



# Practice Education Facilitator and Care Home Education Facilitator

## Annual Report 2013

### Summary of NHS Boards and Care Homes

Published Spring 2014

<b>1.0</b>	<b>Introduction</b>	<b>2</b>
<b>2.0</b>	<b>Core components of the PEF/CHEF role</b>	<b>2</b>
<b>2.1</b>	<b>Support and Development of Mentors</b>	<b>3</b>
<b>2.1.1</b>	<b>Mentors Support from PEFs/CHEFs</b>	<b>5</b>
<b>2.2</b>	<b>Equality and Diversity and Inclusive Learning</b>	<b>6</b>
<b>2.3</b>	<b>Quality Practice Learning Environments</b>	<b>9</b>
<b>3.0</b>	<b>Educational Solutions</b>	<b>11</b>
	Mentor Event	
	Career long ePortfolio	
	Mentor Roadshow	
	learnPro	
	Using Student’s Evaluation	
	Drop in Sessions	
	Mentor Forums	
	Mentor Training Workshops	
<b>4.0</b>	<b>Innovations</b>	<b>13</b>
	Care Home Project – Active Resident	
	Emotional Touch	
	Reporting to Charge Nurses – improving compliance	
	Mentor Celebration	
<b>5.0</b>	<b>Quality Improvement Approaches</b>	<b>14</b>
	Lean	
	Tests of Change	
	Key Performance Indicators	
<b>6.0</b>	<b>National NHS Education for Scotland Project Involvement</b>	<b>16</b>
<b>7.0</b>	<b>Conclusion</b>	<b>17</b>
	<b>References</b>	<b>18</b>
	<b>Appendix 1 Local Achievements</b>	<b>19</b>

## 1.0 Introduction

The Practice Education Facilitator (PEF) and Care Home Education Facilitator (CHEF) Annual Report Template was designed this year in conjunction with the Practice Education Leads throughout NHSScotland. Examples from the individual reports have been grouped into topics to showcase the excellent work being carried out. The impact of this work will be articulated where possible; however in some instances this may be either potential or actual.

Individual NHS Boards and Care Homes are not named as many examples of good practice have been evidenced from multiple sources. If you wish further details in relation to a particular narrative please get in touch with the Practice Education Co-ordinator for your region.

The 2013 template has been reviewed and changed, but if you wish to provide any additional feedback this is welcomed. A primary objective was to reduce duplication in the reporting from NHS Boards and it is hoped that this is now evident.

The broader remit of the PEF role and its place within a whole–systems approach has recently been acknowledged in relation to strengthening practice education in NHSScotland (NHS Education for Scotland 2013) and this compilation of Board and Care home reports underpins this philosophy.

This combined annual report will start with the core components and national objectives followed by examples of good practice grouped under appropriate themes that emerged from the data.

## 2.0 Core Components of the PEF/CHEF Role

The core components of the PEF role are well established since the inception in 2004, and embedded within practice. In working towards integration of both PEFs and CHEFs this has led to the identification of joint agendas and working practices.

In addition to the core role, annual National Priorities are developed in collaboration with all stakeholders and NHS Education for Scotland (NES), focusing on key deliverables in relation to the role. For the period 2013 the priorities were:

- Support and Development of Mentors
- Equality and Diversity – Inclusive learning
- Quality Practice Learning Environments

## 2.1 Support and Development of Mentors

The number of mentors within the practice learning environment varies throughout Scotland depending on the size of the NHS Board/Care Home and local needs or requirements. A key development is that some NHS Boards are now collating data sets in relation to the number of mentors/sign off mentors with particular reference to variance and required actions from previous years. This data will enable planned actions in relation to improvement and development to demonstrate progression in the future.

The current health and social care landscape presents many challenges. Within PEF/CHEF teams they work hard in overcoming challenges within mentoring which include the following:

- Staff movement
- Long term sickness
- Maternity leave
- Retirement
- Elective removal from the database
- Non-compliance of mentors regarding Nursing and Midwifery Council (NMC) standards for mentorship
- Service redesign
- Pastoral support for students, particularly in remote and rural areas

An example of overcoming change was seen within the National Model for Learning Disabilities Pre-Registration Nurse Education programme that led to the identification of registered learning disability nurses requiring mentor preparation. These staff had no previous experience so a significant amount of preparation, information giving and educational support was provided. This resulted in additional practice learning experiences within this area.

Despite many challenges, the provision and support of a competent mentor population is a positive aspect within the PEF/CHEF role and one which remains a key priority.

The mentor information collated across Care Homes and NHS Boards varies and Table 1 shows this as a national collation.

**Table 1: Mentor information**

	Health Board	Care Home
Mentor numbers	18990	467
Sign off mentor numbers	10292	75
Removal or suspension from register	1730	74
Mentor preparation programme Completers	485	24
Mentor preparation programme Non-completers	189	17

*Please note that due to new reporting template data is incomplete*

The data collected across Scotland is variable therefore this may be an area for future clarification. However, given that over 19,000 mentors are supported by the Practice Education network in NHS Boards and Care Homes this demonstrates the effectiveness of these roles in meeting NMC standards. This number is up from that collated in 2011/2012 which showed the total mentor numbers within Scotland to be 15899. The number of sign off mentor numbers is variable and this may be due to factors such as rural and urban settings, specific specialties, clinical areas and identified localised needs.

The highest number of removal or suspension from the register was due to non completion of triennial review and annual updating because of different reasons, and this continues to be monitored.

Mentor preparation completers have decreased from that reported in 2011/12 where this was reported at 11 for Practice Teachers and 627 for the remainder. This could potentially indicate that more mentors are continuing in their role and thus fewer new mentors are needed within some practice learning environments.

### 2.1.1 Mentors support from Practice Education Facilitators and Care Home Education Facilitators

Mentors in Boards and Care Homes are supported to help ensure robust practice learning environments.

Common themes prompting engagement with the PEF/CHEF team can be grouped into three themes of education, mentors and students as detailed below:

#### 1. Education

- Mentorship preparation
- New practice learning environments
- Educational support – pre and post registration
- Educational audits
- NHS Education for Scotland initiatives
- Clinical supervision and support
- Support for staff undertaking CPD modules
- Hub and spoke practice learning experiences
- Flying Start NHS®

#### 2. Mentors

- Support regarding completion of student assessment documentation
- Annual updating/triennial review/information relating to new pre-registration programme/new initiatives within local NHS Board/Standards to Support Learning and Assessment in Practice Settings (SLAiP) (NMC 2008)
- Maintenance of mentor standards/mentors not meeting the NMC standards
- Mentor updates and newsletters/mentor forums/mentor register
- Mentor-led education
- Support for learner(s) with disability
- Advice regarding sign off status

#### 3. Students

- Failing students/competency based issues/cause for concern
- Student allocations
- Student absence
- Student/mentor issues – including student not achieving mentor contact time and mentor performance

Other examples of mentor support include Care Home Communication Forum meetings that provide an opportunity to discuss training and development needs.

Education workshops and awareness training by CHEFs and specialist practitioners have an impact on the knowledge base of staff within this practice learning setting.

Mentors who identify a Cause for Concern regarding a student are supported by the PEF/CHEF to work in partnership with academic staff to implement action plans for students to achieve the required competencies by the end of each learning experience. In one region HEIs developed student support protocols that mobilised tripartite support.

## 2.2 Equality and Diversity – Inclusive learning

Adherence with the Equalities Act (2010) ensures all learners in practice are supported.

There have been significant developments in relation to inclusive learning within many NHS Boards and Care Homes. Some areas are now actively collecting quantitative and qualitative data in relation to activity that can be used to show improvements and developments.

The impact of supporting learners within practice has an effect on learning. Providing support through both mentors involvement and educational sessions will strengthen support in practice. Table 2 show the national picture in relation to reasonable adjustment support.

**Table 2: Reasonable adjustment data**

	Health Board	Care home
Number of mentors supported to implement reasonable adjustments	719	1
Sessions on reasonable adjustment	212	25

*Please note that due to new reporting template data is incomplete*

Despite data not previously collated in relation to reasonable adjustment the last report did detail a Board who provided sessions on techniques to ensure staff developed inclusive learning strategies to deal with reasonable adjustment.

This year one NHS Board participated in interviews with students requiring reasonable adjustment which then led to ongoing support of 100 students in practice. The care home sector appears to have less students requiring support but this may be due to the smaller number of placements.

Equality and diversity is embedded in multiple courses including induction, mentor preparation, mentor updates and mentor support forums, and formulates part of values based training. In addition courses relating to specific disabilities e.g. deaf awareness and dyslexia have also been facilitated.

Practice Education Facilitators are active on forums such as Staff Ability and Equality and Diversity groups and in contributing to the development of educational and guidance materials.

The range of learning resources is vast with internet, intranet and learnPro supporting e-learning. Hard copies of material in the format of articles and newsletters are still evident and in demand.

Within another NHS Board a PEF undertook diversity champion training and is now actively involved in current issues and providing a valuable link with practice learning.

Inclusive learning enhances the quality of student learning by accommodating, recognising and meeting the needs of learners as individuals. This in turn supports them in the delivery of safe, effective and person-centered care including sharing best practice which supports the common goals of The Healthcare Quality Strategy (Scottish Government Health Department 2010).

The PEF/CHEF role in supporting mentors around reasonable adjustment is key to enabling students to meet their learning outcomes and achieve their full potential. Box 1 provides some examples from practice.



## Box 1: Examples from Practice

### 1. Streamlining a process.

The student alerts the university regarding their specific circumstances as they commence the first placement or where the student is under 18 (this would be undertaken by university staff on their behalf). A risk assessment is undertaken on the tasks and conditions, and measures are put in place to actively avoid risk. This is documented and signed by the student and manager. This process recognises and accommodates young people or new and expecting mothers, allowing the student to be supervised by a mentor who is able to design learning opportunities and make reasonable adjustments accordingly.

### 2. Mentor Support

Reported practices include pairing mentors and students, providing additional support sessions for the mentor and one to one support for the learner. The impact this has had is that students have reported that they enjoyed their experience and learning leading to the attainment of successful outcomes. The benefits for mentors have been development of further understanding and problem solving skills around supporting students who require adjustment.

### 3. Sourcing new clinical learning environments

Actively engaging with reasonable adjustment led to a complex clinical environment being able to accommodate students, which may not have been possible otherwise.

### 4. Learners' core principles for addressing disability needs were developed in response to concerns regarding several complex disability support issues for learners.

### 5. Care Home staff - CHEFs developed and delivered sessions for mentors and care home support staff regarding their role with students who have a disability so they can actively support them in practice.

### 2.3 Quality Practice Learning Environments

The practice learning environment is key to the student experience and also the development of newly qualified practitioners and the wider workforce, which in turn supports the delivery of safe, effective and person-centered care.

#### Box 2: Student Evaluation example

Student feedback regularly comments on the quality of the mentorship relationship and valuable learning experience that has been attained during the practice learning experience.

On debrief the students who are supported by the mentors and practice education team have reported that they enjoyed the experience and enjoyed their learning. This has a positive impact on both staff and students.

PEFs and CHEFs deliver programmes and ensure that mentors and other staff are supported within our practice learning environment and that it is fit for purpose. The table below highlights this within practice.

**Table 3: Learning environment**

	Health Board	Care Home
Practice learning environments	1414 Loss 67 Increase 33	127 Loss 28 Increase 4
Number of short courses delivered by PEF/CHEFs	2663	31
Areas using Quality Standards for Practice Placement tools	all practice areas	all practice areas

*Please note that due to new reporting template data is incomplete*

Responding to the challenge of providing quality practice learning environments through service redesign, staff changes and other personnel issues is a key aspect of the PEF/CHEF role. It is positive that the data shows that maintenance of the status quo has mostly been achieved and it is encouraging to see new areas which include community based and specialist areas of practice.

The Quality Standards for Practice Placement (QSPP) tool is used within all practice areas and has also been used in conjunction with the HEI educational audit, thus safeguarding the quality of the practice learning environment. This has built on the reported success of the last annual report where activity encouraging mentors to use the standards was a key objective.

Within the care home sector it is reported that there are issues with the QSPP not being 'user friendly' for some care home managers, CHEFs are key to supporting the use of these standards.

Many education activities are delivered or supported by PEFs/CHEFs in response to both national drivers and localised needs. The following list is not exhaustive but includes the main topic areas reported:

- Newly Qualified Nursing and Midwifery courses
- District Nursing/Health Visiting/Community courses
- Mandatory study days/localised study sessions
- Healthcare support worker education
- Support sessions for Flying Start NHS® programme
- Pre-registration curriculum
- Supporting clinical staff to deliver education on clinically focused topics e.g. dementia, cleanliness champion, foot-care awareness, diabetes, violence and aggression
- Values based practice/person-centeredness

Mentors are supported in practice and receive education in relation to person centered care and professionalism. The signposting to learning resources that include health and social care drivers, professionalism and person-centeredness, care for older people and care and compassion have also been reported.

Within one NHS Board a key objective is striving to ensure the principles of professionalism are embedded as a cultural norm within practice.

This range of educational activity shows the broader remit of the PEF/CHEF role in supporting learning and continuing professional development beyond registration (NES 2013) and adopting a lifelong learning and improvement orientated ethos.

### 3.0 Educational Solutions

Provision of multiple approaches to mentor education and development has the potential to engage with more of this workforce both by appealing to different learning styles and providing flexible timings/venues for learning. This approach has presented opportunities for fostering innovative approaches. Some examples of these solutions are listed below:



#### **Mentor Event**

An Annual Mentor event is held to showcase high quality mentoring. Students “nominate” a mentor who has had a positive impact on their learning.

This promotes a positive image of mentoring and encourages feedback which acts as a catalyst for driving up standards and celebrating success.



#### **Career Long ePortfolio**

As part of student nurse development planning all stakeholders have been involved in enabling mental health student nurses to access career long ePortfolio.



#### **Mentor Roadshow**

Pilot mentor roadshows were facilitated by PEF/CHEFs and HEI partners and evaluated very positively. Mentors reported that they liked the ready access to a range of resources and the opportunity for discussion with other mentors and the PEF/CHEF/HEI team.

This allows hard to reach groups to be accessed nearer their workplace with the advantage of potentially accessing more staff and providing valuable update information and resources.



#### **learnPro**

E learning has been used in many areas to support mentors as part of their update. This allows a flexible approach to supplement statutory annual mentor updating activity.

The impact of this is the time away from patient areas can be reduced but also maximizing the quality of the contact with the mentors in subsequent sessions.



### **Using Student's Evaluation**

Development themes identified from student evaluation are subsequently used to inform the content and development of annual mentor update session. This ensures that issues that are current and relevant are discussed with the potential of addressing problems and facilitating topical discussion.



### **Drop In Sessions**

Mentors can attend sessions that do not require to be booked in advance thus allowing for flexible clinical needs to be taken into account.

Some PEFs facilitated these sessions at a central venue whilst others chose a venue within the clinical area reducing the time away from practice.



### **Mentor Forums**

Lead Mentor Forums provide a valuable opportunity for mentor issues to be debated and discussed from both the practice perspective and that of the PEF.

This provides a valuable network of contacts in the practice learning setting which can be used to gain and distribute information in a timely manner.

A further example of this is within the specialty of Theatres where all staff are invited to a monthly forum. This forum focuses on particular issues raised by mentors and individual aspects of student support in the clinical area. In addition support for team leaders in relation to mentorship of students as part of the annual review is undertaken. This allows identification of issues specific to the specialty to be raised early with the potential to identify problems and action possible solutions.



### **Mentor Training Workshops**

The mentor updates are incorporated into the mandatory training days ensuring all staff are aware of the role around supporting students (both mentors and non mentors).

This has the impact of developing a knowledgeable nursing workforce in the practice learning setting.

## 4.0 Innovations

The core role is well established and the following examples provide a sample of innovations which are evident throughout Scotland. Many showcase different ways of working or focus on a solution based approach for aspects that have potential for improvement. Further examples are given in Appendix 1.



### Care Home Project – Active Resident

Evaluation of the Active Resident Care project has been undertaken with care providers, care inspectorate, residents and relatives and a baseline audit is used for comparison prior to implementation. The Care Homes take ownership and are encouraged to adapt and develop the concept to meet individual residents' needs therefore promoting a person centered approach.

Moreover it has also shown achievements in the following:

- reduction in falls/use of call bells,
- reduction in development of pressure ulcers
- reduction in complaints by residents and families
- reduction in the use of continence aids
- reductions in resident anxiety and agitation
- increased in resident and staff satisfaction regarding quality of care delivered

These benefits are impressive and this project is undertaken by a team who has a dual role of both CHEF and PEF, showing that this can bring great results



### Emotional Touch points

A pilot has been undertaken interviewing a group of students which provided valuable information regarding the support students receive from mentors and clinical areas and student's perception of the care provided. It will be of interest to get further information on how this data has been utilised and how this influences practice.

## Reporting to Charge Nurses – improving compliance



Preparing reports for Charge Nurses in relation to mentor issues and identified control measures has shown increased compliance. The Charge Nurse is required to record the measures and liaise with the mentor to ensure implementation using an action plan.



## Mentor celebration

The development of an Annual Awards ceremony recognizes Nursing, Midwifery and Allied Health Professional achievements including SVQ completion and Flying Start NHS®.

## 5.0 Quality Improvement Approaches

Quality improvement approaches are a key element of ensuring quality care for patients and clients. Indeed it has been reported that until quality improvement is a core part of everyday business and there are effective role models within practice, more support is needed to provide staff with the skills and confidence to transfer knowledge into action (Ward et al 2009). It is therefore encouraging to see this occurring within the practice education network.

### Lean

A facilitated Lean workshop with HEIs, NHS Education for Scotland and the NHS Board was undertaken. Mentorship was fully evaluated and resulted in a Mentor Framework being developed. This was then disseminated to all placements including Care Homes.

This has promoted a unified approach with broad principles being established keeping mentorship high on the agenda and promoting a common approach.

## Tests of Change

PEFs have been involved with supporting mentors with aspects of quality improvement.

This has resulted in mentors supporting an innovative programme of embedding quality approaches within clinical practice.

## Performance Indicators

Two key performance indicators have been identified by the PEF team after requests from the NHS Nurse Director. They are:

1. To document and monitor the number of mentors that are active on the mentor database each month. Target is that 75% of all registered Nurses and Midwives will be active on the mentor database.
2. Of those mentors, detail is given on how many have received a triennial review and achieved the triennial requirements. Target is 100% to have a triennial review.

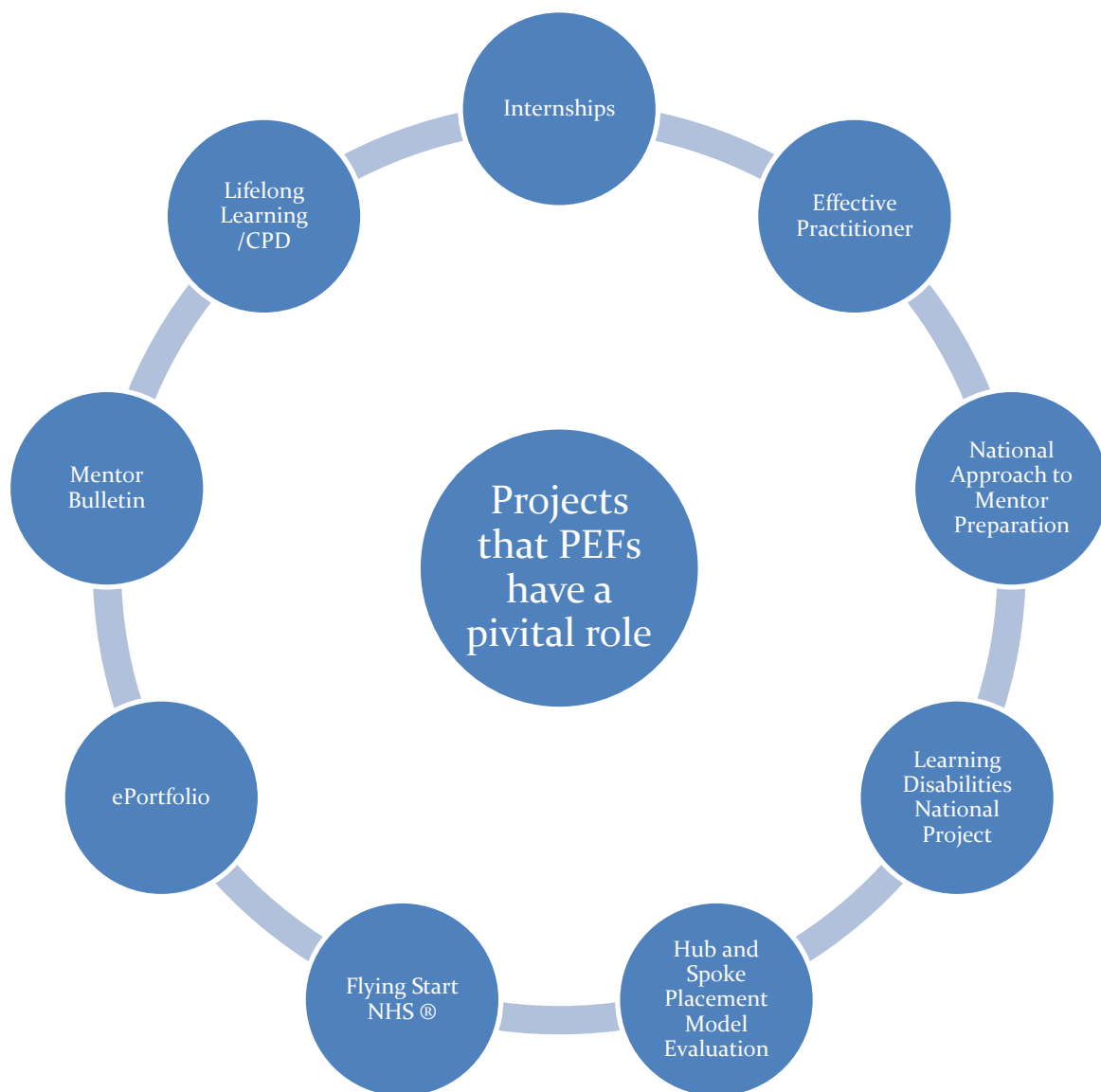
The benefits to this approach are that the data will provide data for mentorship whilst validating mentor development. It is also perceived that the data will highlight any deficits in mentor numbers whilst measuring the impact. In future years data sets can be compared to identify any further actions required.



## 6.0 NHS Education for Scotland Project Involvement

Many PEFs and CHEFs have been involved in collaborating with both new and established NES initiatives. Their input not only supports personal development but gives valuable voices from practice thus ensuring educational resources are responsive to local needs.

Below are the main projects over the past year where input has been harnessed.



Partnership working with education departments, HEIs and the Practice Educator network can be seen to assist in dissemination of information and guidance to practice staff regarding current initiatives e.g. dementia standards, infection control, nutritional care, palliative care and falls prevention.

Collaboration and joint working on multiple projects have been undertaken by PEFs/CHEFs and the NHS Education for Scotland Practice Educators. Projects have included Flying Start NHS®, ePortfolio and advice on continuing professional development.

As part of the support given to Newly qualified nurses and midwives, PEFs and mentors are assisting them to undertake and complete Flying Start NHS®.

## **7.0 Conclusion**

From the information gathered from individual reports it is evident that PEFs/CHEFs continue to provide a strong commitment to ensuring NHS Boards and HEIs meet NMC requirements. Their support for newly qualified practitioners and the practice learning environment enriches the development and support of the wider nursing and midwifery workforce.

## References

NHS Education for Scotland (NES) (2008) **Quality Standards for Practice Placements (QSPP) 2<sup>nd</sup> Edition**. Edinburgh: NES. Access at: [www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/clinical-learning-environment/quality-standards-for-practice-placements-\(qspp\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/clinical-learning-environment/quality-standards-for-practice-placements-(qspp).aspx). Last accessed 24<sup>th</sup> December 2013.

NHS Education for Scotland (NES) (2013) **The National Nursing and Midwifery Practice Education Facilitator Network: Their contribution to practice learning in Scotland**. Edinburgh: NES.

Nursing and Midwifery Council (2006 and 2008) **Standards to support learning and assessment in practice**. London: NMC. Access at [www.nmc-uk.org/Educators/Standards-for-education/Sandards-to-support-learning-and-assessment-in-practice/](http://www.nmc-uk.org/Educators/Standards-for-education/Sandards-to-support-learning-and-assessment-in-practice/) Last accessed 24<sup>th</sup> December 2013.

Nursing and Midwifery Council (2010) **Standards for Pre-registration Nurse Education**. London: NMC. Access at: [standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf](http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf) last accessed 24<sup>th</sup> December 2013.

Scottish Government (2010) **Healthcare Quality Strategy for NHSScotland**. Edinburgh: Scottish Government. Access at: [www.scotland.gov.uk/publications/2010/05/10102307/0](http://www.scotland.gov.uk/publications/2010/05/10102307/0)

Ward, V, O'House, A, Hamer, S (2009) Knowledge brokering: Exploring the process of transferring knowledge into action. *BMC Health Services Research*. Vol 9 (12) p1-6. Available at: <http://www.biomedcentral.com/content/pdf/1472-6963-9-12.pdf> last accessed 24<sup>th</sup> December 2013.



Published Spring 2014

NHS Education for Scotland, Westport 102, Edinburgh EH3 9DN

NHS Education for Scotland 2014. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.

## Appendix 1: Local achievements for PEFs and CHEFs

NHS Ayrshire and Arran	A pilot project is currently underway to support registered nurses working within acute and community services in undertaking personal development planning and e-portfolio development.
NHS Borders	CHEF attends regular Care Review team meetings with Scottish Borders Council and Care Inspectorate.
NHS Dumfries and Galloway	The care home education team along with nursing staff from Fleet Valley Nursing Home presented a session on the successful implementation of Active Resident Care to the National Care Homes Conference in Birmingham this year. This was well received and work is ongoing in Care Homes in the region to support the implementation of this person centred approach to care delivery.
NHS Fife	<p>The Mentor Newsletter was distributed to all NHS Fife clinical placements in April 2013. This newsletter is a valuable source of information, allowing mentors to keep up to date with current mentoring issues and new publications regarding practice education and the learning environment. Mentors are encouraged to write and submit articles and examples of best practice.</p> <p>PEFs were involved in facilitating a session to promote nursing with school leavers, Inspiring Future Nurses at the School of Nursing, University of Dundee and Fife Campus. This project enabled potential student nurses to visit clinical areas to observe and participate in clinical skills.</p>
NHS Forth Valley	<p>Supporting Students whose first language is not English.</p> <p>PEFs continue to work collaboratively with the University of Stirling School of Nursing Midwifery and Health to support mentors and students individually when this issue arises in practice. This support usually take the format of the issues being documented in an action plan with actions to be addressed and up to weekly support visits, by PEF and university representative, to mentors and students to monitor and review progress.</p>

	<p>On occasions actions have included the recommendation for students to attend locally council run English Language classes.</p>
NHS Grampian	<p>In Child Health Monthly 2 hour reflective session has been facilitated in practice by the PEF who uses a reflective model and group rules. This has been offered over the past 2 years. Just introduced at the October reflective session has been Emotional Touch Points</p> <p>Peer support visible as well as students developing reflective skills.</p>
NHS Greater Glasgow and Clyde	<p>Within NHS GGC it was highlighted that there was a need to address Personal and Professional Boundaries. This was a joint project with various teams including clinical governance, professional governance, professional nurse advisor and patient service manager, lead nurse addictions, lead nurse old age psychiatry and occupational therapists. A workshop was developed and delivered to the multidisciplinary teams including medicine, social work, AHP and Nurses who then rolled out the workshop to all staff at local level. An evaluation was collated and reported back to the board.</p>
Golden Jubilee National Hospital	<p>Supporting pilot study of Emotional Touch Point project within practice with group of students on placement.</p>
NHS Highland	<p>Developed and delivered two days Clinical Supervision Workshop to staff in NHS Highland.</p>
NHS Lanarkshire	<p>Pilot site for Flying Start NHS® Dashboard (preliminary report submitted to NES) NHS Lanarkshire has a continuing commitment to raise awareness, engagement and completion of Flying Start NHS®. One measure the PEF and CHEF team have been utilising is the Flying Start NHS® Dashboard aligned to the NHS Lanarkshire database to allow a focussed overview for monitoring, supporting and steering participants through the programme.</p>
NHS Lothian	<p>Involvement in Edinburgh Dementia Training Partnership, Promoting Excellence and Supporting Change in Dementia Care in Care Homes in Edinburgh.</p>

NHS Orkney	Development of Flying Start NHS® starter packs for Newly Qualified Practitioners and their mentors. This approach has been well received by both NQP and their mentors and gives additional information and points for discussion at the initial meeting. Regular contact is maintained throughout the year to support and motivate timely completion. An inter-professional mentorship for Flying Start NHS® between a Speech and Language Newly Qualified Practitioners and a Physiotherapist has worked well and viewed positively by both.
NHS Shetland	Development of a non doctor island placement as a spoke for a hub in a northern isle. This will showcase remote nursing and be a valuable learning experience for students.
The State Hospital	PEFs have worked in partnership with a Lead Nurse to develop Assessment Centre style interviews for Staff Nurse positions within the hospital. This work closely aligns with the Francis Inquiry recommendations, which highlight the importance of recruitment and selection in gaining insight into the attitudes and behaviors of potential employees.
NHS Tayside	Each of the RAF Reserve Nurses who attend placement in Ninewells Hospital was asked to feedback on their experience. Mentors and SCN in areas who supported the RAF Nurses were also asked to evaluate this innovative project. The PEF Team Leader took part in media coverage with members of 612 Squadron, RAF Medical Reserve to promote this initiative to the general practice. There were clips shown on STV news, on radio Tay, and on Wave 102 radio.
NHS Western Isles	Using QSPP as part of the annual audit of placement areas by PEF and SCN in all NHS areas and supported Care Home placement audits carried out using QSPP.