Nearly 1,000 RNMH vacancies.
- High leaver rates -14% leave after 2-5 years.
- 40% of these leavers say it's due to relocation or work life balance.

#### Changing workforce demographics

- The average RNMH is aged 44 years.
- Nearly 25% are aged 55 and older.
- The average retirement age is 58 years.
- In the next 10 years over 1,600 RNMH could retire.

#### Demand v supply

- Between April 2021 and March 2022, the actual RNMH workforce grew by just 0.6%.
- Service demand increasing by 5% a year, requiring an increase of over 360 RNMH by 2024.

- The university pipeline sees undergraduate places not being filled year-on-year.

### LEARNING DISABILITY NURSING

#### Workforce gaps

- Across the region the RNLD workforce has reduced by 3.2%.
- Staff turnover is high, at over 25%.
- Changing workforce demographics
- Over a quarter of the workforce is aged 55 and over.
- The average retirement age is 57 years, indicating a quarter of the workforce could be lost in the next two years.

#### Demand v supply

- Service demand is increasing approximately 10% a year, requiring an increase of over 120 RNLD by 2032.
- The university pipeline has failed to recruit to target for the last three years. Supply will not meet demand.
- Little post graduate training provision in the region.

### LEARNING DISABILITY NURSING FTE, SEPTEMBER 2009 TO JUNE 2023, NHS DIGITAL/NHS ENGLAND



**Fig 1:** Nationally, the numbers of learning disability nursing in secondary care have fallen sharply by 47% from September 2009 from 5,553 FTE to 2,971 FTE. 25% of the drop took place between September 2009 and March 2013<sup>1</sup>.

\*All data reported, unless otherwise stated, is for 2022

<sup>1</sup> - Learning Disability Nursing Updates, NHS England 2023. This data represents a snapshot of a moment in time and likely has changed. It does, however, illustrate the direction of travel of the recruitment / attrition rates of the learning disability workforce.

# ▶▶ BACKGROUND

The difficulties in recruiting and retaining staff are one of the biggest obstacles to improving mental health and learning disability services in line with the [NHS England's Long Term Plan](#).

Nationally, the new [NHS Long Term Workforce Plan \(LTWP\)](#)<sup>2</sup> sets out modelling of NHS workforce demand and supply over a 15-year period and the resulting shortfall.

It shows that, without concerted action, the total RNMH shortfall will reach 15,800 full-time equivalent (FTE) posts in 2036/37, and the RNLD shortfall will grow to 1,200 FTEs due to fewer nurses taking up training and education in these areas, and limited opportunities to fill the domestic shortfall with international recruitment.<sup>3</sup>

As a first step, the LTWP commits to develop the NHS workforce with a planned boost in training numbers which will increase:

- Mental health nursing places by 13% by 2025/26, 38% by 2028/29, and 93% (11,000 places) by 2031/33.<sup>4</sup>
- Learning disability nursing places by 16% by 2025/26, 46% by 2028/29 and 100% (over 1,000 places) by 2031/32.<sup>5</sup>

The LTWP is complemented by the Learning Disability Nursing Compendium of Best Practice<sup>6</sup>, aims to elevate the status of RNLD as equal to that of the other fields of nursing and attract more applicants.

In addition, the 2020 Department of Health [All England Plan for Learning Disability Nursing](#)<sup>7</sup> commits to introducing a variety of new routes into the field, including trainee and registered nurse associates and degree apprenticeships, to bolster the workforce over the next decade.

Locally, a considerable amount of work has been undertaken with NHS mental health providers to analyse the challenges facing the mental health workforce in the region.

This included delivering six optioneering workshops<sup>8</sup> to assess future workforce needs and supply scenarios. These workshops allowed providers to delve into local challenges, propose solutions, and identify opportunities for collaborative interventions at a regional level, aiming to benefit all involved stakeholders.

Key recommendations include exploring the decentralisation of education and training budgets, adapting curricula and training pathways in the region to be more flexible, fostering pan-regional cooperation for support mechanisms like virtual supervision hubs, and expanding apprenticeship roles and opportunities in mental health settings.

**This report and recommendations align to the strategic ambitions set out in the above key national and regional documents.**

2 - [NHS Long Term Workforce Plan](#) (england.nhs.uk), p.35

3 - As above, p.35

4 - As above, p. 45

5 - As above, p.19

6 - The Learning Disability Compendium of Best Practice, NHS England Workforce, Training and Education.

7 - [All England Plan for Learning Disability Nursing](#), p. 10

8 - In 2022, the South West Mental Health Workforce Forum utilised the Health Education England optioneering tool for gap analysis within each of the mental health provider trusts in the region, assessing workforce challenges and exploring alternatives. From March to June 2023, six workshops engaged over a hundred clinical leaders, along with colleagues from workforce planning, senior operational management, transformation, finance, human resources and organisational development, to consider the options that would best meet the future mental health workforce requirements.



# ▶ EVALUATION METHODOLOGY

Investigating the regional challenges impacting entry routes into RNMH and RNLD, and formulating actionable recommendations, involved several approaches:



Data collection methods included questionnaires, stakeholder interviews, focus groups, and literature review integration. Over 100 students, academics, clinicians, and key stakeholders from across the NHS and social care (outlined above) took part.

Data collection was conducted between January – March 2023 and the evaluation concluded in June 2023.

The South West Clinical School<sup>9</sup> was commissioned to conduct independent analysis and, using the Consolidated Framework for Implementation Research (CFIR)<sup>10</sup> methodology, bring the data into a coherent set of findings for an expert regional panel to discuss and shape this report's final recommendations.

9 - [South West Clinical School](#) is a collaboration between the Royal Cornwall Hospitals NHS Trust, Cornwall Partnership Foundation Trust, and the University of Plymouth which aims to advance evidence-based practice and cultivate capacity, skills, and outputs within nursing, midwifery and allied health professions.

10 - [The Consolidated Framework for Implementation Research](#) (CFIR) is a theoretical framework used in healthcare and other fields to guide the evaluation and understanding of the implementation of new programmes, practices, or interventions. It provides a comprehensive structure to help researchers and practitioners understand the complexities of implementation and identify strategies to improve implementation outcomes.



# ▶▶ KEY FINDINGS

There are many issues affecting entrance into and retention in the mental health and learning disability nursing profession.

These issues span the entire student journey, from applying for courses to completing them. For example, some students face financial constraints due to the cost of living, or struggle to balance paid work with demanding courses that involve unpaid placements.

Others may have difficulties with travel, childcare, or personal problems. Additionally, physical and mental health issues often lead to students disengaging from their studies.

Moreover, there are systemic issues hindering students' involvement in their programmes, like struggles with getting placements and support from employers.

Yet, respondents mentioned some solutions that are planned for, or currently in progress solutions in progress or planned. These include strengthening collaborations between schools and employers, offering better support for student wellbeing, and exploring new teaching methods such as distance learning and digital tools.

Despite these obstacles, there is a strong commitment from the educational community to promote careers in mental health and learning disability nursing and optimism regarding the future of these professions, and the need to protect their distinct roles and skills. This underscores the urgent need for collaborative efforts between HEIs and the wider NHS system to tackle these challenges and enhance student recruitment and retention.



# A

## ► KEY FINDING

### IMPROVE ROUTES TO PRACTICE

#### FEEDBACK HIGHLIGHTS THE NEED FOR:

##### Recruitment and training strategies

- Encouraging healthcare support workers to become RNMH's and RNLD's and support registered nursing associates to become registered nurses.
- Focusing on recruiting and training locally to increase the number of students and ensure they stay in the area after qualifying.

##### Perception and training enhancement

- Improving how mental health and learning disability nursing is viewed by everyone involved in the healthcare system.
- Reviewing the mental health training in nursing programmes to better prepare students for placements and graduation.

##### Educational programme enhancement

- Offering different study options tailored to prospective students' needs.
- Creating programmes for new nurses with longer and rotational preceptorships.
- Ensuring that dual registration education prepares students for meaningful roles in mental health and learning disability nursing.

##### Role expansion and retention

- Expanding the RNMH role to include job plan reviews, thus allocating protected time for delivering therapeutic interventions, which serves to create hybrid roles and enhance retention efforts.
- Expanding leadership and advanced practice roles in mental health and learning disability nursing.

##### Post-registration modules and developments

- Developing partnership modules for post-registration education to enhance knowledge and skills in mental health and learning disability nursing, as well as career pathway advancements.
- Standardising preceptorship programs / modules to help newly qualified professionals integrate their skills into practice.
- Extending preceptorship programmes to 12 months, incorporating rotations in various practice areas.
- Providing mental health / learning disability-specific post-registration education sessions to address ongoing knowledge and skills gaps as services evolve.

*"The mental health nurse needs to be protected, and the soon-to-be qualified students need to be fully supported and retained from the beginning of their studies until after they qualify and start their role as mental health nurses. The role of the mental health nurse is different from the other fields of nursing and these qualities and skills must be protected and not diluted."<sup>11</sup>*

# B

## ► KEY FINDING

### IMPROVE PLACEMENT CAPACITY

#### RESPONSES HIGHLIGHT THE NEED FOR:

##### Placement collaboration and innovation

- Encouraging universities and NHS trusts to collaborate more closely to solve the problem of limited placements for RNMH and RNLD students.
- Exploring new placement options beyond traditional settings, such as social care, private and voluntary organisations, and address challenges like traveling to rural and remote areas.

##### Enhanced student support and preparation

- Better preparing students for placements in mental health and learning disability nursing settings to enhance their learning and well-being.
- Increasing clinical leadership in inpatient environments to reduce the workload on registered nurses supervising students and supporting internationally educated nursing colleagues.
- Expanding practice education roles to provide more support for students in their learning and meeting competency requirements.
- Consider allowing students to manage their own schedules and work more flexibly to access placement opportunities.

##### Challenges in clinical placements

- Highlighting the challenges in ensuring student clinical placements meet both the new 2018 Nursing and Midwifery Council (NMC) proficiency requirements, and the ability to develop specialised mental health and learning nursing skills and competences.

*"There's a lack of leadership and visibility of advanced roles when on placement."*

11 - All anonymous quotes throughout this document are from the interviews and feedback given by students, clinicians, academics, and system stakeholders who contributed to the evaluation.

» KEY FINDING

C

## REGIONAL COLLABORATION IN LEARNING DISABILITY NURSING

**THE FEEDBACK GAINED EMPHASISED THE UNIQUE NEEDS OF RNLD IN THE REGION AND THE NEED FOR REGIONAL COOPERATION TO:**

### Enhancing exposure and recognition

- Increase exposure to RNLD through lectures and placements.
- Recognise that students in this field are often more mature and have personal connections to learning disabilities, therefore new opportunities to attract and support more potential students from this demographic are important.

### Adapting to changing settings and needs

- Address the shift of learning disabilities services to independent and third sectors by maximising learning opportunities for nursing students in these settings.
- Adapt to the changing nature of RNLD, particularly in supporting individuals with complex needs in forensic and secure settings. Such specialist placements need a coordinated regional approach.

*"I do believe Health Care Support Workers make great candidates for degree courses."*

» KEY FINDING

D

## SYSTEM-WIDE STRATEGIES

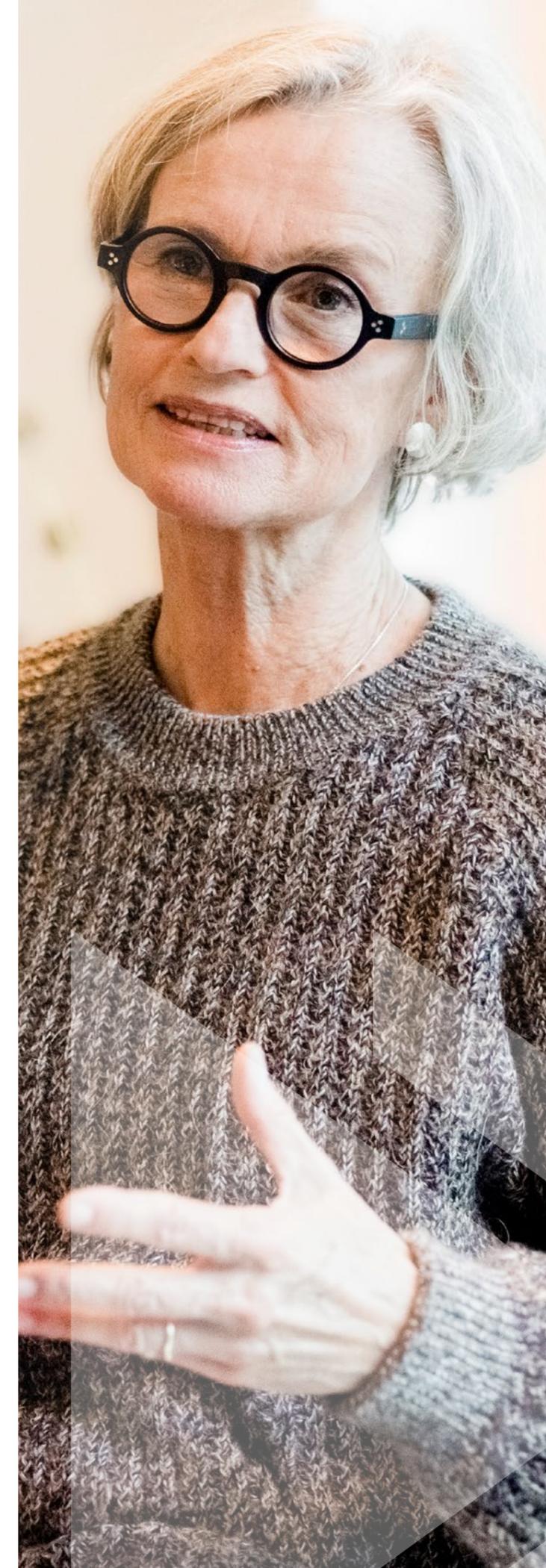
**THE FOLLOWING SYSTEM-WIDE STRATEGIES WERE IDENTIFIED AS KEY TO ENSURING REGIONAL STANDARDISATION AND EMBEDDING SYSTEM-WIDE WORKING:**

### Communication strategies

- Coordinating communication efforts across systems to target recruitment and promote positive perceptions of RMHN and RLDN.

### Shared learning

- Establishing platforms for sharing resources, ideas, and advancements among system partners.



# ► RECOMMENDATIONS

## 1. IMPROVE THE VISIBILITY AND APPEAL OF MENTAL HEALTH AND LEARNING DISABILITY NURSING ROLES

### ACTION STEPS:

#### Establishment of a marketing and communications group

Establish a regional stakeholder communications group to enhance the visibility and attractiveness of RNMH and RNLD roles.

#### Coordination of recruitment communications

Establish a joint approved education institutions/ Provider/NHSE led marketing campaign.

#### Development of resource portal

Develop a resource repository to streamline communication efforts and resources.

## 2. IDENTIFY NOVEL ENTRY ROUTES INTO MENTAL HEALTH AND LEARNING DISABILITY NURSING

### ACTION STEPS:

#### Establishment of 'Routes to Practice' work programme

- The establishment of a RNMH and RNLD 'Routes to Practice' Work Programme is crucial for coordinating efforts between HEIs, the NHS, and other providers to optimise training pathways and sustain meaningful nursing roles.
- Establish a regional group to develop a coherent strategy, starting with communication campaigns to raise awareness and destigmatise RNMH and RNLD roles.

- The group will develop workforce growth plans for attracting members of the public into RNMH and RNLD from known cohorts, including exploring new schemes like cadet nursing, scholarships, sponsorship to encourage younger people, and post-graduate entry options.
- Embed the NHS England Safe Learning Environment Charter<sup>12</sup> to support the development of positive safety cultures and continuous learning across all learning environments in the NHS. It is underpinned by principles of equality, diversity, and inclusion.
- Developing MSc Pre and Post Registration routes (including Aspire, dual role post registration qualification).
- Improving practice placements in partnership, with increased visibility of senior leaders and role models in care settings to better represent RNMH and RNLD roles.
- Overseeing the progress of subgroups focused on post-registration career progression pathways and dual role career pathways to optimise transitions into mental health nursing practice roles.

*"... a lot of us are being sent on placements that aren't good learning environments."*

## 3. EXPAND THE QUANTITY AND IMPROVE THE QUALITY OF RNMH AND RNLD CLINICAL PLACEMENTS

Establishing a RNMH and RNLD placement development programme is essential to address the challenges and opportunities outlined in this report, particularly regarding placement capacity, supervision, and the overall student experience.

### ACTION STEPS:

#### Establishment of regional placement development programme

- Form a regional group comprising of NHS trusts, placement service providers, students and HEIs to tackle strategic and operational placement challenges.
- Monitor and expand placements across the region under the oversight of the regional group.

#### Focus on undergraduate programmes and practical placement issues

Focus on undergraduate programmes and addressing practical placement issues highlighted in the report, such as:

- Improving student readiness by setting clearer expectations, especially for placements in acute and secure settings, so they understand the demands and challenges they may face.
- Addressing practical issues like long-distance travel and related costs by utilising pool car use and volunteers.
- Providing support for students' wellbeing, including dealing with distressing and emotionally challenging situations.
- Implementing new support methods for supervision, like remote or virtual supervision.

12 - [The Safe Learning Environment Charter](#), NHS England, was developed to strengthen the workforce by advancing high-quality learning environments, reducing learner attrition, and improving the retention of newly qualified staff.



# ► RECOMMENDATIONS

## Utilisation of collaborative learning models

The regional group review, adapt and promote a model of Collaborative Learning in Practice (CLiP) better suited for mental health and learning disability settings. This will use an informed approach (involving students, educators, practitioners, and service users) aimed at increasing the number of placements available and improve placement learning.

*“We all know mental health wards can be intense places...I think people do need to be prepared.”*

## 4. ESTABLISH A REGIONAL RNLD PRE-REGISTRATION PROGRAMME

Establishing a specific programme of work focused on RNLD in the region is seen as essential, based on evaluation findings and stakeholder discussions.

### ACTION STEPS:

#### Facilitating collaboration and strategy development

- Establish a regional RNLD group to facilitate collaboration between smaller third-sector organisations, HEIs, and NHS partners.
- Develop a regional strategy to support the growing number of RNLD's needed in the region.

#### Enhancing placement opportunities and communication

- Work with third-sector providers to provide different types with placements for students and ensure compliance with NMC requirements, thereby enhancing placement resilience.
- Collaborate with partners to launch communication campaigns that attract individuals from various backgrounds into the learning disability nursing sector.

## 5. EMPOWER THE CURRENT NURSING WORKFORCE TO PROVIDE IMPROVED CARE

### ACTION STEPS:

#### Establishment of regional CPD development group

Co-create CPD modules with regional HEIs and employers for registered nurses transitioning into specialist mental health and learning disability settings.

#### Collaborative development and evaluation

Regional partners should contribute to the development of CPD modules and provide evidence of their impact.

## 6. INCREASE THE IDENTITY AND PURPOSE OF MENTAL HEALTH AND LEARNING DISABILITY NURSING ROLES

### WE NEED TO CONTINUE:

#### Influencing opinion and policy

Maintaining an open dialogue and continuing discussions between systems partners, NHS England national colleagues, and the NMC, to clarify RNMH and RNLD roles.

#### Clarification and position statement

Progress work to establish a position statement regarding the upskilling of adult nurses working within mental health and learning disability care settings.



# ▶ NEXT STEPS

**SEPTEMBER 2024**



**RECOMMENDATION**  
Improve the visibility and appeal of the Mental Health and Learning Disability Nursing roles.

**OUTPUTS**  
Establish a marketing and communications group, joint marketing campaign and resource repository.

**SEPTEMBER 2024**



**RECOMMENDATION**  
Empower current nursing workforce to provide improved care for patients with mental health or learning disabilities.

**OUTPUTS**  
Establish continuous professional development (CPD) group with regional partners input and evaluation.

**DECEMBER 2024**



**RECOMMENDATION**  
Establish a Regional RNLD Pre-Registration Programme.

**OUTPUTS**  
Facilitating collaboration and strategy development while boosting placement opportunities and communication.

**MARCH 2025**



**RECOMMENDATION**  
Identify novel entry routes into Mental Health and Learning Disability Nursing.

**OUTPUTS**  
Establish 'Routes to Practice' work programme and develop MSc Pre and Post Registration routes.

**MARCH 2025**



**RECOMMENDATION**  
Expanding quantity and improving the quality of RNMH and RNLD clinical placements.

**OUTPUTS**  
Establish regional placement development programme (focus on undergraduates and placements), and utilising collaborative learning modules.

**ONGOING**



**RECOMMENDATION**  
Increase the identity and purpose of Mental Health and Learning Disability Nursing roles.

**OUTPUTS**  
Continue to work with the NHC and national team to clarify role of MH and LD nurse.



**England**  
**South West**



**THIS REPORT WAS DEVELOPED WITH THE FOLLOWING PARTNERS:**

Avon and Wiltshire Partnership NHS Trust; Bournemouth University; Bristol, North Somerset and South Gloucestershire Integrated Care Board; Cornwall Partnership NHS Trust; Devon Integrated Care Board; Devon Partnership NHS Trust; Dorset NHS Foundation Trust; Gloucestershire Health and Care NHS Foundation Trust; LiveWell; Marjon University; NHS Bath and North East Somerset, Swindon and Wiltshire; NHS England Learning Disability Nursing Programme Team; NHS England Mental Health and Learning Disability Nursing National Team; NHS England Workforce, Training and Education Directorate; NHS England Workforce, Training and Education Directorate South West Nursing and Midwifery Team; Open University; Royal Devon University Healthcare NHS Foundation Trust; Somerset NHS Foundation Trust; University West of England; University of Exeter; University of Gloucestershire; University of Plymouth.

**THE ART OF THE POSSIBLE:**  
**ENTRY ROUTES INTO MENTAL HEALTH AND LEARNING DISABILITY NURSING**

South West NHS England Workforce, Training and Education, Nursing and Midwifery Team

**MAY 2024**