Witness Name: Amber O'Brien

Statement No: WITN0270001

Dated: 3 December 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF AMBER O'BRIEN

I, Amber O'Brien of the Royal College of Nursing ("the RCN") of 20 Cavendish Square, London, W1G 0RN, will say as follows: -

Introduction

1. I make this statement on behalf of the RCN and confirm that I am duly authorised to do so.

2. I am employed by the RCN as the Professional Lead for Mental Health. I have been in this role since August 2024. I am a registered mental health nurse with 17 years post qualification experience in a range of clinical, education, and policy roles. My clinical experience has spanned psychiatric intensive care, forensic mental health, community rehabilitation, and acute adult inpatient services. Following this, I progressed into practice education, designing and delivering training and policy, before moving into national mental health workforce development. My role at the RCN involves providing national expertise on, and advocacy for, mental health nursing, as well as shaping policy, supporting members, and influencing practice. In addition to my nursing qualification, I have a PGCert in clinical neuroscience, an MSc in psychiatric research, and a specialist training and assessment qualification.

3. This witness statement is made to assist the Nottingham Inquiry ("the Inquiry") with the matters set out in the Rule 9 Request dated 27 August 2025 ("the Request").

4. The following statement will cover the below topics:

    a. Background to the RCN
    b. Mental health nurse training pathways, competencies and roles
    c. The role of mental health nurses in police stations
    d. The role of mental health nurses from 2019 to 2023
    e. The interplay between mental health nurses and other members of a multi-disciplinary mental health team
    f. Training and guidance on best practice available to mental health nurses
    g. RCN concerns regarding the provision of national training and/or guidance
    h. Potential changes to current structures, training or guidance to improve mental health care

5. May I at the outset express my condolences and sympathies to all family members and friends who have been impacted by the conduct at the root of this Inquiry.

Background to the RCN

6. I have been asked to set out the role and function of the RCN as the professional body for nursing and, in particular, for mental health nurses.

7. The RCN was founded in 1916 as the College of Nursing Ltd as a professional organisation with just 34 members and was granted a Royal Charter in June 1929. The RCN is also a Special Register Trade Union under section 3 of the Trade Union and Labour Relations (Consolidation) Act 1992.

8. The RCN is the world's largest professional body and trade union for nursing, with a membership of over 560,000 registered nurses, midwives, health visitors,

nursing students, nursing support workers and nurse cadets. The RCN's members work in a variety of hospital and community settings in the NHS and independent sector. Approximately 470,000 members work in England, 18,000 in Northern Ireland, 52,000 in Scotland and 32,000 in Wales.

9. The RCN supports members across all four countries of the UK and internationally, and has offices in Scotland, Northern Ireland, Wales and nine regions across England. These offices support the activities of local RCN branches, as well as learning representatives, stewards and safety representatives in their area. Each of the four countries is led by a country Director, who sits on the RCN's Executive Team. The RCN Executive Team is responsible for delivering the RCN's strategic and operational plans.

10. As a member-led organisation, the RCN works collaboratively with its members to ensure that the voices of nursing, their patients and recipients of care are heard. The RCN promotes patient and nursing interests on a wide range of issues, including pay and terms and conditions, health policy and workforce strategy. It does this by working closely with the Government, UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

11. The RCN Mental Health Forum ("the Forum") represents mental health nursing within the wider family of the RCN. The Forum is an environment for forum members to network, share ideas, inform and influence practice, undertake research and education while lobbying and developing national policy and legislation. By way of example, Forum activities during 2022 included ongoing collaboration with the Department of Health and Social Care to inform and shape the refreshed Mental Health Act (2022). The Forum ensured that the mental health nursing voice was heard and used to influence the shape of this Act and the roles and responsibilities of prescribed fist level nurses in the Act itself. The Forum also co-produces resources with the RCN for the professional development of members and campaigns with the RCN for better policy locally and nationally.

Mental health nurse training pathways, competencies and roles

12. I have been asked to explain the difference between a general nurse and a mental health nurse in terms of training pathways, competencies and roles.

13. Nurses in the UK train in one of four specific fields of practice as part of their nursing degree. This means that they begin training specifically to work in their chosen field at the point of entry to their degree programme. The four fields are Adult Nursing, Mental Health Nursing, Learning Disability Nursing and Children's Nursing.

14. Upon completion of their degree programme, nurses are required to register with the profession's independent regulator, the Nursing and Midwifery Council ("NMC"), under their chosen field of practice. While most nurses register in a single field, it is also possible to hold registration in more than one—for example, where a nurse has completed both an adult nursing and a mental health nursing degree, or a dual award programme, although the latter remains relatively uncommon.

15. It is important to bear in mind that the NMC stipulates that all registered nurses, regardless of fields of practice "*must be able to meet the person-centred, holistic care needs of the people they encounter in their practice who may be at any stage of life and who may have a range of mental, physical, cognitive or behavioural health challenges*", but that "*they must also be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice …*".

16. In 2018, the NMC moved away from field-specific sets of standards and competencies and introduced overarching Standards of Proficiency for Registered Nurses **[WITN0267008]**. These standards apply to all fields of nursing and are designed to ensure that nurses share a common foundation of knowledge and skills, such as accountability, health promotion, and leadership.

In addition to these, the NMC's Standards for Education and Training (Part 3: Standards for pre-registration nursing programmes) **[WITN0270002]** outline how nursing programmes must be delivered, specifying course structure, the balance of theory and practice, and the outcomes students must achieve.

17. While these NMC standards set out the core knowledge, skills and training requirements, along with the NMC Code – standards and behaviour **[NUHT0000058]** for all registered nurses, each field of nursing has its own specialist education and practice requirements. In terms of training, degree programmes for nurses are developed in line with these standards, as well as relevant legislation, by academic and clinical experts. These programmes must be approved by the NMC and may differ in course content and structure. With regards to practice, along with NMC standards, requirements are guided by an array of relevant legal frameworks, local policy, and role-specific requirements, which may vary significantly amongst nurses within the same field.

18. Mental health nurses specialise in supporting people with mental health conditions. Their training primarily focuses on psychiatry, psychology, and social wellbeing. Clinical placements take place in mental health settings such as psychiatric hospitals and community mental health teams. Key aspects of the role of mental health nurses include developing therapeutic relationships, offering comprehensive mental health assessments, formulating collaborative care plans, assessing and managing risk, administering and monitoring psychotropic medication, and using therapy-informed approaches to promote recovery and wellbeing. They also work closely with family and carers and are an integral part of the multi-disciplinary team ("MDT") whom they work closely with to meet patient needs.

19. Mental health nurses can work in a wide range of settings including psychiatric inpatient, community, prison, and primary care, and within different sub-specialisms such as children and young people, forensic, eating disorders, and older adults.

20. In contrast, adult nurses specialise in the management of physical health. Their training includes anatomy, physiology, acute and chronic disease management, and physical health promotion. Clinical placements occur in physical health settings such as acute hospitals, General Practice ("GP") surgeries, and community teams. Their role can vary significantly due to the wide range of settings they work in, but can include conducting physical risk assessments, developing care plans, monitoring vital signs, administering treatment, assisting in procedures, and teaching patients about health promotion. Given the breadth of services for physical healthcare, the settings and patient groups they work with can vary greatly. Just like mental health nurses, they work alongside the multi-disciplinary team to meet patient needs.

The role of mental health nurses in police stations

21. I have been asked to comment on the role of mental health nurses in police stations and any guidance provided to nurses attending or conducting any mental health assessments in a police station.

22. Mental health nurses are deployed in police stations through NHS Liaison and Diversion services and Street Triage teams. Their work is vital in ensuring that people with mental health needs are identified early, assessed appropriately, and, where needed, diverted to care rather than being inappropriately managed within the criminal justice system.

23. As with mental health services in general, specific role descriptors and duties may vary locally. However, based on a combination of professional expertise and the collation of relevant resources and job descriptions, we advise that common aspects of the role may include:
    a. Conducting comprehensive mental health assessments with a focus on risk management.
    b. Advising police on mental health presentations, risk, and whether detention under the Mental Health Act 1983 would be appropriate.
    c. Identifying vulnerabilities and escalating safeguarding concerns.

d. Referring individuals to relevant clinical services such as community mental health teams, crisis services, or social care.
e. Arranging Mental Health Act assessments where indicated.
f. Administering and monitoring prescribed medication.

24. Mental health nurses may also be employed by the police as Custody Healthcare Practitioners. The Metropolitan Police list the following key responsibilities for this role:
    a. Ensuring the continuing health, safety and welfare of detainees within police custody.
    b. Assessing and formulating tailored care plans for vulnerable people with multiple medical conditions, some of which may limit their ability to be detained and interviewed.
    c. Providing clinical guidance for custody staff responsible for the observation of detainees.
    d. Ensuring accurate clinical and police records.
    e. Responding to clinical emergencies.
    f. Collecting forensic samples to assist police in their investigations.
    g. Commitment to improving clinical practice through education, research and innovation.

25. In relation to guidance provided to mental health nurses conducting mental health assessments in police custody settings, all aspects of the training listed in paragraphs 13-20 above apply.

<u>The role of mental health nurses from 2019 to 2023</u>

26. I have been asked to address the role of mental health nurses in relation to the treatment of mental health patients in the period 2019 to June 2023.

27. The role of mental health nurses may vary significantly according to the setting in which they practice and the patient group they support. However, based on a combination of professional expertise and the collation of relevant resources

and job descriptions, we advise that common aspects of the role between 2019 and 13 June 2023 would typically have included:

a. Undertaking mental health assessments of a person's mental, physical, emotional, and social needs.
b. Completing collaborative risk assessments and risk management plans to help minimise the risk of harm to self and/or others.
c. Producing care plans with patients to set personalised goals and outline treatment.
d. Offering therapeutic interventions such as psychoeducation, coaching, and recovery-focused work.
e. Administering medication, monitoring side effects, supporting adherence, and educating patients about their treatment.
f. Managing crisis through interventions such as coordinating urgent support/treatment, using de-escalation techniques and developing crisis management plans.
g. Working closely with the multi-disciplinary team, communicating observations and clinical opinion, and gathering the same from colleagues to formulate multi-disciplinary plans.
h. Participating in, and providing, clinical supervision to reflect on practice, develop skills and knowledge, and maintain emotional awareness.
i. Working in collaboration with the patient and, where appropriate, family/carers to ensure care is person centred.
j. Monitoring physical health, including checking vital signs, offering health promotion advice, and making referrals to relevant services/clinicians where necessary.
k. Advocacy and safeguarding, including ensuring patients' rights are upheld, protecting vulnerable individuals by working within relevant legal frameworks and following local safeguarding policy, and challenging stigma or inequality.

28. It should be noted that the period 2019 to 13 June 2023 coincided with the COVID19 pandemic, which brought significant temporary changes to the daily duties of many nurses. Redeployment, barriers to patient contact, staff

sickness, and increased workload pressures all had a marked impact on practice for many registered nurses. It is also important to recognise that workload pressures were and remain an ongoing challenge for the mental health nursing workforce, largely due to persistent mental health nurse shortages and growing demands on services, as reported by both the Care Quality Commission **[WITN0270003]** and the Nuffield Trust **[WITN0270004]**. Such shortages have a direct impact on the day-to-day role of mental health nurses and pose a significant risk to quality-of-care provision.

The interplay between mental health nurses and other members of a multi-disciplinary mental health team

29. I have been asked to comment on the interplay between mental health nurses, psychiatrists and any other members of a multi-disciplinary mental health team.

30. In mental health services, MDTs are typically led by consultant psychiatrists, who provide medical expertise through diagnosis, prescribing, and key clinical decision-making. However, MDTs may, more rarely, be led by other disciplines such as consultant psychologists or nurses who have undergone additional highly specialist training.

31. The makeup of MDTs varies depending on setting, but, along with mental health nurses, may include clinical psychologists, junior psychiatrists, occupational therapists, social workers, nursing support workers and therapists.

32. The consultant psychiatrist's decision making is informed not only by their own assessments but by the detailed observations and insights of mental health nurses and other frontline clinicians, whose direct contact with patients provides essential input into care planning. This generally occurs at a regular MDT meeting (which differs in frequency depending on factors such as patient complexity and service pathways), as well as on an ad hoc basis when needed or relevant.

33. A well-functioning MDT works collaboratively, utilising the unique expertise of each member. This allows team members to seek one another's advice, share relevant observations and refer patient needs to colleagues whose skills are best suited to address them. As above, this can happen in regular meetings, or on an ad hoc basis between any members of the MDT when needed.

34. An example in practice might be where a patient tells a mental health nurse that they are experiencing tremors (shaking) from psychotropic medication, which is impacting their activities of daily living, such as meal preparation. The nurse may offer emotional support and advice to the patient on side effect management, as well speak to the prescribing psychiatrist about alternative medications or doses, and an occupational therapist about environmental adjustments which may improve the patient's ability to prepare their food.

35. Mental health nurses constitute the largest group of registered clinical professionals within mental health services and overwhelmingly provide the majority of face-to-face care delivery. As such, they are central members of the MDT.

Training and guidance on best practice available to mental health nurses

Assessment, detention and discharge under the Mental Health Act 1983

36. The Mental Health Act Code of Practice **[DHSC0000007]** (herein referred to as "the Code of Practice") provides statutory guidance to registered medical practitioners ('doctors'), approved clinicians, managers and staff of providers and approved mental health professionals ("AMHPs") on how they should proceed when undertaking duties under the Act. These professionals should have detailed knowledge of the Code of Practice, including its purpose, function and scope. 'Staff of providers' include mental health nurses.

37. In addition, at page 12, the Code of Practice states that *"It is important that these persons have training on the Code and ensure that they are familiar with its requirements."*

38. NHS Trusts and other provider organisations are responsible for providing this mandatory training to staff. There appears to be no clear stipulation in law as to how often training should take place, nor the precise content of training – both may vary depending on the nature of roles and services.

39. The Code of Practice is relevant for clinicians across both inpatient and community mental health settings as it applies to an array of circumstances such as ensuring least restrictive practice, conducting Mental Health Act assessments, and providing care to people under community treatment orders.

40. Alongside the Code of Practice, the RCN Response to DHSC: Reforming the Mental Health Act (2021) **[WITN0270005]** provides practical guidance on nurse responsibilities, patient rights, and advance choice planning.

41. Providers also have a duty to provide additional mandatory training and policy to mental health nurses relating to the application of associated legislation, such as the Care Act 2014, the Equality Act 2010, the Mental Capacity Act 2005, the Children Act 1989, and the Data Protection Act 2018.

42. Providers' mandatory training and policy also covers subjects related to the field of practice, including risk management, the prevention of violence and aggression, safeguarding and medicines management. Such training is disseminated in e-learning or face-to-face formats and is repeated at regular intervals, while policies should be readily available to all staff in an accessible location, such as the staff intranet.

43. A range of additional, non-statutory and non-mandatory guidance, training, and resources are available to mental health nurses in relation to providing care for people assessed or treated under the Mental Health Act from various organisations and education providers, including the RCN. It should be noted, however, that some of the guidance in use in mental health settings is somewhat dated. By way of example, as highlighted in the recent Care Quality Commission ("CQC") Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust: Part 2 - Risk assessment and record keeping **[WITN0270006]**, the Department of Health and Social Care ("DHSC") guidance on Best Practice in Managing Risk **[DHSC0000038]**, was published in March 2009. More recent guidance around suicide such as: 'Staying safe from suicide', which the RCN collaborated on and endorsed was published by NHS England in April 2025 **[NHFT0002229].** Similarly, NHS England's guidance: 'Improving the physical health of people with mental health problems: Actions for mental health nurses' was published in May 2016 **[WITN0270007]**. Example of other resources include:

   a. Relevant NICE guidelines, which are considered the authoritative benchmark for evidence-based care. Some key guidelines include: CG155 Psychosis and schizophrenia in children and young people **[NHSE0002730]**, CG178 Psychosis and schizophrenia in adults **[NHSE0000539]**, NG10 Violence and aggression **[NHFT0004025]** and NG53 Transition between inpatient and community settings **[NHSE0000540]**.

   b. The Mental Health Nurse's Handbook **[WITN0270008]** published by NHS England and endorsed by the RCN.

   c. RCN professional guidance and training, such as Trauma-informed care resources **[WITN0270009]** and the Psychosocial Interventions Programme **[WITN0270010]**.

d. Professional guidance from other bodies, such as the Royal College of Psychiatrist's Practice Guidelines for Crisis Line Response and Crisis Resolution and Home Treatment Teams **[NHNB0003187]**.

e. Further local training, policy, and guidance provided by NHS Trusts and other provider organisations, tailored to population needs.

f. Evidence-based clinical tools, such as the Historical Clinical Risk Management 20 ("HCR-20") **[WITN0270011]** – a professional judgement tool used to assess a patient's future risk of violence, most commonly used in forensic settings) and the Short-Term Assessment of Risk and Treatability tool ("START") **[WITN0270012]** – a professional judgement tool used to assess a patient's short term risk to self and others). HCR-20 is free to access but should be used in conjunction with a user manual, available to purchase. Similarly, START is free to access but is not a standalone tool and must also be used in conjunction with the user manual. The most up to date version of the START risk assessment manual is purchasable from the BC mental health and substance use services website. These structured tools are strictly intended to guide clinical judgement, rather than replace it, and their use may vary across settings and services.

g. Clinical reference books and manuals, such as the British National Formulary ("BNF") and the International Classification of Diseases-11.

h. Various optional postgraduate programmes delivered by universities and other educational institutions.

Psychiatric treatment in the community

44. The *RCN Psychosocial Interventions Programme* referred to above **[WITN0270010]** equips nurses with skills for community practice and therapeutic engagement.

Community treatment orders ("CTOs")

45. CTOs are addressed in the Mental Health Act Code of Practice (2015), also referred to above **[DHSC0000007],** which sets out statutory safeguards, and in the publication, RCN Reforming the MHA Response (2021) **[WITN0270005]** which highlights equity concerns and tribunal referral processes.

Mental capacity and treatment decisions

46. RCNi Learning continuing professional development ("CPD") modules on the Mental Capacity Act **[WITN0270013]** and NICE guideline NG108, Decision-making and mental capacity **[NICE0000045]**, support nurses in applying legislation, while the RCN Reforming the MHA Response **[WITN0270005]** referred to above, calls for mandatory training on human rights and fluctuating capacity.

Assessment and management of patients not engaging with community care

47. RCN guidance on psychosocial interventions **[WITN0270010]** and trauma-informed practice **[WITN0270009]** addresses patient disengagement, alongside recommendations in the RCN Reforming the MHA Response for safe discharge frameworks and advocacy **[WITN0270005]**.

Information sharing and barriers

48. The NMC Code – standards and behaviour (2018) **[NUHT0000058]**, previously referred to, sets standards for confidentiality and lawful sharing, while RCN guidance highlights GDPR and safeguarding frameworks **[WITN0270014]**, and the RCN Reforming the MHA Response referred to above **[WITN0270005]** emphasises culturally sensitive care and equalities training. The Consensus Statement on Information Sharing and Suicide Prevention (DHSC, 2021) **[DHSC0000108]**, co-signed by the RCN, makes clear that confidentiality should not prevent proportionate sharing of information where there is a risk to life. The RCN's Suicide Awareness guidance **[WITN0270015]**, located behind a

member login, further emphasises timely information sharing as a core nursing responsibility.

Workforce competence in inpatient mental health care

49. The RCN *Position Statement on the Substitution of Mental Health Nurses in Inpatient Wards* (2023) **[WITN0270016]** warns against replacing registered mental health nurses with other staff groups, emphasising risks to patient safety, therapeutic outcomes, and compliance with statutory frameworks.

50. It would not be reasonable to expect all mental health nurses to be universally aware of the guidance outlined in the above paragraphs. The resources referenced are not statutory requirements, and awareness often depends on the environment in which the nurse is practising. In some settings, elements of this guidance are embedded into local clinical governance frameworks, linked to patient outcomes, or specified within commissioner contracts. In other contexts, however, the guidance may be less visible or formally integrated. As such, while the material is relevant and valuable, its uptake and application are shaped by local organisational priorities and governance arrangements rather than by national mandate. In relation to non-mandatory training and guidance, access and/or dissemination can vary greatly and may depend on factors such as organisational culture, training budgets and workload pressures.

51. Alongside training and guidance, it is important to bear in mind the importance of clinical supervision in embedding knowledge and skills. Clinical supervision is a vital tool for mental health nurses in continuously improving practice, seeking feedback, and engaging in self-reflection – factors associated with safe and effective care. The variation in clinical supervision quality and frequency across organisations is an ongoing cause for concern amongst the mental health nursing workforce. The RCN's position statement on clinical supervision **[WITN0270017]** *"recognises an urgent need to establish a shared purpose and understanding of clinical supervision".*

52. Finally, it is important to consider my comments above on the interplay between mental health nurses and the remaining members of the MDT. A well-functioning MDT offers guidance to all members, including mental health nurses, on best practice.

RCN concerns regarding the provision of national training and/or guidance

53. I have been asked to comment on whether the RCN considers there is a need for national training and/or guidance where none exists.

54. The RCN is concerned that the current NMC model of overarching standards of proficiency for all registered nurses' risks creating uncertainty for nurses, educators, and service providers about the specific competencies required of mental health nurses. This lack of clarity and centralisation may lead to inconsistency in training and care, diminish the quality of care provision, and undermine recognition of the unique role and expertise of the mental health nursing workforce, as well as the unique needs of the mental health treatment population. Whilst we agree that a shared foundation of core knowledge and skills is essential for all nurses, we also recognise that each field of practice requires additional statutory guidance to reflect its distinct and specialist needs.

55. I have also been asked to comment on the RCN's position in relation to whether any greater training and/or guidance is required for mental health nurses.

56. The RCN reiterates its position on clinical supervision, underlining the urgent need for a shared purpose and understanding of the process. Critical reflective practice is associated with improved competency, nurse wellbeing, and therapeutic relationships – all factors associated with quality care provision. All mental health nurses, regardless of experience, should be offered regular, high quality critical reflective practice discussions to support and develop their practice.

57. Training cannot exist in a vacuum. Without critical reflective practice, the knowledge and skills gained risk remaining theoretical and are less likely to be embedded in day-to-day practice.

58. Listening events with RCN members regularly highlight variation in access to clinical supervision and reflective practice, with some reporting inadequate or absent provision while others experience regular, high-quality support. For example, at RCN congress 2023, of 22 mental health nurses, around one-third (32%) reported no supervision at all, 41% had only managerial or case-based sessions, and just 27% accessed restorative or PNA supervision, with only 9% receiving it weekly. This concern is echoed in the RCN-commissioned scoping review of 30 years of supervision literature, which found persistent barriers to consistent implementation despite strong evidence of benefit **[WITN0270018]**. The RCN's position statement further confirms that supervision is "not consistently, equitably or effectively operationalised" across the UK **[WITN0270017]**.

59. In 2023 NHS England commissioned the RCN to develop national Professional Nurse Advocate (PNA) education standards and accreditation **[WITN0270019]**, now adopted by multiple education providers. This year, the RCN is piloting a national PNA Refresher Programme to restore confidence and sustain supervision across the workforce (launch 2026). Furthermore, the RCN's Standards to Support Compassionate Practice Environments (SCoPE) (2026) emphasise that psychologically safe, reflective spaces and structured supervision are essential to staff wellbeing and safe care. This guidance is scheduled to be published in or around January 2026 and a copy will be exhibited to the Inquiry in due course. SCoPE standards call for protected time for reflection (Standard 10), accessible supervision and mentorship frameworks (Standard 13), and psychologically safe environments for decompression and learning (Standard 21). Together, these initiatives represent a structured response to a system--wide concern, aiming to embed critical reflective practice as a universal, equitable practice that safeguards patient care and staff wellbeing.

Potential changes to current structures, training or guidance to improve mental health care

60. I have been asked to comment on whether the RCN considers there is a need for changes to the current structures, training, or guidance to improve mental health care, particularly in the community and to reduce the risks posed by psychiatric patients to themselves or others.

61. The mental health workforce is experiencing significant and ongoing pressures, with growth and retention rates falling short of both current demand and the planned expansion of services. According to a 2024 King's Fund report **[WITN0270020]**, vacancy rates for NHS mental health staff remain higher than in other parts of the NHS, with more than 13,300 mental health nursing posts unfilled.

62. In addition, whilst the RCN welcomes the training of more nurses, it stresses that retention challenges have a significant impact on the skill mix of the nursing workforce. A growing proportion of the mental health nursing workforce is newly qualified and large numbers of experienced mental health nurses are leaving the register, which risks leaving newly qualified nurses unsupported in their development and is detrimental to the health and safety of patients, carers, and the public.

63. We stress the ongoing need for enhanced recruitment and retention efforts amongst the mental health nursing workforce – the largest group of registered clinicians within the sector. This must include improved working conditions, fair pay, and greater support and development opportunities.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: GRO-B

Dated: 3/12/25

Index to First Witness Statement of Amber O'Brien

No.	**Inquiry URN**	**Document Description**
1	WITN0267008	Standards of proficiency for registered nurses, 17 May 2018 - The Nursing and Midwifery Council
2	WITN0270002	Realising professionalism: Standards for education and training Part 3: Standards for pre-registration nursing programmes Published 17 May 2018 - The Nursing and Midwifery Council
3	NUHT0000058	The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates, updated 10 October 2018 - The Nursing and Midwifery Council
4	WITN0270003	Monitoring the Mental Health Act in 2022/23 – Workforce and staff wellbeing – Care Quality Commission
5	WITN0270004	Research report May 2023 In train? Progress on mental health nurse education, authored by William Palmer, Emma Dodsworth and Lucina Rolewicz, publicised by the Nuffield Trust
6	DHSC0000007	Mental Health Act 1983: Code of Practice – Department of Health

7	WITN0270005	RCN Response to DHSC - Reforming the Mental Health Act (2021)
8	WITN0270006	CQC - Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust - Part 2 - Risk assessment and record keeping
9	DHSC0000038	Department of Health and Social Care guidance on Best Practice in Managing Risk, March 2009
10	NHFT0002229	Staying Safe from suicide, NHSE, April 2025
11	WITN0270007	Improving the physical health of people with mental health problems - Actions for mental health nurses – NHSE, May 2016
12	NHSE0002730	Psychosis and schizophrenia in children and young people: recognition and management Clinical guideline Reference number:CG155 Published: 23 January 2013 Last updated: 26 October 2016 – National Institute for Health and Care Excellence
13	NHSE0000539	Psychosis and schizophrenia in adults: prevention and management Clinical guideline Reference number:CG178 Published: 12

		February 2014 Last updated: 18 March 2014 - NICE
14	NHFT0004025	Violence and aggression: short-term management in mental health, health and community settings NICE guideline Reference number:NG10 Published: 28 May 2015 - NICE
15	NHSE0000540	Transition between inpatient mental health settings and community or care home settings NICE guideline. Reference number:NG53 Published: 30 August 2016 - NICE
16	WITN0270008	The mental health nurse's handbook Version 1.1, August 2023, NHS England
17	WITN0270009	Trauma informed care, RCN
18	WITN0270010	Psychosocial interventions programme – enhancing mental health though compassionate care and support – RCN Nursing Practice Academy
19	NHNB0003187	Quality network for crisis resolution and home treatment teams - Practice Guidelines for Crisis Line Response and Crisis Resolution and Home

		Treatment Teams, October 2022 - Royal College of Psychiatrists
20	WITN0270011	HCR V3 Rating Sheet, 2 page, CC License, 16 October 2013
21	WITN0270012	Short Term Assessment of Risk and Treatability tool (START) Instructors' guide and workbook 2007
22	WITN0270013	RCNi Learning - Mental Capacity Act
23	NICE0000045	NICE guideline NG108, Decision-making and mental capacity
24	WITN0270014	Information sharing – RCN guidance on confidentiality
25	DHSC0000108	DHSC consensus statement on Information sharing and suicide prevention - 2021
26	WITN0270015	RCN Suicide awareness guidance
27	WITN0270016	RCN Position Statement on the Substitution of Mental Health Nurses in Inpatient Wards (2023)
28	WITN0270017	RCN position statement on clinical supervision, October 2022 - RCN
29	WITN0270018	Journal of Advanced Nursing - 2022 - Masamha - Barriers to overcoming the barriers A scoping

		review exploring 30 years of clinical supervision literature
30	WITN0270019	RCN Professional Nurse Advocate Standards for Education and Training Programmes and Modules
31	WITN0270020	Mental health 360: workforce, 2024, The Kings Fund