

Nursing Midwifery and Allied Health Professions (NMAHP) Directorate

**Practice Education Facilitator and
Care Home Education Facilitator
Collated Annual Report**

2015/2016

For activity reported between April 2015 and March 2016

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1.0 Executive summary

The education infrastructure to support the preparation of the future and continuing professional development of the existing nursing and midwifery workforce has now been in place across NHSScotland for over a decade. This report provides an overview of two of the education roles, Practice Education Facilitator (PEF) and Care Home Education Facilitators (CHEF) in terms of their workforce profile against national funding, who they support, their collaborative working and innovative practice.

The information contained in this report is provided by NHS Boards to NHS Education for Scotland (NES) as part of service level agreement (SLA) 2015/16 reporting and governance requirements, and has therefore not been subject to external validation.

Funding is provided for 100 whole time equivalent (wte) PEF posts, with 96.2 the mean wte throughout the reporting period and a wte of 92.6 at the end of March 2016. PEF turnover was 10% with a reduced number of secondments and development opportunities available.

National funding is provided for 14 wte CHEF posts, with a mean wte of 10.5 during 2015/16 and a wte of 10.4 at the end of March 2016. CHEF turnover was greater than 35%, with eight new CHEFs and five who left post.

The provision of support to identify new and develop already established practice learning environments is a core part of both roles, and it was reported that 2,909 practice learning environments were supported by PEFs and 300 by CHEFs, of which 182 were approved for pre-registration students within the care home sector.

PEFs and CHEFs contribute towards the preparation and ongoing development of nursing and midwifery mentors. During the reporting period, a total of 26,785 mentors had access to PEFs and CHEFs to meet the NMC requirements, with 977 mentors supported to complete mentor preparation programmes and 1,098 lapses from local mentor registers.

The PEF and CHEF roles are an integral part of the educational infrastructure that supports the pre and post registration nursing and midwifery workforce, and as can be seen from this report, the numbers of mentors and practice teachers PEFs and CHEFs have direct access to is significant. The national PEF network is mature and relatively stable. During the reporting period there appeared to be a reduction in the career progression, secondments and scholarly professional development opportunities available for PEFs. Care Home Education Facilitators, by direct comparison, had a significantly higher turnover rate. The increase in the number of new CHEF postholders that are building up their expertise in the practical application of the NMC standards across the care home sector, will have some impact on the provision of support to care home mentors. In terms of establishing and sustaining responsive, progressive and mature networks, is there a need to explore factors that enable effective transition from clinical practice into an education role? In addition, should the professional development needs of experienced and mature educators equally be considered? As shown in section 6, the breadth and depth of PEFs and CHEF engagement and the nature of their collaboratively working with HEIs and other agencies has been extended during 2015/16. This collaborative legacy will need to be utilised and further built upon as practice learning experiences for pre and post registration learners responds to policy directives, regulatory changes and population needs.

Themes emerging from the national report may inform the 2017/18 national PEF and CHEF priorities and include enhancing mentor preparation programme and triennial review completion. Anecdotal evidence reported by PEFs and CHEFs seems to suggest there is some appetite to align triennial review dates with revalidation.

This would support the further embedding of mentorship within local appraisal, personal development planning and continuing professional development in a meaningful and practical way for mentors and their line managers.

As in previous years, the mentor workforce to support students throughout and at the progression points on learning disability and mental health pre-registration programmes appears to be particularly fragile. This will continue to be a priority for PEFs and CHEFs in ensuring that learning disability and mental health mentors are supported to remain on the local mentor register and in developing a sufficient number of sign-off mentors across the NHS and care home sectors.

Student feedback on their practice learning experience was received only once a year by 40% of NHS Boards, who reported that this did have impact on their ability to use the feedback in a timely manner to respond to comments raised. Implementation of the Quality Management of the Practice Learning Experience (QMPLE) resource will support student feedback being made available in a timely manner, to the range of stakeholders to continually enhance the quality of practice learning for all learners.

2.0 Introduction

The 2015/2016 Practice Education Facilitator (PEF) and Care Home Education Facilitator (CHEF) collated annual report builds on the mentor, practice teacher and practice learning experience core data set that has been collaboratively established in previous years between NHS Education for Scotland, NHS Boards and Higher Education Institutions (HEIs).

In addition to providing the NHS Board and NHSScotland practice learning core data set, this report will include a summary profile of the PEF and CHEF workforce, highlight activity and progress towards the 2015/2016 National PEF/CHEF priorities and share practice and innovation from CHEFs and PEF teams across Scotland.

It is important to note that the data presented in this report is solely gained from that provided by NHS Boards to NES as part of the PEF and CHEF governance arrangements. The accuracy of this information therefore has not been validated through other sources.

3.0 Practice education infrastructure – a workforce summary

The nursing and midwifery practice education infrastructure across Scotland consists of a number of roles, namely the PEFs, which were introduced in 2004, the CHEFs in 2010, the NHS Education for Scotland (NES) regional practice education coordinators (PECs) and more recently the NES practice educators in 2011. These roles are inextricably linked through collaborative approaches, in enhancing the quality of the practice learning environment and in supporting the continuing professional development of the current and the preparation of the future nursing and midwifery workforce.

This section of the report however will focus upon the PEFs and CHEFs, in terms of NHS Board compliance with Service Level Agreements (SLAs) and the emerging trends in recruitment, retention and career progression of these two roles.

Funding for PEFs and CHEF posts is managed through a SLA between NHS Boards and NHS Education for Scotland, with CHEF posts fully funded and NHS Boards and their Higher Education Institution (HEI) partners jointly funding one third of PEF posts. Compliance with the numbers of PEFs and CHEFs in post is monitored through the six monthly tracker of whole time equivalent postholders and NES engagement in the recruitment, selection and induction of new starts.

3.1 Practice Education Facilitators (PEFs) in post

Alongside reporting the numbers of PEFs in post at the end of 2015/2016¹, this year also provided an opportunity to highlight PEF whole time equivalence (wte) throughout the year as detailed in Table 1 below.

As can be seen from table 1, the numbers of PEFs during and at the end of 2015/2016 were largely in line with the NHS Board SLA requirements. This is predominately due to the prioritisation of recruitment to vacant posts and open and transparent communication between all stakeholders to explore short term cover, longer term plans and support arrangements.

¹ 2015/16 reporting period is from 1st April 2015 to 31st March 2016

Table 1 – PEFs in post

NHS Board	PEF SLA	PEF whole time equivalent as at 31st March 2016	PEF mean whole time equivalent throughout 2015/2016 (excluding maternity leave and absence greater than 3 months)
NHS Ayrshire and Arran	7	6.8	6.2
NHS Borders	2	1.9	2
NHS Dumfries and Galloway	3	2.6	2.9
NHS Fife	6	5.7	5.9
NHS Forth Valley	4	4	3.5
NHS Grampian	9	9	8.25
NHS Greater Glasgow and Clyde	26	25	23.4
NHS Highland	6	4.4	5.4
NHS Lanarkshire	9	8.6	8.2
NHS Lothian	15	13.3	13.4
NHS Orkney	0.5	0.5	0.5
NHS Shetland	0.5	0.2	0.2
NHS Tayside	9	8	8.75
NHS Western Isles	1	1	1
The State Hospital	1	1	1
Golden Jubilee National Hospital	0.6	0.6	0.6
Total	100	92.6	96.2

The PEF infrastructure is a mature national network, however that does not mean it is static in its membership, focus of activity or strategic direction. During the 2015/2016 reporting period and from the information currently available, there were fourteen new starts, five PEFs on secondment and five PEFs who moved onto new positions in NES, HEIs, practice development and clinical practice. Secondment opportunities for PEFs included supporting revalidation, practice development and general management positions.

Assuming there were 100 postholders at the start of 2015/16 reporting period, the turnover rate² for PEFs is 10/100 or 10% (inclusive of secondments). The number of secondment opportunities out of the PEF role and PEF leavers appear to have declined in recent years, and the reasons for this are outwith the scope of this report. PEF development and career progression however might be a useful area for future exploration in terms of sustaining a mature and progressive national network of education facilitators.

3.2 Care Home Education Facilitators (CHEFs) in post

Although CHEF posts are similarly funded through an SLA, the role differs with the focus being the care home sector and there are significant challenges in maintaining the CHEF workforce as a result of the recurrent and short term nature of the funding. The CHEF in post trackers were also reviewed for wte throughout and at the end of 2015/16 as can be seen in table 2 below.

Table 2 – CHEFs in post

NHS Board	CHEF SLA	CHEF whole time equivalent as at 31 st March 2016	CHEFs in post as at 31 st March 2016	CHEF mean whole time equivalent throughout 2015/2016
NHS Ayrshire and Arran	1	1	1	1
NHS Borders	0.5	0.5	1	0.5
NHS Dumfries and Galloway	1	1	3	1
NHS Fife	1	0.9	2	0.96
NHS Forth Valley	1	0	0	0.92
NHS Grampian	1	1	1	0.3
NHS Greater Glasgow and Clyde	3	1	1	1.25
NHS Highland	1	1	3	0.6
NHS Lanarkshire	1.5	1	1	1.25
NHS Lothian	2	2	2	2
NHS Tayside	1	1	1	0.75
Total	14	10.4	16	10.5

² Turnover rate is the number of employees who left during the reporting period divided by the total number of employees at the beginning of the reporting period

There were eight new CHEFs to post during 2015/16 and five CHEFs left during the same period. Again, assuming that there were 14 postholders at the start of the 2015/16 reporting period, the turnover rate for CHEF posts is 5/14 or 35%, which is significantly higher than that of the PEFs and is an underestimation of the actual turnover due to the number of vacant posts at the start of the reporting period. One of the core functions of the CHEF role is to enhancing collaborative cross sector working, and a “*fundamental impact of the CHEF role which stemmed directly from CHEF activity was to build relationships across stakeholder groups*” (NES 2015:39). What are the implications of the high CHEF turnover for the maturity of the CHEF network; peer support for new CHEFs and sustainability of relationships within and across care homes, when this sector already has a highly mobile nursing workforce?

4.0 Practice learning capacity and capability

Providing support for and compliance with the regulatory standards for pre-registration nursing and midwifery students and post registration learners on Nursing and Midwifery Council (NMC) approved programmes are a major aspect of the nationally defined PEF³ and CHEF key role and function. Their role, in partnership with practice and academic colleagues, includes sustaining and developing the number and quality of approved practice learning environments (PLEs) and enhancing the capacity and capability of mentors and practice teachers.

This section of the report will summarise the core data set gathered in 2015/16 and indicate where data is unavailable. To be consistent with the previous section and to reflect the different practice learning contexts, data for NHS and care homes are typically presented separately within each sub section.

4.1 Learning environments

There were 2909 available learning environments across NHSScotland, of which 2869 have educational audits, mentors, partnership agreements in place and are therefore approved practice learning environments for pre and post registration students on NMC approved programmes. Data was also collected for the number of student SLAs in place, however this does not appear to be a nationally recognised term, and is therefore not reported. A national group is currently taking forward work on partnership arrangements between education institutions and practice learning providers.

Within the care home sector, there were 182 care homes that were approved as practice learning environments, with CHEFs supporting an additional 118 care homes in working towards becoming an approved PLE.

4.2 Nursing and midwifery mentors

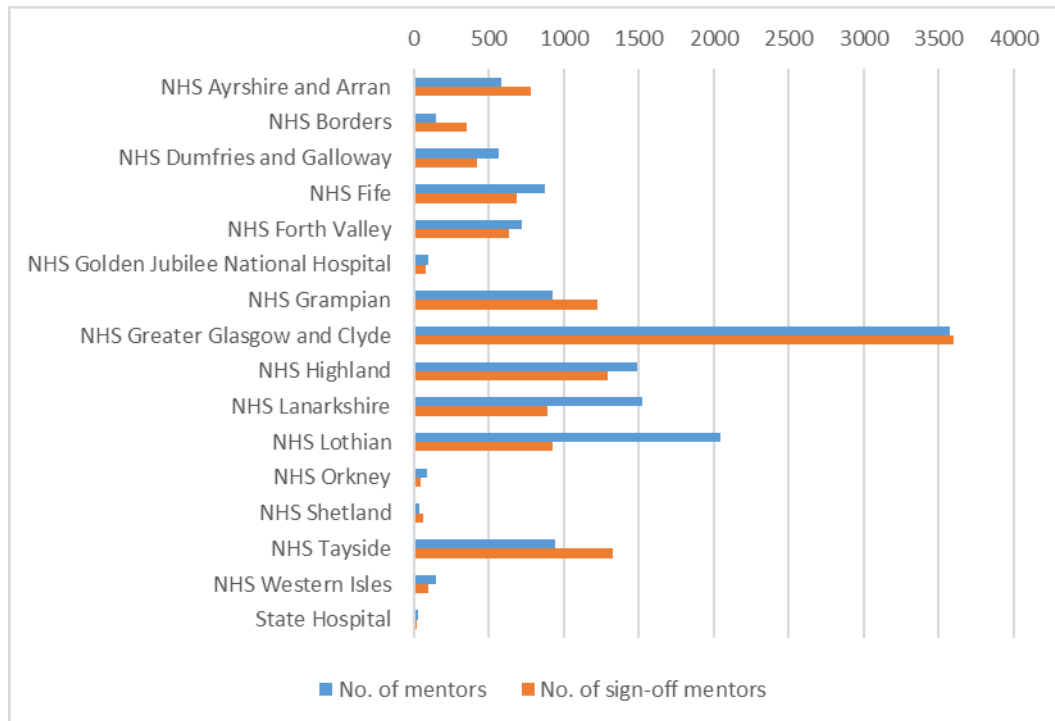
The PEF and CHEF roles contribute towards the preparation of nursing and midwifery mentors and supporting their continuing professional development and maintenance on the local mentor register through achievement of annual updating and triennial review requirements (NMC 2008).

³ The PEF role encompasses nursing and midwifery students, whereas the CHEF role focuses upon nursing.

4.2.1 Mentor numbers in the NHS

There were 26,668 nursing and midwifery mentors within the NHS during 2015/16, which represents 45% of the NHSScotland nursing and midwifery workforce⁴. Figure 1 presents the distribution of mentors across NHS Board areas at the end of the reporting period. Data was gathered separately for mentors, sign-off mentors and supervising mentors, however the numbers of supervising mentors is not included as there was inconsistent data on which to report. The reporting template has been amended to define the supervising mentor role.

Figure 1: Number of mentors in each NHS Board, by type of mentor



Figures 2 and 3 show the distribution of nursing and midwifery mentors and sign-off mentors by field of practice in each NHS Board.

⁴ Excluding community nursing workforce numbers <http://www.isdscotland.org/Health-Topics/Workforce/Publications/archived-data-tables.asp>

Figure 2: Number of nursing and midwifery mentors in each NHS Board, by field of practice (NB. Midwifery mentors are included as this data was provided, however as all midwifery mentors must be sign-off, this will be removed from data collated in future years).

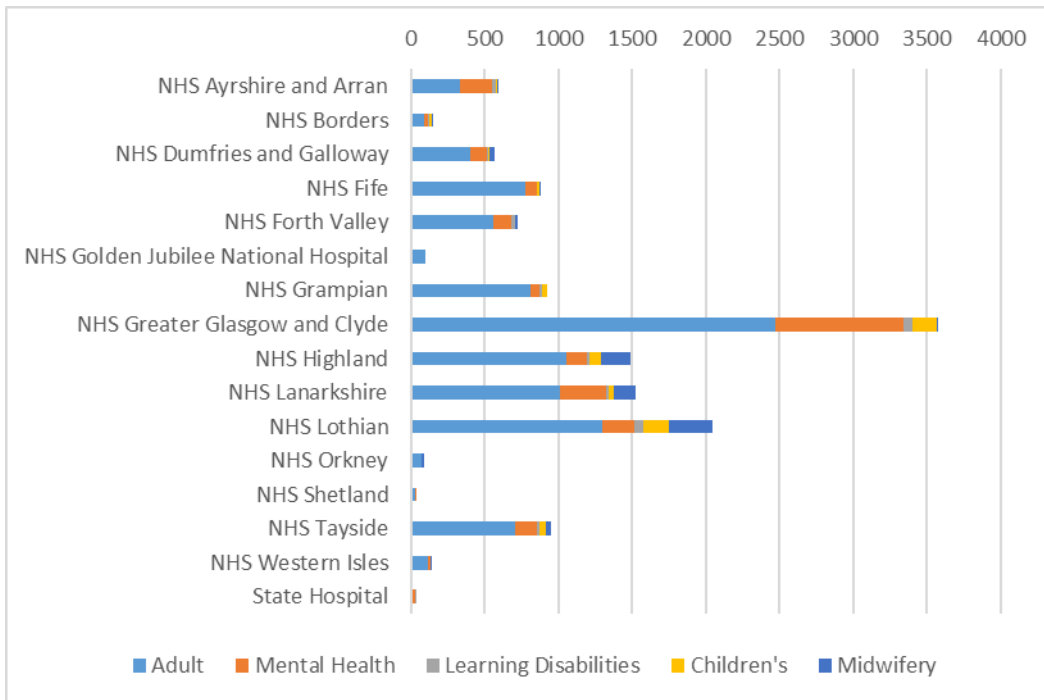
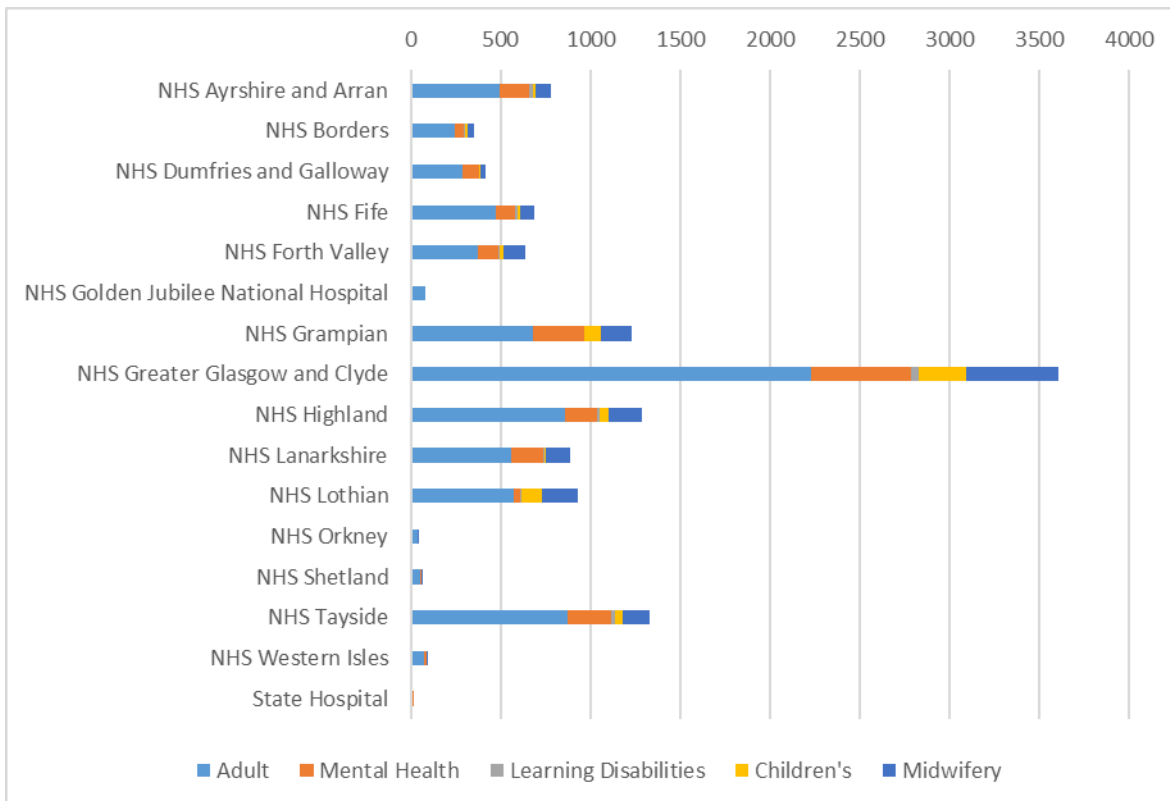


Figure 3: Number of sign-off mentors in each NHS Board, by field of practice



Within the NHS, PEFs in partnership with HEI colleagues supported 1599 nurses and midwives to commence a mentor preparation programme, with 943 (59%) reported as completing the programme requirements. The number of mentors due to participate in a triennial review to remain on the local mentor register was reported as 6058, with 3740 (62%) meeting this NMC requirement.

The number of lapses from NHS mentor registers was reported as 2147 for temporary lapses, 949 permanent lapses and 1669 mentors were reactivated to their local mentor register within the same period.

Each NHS Board indicated whether the number of mentors in each field of practice was sufficient to support the number of field students allocated. Table 3 summarises responses by field of practice.

Table 3: Mentor sufficiency by field of practice, across all NHS Boards

	Yes	No
Adult	93.33%	6.67%
Mental Health	100.00%	0.00%
Learning Disabilities	78.57%	21.43%
Children's	84.62%	15.38%
Midwifery	100.00%	0.00%
Grand Total	91.18%	8.82%

4.2.2 Mentor numbers in the Care Home Sector

There were 517 mentors in the care home sector during the reporting period. Figures 4, 5 and 6 present the distribution of mentors across care homes within an NHS Board geographical⁵ area by type of mentor and field of practice.

⁵ This data only includes NHS Board areas that have a CHEF SLA

Figure 4 : Number of care home mentors in NHS Board geographical area, by type of mentor

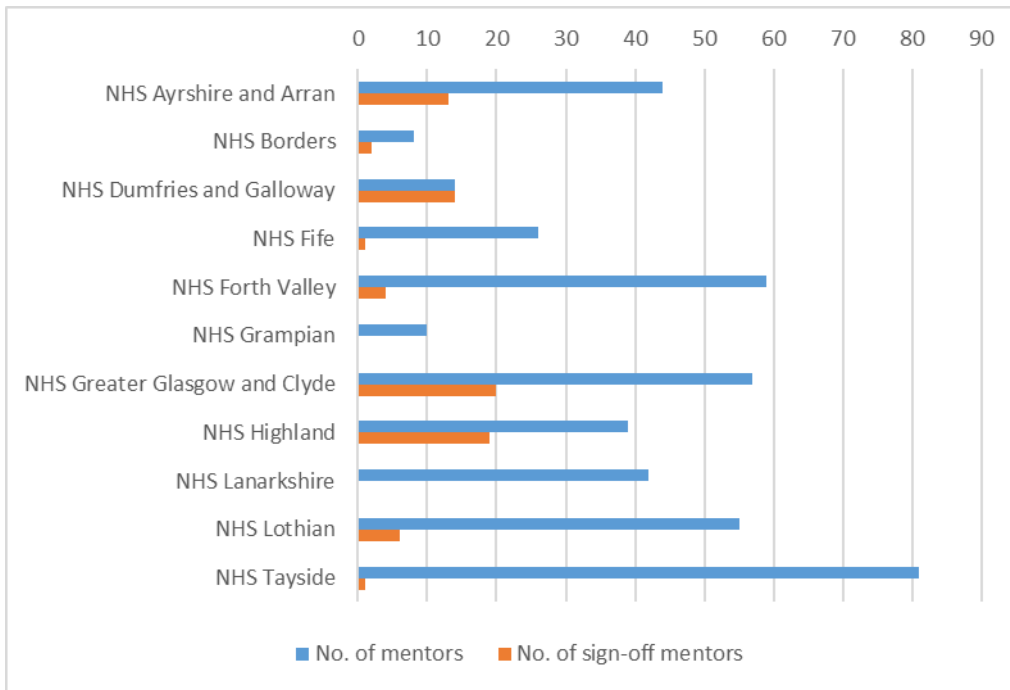
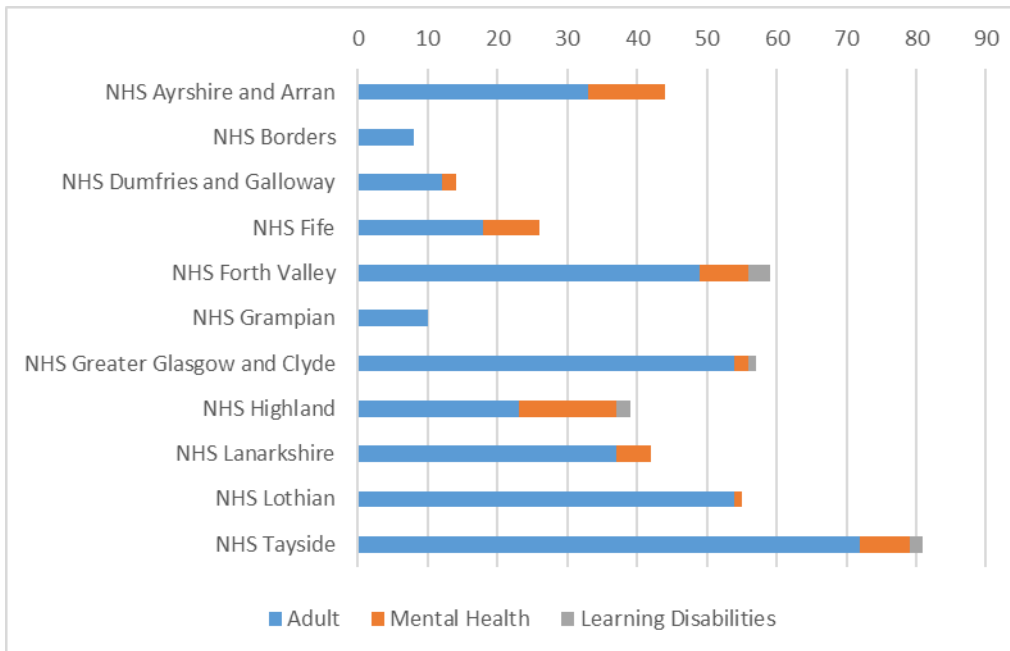
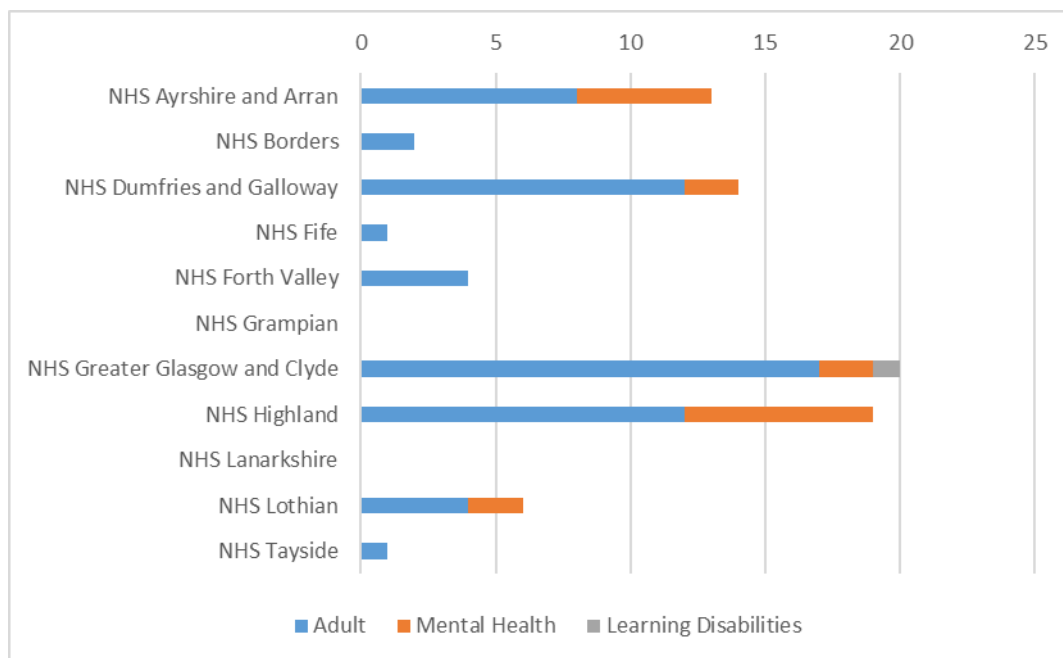


Figure 5 : Number of care home mentors in NHS Board geographical area, by field of practice⁶



⁶ Nursing mentors within care homes are from adult, learning disability and mental health fields of practice

Figure 6: Number of care home sign-off mentors in NHS Board geographical area, by field of practice



Across the care home sector and supported by CHEFs, 61 nurses commenced a mentor preparation with 34 completing programme requirements to be annotated on the local mentor register. Of the 120 mentor triennial reviews that were due, 93 were completed. The mentor workforce across the care home sector is highly transient and this is evidenced through lapses and reactivations to the mentor register; there were 149 permanent lapses, 42 temporary lapses and 23 mentors who were reactivated to the mentor register.

Table 4 summarises the CHEF responses to the question about sufficiency of care home nursing mentors for the relevant fields of practice.

Table 4: Mentor sufficiency by field of practice, across care homes within NHS Board geographical area

	Yes	No
Adult	83.33%	16.67%
Mental Health	75.00%	25.00%
Learning Disabilities	83.33%	16.67%
Grand Total	80.77%	19.23%

4.3 Mentor turnover

To provide an indication of mentor turnover and mentor workforce capacity, Table 5 compares the numbers of permanent lapses from the mentor register with the number of mentors who completed mentor preparation programmes across NHS and care homes, and calculates the difference within the reporting period. A positive difference indicates a net gain in the number of mentors.

Table 5: Mentor turnover

	Mentor workforce total	Permanent lapses	Prepared Mentors	Difference
NHS mentors	26,268	949	943	-6
Care home mentors	517	149	34	-115
Total	26,785	1,098	977	-121

4.4 Annual updating in the NHS and care homes

Increasingly PEFs and CHEFs are providing mentor updates which are accessible to mentors from NHS and care homes, therefore this data is reported together. The number of *annual updating sessions* that were delivered in NHS settings was 4186, with 164 delivered specifically to the care home sector.

The format of annual updating delivery is consistent with the NMC requirements, in that the majority were provided face to face (53% NHS, 82% care homes and 75% other) with this format supplemented by blended approaches and e-learning materials. It is important to note that this data only includes annual updating sessions facilitated by PEFs and CHEFs, mentors may annually update through other means, such as discussions with other mentors.

The content of PEF and CHEF provided annual updates for 2015/16 predominately included: assessment and grading in practice; revalidation and the NMC Code; changes to local programmes and curricula; the Scottish Ongoing Record of Achievement (SOAR); cause for concerns and support for underachieving students. Other less frequent topics included triennial reviews, action plan processes, the practice learning environment, professionalism and role modelling, mentor accountability, feedback, nursing and midwifery ePortfolio, reasonable adjustments, and the NMC mentor standards.

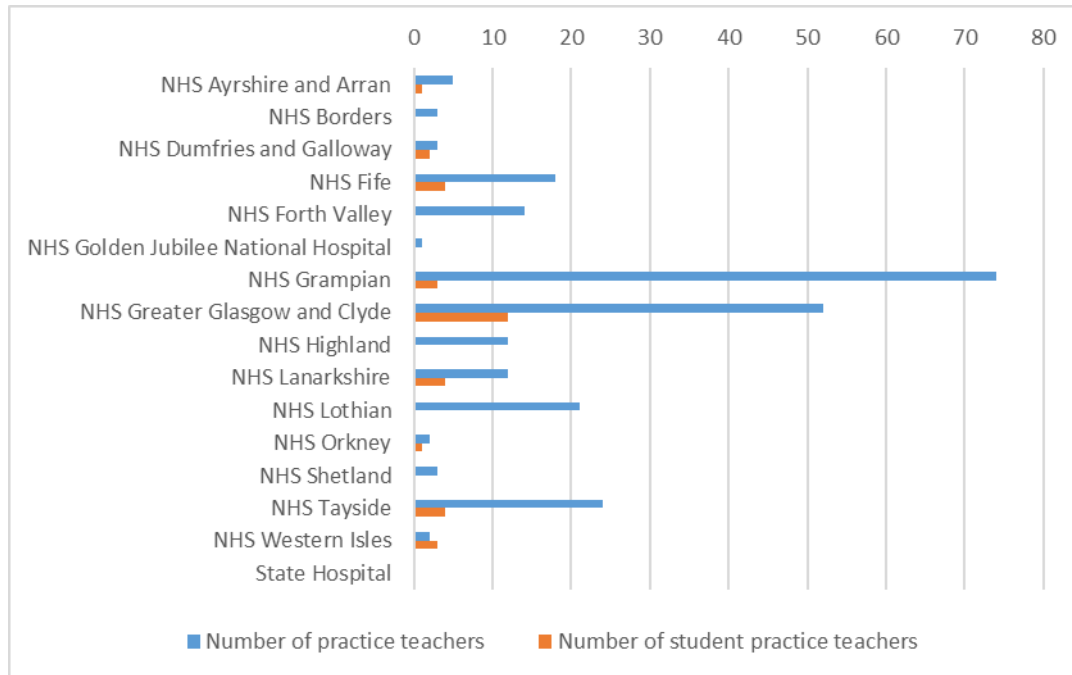
It is acknowledged that mentors do not need to attend a PEF or CHEF annual updating to meet the NMC requirements. New ways that mentors engage in annual updating activities may include:

• Mandatory updating as part of CPD
• Conference attendance
• Formal workshops
• Mentor bulletins
• Supervising mentor preparation sessions
• Attendance at link mentor/lead mentor meetings and forums
• Mentor involvement in curriculum development
• Involvement in recruitment and selection interviews
• Representation on student fitness to practice panel

4.5 Practice Teachers

As a result of the increase in the number of Health Visitors (HV) being prepared from 2014 and refocusing of the HV role, PEFs have been supporting this agenda through providing support for practice teacher preparation, their ongoing development and achievement of the NMC requirements (NMC 2008). There were a total of 246 practice teachers across NHSScotland, with 34 nurse or midwives undertaking a practice teacher preparation programme during 2015/16.

Figure 7: Number of student practice teachers⁷ and practice teachers by NHS Board



As can be seen from figure 7, in comparison to mentors there are considerable lower numbers of practice teachers across NHSScotland. During 2015/16 there were only three temporary lapses from the practice teacher register, six permanent lapses and five reactivations. Most boards reported no lapses or reactivations.

4.6 Student Feedback

Students' feeding back on their practice learning experience is part of programme (NMC 2009 and 2010) and NMC quality assurance requirements (NMC 2015). PEFs and CHEFs are involved in encouraging students to feedback and in partnership with HEIs, facilitating this feedback to the practice learning area. 94% of Board responses indicated that they received student feedback from HEIs, and the format was either paper (40%), electronic (27%) or both (33%). Feedback was reported at either individual level only (40%), aggregated (27%), or

⁷ Student practice teacher is a specialist public health nurse on part 2 of the NMC register who is undertaking an NMC approved practice teacher preparation programme

both (33%). 13% of responses indicated that they received this feedback after every student practice learning experience, 40% every four months, 7% every six months, and 40% annually or less often.

In response to the question “Does the timing of the feedback enable you to make timely responses to any issues?”, 13% of Boards responded “Always”, 40% responded “Usually”, 7% “About half the time”, and 40% “Seldom”.

In terms of how the feedback is used, the most common response was that feedback is reviewed and action planning undertaken where necessary to address issue, often in partnership.

Feedback is also often reported back to Senior Charge Nurses/ Team Leaders, and mentors, either in team meetings or as part of update sessions. One board sends collated reports based on student feedback to the Nurse Director twice annually. Feedback is also used in some boards as part of the Revalidation process.

4.7 Cause for concern

Almost all boards were able to report numbers of causes for concerns⁸ raised during the reporting period, and identify themes emerging from their records of these. In total there were 355 cause for concerns raised about students during an NHS practice learning experiences and 21 for students within the care home sector.

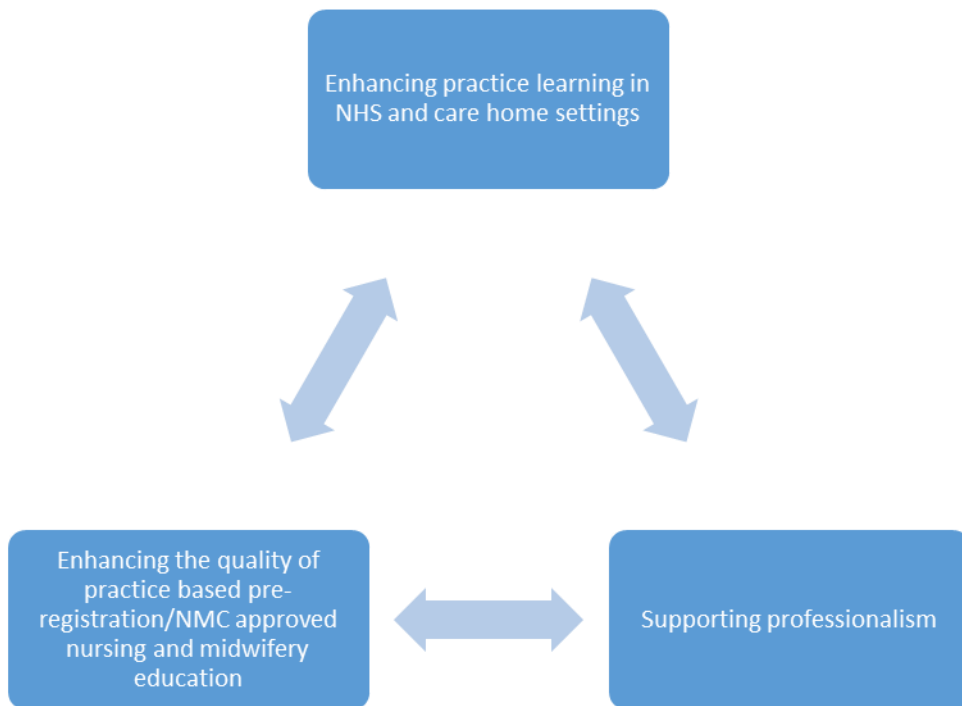
Based on a simple count of frequency, the most commonly reported themes related to professionalism, attendance, and communication and interpersonal issues. Various other themes could be grouped together under a heading of “competency”, implying for example a lack of knowledge or an inability to put theoretical knowledge into practice, inadequate clinical skills, failure to achieve competencies/learning outcomes, inability to recognise one’s own limitations, and overall confidence. Less common themes included a failure to prepare adequately, health issues impacting on practice, and non-adherence to local policies such as uniform, mobile phone and social media use.

⁸ In this context, this refers to a cause for concern from a mentor about a student

5.0 PEF and CHEF support for national drivers

Alongside the core PEF and CHEF role and function, national priorities are developed and agreed by NES, NHS Board and HEI practice education leads to enable a flexible and cohesive response to regulatory and policy drivers. For the 2015/16 reporting period, the national priorities are summarised below.

Figure 8: National PEF/CHEF priorities for 2015/16



This section will report on the PEF and CHEF contribution towards the national priorities and innovation in the key aspects of their role in tables 11 and 12 respectively. The information provided from NHS Boards will be presented using an adapted NHS career framework for health (Scottish Government 2009), with further detail regarding innovative practice taken forward by NHS Boards provided in Appendix 1.

5.1 PEF contribution towards national priorities

PEF activity remained predominately focused on practitioners and those in practice education support roles, such as mentors and practice teachers. There was some engagement with senior nurses and midwives at level 7 and above of the career framework on raising awareness of and supporting the introduction of NMC revalidation.

As shown in table 6 there was an increased emphasis on supporting the introduced of the Scottish OAR as more HEI NMC approved programmes are approved to utilise this national assessment document. Newly Qualified Practitioners (NQPs) and induction programmes incorporating Flying Start NHS®, and as is to be expected, mentors also regularly featured in responses. A number of PEF teams also reported involvement in HealthCare Support Worker (HCSW) clinical development and support, and the implications of this for enhancing the practice learning environment for all learners and longer term capacity of PEFs will need wider consideration.

Table 6: PEF support for implementation of national priorities

Career framework for health level (where relevant) and/or role	Summary of PEF contribution
Pre-registration nursing and midwifery students	<p>Practice learning experience induction with a focus upon the stage of the programme and learning outcomes, i.e. employability in year 3 (NHS Ayrshire and Arran)</p> <p>Induction, hub and spoke (NHS Grampian)</p> <p>Staff net pages for mentors (Golden Jubilee National Hospital)</p> <p>Learn pro modules for raising and escalating concerns (NHS Greater Glasgow and Clyde, Golden Jubilee National Hospital) and Cause for Concern (NHS Fife)</p> <p>Introduction of the electronic Ongoing Achievement Record (eOAR) (NHS Grampian)</p> <p>Implementing Quality Management of the Practice Learning Environment (QMPLE) (NHS Greater Glasgow and Clyde, Golden Jubilee National Hospital)</p> <p>Scottish OAR and electronic OAR</p> <p>Supporting mentors to identify and implement reasonable adjustments for students, which include role modelling inclusive education and support, reducing delays in student disclosure, raising awareness of and understanding in the policy and process.</p>
Newly qualified practitioners (NQPs) (Level 5)	<p>Supporting embedding Flying Start NHS® and programme completion and recognition</p> <p>Staff nurse induction</p> <p>Board wide NMAHP programme for NQPs delivered 8 times throughout the year (NHS Fife)</p> <p>New to community staff nurse programme for Health Visitors/District Nurses (NHS Lothian)</p> <p>NQN/midwife programme including Flying Start NHS®, reflective learning and small change project (NHS Lothian)</p> <p>Coordinated recruitment and monitoring for the one-year job guarantee internship scheme (The State Hospital)</p> <p>Newly qualified practitioner programme and initiation of clinical supervision sessions for newly qualified practitioners (NHS Borders)</p>
Nursing and midwifery practitioners, senior practitioners and advanced practitioners (Levels 5, 6 and 7)	<p><u>Mentor preparation and development</u></p> <p>Support mentor contribution to NES mentor bulletin</p> <p>Interactive teaching resource incorporated into mentor preparation programme to support mentors develop teaching skills (NHS Fife)</p> <p>Compassionate Connections used to promote person-centred care & professionalism with mentors (NHS Greater Glasgow and Clyde)</p> <p>Ownership of annual updating and triennial review (NHS Highland)</p> <p>Local Lead Mentor Forum (NHS Orkney)</p> <p>Mentor compliance project – new process for collecting and scrutinising compliance that students are allocated an up to date mentor (NHS</p>

	<p>Lothian) Nursing and midwifery ePortfolio for mentors (The State Hospital) Supporting access to the mentor centre (NHS Borders)</p> <p><u>Post registration students/programmes</u> Return to practice (NHS Forth Valley and NHS Fife) Health Visitor programme and support for Practice Teachers (NHS Grampian)</p> <p><u>NMC Revalidation</u> NES Nursing and Midwifery ePortfolio Effective practitioner Support for the Scottish pilot and staff's understanding and appreciation of the revalidation process, through the provision of familiarisation, confirmer and portfolio building with reflection sessions (NHS Tayside) Revalidation Learn pro module (NHS Fife) Preceptorship model using an action learning set approach (NHS Forth Valley) Band 6 development programme (NHS Highland) Values Based Reflective Practice (NHS Lanarkshire) Revalidation and ePortfolio DVD resources (NHS Ayrshire and Arran)</p> <p><u>Clinically focused professional development</u> Dementia & learning disability champions (NHS Dumfries and Galloway) Person-centred care planning (NHS Highland) Tissue Viability (NHS Orkney) Provided tutorial and mentor support for staff undertaking the New to Forensic programme (The State Hospital)</p>
Other	<p>Supporting delivery of Workforce Planning Toolkit and acting as mentor for workbased learning module (NHS Forth Valley) Facilitating second year medical student placements throughout acute areas (NHS Lothian)</p>

5.2 CHEF contribution towards national priorities

CHEFs activity during 2015/16 similarly focused upon mentorship and revalidation across their local care homes. CHEFs also supported the facilitation of the regional events hosted by NES, attended by over 100 care home colleagues. These provided an opportunity to re-engage with the sector on a wider scale. In accordance with their core role, CHEFs have contributed towards educational support for care home clinical priorities as summarised in table 7.

Table 7: CHEF support for implementation of national priorities

Career framework for health level (where relevant) and/or role	Summary of CHEF contribution
Pre-registration students	<p>Practice learning experience induction with a focus upon the stage of the programme and learning outcomes, i.e. employability in year 3 (NHS Ayrshire & Arran)</p> <p>Scottish OAR</p> <p>Scoping the use of hub and spoke placements within residential care homes (NHS Lothian)</p> <p>Supporting mentors to identify and implement reasonable adjustments for students</p>
Newly qualified practitioners (Level 5)	<p>Flying Start NHS®</p> <p>Delivery, evaluation and review of NQN programme which includes reflective learning, Flying Start NHS® and small change projects (NHS Lothian)</p>
Nursing practitioners, senior practitioners and care home managers (Levels 5, 6 and 7)	<p>Mentorship</p> <p>Mentor preparation programme delivery</p> <p>Ownership of annual updating and triennial review (NHS Highland)</p> <p>Long-arm mentoring (NHS Lanarkshire)</p> <p>Enhanced dementia test of change for mentors (NHS Lothian)</p> <p>Revalidation</p> <p>NES revalidation regional events</p> <p>NES Nursing and Midwifery ePortfolio</p> <p>Effective practitioner</p> <p>Knowledge network</p> <p>Values based person centred care workshop (NHS Fife)</p> <p>Clinically focused</p> <p>Promoting Excellence Framework (Scottish Government 2011)</p> <p>Dementia strategy/Delirium awareness training (NHS Ayrshire & Arran)</p> <p>Insulin awareness training (NHS Ayrshire & Arran)</p> <p>Hydration learning needs analysis through the creation of a visual poster (NHS Ayrshire & Arran)</p> <p>Verification of expected death e-learning module (NHS Fife)</p> <p>Dementia simulation project (Forth Valley in partnership with NHS Fife)</p> <p>Post registration venepuncture education (NHS Fife)</p> <p>Promoting Excellence informed and skilled level joint working with local authority and Scottish Social Services Council (SSSC) (NHS Lothian)</p> <p>Promoting excellence framework (NHS Dumfries and Galloway)</p> <p>Project to increase access to clinical skills training for care home staff (NHS Grampian)</p> <p>Partnership working</p> <p>West Lothian Care Home Forum (NHS Lothian)</p> <p>Delivery of integrated communication training to care staff working in the NHS, social work and the independent sector in Fife.</p>

6.0 Collaborative working

An ability to work across organisational boundaries and enhance partnership working with a range of stakeholders is an integral part of the PEF and CHEF role. This section will outline collaborative working with Higher Education Institutions and other agencies across health, education and care.

6.1 Higher Education Institutions (HEIs)

As anticipated, PEFs and CHEFs regularly engage with their local partner HEI in terms of pre-registration adult nursing programmes and increasingly with other Scottish HEIs depending upon the model of delivery across Scotland, i.e. regional pre-registration programme providers for midwifery and two providers for the national framework for pre-registration learning disability nursing field programmes (NES 2013).

The nature of PEF and CHEF engagement with HEIs includes, but is not limited to, the following areas: -

- Working alongside academic colleagues in undertaking educational audits of new and re-audit of existing practice learning environments, the majority of which incorporate the quality standards for practice placements (QSPP) (NES 2008)
- Participation in the recruitment and selection of pre and post registration students
- Facilitating student preparation for practice sessions, and CHEFs acting as advocates of the care home sector through this intervention
- Development and delivery of induction programmes for post registration NMC approved programmes, including health visiting
- Supporting mentors to prepare for and acting as panel members for Fitness to practice processes
- Supporting Observed Structured Clinical Examinations, including assessment panels
- Membership of and participation in working groups and programme boards regarding curriculum development for programmes that lead to a recordable qualification and other NMC approved programmes, for example mentorship and practice teacher modules, pre-registration programme development, specific clinical modules, such as mental health
- Contribution towards the planning, delivery, assessment and evaluation of mentor preparation programmes, including those provided at a distance from the main campus and mobile delivery methods
- Support for the preparation for and involvement in NMC approval and monitoring events, including pre-registration, return to practice, practice teacher and health visiting programmes
- Engagement with the interprofessional education of nursing, allied health professional and medical students
- Contributing towards pre and post registration programme delivery through guest or associate lecturer status
- Supporting the implementation of the Scottish Ongoing Achievement Record (OAR).

6.2 Schools and Scotland's Colleges

As highlighted in section 4, PEFs in particular support learners across the career framework, and their role involves marketing of nursing and midwifery as a career with school children, providing "taster" opportunities and contributing towards widening the access into pre-registration programmes through the Higher National Certificate route.

Examples provided from NHS Board annual reports include involvement with Dumfries and Galloway College regarding reablement training within care homes; education and awareness sessions and the development of a DVD of career opportunities utilised within Ayrshire and Arran schools; bi-annual “introduction to nursing and midwifery” events in Fife; senior pupil career events in Grampian and pastoral and recruitment advice to school age children in Borders.

6.3 Other areas of NHSScotland and other agencies

Increasingly PEFs and CHEFs are at the forefront of the integration agenda and working collaboratively with health and social care partnerships. A few examples of PEF and CHEFs working within the wider NHS in Scotland and other agencies are detailed below:

- Engaging with Forth Valley’s patient and public panel as part of the curriculum development for the University of Stirling’s pre-registration nursing programme
- Working with the Scottish Ambulance Service to facilitate paramedic placement opportunities within Lanarkshire
- Working with third sector organisations in the Western Isles to scope practice learning opportunities for nursing and midwifery students
- Launch of My Home Life⁹ in Dumfries and Galloway with the University of the West of Scotland, care home managers, NHS and social care.

7.0 Scholarly activity

PEFs and CHEFs contribute towards the emerging evidence base for practice learning through involvement in research projects and evaluations, writing for publication and conference posters and presentations amongst others. This section will highlight the reported PEF and CHEF scholarly activity at a local, national and international level.

7.1 Peer review publications and conference presentations

PEFs from NHS Greater Glasgow and Clyde co-authored the following paper with an academic colleague from Glasgow Caledonian University: McCallum J, Lamont D and Kerr E-L (2016) First year undergraduate nursing students and nursing mentors: An evaluation of their experience of specialist areas as their hub practice learning environment. *Nurse Education in Practice*. 16, 182-187.

A number of PEFs presented papers and poster at the 2015 Networking for education in healthcare (NET) Conference:

Presentations

- Pam Kelly, PEF, NHS Grampian - Practice learning resources in a rural community
- Angela Tait, Lead PEF, NHS Lanarkshire – Partnership collaborative approach to supporting learners accessing quality practice placement experiences, developing a Practice Learning Experience Student Allocation Model.

Posters

⁹ My Home Life is a UK-wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people through relationship-centred and evidence based practice <http://myhomelife.uws.ac.uk/scotland/>

- Angela King and Ailsa Elliott, PEFs, NHS Lanarkshire – Chief nurse’s empower student nurses to have a voice – Highly commended
- Pam Kelly, Eileen Routledge, Lesley Alexander and Neil Hendry, PEFs, NHS Grampian – Review of orientation day as the introduction to a community practice learning experience.
- Lesley Alexander and Pam Kelly, PEFs, NHS Grampian – Partnership working: Widening access to pre-registration education for health care support workers in care home settings.

7.2 Mentor bulletin

PEFs and CHEFs are a key driving force for the mentor bulletin, in terms of chairing and membership of the editorial group, submission of articles for publication and supporting colleagues to draft abstracts and submit articles. Increasingly PEFs and CHEFs are developing their own local mentor bulletins as a mechanism for communicating, raising awareness of local initiatives and providing a focus for mentor lead annual updating activities.

7.3 Local research projects

NHS Lothian PEFs contributed towards the “Focus on feedback” action research project with Edinburgh Napier University exploring the importance of feedback in practice.

In partnership with their HEI, The State Hospital assisted student research projects on health improvement, with findings presented to infection control team and recommendations implemented hospital wide.

Two PEFs from NHS Fife in partnership with Abertay University, completed a research project including a pilot to introduce electronic assessment for student nurses and mentors in mental health, which is informing further roll out during 2016/17.

8.0 Summary and conclusions

The PEF and CHEF roles are an integral part of the educational infrastructure that supports the pre and post registration nursing and midwifery workforce, and as can be seen from this report, the numbers of mentors and practice teachers PEFs and CHEFs have direct access to is significant. The national PEF network is mature and relatively stable. During the reporting period there appeared to be a reduction in the career progression, secondments and scholarly professional development opportunities available for PEFs. Care Home Education Facilitators, by direct comparison, had a significantly higher turnover rate. The increase in the number of new CHEF postholders that are building up their expertise in the practical application of the NMC standards across the care home sector, will have some impact on the provision of support to care home mentors. In terms of establishing and sustaining responsive, progressive and mature networks, is there a need to explore factors that enable effective transition from clinical practice into an education role?

In addition, should the professional development needs of experienced and mature educators equally be considered? As shown in section 6, the breadth and depth of PEFs and CHEF engagement and the nature of their collaboratively working with HEIs and other agencies has been extended during 2015/16. This collaborative legacy will need to be utilised and further built upon as practice learning experiences for pre and post registration learners responds to policy directives, regulatory changes and population needs.

Themes emerging from the national report may inform the 2017/18 national PEF and CHEF priorities and include enhancing mentor preparation programme and triennial review completion. Anecdotal evidence reported by PEFs and CHEFs seems to suggest there is some appetite to align triennial review dates with revalidation. This would support the further embedding of mentorship within local appraisal, personal development planning and continuing professional development in a meaningful and practical way for mentors and their line managers.

As in previous years, the mentor workforce to support students throughout and at the progression points on learning disability and mental health pre-registration programmes appears to be particularly fragile. This will continue to be a priority for PEFs and CHEFs in ensuring that learning disability and mental health mentors are supported to remain on the local mentor register and in developing a sufficient number of sign-off mentors across the NHS and care home sectors.

Student feedback on their practice learning experience was received only once a year by 40% of NHS Boards, who reported that this did have impact on their ability to use the feedback in a timely manner to respond to comments raised. Implementation of the Quality Management of the Practice Learning Experience (QMPL) resource will support student feedback being made available in a timely manner, to the range of stakeholders to continually enhance the quality of practice learning for all learners.

9.0 References

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10.0 Appendices

Appendix 1 – PEF Innovative practice

NHS Ayrshire and Arran	
Title of initiative	Ayrshire Achieves
What was the driver for this?	Practice from community teams
Date implemented	2013=2015
Date completed	May 2015
Summary of initiative or good news story	Mentors delivered a welcome seminar day to new students within Early Years team covering all aspects of Early years remits and provided a wide range of learning opportunities Early years' teams entered in to Ayrshire Achieves under educational support section and were awarded first prize.
Summary of the challenges encountered and how addressed	Co coordinating speakers.
Measureable Benefits	Measurable improvement in second year students understanding of child protection issues and range of children and maternity services in Ayrshire
Future plans	Plans to reintroduce similar seminar days for students with in each locality

NHS Borders	
Title of initiative	TrakCare Access
What was the driver for this?	To enhance student learning experience, we have facilitated access to Trak for final year consolidation placement Nursing and Midwifery students
Date implemented	May 2016
Date completed	ongoing
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Ensuring that NHSB governance framework was clear and outlined all roles and responsibilities • Developing a Standard Operating procedure that clearly outlined TrakCare access • Developing Mentor and Student agreements to ensure that they were clear of their roles and responsibilities • Collaborative working with IM&T
Measureable Benefits	<ul style="list-style-type: none"> • Nursing and Midwifery students are required to gain understanding of the management of patient identifiable data in a clinical context appropriate to a newly qualified nurse/midwife • They are expected to have basic supervised Patient Management responsibilities. Basic Trak access will be required by all students and includes the following

	<p>modules: General Enquiries Admissions, Discharges and Transfers.</p> <ul style="list-style-type: none"> • Allowing students to follow through direct patient care, enabling them to deliver person centered quality care promoting patient safety.
Future plans	<ul style="list-style-type: none"> • Review and development will be ongoing as Trak is implemented in other areas within the board. • Access to additional modules will be reviewed after first round of student's complete placement

NHS Dumfries & Galloway	
Title of initiative	Mentor Champions
What was the driver for this?	Improving Quality of learning environment
Date implemented	Throughout 2015
Date completed	Ongoing
Summary of initiative or good news story	It was identified to allow the PEF team to develop and take on new projects, we needed to find ways of devolving some of the work which is embedded in practice eg identifying new mentors, mentor updates and reminding mentors of their NMC obligations of meeting the NMC standards of supporting learning and assessment in practice. Following consultation with the Senior Charge Nurses, the project of introducing Mentor Champions into each of the acute in-patient clinical areas began.
Summary of the challenges encountered and how addressed	Releasing staff from clinical areas was seen as a potential challenge so it was decided to have 5 masterclasses consisting of 10 hours only out of practice over the year
Measureable Benefits	Mentor champions were provided with master classes after they identified to fulfil their role, they would need role development. These would provide the mentors with the tools required to make an impact on mentors and their learning environments. These master classes consisted of student documentation, mentorship course, mentorship retrieval and Flying Start.
Future plans	The evaluation from the year showed the mentor champions felt that continuing these sessions helped them fulfil their roles. This role is now being extended to include other areas and promotion has begun for community and mental health staff to attend the next planned master classes.

NHS Fife	
Title of initiative	Supporting people with a learning disability and dementia
What was the driver for this?	Following a successful NES funded project the previous year, two nurses with a particular interest in dementia wanted to advance their learning and the opportunity to have a further funded project arose. In this ward there has been an increase in admission of patients in this specific group and it was recognised that these patients had specific needs regarding the environment and staff wanted to explore this further
Date implemented	1st October 2015
Date completed	Ongoing - Completion due 31 st May 2016
Summary of initiative or good news story	Following the previous NES funded project on a Ward for learning disabilities patients which focussed on accountability; further funding was secured by one of the PEF team to support a smaller project in the same clinical area. This PEF led project is to support practitioners to produce a resource for the ward about patients with a learning disability and dementia and the importance of the environment. Three nurses have completed activities from Effective Practitioner, spent time at Alzheimer Scotland and a specialist care home facility and plan to visit a simulated ward in Stirling University. From the information gathered, a resource will be produced for ward staff explaining aspects of the environment and the measures required to improve the stay of this specific client group.
Summary of the challenges encountered and how addressed	<p>Release of staff has been problematic but countered by:</p> <ul style="list-style-type: none"> • Communication at every stage • Explained benefits for the organisation • Detailed planning <p>The PEF has been the main driver in motivating and organising staff engagement but with good results</p>
Measureable Benefits	<ul style="list-style-type: none"> • Production of a resource for staff to use which will directly influence patient care in a positive way • The environmental audit will be repeated • The resource will be shared throughout the Learning Disability service • Collaborated with non-NHS staff

	<ul style="list-style-type: none"> • Staff development through project involvement
Future plans	The resource will be shared with other areas

NHS Forth Valley	
Title of initiative	PEF involvement with Multiple Mini Interviews for Undergraduate Recruitment
What was the driver for this?	Values Based Recruitment
Date implemented	13th April 2015
Date completed	Ongoing at the moment
5. Summary of initiative or good news story	In April 2015 a short life working group was organised to look at the format of Undergraduate nursing recruitment within the University of Stirling. In consideration of Values Based Recruitment it was decided that Multiple Mini Interviews would be the best approach to allow the individual student to demonstrate their values. PEFS in collaboration with academic staff, clinical staff and service users developed scenarios which were piloted with a sample of current Undergraduate nursing students. It was fully implemented for Jan 2016 and seen successfully over 600 students completing the process.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Access to clinical staff and service users for meetings – this was addressed through regular email contact and good communication between all group members. • Ethical Approval to ensure that scenarios were appropriate – after several amendments it was accepted.
Measureable Benefits	At present the process has still to be formally evaluated however informally feedback has suggested positive recognition of this process.
Future plans	<ul style="list-style-type: none"> • NHS Forth Valley is currently looking to implement a similar recruitment process for staff. • Formal debrief sessions and evaluation dates are being planned

Golden Jubilee National Hospital	
Title of initiative	To increase engagement with the flying Start programme within the board, through making the programme mandatory for Newly Qualified Staff
What was the driver for this?	Large number of staff commencing the programme but not completing it.
Date implemented	August 2015
Date completed	ongoing - as staff who join GJNH require to complete the

	programme.
Summary of initiative or good news story	Following the decision to make Flying Start mandatory within the board there has been an increase engagement with the programme. Staff are attending the master classes to increase awareness of the programme and what their role is to support NQPs.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Process to making it mandatory – It was a long process but once it was complete it provided reassurance that it could be supported within the board. • Sharing message to ensure relevant people were aware of the changes - disseminated the message through meetings to Nurse Manager group, Senior Charge Nurse, Clinical Educators. All staff who were on the Flying Start programme were emailed to inform them of the change and given guidance if they were now to complete programme as a mandatory requirement. • Awareness raising with senior charge nurses – flying Start masterclasses were recommenced providing an overview of the programme highlighting their role to support the NQP, the sessions gave staff an opportunity to discuss how they can support this within their own area. • Ensuring staff who joined the organisation were aware of the need to complete flying start - all staff attend induction on commencement of post, staff are then identified if they require to complete Flying Start and attendance at a support session to get them orientated to the programme can be arranged with PEF and clinical area.
Measureable Benefits	At present there are no measurable benefits as still early on in the process, we would expect to see improvement with our completion figures after the summer 2016. Staff engagement has increased, with NQPs and experienced clinical staff.
Future plans	Look to embed it further within the board and increase engagement with flying start mentors.

NHS Grampian	
Title of initiative	Practice Education support for Revalidation
What was the driver for this?	New NMC requirements for maintaining registration
Date implemented	19/05/2015
Date completed	Ongoing
Summary of initiative or good news story	NHS Grampian is under way with a pro-active and cohesive approach to support for the new Nursing and Midwifery revalidation process.

	<p>A short life working group was initiated to plan for structured support throughout the board area, starting with ascertaining all the staff who would need to revalidate and when.</p> <p>The practice education team has been represented on the SLWG, and their contribution has been to the development and delivery of information sessions for registrants and managers according to their role:</p> <ul style="list-style-type: none"> • Communication and Engagement Plan, with blogs and vlogs available via the NHSGN&M Twitter feed • Dissemination of information and support throughout Grampian • Revalidation Road-shows, • Both telephone and eMail help-lines • Support for ePortfolio • Blogs & Video blogs (vlogs) • Confirmer sessions • Providing one to one support for staff re-registering, confirmers and managers.
Summary of the challenges encountered and how addressed	<p>Challenges:</p> <ul style="list-style-type: none"> • Large geographical area • Limited capacity for release from areas <p>Solutions:</p> <ul style="list-style-type: none"> • Strong communication & engagement plan • Broad access to information (as detailed above)
Measureable Benefits	<p>No loss of NHS Staff over April 2016 due to revalidation.</p> <p>Staff report feeling well supported and informed in both NHS and Care Home sectors.</p>
Future plans	<p>The link below represents an example of a vlog. There are other examples of vlogs and blogs available via NHSGN&M (NHSGnm) Twitter feed.</p> <p>https://m.youtube.com/watch?v=lbYR1NAgYtY</p> <p>There will be ongoing work to develop broad and engaging access to support for all nursing and midwifery staff within NHSG.</p>

NHS Greater Glasgow and Clyde (Acute)	
Title of initiative	On the Move 2016
What was the driver for this?	Major service redesign across acute services
Date implemented	April 2015 onwards
Date complete	December 2015

Summary of initiative or good news story	Supported above initiative by planning for students to move with PLEs or mentors and to audit all new PLEs ahead of student placement in these areas.
Summary of the challenges encountered and how addressed	Merging of previous services from different hospital sites at different times, what were the new PLEs and intelligence around this. SCN, mentor and sign-off mentor destinations Educational audits due Student practice learning experiences Other service redesign taking place across other hospital sites Move from directorate based working to sector based working Number of new PEFs into team/long-term absence/secondments
Measureable Benefits	Maintained mentor population in PLEs to support student SLA as per placement capacity guidance. Maintain student hubs (as part of hub and spoke model for practice learning experiences) where possible or advice HEI of alternative suitable hub Students part of a demonstrable service redesign and made to feel part of the process/part of the team they were moving with
Future plans	Presentation at strategic leads and regional PEF event to share experiences.
NHS Greater Glasgow and Clyde (Partnerships)	
Title of initiative	North East Sector Student Programme: a successful example of learning through collaboration
What was the driver for this?	March/April 2015
Date implemented	ongoing
Date completed	On going
Summary of initiative or good news story	A student programme of various educational sessions that addresses identified learning needs. Staff are involved in delivering an overview of the services they themselves are involved in. This is updated yearly depending on area priorities. Provides students with structured approach to understanding the roles/knowledge of the community team. It provides learning needs/opportunities for students and extend knowledge of the role of community practitioners.
Summary of the challenges encountered and how addressed	No challenges highlighted
Measureable Benefits	Nominated for a Chairmen's award in GGC Evaluated very well. Allowed student to gain a wider view of community nursing in collaboration with their mentor and peers within the clinical areas. Exposes student to a wider range of knowledge and experience which involves sharing good evidence based practice.
Future plans	Student programme is evaluated annually and repeated in the North East Sector. Sessions changed depending on identified learning need and feedback from students

NHS Highland	
Title of initiative	Introduction of University of Stirling students to Argyll and Bute
What was the driver for this?	<p>1. Request from University of Stirling students for placement experience within A&B (Oban area).</p> <p>2. Mentors finding difficulty meeting NMC requirements (two students in 3 years) due to no/minimal student placement within some clinical areas.</p>
Date implemented	May 2016
Date completed	Ongoing, looking at other areas within L&IDGH (Maternity and MacMillan day bed area).
Summary of initiative or good news story	Joint collaboration between UW S/student placement within A&B
Summary of the challenges encountered and how addressed	<p>Aim of the joint placement protocol to facilitate a seamless process for clinical placements where both UofS and UWS students will be jointly placed.</p> <p>To maintain agreed service level agreement of student numbers and share placements accordingly.</p> <p>Different student OAR for each University, challenging for mentors, will have to be familiar with both university documentation (this will change from September with introduction of the new OAR).</p> <p>Discussion and familiarisation of documentation prior to student placement.</p> <p>Mentor update 2016 will be on new OAR.</p> <p>Visible presence in clinical area for advice and support especially with initial student placements from U of S.</p> <p>PEF to establish/maintain good lines of communication between practice placement coordinators from both U of S and UWS.</p> <p>Feedback from students post placement. Feedback from clinical staff after student placement.</p>
Measureable Benefits	<p>Joint collaboration between UWS and U of S.</p> <p>Utilising practice placement areas in the remote and rural areas. Initially the Lorn and Islands District General Hospital but with a view to expand to other areas where student allocation is low.</p>

NHS Lanarkshire	
Title of initiative	Chief Nurse Student and Mentor Forums
What was the driver for this?	Executive Director of NMAHPs identified that some practice areas that were causing concern were not being highlighted to the Chief Nurses. Online student evaluations were not being received by areas on a regular basis.

Date implemented	June 2014
Date completed	Ongoing initiative.
Summary of initiative or good news story	The initiative has now been extended to include open forums for mentors and include Primary Care areas.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Ensuring Chief Nurses are available: forums have been cancelled at the last minute. Bookings made in advance and PEFs attend to facilitate. • Addressing challenging issues from student nurses in real time: chief nurse was able to give information about staffing levels and the ongoing challenges of healthcare. • Students encouraged to write anonymous comments: PEFs were able to follow-up comments quickly.
Measureable Benefits	Direct feedback to practice areas on their performance. Feedback given directly to university. Student forum attendance up to 40 plus.
	To develop mentor forum over the next year and to encourage attendance Poster presentation to the NET conference in September 2015 Publication planned for 2016.

NHS Lothian	
Title of initiative	Mentorship Compliance Project
What was the driver for this?	To Improve Mentor compliance
Date implemented	Jan 2015
Date completed	ongoing
Summary of initiative or good news story	The PEF's were concerned and wanted to ensure that all students were allocated to an appropriate mentor who had an annual update and triennial review in order to comply with the Standards to Support Learning and Assessment in Practice (2008). PEFs examined the current method of monitoring of compliance of student mentor allocations. Using a Solution Focused Approach the PEFs started the process through Problem Definition and Analysis. Following this, solutions were generated and prioritised. We concentrated on actions that had high impact and an action plan was developed
Summary of the challenges encountered and how addressed	Large number of diverse clinical areas Varying levels of engagement
Measureable Benefits	Data collected in October 2015 showed at 2 weeks prior to the placement 20% of areas were noncompliant. This improved to 10% of areas being noncompliant by the time the student started the placement. Subsequent action plans ensured that all students had a compliant mentor. The data continued to be collected and reviewed monthly. In Jan 2016 Data collected showed that Placement areas 2 weeks prior to the students starting placement were 11% noncompliant. When the student started the placement this improved again to only 6% of areas were non-compliant. The PEFs liaised closely with clinical areas to highlight potential issues around noncompliance and this has raised the profile of allocating mentors appropriately to students

Future plans	To monitor all compliance monthly. To continue to communicate with clinical areas who are not compliant- develop actions and escalate when necessary To move to random/ targeted monitoring and when results show a very high level of compliance
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NHS Orkney	
Title of initiative	Health Care Support Workers (HCSW) Matter
What was the driver for this?	Following a training needs analysis, detection and care of the acutely ill patient was prioritised. Our proposal was to introduce an educational programme on patient observation/vital signs for HCSW within the Balfour Hospital which acknowledged the role of HCSW in working with and providing support for students. The educational programme encompassed the theoretical components of undertaking observations/vital signs, introduced documentation and involved practical simulation sessions.
Date implemented	January 2015
Date completed	The initial series of training ended in June 2015 using the funds acquired from the NES bid. However, since the project ended three further sessions provided.
Summary of initiative or good news story	<p>The programme included an increased understanding of the HCSW role and responsibilities surrounding vital signs, escalation, handover and the documentation included.</p> <p>Many HCSW are now viewing their role beyond the traditional task orientated view to a comprehensive profession that encompasses the values stipulated within the HCSW code of conduct, requiring continuous training and development and -their role in supporting students.</p> <p>Following the project, the practice education team were awarded an 'innovation in healthcare award' from NHS Orkney and presented at the national HCSW celebratory event in October 2015.</p>
Summary of the challenges encountered and how addressed	The backfill provided to ward areas to allow HCSW to attend training was pivotal to ensuring sessions were filled to capacity. Short notice absences were filled with first year pre-registration student nurses which enhanced their understanding of the local escalation process and the role of the HCSW within a clinical team. There will be further opportunities for students to attend sessions in the future.
Measureable Benefits	Pre and post session participant questionnaire showed increased competence and confidence levels.
Future plans	All new HCSW who have been recruited within NHS Orkney will be able to attend this full day training, with potential for mentors to enhance their teaching and facilitating skills.

NHS Shetland	
Title of initiative	Collaborative educational approach with Health Promotion Team
What was the driver for this?	Joint meeting to arrange health promotion materials for welcome pack led to discussions around an interactive learning session for undergraduate nurses and midwives.
Date implemented	January 2016
Date completed (please indicate if still ongoing)	Ongoing
Summary of initiative or good news	Health promotion team creates welcome packs with a number of materials for current initiatives in public health and facilitates an interactive session with students where they experience real interventions e.g. get active, stay active and cutting down your drinking. The students also plan interventions for the Shetland population in table top exercises and action plan how they could incorporate health promotion into their practice.
Summary of the challenges encountered and how addressed	Staff and student availability. Administration and room booking.
Measureable Benefits	All students evaluated the sessions positively and felt confident that they could incorporate health promotion in the communications with patients in the future.
Future plans	Sessions to continue to evolve responding to new initiatives and student feedback. Wider health promotion team to be providers of sessions to share workload.

NHS Tayside	
Title of initiative	Supporting and enabling mentors to link CPD to NMCs Revalidation process – attendance and presentation at the RCN Education Forum International Conference, following feedback from Mentor Updates.
What was the driver for this?	Revalidation commencing in 2016
Date implemented	15 and 16 th March 2016
Date completed	Completed 16 th of March 2016
Summary of initiative or good news story	PEF team were successful in their abstract submission to present at this Forum in Telford to an international audience.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> - NHS Tayside was a pilot site for the NMCs Revalidation process - Mentors appeared anxious regarding Revalidation requirements - Utilisation of the 'lived experience' from staff, including PEFs, who participated in the pilot to describe how mentorship related experiences

	<p>could be captured for Revalidation.</p> <ul style="list-style-type: none"> - Examples were shared using small group workshops to reflect on how individuals could use their own experiences from practice. - This information was incorporated into the Core Mentor Update for 2015-16, delivered by the PEF team in NHS Tayside, to capture a wide range of mentors' attendance.
Measureable Benefits	<p>The Core Mentor Update, and subsequent conference presentation, demonstrated the shared experiences of staff and PEFs as they participated in the pilot scheme.</p> <p>Information shared subsequently explored and demystified how mentors could utilise existing CPD activities towards their own requirements to meet Revalidation.</p> <p>Mentors stated that they were more prepared for Revalidation and had a clearer understanding of how to collate and evidence their own examples. There was positive evaluation of the Core Mentor Update from those who attended. This was shared throughout the conference presentation.</p>
Future plans	<p>The PEF team will continue to cascade relevant information to all staff, including mentors, on how they can capture their CPD activities and utilise for their own Revalidation and portfolio.</p>

The State Hospital	
Title of initiative	Skye Activity Centre – Short Placement Opportunity
What was the driver for this?	A broad range of therapies and social, vocational, educational and recreational activities are delivered within the Skye Centre. This short placement will provide an opportunity for students to gain insight and increase their knowledge and awareness of the interventions that are used to support treatment and mental health recovery within the forensic environment.
Date implemented	November 15
Date completed	Ongoing
Summary of initiative or good news story	<p>The Skye Centre hosts numerous services/departments including: health centre, arts & crafts centre, patient learning centre (PLC), woodcraft centre, sports & recreation department, patients bank, patients shop, gardens and animal therapy centre, patients library, multi-faith centre, and the advocacy service. Patient engagement in social, vocational, educational and recreational activities is an integral component of their care and treatment however students historically have had limited opportunities to gain experience of working within these service areas. To address this issue, and enhance the overall learning experience for students within the State Hospital, a new 1 week placement option has been developed within the Skye Centre. During the placement, students rotate within the various centres gaining insight into the services they provide. They also have an opportunity to observe and work with the patients from their placement ward within this off-ward environment.</p>
Summary of the challenges encountered and how addressed	A limited number of students can be accommodated within the Skye centre at any one time. The PEF, in conjunction with the Skye Centre

	<p>Team Leader, is responsible for co-ordinating the placements and liaising with students and mentors regarding the availability and allocations to this 1 week placement.</p> <p>Staff within the Skye Centre were unclear about the learning needs of the students and how these could be addressed within the centre.</p> <p>Development sessions have been provided for the registered nurses within the Skye Centre to ensure they are familiar with the learning objectives of the placement and can offer support to students to identify relevant learning opportunities and achieve required learning outcomes during the placement</p>
Measureable Benefits	<p>Enhanced learning opportunities for students.</p> <p>Development/role enhancement for registered nurses within the Skye Centre</p>
Future plans	The longer term aim is to offer a full placement within the Skye Centre.

NHS Western Isles	
Title of initiative	Increasing student numbers in additional experience placement areas
What was the driver for this?	In order to ensure that students were able to access additional field experiences for longer so that students learning can be tailored to their individual learning needs
Date implemented	Spring 2015
Date completed	Ongoing
Summary of initiative or good news story	<p>It was identified that students may benefit from practice learning experiences in additional field areas for longer than the traditional insight visits. Staff in the local Health Visiting team and an LD residential and day care centre had expressed the desire to have students access potential learning in their practice areas for longer.</p> <p>Long arm mentorship is deemed appropriate for this and so it was decided that staff in these areas be identified to undertake the mentor preparation course.</p> <p>Unfortunately, due to workload pressures undertaking the course was delayed by 6 months but staff are now undertaking the mentor preparation course and students reporting positive outcomes from accessing these placement areas for longer.</p>
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> - challenging staff's preconceptions about traditional adult nursing students learning needs and this was done through information sessions and in-depth discussions - workload pressures meant undertaking the course was delayed but they are now undertaking this and on course for completion
Measureable Benefits	<ul style="list-style-type: none"> - increased number of appropriate student placements - allow students to access additional field experience practice learning environments for longer if wished and so tailor their practice learning to them - hoped benefit will be the promotion of health visiting as a career choice post-registration

Future plans	Once completion – audit progress and outcomes. Monitor student feedback and experience.
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Appendix 2 – CHEF Innovative practice

NHS Ayrshire and Arran	
Title of initiative	Equality for care homes
What was the driver for this?	To promote the same opportunities for learning and development within the care home sector. The Open University BSc nursing opportunity for Health Care Support Workers. The CHEF is involved in a pilot within Ayrshire and Arran
Date implemented	2015
Date completed	The HCSW from the care home sector commenced her nurse training through the open university on September 2015 and is on-going.
Summary of initiative or good news story	There are now a further 2 places for the Open University BSc in Adult/Mental health nursing for HCSW from the care home sector within Ayrshire and Arran in 2016 and 4 HCSW with the support from their manager have applied for short listing in May
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Lack of awareness by care home staff of OU programme • Facilitation of study time • Funding for back fill monies delayed • HCSW pulled back from placements due to care home staffing levels. • Low mentor numbers
Measureable Benefits	Short term: Opening up of further opportunities and promoting equality for HCSW in the Care Home sector. Long term: Improving recruitment and retention of staff.
Future plans	The opportunity for a further 2 HCSW places for the open university BSc nursing course, and to share best practice locally and nationally via Ayrshire and Arran and NES events. Compiling an article on this new development within the care homes.

NHS Borders	
Title of initiative	Promoting Excellence in Dementia care
Date implemented	September 2014
Date completed	Ongoing
Summary of initiative or good news story	All care homes to receive two training sessions in Adult protection, national care standards and informed dementia. Covering mandatory staff requirements and promoting excellence

Summary of the challenges encountered and how addressed	Apprehension around why training was being delivered Poor attendance Communication barriers – English not always first language
Measureable Benefits	<ul style="list-style-type: none"> • Basic Adult Protection/ Dementia training needs delivered and recognised. • Promoting understanding and clear responsibility for all care home staff • Enabling delivery of person centered quality care and preventing harm
Future plans	<ul style="list-style-type: none"> • All care homes across the region have received this training. Improving and ensuring the quality of learning environments

NHS Dumfries and Galloway	
Title of initiative	Revalidation
What was the driver for this?	Supporting Professionalism
Date implemented	June 2015
Date completed (please indicate if still ongoing)	Ongoing
Summary of initiative or good news story	The team sought to support registered staff within the care homes to develop and understand of the revised professional code and provisional/ final NMC Revalidation requirements. The team also sought to support training regarding the provision of evidence for revalidation in an electronic format.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Large geographical location • Access to IT facilities within the Care Homes • Individual registrants working in isolation within care homes <p>The team felt that in order to address these challenges that the registered staff within the care homes should have equity in access to information and training with other registrants throughout the region.</p> <p>The team were able to achieve this by working in partnership with the Practice Educator and Health Board Revalidation lead in the planning and delivery of sessions on both Revalidation and NES ePortfolio.</p> <p>All training throughout the region was open to registrants both NHS and Care home sector.</p> <p>Working collaboratively across sector in the region also meets a key aim of the regions health and social care integration plan.</p>
Measureable Benefits	Care home registrants expressed that they feel prepared for revalidation and have felt valued as registrants by being included in the wider support network throughout the region. Links have been established between registrants within district nursing teams and lone registrants in the care homes. Establishing these links has been key in supporting the lone registrant in the care

	home to undertake their reflective discussion with another professional.
Future plans	<ul style="list-style-type: none"> • Continue to deliver sessions in this format or adapt to meet Care home needs as necessary. • Support more focused work with those due over the next year. • Formal evaluation of the benefits perceived by Care Home registrants undergoing the process of revalidation over the next 12 months to be completed in December 2016

NHS Fife and NHS Forth Valley	
Title of initiative	Dementia; Put yourself in my shoes
What was the driver for this?	<ul style="list-style-type: none"> • Support 'new CHEF' role familiarisation/orientation. • Establish collaborative links between neighbouring CHEFs. • National drive from Scottish Government to promote dementia awareness and enhance care for people with dementia.
Date implemented	April 2015
Date completed	Pilot completed January 2016, but return impact evaluations due April 2016.
Summary of initiative or good news story	Collaborative project with CHEFs in a shared care home to develop and deliver a short workshop to enable participants to empathise with people who have a dementia diagnosis through simulated activities, carried out with sensory impairment.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Co-ordinating diaries between CHEFs due to other commitments. Dates for face-to-face meetings were organised far in advance, and other communication was through e-mail and telephone. • Organise a date within the care home due to the staff and Manager's commitments. Initial date was cancelled due to Manager's annual leave. See project write up below.
Measurable Benefits	<ul style="list-style-type: none"> • Workshop was well attended and well evaluated. • Impact evaluations to be carried out in April 2016. • <i>The professional relationship between neighbouring CHEFs was established and strengthened;</i> allowing us to share knowledge, ideas and seek guidance in what can be an isolated role at times.
Future plans	Follow up impact evaluation to conclude initial project. Application and action plan submitted for CHEF small project plan to replicate this project with other CHEFs in other health boards.

NHS Greater Glasgow and Clyde	
Title of initiative	Care Home Development day
What was the driver for this?	20/20 Vision, Setting the direction

Date implemented	Dec 2015
Date completed	Aiming to offer more events
Summary of initiative or good news story	100 care home staff attended an afternoon workshop delivered in a partnership with GCU and Partnership PEF/CHEF team
Summary of the challenges encountered and how addressed	Funding was granted from the HEI and PEF/Lecturing staff were released to attend
Measureable Benefits	Outcomes from the event : Positive engagement from the care homes Highlighted the positive learning that was available Staff keen to access further learning at HEI Increased interest in supporting learners Highlighted that the role of the CHEF wasn't fully embedded in the care home sector
Future plans	Plan to offer another event . HEI will host and PE team will support. Delivering session on mentor updates/revalidation. Partnership team reviewed CHEF information and developed a Frequently asked question list for the care homes.

NHS Highland	
Title of initiative	CHEF test of Change Project around Annual and Triennial Review across Care Home, Community and NHS. – What is useful to Mentors?
What was the driver for this?	Poor uptake of Annual and Triennial Review. Mentor lack of knowledge of NMC requirements.
Date implemented	June 2016
Date completed	ongoing
Summary of initiative or good news story	<ul style="list-style-type: none"> • Increase in Mentor uptake of Annual and completion of Triennial Review process. • Feedback on whether Mentors found the Annual and Triennial booklets helpful. • CHEFS to gain insight on what Mentors feel they need from them and how they can support this. • Collate together feedback from Mentors and evaluate new ways of disseminating information to Mentors.
Summary of the challenges encountered and how addressed	<ul style="list-style-type: none"> • Mentors lack of understanding re Annual update and Triennial Review process was a challenge. This was addressed by devising draft workbooks outlining the process which were mapped to the NMC Mentor domains. The NMC CODE and Revalidation. Mentor lunches held to discuss the Triennial review process and the usefulness of the workbooks. • Time constraints for Mentors in busy working environments- Mentors looking for protected time to complete. Mentors reluctant to discuss this with managers

	<p>to try and set aside time in schedule for this.</p> <ul style="list-style-type: none"> Lack of uptake for Mentor Lunches- This was addressed by follow up e-mails and telephone calls to the placement areas to increase uptake especially in the Care Home Sector which proved useful.
Measureable Benefits	<ul style="list-style-type: none"> On completion of project we hope to show a measurable improvement in staff education and an increase in completion of Triennial Review. Feedback from Mentors on what support they need from CHEF in order to complete this. As a result of Mentor support lunch the Mentors feel more comfortable with the Annual update and Triennial Review process. "Not as scary as I thought" one mentor said. Improved confidence in documenting Mentoring activities as CPD and using it as evidence for Revalidation. <p>Mentors in the Care Homes found the Mentor lunch extremely useful as they are often mentoring on their own so they found it very beneficial and supportive to meet with other Mentors especially in other Care Homes.</p>
Future plans	<ul style="list-style-type: none"> We hope to do a report for NES Mentor Bulletin. We hope to develop a Mentor Pack for every Placement Area which will be updated regularly so that all Mentors have the same information. We hope to evaluate the usefulness of the mentor workbooks. We hope to share this evaluation with the PEF/CHEF team and roll it out to all Mentors if that is helpful. <p>Initial feedback from Mentors is that the Mentor lunch was extremely useful and they were wondering if they could have this get together biannually or annually. We are going to look into this.</p>

NHS Lanarkshire	
Title of initiative	Developing communication links in Care Homes
What was the driver for this?	A team member commented one day about the many different agencies that entered Care Homes and that passing information onto all the staff could be challenging.
Date implemented	March-May 2016
Date completed	Completion date September 2016
Summary of initiative or good news story	The CHEF has introduced two information and communication boards within two care homes. This will assist all staff accessing the Care Homes as they will be able to share contact information and educational information for staff. This will ensure opportunities for learning and development is more accessible for this staff group.
Summary of the challenges encountered and how addressed	Awaiting results in September.

Measureable Benefits	Feedback will be collected from Care Home and external staff to explore the benefits and/or challenges of this communication process.
Future plans	Implementation in all Care Homes within the Board area.

NHS Lothian	
Title of initiative	Frail / elderly study day
What was the driver for this?	Health and social care educational need to support staff with a view to empowering health and social care staff to appropriately assess, plan and implement complex care for elderly residents
Date implemented	Jan 2016
Date completed	Ongoing – 6 study days per year
Summary of initiative or good news story	Collaborative study day which supports health and social care staff in West Lothian, including attendees from NHS community hospitals, Private and social care homes, healthcare at home groups.
Summary of the challenges encountered and how addressed	<p>Interprofessional event</p> <ul style="list-style-type: none"> • co-ordination and availability of facilitator - forward planning, networking • availability of staff attending, administration of events, forward planning of dates • location and costings – delivered in SJH so free use of facilities
Measureable Benefits	<p>Collaborative working across sectors</p> <p>Evaluation ongoing</p> <p>Manager's report empowered care staff who challenge and implement change as a result of the education received</p> <p>NMC revalidation CPD evidence for registered nurses</p>
Future plans	Ongoing evaluation with view to expand across Lothian Guest slot on innovative change event June 2016 to share

NHS Tayside	
Title of initiative	Production of a regular newsletter, CHEFs Tips.
What was the driver for this?	To provide consistent information to all care homes across the geographic region.
Date implemented	July 2015
Date completed	Ongoing
Summary of initiative or good news story	Regular, short information newsletters which are disseminated to all care homes with up to date information relating to mentorship,

	changes to programme, introduction to OARs.
Summary of the challenges encountered and how addressed	With one CHEF in post in Tayside, it was challenging to meet with all mentors on a regular basis to keep them updated with ongoing developments from HEIs. This innovative format has demonstrated a consistency in the messages provided for both mentors and managers within the care home setting.
Measureable Benefits	There is now a consistency in information which is shared. Information in this format also contributes to ensuring mentor updates occur, with staff reflecting on their experiences which relate to the topics which have been written about.
Future plans	This newsletter has been shared through the PEF/CHEF Forum and has been introduced in a different area.

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.



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