

Nursing Midwifery and Allied Health Professions (NMAHP) Directorate

PEF/CHEF Collated Annual Report 2014-2015

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Introduction

This year's collated Practice Education Facilitator (PEF)/Care Home Education Facilitator (CHEF) annual report contributes towards and complements the data sets that have been built upon over the past 5 years. Whilst we appreciate this has been a lot of work it gives a robust evidence base for the developments and innovations within Practice Education in Scotland. The report will detail the key elements reported within the template divided into the 4 sections namely:

Section One: Collective practice learning information for NHS Boards and Care Homes

Sections Two: Mentor development and education and Partnership working

Section Three: Reporting on 2014/2015 national priorities

Section Four: Celebrating innovations in practice learning

Section five detailed good news stories from both PEFs and CHEFs for each NHS Board (where applicable). This has been an excellent example of how new practices have been encompassed into practice learning environments throughout Scotland. These good news stories are included as an appendix thus allowing replication of the full reports from each individual NHS Board report. It includes examples from both PEF and CHEF practice although it is acknowledged that collaborative working is also undertaken within the NHS Boards and University partners in relation to PEF and CHEF practice.

Section 1: Collective practice learning information across Scotland

This is a largely quantitative section adding to and expanding on our data sets of previous years. Where previous data is of relevance comparisons will be made to identify trends and patterns. However, it needs to be recognised that no data set appears to be fully complete and therefore direct comparisons cannot always be made regarding the national picture currently, but it is hoped that ongoing refinement of the question set will result in valid trend analyses that may inform and direct Practice Education in the future.

This section will report:

- Numbers of PEFs and CHEFs
- Collaborative working
- Supported learning environments
- Mentor numbers
- Mentor preparation, annual updates and triennial reviews
- Student placement feedback

Numbers of PEFs and CHEFs

The numbers of PEF and CHEF posts vary within regions in Scotland and Tables 1 and 2 details the total numbers of Education Facilitators in Scotland. Table 1 includes the total number of PEFs/CHEFs in addition to the average for each board and an indication of the overall range. Table 2 details the specific number of PEFs and CHEFs per NHS Board at the point the annual report was completed within practice.

Role	Total	Mean	Min	Max
PEFs	97.3	6.1	0.5	26
CHEFs	13.3	0.8	0	3

Table 1: Summary of education facilitator numbers (WTE) in all Scottish board areas

Board Area	PEFs	CHEFs
NHS Ayrshire and Arran	7	1
NHS Borders	2	0.5
NHS Dumfries and Galloway	3	1
NHS Fife	6	1
NHS Forth Valley	4	1
NHS Grampian	9	1
NHS Greater Glasgow and Clyde	26	3
NHS Highland	4.5	0.3
NHS Lanarkshire	9	1.5
NHS Lothian	13.7	2
NHS Orkney	1	Not applicable
NHS Shetland	0.5	Not applicable
NHS Tayside	9	1
NHS Western Isles	1	Not applicable
State Hospital	1	Not applicable
Golden Jubilee	0.6	Not applicable
Total	97.3	13.3

Table 2: Number of Education Facilitators in each NHS Board area

The service level agreement figures vary from the reported numbers and this is due to variations in vacancies which can fluctuate over the year.

Collaborative working

Collaborative working is a key area of success for Practice Education and there are over 18 University and college partners both in Scotland and further afield in Ireland and England. This partnership approach is key to developments within practice learning environments where they are pertinent to initiating and influencing good student experiences. All identified partnership organisations can be found in table 3.

Type of Institution	Institution name
Scottish Universities	<ul style="list-style-type: none"> • Glasgow Caledonian University • Edinburgh Napier University • Queen Margaret University • University of Edinburgh • University of Dundee • Abertay University • University of Stirling • Robert Gordon University • University of Glasgow • Aberdeen University • University of the West of Scotland • University of the Highlands and Islands
Scottish Colleges	<ul style="list-style-type: none"> • Borders • North East Scotland College (NESCOL) • Shetland • Moray • Orkney • Dundee and Angus • Perth
Other UK Universities	<ul style="list-style-type: none"> • Open University • University of Cumbria • Queen’s University Belfast
Other Agencies	<ul style="list-style-type: none"> • Scottish Qualifications Authority • NMC Local Supervising Authority • Other Universities on an ad hoc basis

Table 3: Higher Education Institutions and collaborative partners

Supported Practice Learning Environments

The recognised partnership approach between all stakeholders assists in the development of productive practice learning environments where they foster and initiate good clinical learning environments. Throughout Scotland there are around 3650 practice placements where PEFs and CHEFs are paramount in development and sustaining capacity. Table 4 includes the average for each type of placement and an indication of the overall range. Table 5 details the specific numbers of PEFs and CHEFs per Board and shows the variance due to geography, NHS Board size and the expected variance between PEFs and CHEFs.

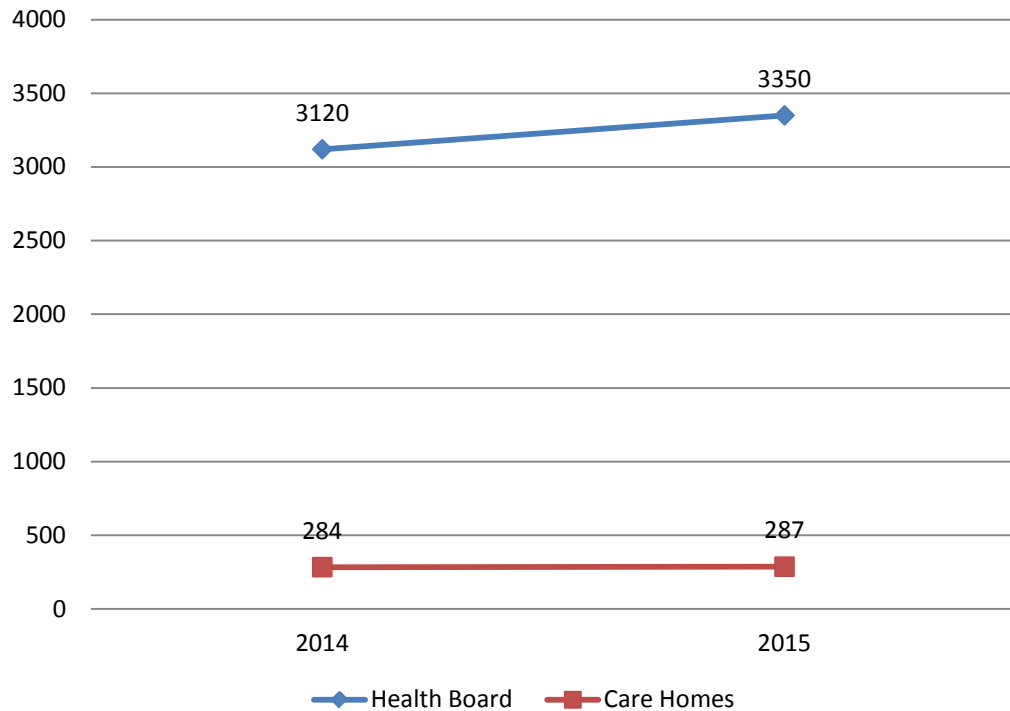
Learning Environment	Total	Average	Min	Max
NHS Environments	3350	209.4	9	809
Care Home Environments	287	17.9	0	65

Table 4: Summary of supported learning environment numbers in all Scottish NHS Board areas

Board Area	NHS	Care Home
NHS Ayrshire and Arran	154	24
NHS Borders	80	10
NHS Dumfries and Galloway	111	11
NHS Fife	232	23
NHS Forth Valley	129	25
NHS Grampian	809	9
NHS Greater Glasgow and Clyde	631	43
NHS Highland	164	15
NHS Lanarkshire	229	65
NHS Lothian	433	22
NHS Orkney	9	Not applicable
NHS Shetland	16	Not applicable
NHS Tayside	306	38
NHS Western Isles	23	2
State Hospital	12	Not applicable
Golden Jubilee	12	Not applicable
Total	3350	287

Table 5: Number of supported learning environments in each board area

It should be noted that previous data sets for some aspects were incomplete and therefore have been discounted. However, each year the data is becoming more representative of Scotland in relation to Practice Placements covered by PEFs and CHEFs. Graph 1 shows the data collated for 2014 and 2015 for both PEFs and CHEFs.



Graph 1: Supported placements 2014 – 2015

From graph 1 a slight increase in the number of NHS placements supported by PEFs between 2014 and 2015 can be seen. Supported placements for CHEFs can be seen to remain constant. These practice placements are supported by over 6407 reported service level agreements being in place for student placements between HEIs and NHS Boards and care homes. Practice placements cover the fields of Adult, Mental Health, Learning Disability, Child and Midwifery. The largest field is unsurprisingly adult placements with only one NHS Board not hosting this field of practice. To ensure students are supported in practice a fit for practice mentor workforce is essential and will be discussed next.

Mentor Numbers

The rationale for variance in mentor numbers can be multifaceted but the key driver is to ensure the success of having the correct number of mentors who are adequately prepared for mentorship in conjunction with the numbers required for students in practice. However, it is appreciated that achieving this aim is challenging due to multiple factors which are discussed later in relation to mentor lapses from the mentor register and well as changes within HEIs.

Figure 1 shows the distribution of mentors in relation to the different fields of practice. In many small or rural areas fields such as Child, Midwifery or Learning Disability are in much small numbers, and in some instances had no field specific mentors.

NHS Board Mentors

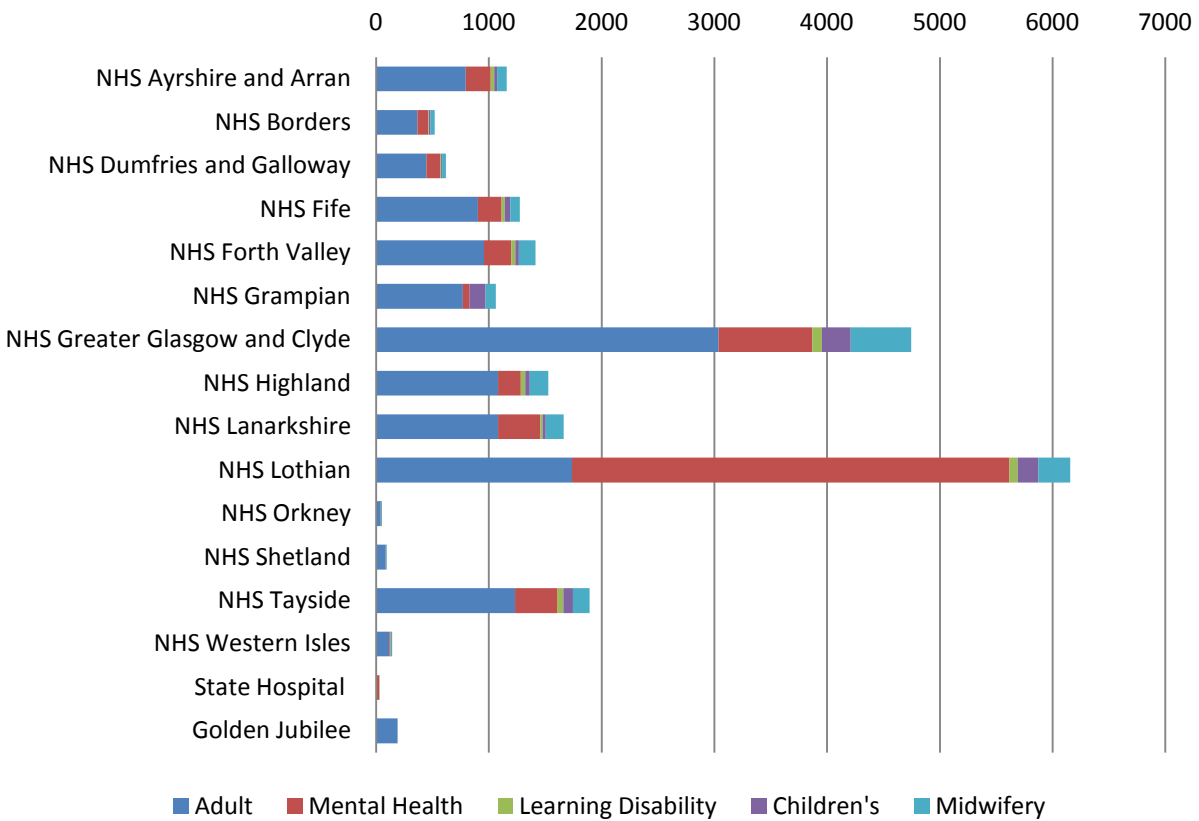


Figure 1: The distribution of NHS mentors by NHS Board and Field of practice.

It can be seen from Figure 1 that variance is evident which is to be expected due to differences in population, NHS Board sizes, rural/urban differences and locations of specialist centres. Comparison with previous data was not possible due to this being the first year that a request was made to detail the mentors' fields of practice.

Care Home Sector Mentors

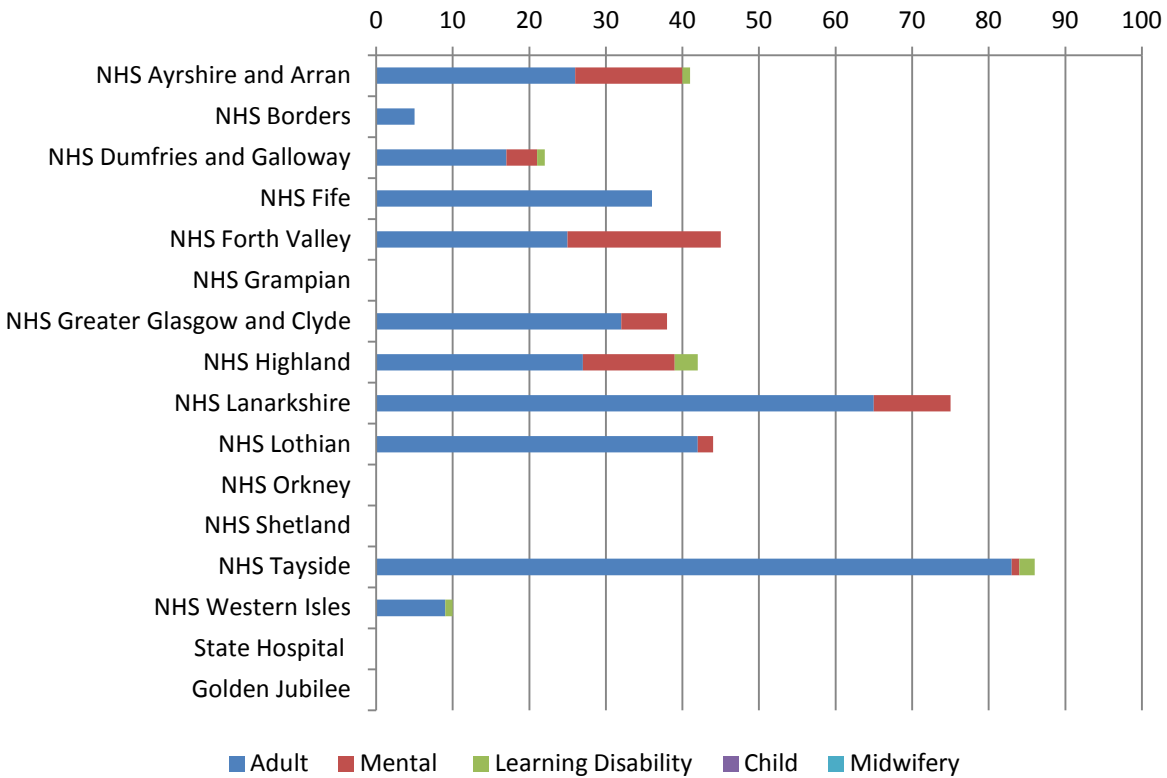


Figure 2: The distribution of Care Home sector mentors by NHS Board and Field

As expected there are no mentors within this sector for Child or Midwifery.

The roles of sign off mentors and practice teachers are essential to ensure nurses and midwives are fit for practice at point of registration. They provide a final assessment of practice in relation to a student achieving standards for safe practice and entry to the NMC register (NMC 2008). The number varies in relation to practice and this is shown for NHS Boards in figure 3 and figure 4 for Care Homes.

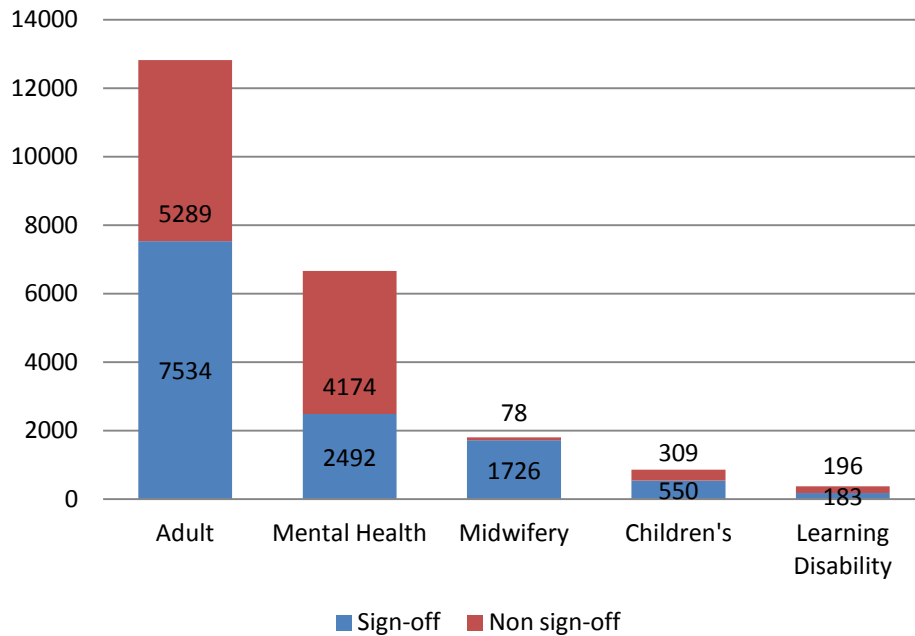


Figure 3: Number of Sign-off versus NHS mentors by field

Within the Care Home sector this is shown in figure 4.

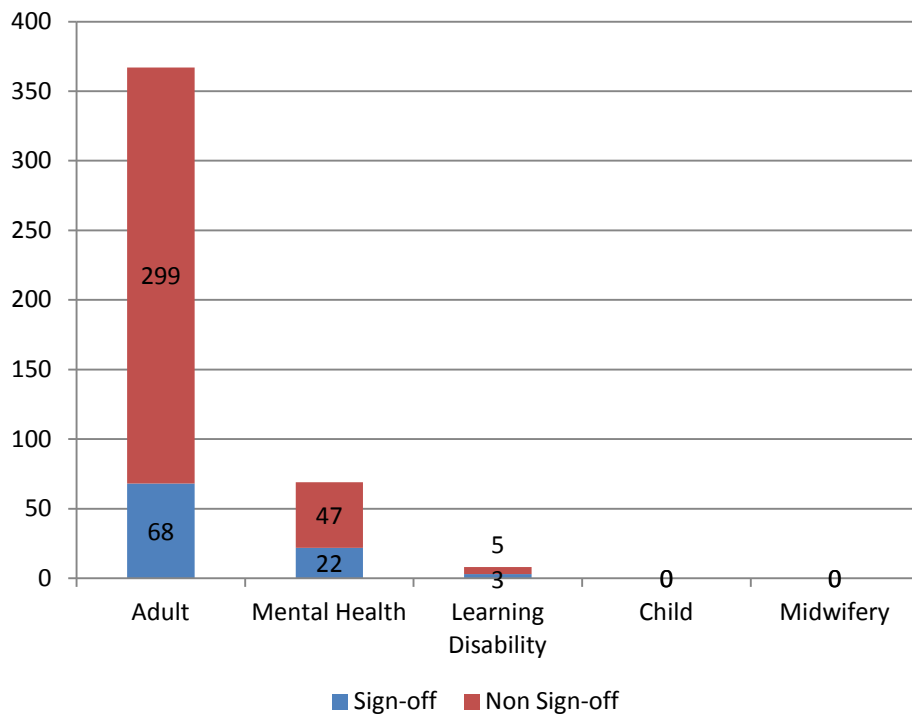


Figure 4: Number of sign-off versus non sign-off Care Home sector mentors by field

From figure 4 it can be seen that the largest number of sign off mentors is within the Adult field and that the number is 22%. However, mentors meeting the needs for practice, whether they are sign off or not are the most important aspects for practice. It was therefore encouraging that only one NHS Board reported insufficient capacity in Adult and with consolidation students for the Child field. Within Mental Health this was a problem within 2 NHS Boards and actions were in place to address this for the future. Learning Disability and Child health was reported as a problem within 2 Boards. Midwifery reported that the number of mentors was sufficient in all areas within Scotland for practice.

Mentorship is a complex aspect of practice education with the balance of having enough mentors versus having too many. Where there are additional mentors this can result in mentors not having mentored the required number of students to maintain their mentorship status. The problem of not having mentors can be stressful in relation to quality practice placements and meeting students' needs. When exploring the rationale given for mentor lapses these included:

- Retirement
- Elective removal
- Non-compliance with mentorship requirements
- Long term sickness
- Maternity leave
- Promotion
- Leaving NHS Board
- New post with no mentor responsibilities
- Number of annual updates PEF/CHEF

The reasons provided for mentor lapses highlight the challenge of both workforce planning and natural movement of registered nurses and midwives. Some planned events such as retirement can be predicted whereas long term sickness and maternity leave may present unplanned workforce changes. Staff movements such as promotion, a change of duties which exclude student engagement, leaving clinical areas, moving NHS Board or Care Homes present difficulties for practice. In some instances a proactive approach can preserve and promote mentorship to continue but in other cases this is challenging and the hard work being carried out in relation to this is acknowledged, especially within the care home sector.

Mentor Preparation

Mentor preparation is a fundamental part of mentorship practice. It is also acknowledged that mentorship preparation takes time and that a waiting list exists for some courses currently. Other aspects can have effects on this population and examples include service redesign and inspectorate reports. Table 6 outlines the summary figures for the number of mentors who had completed mentor Preparation in 2015.

Type of placement	Total	Average	Min	Max
NHS	679	42.4	8	146
Care Home	47	2.9	0	18

Table 6: Numbers completing Mentor Preparation 2015

In 2013 The Scottish Government outlined a future for health visiting where the policy landscape pointed towards increased capacity to further enhance services (Scottish Government 2013). This policy direction would require additional practice teachers and student practice teachers to meet the future demands and continues to be a focus within Practice Education. The current numbers of practice teachers currently in Scotland are 170 which varied from some NHS Boards having none to larger Boards having 46 in place. Student practice teachers varied from none to 22 in place resulting in a total of 98 across Scotland. Many NHS Boards highlighted initiatives currently in place to increase capacity in this area.

Annual updates and Triennial reviews

Annual updates formulate a key element of the mentorship framework to ensure mentors comply with NMC standards (NMC 2008). Despite incomplete data the provision of annual updates is clearly a fundamental element of the PEF/CHEF role. Within the NHS between 12-4643 updates were reported to have been delivered. However it was noted that some areas counted the session rather than the number of staff thus the number of individuals updated will be higher. Within the care home sector this also varied with up to 84 updates being reported.

A variety of personnel deliver mentor updates with the most common being that of PEF/CHEF followed by, other education staff and HEI staff. It was encouraging to note that where other staff were utilised that high quality educational material had been produced by the Practice Education team to ensure it was fit for purpose and practice. To overcome some of the challenges within practice many unique ways have been developed to allow engagement in annual updating. These include:

- Link/Lead/supervising mentor meetings
- Local mentor discussions mentor sessions
- Appraisal
- Peer discussion, group discussions
- Face to face with link lecturers
- Self directed learning (includes development of student learning pack and other student learning resources) review and reflection on university audit processes, cause for concern processes or mentor bulletin articles)
- Reading online resources with colleagues
- On-line resources e.g. Mentor centre (ENU)/Moodle (RGU)
- CPD sessions in clinical areas
- Educational audits
- Reflection on underachieving students with mentors

- Midwifery - attendance at HEI Practice Learning Environment team
- 1 to 1 support where appropriate
- Mandatory update study days
- Learning activities relating to mentorship and supporting learning

It can be seen from this list that there have been multiple ways to approach the annual update and the challenges associated with this. Within some areas a proactive approach is adopted to foster individual responsibility using flexible approaches with a variety of options, which very much take the needs of the team and mentors in to account.

Triennial reviews continue to be a challenge within some NHS Boards but practice education teams clearly worked hard to identify and address issues to prevent this resulting in a lapse in mentorship status.

Student Placement Feedback

Throughout Scotland both electronic and paper formats of student feedback are being utilised within both the NHS and Care Home sector. Many areas reported plans in progress to move to electronic format as this presented an opportunity for further data analysis and ease of collection.

The frequency of feedback to the clinical areas where practice placements have been undertaken is variable within Scotland. The frequency of sharing the data could potentially be attributed to the size of the field of practice and frequency of practice placement to ensure student confidentiality. The data suggests that the feedback is used to improve and promote practice within various groups in NHS Boards, Care Homes and HEIs. It is encouraging to note that this is shared with appropriate personnel, with a key driver on improvement and sharing good practice. The list below shows the range of ways in which this information is shared:

- At educational audits and when meeting up with mentors
- Liaison lecturer and PEF providing feedback to practice learning environments (including action plans where necessary).
- Discussion with Senior Charge Nurse/Team leaders
- Workshop material for mentor updates
- Review where necessary with mentors and copy to senior management team
- To work collaboratively with HEI to resolve problems or issues
- For PEF to design student evaluation database and feedback
- To allow review of cause for concerns and other issues
- For work in future regarding Care Assurance and Accreditation and Quality Assurance monitoring. This also includes monitoring and evaluating the quality of the practice learning environment and looking for ways to improve and showcase good practice.
- To formulate a database to look at themes

Section Two: Student development and education and partnership working

1. Student development activities

Innovation and development to assist students can be undertaken both within practice and with stakeholder partners. The following are examples of some of the work undertaken this year.



1. Development of student information pack by mentors which provided template for further dissemination and PEF support to develop pack and construct a template.

2. Introduction and facilitation of group-based educational forums and reflective practice sessions for students on placement. These are aimed at enhancing the student experience and maximising student engagement through:

- Increasing reflective practice through provision of formal structured opportunities for clinical supervision and reflection on practice
- Encouraging the sharing of positive learning experiences and challenges experienced in practice
- Providing opportunities for peer support.

3. Enhancing knowledge and awareness of forensic related topics and interventions (e.g. engaging specialist practitioners to deliver an educational session about the 'Life Minus Violence' psychological therapies programme).



4. Using Emotional Touch Points. This has been embedded within the organisation with pre-registration students who agree to participate.

5. HEI partners 'grading of practice process' was enhanced by PEFs engagement, which included input into paperwork/guidance documents.

6. Care/Share Lunch Group and Café Hope – provision of learning opportunities for students.

7. Supporting a university to undertake student nurse oral skills clinical examinations (OSCEs). PEFs from the organisation help facilitate these assessments through participating in role play scenarios and sitting on the assessment panel.



8. PEFs in one area are honorary lecturers within their partner HEI and actively contribute towards curriculum development and programme delivery.



9. PEF team involved in the Practice Teacher programme development and NMC approval processes.

10. Mock interview for Year 3 students where the University held interviews allow these students to experience the realities of submitting an application form and then attending a 20 minute interview. Feedback was given on their personal statements, preparation for interview and their performance at interview. This initiative was rated as a very positive example by the students.



2. Team development/enhancement within practice

Development for staff employed in an in-patient learning disability ward where PEFs led in educational sessions for all band 5 registered nurses to reflect on accountability and team work through attendance at four facilitated workshops utilising Effective Practitioner resources and project funds.

Collaborative enhancement with NES as a partner has been undertaken with the Quality Management of Practice Learning Environment (QMPLE) project where two NHS Boards and two universities have piloted the on line database. This has allowed access and sharing of information relating to the quality of the learning environment across organisations. Feedback through this partnership has informed and enhanced functionality within the database over the last year and will inform future developments as the project moves forward. Further information on the project can be found here.

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/quality-management-of-the-practice-learning-environment-\(qmple\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/quality-management-of-the-practice-learning-environment-(qmple).aspx)

PEFs have also supported Senior Charge Nurses (SCNs) in piloting the implementation of the Scottish Recovery Indicator 2 (SRI2) mental health recovery evaluation tool that has included delivery of recovery education and awareness events, leading to benefits for patients. PEFs have also delivered sessions on new patient care records across adult services leading to improved compliance being reported.

3. CHEFs

CHEFs have been seen to impact and improve practice with many examples that include:

1. Supporting the implementation of psychological interventions in response to stress and distress in dementia patients.
2. CHEFs working to support Care Homes with the implementation of Active Resident Care. This has now recognised nationally by the National falls team as having a positive impact in the reduction of falls and other older adult related issues.
3. Highlighting areas of patient safety within a Care Home Forum ensured that concerns were escalated through local governance structures thus preventing possible problems at a later date.

4. Care homes are currently involved in the step up/step down pilot. This involves joint working with NHS rehabilitation teams.
5. CHEFs promote cross sector working during annual mentor updating activities assisting care home staff to broaden available learning opportunities.
6. Care Homes have been recruited to participate in a project which includes discussion with acute care staff with care home staff. Care Home managers have also been recruited to provide input into the pre-registration course at the local HEI to talk about working life in a care home.
7. Supported 'Dementia in Palliative Care' workshops which were devised and delivered to staff working in care homes over three days. Staff who attended then completed a workbook based on information provided in the workshops and from their experiences in practice.

In addition there are also great examples of other projects from practice which have been undertaken, and these are detailed in the boxes below:

4. Mentor development

PEFs have disseminated a questionnaire to all mentors to obtain data/feedback relating to local mentor experiences, attitudes and skills. Data from this project will be used to help inform future training and support plans for mentors (including informing the content of annual updates etc.). The development and implementation of 'Mentor Champion' roles within the clinical areas also supports this and highlights the value of the mentor role. Addressing the concerns of lapsed mentors has led to PEFs leading a return to mentoring day allowing existing but lapsed mentors to meet the standards required thus enabling reinstatement on to the local database.

5. Role Development

Utilising the Effective Practitioner funded projects initiative has seen development of band 6 nurses where a three day programme to develop staff and raise awareness of responsibilities of Band 6 role has proved successful. Within the specialist area of community mental health work on the Career Development Framework has been undertaken. Development of Healthcare support workers can be seen to influence and shape the student experience within practice. An event on difficult conversations is one example of development opportunities for these staff. Within a wider NHS Board perspective the role of Diversity champions has been integrated into the PEF role leading to identification of any student issues being incorporated via the Board of Diversity champions. This assists with areas requiring support or signposting and active engagement with EQIA processes.

6. Person Centred Care

Examples of person centred care can be seen through the ongoing promotion and facilitation of projects for example 'My Home Life', Care Home forums and annual mentor updates.

Development of a care after death policy for use across NHS and care home sector was also seen to be of benefit.

7. Professionalism

Themes emerging from student evaluations included professionalism issues which were then incorporated in annual mentor updating activities.

Within NMC reviews participation with the review team often related to professional issues being identified. PEFs and CHEFs have proactively promoted NMC standards including The Code (NMC 2015) and raising awareness of NMC revalidation in a variety of ways to support development within this area.

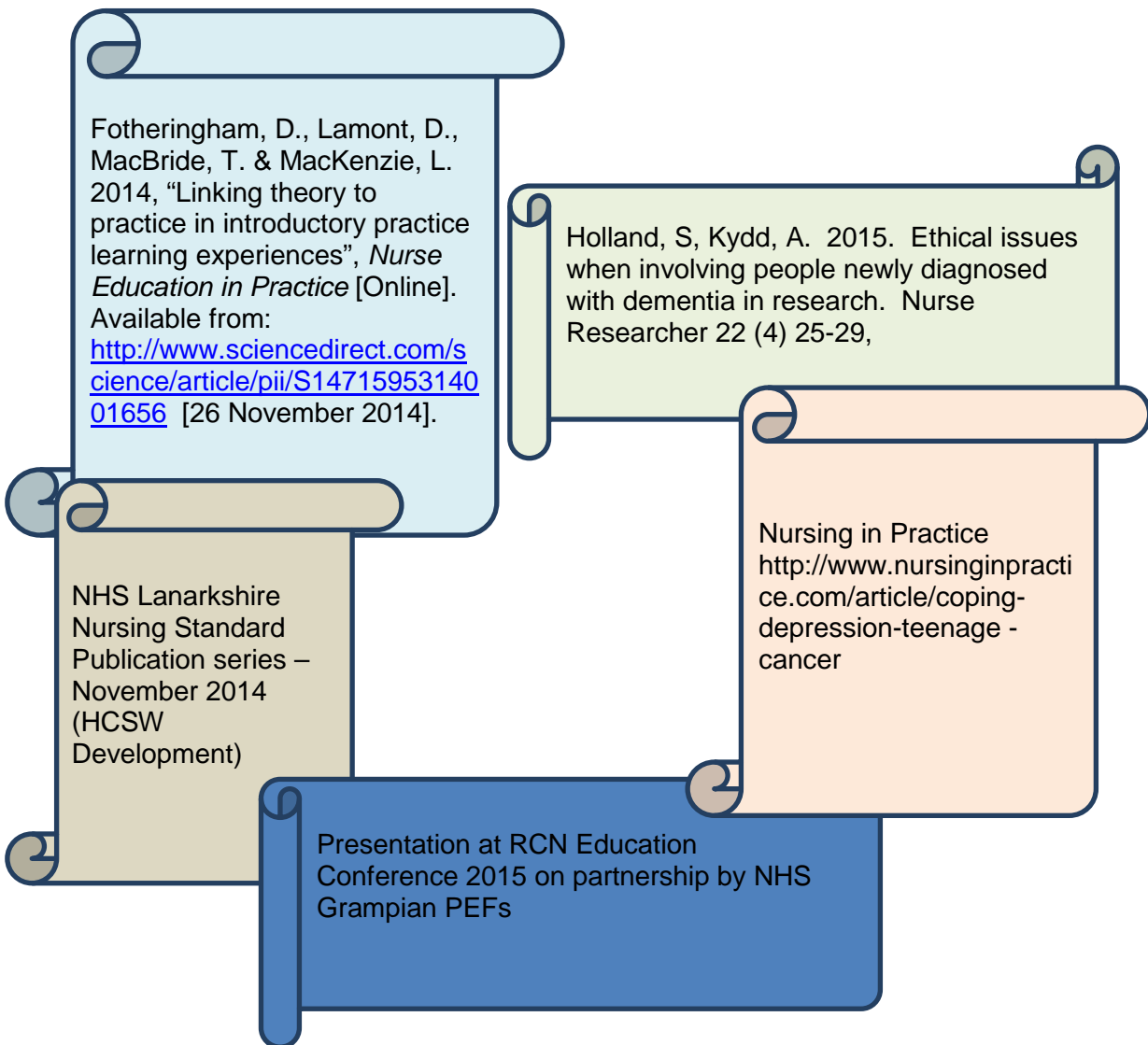
Within Midwifery students were given the opportunity to share their experience of Midwifery Supervision with an aspect related to Professionalism.

8. Releasing Time to Learn/Leading Better Care

PEFs have led on the roll out of this quality improvement process including 'releasing time to learn' and proactively identifying areas where lessons have been learnt.

In another NHS Board participation in the delivery of Leading Better Care (quadrant 3 of the role) and SCN role with student's learning are aspects that have synergy with the PEF role.

9. Publications



Many PEFs and CHEFs have been involved in the Mentor Bulletin which is encouraging. This has included writing an article to share innovation and good practice as well as empowering others and helping them share their story.

The 2015 Mentor Bulletin can be found at:

<https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww.nes.scot.nhs.uk%2Fmedia%2F3148526%2Fnesd0383mentorbulletin2015-accessible.doc>

10.Partnership Working

The partnership arrangements with PEFs and CHEFs are varied due to the nature of these roles and the wide stakeholder engagement including health and social care sectors. This year new partners included Health Improvement Scotland where one PEF is a member of NHS HIS 'Observation Good Practice' short-life working group and the Scottish Recovery Network where PEF attendance at local and national meetings and events supports local implementation of SRI2 and a recovery care ethos. Collaboration with the Princes Trust has been successful in facilitating clinical skills training and employability training as part of induction process (see also section 5 for more information). It was also encouraging to hear of involvement in local schools where an introduction to healthcare initiative involved discussing health careers and practice with pupils.

Close relationship with HEIs and their students on pre-registration nursing programmes for Adult, Mental Health, Child, Learning Disability and Midwifery programmes and post registration health visiting and practice teaching programmes are core aspects within PEF/CHEF business. In one NHS Board HEI collaboration with a non-partner university is evident to ensure success in the provision of the Return to Practice course. Some larger NHS Boards have multiple HEI partners and joint working on educational resource such as a triennial review learn pro module is now at a pilot phase of implementation.

Proactive response to issues either from practice or HEIs allows early identification of issues and resolution. A good example of this would be the HEI working with practice in relation to aspects identified within the NES pre-registration annual survey when prompt action planning and collaboration ensures improvements are timely and appropriate. Feedback for partnership working has been very complimentary from stakeholders and is shown in figure 5.

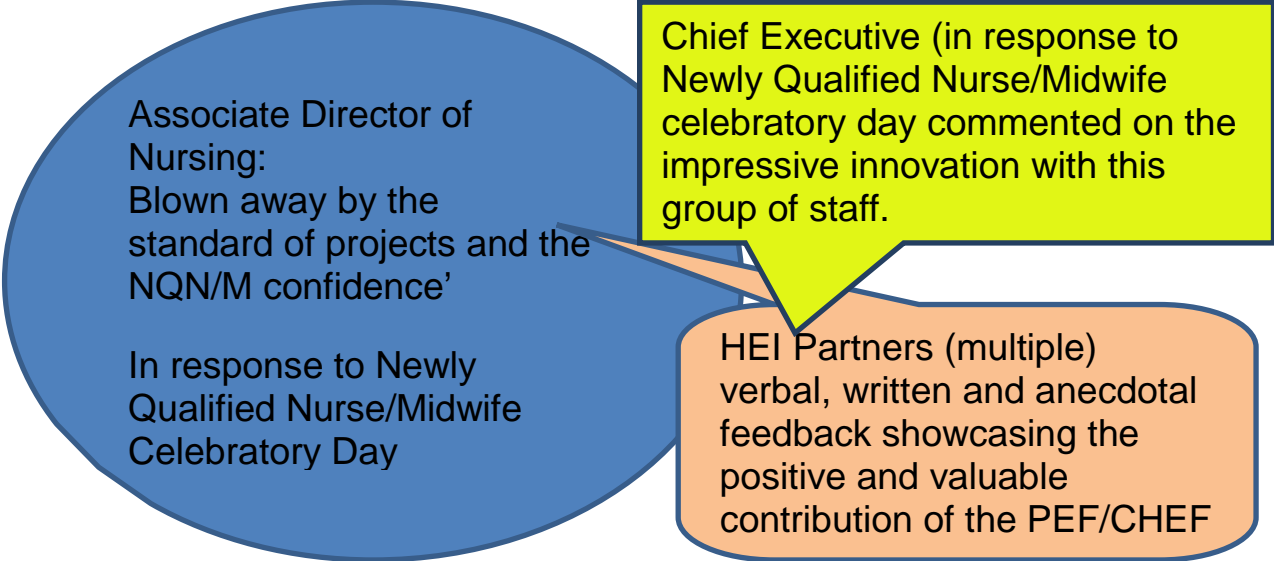


Figure 5: Direct feedback from stakeholders

Section 3: Reporting on 2014/2015 Priorities

1. Quality Standards for Practice Placement (QSPP)

QSPP plays an essential role in ensuring all parties are aware of their individual roles and responsibilities in relation to the learning environment. This ensures that placements standards and requirements continue to be met and can identify areas for improvement. The QSPP audit tool is used to help monitor the quality of placements and clinical learning environments (NES 2008) in conjunction with addressing whether the standards are being implemented within practice. The QSPP audit is usually undertaken in conjunction with the educational audit which fits with the individual areas educational auditing processes. PEFs and CHEFs appear key in the coordination, organisation and attendance at audits. Overall feedback is positive with only one Care Home reporting that staff had found the tool repetitive.

Where there was a requirement to re-audit before the due date the following reasons were reported: service redesign (with the potential to impact on student capacity), Care Inspectorate actions and a Practitioner undertaking Practice Teacher training. Audit themes reported are shown in table 7.

Table 7: Action plans themes

Themes	Examples of themes from practice arising from QSPP audits
Care homes	Increase in mentor numbers. Provide extra Sign off mentors.
Remote and rural	Action plan to increase student numbers by ensuring accommodation in a remote and rural setting following a successful increase in mentor numbers.
Mentor	Reduction in mentors in community and LD leading to a need to recruit. Changing workforce demographics indicate the need to sustain mentor numbers. Mentor knowledge and skills to support students in practice. Lack of time to mentor. Provide additional sign off mentors. Lack of capacity on mentor preparation resulting in additional dates being planned. Lack of time due to clinical pressures and length of placements.
Administration	Requirement to update the organisational and placement information on HEI sites/local NHS Board intranet as out of date. Provision of new QSPP posters.
Student issues	IT access variation in clinical areas (currently being addressed). Delays in updating of placement profiles which are then made accessible to students.
Other	Inconsistent practice learning evaluation feedback to placement area. Lack of space in health centres. Decrease in staffing results in a reduction in student numbers.

2. Reasonable Adjustment

Reasonable adjustment has been an area that has been a focus within Practice Education within the past few years. The multiple aspects reported across Scotland are shown in figure 6. Modifications to support students with dyslexia appear the most common adjustment with IT equipment adaptation and app enabled mobile devices being a common solution. Where practice placements have difficulty in implementing strategies for individual specific needs, proactive working with PEFs, HEIs, Occupational health and management ensures a successful outcome particularly in relation to family-friendly and flexible working for carer responsibilities or geographic locations. In relation to other issues solutions have involved students working shorter shifts, dependant on individual variables. It was very encouraging to report that mentors were seen quickly to identify potential concerns and were clear regarding the process, thus ensuring the student is fully supported within the placement area.



Figure 6: Themes identified from reasonable adjustment

Challenges within reasonable adjustments have been seen where delays in disclosure are reported from the student, HEI or practice. Practice learning teams have been looking at systems and processes to strengthen this and reduce occurrences in practice. Where students had multiple disabilities it was acknowledged that this poses a deal of complexity in providing reasonable adjustment. The challenge of meeting the Equality Act versus the assessment of safe and effective practice was also reported as an issue within practice. In relation to CHEF practice reasonable adjustment was not as common with issues reported replicating PEF issues.

3. Fitness to Practice

The PEF and CHEF contribution to student fitness to practice processes was variable with some areas reporting no direct involvement to others being more involved. Within the data the themes of process, mentor support, education and awareness and collaborative working emerged.

Process

Some PEF/CHEFs reported being involved in fitness to practice hearings in collaboration with HEIs and this included being part of investigating teams. Other staff were seen to provide advice and support in relation to using an approved protocol and formulating action plans regarding fitness to practice concerns within the practice learning environment.

Mentor Support

The visible and established role of the PEF encouraged mentors to get in contact where potential Cause for Concerns were highlighted, thus being active in assisting mentors with issues early in the process. They were also seen to support mentors where their knowledge and understanding in relation to students with more than one issue emerging was proving challenging within practice.

Targeted help in the aspects of clinical support skills included examples within medication management and completion of documentation, with all interventions aimed at improving practice. Interpretation of key documents improved knowledge and was undertaken in the Ongoing Assessment Record (OAR), The Code (NMC 2015) and NMC Standards to Support Learning and Assessment in Practice (SLAiP) (NMC 2008) standards.

Education and Awareness

Raising awareness with mentors regarding the process of fitness to practice has included educational sessions on student induction programmes and mentor updates. One NHS Board has compiled a database with details regarding PEF involvement including anonymised details of concepts thus allowing monitoring of the emerging themes.

Collaborative Working

PEF and CHEFs work with liaison lecturers and mentors where issues are raised to ensure the process is dealt with correctly and all stakeholders are actively involved.

Conclusions

In general some conclusions can be made from the quantitative data collected:

1. There are limited numbers or no Mental Health, Learning Disability and Child health mentors on the smaller and remote and rural boards in particular.
2. The evidence that mentor lapses occur for multiple reasons makes this a topic for further exploration.
3. A national trend suggests sign-off mentorship across the Care Home sector is an area where there appears to be challenges. Within these challenges it is acknowledged that movement of staff is a key issue and that the CHEFs work extremely hard to build mentorship capacity within this sector.
4. Triennial review completions continue to be a key focus of work within Practice Education but the data set was incomplete and requires further exploration and clarification.
5. There is a variance in the frequency of collation of student feedback from their practice learning experiences and in timing of this being disseminated to the respective areas/teams. The QMPLE project will be key in moving this forward in the future.

The qualitative data highlighted many examples of innovation and collaboration leading to improved learning experiences for students and other staff. The challenges of service redesign, staff movement and busy clinical environments have meant that keeping the status quo in relation to mentorship can be challenging for both NHS Boards and Care Homes.

The reported activities for this past year have clear synergy and relevance for the current year priorities (2015/16) which have been formulated in collaboration with the Practice Education Leads in NHS Boards, Higher Education Institutions (HEIs) and NHS Education for Scotland. The priorities are mindful of key policy drivers within a National UK level (revalidation) and Scotland-wide (Practice Teacher/Health Visiting Changes) in addition to strengthening the key role (enhancing practice learning and key role and functions).

As mentioned previously ongoing refinement of the questions which formulate data sets will result in valid trend analyses that may inform and direct Practice Education in the future. In conjunction with qualitative examples this will further strengthen and showcase the impact and value of the PEF and CHEF roles within Scotland.

References

NHS Education for Scotland (NES) 2008. *Quality Standards for Practice Placement (QSPP)*. Edinburgh: NES.

NHS Education for Scotland (NES) 2015. Quality Management of the Practice Learning Environment (QMPLE). Edinburgh: NES. [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/quality-management-of-the-practice-learning-environment-\(qmple\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/quality-management-of-the-practice-learning-environment-(qmple).aspx)

Nursing and Midwifery Council (2008). *Standards to Support Learning In Practice*. London: NMC.

Nursing and Midwifery Council (2015). *The Code for Nurse and Midwives*. London: NMC.

Scottish Government (2013) CEL 13. Edinburgh: The Scottish Government.

Appendix 1: Celebrating innovations in practice learning (reported in alphabetical order)

NHS Ayrshire and Arran Board example/ PEF: 'Get Into Healthcare Support Programme'

At the beginning of 2015 the NHS Ayrshire & Arran Employability Team worked in partnership with the Prince's Trust to plan, develop and deliver a new employability programme for young unemployed people in Ayrshire, to help prepare them for work in healthcare. NHS Ayrshire & Arran is the first board in Scotland to have completed a healthcare programme with the Prince's Trust. As part of this initiative 35 young people ranging from 18-25 year old participated in a selection process facilitated by the PEFs/CHEFs in determining how they worked as part of a team delivering aspects of patient care. Following this process 12 young people were selected to undertake the "Get into Health Support Programme" within NHS Ayrshire and Arran which resulted in the 11 young people gaining some clinical experience over a 6 week period. As part of the 2 week induction process the PEF/CHEF team facilitated a one day "Introduction to Healthcare" which focused on the underpinning knowledge and practical skills required to practice safely within the clinical environment. The practical skills sessions on the day proved to be very successful based on feedback collated from the candidates. The end result was that 11 were given an interview with the prospect of 6 receiving one year's employment as a Health Care Support Worker (HCSW) with our service.

Feedback from the candidates highlighted that they would have liked the PEF/CHEF practical skills day to be extended to 2 days.

Out of all 11 candidates interviewed NHS Ayrshire and Arran employed 6 candidates who now have a year's employment as a HCSW and will be supported in completing their SVQ Healthcare Support (Clinical) Level 2 Award.

Based on its success this employability programme could be repeated on a yearly basis within NHS Ayrshire & Arran.

NHS Ayrshire and Arran example/CHEF:

Development opportunity established for Health Care Support Workers working within a selection of care home environments to apply to undertake a BSc in nursing course via the Open University.

Summary of Initiative or Good News Story

In my new role as Care Home Education Facilitator I identified that although health care support workers working within the NHS were able to apply to the Open University BSc nursing course; health care support workers within care homes were exempt from application.

However further to discussion with representatives from the OU programme, Care Home managers and the Scottish Government, it was agreed that access to the course would be widened to include applications from care home staff.

Following interviews for the September 2015 cohort, a health care support worker from a care home in Ayrshire and Arran was successful at interview and has been offered a place on the course.

Summary of Challenges

- No response received following initial contact with the Scottish Government.
- Contacted OU Lead tutor and agreed she would forward an enquiry to the Scottish Government.
- Agreement attained from the Scottish Government for 2 places on the OU programme for care home staff.

Measureable Benefits

- Attainment of BSc in nursing through Open University programme.
- HCSW within the care home sector has the opportunity to train as a registered nurse whilst continuing to work in their care home of employment.

Future Plans

- HCSW's who were unsuccessful in their application have received interview feedback/guidance as to how to develop current skills/knowledge in preparation for re-application to the programme.
- Ongoing development and regular review of clinical need.

NHS Borders Board Example/ PEF: Effective delivery of mentor up-skills.
What was the driver for this? PEF Priorities NMC Mentor Standards
Date Implemented/Date completed Ongoing
Summary of Initiative or Good News Story The structure of mentor up-skills has been reviewed and adapted to reflect the changing needs of the placement areas, enabling greater flexibility. This has also given us the opportunity to develop relationships and support structures as a newly formed PEF team. The effectiveness of mentor updates and support structures are evidenced by evaluations from up-skills sessions and the effective management of student issues with positive outcomes. Key Performance indicators within departmental scorecard for the number of Registered Nursing & Midwifery staff active on the Mentor Register and for Triennial Review.
Summary of the challenges <ul style="list-style-type: none"> • Clinical pressure in placement areas resulting in cancellations for up-skills sessions; this has been addressed by offering bespoke sessions and continued relationship building/support with clinical areas. • Clinical Pressures on Ward managers resulting in data not being updated; greater support given re data management.
Measureable Benefits <ul style="list-style-type: none"> • Evaluations from up skills. • Verbal feedback from clinical areas. • Departmental KPI shows increase in active mentors.
Future Plans <ul style="list-style-type: none"> • Ongoing development and regular review of clinical need.
Borders Area Example/ CHEF: Ensuring Rights and Preventing Harm In Care Home Setting/Dementia Standards Adult Protection National priority for Care Homes.
What was the driver for this? Ensuring Rights and Preventing Harm In Care Home Setting/ Dementia Standards Adult Protection National priority for Care Homes
Date Implemented/Date completed 29/10/14/ Ongoing
Summary of Initiative or Good News Story In 2014 training on National Care Standards, Improved Dementia, and Adult Protection was implemented and delivered jointly by CHEF and NHS/SBC staff to Care Homes under large

scale investigation. A follow up session was then delivered with positive evaluation. All 22 Care Homes in the Borders have been offered two sessions for all non managerial staff. This was to give the opportunity for as many staff as possible to attend training. Managers were excluded to encourage open dialogue with staff, and manager sessions will be offered and implemented in the future.

This training on National Care Standards, Dementia standards/Improving practice and Adult Protection, has made staff become aware of how these all apply in practice and support quality care and prevent harm from occurring. The interactive sessions open up discussion and reflection on practice and highlight that all roles within the Care Home setting have a part to play.

Summary of the challenges

- Apprehension around why training being delivered – direct contact with manager to offer training and organise dates.
- Poor attendance - phone call prior to session to check numbers attending and remind.
- Poor venues – managers spoken with and alternatives organised.
- English not first language for number of staff – acknowledged by trainers and staff put at ease re asking for clarification and with feedback.

Measureable Benefits

- Mandatory Adult Protection /Dementia training needs delivered and recognised.
- All staff from Care Home sector will have an understanding of their roles and responsibilities, and by adhering to the National Care Standards/Dementia Standards realise how they can deliver person centred quality care and prevent harm.

Future Plans

- The training sessions are being implemented over an eighteen month period (concluding 04/2016).
- Manager Sessions to be implemented in the future.

NHS Dumfries and Galloway Board Example/ PEF: PEF-Staff Nurse Induction
What was the driver for this? Supporting professionalism and person-centeredness in practice.
Date implemented/Date completed PEF January 2014/ Ongoing embedded within corporate Induction.
Summary of Initiative or Good News Story The PEF team work in partnership with the wider Practice Education team to improve the quality of the learning environment for all staff within clinical areas. The team have developed and delivered a Staff Nurse Induction Course. This programme aims to support new staff to NHS Dumfries and Galloway and ease the transition in to the clinical areas; working with the Clinical Educators the programme includes medicine management, active patient care and a variety of clinical skills. New staff are introduced to NHS Dumfries and Galloway's values, policies and documentation. This reduces stress that staff can have when starting with the Health Board and increases awareness of professional accountability and NHS DG commitment to person centred care delivery and professionalism.
Summary of the challenges <ul style="list-style-type: none"> • Administration- this is now managed by Nursing Administration and not PEFs. • Attendance- PEFs work with SCN and Corporate Induction to manage this and ensure staff attend prior to commencing in the clinical areas. • Revising skills to make them role specific.
Measureable Benefits : <ul style="list-style-type: none"> • Competent registered workforce who have a clear understanding of organisational values and expectations with regard to professionalism. • Reduction in stress for new staff. • Re evaluation of the impact of the staff induction day one month on from attendance. • Feedback from the SNs shows this additional induction benefits them with some of the key clinical skills that are pertinent to area of work as well as an understanding of the Board's values and expectations.
Future Plans <ul style="list-style-type: none"> • Continue to develop Staff nurse induction and implement any changes with regard to feedback from the evaluations received.
Dumfries and Galloway Board Example /CHEF CHEF- Care Home Study Days/Training Sessions.
What was the driver for this? Enhancing practice learning.
Date implemented CHEF January 2014.
Summary The CHEF team have worked in partnership with the Mentors and Care Home managers within the region to support the development of training sessions and Care Home study days. Following student evaluations the team identified a need to provide mentors within the care homes with current evidence based practice to enable them to support students on placement. To support this the team used a number of strategies: Initially the team was able to negotiate free places on courses provided by both NHS and UWS

covering topics such as: venepuncture and cannulation, catheterisation training, medicine administration, verification of death and anaphylaxis.

The team also identified that we could support staff development within the homes by providing Care Home study days covering topics which staff felt were necessary to support their role.

We sent out questionnaires asking about training needs and were supported by specialist nurses within NHS Dumfries and Galloway to deliver two days over the past year covering topics from diabetes management, oxygen therapy and hands on skills sessions covering suction, intramuscular injections and subcutaneous fluids.

From these days and from recommendations made by the Care Inspectorate reports we have now also developed and delivered session in the care homes for all staff on topics covering MUST waterlow, Pressure Area Care and fluid balance.

Summary of the challenges

- Changing perceptions regarding care home placements for students and other health care professionals.
- Changing staff perceptions of the importance of creating a positive learning environment.
- Engaging some staff with education and training and its importance within CPD.

Measureable Benefits

- Care home staff expressing that they feel more confident in the delivery of care due to new skills acquisition.
- Care home staff expressing that they feel valued.

Future Plans

- Continue to develop and facilitate sessions for delivery in individual homes.
- Continue to develop and facilitate 2 Care home study days over the year.

NHS Fife Area Board Example/PEF: Newly Qualified Support Programme (NQP) Support Programme.

What is the Driver for This

In Fife a large increase in recruitment of NQPs especially in the acute division. An above average number of NQPs who although they may register with Flying Start NHS®, not completing the programme. Intelligence gathered from NQPs about lack of support at this crucial time in their career.

Date Implemented/Date completed

November 2014. As this is a pilot it will be reviewed and reported, November 2015.

Summary of Initiative or Good News Story

Introduction of a year-long rolling programme to support NQPs in their first role, Flying Start NHS® (FS) is the recurrent theme and the NQPs have protected time to engage with the FS programme and discuss queries and difficulties with Peers and PEFs enabling them to complete their portfolio within the appropriate timeline.

- x 5 three hour workshops offered in the NQP's first year in NHS Fife.
- Must attend minimum of x 4 workshops.
- Completion of Flying Start NHS® within the yearlong programme.
- Colleagues from other departments in NHS Fife are invited to meet and present to the NQPs explaining their roles and how they function within the organisation and how they could support the NQPs.
- A safe environment and adequate time within the workshops for networking with peers and exploring issues arising in practice.
- It is our aim to support and encourage NQPs to recognize their responsibilities as a registered practitioner and embed life- long learning within their practice. The pilot is in the Acute Services in the first instance with future plans to spread the programme to primary care.

Summary of the Challenges

Understanding of the initiative and full commitment from senior managers to enable and ensure NQPs are released from practice to attend the sessions.

- A series of information sessions were initiated.
- We produced a small brochure endorsed by our nurse director.
- We cascaded the information using a top down, bottom up approach.
- PEF capacity.
- NQP numbers.

Measureable Benefits

- To impact on recruitment and retention of NQPs in NHS Fife.
- To promote the values and ethos of NHS Fife as an innovative and supportive organization.
- To encourage experienced staff who are unaware of the aims, benefits or content of

Flying Start NHS® Programme to improve their mentoring and support of NQPs.
<p>Future Plans</p> <ul style="list-style-type: none"> • Repeat programme in 2015. • Embed the programme within NHS Fife. • Roll out the programme Fife Wide.
Fife Area Board Example/CHEF: Demystifying Revalidation.
<p>What was the Driver for This?</p> <p>To give registered nurses within the care homes a better understanding of the proposed requirements for NMC revalidation.</p>
<p>Date Implemented/Date completed</p> <p>March 2015/ Ongoing</p>
<p>Summary of Initiative or Good News Story</p> <p>I have developed and am delivering an education session within the care homes in Fife, on the new NMC code and the proposed requirements for NMC revalidation. This has been welcomed by all Managers and registered nurses I have spoken with, and staff express that it has eased their anxiety and dispelled some of the myths regarding revalidation.</p>
<p>Summary of Challenges</p> <ul style="list-style-type: none"> • Staff attendance, initially I intended to deliver a few larger sessions for staff from different homes to attend, but unfortunately the uptake was poor. Now I am delivering the sessions to individual homes and larger groups.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • These sessions are well evaluated so staff appreciate them. • Directly benefits individual staff, which in turn benefits the care home sector.
<p>Future Plans</p> <ul style="list-style-type: none"> • Continue to deliver the revalidation sessions. • Evaluate each session and adapt if required. • Offer support for individuals and care home sectors. • Offer support on how to evidence requirements (E-Portfolio and Effective Practitioner education sessions).

NHS Forth Valley Board Example/ PEF: NHS Board promoting Professionalism in Practice.
<p>What was the driver for this? Supporting professionalism and person centeredness in practice learning (Priority 3). Managers wished to promote person- centred care within a clinical area.</p>
<p>Date Implemented/ Date Completed October 2014/ January 2015</p>
<p>Summary of Initiative or Good News Story Series of sessions delivered to all grades of nursing staff using a Values–based practice approach to encourage reflection on current professionalism and accountability.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Releasing time for sessions – addressed by delivery of onsite training in hourly sessions. • Staff engagement – learning through facilitated scenario based discussions.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • Evaluation of individual sessions on learning achieved. Further impact evaluation to be carried out at 6 months.
<p>Future Plans</p> <ul style="list-style-type: none"> • Currently discussing with senior managers' future roll out within others areas and use of format to provide reflection/supervision sessions.
Forth Valley Board Example/ CHEF: Delivering clinical skills within the care home setting.
<p>What was the Driver for This? Delivering these clinical skills within a care home setting can prevent hospital admission; less reliance on community teams and develops staff. Project mapped to Priority 1 which is enhancing practice learning in NHS and care home settings I will also link this to Effective Practitioner (NES).</p>
<p>Date Implemented/ Date Completed Febuary 2015 (Scoping Exercise)/Ongoing</p>
<p>Summaryof Initiative or Good News Story Increasing staff development of clinical skills. Less reliance on community staff, can prevent hospital admission, therefore focusing on patient centred care within a homely environment.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • None at present, as project in early stages.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • Scoping exercise proved popular, high uptake of training. Pilot areas identified. In

process of developing a training package to deliver. Will measure/evaluate regularly.
Staff will have FV accreditation with venepuncture and catheterisation.

Future Plans

- Continue ongoing training within new areas out with the pilot areas.

NHS Golden Jubilee National Hospital Board Example /PEF: Increase of service level agreement (SLA).
What was the driver for this? Service reorganisation.
Date implemented/Date completed August 2014/April 2015.
Summary of Initiative or Good News Story Service Level Agreement was reviewed with all areas and there has been a commitment to increase the SLA from 56 to 66 which is an increase of 18% in placement opportunities.
Summary of the challenges Ensuring that any increase was equitable across the organisation addressed by: <ul style="list-style-type: none"> • Meetings with representatives from all clinical areas, Head of Nursing and Nurse Director for discussion on practical ways of increasing student nurse PLEs collaboratively. • Used a student nurse: bed formula which had been previously used when reviewing SLA and starting discussions about realistic increases. • Ensuring that there were available mentors to support any increase in the SLA. Addressed by: <ul style="list-style-type: none"> • Reviewed number of mentors when reviewing SLA. • Where there were insufficient mentors an action plan was put in place and a review date agreed. Sharing the SLA between local HEIs. Addressed by: <ul style="list-style-type: none"> • Reviewing current SLA and sharing any increase between the HEIs. • Proposed allocation was then shared with HEIs and agreement from HEIs was given.
Measureable Benefits <ul style="list-style-type: none"> • Increase in SLA by 18%.
Future Plans <ul style="list-style-type: none"> • There are plans to develop other PLEs within the organisation for example with specialist nurses. There is a plan to address this in September 2015.

NHS Grampian Board Area Example/ PEF: Return to Practice approved by NMC.
<p>What was the driver for this? Persistent recruitment issues to NHSG/lack of local RTP Programme.</p>
<p>Date initiated/Date completed October 2014/March.</p>
<p>Summary of Initiative or Good News Story The Professional and Practice Development unit were receiving frequent enquiries from former nurses whose registration had lapsed due to career breaks or similar. As there was no local course available, these skilled and experienced ex-staff, had to be referred elsewhere in Scotland with the result often being an inability to pursue re-registration for family or financial reasons. The Practice Education Lead for NHSG initiated negotiations with RGU and Scottish Government to develop a funded collaborative model of RTP. Strong partnership working between NHSG and RGU enabled development and approval of the new course by NMC within a very tight time frame.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Lack of staff time due to vacancies/staff shortages- recruitment to PPDU internal bank to release time for staff to develop the course.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • NMC approval. • Improved staffing, particularly returning experienced staff will improve care. The module will give the returning staff academic credit on which to build and potentially increase mentor capacity once these staff are re-registered, as they will be eligible to prepare as mentors.
<p>Future Plans</p> <ul style="list-style-type: none"> • The first RTP students are being recruited at present, due to commence in June.
Grampian Board Area/CHEF: Signposting.
<p>Summary of Initiative or Good News Story E-mail lists have been established and maintained by the CHEF. Signposting for Care Homes includes: Links to key information on relevant websites, e.g.: NES, NMC, RCN, Queens Nursing Institute for Scotland, Diabetes UK, MHRA, RGU, National Falls Programme, Social Care Reform, Mental Welfare Commission and the King's Fund. Training and educational opportunities e.g.: online modules from the MHRA, NES, Stirling Dementia Unit, Alzheimer Scotland.</p>

Summary of the challenges

- Keeping the lists up-to-date due to staff turnover.

Measureable Benefits

- Referral to specialist teams is appropriate and information is up to date
- There is improved equity of access to essential information to inform registered nursing staff re standards of care and consistency of information to inform registered nursing across all sectors.

Future Plans

- Continue signposting.
- To develop access further via the AT Learning platform held within NHS Grampian.

NHS Greater Glasgow and Clyde (acute) Board Example/PEF: Using NES Compassionate Connections resource as basis for 2015 mentor annual face-to-face updates.	
What was the driver for this? Person-centred care and role modelling.	
Date implemented/Date completed January 2015/ongoing.	
Summary of Initiative or Good News Story Worked closely with NES Practice Educator in order to develop an annual face-to-face update workshop using some of the compassionate connections resources. It was felt that the resources could be utilised to highlight the mentor role in demonstrating person-centred care and role modelling to their students.	
Summary of the challenges <ul style="list-style-type: none"> Fitting the resources to a mentorship framework – worked closely with PE to articulate needs/requirements. Some mentors seeing relevance to their mentorship role – addressed through facilitation skills of the PEF team. 	
Measureable Benefits <ul style="list-style-type: none"> Post-update mentor evaluations have been positive. 	
Future Plans <ul style="list-style-type: none"> More formal evaluation to see if mentor practice/perceptions have changed as a result of attending the update. Possibly developing additional scenarios using the resources. 	
NHS NHSGGC Partnerships Board Example/CHEF: Staff Development Workshops (PEF/CHEF integration).	
What was the driver for this? Practice Education National Priorities 2014/2015: Enhancing practice learning in NHS and Care Home settings. Enhancing quality of practice based pre-registration/NMC approved nursing and midwifery education. Supporting professionalism and person-centred care in practice learning.	
Date implemented/Date completed June 2014/December 2014.	
Summary of Initiative PEF/CHEF developed a series of one hour facilitated workshops open to all NHS and care Home staff to engage all members of the staff team and facilitate quality development of the practice learning environment.	
Target group	Workshop focus
Potential new mentors	Planning & preparing to become a Mentor
Flying Start NHS® mentors/ managers	Flying Start NHS®
HCSW/ non-nursing staff	Working with student nurses
Student mentors/ supervising mentors	Role of the Supervising Mentor
Sign Off Mentor	Transitioning from mentor to sign off mentor
Mentors/ managers	NMC (2008) SLAiP

Summary of the challenges encountered

Evaluation results identified challenges:

- Lack of awareness of sessions prior to attending.
- Difficulty being released from practice.
- Geographical location of the venue.

Measureable Benefits

Evaluation results identified benefits:

- Increased understanding of NMC Standards.
- Potential new mentors' commenced mentor preparation programme(s).
- Mentors working towards sign off mentor status.
- Staff identifying more proactive contribution to supporting students.
- Mentors became supervising mentors.

Future Plans

- Plan to develop workshop series for 2015/2016.
- Address identified challenges (prior information/ venue accessibility).
- Workshops will be available to NHS and Care Home staff.

<p>NHS Highland Board Example/ PEF: NMC approval of new Practice Teacher Preparation Programme in collaboration with practice partners from NHS Highland, NHS Western Isles, NHS Tayside and NHS Forth Valley.</p>
<p>What was the driver for this? Designed in response to the Scottish Government initiative to increase the number of Health Visitors in Scotland by 500 over the next 3 years.</p>
<p>Date implemented/Date completed November 2015/November 2015.</p>
<p>Summary of Initiative or Good News Story</p> <ul style="list-style-type: none"> • PEF involvement as core member of curriculum design. • Designing and developing a Portfolio of Evidence. • Participating in approval event.
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Developing a programme that spanned 4 Health Boards that was fit for purpose and addressed the needs of both the service providers and users – excellent collaborative working with practice partners ensued.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • NMC Approval. • Increased capacity of Practice teachers to support Health Visiting programme.
<p>Future Plans</p> <ul style="list-style-type: none"> • National Practice Teacher PEF/CHEF Forum set up.
<p>NHS Highland Board Example/ CHEF: Collaborative Development of a Care after Death (Last Offices) policy</p>
<p>What was the driver for this? There was a growing demand for a policy which spanned health and social care settings within Highland – one that could be utilised in any care setting and across all sectors.</p>
<p>Date implemented/Date completed January 2015/January 2015.</p>
<p>Summary of Initiative or Good News Story The CHEF and PEF team, in collaboration with NHS Highland inpatient services, community nursing services, NHS Highland and independent Care Home sectors, Chaplaincy services, mortuary services, organ donation services, medical staff and GPs', Hospice and Marie Curie staff, University of Stirling and Service Users designed a policy document which is intended to inform practice and support those responsible for caring for people after death in any care setting and across all sectors.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Designing a policy document which would take into account all of the stakeholders/ organisations different practices and local policies/guidelines.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • This collaborative policy was designed to underpin training for those involved in the pre-registration curriculum, post registration training, professional training and the training of health and social care support workers.
<p>Future Plans</p> <ul style="list-style-type: none"> • Further training/guidance on implementation.

NHS Lanarkshire Board Example/PEF: Student Nurse Engagement Forums with Chief Nurses across NHSL.
<p>What was the driver for this?</p> <p>Feedback is recognised as an extremely powerful tool in ensuring safe, effective and person-centred care. Yet in recent NHS public inquiries, various reports and recommendations have suggested that a more proactive approach could be adopted with regards to gaining feedback (Berwick, 2013; Francis, 2013; Healthcare Improvement Scotland, 2013; MacLean, 2014; Scottish Government, 2014; Willis, 2012). Historically feedback has been collated using electronic tools which are completed post clinical experience.</p>
<p>Date implemented/Date completed</p> <p>Initial Session June 2014 – Repeated Dec 2014, now core provision twice yearly/ongoing.</p>
<p>Summary of Initiative or Good News Story</p> <p>PEF Service in collaboration with Chief Nurses across NHS Lanarkshire developed an innovative approach to hear the student nurse perspective on their learning experience. Chief Nurse Student Engagement Forums were implemented across three acute hospitals. The primary purpose of this piece of work was to empower student nurses to have a voice and recognise their feedback was valuable. The forums offered an exciting and rare opportunity for students to meet face to face with Chief Nurses, giving views and opinions on their experiences within an acute hospital setting. Furthermore, this allowed the Chief Nurse to gain a better understanding of their lived experiences.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Attendance was on a voluntary basis and all stages of pre-registration nursing and midwifery students were invited. Careful planning and communication strategy supported the release of students from practice to attend.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • Provides a constructive opportunity for reflection on practice learning environments facilitating and supporting learners critical thinking. • Motivates and encourages students to have a voice and value their feedback. • Ensuring quality within practice learning environments to develop safe, effective, compassionate and person centred care.
<p>Future Plans</p> <ul style="list-style-type: none"> • Currently engaging with Health Boards across NHS Scotland to develop similar forums. • Presentation of concept at NES Regional PEF / CHEF Events. • Poster Presentation abstract accepted at NET International Conference Sept. 2015.
NHS Lanarkshire Board Example/CHEF: Network of Care home managers delivering awareness sessions to year three management student nurses around the working life in a care home.
<p>What was the driver for this?</p> <p>Severe challenges in recruiting and retention of registered staff to work in care homes. Student nurses did not view care home environment as potential workplaces.</p>
<p>Date implemented/Date completed</p> <p>Initial discussion November 2014 still to be implemented dependant on university</p>

timetable/ongoing.

Summary of Initiative or Good News Story

A network of home managers will deliver an information session to third year management student nurses from adult and mental health fields regarding the working life in the care home setting.

Summary of the challenges

- Time constraints of home managers – a team of three managers will deliver this session to share the workload.
- Access to students in HEI programme- discussion on-going with programme lead.

Measureable Benefits

- Students would view care home in a positive manner.
- Raising of care home profile.
- Increased recruitment and retention.
- Care Inspectorate grade improvement.
- Staff with background knowledge of independent sector.
- Motivated, enthusiastic and “current” staff promoting positive patient care.

Future Plans

- Currently engaging with Health Boards across NHS Scotland to develop similar forums
- Planned Mentor Engagement Chief Nurse Forums for 2015
- Presentation of concept at NES Regional PEF / CHEF Events
- Poster Presentation abstract accepted at NET International Conference Sept. 2015

<p>NHS Lothian Board Example/PEF: NHSL Preparation for Practice for new pre-registration adult students.</p>
<p>What was the driver for this? Request from practice to inform the new students about particular initiatives within NHSL.</p>
<p>Summary of Initiative NHSL had requested that student nurses were advised of key initiatives /clinical documentation currently being implemented in NHSL. As the student nurses from Edinburgh Napier may be allocated to a variety of Health Boards it was not feasible to run these sessions within the University setting. Therefore a Local NHSL Prep for Practice Day was organised and facilitated by the PEFs on the students first day of clinical practice. Topics include: Welcome to NHSL by a Nurse Director NHSL values Nursing Documentation NHSL policies Site specific Orientation to placements The day now includes PASS (peer assisted student support). Senior students are invited from ENU who discuss and share their experiences of starting clinical practice in smaller site specific groups.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Organising venue for 150 students at a time - booking well in advance lecture theatre at RIE. • Arranging speakers- communicating with appropriate service staff to arrange timetable. • Arranging site specific orientation- organised rooms at RIE for PEFs from each site to facilitate.
<p>Measurable Benefits</p> <ul style="list-style-type: none"> • The day evaluates very well by the students. • Ongoing feedback from service has been positive. • Students enter placement with fundamental knowledge of the organisations values and policies and expectations of them in practice.
<p>Future Plans</p> <ul style="list-style-type: none"> • Further evaluation at the end of placements to measure value of content in relation to practice. • Roll out to other fields of practice.
<p>NHS Lothian Board Example/CHEF: Promoting excellence in dementia care – Facilitators Training, informed and skills level.</p>
<p>What was the driver for this? Scottish Dementia Strategy 2010.</p>

Date implemented/Date completed

Launch 20th May 2014/January 2015.

Summary of Initiative or Good News Story

A dementia training partnership was developed between NHS Lothian (CHEF), City of Edinburgh Council, Scottish Care and EVOC to deliver 'Promoting Excellence (PE)' in dementia care: Informed and skilled level training events for care home staff. 'Train the trainer' methodology was used covering the content of the PE resource materials which participants were to deliver to care teams in their role as facilitator.

4 Launch sessions for managers were provided.

4 x three hour sessions of facilitators training at informed level.

5 x two day sessions of facilitators training at skilled level.

CHEF was involved in planning, development and delivery of all events/sessions.

Measureable Benefits

- Launch events-79 attended. Informed Level- 80 attended. Skilled Level- 81 attended
- Participants felt on average 40% more confident in their ability to facilitate PE training following Informed Level sessions & 52% following Skilled Level sessions. Overall satisfaction for participants was 8.81/10 for Informed and 8.88/10 for Skilled Level
- Significant increase in applications to the Dementia Ambassadors Learning Network from care home staff.

Future Plans

- Follow up of participants who completed 'pledge cards' during the events which intended to translate learning into practice.
- Plans for facilitators training to be delivered to care at home staff in the near future.

NHS Orkney Board Area Example/PEF: Enhancing the Practice Learning Environment.

What was the driver for this?

This is one of the main PEF objectives whilst also weaving through the entire Quality Standards for Practice Placements Revised 2008.

Date implemented/Date completed

14/01/2015/ongoing.

Summary of Initiative or Good News Story

New to the PEF role, a key aim was to be visible to staff in practice areas, ensuring the role of the PEF was not only understood but also fully utilised. The first large priority piece of work was to enhance the practice learning environments in the nursing and midwifery areas. This has been done through mapping the project over 2015 using a Gantt chart. The initial phase has been received positively, visiting one community nursing base in the first instance. The feelings and values towards education, learners and learning within the team were explored, expressing what makes a good learning environment, which the team chose to display in their clinical area, striving to motivate students and one another to achieve all that makes a good learning environment. Using and adapting resources from effective practitioners, the psychological and physical learning environment was assessed in the form of a questionnaire. Correlating the information from the questionnaire into graphs, the team was supported in devising goal and action plans, in identifying areas for enhancement within the team. The PEF and community nursing team meet regularly to review the action plan and progress being made.

Following a period of reflection and in conjunction with the use of the Plan, Do, Study, Act cycle, changes have been made to the delivery of this work which is now to commence in the next area. Ongoing support will be provided to areas no matter what point they are in this process.

Summary of the challenges

- Releasing staff from clinical practice – PEF flexibility with time, location. Team contributing to discussions through email and if any members of the team miss meetings they leave notes in relation to what they want to be discussed at the meeting. Feedback following meetings are emailed around team, summarising the session and listing any actions for the team and PEFs.

Measureable Benefits

- Completed questionnaires.
- Graphs measuring teams' perspective on the learning environment.
- Motivated staff who actively engage in CPD.

Future Plans

- This has initially only been implemented in one area. As per Gantt chart, mapping the project for the year, all nursing and midwifery areas will be supported in this process throughout 2015.

NHS Shetland Board Area Example/PEF: Promoting person centred communication skills.
<p>What was the driver for this?</p> <p>Both PEF and Practice Educator are trained trainers in using the compassionate connections resource and could see the benefit of the resource for undergraduate nurses to further person centred communication skills.</p>
<p>Date implemented/Date completed</p> <p>From April 2014/ongoing.</p>
<p>Summary of Initiative or Good News Story</p> <p>Sessions are run for all students using the compassionate connections resources to emphasise person centred care and communication with groups that have evidenced low engagement with health care. These result in complex facilitated discussions and exploring alternative methods and approaches of communication to improve engagement as well as person centred care. As part of mentor updates single clips are used to explain the resource to mentors and to facilitate person centred care professional discussions and how to support students to understand the complex communications that take place around person centred care i.e. explaining the mentor's decision, making and use of language and communication opportunities to the student afterwards as the communication may have seemed effortless to the students and they may not recognise the thought processes and planning that the mentor has utilised.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Maximising attendance at mentor updates for busy clinical staff addressed by delivering flexibly via VC and in workspaces with mobile equipment.
<p>Measureable Benefits</p> <ul style="list-style-type: none"> • Contribute towards person-centred agenda.
<p>Future Plans</p> <ul style="list-style-type: none"> • Continue to use the resources with students and mentors using additional new stories that have been added.

NHS State Hospital Board Example/PEF: Reflective Practice - Student Engagement
<p>What was the driver for this?</p> <p>To provide an opportunity for students to reflect upon their ongoing PLE</p>
<p>Date implemented/Date completed</p> <p>January 2015/ongoing.</p>
<p>Summary of Initiative or Good News Story</p> <p>Observation indicated student nurses received little formal supervision during their PLE in a high secure forensic environment whilst nursing staff who are employed in the organisation receive regular supervision. Working in a secure Forensic environment brings its own unique challenges and PEF's recognise student's on placement; working within nursing teams experience similar thoughts, feelings, anxieties and shared experiences as staff employed within TSH. PEF's have recently implemented a support framework for student nurses, providing regular guidance/supervision sessions. This takes place as group support/reflection which maximises engagement and peer support. During the sessions the student nurses, through guided discovery, discuss:</p> <p>The uniqueness of the PLE, Risk factors and assessments Stress Effective team work Emotional intelligence Boundary management Mental health legislation Safe practice Support mechanisms</p> <p>These sessions are facilitated by PEF's who answer questions or queries related to practice that students may not wish to ask their mentor. The project remains in its infancy, however it links with PEF national priorities 1, 2 and 3, whilst also increasing knowledge, developing therapeutic milieu and ultimately improving patient care.</p>
<p>Summary of the challenges</p> <ul style="list-style-type: none"> • Resources in particular organising times, dates, venues, etc for all students to attend. • Keeping to the planned time of 1 hour. • Students from the various HEIs are on placement at the same time thus the challenge of providing effective guided reflection which is specific to students' progress and learning objectives.
<p>Measureable Benefits</p> <p>The project aims to:</p> <ul style="list-style-type: none"> • Improve student engagement/motivation across all PLEs within the organisation. • Increase student awareness of interventions/therapies and to reduce stress levels. • Demonstrate that organisationally we value student nurses providing them with frequent support while they are on placement, ultimately aiming to create a positive learning environment and enhancing the PLE.
<p>Future Plans</p> <ul style="list-style-type: none"> • Future plans are to make this supportive framework an integrated part of the students PLE within our organisation.

NHS Tayside Board Example/PEF: Development of the Quality Learning Environment Toolkit.

What was the driver for this?

Standards to support learning and assessment in Practice (NMC 2008).
Quality Education for a Healthier Scotland- NES nursing and midwifery strategy: 2011-2014 (NES 2011).
Everyone Matters: 2020 Workforce Vision (SGD 2013).
PEF/CHEF Priorities 2014/15.

Date implemented/Date completed

August 2014/ongoing.

Summary of Initiative or Good News Story

Quality education should be “accessible, relevant and supported in practice” (NHS Education for Scotland , 2011). The PEF team’s aim was to provide mentors with a comprehensive and valuable set of tools they could use within their clinical learning environment to facilitate meeting the requirements of Annual Updating and Triennial Review as set out in the NMC Standards to support learning and assessment in practice (2008).

The project brought together a number of resources and templates for staff to use to enhance or develop the learning environment as well as individual’s knowledge and skills mapped to the NMC Domains of Mentorship. Encompassing the Scottish Government’s ethos of “the workplace as a major source of learning” the QLET can be used in the workplace, at a time to suit everyone thus lessening the time away from patient care as well as also “nurturing and developing team working and professionalism” (SGD 2013).

The team considered it important to ensure that this resource would be easily navigated for staff using the resource. The hard copy format was colour coded to ease the navigation and each practice placement area has been given a hard copy of QLET for staff use.

Summary of the challenges

- A number of options were considered for printing of this document. This was subsequently done ‘in-house’ by administrative staff.

Measureable Benefits

- This tool is an additional resource for mentors to maintain the NMCs requirement for annual updating. By using this tool at a time and place suitable for individuals, time away from direct patient care can be minimised.
- A formal evaluation of this resource will take place September 2015.

Future Plans

- Future development of QLET is anticipated by way of an available electronic version.

NHS Western Isles Board/PEF: Delivering mentor preparation programme to student mentors on remote islands.

What was the driver for this?

Increase placement capacity on other islands within NHS Western Isles.

Date implemented/Date completed

August 2014/February 2015.

Summary of Initiative or Good News Story

In order to increase the number of students who can be supported in practice it was identified that NHS Western Isles needed to increase the number of mentors in these areas. Travel costs and staffing levels meant that asking mentors to travel to the main campus for NHS Western Isles would not be possible so the PEF worked in partnership with the University of Stirling to deliver the mentor preparation programme locally for mentors.

Summary of the challenges

- Poor weather at times necessitated postponement of course delivery.

Measureable Benefits

- Increased number of completion by student mentors from other islands.
- No portfolio resubmissions.
- Student mentors interested in further learning.
- Increased number of mentors and so student capacity.
- One of the mentors already nominated for mentor of the year by University of Stirling students.

Future Plans

- Continue to deliver the mentor preparation course locally in partnership with University of Stirling.



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This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

August 2015