

Nursing Midwifery and Allied Health Professions (NMAHP) Directorate

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

2016/2017

For activity reported between April 2016 and March 2017

Undertaken for and on behalf of NHS Education for Scotland by:

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Acknowledgements

Thanks to Dr Peter Ward for undertaking the data analysis and presentation of quantitative information in section 4.

1.0 Executive summary

The practice education infrastructure to support preparation of the future, and continuing professional development of the existing nursing and midwifery workforce has been in place across NHS Scotland for over a decade. The infrastructure is shown in Figure 1 on page (check before publication). This document provides an overview of two of the education roles that form part of this infrastructure, that is, Practice Education Facilitators (PEF) and Care Home Education Facilitators (CHEF) and reports on their workforce profile against national funding and on the nature and focus of their respective roles during the 2016/17 reporting period.

The information contained in this report is provided by NHS Boards directly to NHS Education for Scotland (NES) as part of 2016/17 service level agreement (SLA) reporting and governance requirements, and has therefore not been subject to external validation.

Funding is provided for 100 whole time equivalent (wte) PEF posts which are employed in all the territorial and the two clinical national NHS Boards in Scotland. Overall there were 91.7 wte PEFs in post throughout 2016/17 and 90 wte PEFs were reported as in post at the end of March 2017. The PEF employment turnover rate for the year was 9.8%, with some individuals undertaking secondments to posts in Higher Education Institutions, to posts within boards to support implementation of Nursing and Midwifery Council (NMC) revalidation (NMC 2016, 2017) or moving on into other substantive posts.

In April 2016 the Scottish Government confirmed substantive commitment to fund 14 wte CHEF posts for a three-year period. This replaced the annual funding model that had existed previously. Retention within the CHEF workforce significantly improved with a 21% reduction in the turnover rate on the previous year to 14%. There were 11.3 wte CHEFs in post throughout the reporting period and at the end of March 2017.

The provision of support to identify new, and further develop, established practice learning environments is a core part of both roles. From the NHS Board submissions, 2,827 practice learning environments were supported by PEFs and 317 by CHEFs

During 2016/17 a new national data set question, on the number of students (pre and post-registration) that NHS Boards had partnership arrangements in place to provide practice learning opportunities for, was introduced. Not all NHS Boards were able to report on this data and it is therefore incomplete. However, from the information available, at least 7,000 students received NHS, and 298 students received care home practice learning experiences as part of their pre-registration programmes.

PEFs and CHEFs contribute towards the preparation and ongoing development of nursing and midwifery mentors. During the reporting period, a total of 23,565 mentors had access to PEFs and CHEFs to enable them to meet the NMC requirements, with 900 nurses and midwives supported to complete mentor preparation programmes.

In addition to their work with mentors, PEFs, especially those with a community remit, are involved in supporting the learning and assessment in practice of post registration programmes through their work with practice teachers. Data revealed there were a total of 181 practice teachers across NHSScotland with a further 18 nurses, midwives and specialist public health nurses undertaking practice teacher preparation during 2016/17.

2.0 Introduction

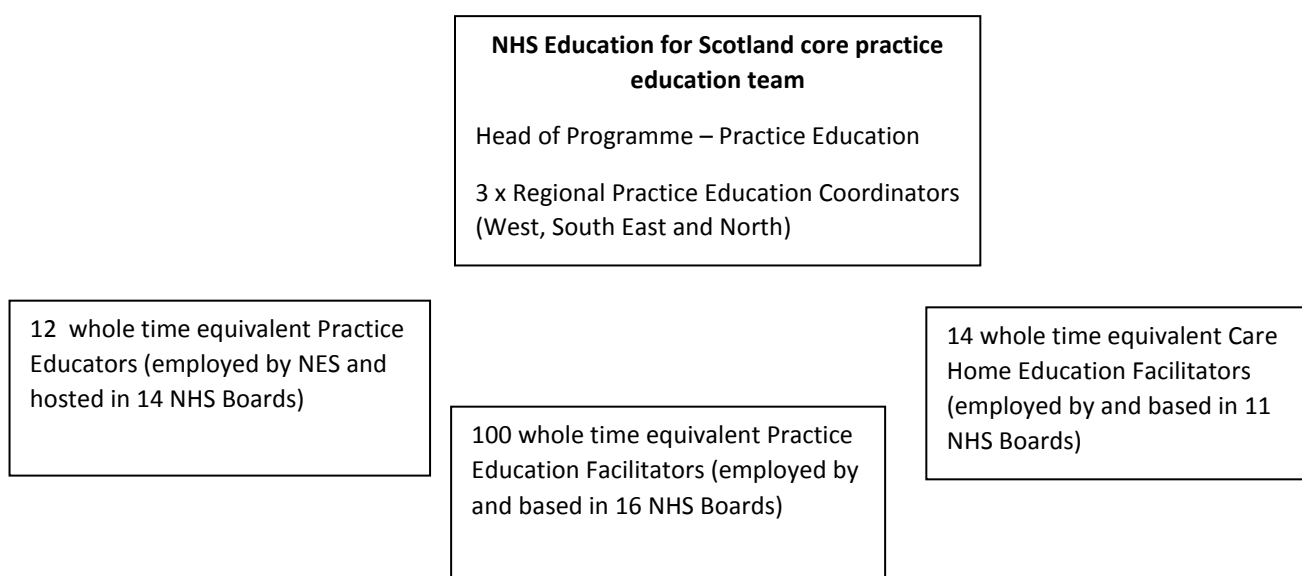
This report begins by providing an overview of the practice education infrastructure summarising data with regards to the PEF and CHEF workforce gathered by NES over 2016/17 (see section 3.0). Results of the practice learning core data set (see Appendix 1) that has been collaboratively established between NHS Education for Scotland, NHS Boards and Higher Education Institutions (HEIs) is then presented (see section 4.0). Section 5.0 highlights activity and impact towards the 2016/2017 national PEF/CHEF priorities (see Appendix 2) through sharing examples of how CHEFs and PEF teams support regulatory and policy drivers. The report concludes with a summary of the key findings and some considerations for the future (see section 6.0).

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

3.0 Practice education infrastructure – a workforce summary

The nursing and midwifery practice education infrastructure consists of several key roles which have been embedded locally, regionally and nationally in Scotland as shown in Figure 1 overleaf. These roles include the PEFs, 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 continue to be inextricably linked in enhancing the quality and extending the breadth of the practice learning environments and in supporting both the preparation and the continuing professional development of the nursing and midwifery workforce.

Figure 1 – The nursing and midwifery practice education infrastructure



This section of the report will focus upon NHS Board compliance with Service Level Agreements (SLAs) number of PEFs and CHEFs in post and the emerging trends in recruitment, retention and career progression of these two roles. There are separate reporting mechanisms for the NES practice educators¹ and they are not included in this report.

Funding for PEFs and CHEF posts is managed through a SLA between NHS Boards and NHS Education for Scotland. Funding is provided for 100 whole time equivalent (wte) PEF posts across all the territorial and the two clinical national NHS Boards in Scotland. NHS Boards and Higher Education Institution (HEI) partners jointly fund one third of PEF posts, with the remaining two thirds funded by NES. The Scottish Government provided substantive funding for 14 wte CHEF posts for a three-year period in April 2016. 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

This section outlines the numbers of PEF posts funded, numbers of PEFs in post at the end of 2016/2017² and highlights PEF whole time equivalence (wte) throughout the year in each NHS board in Scotland. This information is summarised in Table 1. In addition to reporting on 2016/17 figures, Table 2 provides any increase or decrease in wte against figures from the 2015/16 collated annual report³.

¹ NES Practice Educators reports are available on the NES website at http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/nursing-and-midwifery-practice-educators/publications_practice-educators.aspx

² 2016/17 reporting period is from 1st April 2016 to 31st March 2017

³ Available at http://www.nes.scot.nhs.uk/media/3776472/pef_chef_annual_report_2015-16_ab.pdf

Table 1 – PEFs in post during 2016/17

NHS Board	PEF SLA	PEF wte as at 31st March 2017	PEF mean wte throughout 2016/2017 (excluding absence greater than 3 months)
NHS Ayrshire and Arran	7	6.8	6.0
NHS Borders	2	2	1.95
NHS Dumfries and Galloway	3	3	2.9
NHS Fife	6	6	5.95
NHS Forth Valley	4	3	3.8
NHS Grampian	9	7.2	8
NHS Greater Glasgow and Clyde	26	22.80	24.40
NHS Highland	6	4.7	4.9
NHS Lanarkshire	9	9.1	9.1
NHS Lothian	15	13.3	13.5
NHS Orkney	0.5	0	0.3
NHS Shetland	0.5	0.5	0.5
NHS Tayside	9	9	7.9
NHS Western Isles	1	1	0.9
The State Hospital	1	1	0.96
Golden Jubilee National Hospital	0.6	0.6	0.6
Total	100	90	91.7

As can be seen from looking at the mean wte in Table 1, there were 13 NHS Boards that fell below their SLA throughout the reporting period, although the majority had a deficit of less than 1 wte. At the end of March 2017, six NHS Boards remained below their SLA wte for PEFs in posts. It should be noted that all stakeholders continued to prioritise recruitment to vacant posts and engaged in open and transparent communication to establish short term cover, longer term plans and interim support arrangements.

Table 2 – Comparison of 2015/16 and 2016/17 PEFs in post

NHS Board	PEF SLA	PEF mean wte throughout 2015/2016 (excluding absence greater than 3 months)	PEF mean wte throughout 2016/2017 (excluding absence greater than 3 months)	Change in PEF wte throughout 2015/16 and 2016/17
NHS Ayrshire and Arran	7	6.2	6.0	-0.2
NHS Borders	2	2	1.95	- 0.05
NHS Dumfries and Galloway	3	2.9	2.9	0
NHS Fife	6	5.9	5.95	+ 0.05
NHS Forth Valley	4	3.5	3.8	+0.3
NHS Grampian	9	8.25	8	-0.25
NHS Greater Glasgow and Clyde	26	23.4	24.40	+1.0
NHS Highland	6	5.4	4.9	-0.5
NHS Lanarkshire	9	8.2	9.1	+0.9
NHS Lothian	15	13.4	13.5	+0.1
NHS Orkney	0.5	0.5	0.3	-0.2
NHS Shetland	0.5	0.2	0.5	+0.3
NHS Tayside	9	8.75	7.9	-0.85
NHS Western Isles	1	1	0.9	-0.1
The State Hospital	1	1	0.96	-0.04
Golden Jubilee National Hospital	0.6	0.6	0.6	0
Total	100	96.2	91.7	-4.5

As shown in Table 2, NHS Board compliance with PEF wte SLA requirements remains largely consistent over the last 2 financial years, with only a 4.5% reduction in wte overall noted between 2015/16 and 2016/17. During the 2016/2017 reporting period, there were 12 (9.8 wte) PEF leavers. The destination of those who left a PEF post consisted of: 7 postholders (5.6 wte) were on secondment (revalidation, HEI, workforce planning and nurse manager posts); 2 postholders (1.7 wte) retired; 1 postholder (0.5 wte)

returned to a community nursing post; 1 (1 wte) postholder moved onto a clinical education and 1 (1 wte) into a care home manager position. There were 8 new starts, the majority to provide cover for PEFs on secondment, subsequently providing development opportunities for nurses and midwives undertaking the PEF role on a short-term basis.

Assuming there were 100 postholders at the start of the 2016/17 reporting period, the turnover rate⁴ for PEFs is 9.8/100 or 9.8% (inclusive of secondments). The number of secondment opportunities out of the PEF role has increased since the previous year.

3.2 Care Home Education Facilitators (CHEFs) in post

This section outlines the numbers of CHEF posts funded, numbers of CHEFs in post at the end of 2016/2017 and highlight CHEF whole time equivalence (wte) throughout the year in each NHS board in Scotland. This information is summarised in Table 3. In addition to reporting on 2016/17 figures, Table 4 provides any increase or decrease in wte against figures from the 2015/16 collated annual report.

Table 3 – CHEFs in post during 2016/17

NHS Board	CHEF SLA	CHEF wte as at 31 st March 2017	CHEFs in post as at 31 st March 2017	CHEF mean wte throughout 2016/2017
NHS Ayrshire and Arran	1	1	1	1
NHS Borders	0.5	0.5	1	0.5
NHS Dumfries and Galloway	1	1	4	1
NHS Fife	1	1	2	1
NHS Forth Valley	1	0	0	0.3
NHS Grampian	1	1	1	1
NHS Greater Glasgow and Clyde	3	3	3	2.4
NHS Highland	1	1	2	0.7
NHS Lanarkshire	1.5	0.8	2	0.9
NHS Lothian	2	1	1	1.8
NHS Tayside	1	1	1	0.7
Total	14	11.3	18	11.3

⁴ 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 five CHEFs new in post during 2016/17, one of which was a PEF who had moved into a CHEF role and two CHEFs left during the same period. Again, assuming there were 14 postholders at the start of the 2016/17 reporting period, the turnover rate for CHEF posts is 2/14 or 14%, which is now broadly consistent with that of the PEFs and significantly lower than the rate of 35% at the end of March 2016.

Table 4 - CHEFs in post and wte for 2015/16 and 2016/17

NHS Board	CHEF SLA	CHEFs in post as at 31st March 2016	CHEF mean wte throughout 2015/2016	CHEFs in post as at 31st March 2017	CHEF mean wte throughout 2016/2017
NHS Ayrshire and Arran	1	1	1	1	1
NHS Borders	0.5	1	0.5	1	0.5
NHS Dumfries and Galloway	1	3	1	4	1
NHS Fife	1	2	0.96	2	1
NHS Forth Valley	1	0	0.92	0	0.3
NHS Grampian	1	1	0.3	1	1
NHS Greater Glasgow and Clyde	3	1	1.25	3	2.4
NHS Highland	1	3	0.6	2	0.7
NHS Lanarkshire	1.5	1	1.25	2	0.9
NHS Lothian	2	2	2	1	1.8
NHS Tayside	1	1	0.75	1	0.7
Total	14	16	10.5	18	11.3

In previous years, there had been significant challenges in maintaining the CHEF workforce as shown in Table 4. The Scottish Government funding for CHEF posts until 2020 was confirmed in April 2016, and NES worked with NHS Boards to support active recruitment to vacant CHEF posts over 2016/17.

A number of Boards have moved towards combined PEF and CHEF posts and are actively encouraging PEFs to consider the CHEF role as a career development opportunity. This approach may contribute towards extending multi-sector working and increasing understanding of some of the opportunities and challenges of providing integrated services for vulnerable people from an education perspective.

4.0 Practice learning core data set

Providing support for and compliance with the regulatory standards for pre-registration nursing (NMC 2009, 2010) and midwifery students and post registration learners on Nursing and Midwifery Council (NMC) approved programmes continue to be major part of the PEF⁵ and CHEF key role and function as outlined in the SLA. Their role, in partnership with practice and academic colleagues, includes identifying, developing and sustaining the number and quality of approved practice learning environments (PLEs) and enhancing the capacity and capability of mentors and practice teachers in enacting their regulatory responsibilities.

This section of the report will summarise the practice learning core data set (see Appendix 1) gathered in 2016/17. 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 2,830 available learning environments across NHSScotland, of which 2,827 have educational audits, mentors, partnership agreements in place and are therefore approved practice learning environments for students on NMC approved programmes. Partnership arrangements are in place between Higher Education Institutions (HEIs) and NHS Boards to provide practice learning experiences for at least⁶ 7,000 pre and post registration students across NHSScotland. Only two NHS Boards reported differences in the number of environments versus those approved. Reasons for this included pending or outdated audits and the fact that “spoke” PLEs do not have formal educational audits.

Within the care home sector, there were 197 care homes that were approved as practice learning environments, with CHEFs supporting an additional 120 care homes working towards approval status. Partnership arrangements are in place between HEIs and care home organisations to provide practice learning experiences for 298 pre-registration students within the Scottish care home sector. The distribution of practice learning environments, CHEF support and the numbers of students in care homes for each NHS Board geographical⁷ area is provided in Table 5.

⁵ The PEF role encompasses nursing and midwifery students, whereas the CHEF role focuses upon nursing.

⁶ The number of students that can be supported to have practice learning experiences was an additional data set introduced during 2016/17, and not all NHS Boards were able to provide this information.

⁷ NHS Boards which do not have a CHEF SLA (i.e. Golden Jubilee National Hospital, NHS Orkney and NHS Shetland) are not included, except NHS Western Isles who have care homes that provide practice learning experiences

Table 5 - Care home practice learning environments and numbers of student per NHS Board geographical area

	Total Care Home ⁸ environments	No. approved care home environments	CHEF supported environments	No. students
NHS Ayrshire and Arran	26	22	26	30
NHS Borders	8	5	8	6
NHS Dumfries and Galloway	10	4	9	9
NHS Fife	25	13	25	18
NHS Forth Valley	21	16	21	36
NHS Grampian	61	4	21	7
NHS Greater Glasgow and Clyde	39	25	39	43
NHS Highland	18	18	18	19
NHS Lanarkshire	43	28	28	32
NHS Lothian	64	32	92	54
NHS Tayside	35	28	28	44
NHS Western Isles	2	2	2	0
Grand Total	352	197	317	298

There was a difference between the number of care home environments and those approved for students. A lack of mentor availability and capacity was the most common reason cited for the difference, with elective withdrawal, care home under review or a change in care inspectorate grades, general staffing issues, care homes still being prepared as a PLE, long waiting times for mentor preparation and CHEF vacancies included as responses.

4.2 Nursing and midwifery mentors

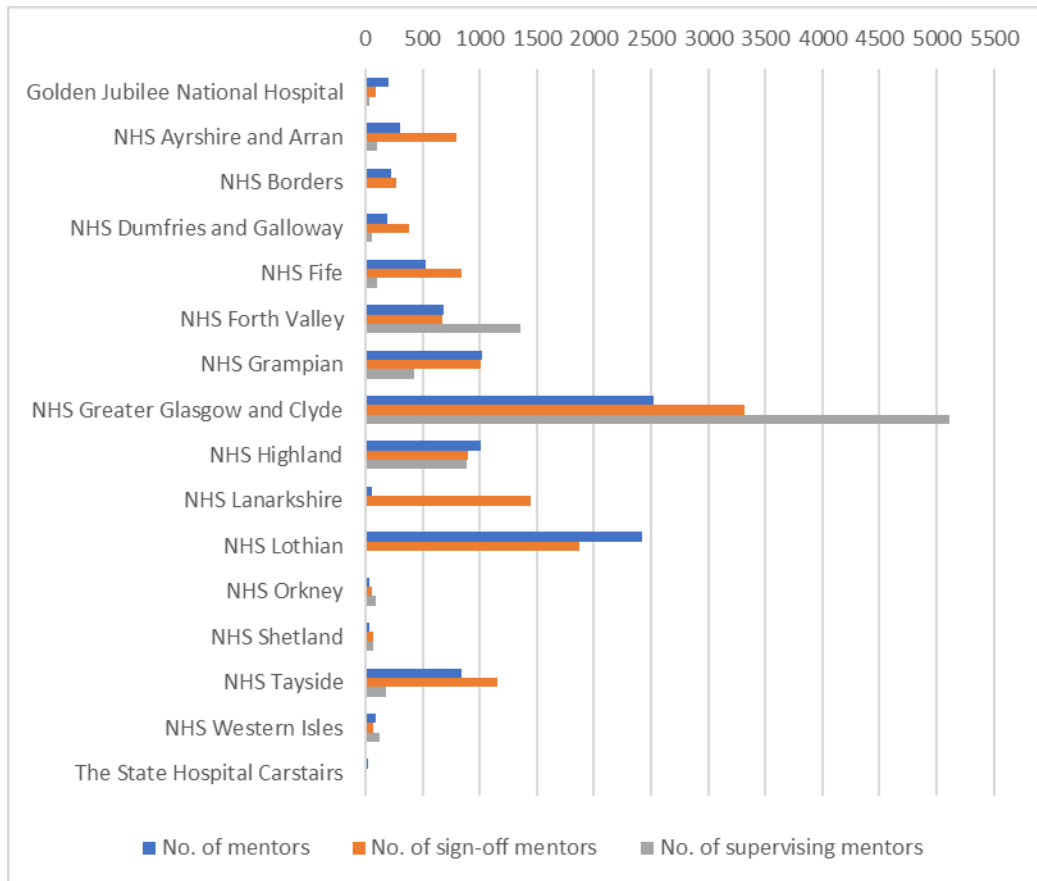
The PEF and CHEF roles contribute towards the preparation and maintenance of nursing and midwifery mentors on the local mentor register through achievement of annual updating and triennial review requirements (NMC 2008). They also foster mentor professional growth through achievement of sign-off mentor status, development of supervising mentors and aspects of the NMC mentor competencies, such as leadership as outlined in section 4.4.

⁸ Total care home environments data is provided by NHS Boards and has not been subject to external validation

4.2.1 Mentor numbers in the NHS

There were 10,183 mentors, 12,955 sign-off mentors - a total of 23,138 nursing and midwifery mentors registered during 2016/17, which represents 53% of the NHSScotland nursing and midwifery workforce⁹. Figure 2 presents the distribution of mentors across NHS Boards at the end of the reporting period. Data was gathered separately for mentors¹⁰, sign-off mentors¹¹ and supervising mentors¹². Figure 3 presents the number of nursing mentors by field of practice and Figure 4 the number of sign-off mentors by field of practice in each NHS Board.

Figure 2: Number of mentors in each NHS Board, by type of mentor



⁹ Excluding community nursing workforce numbers <http://www.isdscotland.org/Health-Topics/Workforce/Publications/archived-data-tables.asp>

¹⁰ An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme, has achieved the knowledge, skills and competent required to meet the defined outcomes (NMC 2008:19)

¹¹ A sign-off mentor is on the same part of the register and field of practice, has met the defined sign-off mentor criteria and makes judgements about the student's achievements of standards of proficiency for entry to the register (NMC 2008)

¹² A supervising mentor is an experienced mentor who supports and supervises a nurse or midwife undertaking a mentor preparation programme (NES 2013)

Figure 3: Number of nursing mentors in each NHS Board, by field of practice. Midwifery is not included as all midwifery mentors must have sign-off status.

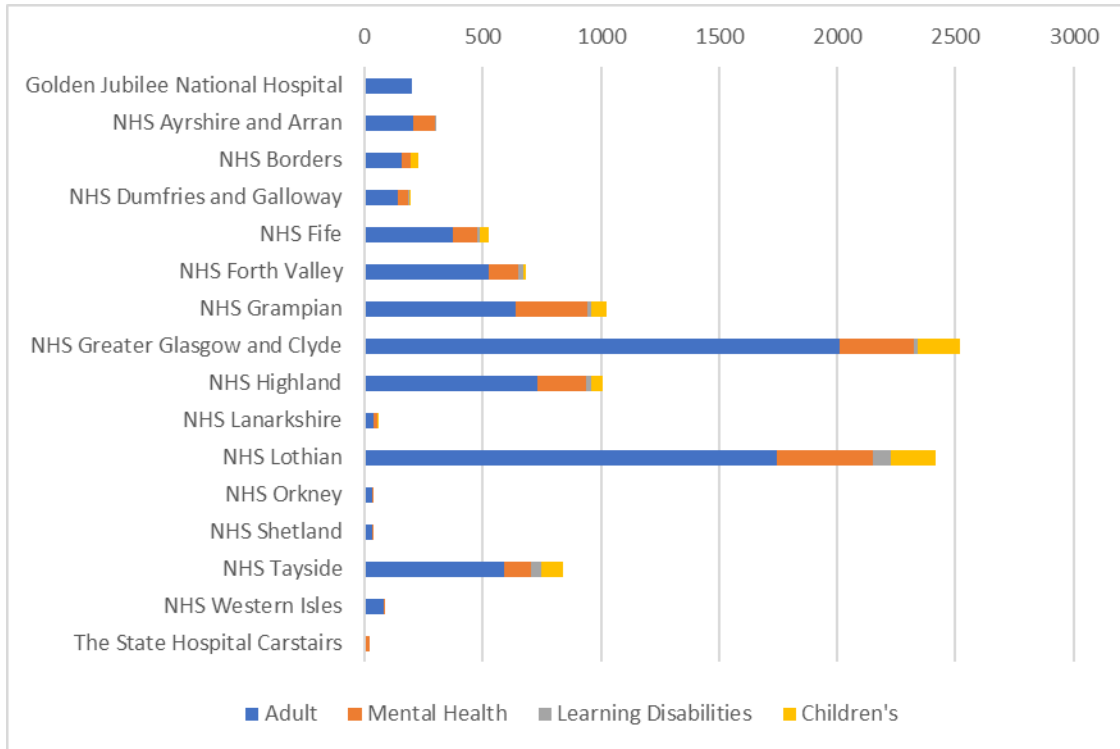
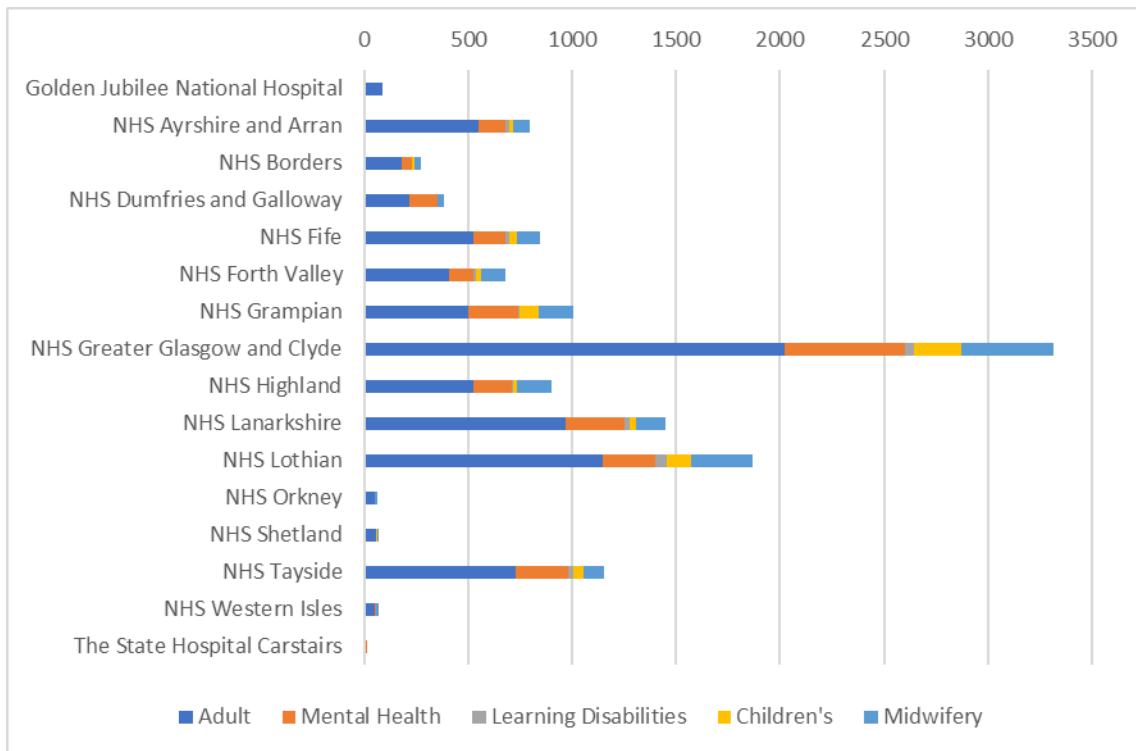


Figure 4: Number of sign-off mentors in each NHS Board, by field of nursing practice and midwifery



Within the NHS, PEFs in partnership with HEI colleagues supported 1,538 nurses and midwives to commence a mentor preparation programme, with 900 (58%) reported as completing the programme requirements at the time of data submission¹³. The number of mentors' due to participate in a triennial review for retention on the local mentor register was reported as 6931, with 4057 (58%) meeting this NMC requirement.

The number of lapses from NHS mentor registers was reported as 2126 for temporary lapses, 1081 permanent lapses and 1257 mentors were reactivated to their local mentor register within the same period.

Each NHS Board were asked whether they perceived they had sufficient number of mentors in each field of practice to support the number of field students allocated. Table 6 summarises responses by field of practice.

Table 6 – Perceived mentor sufficiency by field of practice, across all NHS Boards

	Yes	No
Adult	93%	7%
Mental Health	93%	7%
Learning Disabilities	71%	29%
Children's	71%	29%
Midwifery	92%	8%
Grand Total	85%	15%

As can be seen in Table 6, almost a third of NHS Boards perceived that they did not have sufficient numbers of mentors in the fields of learning disability and children's nursing to support pre-registration nursing students. Overall during 2016/17, 85% of NHS Board responded that they had sufficient mentor capacity, which is a reduction of 8% on perceived mentor capacity on the 2015/16 figures.

4.2.2 Mentor numbers in the Care Home Sector

There were 363 mentors, 64 sign-off and a total of 427 nursing mentors in the care home sector during the reporting period. Figures 5, 6 and 7 present the distribution of mentors across care homes within NHS Board geographical¹⁴ areas by type of mentor and field of practice.

¹³ University assessment boards may not have met when NHS Board report submitted to NES, therefore the accuracy of this completion rate cannot be confirmed.

¹⁴ NHS Boards who do not have a CHEF SLA (i.e. Golden Jubilee National Hospital, NHS Orkney and NHS Shetland) are not included, except NHS Western Isles who have care homes with mentors

Figure 5 : Number of care home mentors in NHS Board geographical area, by type of mentor

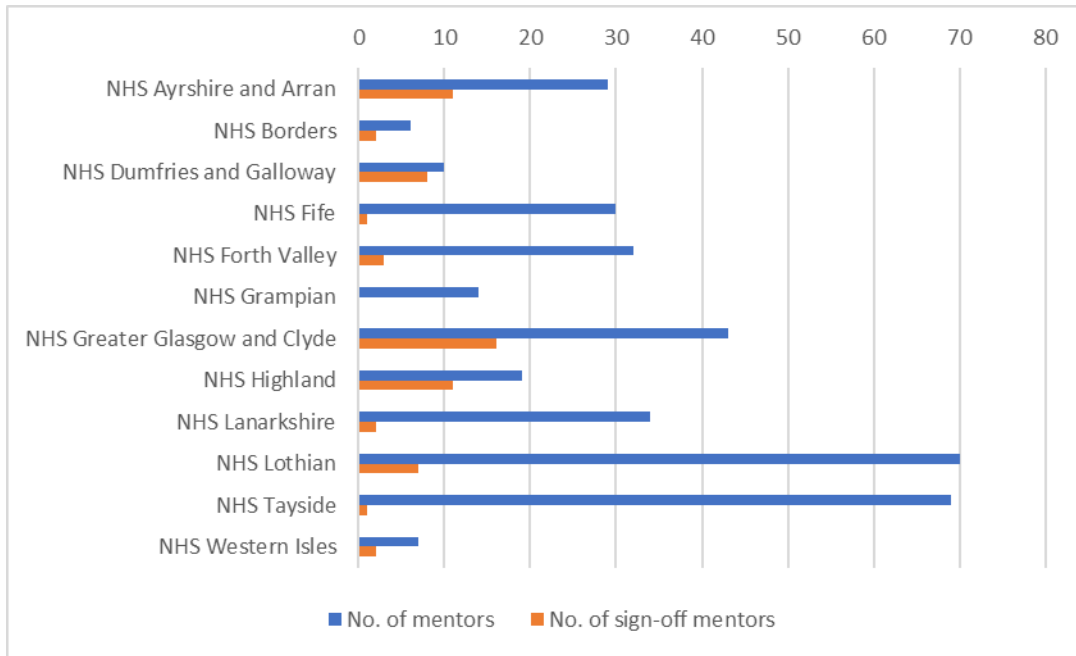
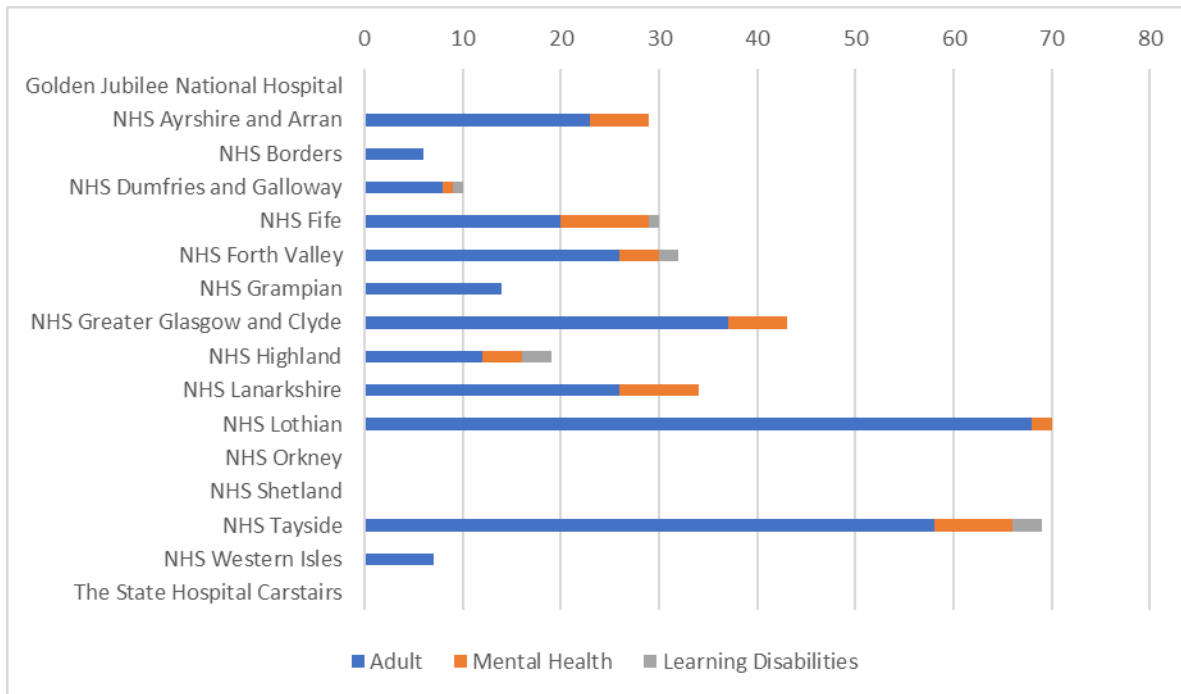
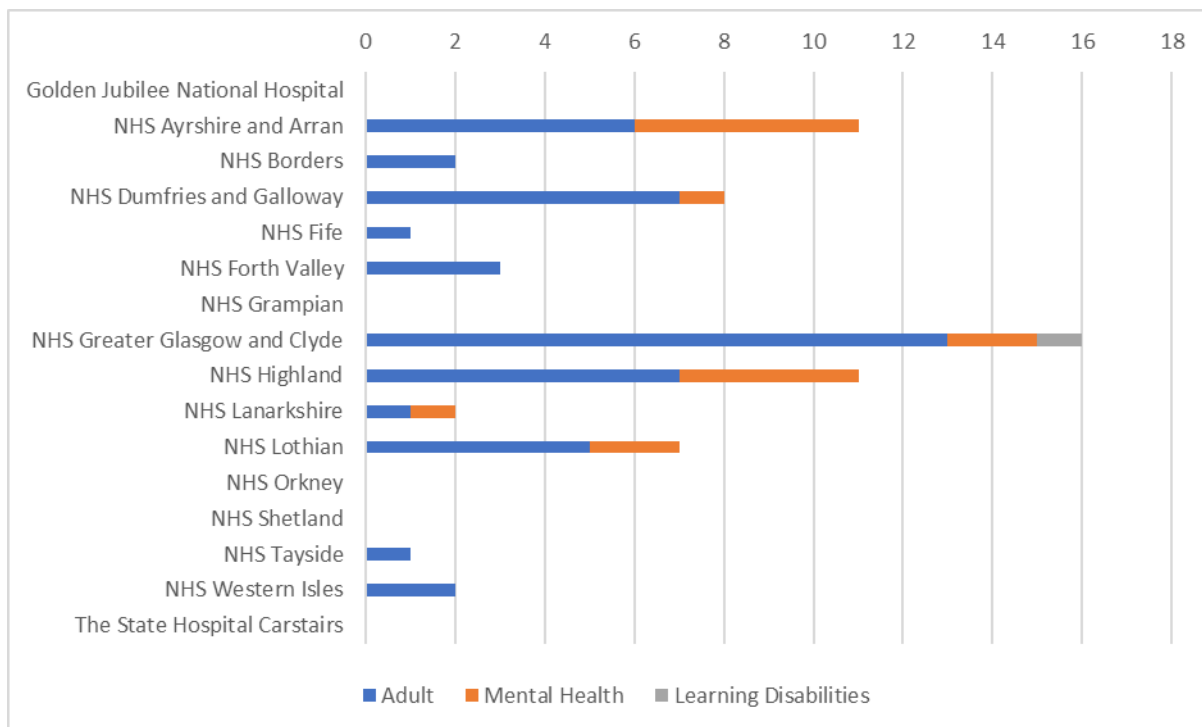


Figure 6: Number of care home mentors in NHS Board geographical area, by field of nursing practice¹⁵



¹⁵ Nursing mentors within care homes are from adult, learning disability and mental health fields of practice

Figure 7: Number of care home sign-off mentors in NHS Board geographical area, by field of practice



Across the care home sector supported by CHEFs, 54 nurses commenced a mentor preparation programme with 22 completing programme requirements to be recognised on the local mentor register¹⁶. Of the 73 mentor triennial reviews that were due, 58 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 50 permanent lapses, 26 temporary lapses and 16 mentors who were reactivated to the mentor register. Table 7 summarises the responses to the question about the perceived sufficiency of care home nursing mentors for the relevant fields of practice.

Table 7 – Perceived mentor sufficiency by field of practice, across care homes within NHS Board geographical area

	Yes	No
Adult	75%	25%
Mental Health	70%	30%
Learning Disabilities	75%	25%
Grand Total	73%	27%

¹⁶ University assessment boards may not have met when NHS Board report submitted to NES, therefore the accuracy of this completion rate cannot be confirmed.

4.3 Mentor turnover

To provide an indication of mentor turnover and mentor workforce capacity, Table 8 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 negative difference indicates a net loss in the number of mentors.

Table 8 - Mentor turnover

	Mentor workforce total	Permanent lapses	Prepared Mentors	Difference
NHS mentors	23,138	1,081	900	-181
Care home mentors	427	26	22	-4
Total	23,565	1,107	922	-185

The reduction in the number of mentors during 2016/17 is consistent with that of the 2015/16 report, however the location of the net loss has shifted. In 2015/16 the majority of mentor losses were in the care home sector, whereas for 2016/17 mentor losses were in the NHS as shown in Table 8 above.

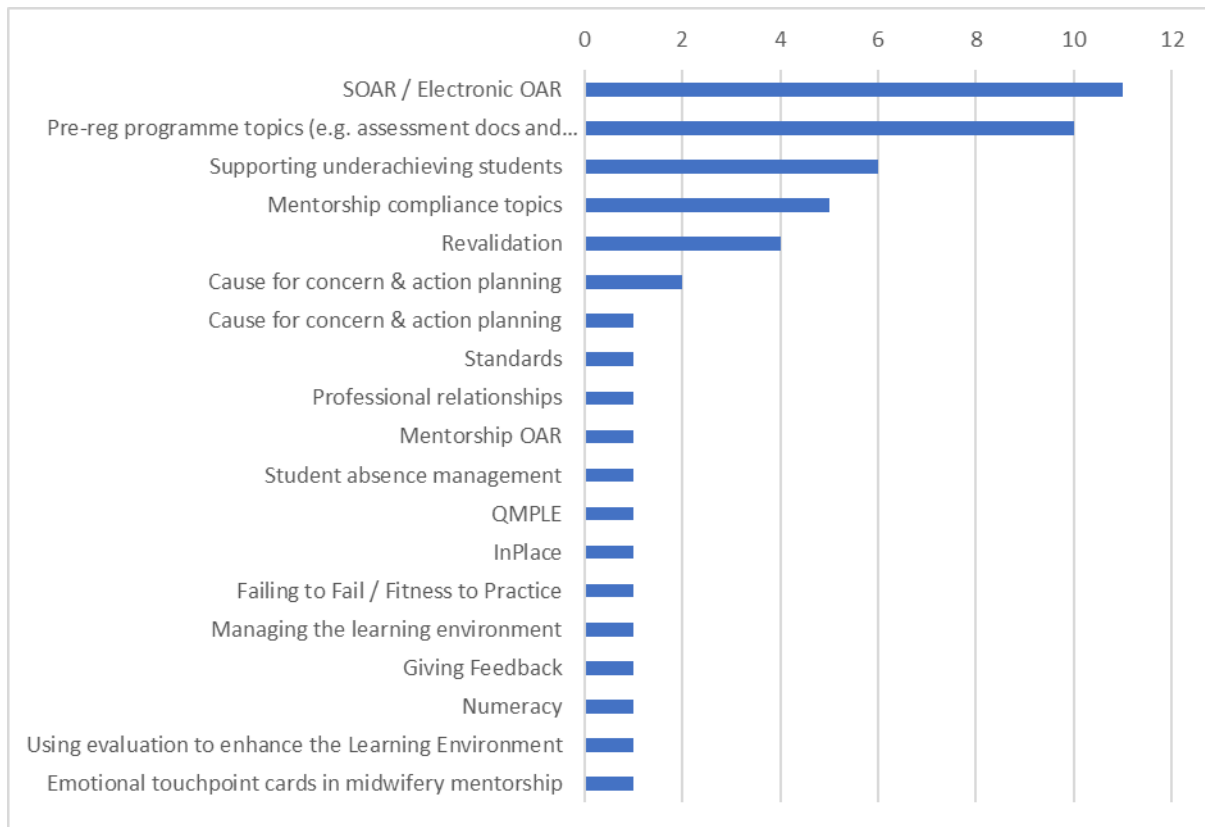
4.4 Annual updating of mentors in the NHS and care homes

Increasingly PEFs and CHEFs are jointly providing mentor updates which are accessible to mentors from NHS and care homes, therefore this data is reported together. A total of 4,527 *annual updating sessions* were delivered by PEFs and CHEFs, with 4,312 delivered in NHS settings and 215 specifically provided for the care home sector.

In terms of the method of delivery (face to face, e-learning, or both), 44% of NHS responses indicated that these were face to face, with 50% indicating a mix of face to face and e-learning (one board did not respond to this question). For care homes, 50% were provided 50% face-to-face, 19% both, and 31% not indicated. It is important to note that this data only includes annual updating sessions facilitated by PEFs and CHEFs and that mentors may update through other means as described in box 1 overleaf.

Respondents were invited to list the top three topics that had been covered in annual updates. Figure 8 shows annual updating topics and frequency of response across all NHS Board returns.

Figure 8: Themes covered in annual updates



As well as supporting compliance with annual updating and triennial review, mentor updates can also enhance mentor professional development. Responses to the question, "Please detail any other NEW ways that mentors engage in annual updating activities" are listed in box 1, below.

Box 1 - New ways mentors are engaging in annual update activities

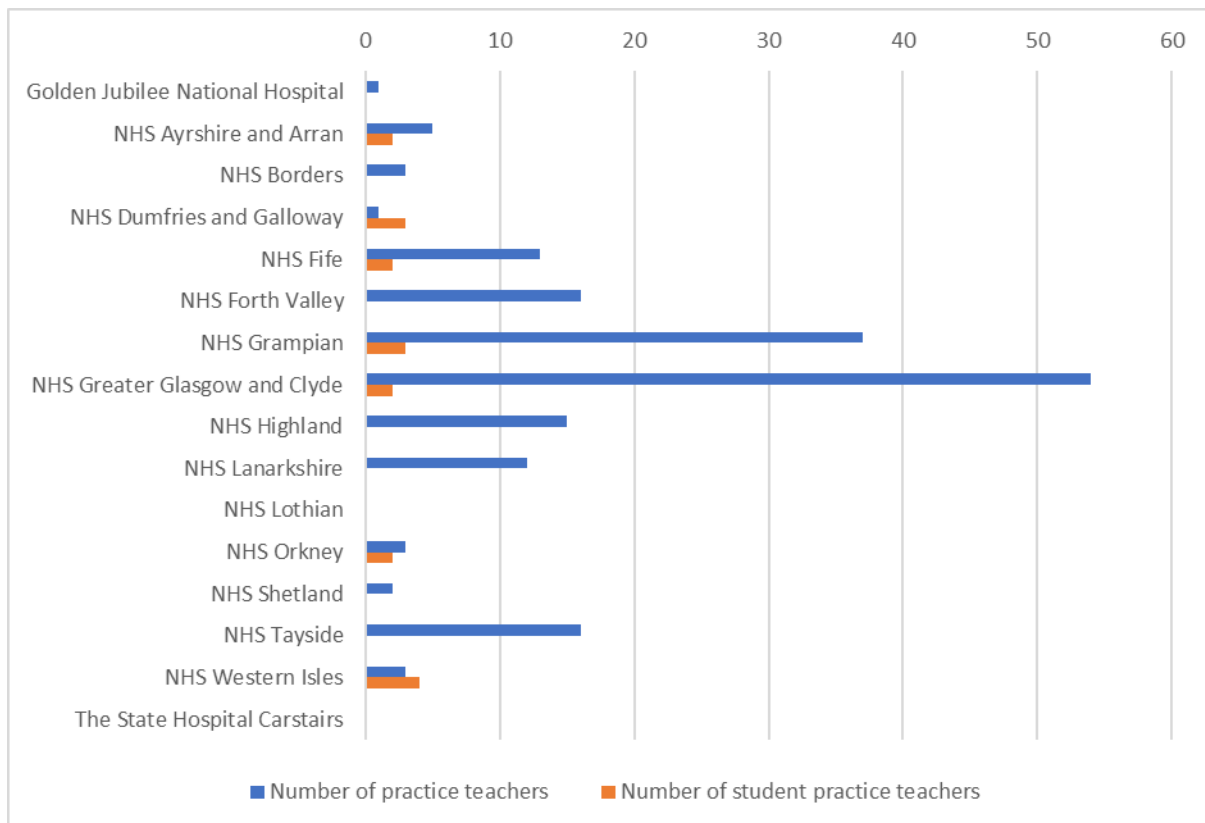
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| <ul style="list-style-type: none"> • Supervising Mentor information sessions • Lead and Link Mentor meetings • Mentor Bulletin • Mentorship Quizzes • New Learnpro module • Support from Mentor Champions • Involvement in practice audit process • Cause for Concern process • Community Practice Teacher Forum • Retrieval workshops • Team debriefs / reflection after constructive feedback • Student Feedback • QMPLE sessions • Relevant social media | <ul style="list-style-type: none"> • Newsletter • Online Care Home Mentor Forum • Effective Practitioner • Peer discussion • HEI updates • NMC focus groups • Practice Learning Environment Team meetings • Clinical Education Facilitator coordinating opportunities for mentors to facilitate teaching sessions • Watching podcasts and using electronic Ongoing Achievement Record demo site • Professional Midwifery Study Days • Practice learning committees |
|---|---|

4.5 Practice Teachers

PEFs, particularly those who support community teams, are involved in the preparation, development and provision of support for practice teachers and nurses, midwives and specialist community public health practitioners undertaking a practice teacher preparation programme.

There was a total of 181 practice teachers across NHSScotland, with 18 nurses, midwives or specialist public health nurses undertaking a practice teacher preparation programme during 2016/17. Figure 9 outlines the number of practice teachers per NHS Board at the end of the reporting period.

Figure 9: Number of student practice teachers¹⁷ and practice teachers by NHS Board



As can be seen from Figure 9, in comparison to mentors there are considerable lower numbers of practice teachers across NHSScotland. During 2016/17 there were five temporary lapses from the Practice Teacher Register, 11 permanent lapses and seven reactivations. Most boards reported no lapses or reactivations.

¹⁷ 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

4.6 Student Feedback

Students' feedback on their practice learning experience is part of programme (NMC 2009 and 2010) and NMC quality assurance requirements (NMC 2015). It also introduces students to this professional expectation and reinforces that the provision of feedback is the responsibility of all NMC registrants. PEFs and CHEFs are involved in encouraging students to provide feedback and in partnership with HEIs, facilitate feedback from students to the practice learning area.

94% of Board responses indicated that they received student feedback from their partner HEIs. The feedback was either in paper format (27%), provided electronically (27%) or both (47%). Feedback was reported at either an individual level (20%), aggregated (33%), or both (47%).

7% of responses indicated that they received feedback after every student practice learning experience, 20% every four months, 33% every six months, 27% annually, and 13% less often.

In response to the question "Does the timing of the feedback enable you to make timely responses to any issues?", 20% of Boards responded "Always", 27% responded "Usually", 20% "About half the time", 20% "Seldom", and 13% "Never". In terms of how the feedback is used, the most common response was that it was made available to clinical areas (Senior Charge Nurses [SCN]/Mentors/Clinical Educators). The full list of responses is available in box 2 below.

Box 2: Use of student feedback

- | | |
|---|---|
| <ul style="list-style-type: none">• Feedback to clinical area (SCNs / Clinical Educators/ Mentors)• Informing mentor updates and mentor contact• Support mentors with Revalidation• Reporting at annual updating sessions• Inform planning for update sessions• Creating action plans to address issues• Addressing cause for concern in partnership with HEI• Provide evidence of PEF/CHEF activity | <ul style="list-style-type: none">• Used during audits by link lecturer• Discussed at Practice Learning Environment Group• Planning department student tutorials• Care concerns raised through management structures• Themes reported to Nurse Director• Feed into Care Assurance and Accreditation Scheme (CAAS) performance objectives |
|---|---|

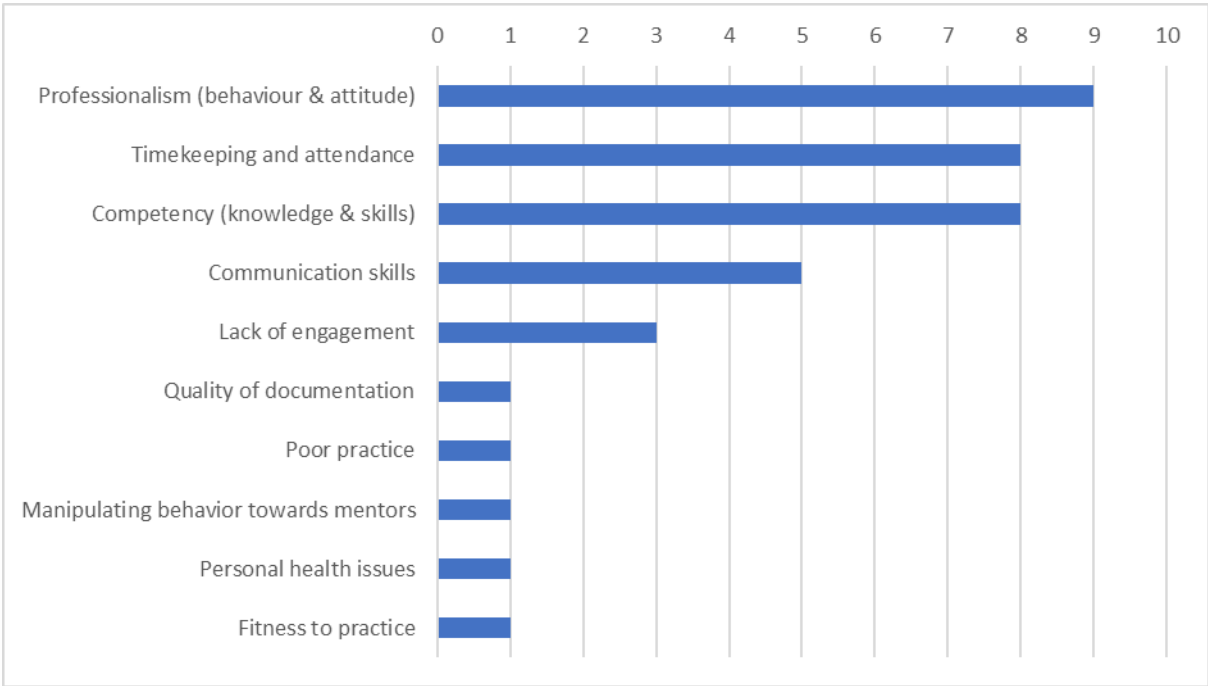
4.7 Cause for concern

Almost all NHS Boards reported numbers of causes for concerns¹⁸ raised during the reporting period, and identified themes emerging from their records of these. In total, there were 527 cause for concerns raised about students during an NHS practice learning experiences and 14 raised for students within the care home sector.

Figure 10 reports the themes raised under Cause for Concern, with a count based on the number of times each theme was mentioned across all NHS Board returns.

¹⁸ In this context, this refers to a cause for concern from a mentor about a student

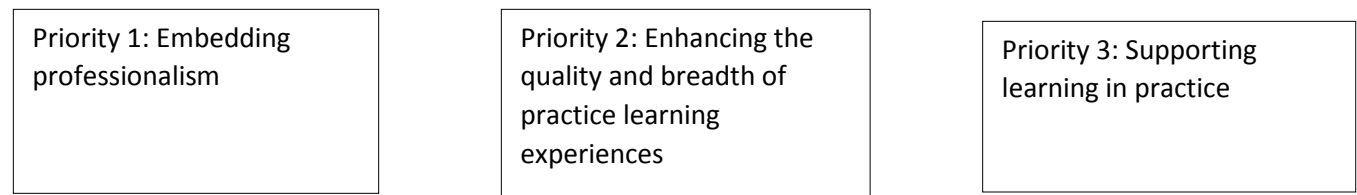
Figure 10: Cause for Concern themes



5.0 PEF and CHEF support for regulatory and policy drivers

Alongside the PEF and CHEF core role and function, each year three 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 2016/17 reporting period, the national priorities are included in Appendix 2 and summarised below, with further information about PEF and CHEF activity provided in the following three subsections.

Figure 11: National PEF/CHEF priorities for 2016/17



Rather than, as in previous years, providing a template to capture activity and impact towards the above 2016/17 priorities, NHS Boards were invited to submit existing reports, presentations and posters, that would demonstrate how their respective PEF and CHEF teams made progress towards the national priorities. The following sections provide a summary from NHS Board submissions and reports on PEF and CHEF activity together, with the care home or NHS context included within the text.

Some NHS Boards did not provide any further evidence in addition to the national data set reported in section 4. Therefore, examples from each NHS Board were not available to be included in the following sections.

5.1 Priority 1 – Embedding professionalism

Professionalism, and the PEF and CHEF role in supporting and enhancing professionalism has been a recurrent theme of the national priorities in the last few years. This is reflected in their work in translating the regulatory requirements for nurses and midwives into practice in relation to, for example, the Code (NMC 2015), revalidation (NMC 2016, 2017a) and Enabling Professionalism (NMC 2017b).

It is evident from the information provided in this section, that three areas were the focus of considerable activity by NHS Boards PEF and CHEF teams during 2016-17, namely:

- Revalidation (see section 5.1.1)
- Mentor development (see section 5.1.2)
- Reflection on practice (see section 5.1.3)

The examples below illustrate how professionalism was supported, enhanced and embedded in different contexts.

5.1.1 Supporting the first nurses and midwives to revalidate with the NMC

NHS Tayside – revalidation sessions

In preparation for registrants revalidating from April 2016, a programme of awareness events were implemented from November 2015, continued throughout 2016 and augmented by additional workshops for confirmers and on reflection and portfolio development as summarised below:-

- Familiarisation Workshops – 212 events with 306 attendees
- Care Home Familiarisation Workshops – 14 events with 66 attendees
- Confirmer Workshops – 65 events with 111 attendees
- Reflection and Portfolio Building Workshops – 16 events with 116 attendees
- Practice Nurses Revalidation and Reflective Writing Seminars – 2 sessions with 41 attendees

NHS Greater Glasgow & Clyde (partnerships) – partnership approach to supporting nurse professionalism

A short-life working group was established to support the 500 nurses and midwives identified to revalidate with the NMC in April, May and June 2016. A participatory workshop was based on the common themes from a scoping exercise. Writing a reflective account was important in facilitating experiential learning that was directly linked to revalidation requirements. Ninety-six workshop participants completed an evaluation, which found that the majority were satisfied or very satisfied they had developed insight into revalidation, with the following themes emerging from participant comments:-

- Reassured process is less complicated than perceived
- Making sense of the NMC templates/documentation
- Important of reflection on practice in the context of the Code
- Be proactive in maintaining a portfolio

NHS Grampian – “Getting ePortfolio out into practice” presentation at NES national post registration and continuing professional development event

NHS Grampian recommended the NES ePortfolio as the method of choice for NMC revalidation. During 2015 and 2016 PEFs noticed an increase in the number of requests for training and local support on ePortfolio, specifically linked to the NMC revalidation requirements. The PEFs, in partnership with the NES PE, developed a blended, hands on approach to support staff use ePortfolio for this purpose, which contributed towards an increase in the number of ePortfolio users from 425 in 2014, 2637 in 2015 and rising to 3140 staff in 2017.

NHS Greater Glasgow & Clyde (acute)– aligned mentorship ongoing achievement record (MOAR) to NMC revalidation

The PEFs aligned the MOAR to NMC revalidation by encouraging the use of the NMC template for the required reflections and developing a feedback template based on the literature. This second point is significant as nurses sometimes struggle to define feedback and there is the potential for mentors to use superficial feedback. In this way, mentors should 'learn' about themselves from it. The PEFs demonstrate the MOAR at all updates and emphasise mentors can use the same reflections and feedback they complete for triennial review for revalidation, thereby encouraging mentors to link mentorship with their clinical practice.

5.1.2 Mentor development

NHS Tayside – mentor forum

In response to staff perception/feedback about limited access to support and learning and development opportunities, a new way of working, i.e. a mentor forum, was tested to enhance the clinical learning environment and the quality of mentorship in a small/community hospital. The purpose of the forum is to support mentors and mentorship in the practice learning environment through a link mentor from each clinical area. The link mentors will be responsible for sharing all relevant information is cascaded to their teams. Although the forum is in its infancy, the first meetings have proven to be both positive and productive with the implementation of student learning areas.

NHS Greater Glasgow and & Clyde – Positively mentoring session and report

The Health and social care partnership requested a mentoring session to explore mentor's perceptions and communicate the importance of the role within the organisation and wider nursing profession. Two sessions were planned, delivered and evaluated which provided mentors with an opportunity to explore student learning outcomes and experience, regulatory issues and update from partnership HEI. All mentors in attendance engaged and readily identified learning opportunities for students. The following actions resulted from the session: -

- Update student placement resource booklet, and that community visits would be more closely aligned to the module learning audits
- Future inclusion of 3-day health promotion experience for students

NHS Orkney – Lead Mentor forum

Following an NMC pre-registration monitoring visit in partnership with Robert Gordon University, mentor's views were sought to establish a forum to provide a focus for dissemination of good practice and recognise the value of mentorship. Each practice area nominated a mentor and the role and remit was developed by its membership. Lead mentors have an overview of their practice learning environment, participate in student allocations, educational audits and have a key role in disseminating information to their teams and in feeding information back to the PEF.

“I personally feel that the lead mentor forum meeting is very beneficial in that it gives us an opportunity to discuss student matters (both good and bad) arising with mentors from other areas and use each other's experiences to bounce ideas off each other which can only help us all. The forum is helping to develop a better experience for students within NHS Orkney”.

“An important aspect of the lead Mentor Forum is simply having the time to meet with colleagues undertaking a similar role and facing common challenges of Mentoring within contemporary nursing practice. In this respect, the forum provides a safe and confidential arena for mentors to voice their concerns and challenges. The forum is also a place of encouragement and a vital source of learning for me as other Mentors share not only their challenges, and how they were overcome, but also their successes. In the course of a busy year the Lead Mentor Forum every quarter is a highlight”.

NHS Dumfries and Galloway – Championing mentors

Working with Senior Charge Nurses to introduce a mentor champion in each in-patient area. A launch day was identified to explore the role of a mentor champion with mentors, SCNs and PEFs from which roles and responsibilities were agreed. Following the launch event, a series of masterclasses were provided over the year to provide mentors with the tools required to make an impact on mentoring and their learning environment. Topics for the masterclasses included; grading in practice, making a small change and ePortfolio. The mentor champions evaluation from the year included “Attending the mentor champion programme was very helpful and informative and I would encourage all mentors to attend. I appreciate the support and updates”. The role is now being extended into community and mental health areas.

NHS Ayrshire and Arran – 1st mentor annual ceremony

Recognising Excellence in Leadership in mentorship awards was launched in 2016, which includes awards for mentor of the year, student mentor of the year, innovation in mentorship and link mentor award. This award started small with 125 third year students invited to forward their mentor nominees, which resulted in 101 nominations.

NHS Borders – mentor upskill sessions

Ninety-five nurses and midwives attended mentor upskill sessions to maintain their status on the local mentor register and develop professionally as a mentor. The sessions included; 1) NMC standards, 2) learning environment 3) supporting an underachieving student and 4) assessment process. Time to network, discuss mentoring related issues and obtain peer support was reported as being important for staff in rural and community settings and to reduce professional isolation.

5.1.3 Reflection on practice

NHS Dumfries and Galloway – what matters to me Effective Practitioner project – values based person centred care in care homes

The Effective Practitioner person centred care toolkit was used by CHEFs to analyse and discuss the underlying principles and benefits of using ‘what matters to me’ as a tool to enhance person centred care. This was intended to enable meaningful completion of the ‘5 must do principles of care’ document. In addition, care home staff were asked to appraise their own attitudes and values and reflect on their practice using TURAS ePortfolio and the production of a reflective account for revalidation.

NHS Fife – Using Effective Practitioner in a learning disability and dementia setting

The PEFs supported registered nurses through a series of workshops, to access and use Effective Practitioner resources to reflect on and have meaningful discussions about leadership, accountability, professionalism and patient care. This resulted in an increased confidence in challenging practice. Feedback included:

- Discussion with colleagues in a safe environment
- Utilising EP website to increase knowledge, skills and confidence
- Increase positive thought processes
- Makes you more self-aware
- Increases self-reflection skills
- Increases awareness regarding accountability

NHS Forth Valley – Senior Charge Nurse (SCN)/team leads and mentor surveys

Satisfaction questionnaires were disseminated to most mentors and SCN / Team Leads within NHS Forth Valley mental health services during the period of December 2016.

The mentor experience questionnaire consisted of 22 statements which mentors were asked to rate on a Likert scale of 1 – 5. Simultaneously SCNs/Team Leads were also requested to complete a further questionnaire from the perspective of a manager of a practice learning environment. This was a condensed questionnaire utilising 18 questions from the mentor survey and provided an opportunity to comment. The findings from the questionnaires will be used to inform mentor development and support for the practice learning environments during 2017.

5.2 Priority 2 – Enhancing the quality and breadth of practice learning experiences.

Practice learning capacity and the quality of student learning in practice has been a core aspect of the PEF and CHEF role, as would be anticipated. The focus of the priority for this year was on:-

- Identifying and using emergent data on practice learning capacity in order to accommodate pre and post registration students
- Innovative ways to increase practice learning capacity across health and social care sectors, including long arm approaches to mentorship and the supervision of nurses undertaking mentor preparation programmes
- Support the implementation of the Quality Management of the Practice Learning Environment¹⁹ (QMPLE)

As health and social care has been integrated this has resulted in an increased demand for practice learning experiences outwith acute care and hospital settings. The PEF and CHEF role in identifying, working with and sustaining practice learning experiences that reflect the true nature of nursing and midwifery practice have been highlighted from NHS Board submissions.

The examples below illustrate how practice learning experiences were enhanced across health and social (see section 5.2.1) and how QMPLE was supported by PEFs and CHEFs (see section 5.2.2)

5.2.1 Practice learning capacity across health and social care

NHS Greater Glasgow and Clyde have supported Glasgow Clinical Research Facility to be approved as a second year hub and spoke practice learning environment to increase adult and child health student capacity. This area now has nine active mentors and QMPLE is being used to capture, record and report student feedback on their experience.

NHS Western Isles – long arm mentoring of a Learning Disability nurse

The PEF and a mental health sign-off mentor have recently worked with a learning disability nurse undergoing the mentor preparation course. The PEF meet regularly with the mental health mentor and the student mentor. This approach enabled the PEF to engage with the student mentor at the beginning of her mentoring 'career' and should support the development of strong relationship. Upon completion of the mentor programme, feedback will be obtained from the student mentor to further develop long arm mentoring locally throughout NHS Western Isles.

¹⁹QMPLE is an online database that has been developed by NHS Education for Scotland (NES) in partnership with colleagues from both practice and universities. It manages information relating to the quality of the practice learning experience through student feedback, educational audits, quality standards for practice placement audits (QSPP) and mentorship data. Further information available at: [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)

NHS Ayrshire and Arran – Quality improvement approach to model of placement allocation and long arm mentoring sign-off mentors private sector

A quality improvement approach commenced during 2016/17 to support the development and implementation of a model of practice placement allocation to increase placement capacity.

Support was provided for long arm mentoring of two sign-off mentors in the private sector.

NHS Borders – Special Care Baby Unit (SCBU)– consolidation placement

In partnership with the special care baby unit, the PEFs supported the identification of key activities that would enable SCBU to be recognised as a student consolidation placement, including loss and breaking bad news, participation in daily huddles and shadowing a pharmacist across the child health department.

5.2.2 Quality Management of the Practice Learning Environment

NHS Greater Glasgow and Clyde

The PEFs and CHEFs have been involved in supporting NES with the development and initial pilot of QMPLE, which has involved representation on the national stakeholder group to advise and steer the project from the outset. QMPLE implementation currently constitutes a considerable part of the PEF/CHEF workload and it is anticipated this will continue over the next 12 months. Biennial educational audits are currently being conducted via QMPLE with positive feedback from all involved.

NHS Ayrshire and Arran

The PEFs and CHEFs have undertaken significant activity to support the implementation of QMPLE across Ayrshire and Arran. This has resulted in all practice learning environments being active within the system, uploading of practice learning experience profiles and QSPP and educational audits dates inputted. The 2017 process of educational audits, using QMPLE is now underway.

5.3 Priority 3 – Supporting learning in practice

Alongside developing, extending and enhancing the breadth and quality of practice learning environments, PEFs and CHEFs contribute towards learning across the career framework for health. The 2016/17 national priorities had a focus in supporting newly qualified practitioners and in the continued development of a culture of learning.

Four areas were the focus of considerable activity by NHS Boards PEF and CHEF teams during 2016-17, namely:

- Supporting colleagues across the career framework (see section 5.3.1)
- Clinically focussed education (see section 5.3.2)
- Scholarly activity (see section 5.3.3)
- Digital development (see section 5.3.4)

5.3.1 Supporting colleagues across the career framework

The examples provided in the following subsections demonstrate how PEF and CHEF teams have supported their colleagues at various stages of their careers.

5.3.1.1 Recruitment

NHS Borders – Nursing and Midwifery taster day

Building on the approach used within NHS Fife, secondary-four level school children submit a brief statement outlining why they should be offered a place on the taster day, which is then reviewed by a panel. The Nursing and Midwifery taster day includes presentations from all four fields of nursing and midwifery, question and answer between practitioners and students, introduction to care homes, tour of the hospital and clinical skills simulation, time with university and college staff and job opportunities. Feedback from participants in response to the question “what, for you, have been the benefits of attending?” are provided below:

- Insight into different types of nursing and opportunity to speak to people from universities. Able to have questions answered that would not have happened without the day
- Gained more knowledge about midwifery and what the job entails. Also learnt more about the university
- Learn so much more about the qualities and aspects of nursing
- Learning more about midwifery
- Learning about what it takes to be a nurse.
- Different specialities of nursing

NHS Highland – Health Care Support Workers (HCSW)

PEFs, working with colleagues across NHS Highland, scoped HCSW career development, education and training to form the basis of a strategy for all ward based nursing HCSW roles. This involved the following key areas – induction, competency programme, Scottish Vocational Qualifications (SVQs), development opportunities and career pathways. A number of recommendations are being progressed, including a “one stop shop” intranet site for HCSWs, adaptation of NHS Greater Glasgow and Clyde competency programme and career development opportunities, including access into pre-registration nursing programmes.

NHS Grampian – Moving Forward: Strategies to support the next generation of health visitors to deliver the quality health agenda – Networking in Healthcare Education NET2016 Conference

Community PEFs in NHS Grampian contribute towards the preparation and ongoing support for health visitors and practice teachers, in partnership with Robert Gordon University, in the following ways. This includes a collaborative selection process, induction, discipline specific line managers and access to information, allocation of post registration students, guidelines regarding NHS Grampian expectations for student health visitors as employees, case supervision and a practice teacher forum in practice.

5.3.1.2 Enhancing student leadership

NHS Tayside – School of Nursing and Health Sciences Exercise Team Spirit:

More than 300 student nurses from the University of Dundee have been working hard to develop their team-working, leadership skills and physical and emotional resilience - all under the supervision of some of Scotland's army reservists. Exercise Team Spirit is a collaboration between the University's School of Nursing, NHS Tayside's Practice Education Facilitators, Institute of Sport and Exercise, Student Support Services, and the army's 225 (Scottish) Medical Regiment.

Activities were selected to test a range of skills, including mental agility, response time, observational skills, physical ability, intelligence and general knowledge. The winning teams, including the Practice Education Facilitators from each day, were awarded a certificate from the School of Nursing & Health Sciences recognising their achievement. Events took place in November and early December.

Professor Margaret Smith OBE, Dean of the School of Nursing & Health Sciences, said: *"It's excellent to see this partnership work developing, and I hope we will be able to build a range of similar activity over the next few years."* Please find below a link to a short video clip of the project.

<https://www.youtube.com/watch?v=fiTCXpEmgsY&feature=youtu.be>

The purpose of PEFs being involved was to raise the PEF profile to the students involved in this exercise. In addition, PEFs were able to identify key aspects of leadership, team development and problem solving which are transferrable into direct clinical care. These observations were fed back to the students and their academic support as part of the evaluation at the end of the project.

NHS Lanarkshire – Chief Nurse Forums

Each year approximately 900 nursing and midwifery students are on placement within NHS Lanarkshire and, as such, they are a valuable source of safety information and perceptions of the standards of care provided to patients. Mindful that on gaining their professional registration many of these students could be employed within NHS Lanarkshire and advocates of quality care, how could we ensure the student's voice in relation to safeguarding patient care was heard? Chief Nurses, with the support of the Clinical Learning Quality Team (including PEFs) within the Practice Development Centre, decided to pursue a co-productive approach to create an avenue for the voice of pre-registration nursing students. The PDSA (Plan, Do, Study, Act) cycle was utilised.

All pre-registration nursing students were invited to a one hour 'Chief Nurse Forum' at one of the three acute hospitals, with eleven forums taken place. Qualitative feedback revealed that participation in the forums increased individual's perceptions of their confidence to raise concerns in relation to the patients journey and students also reported feeling motivated, valued and listened too. Chief Nurses subsequently visited pertinent clinical areas to share the constructive feedback, thus resulting in positive changes to practice. The findings were disseminated and shared with all relevant stakeholders and the Chief Nurse Forums continue.

5.3.1.3 Newly qualified practitioners and Flying Start NHS®

NHS Greater Glasgow and Clyde – Pop-up PEFs

The Flying Start NHS® dashboard indicated low completion rates, with PEFs reliant on SCNs to identify newly qualified practitioners (NQPs) and a perceived lack of engagement with the programme in practice. Induction is mandatory for all new starts and PEFs now “pop up” at induction to encourage completion of the Flying Start NHS® starter form, discuss support available and foster active engagement with the programme.

NHS Grampian – Review of Newly Registered Nurses (NRN) Experiences within rural Aberdeenshire

PEFs were involved in the development and evaluation of a community newly qualified nurse programme in Aberdeenshire, to contribute towards addressing some of the community workforce challenges. The programme consists of focussed recruitment within geographical area, university preparation session, PEF lead sessions and ongoing support, Flying Start NHS® completion, SCN/team leader collaboration. The evaluation found that all NRNs highly rated induction, study days and local support, valued peer and PEF support to complete Flying Start NHS® and reported this benefited their career progression plans.

NHS Tayside – Flying Start NHS® newly qualified practitioner support group

PEFs in Tayside have introduced two support forums for newly Qualified Practitioners, one in Perth and the second for mental health nurses in Murray Royal Hospital. The forums are a supportive measure to help reduce the challenges for NQPs in their first post, enable networking with peers and support completion of Flying Start NHS®. The forums have included a developmental activity record, innovative ways for the NQPs to be proactive in their own self development and a safe space for supportive interaction in a confidential environment. Feedback from NQPs -

(Something I'll take away to use) “That support is always available and how to access it.”

“this was an additional level of support, which allowed us the opportunity to talk honestly about the challenges faced as a NQP in clinical practice, it is reassuring that it is confidential.”

Through participating in these forums, the NQPs have built a network of peer support which in turn increases resilience and should contribute towards staff retention. In addition benefits to the PEF Team included increased confidence in facilitating groups and personal development opportunities.

NHS Lothian – Using a Newly Qualified Practitioner (NQP) programme to support Flying Start NHS®

It is widely acknowledged that transition from student to registered practitioner is challenging. NHS Lothian developed an education programme underpinned by Flying Start NHS® to facilitate NQP transition and learning. The programme consists of an eight-day programme with protected learning time, relevant theoretical content mapped, facilitated reflection and quality improvement project linked to Flying Start NHS® outcomes. As well as improved Flying Start NHS® completion rates, feedback suggests practitioners have developed and are more self-aware. Comments include

“I consolidated my knowledge and skills which has made me a more reflective practitioner”, “I used reflection to learn from experience and adapt to various situations” and “Don’t give up. The first year is hard but you will get through it. Don’t be afraid to ask for help”

NHS Ayrshire and Arran – Supporting the care home workforce

The CHEF in Ayrshire and Arran supported the first care home nurse to complete Flying Start NHS® and nominated the first member of care home staff for the Isabel Kimmett Compassionate Care Award, for which she was awarded. www.nhsaaa.net/media/423002/20160825iskimaw.pdf

NHS Borders – Newly Qualified Practitioner (NQP) programme

Five and a half study days over a 12month period. Day 1 professional values into practice and lifelong learning with day 5 improvement methodology and day presentation of projects and certificates awarded by Chief Executive. Programme aligned with Flying Start NHS® and participants introduced to ePortfolio and using evidence of their learning for future revalidation with the NMC.

5.3.1.4 Post registration

NHS Forth Valley – Preceptorship for newly qualified Health Visitors

A team consisting of the Clinical Nurse Manager for health Visiting, Community Development Nurse, Community Practice Teacher (CPT) and PEF developed a programme for newly qualified health visitors. The programme consists of 4 – 6 weekly group meeting with a PEF or CPT, one to one meeting with the CPT or health visitor or a combination of both. The programme facilitators felt that participants did not always prepare for sessions, numbers varied and reliance on facilitators to lead sessions. Participants reported it was interesting to see how other health visitors practice, highlighted areas for individuals to build and improve on, allowed consolidation of learning into new role, was not beneficial when poorly prepared and difficulties without a set agenda. Preceptorship will continue into 2017, with the programme to run over a year, structured sessions 6 – 8 weekly based on participants needs.

NHS Highland – Band 6 development programme

PEFs and CHEF working with SCN and NES PE to build on existing band 6 development programme. During 2016/17 the majority of PEF activity was in scoping the leadership learning needs of band 6 nurses and midwives and building commitment to support delivery of the programme within the wider education team.

5.3.2 Clinically focused education

Alongside the regulatory aspects of their role in contributing towards delivery of NMC approved education programmes, PEFs and CHEFs also provide support for educational aspects of national clinical priorities, such as dementia, delirium and pressure ulcer prevention as shown below.

NHS Ayrshire and Arran – Dementia/Delirium Conference

The CHEF, in collaboration with colleagues, provided an opportunity for care home sector staff to attend a dementia/delirium conference tailored for them. Collaborative meetings with representation from each Health and Social Care Partnership meant that the content of the day was devised to meet the needs of care home staff. Ninety-seven care home staff from across Ayrshire attended, with five care homes using the conference as a vehicle to share current dementia initiatives with their care home peers.

NHS Dumfries and Galloway – ‘Relieving the Pressure’ Focus on Education

The CHEFs in partnership with Health Improvement Scotland, and local collaboration with Scottish Care, district nursing team, quality improvement lead and care homes used a quality improvement methodology to reduce pressure ulcer prevalence in older adults.

Two tests of change were supported – 1) staff to complete a questionnaire to establish baseline knowledge of pressure ulcer prevention 2) staff to answer four face-to-face questions to determine understanding of grading, risk assessment and early detection. These shown that staff knowledge and understanding of pressure ulcer prevention and management could be improved and therefore a training programme is being supported including the introduction of a pressure ulcer lead in the home and a health care support worker educational work book.

5.3.3 Scholarly activity

Evidence-based practice has been a core and enduring aspect of the PEF and CHEF roles since their introduction in Scotland in 2004 and 2010 respectively. This evidence-based aspect is two-fold; firstly, to critically review, translate and support the implementation of evidence into practice and secondly; to contribute towards the body of research and evidence regarding education and practice learning. PEFs and CHEFs, working collaboratively with NES Knowledge Services colleagues and local librarians, undertake a knowledge broker²⁰ role to support front line practitioners to access the latest evidence. In addition, and

²⁰ For further information please access - <http://www.knowledge.scot.nhs.uk/knowledgebrokers/module-1.aspx>

as NMC registrants, PEFs and CHEFs have an individual professionalism responsibility to adhere to the NMC Code and “*Always practise in line with the best available evidence*” (NMC 2015:7). From the information provided the PEF and CHEF scholarly activity and contribution towards the evidence and research base is detailed below under personal, conference presentations and collaborative research subsections.

5.3.3.1 Personal

NHS Lanarkshire PEF as part of Master’s programme phenomenological study of healthcare chaplains – understanding of the role of the chaplain and their future role, in relation to supporting NHS staff.

NHS Greater Glasgow and Clyde PEFs have introduced a Clinical Area Research Group (CARG)

The PEFs decided to set up their own CARG with the purpose of taking forward implementation of the nursing and midwifery research strategy within the team. The research priorities for the PEF CARG are directly related to the national priorities and therefore support the delivery of practice based nursing and midwifery education in the practice learning environment for mentors and pre-registration nursing and midwifery students. The aims of the PEF CARG are:

- to determine research priorities for the PEF team linked to annual national PEF/CHEF priorities
- to devise and implement a research action plan for the PEF team.
- to develop and implement systems to ensure that Masters dissertations and other research being carried out address immediate priorities for the PEF team, and that these are celebrated, published and used to inform development of nursing and midwifery practice.
- to develop and implement mechanisms to support all PEFs to be involved in research and evidence based practice at a level appropriate to them.
- to foster collaboration between nursing and midwifery practice and academia.

5.3.3.2 Conference presentations

NHS Tayside – clinical supervision presentation at 4th Scottish Mental Health Nursing Research Conference

The PEF presentation described the work they had undertaken with newly qualified mental health nurses on the use of clinical supervision. The purpose of the sessions was to explore how group supervision could be used effectively as a learning and development tool and to highlight the purpose and benefit of Clinical Supervision.

NHS Fife – Introducing the electronic ongoing achievement record (eOAR) to student mental health nurses and nurse mentors in NHS Fife – 4th Scottish Mental Health Nursing Research Conference

In partnership with Abertay University, PEFs in NHS Fife supported the development and introduction of the eOAR, which included contributing towards a smooth transition from paper to eOAR, training for students and mentors for the first and ongoing placements using eOAR. Evaluation data was collected using pre and post placement questionnaires, post placement discussions with mentors and students.

NHS Greater Glasgow and Clyde – Student nurse attrition study

This study, in partnership with the University of the West of Scotland, set out to explore the relationship, if any, between entry level qualifications and age at the end of year 1 of a nursing programme and academic results and performance in practice. Using pre-existing data from a quantitative retrospective cohort, the study found that age and entry qualifications influenced theory results apart from clinical simulation module and no significance was found in clinical practice. A second phase of the study is recommended to explore if students proceeding with academic deficit successfully transition into year 2 of the programme.

NHS Lothian - Action research project – Feedback to students in clinical practice

Edinburgh Napier University, in partnership with NHS Lothian PEFs established a collaborative action research project to enhance student learning and assessment in practice, to support nurse mentors and respond to feedback from nursing students about their experience of feedback in clinical practice.

The first action research cycle found:-

- students and mentors recognised that students needed to be active in seeking and asking for feedback
- There were a number of elements that contributed towards successful feedback, including a trusting relationship where students felt they had permission to ask for feedback
- Changes in practice such as provision of explicitly as opposed to generic feedback

The second cycle involved the PEFs engaging mentors in dialogue about feedback at for example mentor upskill days, student preparation for practice and in other ways PEFs work with mentors. A formal evaluation, including student and mentor experience of feedback in clinical practice will be undertaken during 2017.

5.3.4 Digital developments

Digital technologies are increasingly becoming part of everyday life and work, in the NHS, other sectors and practice. The Scottish Government has recognised the importance of digital developments in their Digital Strategy and expects NHS staff to role-model digital as a means of increasing access to resources (Scottish Government 2017a). This is particularly important for providing health care to rural communities and education to isolated and remote health care teams and practitioners. This expectation is echoed in the Chief Nursing Officer 2030 Vision for Nursing which highlights the “*need to ensure nurses are prepared to be comfortable in increasingly technological environments....*” (SG 2017b:17). PEFs and CHEFs, through their connection with NES, have contributed towards the development, refinement and testing of a number of digital educational resources, including but not limited to the TURAS Nursing and Midwifery ePortfolio, NHS Flying Start® and QMPLE. Some examples of their digital developments at a local level are outlined below.

NHS Western Isles – Intranet site

Reviewed the practice education presence on the intranet to provide a central point for information and strengthen established links between PEFs and mentors throughout the islands.

NHS Ayrshire and Arran – Careers Film for Local Schools

NHS Ayrshire and Arran deliver two awareness sessions for schools annually, however not all schools can attend. To address this a DVD has been produced which follows a patient diagnosed with having a stroke, and the journey from admission to discharge encompassing the role of the professionals they meet. The DVD/awareness session was nominated for an Ayrshire Achieves Award and reached the finals.

NHS Greater Glasgow and Clyde – Nursing and Midwifery portal

In partnership with the University of the West of Scotland, the PEFs have developed a series of short videoclips to support nursing and midwifery colleagues with the revalidation process. The videoclips are very short and have been purposely designed to provide staff with a quick illustration of the process with the hope that staff will generate discussion, identify further learning and will know, where to locate resources.

6.0 Summary of key findings and some thoughts for the future

The PEF and CHEF roles remain an integral part of the educational infrastructure for the pre-and post registration nursing and midwifery workforce, and as can be seen from this report, the numbers of colleagues they directly support is significant. The PEF postholders are part of a mature and relatively stable national practice education network. During 2016/17 there were increased development opportunities for PEFs, including secondments to partner universities and to support implementation of NMC revalidation.

There was a vast reduction in the CHEF turnover, from 35% at the end of March 2016 to 14% in March 2017. It might be reasonable to assume that this was, in part, as a result of the longer-term Scottish Government funding for the posts. Reports from Scottish Care (2017a and 2017b) have highlighted the recruitment and retention challenges and the fragile nature of maintaining the nursing workforce across the care home sector. Continuation of the CHEF posts will provide opportunities to increase pre-registration practice learning capacity across the care home sector and enhance the care home as learning environment for all, including nurses and carers.

Building on the findings from the 2015/16 PEF/CHEF collated annual report regarding education facilitators that are new to the role, work is progressing to explore the factors that support effective transition from clinical into education roles and to enhance local and national induction for new PEF and CHEF postholders. The CHEF network, in a similar way to that of the PEFs, is now becoming more stable.

Moving forward, do we need to explore how we continue to sustain a vibrant, evidence informed national network that truly reflects health and care integrated teams and strengthens and extends practice - education partnerships?

Completion of mentor preparation programmes still appears to be a challenge across the majority of NHS Boards. As preparatory work commences in readiness for the new NMC standards for learning and assessment in practice,

should we consider what can we learn from our previous experience about selecting and supporting nurses and midwives to undertake and complete mentor preparation programmes both within university and in practice?

The mentor workforce to support students throughout and at the progression points on learning disability and child health pre-registration nursing programmes appears to be particularly fragile again during 2016/17. This will continue to be a priority for PEFs and CHEFs in ensuring that learning disability and child health mentors are supported to remain on the local mentor register and in the transition period for the implementation of the revised standards for learning and assessment in practice.

Given the increased emphasis on post registration education programmes through the refocused health visiting and school nursing roles, there remain relatively low numbers of nurses and midwives undertaking practice teacher preparation programmes.

What are the wider implications of this potential lack of post-registration regulatory capacity as district nursing is refocused, the supervision of non-medical prescribing may be directed towards

nursing and midwifery colleagues and the Chief Nursing Officers (CNO) Transforming Roles agenda?

The NMC programme of change for education²¹ will move into an implementation phase during 2018/19 with the publication of the standards of proficiency for the future nurse, education framework and requirements for; learning and assessment in practice and education programmes for pre-registration nursing programmes. PEFs and CHEFs, working with their education and practice colleagues, will have a key part to play in the interpretation, translation and practical application of the NMC standards and requirements. These regulatory changes alongside the CNO Nursing Vision for 2030 (Scottish Government 2017) and its associated action plan, will contribute towards contemporary preparation for the future nursing workforce.

The above themes emerging from the national report, the NMC programme of change for education and the Scottish Government policy directives, especially the CNO 2030 Vision for Nursing, will inform future national PEF and CHEF priorities in the forthcoming years. It is therefore anticipated that 2018/19 will be an engaging year for all those involved in developing programmes for a future focused, contemporary and integrated nursing profession. In Scotland, our national PEF and CHEF networks and individual educators within them, must be supported and developed to enable them to respond to these strategic drivers and professional opportunities.

²¹ <https://www.nmc.org.uk/education/programme-of-change-for-education/programme-change-education/>

7.0 References

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Nursing and Midwifery Council (2015) *The Code. Professional standards of practice and behaviour for nurses and midwives*. London. Nursing and Midwifery Council

Nursing and Midwifery Council (2016, 2017a) *How to revalidate with the NMC*. London. Nursing and Midwifery Council

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8.0 Appendices

Appendix 1 – Practice learning core data set

NHS Boards submit the following information to NHS Education for Scotland as part of the PEF and CHEF SLA reporting requirements:

PEFs and NHS Board Area Learning Environments

1. What is the total number of Learning Environments in your Board area? (Excluding care homes but including any other non-NHS environments)
2. How many of these learning environments have educational audits, mentors/practice teachers and student partnership arrangements (e.g. SLAs, MOAs) in place?
3. Please outline the reason(s) for any difference between Q1 and Q2
4. What is the number of students (pre and post registration programmes) that your NHS Board has partnership arrangements in place to offer practice learning opportunities?
5. What is the total number of mentors per field of practice in your NHS Board area? (excluding sign-off mentors)
6. How many sign-off mentors do you have?
7. How many supervising mentors do you have? (experienced mentors supporting nurses and midwives undertaking mentor preparation programmes)
8. Is the number of mentors sufficient to support the number of field students allocated?

Practice Teachers

9. What is the number of practice teachers within your NHS Board area?
10. What is the number of student practice teachers within your NHS Board area?
11. What is the total number of practice teachers who have lapsed TEMPORARILY from the practice teacher register?
12. What is the total number of practice teachers who have lapsed PERMANENTLY from the practice teacher register?
13. What is the total number of practice teachers who have been reactivated to the practice teacher register?

CHEFs and Care Home Sector Learning Environments

14. What is the total number of available care home learning environments across your sector?
15. How many of these learning environments have educational audits, mentors and student partnership arrangements (e.g. SLAs/MOAs) in place?
16. Please outline the reason(s) for any difference between Q14 and Q15

17. What is the number of learning environments supported by CHEFs?
18. What is the number of students that your sector has partnership arrangements in place to offer practice learning experiences?
19. What is the number of mentors per field of practice in your care home sector? (excluding sign-off mentors)
20. How many sign-off mentors do you have?
21. Is the number of mentors sufficient to support the total number of field students allocated?

Mentor preparation and the mentor register

22. What is the total number of mentors who have lapsed TEMPORARILY from the mentor register?
23. What is the total number of mentors who have lapsed PERMANENTLY from the mentor register?
24. What is the total number of mentors who have been reactivated to the mentor register?
25. Please detail reasons for mentors who have lapsed from the register in the last year
In the Academic Year 2016/17
26. What is the total number of staff who undertook mentor preparation (include those undertaking mentor preparation at the moment)?
27. What is the total number of staff who completed mentor preparation?

Annual Updates

28. What was the total number of mentor and practice teacher annual update sessions delivered? (NB the number of updates, not the number of people)
29. Please specify the format used to deliver these updates (i.e. face to face, e-Learning or both)
30. What were the top three topics covered in annual updates?
31. Please detail any other new ways that mentors and practice teachers engage in annual updating activities

Triennial Reviews

32. How many triennial reviews have been due to be completed? (This is inclusive of mentors and practice teachers)
33. Of these, how many have been completed?

Student Feedback

34. Do you receive student practice learning experience (PLE) feedback from HEI(s)?
35. Is the format of this feedback paper or electronic?
36. Do you receive individual feedback responses, aggregate feedback, or both?

37. What is the frequency of this feedback?

38. Does the timing of the feedback enable you to make timely responses to any issues?

39. Please outline how you use this feedback

Cause for Concern

40. How many mentors and practice teachers have raised a cause for concern about a student?

41. Please identify any themes that have emerged from these causes for concern

Appendix 2 – PEF CHEF National Priorities 2016/17

Priority 1: Embedding Professionalism: What activities and actions have been undertaken in relation to NMC revalidation?

This may include:

- Support mentor activity in embedding the Code within the mentorship role/revalidation process including contributing to culture change which supports professional regulation and standards being upheld.
- Support mentors to engage with the revalidation process and collation of evidence (including CPD, feedback and reflection).
- Evidence of mentor ownership of annual updating and triennial review.

Priority 2: Enhancing the quality and breadth of practice learning experiences: What data is evident in relation to practice learning placement capacity and what are the key challenges/innovations/current issues?

This may include:

- Scope, collate and share emergent data in relation to mentor, practice teacher and practice learning capacity and practice learning experiences.
- Identify innovative ways PEF/CHEF's work with mentors and Practice Teachers regarding increased capacity and explore impact measures.
- Report activities within and across health and social care integration.
- Report activity on releasing time to learn.
- Support the implementation of Quality Management of the Practice Learning Environment (QMPLE).
- Report activity of long-arm supervising mentorship in new practice learning areas.

Priority 3: Supporting learning in practice: What developments are in place to support mentorship (including pre-registration/Flying Start NHS® /Practice Teachers) and how does this impact on the practice learning environment?

This may include:

- Reporting activity and innovation in relation to HNC/pre-registration and other staff across the career framework for health within the practice learning setting.
- Continue embed Flying Start NHS® within practice.
- Supporting the development of mentors and practice teachers in practice.
- Development of a culture of learning.
- Reporting on factors that influence and define a quality learning environment

Miscellaneous - this could formulate part of the good news story and may be included within the qualitative template:

- Report activity in relation to national approaches and their impact within practice
- Share innovations within teams e.g. projects and subject based

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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March 2018