

CAPITAL nurse

CapitalNurse Expo
22 Mar 2018
AM Workshop Slides

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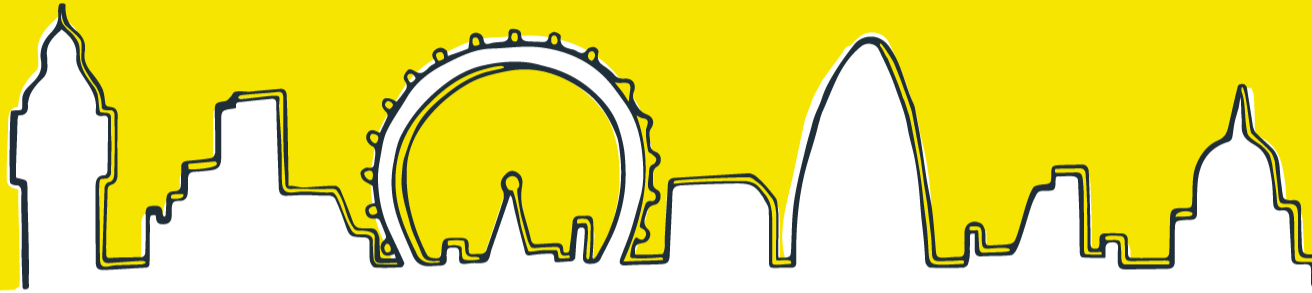
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1. Showcasing the CapitalNurse career framework tool

CapitalNurse





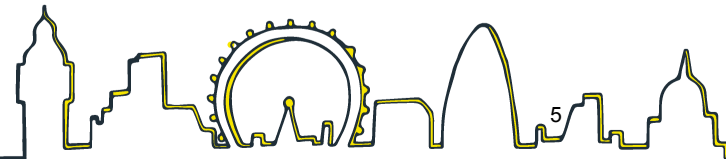
CAPITAL nurse

CapitalNurse Career Framework

Jane Fish, Project Manager

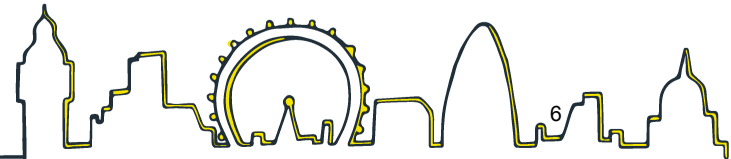
Background

- To ensure a London wide approach to career development and progression
- To enable nurses to explore the career opportunities available in nursing
- The impact of career progression on retention

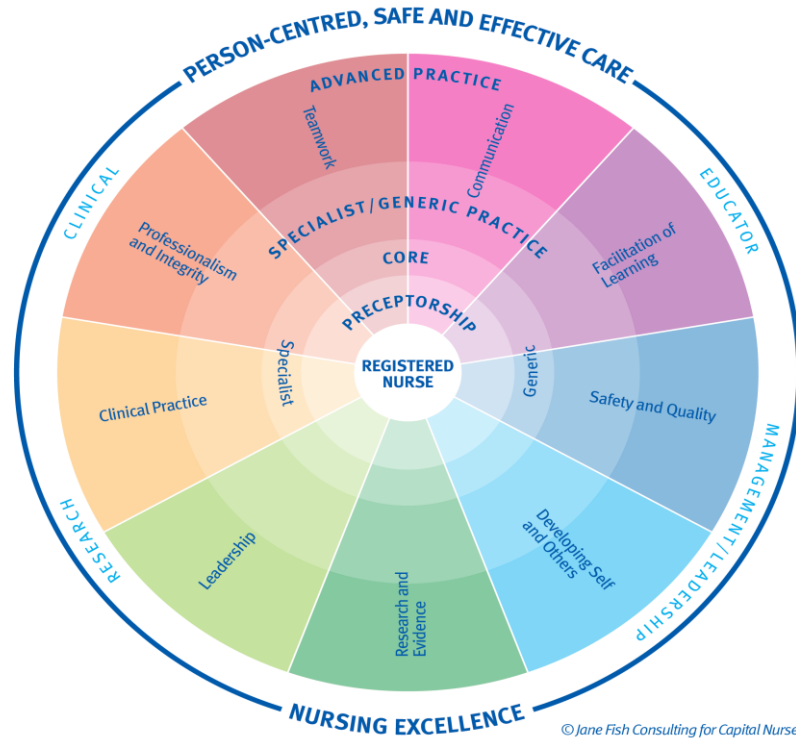


Piloting the Career Framework

- 14 organisations across London – acute, community, adult, child, mental health
- Nurses across a range of roles from preceptee through to advanced practice
- Well received; feedback informed the digital version



Career Progression Framework



© Jane Fish Consulting for Capital Nurse, 2016

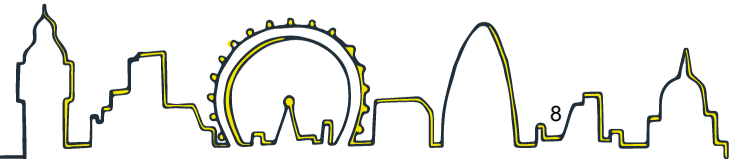
Career Progression Framework

Pillars of Practice:

- Clinical
- Education
- Management/Leadership
- Research

Career Stages:

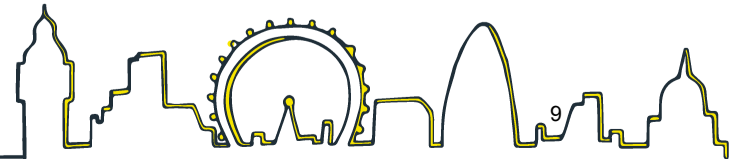
- Preceptorship
- Core
- Specialist/Generic Practice
- Advanced Practice



Career Progression Framework

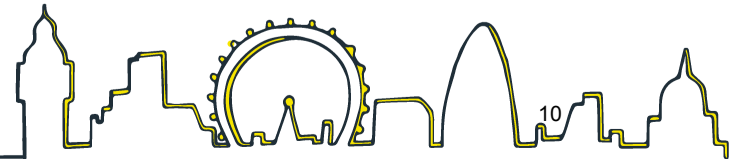
Nine Domains

1. Clinical practice
2. Communication
3. Teamwork
4. Leadership
5. Professionalism and integrity
6. Research and evidence
7. Safety and quality
8. Facilitation of learning
9. Development of self and others



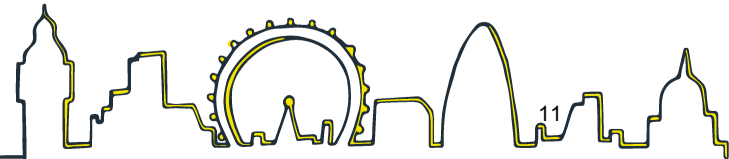
Career Progression Framework

- Developmental tool
- Self assessment in relation to the nine domains
- Record of professional development
- Feedback from peers and service users
- Reflections
- Career conversation
- NMC revalidation



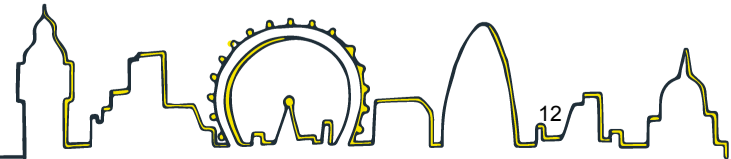
Career Framework

- Accessible for all nurses across London
- Co-designed and nurse led
- Mobile friendly
- Evidence for NMC revalidation



Log in

- <https://cnp.cpdnow.net>



Registration: account details

Account details

Username *

Password

First Name *

Last Name *

Band * ▼

Location * ▼

Organisation * ▼

Primary Care * ▼

Areas of Work Categories * ▼

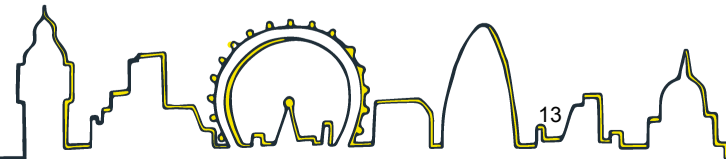
This should be an email account that you will have ongoing access to (eg. personal email) but note that it will be visible to others you may facilitate. Password resets will be sent to this email account.

Email Address *

Register

Account Created

Login now



Career stage completed

Below you will see your career stage periods, if you **do not have an active career stage then you will need to create one** using the "Add new" button below.

You can close a development career stage at any time.

Add new

Type	Start date	End date	Framework
------	------------	----------	-----------

Home

Career Framework Process

Career Framework User Guide

Plan your career conversation

Worked Example

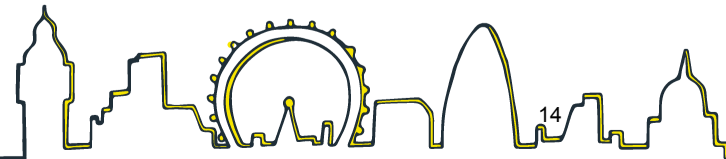
Support

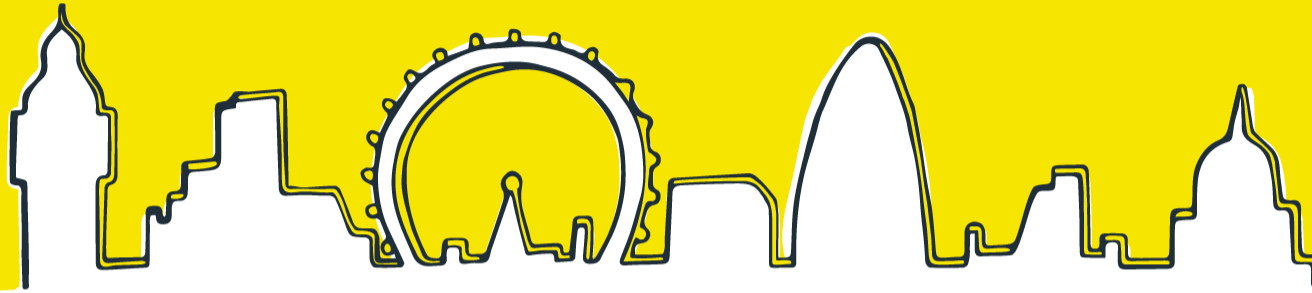


Edit Details

Change Password ***

Kate Howes





CAPITAL nurse

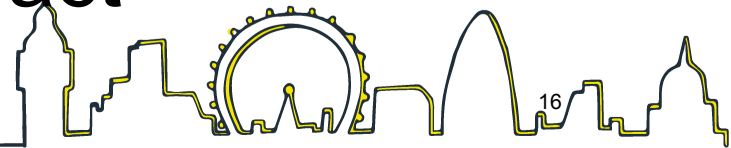
Pilot Experience

by Tracy Webb, Preceptorship Lead

North Middlesex University Hospital

Recruitment

- Challenging
- Trolley and a smile
- Ward to ward
- 1:1 explanations
- Ward manager NQN contract



Contract

Dear Manager,

As part of North Middlesex University Hospital's commitment to *Capital Nurse's* pilot scheme, we are offering recently qualified nurses the opportunity to develop their career portfolio by joining the programme for a period of 3 months.

Staff Nurse _____ has expressed their interest in participating in this scheme and requires the written consent of their Ward Manager to be able to fulfil this commitment. Please take the time to consider their potential involvement in this scheme with reference to the following requirements. Selected participants will be expected to:

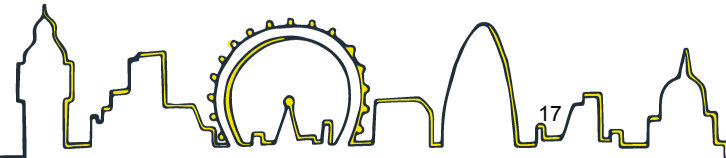
- Complete a self-assessment relating to their work duties
- Complete a 360 Peer Assessment
- Collect Patient Feedback
- Engage in a career conversation with member of the Education Team

Selected participants will have to complete these tasks three times over a period of three months. Whilst the volume of required work for this scheme is minimal, we appreciate that some time will be required for nurses to visit the Education Team to complete this scheme. As proof of your consent, please sign and return this written agreement to:-

Tracy Webb,

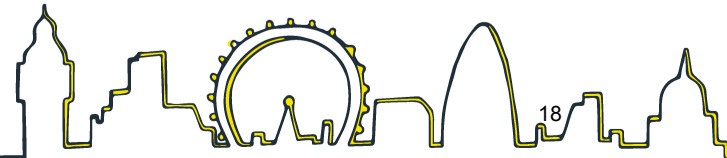
Practice Educator (Preceptorship) The Learning Centre

Full Name: _____	Position: _____
Signature: _____	Date: ____/____/____



Career Conversations

- Email invites (repeatedly)
- 1 –1 half hours talks
- Check in
- Shadow shifts



Feedback

CAPITAL nurse

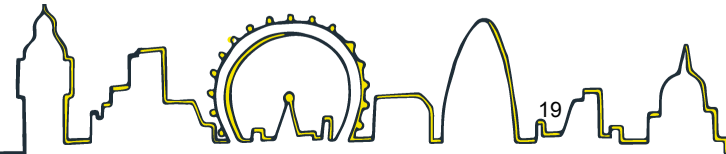
CapitalNurse Passport Feedback

Please ensure you answer all of the questions.

1. Did you receive instruction about the book? From whom?

2. Did you feel the 9 domains appropriate? Please explain your answer.

3. Please give your feedback on the self-assessment (page 8).



Comments

'Self assessment made me step back and really be honest with the way I answered questions'

'Feel the PDN was very open & the conversation expanded my confidence in looking to different avenues in nursing'

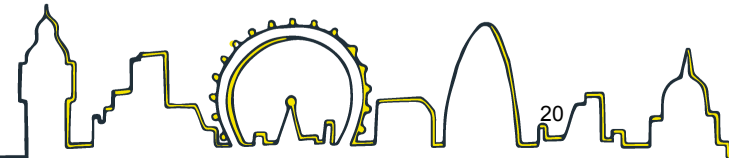
'The 9 domains are related to every aspect of my nursing process through'

'Feel we should have these conversations yearly'

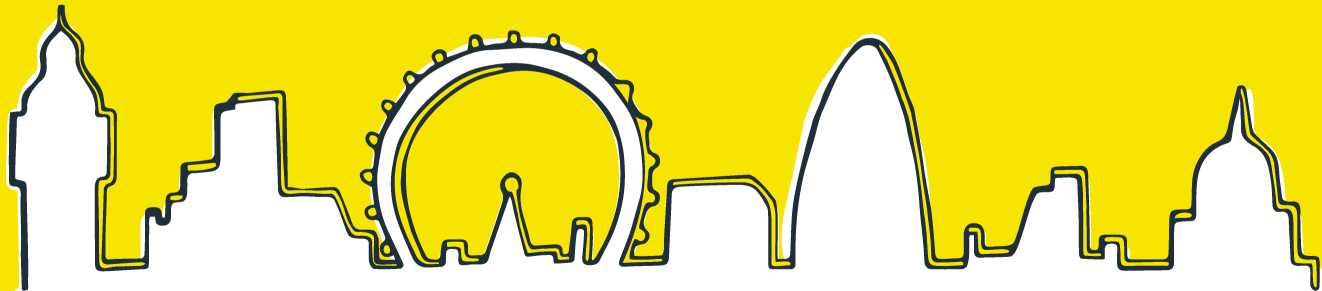
'Helped me to identify my strengths and & weaknesses'

'I liked the book. It was very difficult writing down our own flaws/weaknesses but I was honest in the book'

'The book was straight forward and easily answered'



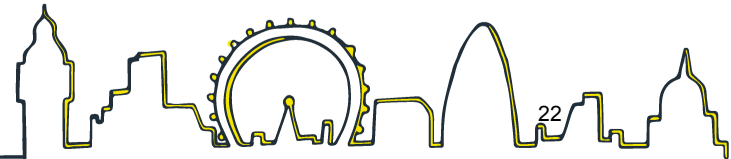
Thank you
Any questions?



Session discussion

Main points shared

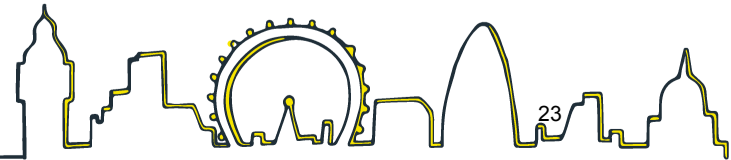
- NMC revalidation – can we use this
- Career conversations
- 360 feedback



For queries please contact:

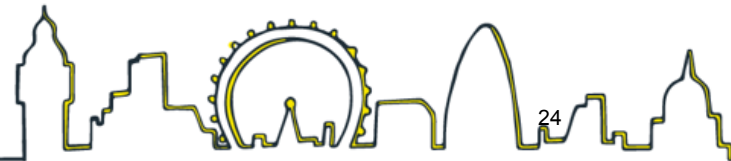
Natalie Holbury

natalie.holbury@hee.nhs.uk

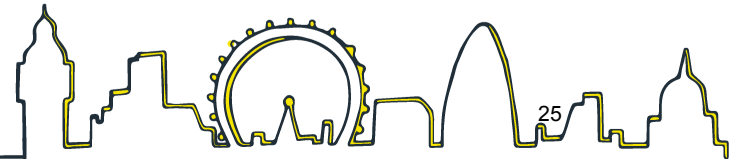


2. Celebrating preceptorship

CapitalNurse



There were no slides for this workshop



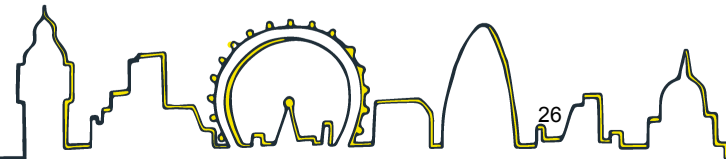
Session discussion

Main points shared

- Power and impact of the blue uniform, suddenly I'm expected to know
- Preceptorship builds confidence, allows time to reflect and shows I'm valued
- Somebody has got my back
- Preceptorship embeds practice that will be with me for the rest of my career

Next steps/how can CapitalNurse help?

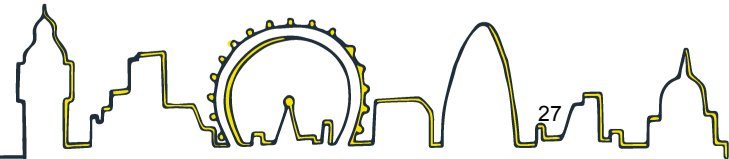
- We have envelopes of pledging together
- Will write up and share



For queries please contact:

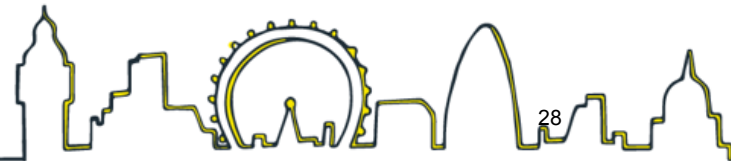
Desiree Cox

desiree@praeceptorconsulting.co.uk



3. We Can TALK – coproduced children and young people's mental health training for hospital staff

We Can Talk





We Can Talk at Capital Nurse Expo 2018

Grace Jeremy, Young Advisor
Robin Barker, Project Lead & CAMHS Senior Nurse



Background

Healthcare professionals working in hospital settings report a lack of confidence and competency in caring for children with mental health needs and research shows children and young people have overwhelmingly negative experiences of presenting to hospital due to their mental health.

We Can Talk co-produced (with hospital staff, young people and mental health experts) a competency framework for hospital staff in children and young people's mental health and developed, piloted and evaluated a one-day training day linked to the competencies

The pilot project was funded by Health Education England's local team in North Central and East London and was led by Barts Health NHS Trust in collaboration with Healthy Teen Minds, Common Room and the Child Outcomes Research Consortium (CORC). We Can Talk was nominated for a Nursing Times Award and is now continuing as a not-for-profit collaboration between Healthy Teen Minds and Common Room



Coproduction

		Responsibility for design of services		
		Professionals as sole service planner	Professionals and service users/ community as co-planners	No professional input into service planning
Responsibility for delivery of services	Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users/communities involved in planning and design	Professionals as sole service deliverers
	Professionals and users/communities as co-deliverers	User co-delivery of professionally designed services	Full co-production	User/community delivery of services with little formal/ professional
	Users/communities as sole deliverers	User/community delivery of professionally planned services	User/community delivery of co-planned or co-designed services	Self-organised community provision

Source: Adapted from Carnegie Trust (2006), 'Commission for Rural Community Development - Beyond Engagement and participation, user and community co-production of services.' By Tony Bovaird, Carnegie Trust.



Principles

All children and young people who attend hospital have emotional and mental health needs and some attend specifically due to concerns about their mental health.

After looking at the research and speaking with children and young people and mental health professionals we agreed there were key areas that all staff should be able to understand and support in relation to children and young people's mental health.

Most importantly, we heard that children and young people want us to talk to them about their mental health and not ignore the elephant in the room.

We want to let you know that **We Can Talk** about a lot of different things. So we wrote a list.



Principles

We Can Talk and listen about your emotional and mental health needs in a clear and non-judgmental way

We Can Talk about how we will look after your physical *and* emotional needs while in hospital

We Can Talk about how to help manage the challenges of being in hospital by using distraction and relaxation techniques

We Can Talk about your problems and we can find the right person to help

We Can Talk about how to keep you safe while you are staying with us in hospital



Principles

We Can Talk or we can communicate in another ways that might work better for you, by writing, drawing, using signs and pictures etc. We're flexible.

We Can Talk about self harm and other big issues that might be worrying you

We Can Talk in private and will always talk with you about information that needs to be shared.

We Can Talk about difficult or awkward subjects in a way that is not as difficult or awkward as either of us thought it would be

We Can Talk to you and your parents / carers about helpful places to access additional support or information around your mental health



Impact

More than 350 acute hospital staff across seven hospital sites have attended the one day training with 96% reporting it would make a difference to the way they do their job

“Made mental health normal/less scary. You don't need to be a specialised in mental health to help”

“What I will take from this is talk and listen to YP, "Better to say something rather than nothing.””

“Empowered me to feel I am capable to support these children.”

“I feel more confident in how I discuss MH problems. It's ok to not have an answer. It's ok to acknowledge MH problem. It's ok to ask direct questions (in a kind way!)”

“Helped me to think different/take away some of the prejudices in caring for young adults”

“Made an extremely difficult topic easy to discuss and empowered me to realise that we ALREADY do a lot to assist CYP with mental health issues”



Project future

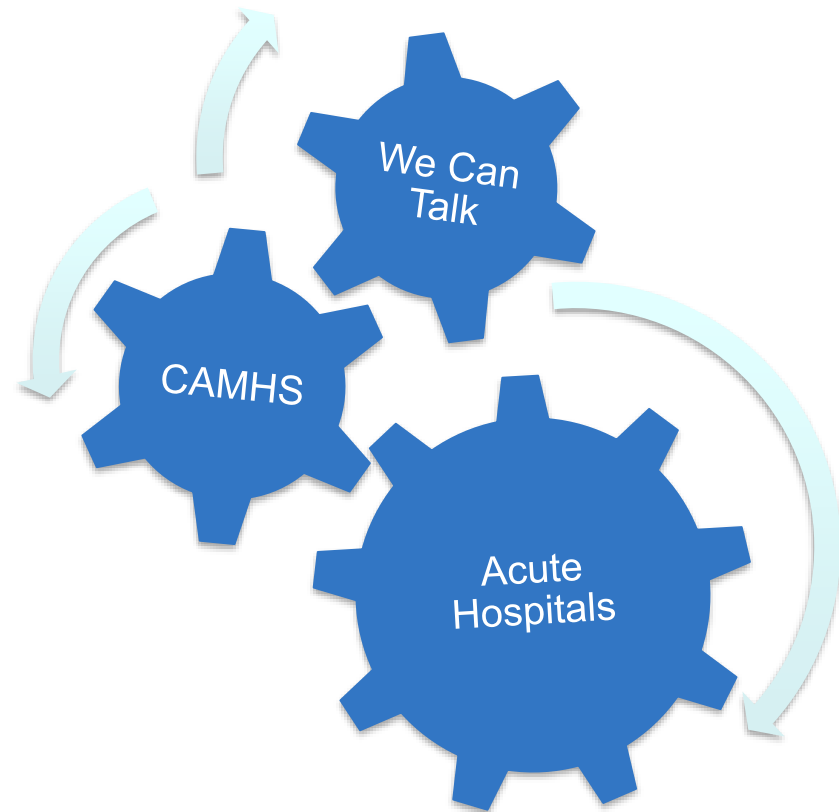
The We Can Talk project team supports partnerships between acute hospital sites and local CAMHS

Project leads from acute and CAMHS (one each) to work together to develop the project locally

The project team supports each partnership to deliver the project locally across four phases:

- 1) Staff Engagement
- 2) Training
- 3) Developing Young Advisors
- 4) Sustaining Change

Support for project leads in each partnership through bespoke training days as well as regular telephone/e-mail/on-site outreach across each geography to support all phases of the project and to develop the skills of the team locally to deliver the training, lead the project and sustain the change



Future projects





Stay in touch

Robin Barker
Project Lead & CAMHS Senior Nurse
Director, Healthy Teen Minds
robin@healthyteenminds.com

Grace Jeremy
Lead Young Advisor
Young Advisor, Common Room
grace@commonroom.uk.com

For more information about our team please visit www.wecantalk.online/team

Twitter: @WeCanTalkCYPMH #WeCanTalk



We Can Talk at Capital Nurse Expo 2018

Grace Jeremy, Young Advisor
Robin Barker, Project Lead & CAMHS Senior Nurse

Session discussion

Main points shared

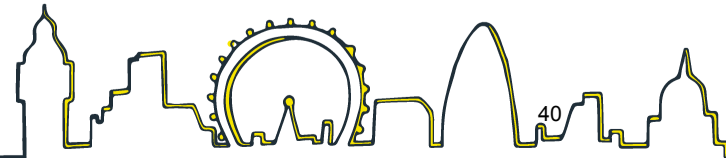
- Importance of co-production
- 10 key principle as part of a one-day training programme to help open communication
- Remembering that up to 25 year olds are classed as young people

Main points discussed

- Co-production not just consultation
- Support staff in being confident in supporting health users
- Ensure open discussions in line with the principles
- Expansion of the training to schools/universities
- Focus on cultural change
- Training local young advisors to ensure sustainability
- Clear focus on acute hospitals

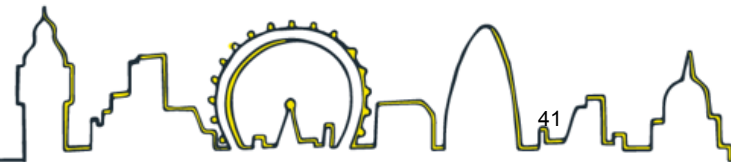
Next steps/how can CapitalNurse help?

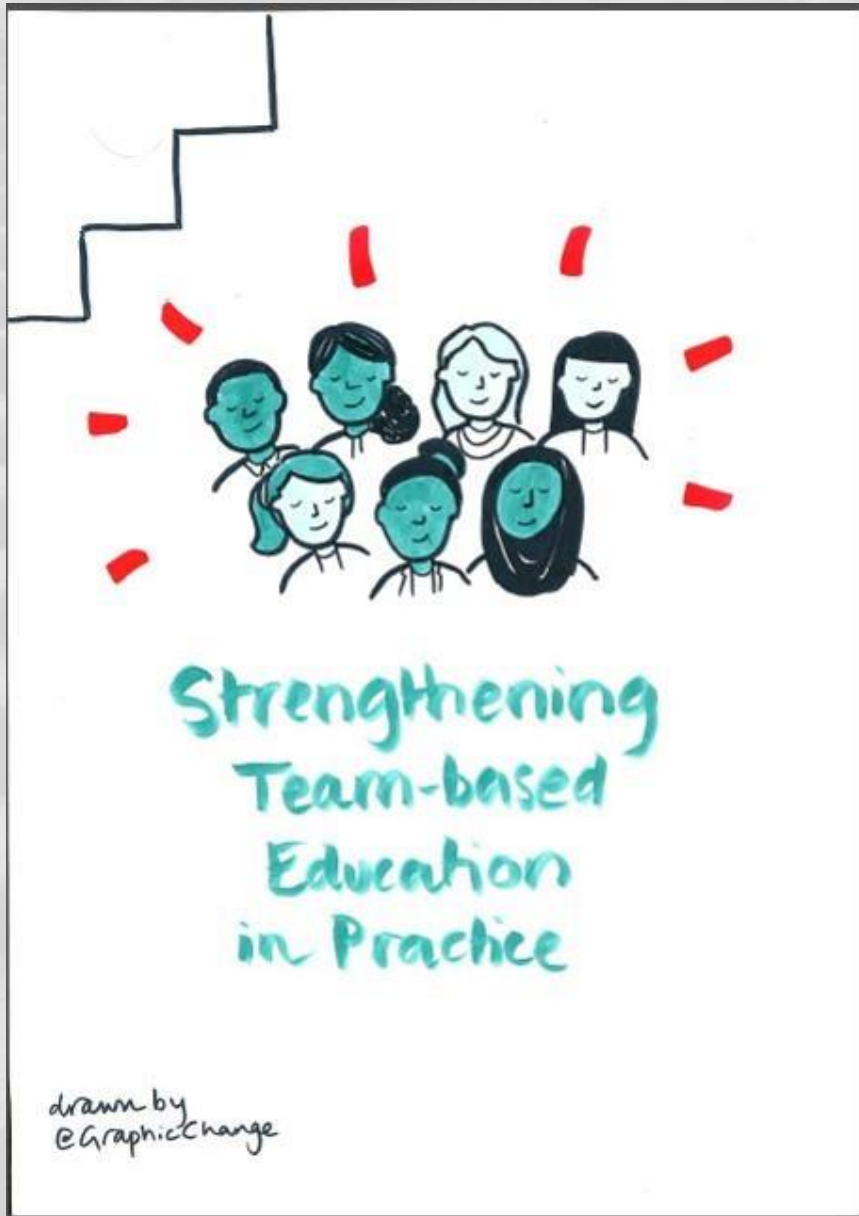
- Engaging small organisation that support trust and the care of young people



4. A STEP (strengthening team-based education in practice) approach to enhancing learning in practice

Middlesex University





A STEP Approach to Enhancing Learning in Practice (2016-2018)

Kathy Wilson, Middlesex University

*Natalie Holbery, HEE
(CapitalNurse programme) &
Middlesex University*

Pam Hodge, Middlesex University





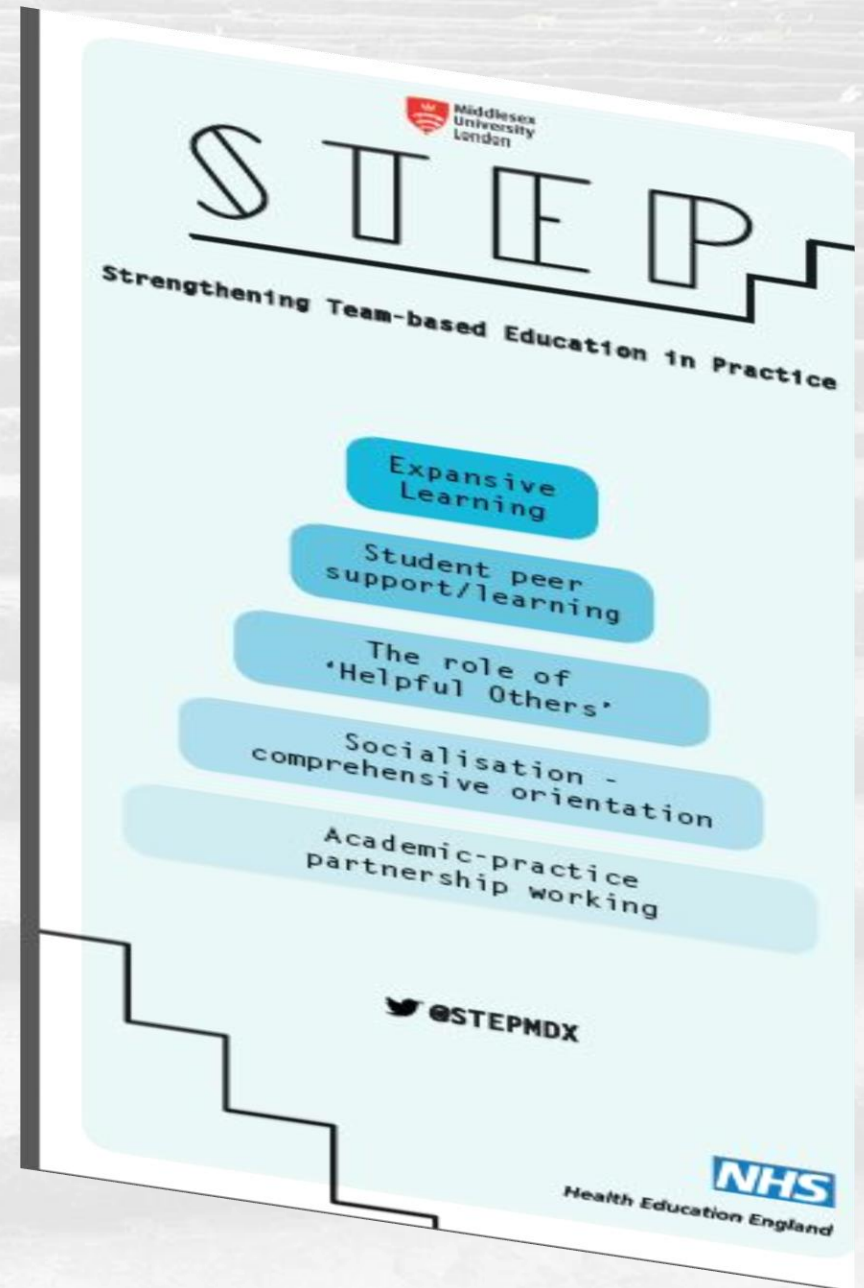
University of Hertfordshire **UH**

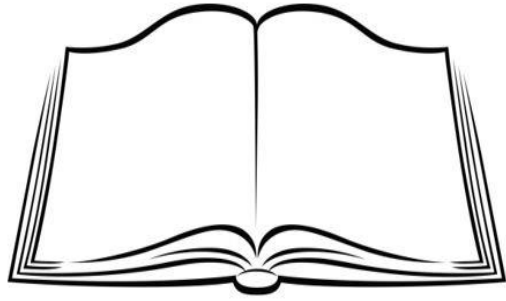
NHS
Health Education England



What is STEP?

- Research based project to identify practical and best practice solutions to practice education challenges (*Morley, Wilson and McDermott 2017*)
- Group of CPF's / PEFs and HEI practice led identified key areas of practice learning that could be enhanced with working examples
- Development of five research themes influenced by findings from a doctoral study (*Morley 2015*)





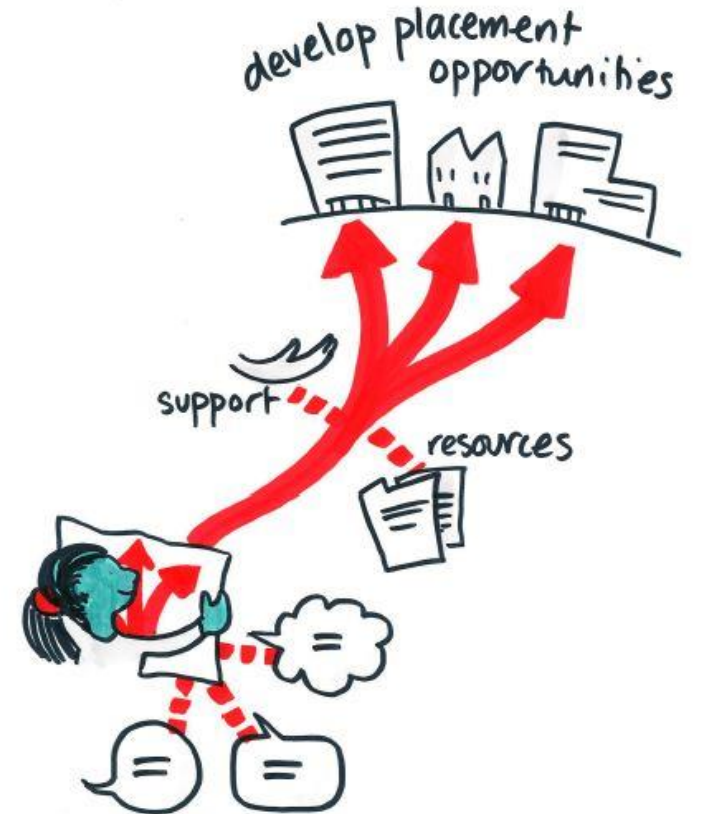
**Facilitating learning in practice:
a research based approach to challenges and solutions**

RESOURCES



- easy to access
- visual
- up to date
- reflection prompts
- practical info – equipment drugs etc
- quizzes
- top tips / dos + don'ts

drawn by @GraphicChange



drawn by
@GraphicChange



Overview

Socialisation and orientation are perceived by academics and practitioners to be central to students ability to identify and embrace new and meaningful learning opportunities.
(Chesser-Smyth 2005, Thomas, Jinks and Jack 2015)

Aim of the research

Exploration of the lived experiences of pre-registration student nurses of first two weeks of placement

Data Collection

2 focus group events were held in central London (n=50)

4 key questions to elicit thoughts and opinions of pre-registration student nurses

Findings

Role of whole team, significance of time, value of resources.

Example of resources and tools for learning

Student podcast- an evaluation of an orientation programme to a Trust

Student video related to preparation for practice

Student top tips for settling into practice environments – using infographics

Best practice template for orientation

Examples of orientation booklets

Knowledge
Guidance
Support
Feedback



Helpful
Others

drawn by
@GraphicChange

Overview

Care assistants currently provide approximately 60% of hands on care (*Willis 2015*)

A few students might just settle for general familiarity with the 'world of work' when more could be achieved (*Eraut 2007*)

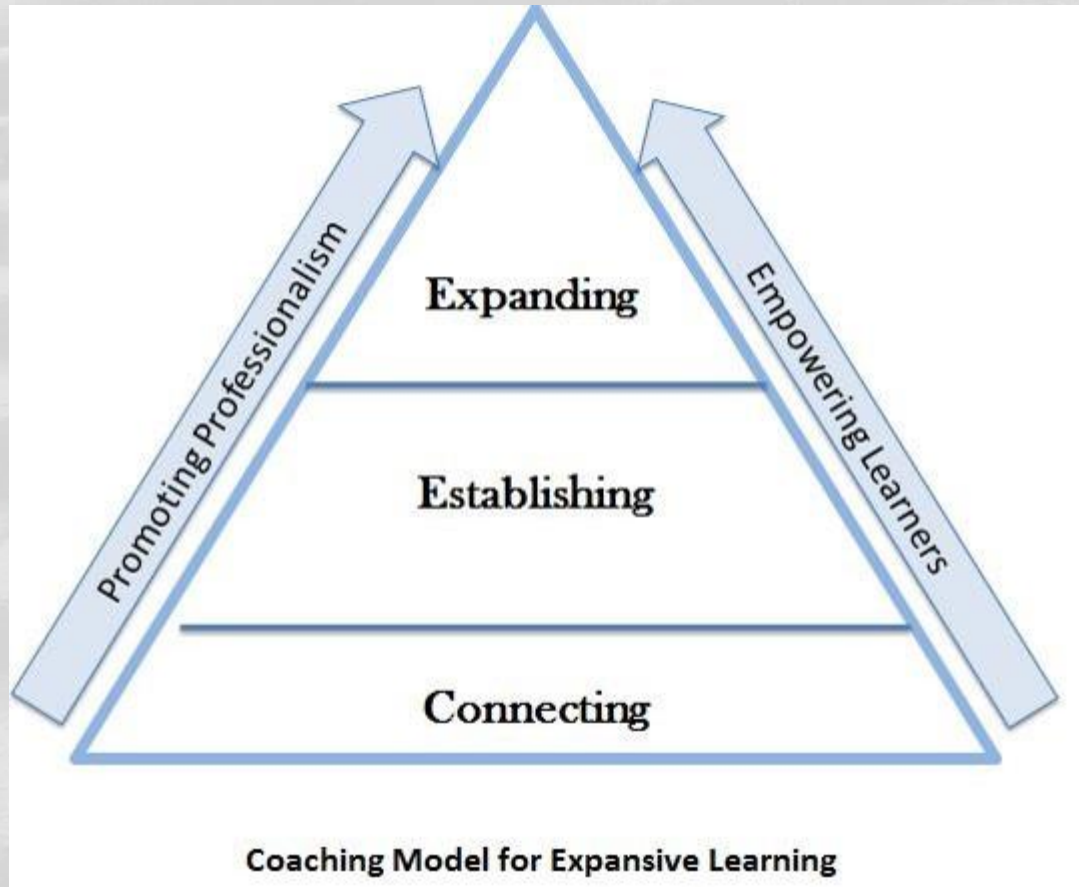
Data Collection

5 focus groups of student nurses and health care assistants

Findings

Greater emphasis on whole team approach with explicit and transparent roles

Expansive learning



Overview

- Restrictive versus expansive areas for learning (*Fuller and Unwin 2003*)
- Towards critical dialogue, problem solving and reflexive forms of expertise

Data collection

3 Mentor and 2 student events (n=75 & n=60 respectively)

- Mentor workshops
 - to identify coaching elements to support expansive learning
- Student questionnaire
 - To identify who and what best supports learning in practice
 - One word responses

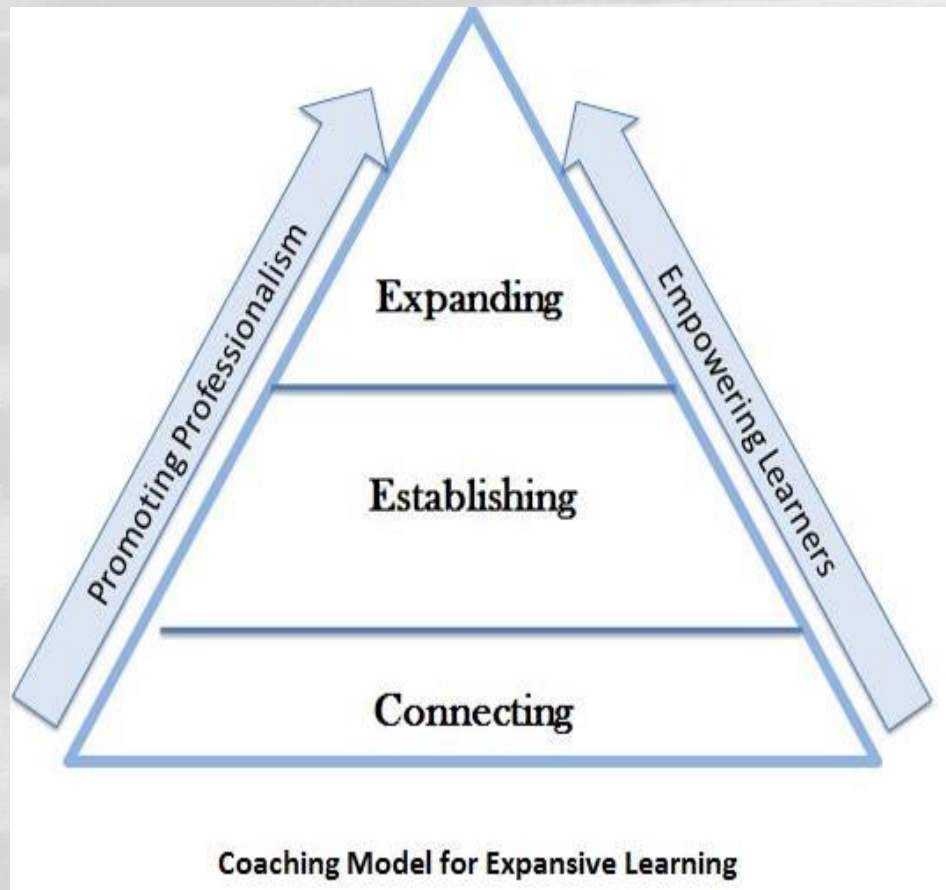
Which word best describes the attributes of a good mentor?



Which word best describes a good learning environment?



GROUP WORK : 15 minutes



Developing Resources

Group 1: Connecting

Group 2: Establishing

Group 3: Expanding

References

Chesser-Smyth, P.A., 2005 The lived experiences of general student nurses on their first clinical placement: A phenomenological study. *Nurse Education in Practice*, 5, 320 -327.

Eraut, M., 2007. Learning from other people in the workplace. *Oxford Review of Education*, 33 (4), 403-422.

Fuller, A. and Unwin, L., 2003. Learning as Apprentices in the Contemporary UK Workplace: creating and managing expansive and restrictive participation. *Journal of Education & Work*, 16 (4), 407-426.

Morley, D.A., 2015 *A grounded theory study exploring first year student nurses' learning in practice*. (Doctor in Professional Practice), Bournemouth.

Morley, D., Wilson, K and McDermott, J., 2017 Changing the practice learning landscape. *Nurse Education in Practice* 27, 169-171

Thomas, J, Jinks, A and Jack, B., 2015. Finessing incivility: The professional socialisation experiences of a student nurses' first clinical placement, a grounded theory. *Nurse Education Today*, 35, e4-e9.

Willis, G., 2015. *Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. London.

Session discussion

Main points shared

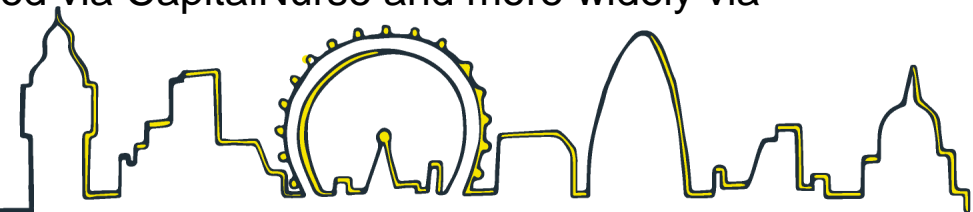
- Overview of the STEP (Strengthening Team Based Education in Practice) project. This project commenced about 18 months ago and is designed to enhance learning in practice for nursing and midwifery students.
- The project is HEE funded.
- Five themes emerged from research carried out during the project: Orientation/socialization; Helpful others; Academic/practice partnerships; Peer support & learning; and Expansive learning. Each theme is evidence based and will develop resources to be used for all students and nurse educators/facilitators across London.
- A website is being developed where the information and resources will be displayed.

Main points discussed

- Group work to utilize the skills and knowledge in the room to share ideas and suggestions for resources for expensive learning and orientation/socialisation.
- Ideas discussed included a treasure hunt, bingo and a game to understand various roles.

Next steps/how can CapitalNurse help?

- This work falls under the training work stream so will continue to be shared via CapitalNurse and more widely via the website.

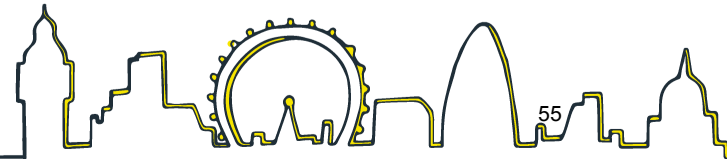


For queries please contact:

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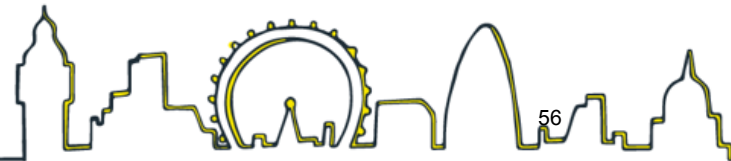
Natalie Holbury Natalie.holbury@hee.nhs.uk

Pam Hodge P.Hodge@mdx.ac.uk



5. Better than the Bosman free transfer

Guys and St Thomas' NHS Foundation Trust



Better than the Bosman FT?

**CAPITAL NURSE
Reaching Forward
Together EXPO
22 March 2018**



Better than the Bosman Free Transfer? Appraising the Internal Transfer window!



Glenda Baillie, Lead Nurse for
Retention

Laura Hemmings, Senior Nurse
Recruitment & Retention

Why have chosen this workshop?

Content of Workshop

Background:
What is it?



The transfer
window: Why?

Next steps:
What now?

Results: Does it
work?



Background

- Internal Transfer Process
 - Same grade to same grade
 - Aim to avoid internal resignation/application
 - Policy relaunched Jan 17, revised Jan 18
- Increased Demand
 - Raised awareness
 - Shifting attitude
 - Internal Promotion

Background

- Challenges
 - High popularity areas
 - Delays in movement / Clinical Benefit
 - Managerial awareness
- Optimisation
 - Revisions to policy
 - Rolling promotion
 - Ideas invited from Governance Groups

The Transfer Window

Ralph



PDN Cardiovascular





Member of R&R
Group



'What about a
transfer window?'

Dictionary


transfer window
noun
a specific period in the year during which soccer clubs may buy and sell players.
"McClaren was keen to bolster his squad during the January transfer window"

 Translations, word origin, and more definitions

The Transfer Window



- Ralph was keen to bolster his nursing workforce in the known periods of higher pressure / lower band 5 recruitment
- Ralph also wanted to give realistic advice to his current band 5 nurses looking to move internally

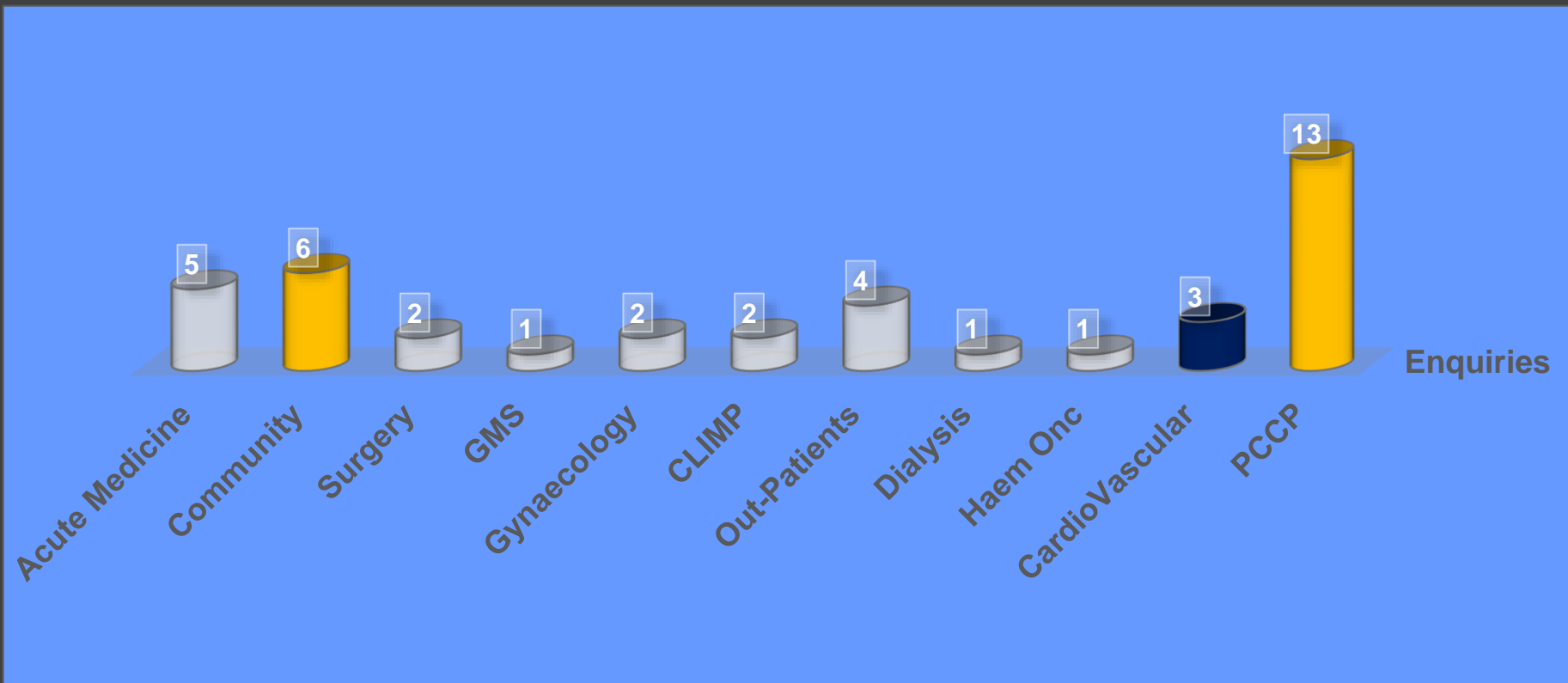
Next Steps

- Proposition to Workforce Council
 - Agreed trial 2 x 2 calendar month internal advertisement windows
 - December 17 / January 18 & May / June 18
 - Internal transfer not exclusive to these windows- aim to increase awareness
 - 'Nursinginfo@' inbox used as enquiry contact point
-

ENQUIRIES



POINTS OF NOTE



Findings and learning so far

- Anecdotal
 - Raised awareness and associated challenges
 - Retention tool predominantly
 - High demand areas unchanged
 - Increased interest in previous low demand areas
 - Reported Data
 - Too early to say, reported until Jan 18
 - Need to develop means to monitor flow
 - Muddied by inconsistent rational and other internal movement
-

Case Study

- *Jane*, Band 5 on Ward, Contacted *Nursinginfo* @ expressing interest in move to OPD area
- *Kath*, OPD Matron, Contacted Nurse Recruitment team re Band 5 opportunity in OPD





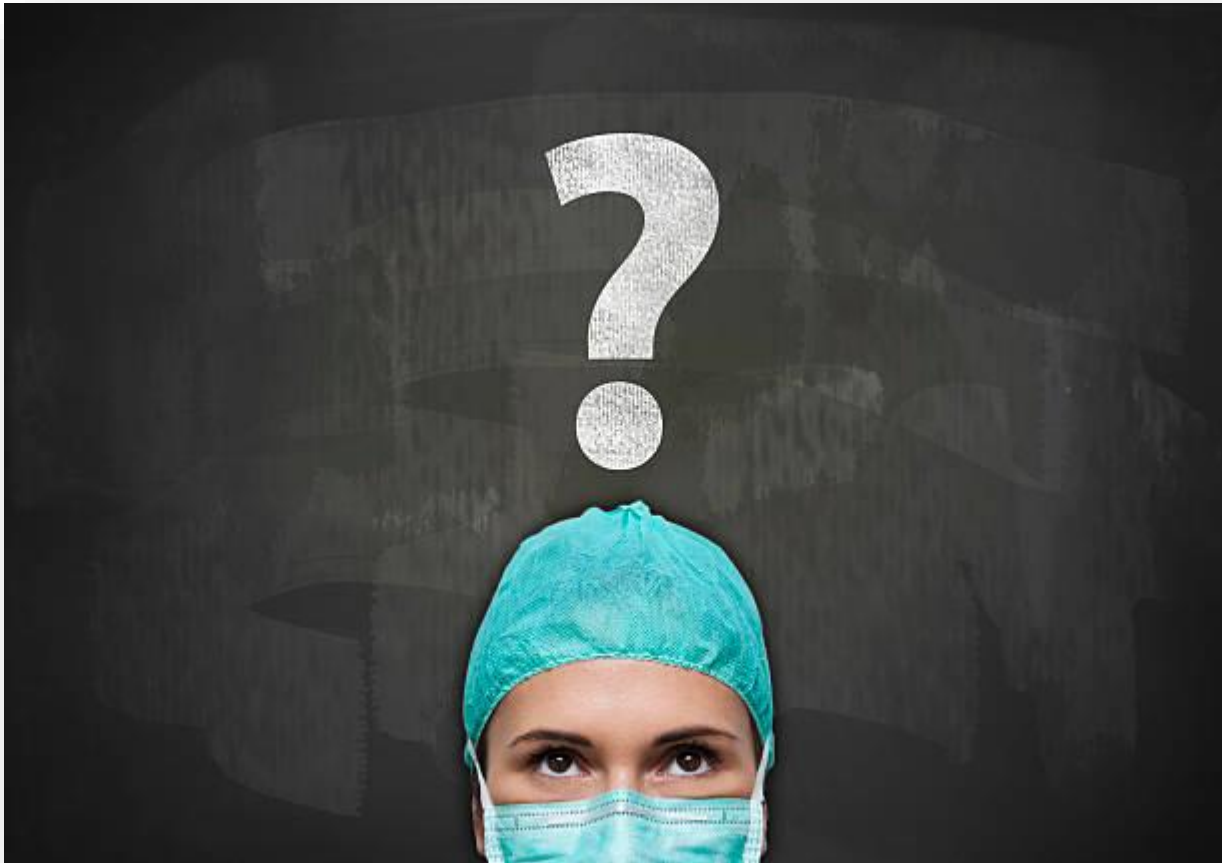
Further work

- Raising awareness around appropriate use
 - Manager awareness
 - Internal transfer or redeployment?
- Improving flow to high demand areas
- Promoting use at senior grades
 - Skills and transferability
 - Linking to talent pool development

Final Word



- Assists in managing staff numbers in a more organised fashion
- Recognises need for staff / workforce development
- 'When staff feel supported and have a good orientation they develop quicker and stay longer'



Summary of Workshop

Background:
What is it?



The transfer
window: Why?

Next steps:
What now?

Results: Does it
work?

Session discussion

Main points shared

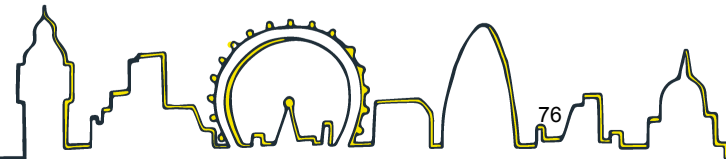
- Aim to retain: used at open days; recruitment of preceptors; policy
- To facilitate ease movement
- Challenges: moving to highly popular areas; recruitment and retention groups; transfer window Dec/Jan and May; advertised internally

Main points discussed

- A good way to retain staff
- Stakeholder buy in crucial
- Transfer process could be standard

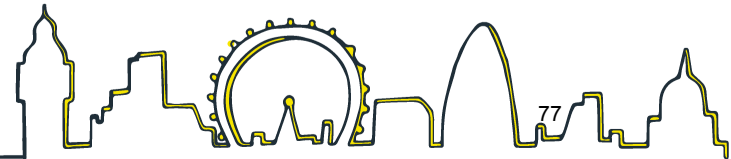
Next steps/how can CapitalNurse help?

- Transfer across STPs (standardise)
- Links with HEIs



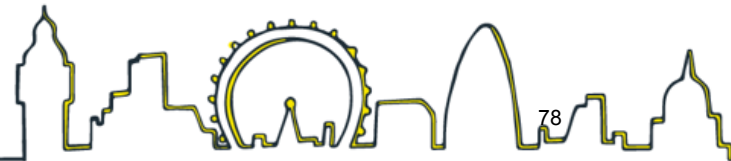
For queries please contact:

CatherineAnne.Wilkins@gstt.nhs.uk



6. The creation of a two year education programme and the impact on retention

Great Ormand Street Hospital NHS Foundation Trust

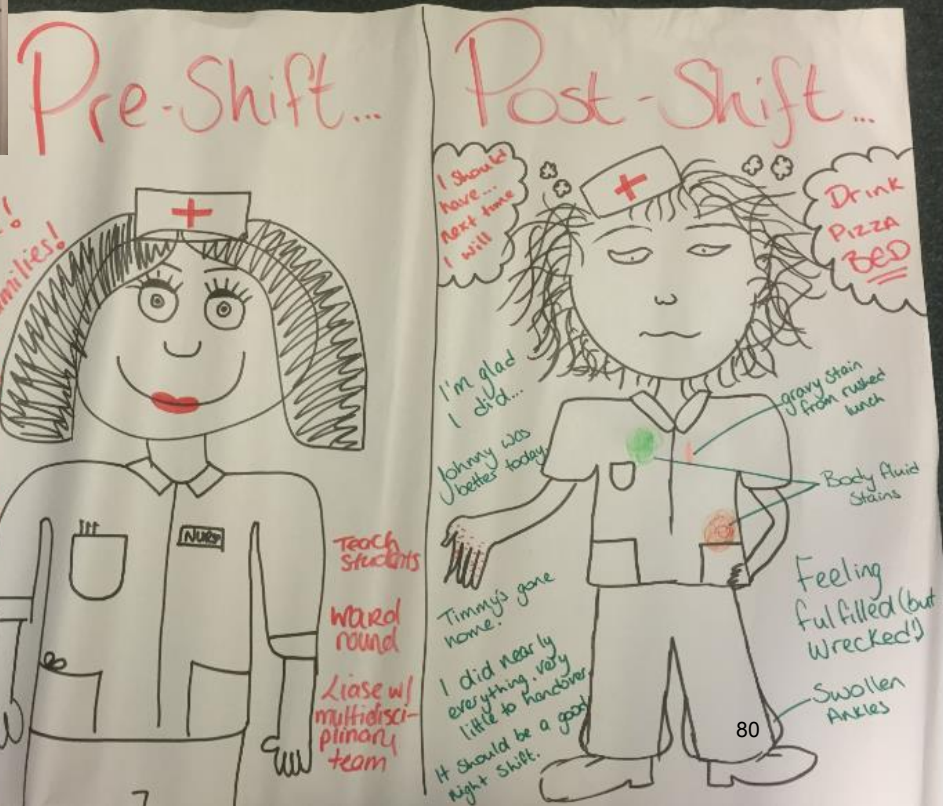
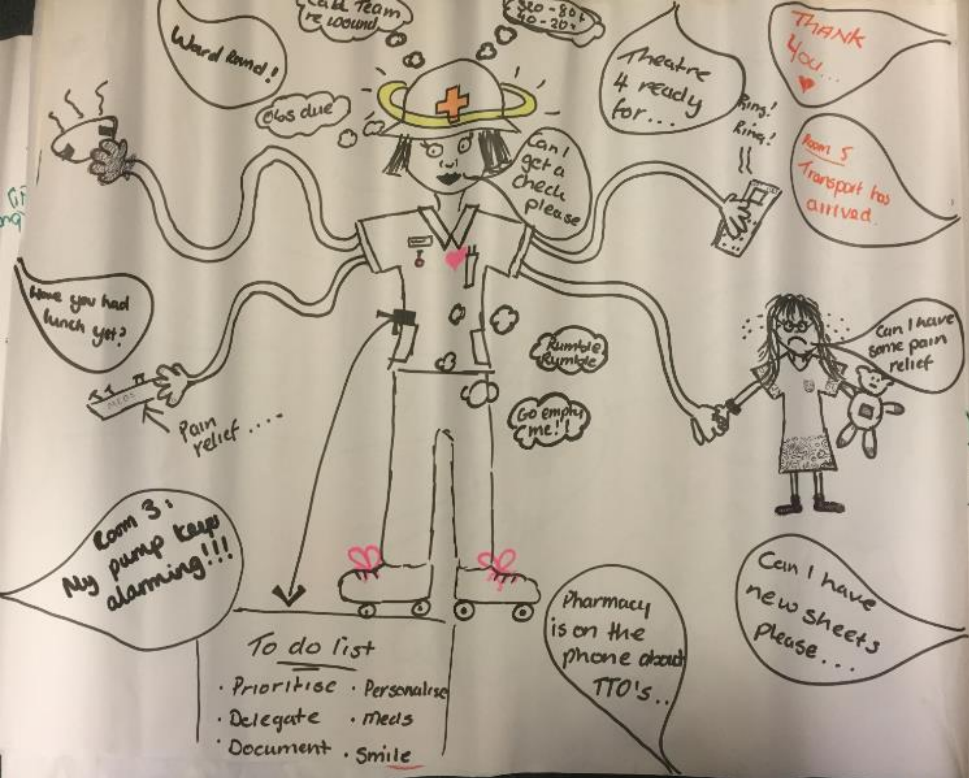




The Creation of a Two Education Programme and the Impact on Retention

Vanessa Keane, Practice Educator for Newly Registered Nurses, GOSH
Innes Burt, Practice Educator for Newly Registered Nurses, GOSH
Anna Lanwarne, Practice Educator for High Dependency Module, GOSH

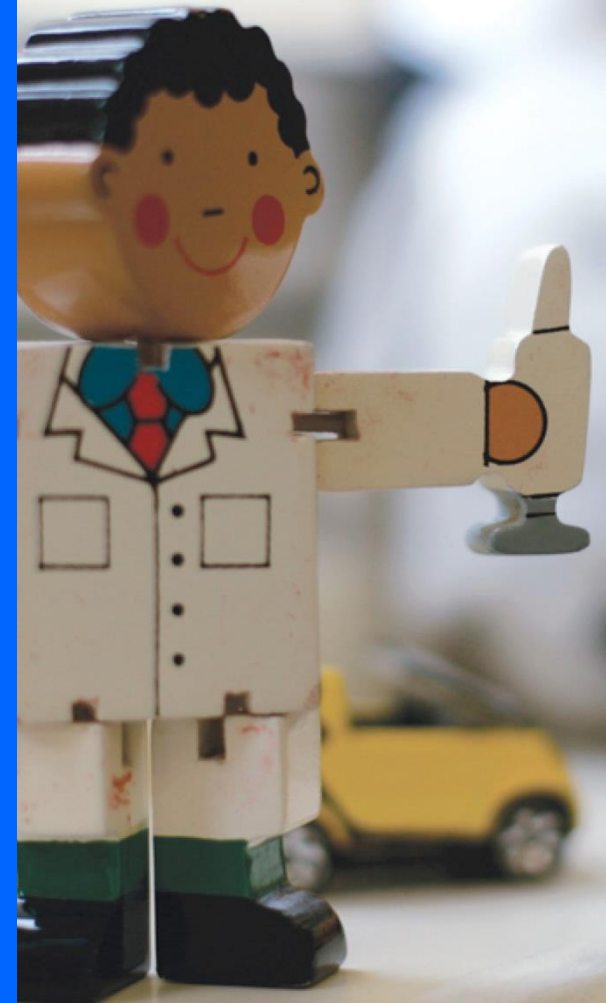
How did you feel as a NRN?



What was your journey like?

Once upon a time....

A story by
Patrick Nurse



Becoming a Staff Nurse

(OR HOW I LEARNT TO STOP WORRYING AND LOVE MY JOB)



Paddy Nurse

Staff Nurse

Cardiorespiratory and Critical Care

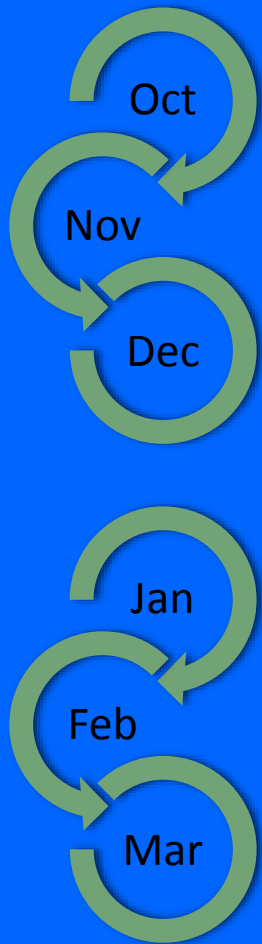
Aims of Talk

- What has been my experience/journey over the last 18months?
- Which aspects of the Educational program where beneficial to me?
- What Challenges did I face over my first 18 months?

How long is 18 months

- The Earth has moved 2.4 million miles in space. (Approximately).
- The World's Population has grown by 16 million
- Around 1/150th of the lifetime of Giant Tortoise.
- Around 6 million Formula One pit-stops could be completed.
- Around the time that I have been a qualified staff nurse starting in October 2017

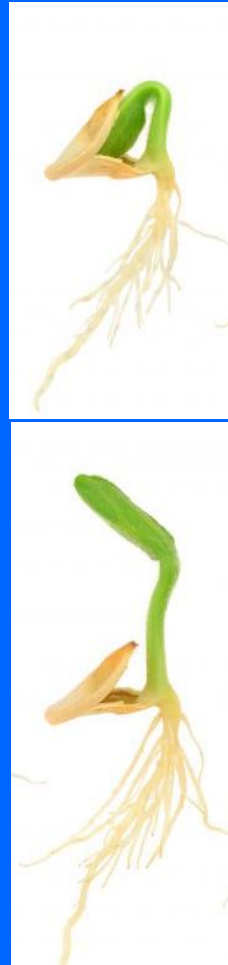
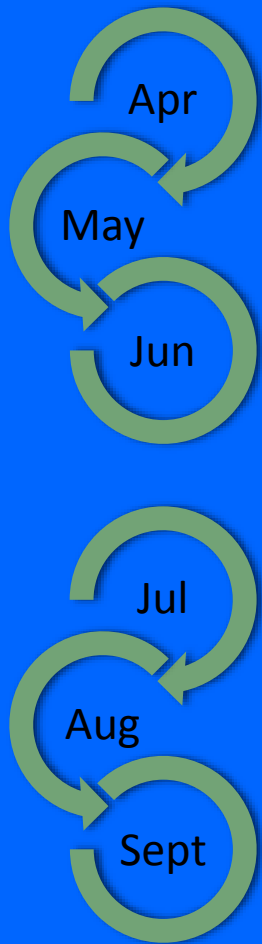
(Oct 2016-March 2017)



- Trust, Nursing, Local Induction
- 4 Week Supernumerary Period
- **NON-IV Medications COMPETANT**
- Ward Study Week
- Preceptorship
- 1st Probation Meeting
- PDP Commenced

- FLYING SOLO!!!!
- IV MEDICATIONS COMPETANT!!
- HDU Study Day
- BLS+/Conflict Resolution
- FIRST STUDENT!!!!!!
- 2nd PDP Day
- 2nd & 3rd Probation meetings
- End of Preceptorship

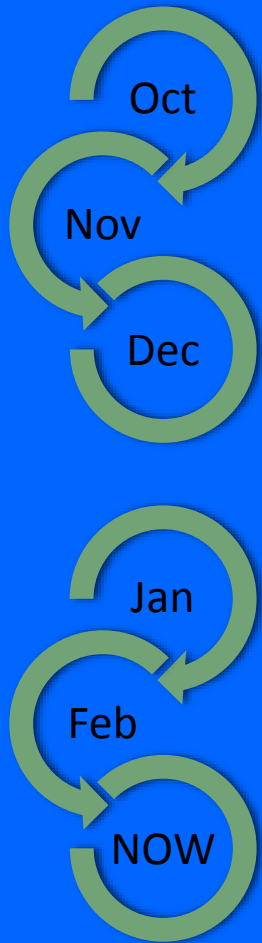
(April 2017- Sept 2017)



- PiLS Study Day
- **FIRST BLOOD TRANSFUSION!!!**
- PDP Days
- **2nd Student!!!!**

- Performance Review
- **VAD COMPENTANCY!!!!**
- Preceptorship Celebration
- **First Active role in pt collapse!!**
- Attended Cardiac Conference
- HDU Study Day

(October 2017- March 2018)



- Started Band 5 Development Days
- Student Supervisor Day
- Sepsis Link Nurse
- **FIRST TIME WORKING WITH NRN!!**

- **Applied for Masters!!!**
- Cardiac Foundation Course
- Team Study Day

Thank you For Listening

Any Questions?

Year 1: Preceptorship Appreciative Inquiry

- Acknowledge there is a journey- this is transition
- Control and Uncontrolled
- Preceptor training
- Pastoral Support
- Mind the Gap/ Shape of Caring 'Value'
- Neutral team
- Identity Inbox
- 5 ways of wellbeing
- Home groups
- Preceptorship Ceremony





Feedback on Home groups

“..really nice meeting the same people in my home group. I felt I was on a journey with other newly registered nurses, discussing the low points and celebrating the good moments with each other”

“ Being able to share my experience confidentially with the facilitator and understand people are in the same boat”

“ Hearing other nurses experience and being able to try and help support them”

“A neutral person to listen to my issues and to check in with me outside the programme”

Great Ormond Street 
Hospital for Children
NHS Foundation Trust

“ I learned to focus on home/social life balance, taking care of myself, not just work!”

“ The ability to talk about my practice and be listened to, not judged and given constructive ways to manage the issue”

The child first and always 

Recommendations

Connect	Be active	Take Notice	Keep Learning	Give
<p>Get to know your NRN's before they start</p> <p>One stop profile page</p> <p>Show them where to get the best tea/cake in your area</p>	<p>Visibility/ Ward rounds</p> <p>Innovative-SIM</p>	<p>Ice breakers</p> <p>Bespoke Nominations at Preceptorship Ceremony</p>	<p>Open forums like home group or take home messages</p>	<p>Open , transparent, know we make mistakes</p> <p>Appreciate a bag of sweets on our development days</p> <p>Cake day</p>

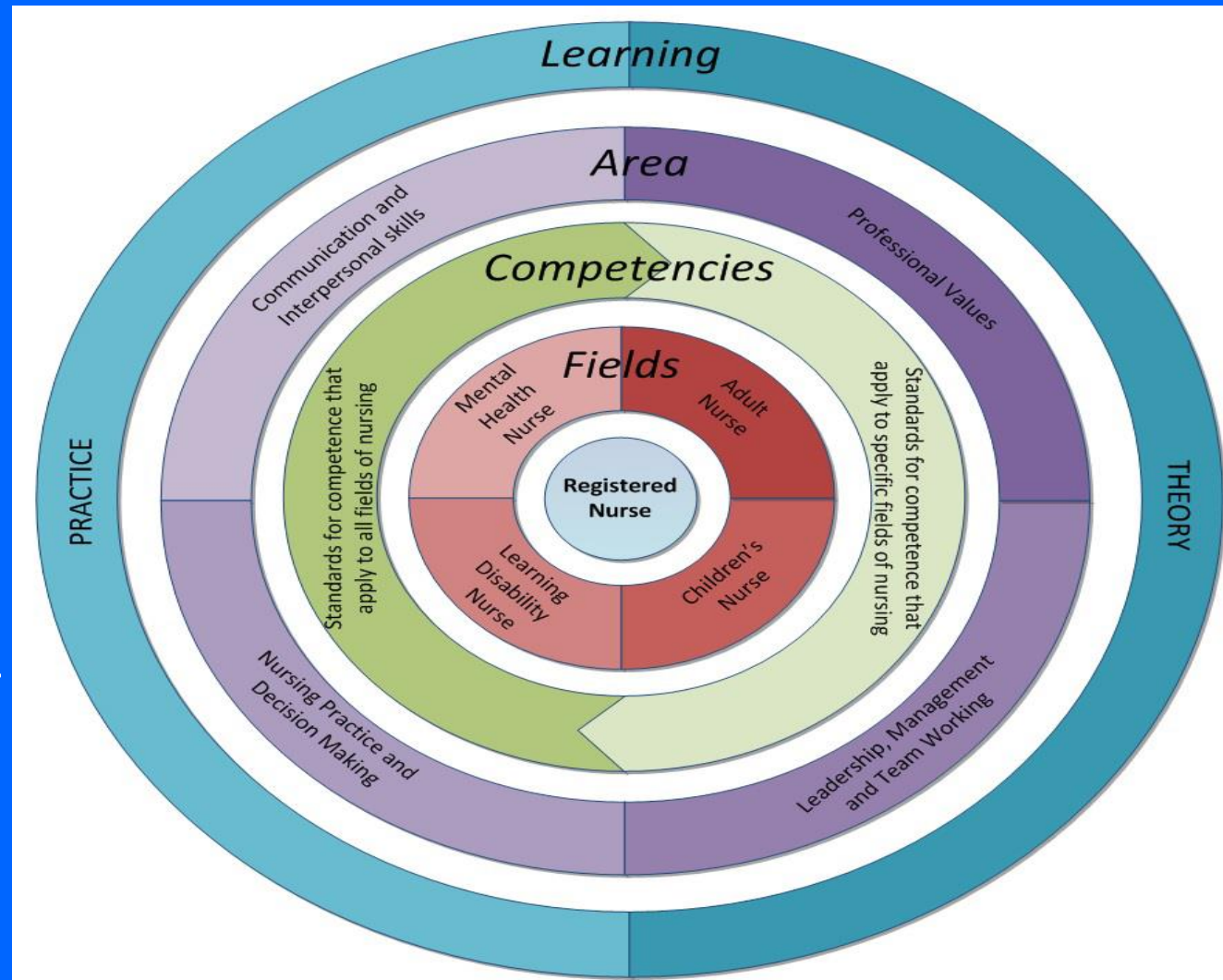
Year 2: Band 5 Development Programme

Situation	<ul style="list-style-type: none">• Standardised approach• 5 days in year 2• Building on wellbeing, accommodation, courses, career pathways etc• Day 1 and 5 corporate and days 2,3, & 4 are foundation days
Background	<ul style="list-style-type: none">• Year 2 education varied across the Trust and at different times• Missing a section on wellbeing• TNA from previous and current NRN's, Ward managers, Practice Educators• Rotation nurses had separate education which evaluated very well
Assessment	<ul style="list-style-type: none">• Important to bring NRNs together• Action Log• Prioritise Trust wide initiatives• Current financial status
Recommendations	<ul style="list-style-type: none">• Understand gaps from first year/what you can be in control or influence in• Buy in from all stakeholders
Decision	<ul style="list-style-type: none">• 2nd attempt running for our March 2017 cohort. Needed improvement from first attempt as expected

Aim and Model

Aims:

- Standardise the NRNs education pathway
- Enhance knowledge and skills
- Build on CPD for Revalidation
- Continue regular peer and educational support



NMC standards; Standards for competence for registered Nurses (NMC 2014)

BINGO



4 20 36 55 64



12

18



48

66

14

27

40

51

75

9

23

37

60

70

<p>Student Supervision Day 1</p>	<p>Sepsis Day 1</p>	<p>Simulation Day 1/ Day 2</p>
<p>Me First Day 1</p>	<p>Neonatal Care Day 1</p>	<p>Revalidation Day 2</p>
<p>NRN support Day 1</p>	<p>Wellbeing Day 1/ Day 2</p>	<p>Preceptor training Day 2</p>
<p>Accommodation Day 1/ Day 2</p>	<p>Career Pathways Day 1/ Day 2</p>	<p>Internal Transfer Day 1/ Day 2</p>
<p>Tracheostomies Day 2</p>	<p>Courageous Conversations Day 2</p>	<p>Leadership/ NIC skills Day 2</p>



Summary

- Currently trialling
- Achieved through stations
- SME's for Career pathways
- First evaluations showed needed improvement
- NRNs love the continuation of peer support and bringing in career pathways earlier
- Awaiting to collect first set of data for retention, however, so far we know we are below our KPI target of attrition of <20% from starting this in September 2016



Questions and Thank you

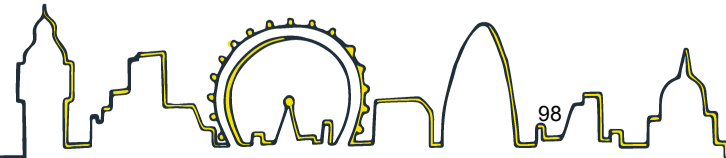
Session discussion

Main points shared

- Real life story of newly registered nurse
- Year 1 preceptorship appreciative inquiry: about how can support with things that can control, e.g. pastoral support, 5 ways of wellbeing, suggestions of things to do in London on a nurse budget
- Year 2 band 5 development programme (started last year): found weren't supporting beyond 1st year; includes training days, support wellbeing, career pathway, accommodation; hoping will improve retention for 2 years

Main points discussed

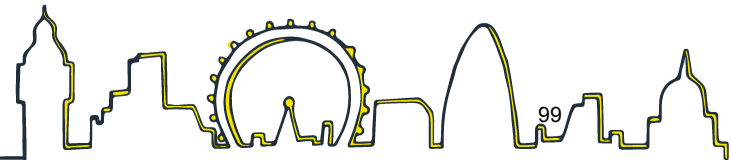
- Mental health and wellbeing
- How is feedback captured and used: survey monkey and then feedback to relevant specialties; take home message at end of each year go to Executive Nurse



For queries please contact:

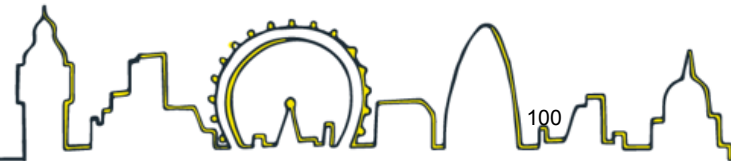
vanessa.keane@gosh.nhs.uk

Innes.Burt@gosh.nhs.uk



7. Our leadership development framework for ward sisters

Barts Health





Nursing Informatics Summit

March 2018



Programme

Time	Item	Presenter
13:00	Welcome and Introductions	Louise Hicks
13:10	Scene setting and Context	Andy McGovern and Caroline McGeery
13:30	What could our Governance Framework look like?	All
13:45	What resources do we require	All
14:00	Exemplar Wards	All
14:15	What hardware does each ward need?	All
14:30	Feedback	All
14:50	Closing Remarks	Andy McGovern



Introduction

- Enhance and support the provision of high quality nursing care within Barts Health
- Deliver safer care through alerting, escalation and better communication between staff and teams
- Reduce harm to patients by recognising and responding to deterioration
- Enhanced patient experience by releasing time and allowing nursing staff to focus on the delivery of quality care
- Reducing duplication of information and reducing unwarranted variation in the way care is delivered

Leading Change Adding Value Commitment 10

We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

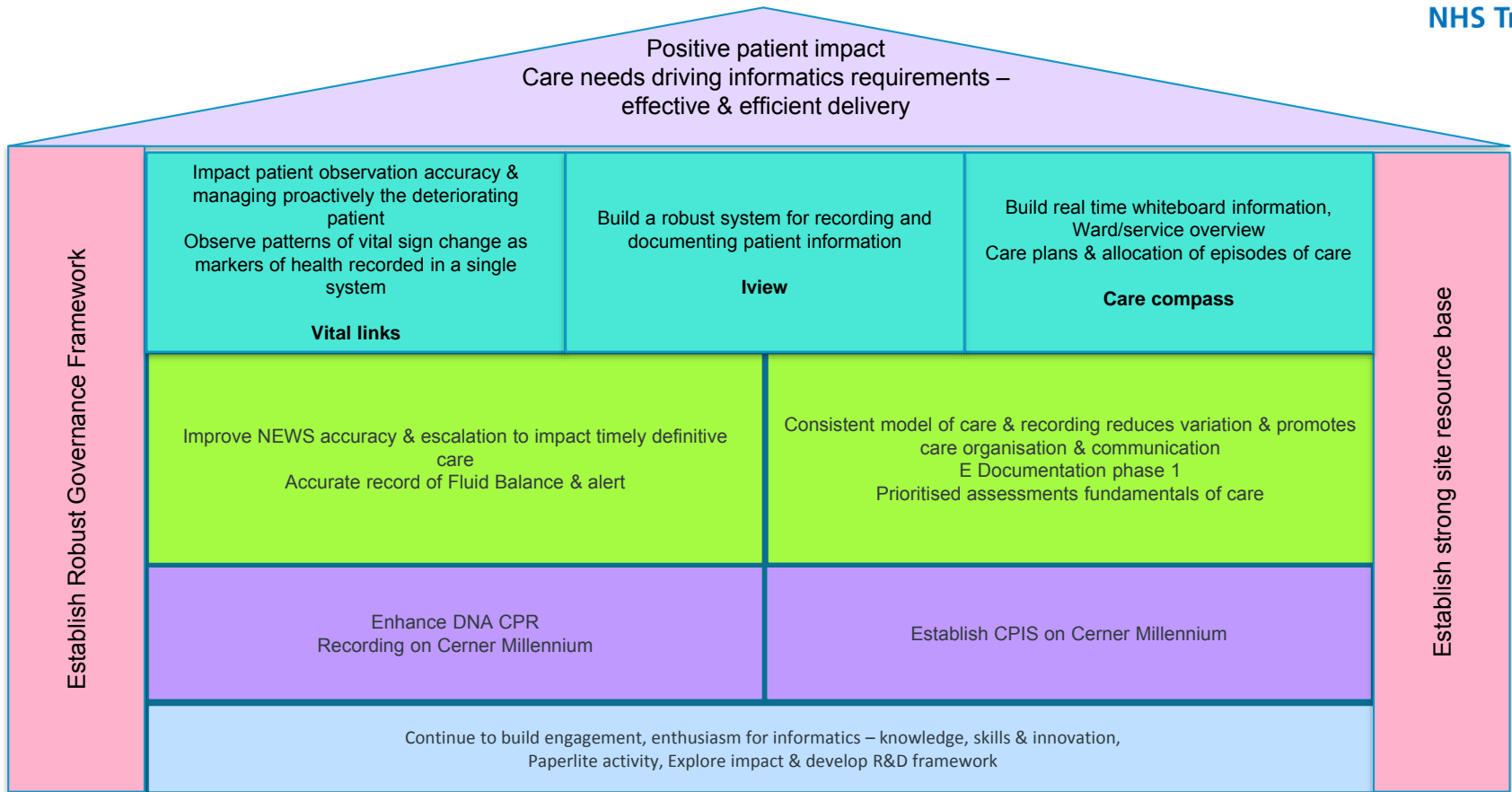


Key messages

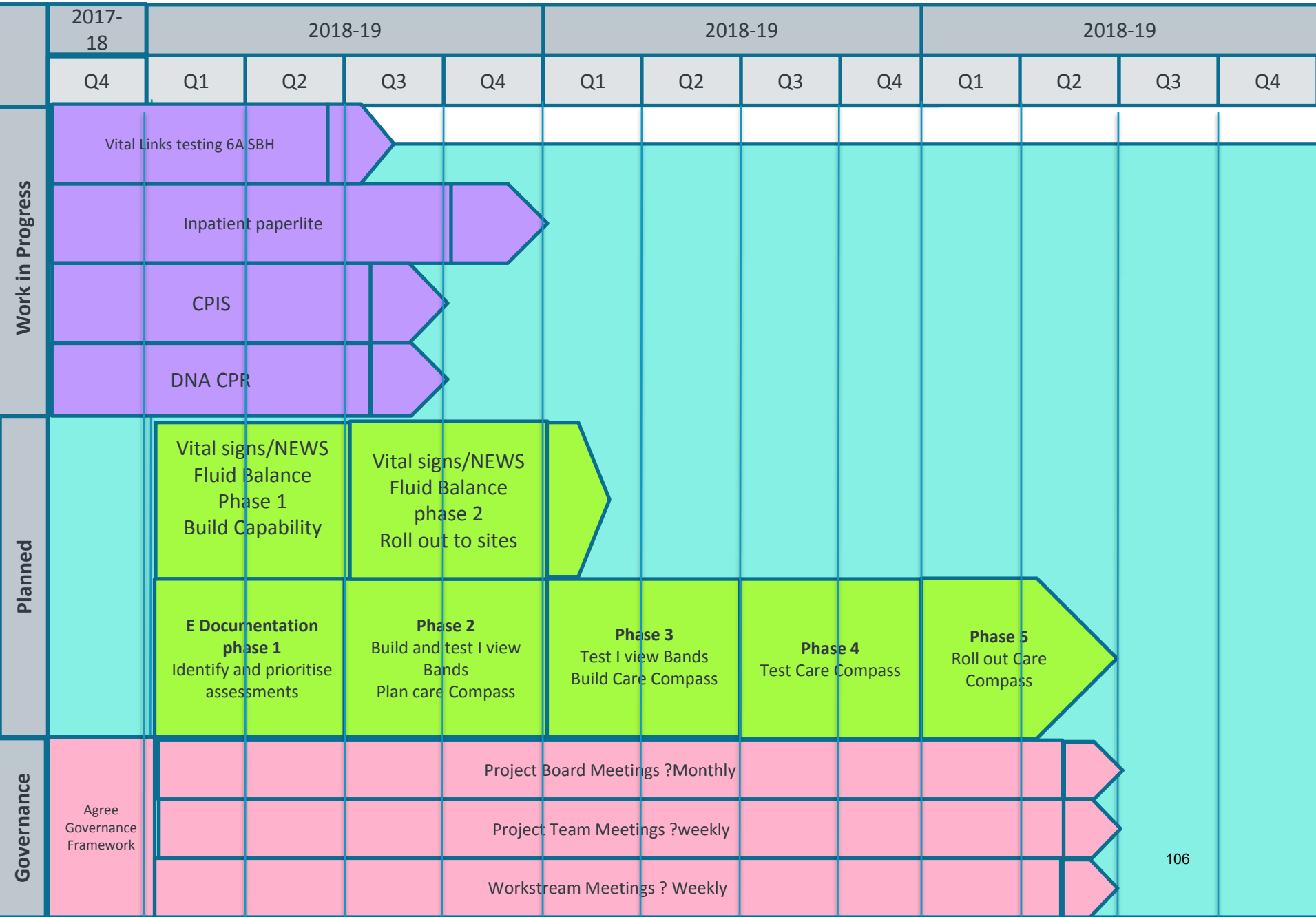
- Need for radical change in developing & implementing nursing informatics
- Core multi-professional group established & high level scoping
- Maximising Cerner millennium rather than a patchwork arrangement
- Ensure that the Model of care & behaviour impacts our approach to informatics
- Establish a plan led & supported through Corporate Nursing & NMAHP Senior Leaders – by implementing a robust project governance framework
- Maximise the benefits of using Cerner Millennium Iview, Care Comapss and Vital Links



Focus of scope



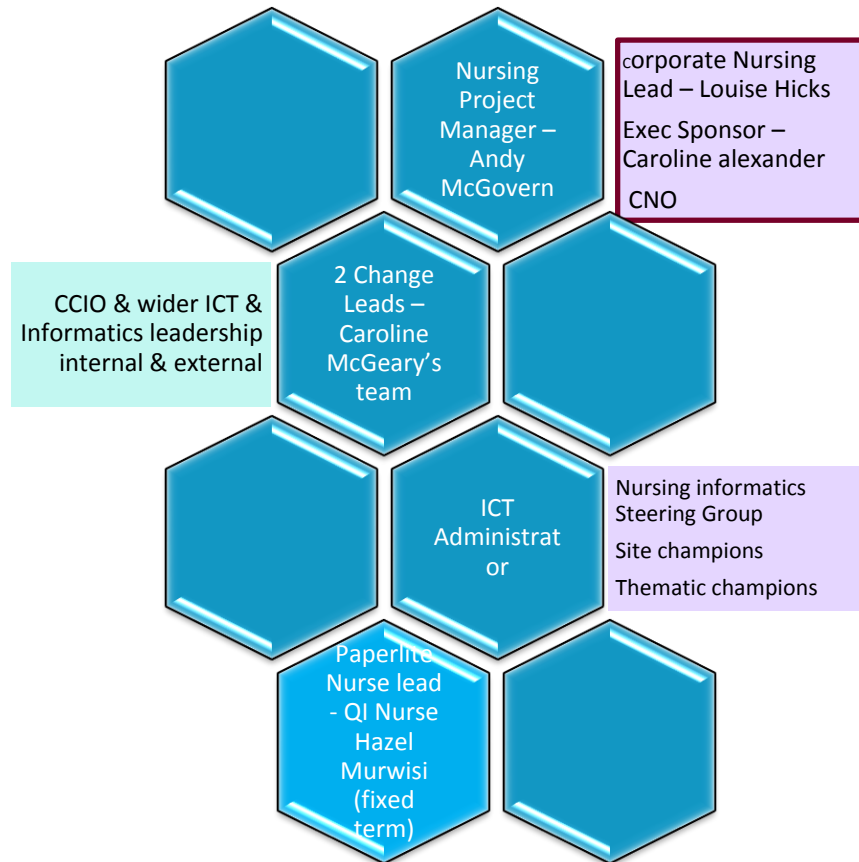
Proposed Timeline



Headline Progress

- NMAHP Board - DONS & Corporate Nursing engaged, supportive & positive
- Established Nursing Informatics Steering Group
- Specific highlighted actions:
 - “Pathway to paperlite” & “GO Live” checklist – programme & support developed
 - Increased engagement in Cerner special interest group – Paediatric presence
 - Paperlite Nursing documentation SOP developed following workshop
 - Scoping & preparing resources required to target clinical support for next phase wards based on readiness:
 - Ward by ward progression – RLH, SBH & WX
 - Build on initial NUH activity Q4
 - Site exploration of resource needs
 - Resource plan re: smaller hardware units
 - Continuing to engage through "bottom up" pass it on activity – on-going
- Building on Barts site ACCU – paperless opportunity plan
- Evaluating releasing time to care activity
- E Documentation programme – scoping
- Informatics Summit planning – 3rd Summit Spring 2018
- Coding & use of EHR – increased engagement– eg: heart failure, fast response, Pain CNS’s – creating cohorts of assessed patients & refine treatments, exploring clinical analytics & QI impact – paperless ECG’s in ED at RLH, Safeguarding trial of simple listing for under 18’s using PowerInsight, Coding tips for all – circulated
- Starting to explore personalised medicine impact – nursing & care contribution eg: genomics & lung cancer contribution
- Perfect ward app – audit & real time feedback – launch December 2017
- Included informatics & digital health in Band 7 development programme

Infrastructure support



For the Programme

Resource needs to be agreed in the context of specific clinical time to engage & impact change



Immediate Next Steps and Key Questions

- Establish Governance Framework for project delivery
 - What could this look like?**
- Identify & appoint detailed project & infrastructure resources required
 - What resources do we require centrally and on each site? Will it vary depending on the site? If so how?**
- Site planning & exemplar wards
 - What does an exemplar ward look like? What are the expectations of them?**
- Build on the audit of available hardware & functionality
 - What hardware does each ward need?**
 - (Like) In an ideal situation money no object**
 - (Intend) What we would actually like**
 - (Must) The minimum they require**



Feedback





Closing Remarks



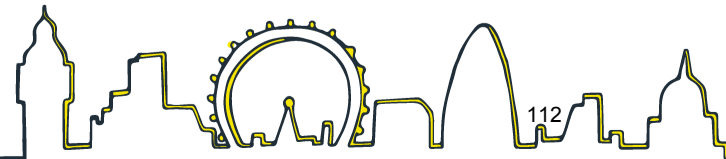
Session discussion

Main points shared

- Supervisory role of the ward leader – delegates perspectives
- What ward leaders at Barts Health think will be/is the impact of being supervisory
- Barts health ward leader's framework/development pathway

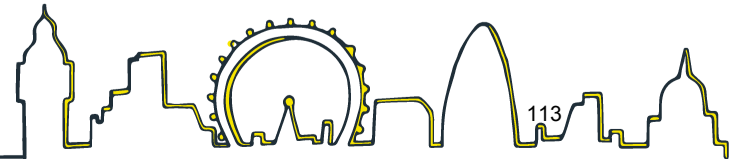
Next steps/how can CapitalNurse help?

- Capital nurse ward leaders events
- Focus on recruiting and retaining band 7 staff
- Promoting the band 7 role
- Developing band 7 staff
- Helping with resilience
- Succession planning



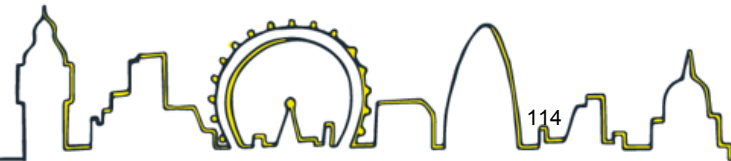
For queries please contact:

debbie.jurasz@bartshealth.nhs.uk



8. The SACT competency passport – ensuring safe, equitable, holistic care across London

CapitalNurse





Systemic Anti-Cancer Therapy (SACT) Passport





Becky Johl , Lead Nurse for Oncology , Imperial College Healthcare NHS Trust



Background

- SACT (Chemotherapy) nursing is a specialised area of nursing within Cancer
- Numbers of patients diagnosed with cancer is increasing
- Two out of three cancer patients will receive SACT
- More lines of treatment
- Regimens becoming more complex and new drugs being introduced
- Skilled and competent workforce required to deliver this
- Patients should receive equitable care wherever they are treated

Workforce

- Day units are becoming busier
- Focus may be on the technical administration
- “ Production line “
- Need equal focus on holistic care
- A skilled and competent workforce in order to deliver this
- Patients should receive equitable care wherever they are treated

Is this the same for all specialities ???????



Background:

- The idea of a passport talked about for many years.....
- A national competency – standardised and allows nurses to move between Trusts
- Two previous competency documents in South and North London plus individual
- Both documents due for review - process initiated by the London Lead Cancer Nurses
- Approach made to Capital Nurse to support





Challenges !

#Realtalk

Trust?
Years to earn,
seconds to break.



Pan London engagement and beyond



UCLH Cancer Collaborative 



Success



Systemic Anti-Cancer Therapy (SACT) Competency Passport

Oral, intravenous, subcutaneous and intramuscular handling and administration for adult patients



How

- Do you think

Patients , nurses and Trusts could benefit
?



Issues for patients:

- Often feel anxious/worried about starting SACT – difficult to hear all the information / varied information
- Toxicities (some life threatening) for patients at home, robust, equitable education essential
- Need support/advice to manage symptoms and to know when to report these
- Want to retain normal home/work life – this is a struggle
- Symptoms often regimen dependant but also very individual



Issues for nurses:

- Supportive care is as important as safe drug delivery
- May lack time/infrastructure to educate and support patients – can be frustrating
- Ability to carry out a holistic pre treatment consultation – complex intervention
- Pre-treatment checks
- Safe delivery – many risks associated with administration
- Extravasation
- Reaction
- Spillage
- Safe handling



Issues for Trusts:

- Traditionally nurses who administer SACT have been required to undertake re-training to deliver the therapy in any new place of work
- Training can be inconsistent and valuable time and money is spent retraining nurses
- Retraining can delay nurses from starting in these roles and deter them from moving organisations
- High vacancies and turnover in some Trusts



Competencies:

- Vary from Trust to Trust
- Lengthy work books to only practical assessments
- Essential that all nurses receive robust theoretical education prior to completion – recognised course or in house training
- Vision of a passport to ensure high standard and best practice
- Ability to move between Trusts having achieved standardised competencies



Developed by:

Lead authors

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Lorraine Hyde, The Royal Marsden NHS Foundation Trust

Edited by

Dr Lisa Dougherty, Independent Nurse Consultant





Patient and Carer Support is as Important as Safe Drug Delivery

Putting Patients at the Heart of SACT Nursing Care



The challenge:

‘The challenge is for SACT nurses to take a step back and rethink their role’



The Passport:

- Refers to the person with cancer throughout - helps the clinician to understand the impact of SACT on the person and their family e.g. psychological, physical, social, body image – sexuality
- Importance of normality
- Includes reflection / case studies

Empowerment/Activation Advising on side effect self management e.g. mouth care, nausea and vomiting

- Symptom reporting

- Is the right support in place?
- with others to support patients.
- Practical issues – e.g. handling waste
- Discharge advice e.g. ensuring patients and families understand how to take supportive medicines

Patients are overwhelmed – they can hear more after the first treatment - Focus on ongoing information, advice, support



The Passport – Pre-treatment consultation (optional):

A **Complex intervention** that moves practice from overwhelming patients with generic information delivery to:

Establishing therapeutic relationships based on Knowledge of patients' experience of the regimen, empowerment including **active listening, dealing with individual concerns and checking understanding**



Developing the SACT Passport





Passport creation:

- Small steering group with key people
- Follows the chronology of the treatment process
- Chemotherapy Peer Review Measures (NHS England 2014)
- Drug Focused → Patient Focused “Golden thread of learning” (HEE 2016)



Assessors answer guide:

- A guide not a marking system
- Self-directed concept → Variety of evidence-based resources for each question
 - National Resources
 - Peer-reviewed journals
 - Scientific committee recommendations
 - Local policies and guidelines

Example of assessors answer guide:

Safe Handling

- Describe what cytotoxic waste is and the safe handling precautions **you** would take when storing and handling cytotoxics ([Local Waste and Personal Protective Equipment Policies](#); [DH 2017b](#); [HSE 2017](#); [ISOPP 2007](#); [Polovich 2014](#)).

Cytotoxic Waste	Cytotoxic waste is the by-product of cytotoxic drug therapy administered to patients (such as chemotherapy). Cytotoxic waste typically includes all drug administrative equipment (e.g. needles, syringes, giving sets.) as well as gowns and body fluids/waste from patients undergoing cytotoxic treatment.
	Precautions
Handling: Personal Protective Equipment	It is important to wear gloves and aprons at all times when handling body fluids/waste and to pay careful attention to hand washing techniques.

- State the four main routes of absorption of SACT for staff when handling SACT? ([HSE 2017](#); [ISOPP 2007](#); [NIOSH 2004](#))

1	Skin absorption/contact
2	Inhalation of aerosols
3	Drug particle ingestion (administering <u>SACT</u> and then eating something without washing your hands would be one way in which this could occur).
4	Needle stick Injuries



Pilot feedback:

'The book is very intense and thorough but it was also positively received in that people feel the information is appropriate and useful' (Education and Development Sister)

'It provided me structure learning and helped me identify which areas my knowledge was weaker and where I need to learn. It was very systematic and straightforward to use' (B5 Staff Nurse)

'Questions were really clear and the whole workbook was easy to understand' (B5 Staff Nurse)

'I value the opportunity to complete the theory' (B5 Staff Nurse)

'The workbook really enhanced my confidence and the order of the questions worked well.' (B5 Staff Nurse)

'I think the resources are excellent, especially with the references' (Clinical Trials Practice Educator)

Implementation

- Capital Nurse supported 2 x train the trainer study days
- Well evaluated
- Attendance from all London Trusts
- Document on UKONS website
- UKONS now supporting national roll out
- Further national training days planned
- Speaking at various conferences
- Comments , questions , changes made through UKONS MIG

Session discussion

Main points shared

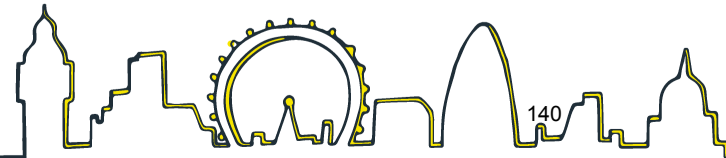
- Work and knowledge of oncology nursing, providing a holistic care, working more one to one
- Passport to become mandatory to compete
- Nurses need theory before practicing in clinical areas

Main points discussed

- Reasons behind passport
- Emotional security of nursing treating patients
- Is there a national standard of learning outcomes
- Pre-treatment consultation

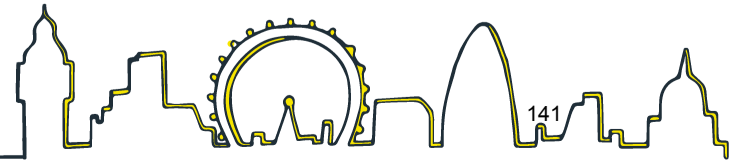
Next steps/how can CapitalNurse help?

- Improve recruitment for nurses in oncology background
- Provide individualised support to achieve national learning outcomes
- Screening NHS and private patients



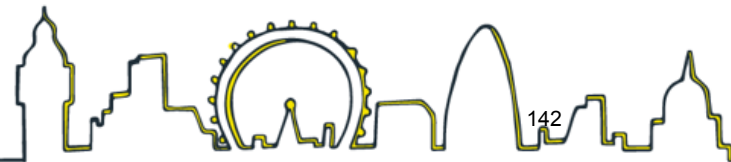
For queries please contact:

rebecca.johl@nhs.net



9. RePair (reducing pre-registration attrition and improving cancer)

RePair



Reducing Pre-registration Attrition and Improving Retention – RePAIR



Professor John Clark
Director & Dean of Education & Quality/Regional Chief Nurse HEE South

Jan Zietara
Head of Programme Delivery, HEE South

Dominique Henson
Business Support Manager, HEE South

Professor Mary J Lovegrove OBE
Academic Advisor, RePAIR

Aims:

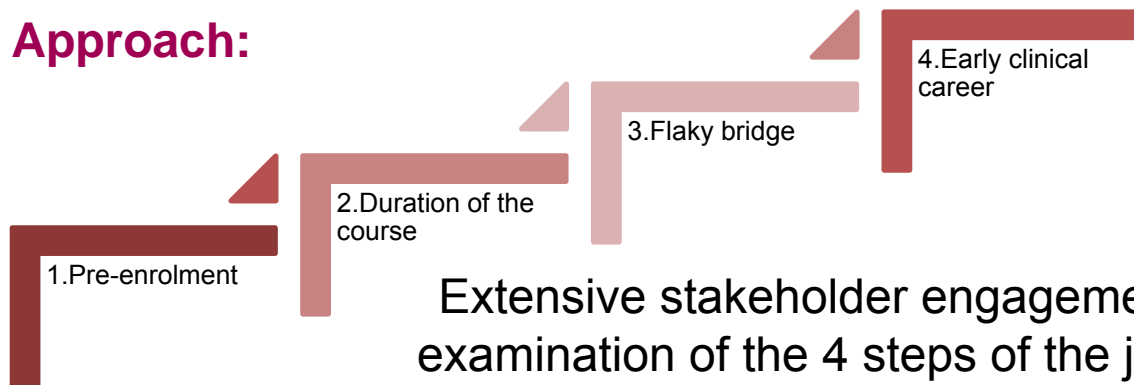
1. Definition and Baseline
2. Understanding
3. Identify Best Practice
4. Promote and Spread
5. Sustain

Scope:

- Nursing
- Midwifery
- Therapeutic Radiography

The RePAIR Project

Approach:



Extensive stakeholder engagement and in-depth examination of the 4 steps of the journey from pre-enrolment to early clinical career.

Definition & Baseline

“Percentage of students who did not complete within the standard pathway for that programme”

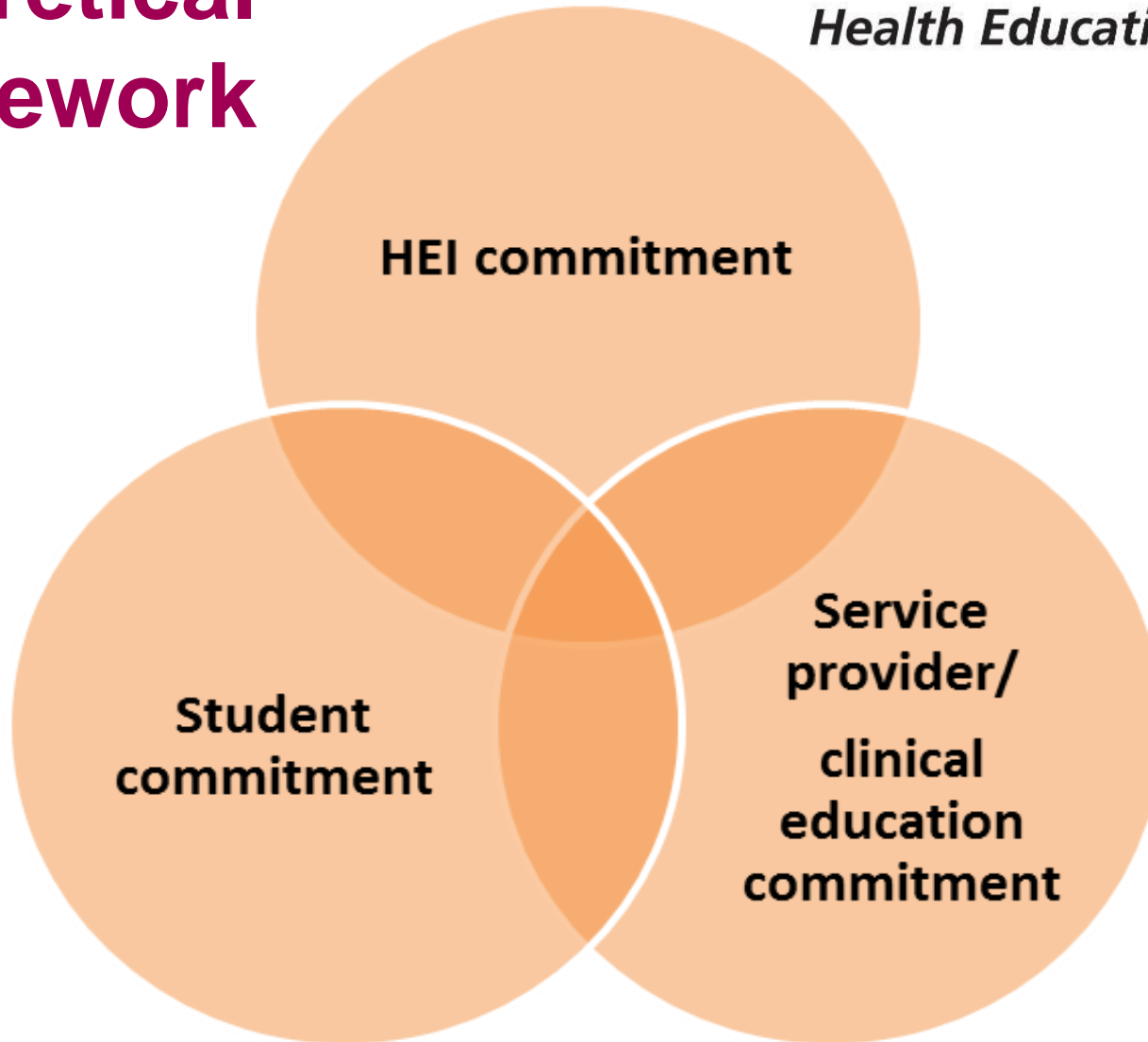
Baseline output years 2013/14 and 2014/15
30% do not complete on time

Analysis from one HEE Region

- Fewer than 1% interrupted their studies
- Approximately 13% transferred to another programme
- Students normally go on to complete within a further 12-24 months
- Additional data from some case study sites being explored



Theoretical Framework



Developing our understanding

Focus Groups

- 119 students,
- 10 newly qualified nurses,
- 53 academics,
- 31 senior clinical staff,
- 3 national policy advisors,
- 7 representatives of PSRBs

Student Survey

- 3447 responses

Case Studies

- 16 sites across England



What we've heard

- expectations

'I have not yet started placement but I hope the university takes into consideration that I travel from another city to University and that they allocate me a placement near the Uni. I am confident that my personal tutor and visiting lecturer will help me do well at placement'.



vs experience



'There was no visiting lecturer, and the team to support you in practice only come in if you ask them too, I have seen them once in 3 years!'

What we've heard

- access to information

'The lack of communication between programme leaders, placement teams and the students has been very distressing at times. On some occasions information has only been disseminated to some students and unless you happen to be a student 'in the know' some pertinent information may not always be available.'



What we've heard

- low morale



I frequently come across colleagues who absolutely love what they do but, are so tired and drained...

Recently a nurse said to me 'I love what I do but, if my daughter wants to do nursing I will not let her...' I couldn't help but agree partly with her.

She also said to me 'it's not too late for you to change your mind, if I were you and I knew what I know now I would leave and find another career'.

It saddens me that many vital people are being pushed out of the career

What we've heard - mentor support

'My Mentors have been great educators and had great respect for me as I also did respect them'

'Some mentors I have had during placements have been exceptional and other members of staff as well are willing to teach and have made me feel so welcome, as though I am truly part of the team'



'When I raised my concern about lack of mentor support at placement, to the sisters and reported this to university, I received no support from staff on my placement, uni or my personal tutor. I was basically told to keep quiet or I would be failed by my mentor. When I was placed with other nurses on one placement, they refused to sign off any of the skills I had practiced or shown as they "weren't my mentor".'

What we've heard

- HEI support in practice



'I have never been visited or contacted by an academic in practice or visiting lecturer.'

'Just about to finish my third placement, no one from the university has visited me at any of these placements. I was even punched in the face by a patient at my first placement, my mentor e-mailed both my link lecturers to let them know and neither of them even replied to the e-mail'

Key findings from the survey quantitative data analysis

Mostly positive findings

- 97 per cent strongly agree/agree that they intend to pursue a career in their degree field within the next three years
- 87 per cent would strongly recommend/recommend their course to a friend and/or family
- 93 per cent strongly agree/agreed their academic learning had been a positive experience
- 96 per cent strongly agree/agreed that they had made the right decision in enrolling on the course

Challenging findings

- 74% strongly agree/agree that they fear getting into more and more debt
- 86% strongly agree/agree that paying for travel for placements is a struggle
- 42% have considered leaving their course
- Quality of information flow needs to improve
- Approach to placement allocation needs to improve

Early findings of the qualitative data analysis from the survey

Student expectations

- It is important that the sector does not overstate the learning experience and ensures all students are clear about the system's expectations, including supernumerary status.

Financial challenges

- Repeatedly students comment on financial hardship including cost of travelling to placement, and parking and the delay in reimbursement.

The mentor-student relationship

- Students reported a very mixed experience and explained that the support offered by mentors is key to the success of their clinical learning outcomes.

The pressure in the clinical environment

- Students explained that they are very aware of the clinical service pressures and the impact it has on their clinical learning opportunities.
- Students reported that the culture of care in a clinical setting differs and is reflected in their clinical experience.

Support from the HEIs

- The level of support, provided by HEI staff, for students while in clinical placement ranges from consistent to non-existent.

National case study site activities

RePAIR Networks

- Therapeutic Radiography
- Learning Disabilities Nursing
- Modern communication
- Preceptorship

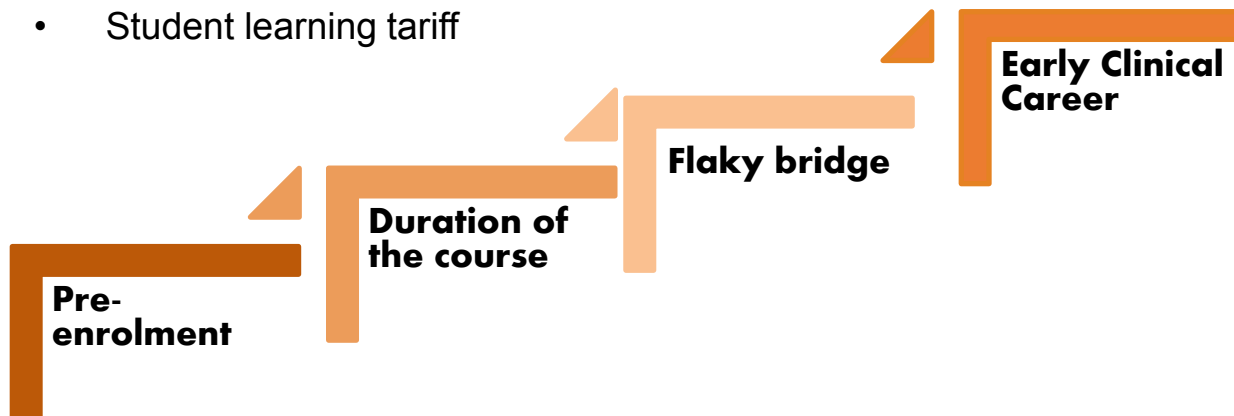
16 case study sites

Interventions (* Core)

- Buddying Scheme*
- Mentorship
- Preceptorship*
- Preparing for Transition into practice*
- Modern media approach to communicating with students (just commencing)*
- Student learning tariff

Case study site data collection tools (ongoing)

- Tool A data by each of the 4 RePAIR steps
- Tool B data collected solely for Economic evaluation data



RePAIR preceptorship network

Key questions for the network to answer

Why wouldn't a trust design their preceptorship programme in partnership with their main HEI partner(s)?

Why wouldn't a trust seek accreditation for a preceptorship programme?

Why wouldn't a trust design a preceptorship programme with 2 parts: foundation and advanced?

The RePAIR preceptorship network membership

20 preceptorship leads from the case study sites

RePAIR Economic model

- Establishment of baseline measures:
 - Workforce supply
 - Numbers of students
 - Additional staff costs
 - Educational costs
- Development of economic framework
- Gathering of data from case study sites
- Development of economic model



Emerging findings from the case study sites

- Service key in student experience
- Closer partnership between service providers and education providers
- Importance of mindful learning environments (CLIP model)
- Student confidence
- Need for student support from those who will **not** assess them - buddying programme
- Bespoke partnerships with school education sector
- Greater focus on year two students (the neglected cohort)
- Clinical environment culture (Cultural Care Barometer)
- Inter-Generational Communication



How organisations can support RePAIR?

Health Education England

- Get RePAIR on the agenda
- Organisational commitment to student learning
- Consider your approach to mentorship
- Communicate expectations clearly to students
- Practice Assessment Documentation
- Value year two students
- Remember Culture of Care impacts on students
- Support the collection of data

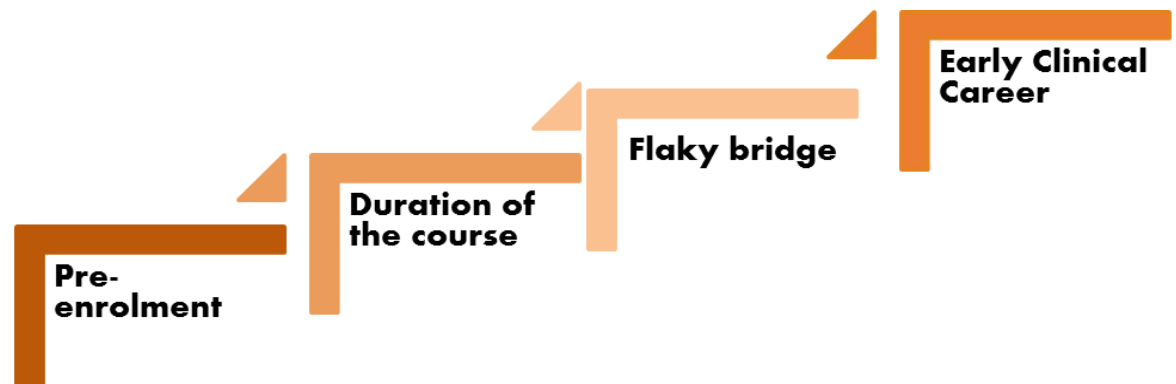


Reducing Pre-registration Attrition and Improving Retention

RePAIR

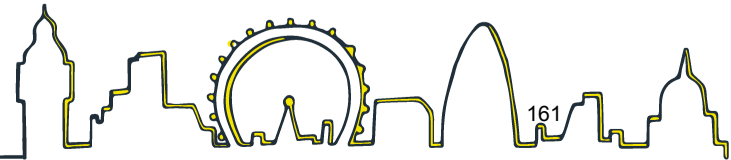
Please use the toolkit

THANK YOU



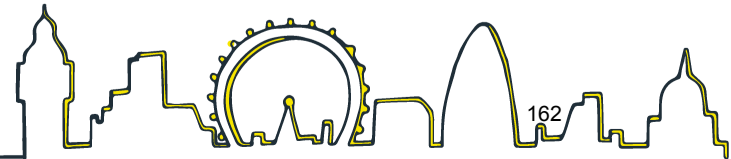
Session discussion

Awaiting session discussion form



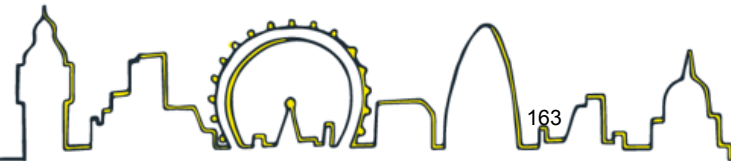
For queries please contact:

Jan.Zietara@hee.nhs.uk



10. Peri-operative nursing, recruitment and retention – a team approach to success

Barts Health and the Royal London Hospital



Royal London Hospital Peri-Operative Recruitment and Retention A Team Approach to Success



Royal London Hospital Theatres

There are 27 operating theatres over 3 floors on Royal London Hospital site and additional ophthalmology lists at Mile End Hospital:

- ACAD (Day surgery) – 8 theatres
- In Patient – 12 theatres including two 24 hour emergency theatres
- Obstetric and Paediatric – 6 theatres – 4 paediatric and 2 obstetric
- Mile End – 2 ophthalmology lists per week

- Establishment 330.9 wte including Recovery Room



Where we were April 2016

- Theatre Vacancy rate: 36%
- ODP vacancies: 81%
- Lack of Matron presence
 - no Matron on Day Surgery or Obstetric & Paediatrics
- Low morale
- High agency usage which resulted a lack of continuity
- Poor skill mix
- Poor reputation post CQC report 2013
- Poor theatre utilisation – 62%



What we did....

- Establishment review and restructured nursing management:
 - Matron on each floor which addressed the gaps in senior nursing leadership and increased visibility
 - Band 7 establishment in obstetric and paediatric theatres increased from 1 to 3 wte
 - Creation of a team with shared values and focus
 - Clear roles and responsibilities
 - Team priority was recruitment and a focus on building the team



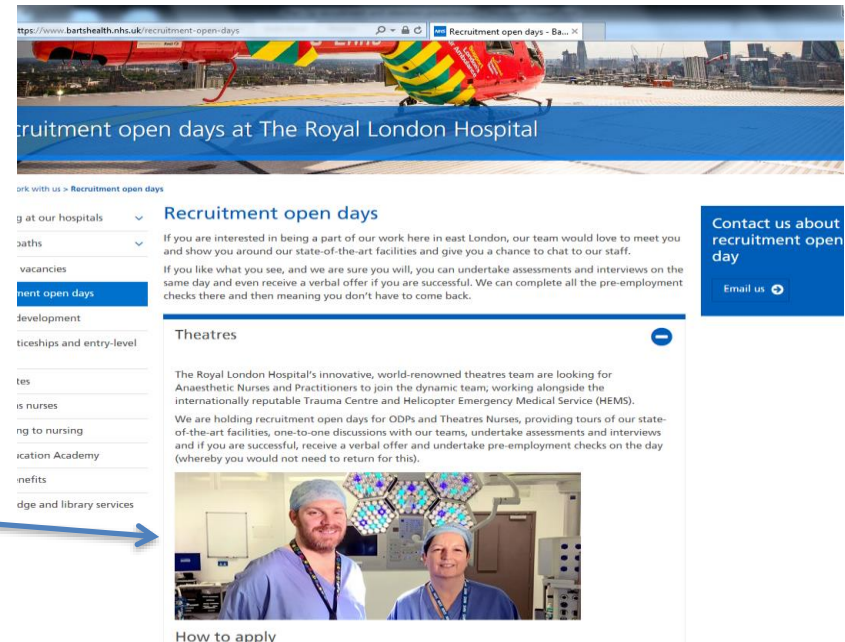
Recruitment Strategy

- Nursing recruitment team was established working closely with the Site recruitment team
- Regular recruitment meetings to ensure the campaign remained focused and driven
- Regular evaluation of progress
- Aim was to make us a 'destination' place to work



How we did it.....

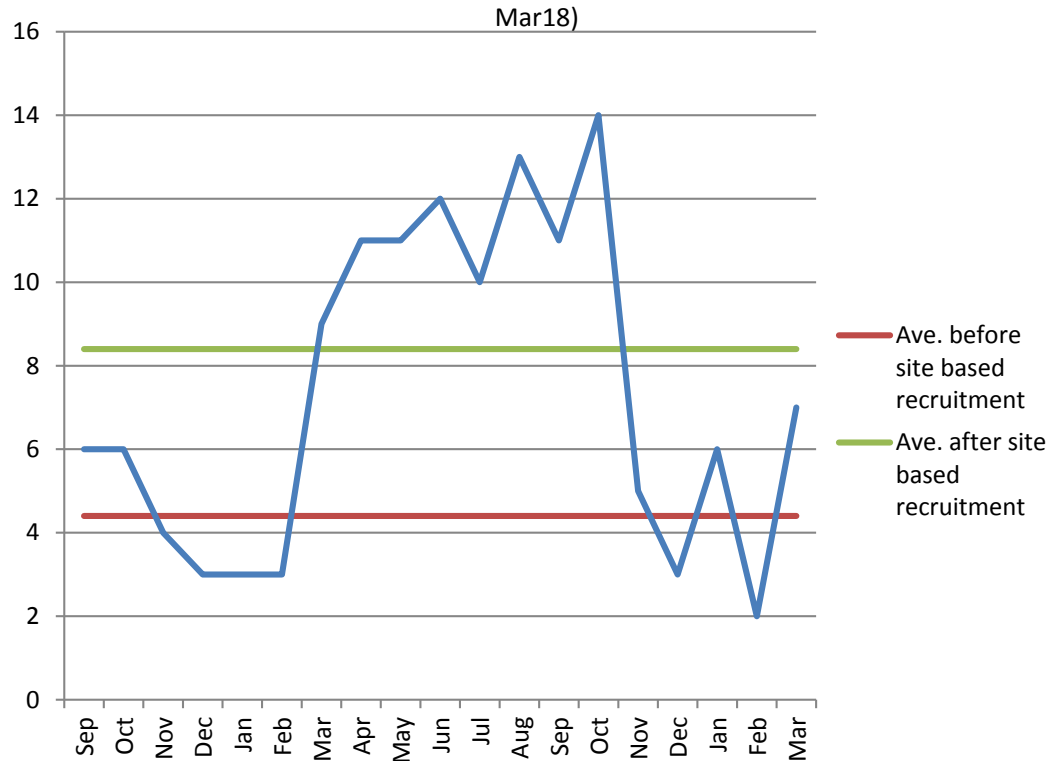
- Team commitment and motivation
- Monthly recruitment open days
- Intranet page with a link to NHS Jobs
- Devised an accredited anaesthetic course to train RN's for ODP role
- RCN recruitment fair
- AFPP conference
- Social media – twitter and facebook
- Revamped the NHS jobs ad and ensured rolling ads
- Bulk commissioning



Results so far.....

Theatres Recruitment Snapshot	
Sep16-Mar18 (last 18m)	
Site based Recruitment Events held	45
Conditional Offers made	217.81
Starters	141
Current Pipeline	37
Data source: Recruitment tracker/TRAC	

Theatres Nursing Starters/month (Sep16-



Keys to success

- **Constant Adverts** - candidates can apply at all times
- **Concise & informative adverts**- be clear about your criteria for the post and interview arrangements
- **Shortlist as the advert is live** -giving candidates as much notice of interview as possible - increases attendance rate
- **Provide flexible interview arrangements** – for hard to fill posts this is a must
- **Planning** – spend time planning each event. Be organised and involve as many people in the team as you can
- **Sell the service as much as you want candidates to sell themselves** (Information on your adverts, Website promotion, Tours of facilities, Welcome with the team)
- **Make the recruitment process easy** – offer one stop shop pre-employment checks on the day
- **Learn from each recruitment event** (track information, feedback from candidates)
- **Keep going** – focussed reviews, regular meetings between clinical & recruitment teams



The Result

Current position

(including additional 32 wte establishment for theatre session expansion)

- Anaesthetic Nurses: All posts appointed with current turnover at 3%
- Scrub Nurses: 4% vacancy
- Recovery Room: 6 % vacancy
- Anaesthetic course started September 2017 – 8 candidates
- Reputation – now a ‘destination place to work’
- Morale much improved
- Minimal agency usage from a reliance on agency
- Theatre Utilisation improved to 74%

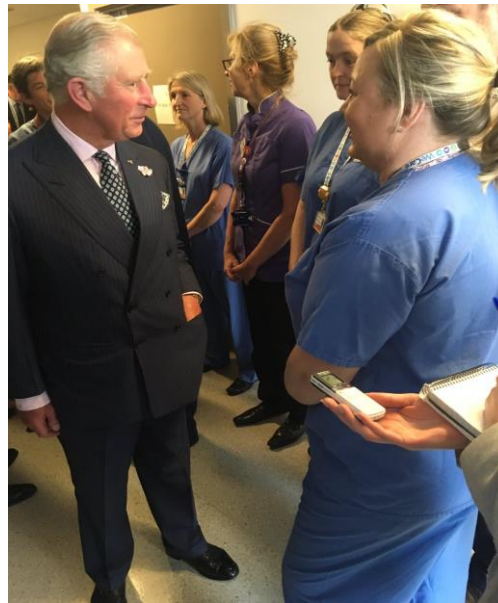


We Recruited! But How Do We Retain?

- Welcoming- use of the Trust Buddy system, Team effort!
- Accredited courses including Paediatrics and anaesthetics
- Internal rotation within specialities
- Leading on specialities for band 6 staff and the opportunity to work with pioneering specialists
- Learning and development opportunities within the Trust
- Flexible working
- Career development



So far it's been a Royal Success..... but remains an on going team commitment



Any Questions?



Session discussion

Main points shared

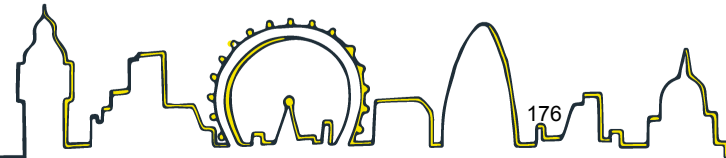
- Apr 2016 vacancy rate 36%
- Biggest challenge leadership in theatres, very low morale: plan to put matron on each floor; building team with shared values - us not I – open culture; clear roles and responsibilities; recruitment – monthly recruitment days, accept newly qualified, show plan for career development
- Celebrate – social media, word of mouth

Main points discussed

- Next steps, break down barriers, not so rigid roles
- Recruitment days: tours of the environment; speakers; informal style – promoting friendliness as well as professionalism
- Social media – big throughout organisation: organisational culture to tweet; constant advertising
- Morale improved

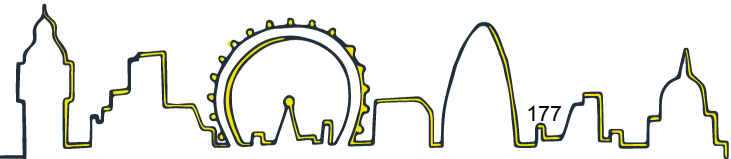
Next steps/how can CapitalNurse help?

- Flexible working – key and you can do it
- Career development
- Anaesthetic side



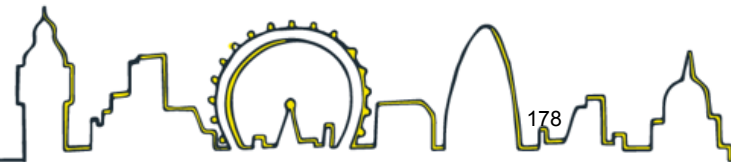
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11. Developing sustainable workforce in learning disability services

College of Nursing Midwifery and Healthcare, University of West London



Developing Sustainable Workforce in Learning Disability Services

Dorothy Kupara – Lecturer in Learning
Disabilities Nursing, University of West London

22nd March 2018



Session Outline

1. Pre-registration nurse education
2. Service user / public involvement in professional healthcare education.
3. Research degrees (PhD / Professional Doctorate).
4. Current research and projects.



People with learning disabilities

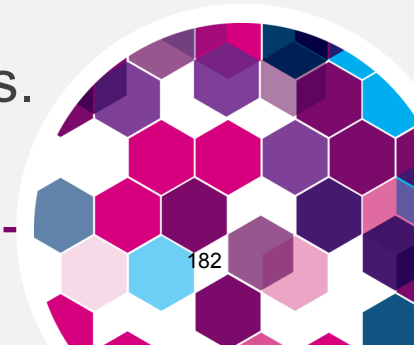
1. It is estimated there were 1,087,100 people with LD in England in 2015 (Hatton *et al.*, 2016).
2. Number of people with LD will increase by 14% between 2001 and 2021 (Emerson and Hatton, 2009).
3. People with learning disabilities experience more health problems compared to the general population (Heslop *et al.*, 2013).
4. There is a need for long term workforce strategy that connects workforce planning to the transformation and delivery of services for children and adults with learning disabilities (RCN, 2016).



Pre-registration nurse education...where we came from

1. Initially nursing was thought not to demand skill, training or respect until mid 19th century.
2. Before 1880 hospital treatment was rare, sick people were seen by family doctors and nursed by female family members or servants.
3. Discovery of anaesthetics and antiseptic surgery in mid 19th century enabled people of all classes to seek treatment from hospitals.
4. Nurses' training schools started from 1860s onwards.

Thomas (2016)



Pre-registration nurse education...a definition

“...the programme that a nursing student in the United Kingdom undertakes in order to acquire the competencies needed to meet the criteria for registration with the Nursing and Midwifery Council (NMC).” (NMC, 2010, p. 4).



Courses offered at UWL

1. **BSc (Hons) Nursing** 3 year course:

1. Adult
2. Child
3. Mental Health
4. Learning Disabilities **LONDON ONLY**

2. **PG Dip Nursing** 2 year course for graduates:

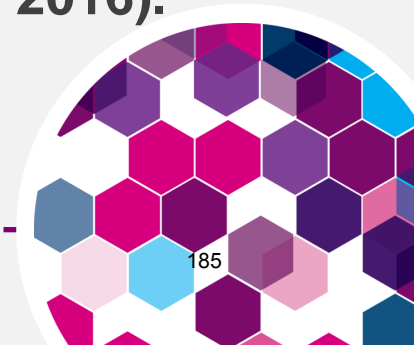
1. Adult **READING ONLY**
2. Mental Health
3. Learning Disabilities (to start September 2018) **LONDON & BERKSHIRE**



Developing workforce for learning disabilities

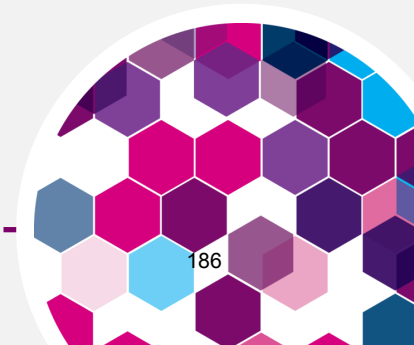
1. Winterbourne View failings.
2. Learning disability student nurse training places have also been cut by 30% over the past decade.
3. There are fewer newly qualified learning disability nurses coming through than ever before, significant cuts to jobs in the NHS, and large scale re-provision to the independent sector.
4. Transforming Care is finally setting out a clearer pathway to shifting care from hospitals into the community

(RCN, 2016).



Role of LD Nurses

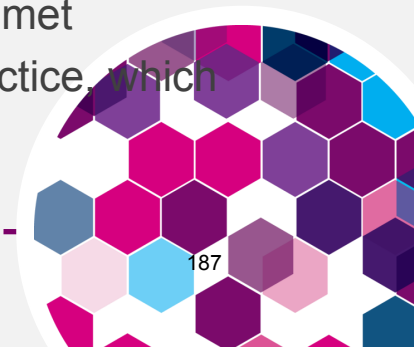
They offer specialist healthcare and support to people with learning disabilities, as well as their families and staff teams, to help them to achieve a fulfilling life.



Role of the LD nurse

1. Maximise health access and outcomes for people with LD
2. Encourage and promote community presence of PWLD
3. Support skills teaching and development to maximise independence and good health maintenance
4. Accurate assessment and implementation of treatment and support to maximise health outcomes
5. Use education and health promotion to support carers/families/PWLD to maintain good health
6. Support non LD specific trained staff in meeting needs of PWLD
7. Coordinate care within MDT to ensure holistic healthcare needs are met
8. Challenge and reduce incidence of inequality and discriminatory practice, which affects healthcare outcomes

Department of Health (2013)



Service user involvement

Service user involvement refers to the process by which people who are using or have used a service become involved in the planning, development and delivery of that service

(Offender Health Collaborative (OHC), 2015).



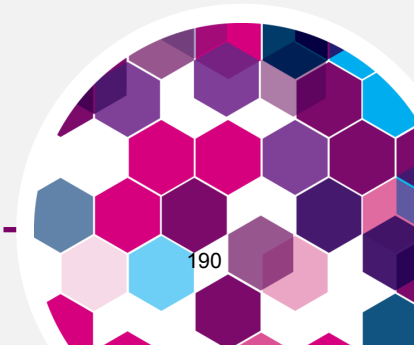
Service user involvement at UWL

1. Public and Carer Involvement Strategy.
2. Public Involvement Coordinator in College of Nursing, Midwifery and Healthcare (CNMH).
3. Network of service user groups, expert by experience as well as carers who are dedicated to assist with public involvement at the CNMH.
4. Service users treated with respect, dignity & are always valued.
5. In CNMH, service user involvement is central to education for health and social care practitioners.



Service user involvement at UWL

6. Using lived experiences to improve teaching and learning.
7. Teaching innovation.
8. Service users and academic staff meet quarterly through a steering group.
9. Embedded in the college's activities.
10. Students always highly evaluate sessions with service user involvement.



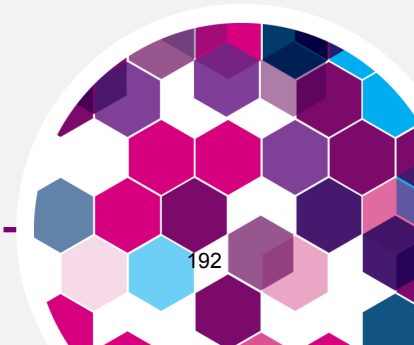
Service user activities

1. Strategy development.
2. Curriculum development and course design.
3. Recruitment and selection.
4. Course and workshop delivery.
5. Formative assessments.
6. Feedback.
7. Training.



Research degrees (PhD / Professional Doctorate)

1. Our aim is to develop a centre for learning disability workforce planning and education.
2. Support people to access pre-registration, post graduate and doctoral qualifications
3. Currently have 5 research degree students at various stages.



Current research and projects

1. Safe sustainable staffing guidance for NHS Improvement.
2. Project for Public Health England on evidence on how the role of learning disability nurses contribute to the role of public health and prevention across the life span of people with learning disabilities.
3. Collaborative research project with the RCN and Trinity College Dublin, Ireland to investigate motivations of practitioners in learning disabilities who have practised for at least 30 years.





QUESTIONS AND COMMENTS



References

DoH (2013) *Vision and Strategy: the Nursing Contribution to the health and well-being of people with Learning Disabilities*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/12/LD6Cs.pdf> [Accessed: 13 March 2018].

Emerson, E. and Hatton, C. (2009) *Estimating Future Numbers of Adults with Profound Multiple Learning Disabilities in England*. Lancaster: Centre for Disability Research, Lancaster University.

Hatton, C., Glover, G., Emerson, E. and Brown, I. (2016) '*Learning Disabilities Observatory – People with learning disabilities in England 2015: Main report*'. London: Public Health England.

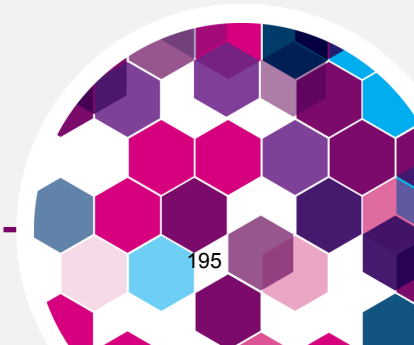
Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriott, A. and Russ, L. (2013) *Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) Final report*. Bristol: Norah Fry Research Centre.

Nursing and Midwifery Council (NMC) (2010) *Standards for pre-registration nursing education*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf> [Accessed 13 March 2018].

Offender Health Collaborative (2015) *Service User Involvement*. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/ohc-paper-06.pdf> [Accessed: 14 March 2018].

Royal College of Nursing (RCN) (2016) *Connect for Change: An update on learning disability services in England*. Available at: <file:///C:/Users/kupador/Downloads/005525.pdf> [Accessed: 13 March 2018].

Thomas, B. G. (2016) *A Brief History of Nursing in the UK*. Available at: <http://memoriesofnursing.uk/wp-content/uploads/A-Brief-History-of-Nursing-in-the-UK.pdf> [Accessed 13 March 2018].



Session discussion

Main points shared

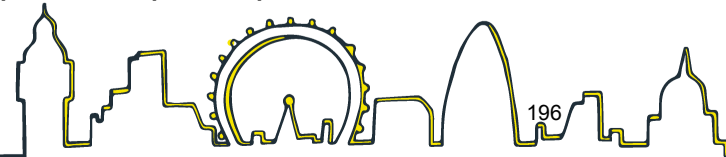
- Let's develop a Capital LD nurse and Capital LD nurse initiatives
- Encourage HE's to develop and deliver PGDip (LD) and masters (LD)
- LD nurse training places have reduced by 30% over the last decade, but numbers of people with LD/autism and health needs is growing: fewer LD newly qualified nurses coming through than ever before

Main points discussed

- Propose title of 'clinical specialist LD nurse' not 'liaison nurse' as will be better accepted and part of the clinical team and part of mainstream services
- Possibility of doing a one-year top up for registered nurses to become LD nurse

Next steps/how can CapitalNurse help?

- Set up a CapitalLDNurse project group/steering group to explore scope for pan-London collaborator on pre and post reg nursing issues



For queries please contact:

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