

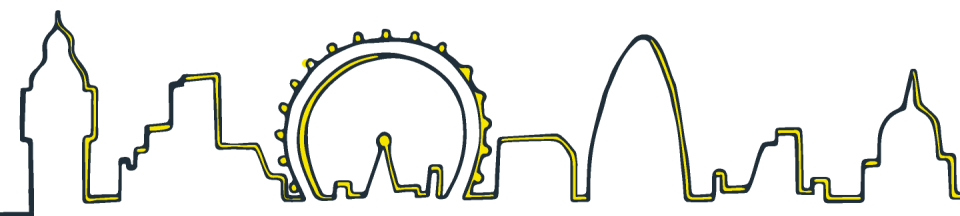
CAPITAL nurse

CapitalNurse Expo
22 Mar 2018
PM Workshop Slides

CapitalNurse is jointly sponsored by Health Education England, NHS England and NHS Improvement

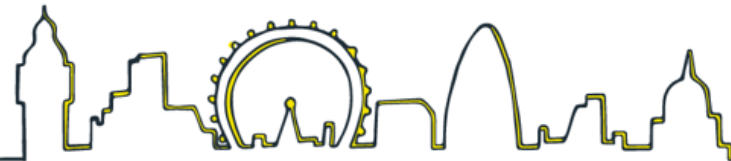
Contents

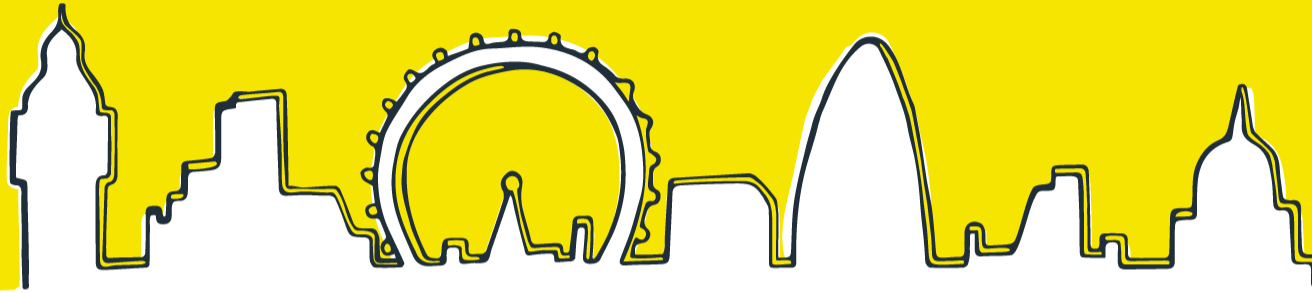
PM Workshop	Pages
Show casing the CapitalNurse Career Framework tool	3 - 23
Celebrating preceptorship	24 - 27
Streamlining nurse recruitment to ensure success	28 - 43
Investing in our nurse leaders - Band 7 professional development programme- leadership	44 - 64
Fundamentals of nursing care - development programme for nurses working with older people	65 - 82
RCN credentialing project	83 - 103
The international educated nurses journey from recruitment to registration	104 - 123
Reflective learning in preceptorship – a review of models of practice in North London	124 - 155
Attracting student nurses to London	156 - 167
Growing our future nurse leaders: Our development and retention programme for newly qualified Capital Nurses	168 - 185



1. Showcasing the CapitalNurse career framework tool

CapitalNurse





CAPITAL nurse

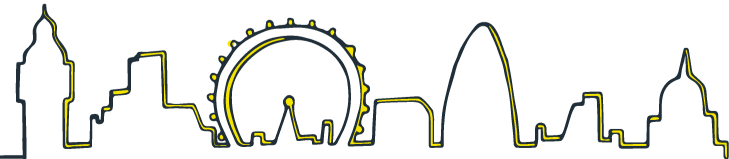
CapitalNurse Career Framework

Jane Fish, Project Manager

CapitalNurse is jointly sponsored by Health Education England, NHS England and NHS Improvement

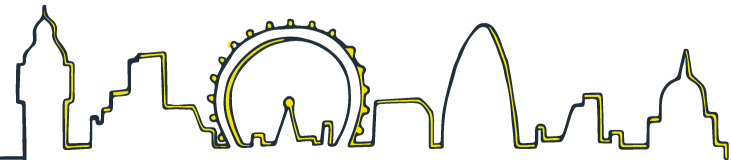
Background

- 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

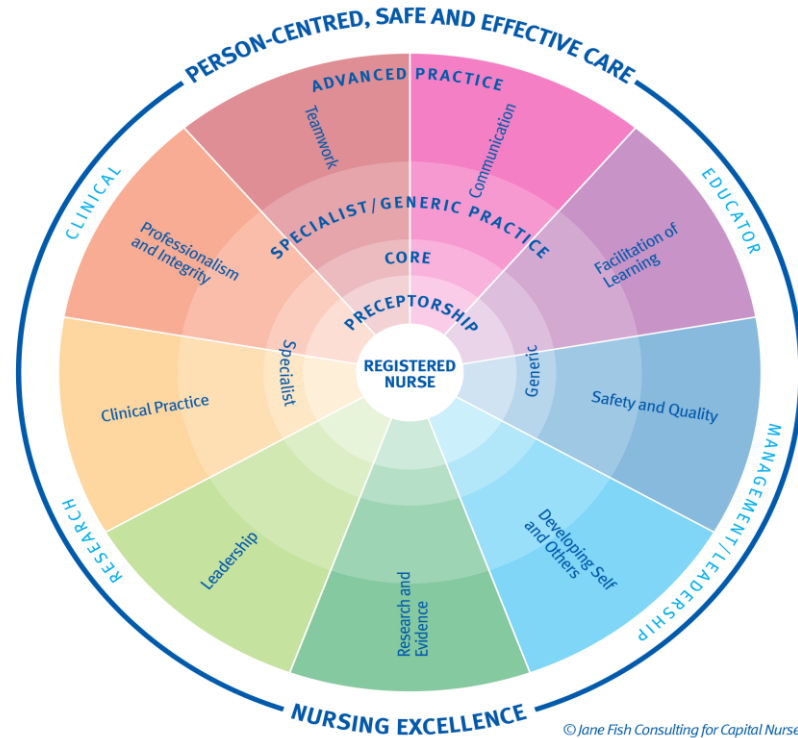


Piloting the Career Framework

- 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



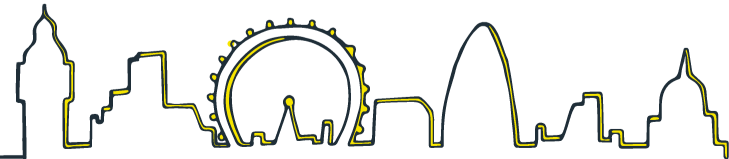
Career Progression Framework

Pillars of Practice:

- Clinical
- Education
- Management/Leadership
- Research

Career Stages:

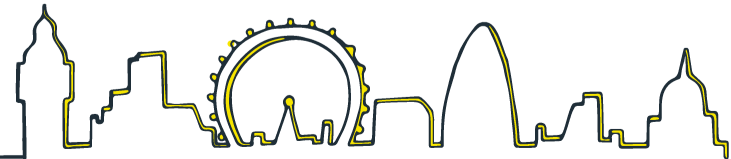
- Preceptorship
- Core
- Specialist/Generic Practice
- Advanced Practice



Career Progression Framework

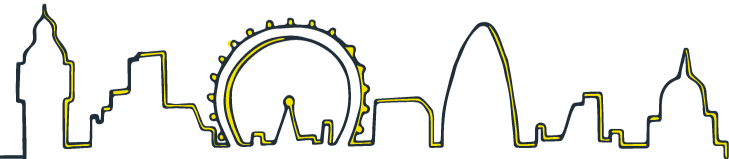
Nine Domains

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



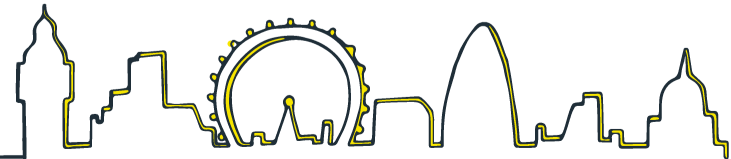
Career Progression Framework

- 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



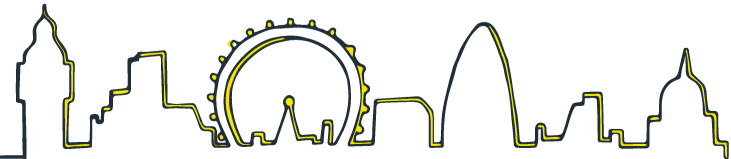
Career Framework

- 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 * ▼

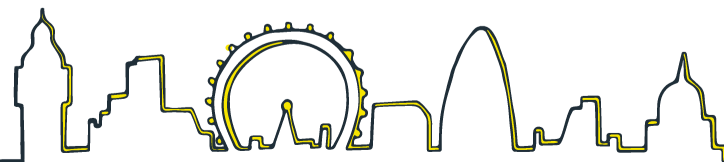
This should be an email account that you will have ongoing access to (eg. personal email) but note that it will be visible to others you may facilitate. Password resets will be sent to this email account.

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](#)

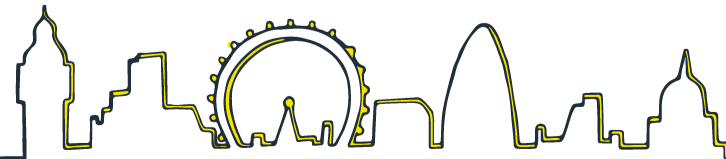
[Support](#)

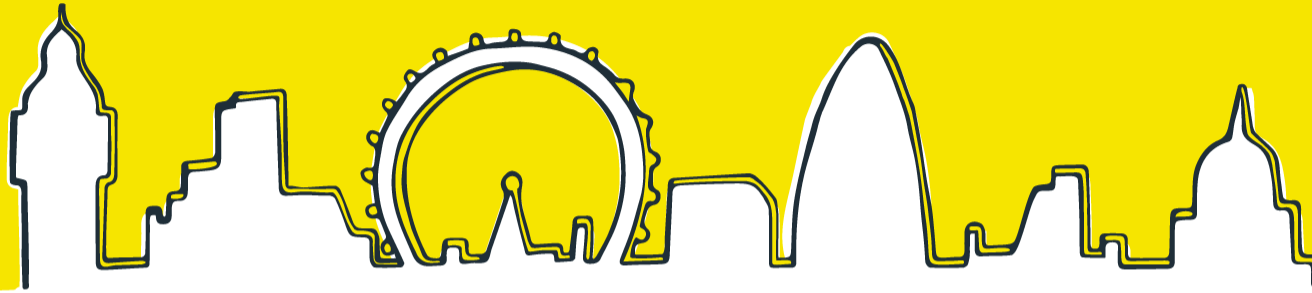


[Edit Details](#)

[Change Password](#) ***

Kate Howes





CAPITAL nurse

Pilot Experience

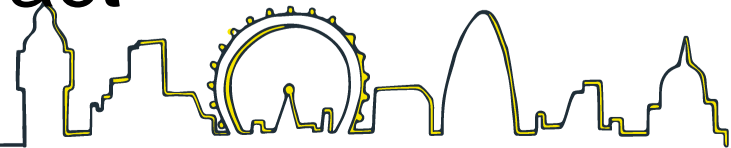
by Tracy Webb, Preceptorship Lead

North Middlesex University Hospital

CapitalNurse is jointly sponsored by Health Education England, NHS England and NHS Improvement

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:

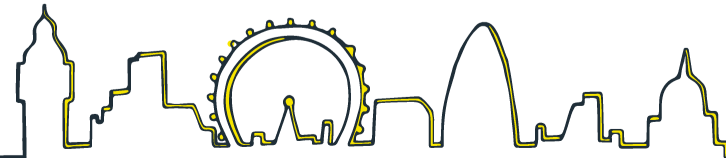
- Complete a self-assessment relating to their work duties
- Complete a 360 Peer Assessment
- Collect Patient Feedback
- Engage in a career conversation with member of the Education Team

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,

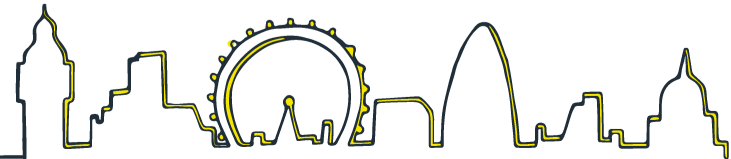
Practice Educator (Preceptorship) The Learning Centre

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



Career Conversations

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



Feedback

CAPITAL nurse

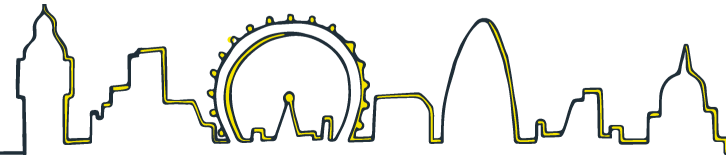
CapitalNurse Passport Feedback

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'

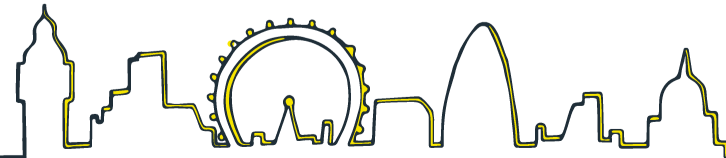
'The 9 domains are related to every aspect of my nursing process through'

'Feel we should have these conversations yearly'

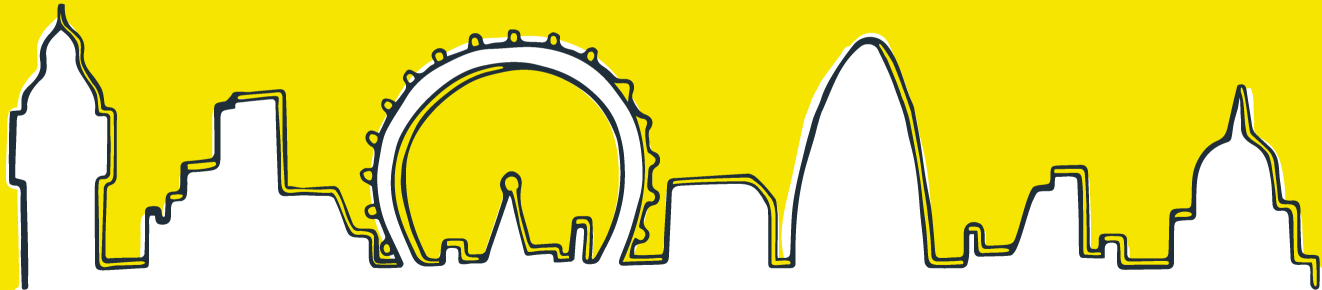
'Helped me to identify my strengths and & weaknesses'

'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'



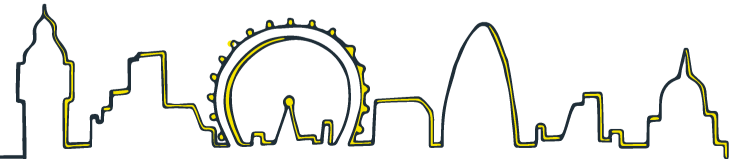
Thank you
Any questions?



Session discussion

Main points shared

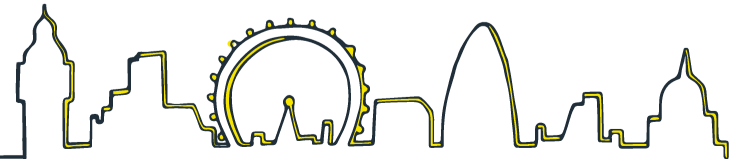
- NMC revalidation – can we use this
- Career conversations
- 360 feedback



For queries please contact:

Natalie Holbury

natalie.holbury@hee.nhs.uk

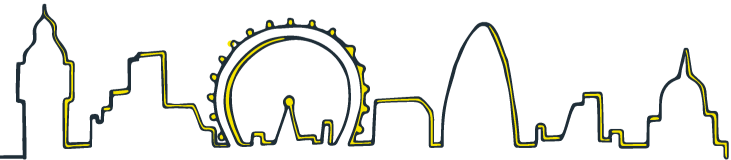


2. Celebrating preceptorship

CapitalNurse



There were no slides for this workshop



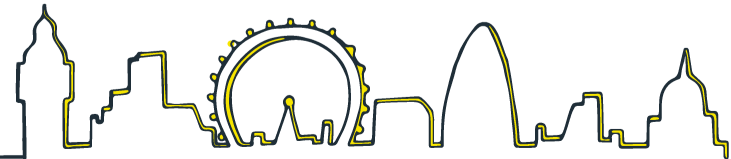
Session discussion

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?

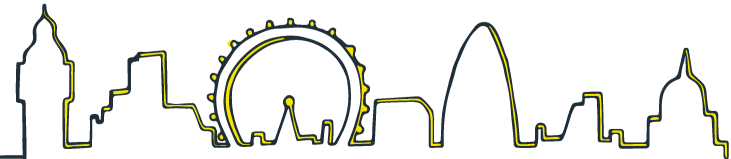
- We have envelopes of pledging together
- Will write up and share



For queries please contact:

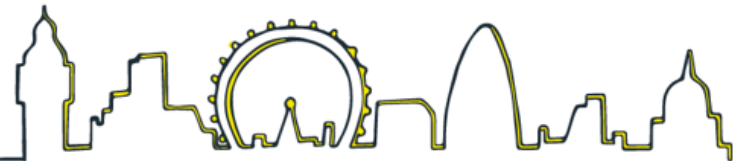
Desiree Cox

desiree@praeceptorconsulting.co.uk



3. Streamlining nurse recruitment to ensure success

Guys and St Thomas' NHS Foundation Trust



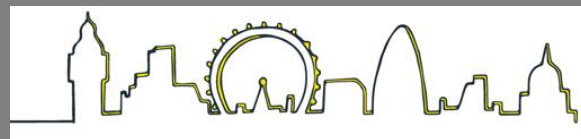


Streamlining Nurse Recruitment to Ensure Success

Catherine-Anne Wilkins & Sophie Hirsch

Head of Nursing – Workforce & Service Delivery Manager (Resourcing)

March 2018



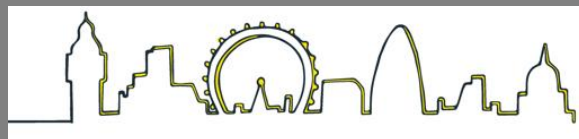
Guy's and St Thomas'
NHS Foundation Trust



Aims of Session



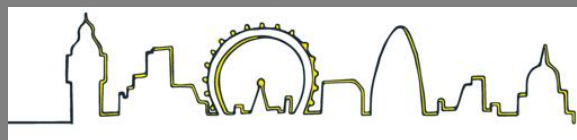
- Using Data to Outline the Case for Change for Band 5's
- Setting up Generic Assessment Centres
- The Results
- Ongoing Actions



Using Data to Outline the Case for Change



23-6-15 to 22-6-16		Vacancy		Applicants									
Directorate	Department	Eps	Post	App	Suc	Intervi ew	% Intervie wed	% of Apps Success	Cond. offer	% Conv from	Starti ng letter	% Conv from Suc to	% Uncond conv
Acute Medicine	Accident & Ageing & Health	7	34	181	28	79	43.6	35.4	24	85.7	19	67.9	10.5
	General Medicine	3	5	30	7	21	70.0	33.3	7	100.0	3	42.9	10.0
	Respiratory	24	123	432	263	422	97.7	62.3	231	87.8	57	21.7	13.2
	Stroke	9	10.6	53	8	39	73.6	20.5	6	75.0	6	75.0	11.3
Cardiovascular Services	Cardiac Surgery	3	3	20	0	17	85.0	0.0	0	0.0	0	0.0	0.0
	Cardiology	1	4	28	6	18	64.3	33.3	5	83.3	3	50.0	10.7
	Vascular	8	15	64	7	32	50.0	21.9	6	85.7	4	57.1	6.3
Chief Nurse	Chief Nurse:	8	24	32	3	27	84.4	11.1	1	33.3	0	0.0	0.0
Chief Nurse	Chief Nurse:	1	1	46	4	41	89.1	9.8	3	75.0	2	50.0	4.3
Clinical Imaging & Med Physics	Clinical Imaging & Med Physics Research & Research &	2	6	21	5	14	66.7	35.7	2	40.0	2	40.0	9.5
Clinical Services	Community Nursing & Nursing	1	5	11	2	13	118.2	15.4	2	100.0	2	100.0	18.2
Commercial	Genomic Medicine Centre	1	1	18	2	7	38.9	28.6	1	50.0	0	0.0	0.0
Community Adults	Community Nursing & Nursing	24	120	316	36	137	43.4	26.3	26	72.2	19	52.8	6.0
Dental	Directorate Costs	3	7	30	9	19	63.3	47.4	6	66.7	5	55.6	16.7
Evelina Childrens Hospital	Community Medicine & Surgery & PICU	11	27.1	106	19	53	50.0	35.8	11	57.9	11	57.9	10.4
Evelina	Central	6	28	81	20	50	61.7	40.0	19	95.0	20	100.0	24.7
Gastrointestinal Medicine	GI Surgery	5	17	68	22	36	52.9	61.1	22	100.0	21	95.5	30.9
Medical Director	Biomedical Research Centre R&D Host	6	47	230	110	227	78.3	48.5	18	16.4	14	12.7	4.8
Medical Director	Biomedical Research Centre R&D Host	8	16	98	12	46	46.9	26.1	11	91.7	11	91.7	11.2
Medical Director	Biomedical Research Centre R&D Host	15	45	93	23	60	64.5	38.3	20	87.0	12	52.2	12.9
Medical Director	Biomedical Research Centre R&D Host	1	5	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0
Medical Director	Biomedical Research Centre R&D Host	1	1	1	1	1	100.0	100.0	1	100.0	1	100.0	100.0
Medical Specialities	Endocrine-Diabet-Lipidology	2	3	17	3	8	47.1	37.5	1	33.3	1	33.3	5.9
Medical Specialities	Ophthalmology	1	1	0	0	0	0.0	0.0	0	0.0	0	0.0	0.0
Medical Specialities	Outpatient	1	2	62	2	14	22.6	14.3	1	50.0	1	50.0	1.6
Oncology & Haematology	Cancer (Trust & Directorate)	1	4	9	3	5	55.6	60.0	3	100.0	3	100.0	33.3
	Clinical	6	10	43	4	19	44.2	21.1	4	100.0	5	125.0	11.6
	ENT	13	20	42	8	29	69.0	27.6	8	100.0	7	87.5	16.7
	Oncology	7	11	21	5	18	85.7	27.8	4	80.0	5	100.0	23.8
PCCP	Thoracic Services	9	18	42	11	24	57.1	45.8	10	90.9	5	45.5	11.9
	Critical Care	26	301	549	115	413	75.2	27.8	102	88.7	98	85.2	17.9
	Perioperative	39	234.41	486	110	315	64.8	34.9	91	82.7	69	62.7	14.2
Specialist Ambulatory Services	Allergy Medicine	4	4	28	3	13	46.4	23.1	3	100.0	2	66.7	7.1
	Dermatology	3	5	14	3	10	71.4	30.0	2	66.7	2	66.7	14.3
	GU Medicine	1	2	81	4	10	12.3	40.0	2	50.0	2	50.0	2.5
	HIV	1	1	8	1	4	50.0	25.0	1	100.0	1	100.0	12.5
	Infection	1	1	5	0	4	80.0	0.0	0	0.0	0	0.0	0.0
Surgery	Rheumatology & Orthopaedics	1	1	3	1	3	100.0	33.3	1	100.0	1	100.0	33.3
	Orthopaedics	11	46	74	17	52	70.3	32.7	16	84.1	12	70.6	16.2
	Renal	18	44	91	23	58	63.7	39.7	17	73.9	16	69.6	17.6
Transplant, Renal and Urology	10	32	35	13	29	82.9	44.8	11	84.6	11	84.6	31.4	
Womens Services	Gynaecology	6	18	52	9	31	59.6	29.0	7	77.8	7	77.8	13.5
	Maternity	4	31	142	23	44	31.0	52.3	18	78.3	18	78.3	12.7
Workforce	Occupational	2	2	74	2	9	12.2	22.2	2	100.0	2	100.0	6.7
TOTALS (ex Bank)		315	1336	3897	547	2471	63.4	38.3	726	76.7	480	50.7	12.3



Data - Headline Challenges



TOTAL APPLICANTS IN 12 MONTH PERIOD

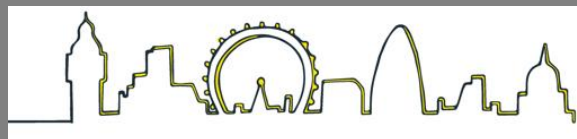
OVERALL SUCCESS RATE %

NUMBER SHORTLISTED

47	TOTALS (ex Bank)	315	1336	3897	947	2471	63.4	38.3	726	76.7	480	50.7	12.3
48													

NUMBER OF RECRUITMENT EPISODES

SUCCESS RATE AT INTERVIEW %

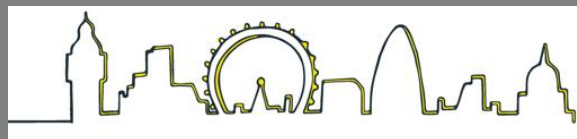


Assessment Centres



CORE PRINCIPLES

- Optimise the number of people we can recruit for the Trust
- Recruit for the Trust not just your area
- Standardise the process to reduce any risk of bias
- Ensure the whole process was as efficient as possible
- Make the assessment centre an enjoyable experience for the candidates and for the interviewers
- Candidates to know quickly whether successful or not

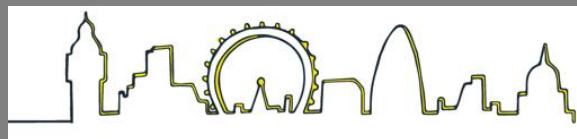


Assessment Centres



PROCESS

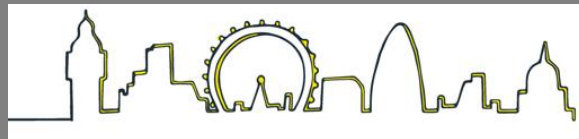
- 1 Generic advert and 1 advert per Directorate
- Killer Questions to eliminate shortlisting
- Three weekly assessment centres to maximise opportunity
- Rollover candidates unable to attend
- 3 Days for NQNs annually
- Standardised Process on the day
 - Team brief for interviewers
 - Briefing for candidates
 - Set questions
 - Situational judgement test
 - Email on the day to advise of success or not



Assessment Centres



showing
we care



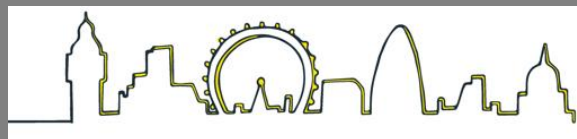
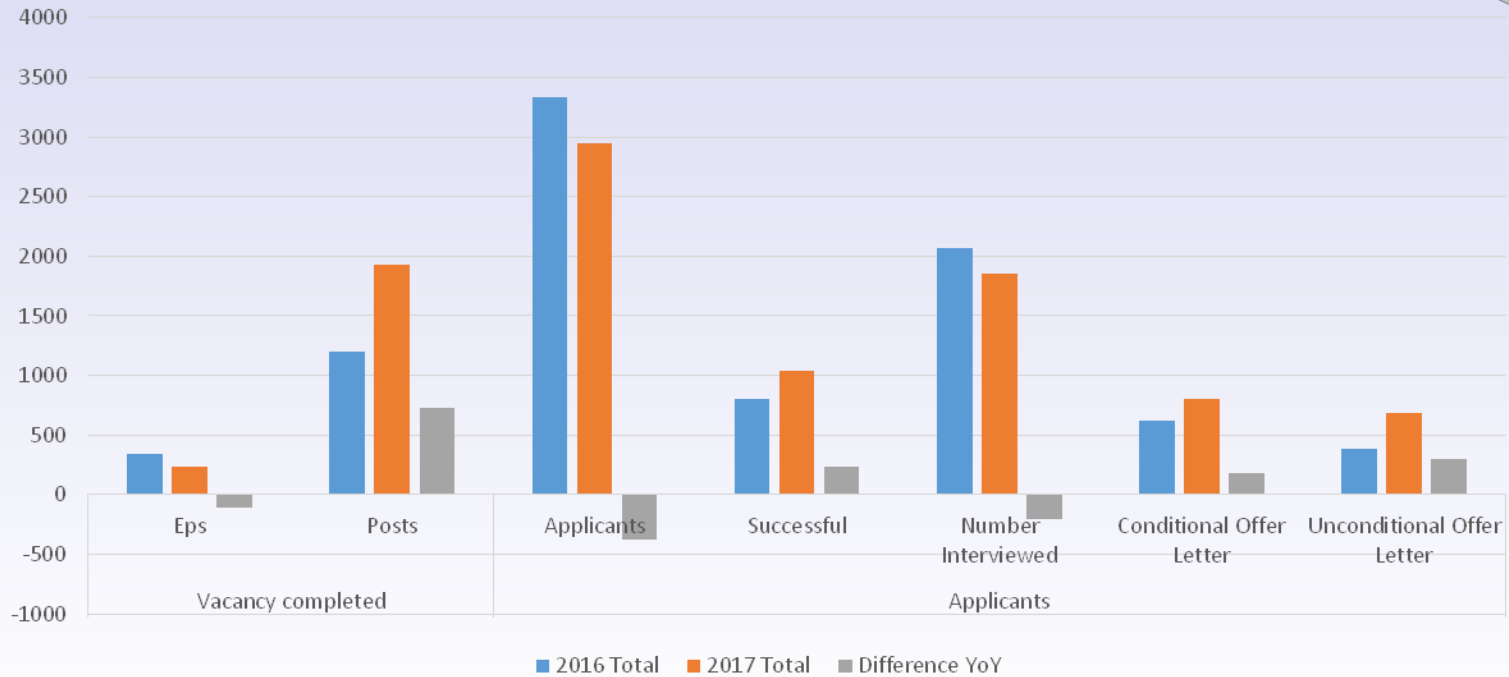
Guy's and St Thomas'
NHS Foundation Trust



Outcomes

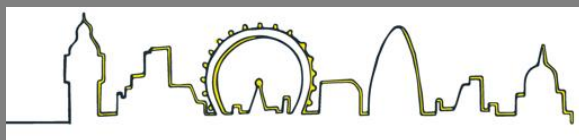
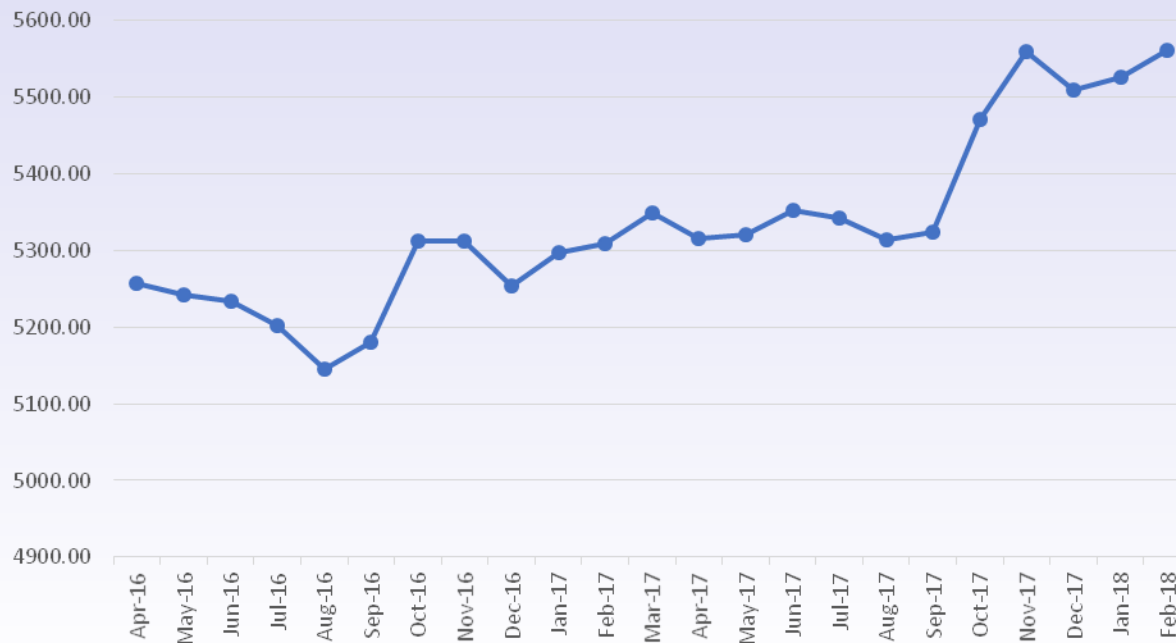


Band 5 Nurse Recruitment 2016 v 2017



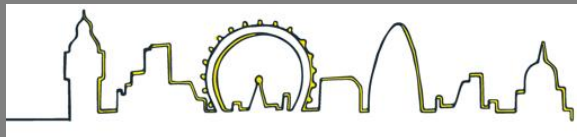
Effect on Nursing & Midwifery Staff in Post Trust Wide

Nursing and Midwifery Staff in Post



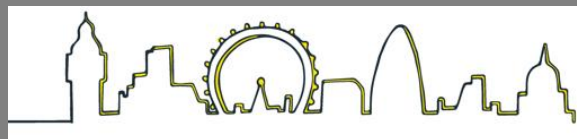
Further Actions for the Future

- Expanding modified version to Band 6 and Band 7
- Revise Questions and Situational Judgement Test
- Review Equality and Diversity Data
- Continue with 3 weekly cycle
- Ensure all areas compliant with new processes





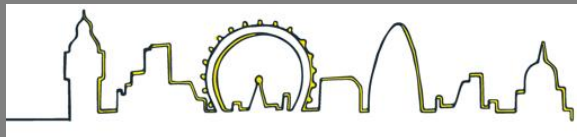
showing
we
care



Guy's and St Thomas' **NHS**
NHS Foundation Trust

Summary

- Well organised and planned assessment centres work and the data supports this



Workshop

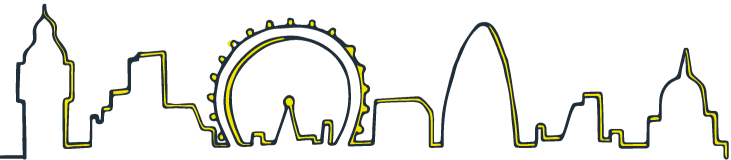
Think about your organisation...

- What do you need to do?
- What does your volumes data look like?
- What is your candidate experience like?

Session discussion

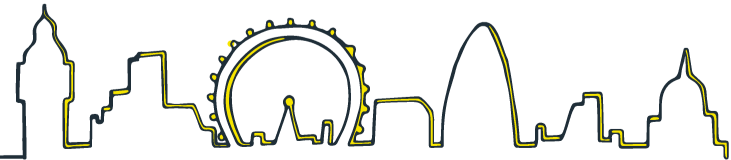
Main points shared

- Streamlining band 5 nurse recruitment
- Assessment centres
- Volume data



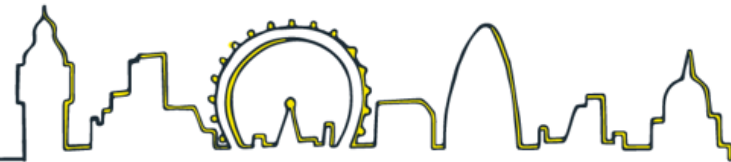
For queries please contact:

CatherineAnne.Wilkins@gstt.nhs.uk



4. Investing in our nurse leaders – Band 7 professional development programme – leadership

Great Ormond Street Hospital NHS Foundation Trust



Investing in our Nurse Leaders: Band 7 Development Programme- Leadership

- Sally Robertson
- Elaine Sutton
- Julie Plumridge
- Laura Sinclair



Always



The child first and always

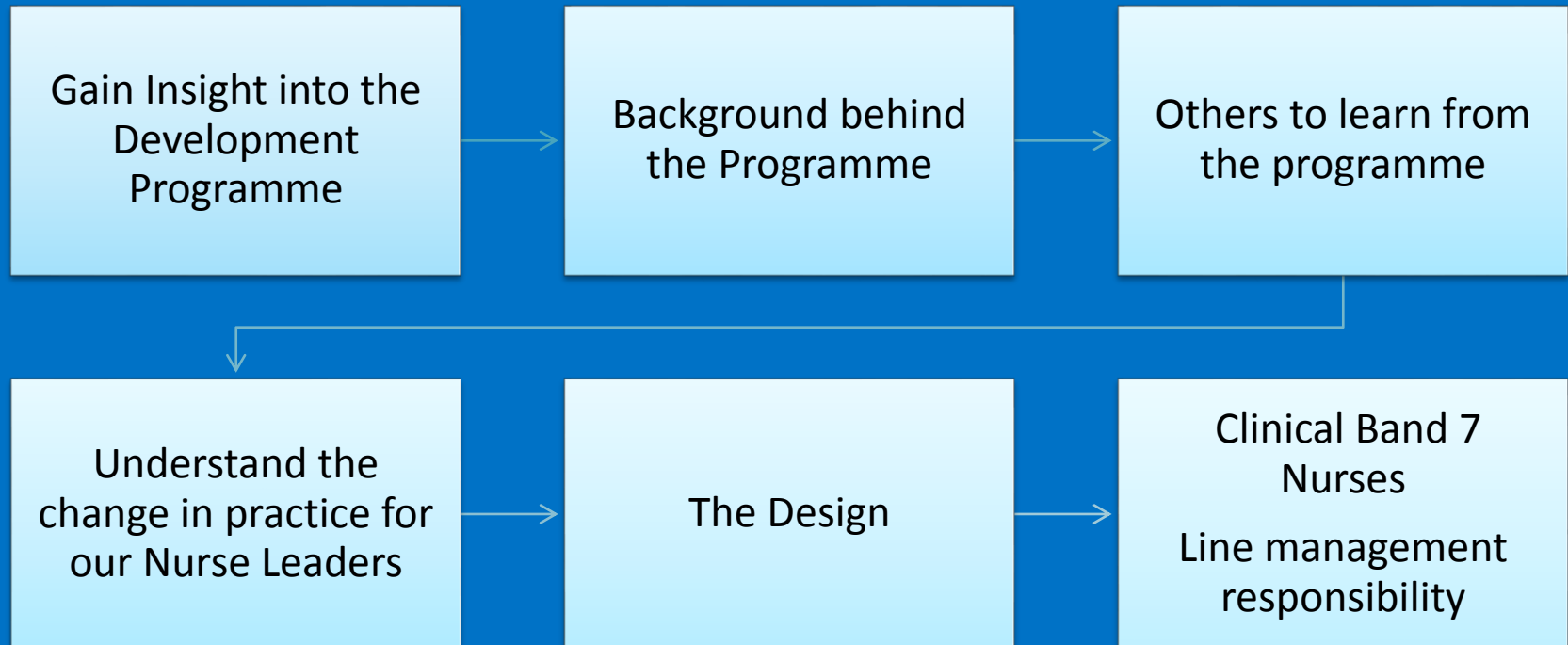
Welcome

Always



The child first and always

Workshop Objective



Introduction

Always



The child first and always

Aimed at Clinical band 7 nurses line
management responsibilities

Influencing collaborative working

Recognising lone working
Support networks

Collaborative voice

Working Relationship
Leadership

Background

Always



Buy In/Research

Listening Events

Course Design

Always



Objectives

Always



Understand themselves and their Impact on others

Explore their role in staff retention/Staff Motivation

Hold to Account-Role Clarity/feedback

Confidence dealing with staff difficulties/Difficult Conversations

Change Management and Staff Support

Dealing with Own Stress/Resilience

Development of Working relationships within the wider team

Supported and creative within their leadership approach

Always



3 Core Themes

Always



Self-awareness

Managing and
Developing People

Leading within the
system

Always



6 Modules

Always



Day 1: Leadership and Relationship Building

Day 2: Developing Self Awareness

Day 3: Change and service improvements

Day 4: Holding to Account

Day 5: Developing staff

Day 6: What next?

Always



TIFF/1:1 Coaching

Always



Band 7 Experience

Always



Models and Tools

Always



Any Questions?

Always



The child first and always

Top Tips

Always



Contact Details

sally.robertson@gosh.nhs.uk

Telephone 0207 813 8545

Always



Session discussion

Main points shared

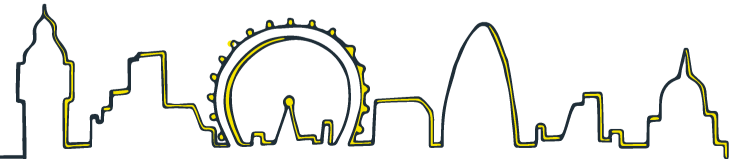
- Collaborative working
- Developing your senior clinical staff/investing
- Leadership

Main points discussed

- The importance about pan London collaborative working
- How to develop an investment in staff course
- Role modelling – sustainability

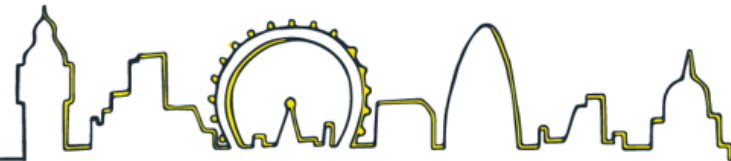
Next steps/how can CapitalNurse help?

- Share contact details
- Remember senior nurses and leadership when considering retention and attracting them to London



5. Fundamentals of nursing care – development programme for nurses working with older people

Barts Health



Fundamentals of Nursing Care 18 month development programme for nurses working with older people

Debbie Dzik-Jurasz

Tris Kerr

Winnie George



The aim of the masterclass

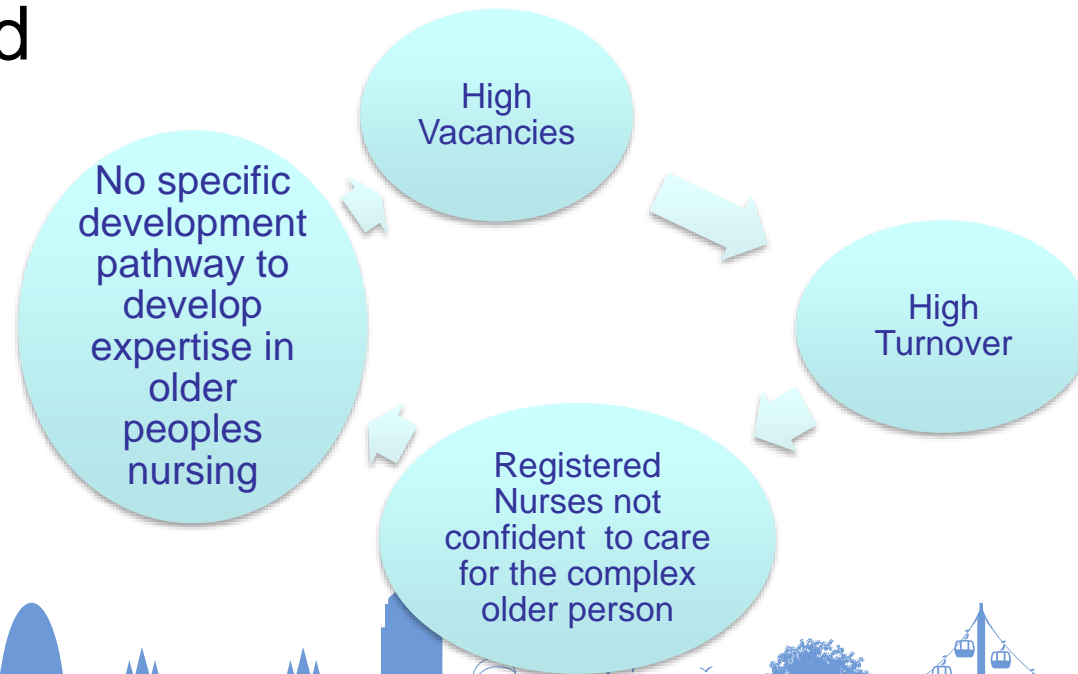
- To share the work we have undertaken at Barts Health in the last year to support the development of nurses working with older people
- To hear what other organisations have done
- To agree some key messages to take back to the Capital Nurse retention workstream



Background

Having the right nurses with the right skills in the right place at the right time

- Review of older peoples in patients ward areas identified



Group Discussion

- Do our issues reflect yours ?
- In your organisation how have you addressed them?



Co-designing a new programme

- Formed a task and finish group
- Reviewed the evidence base
- Reviewed information about our Local population



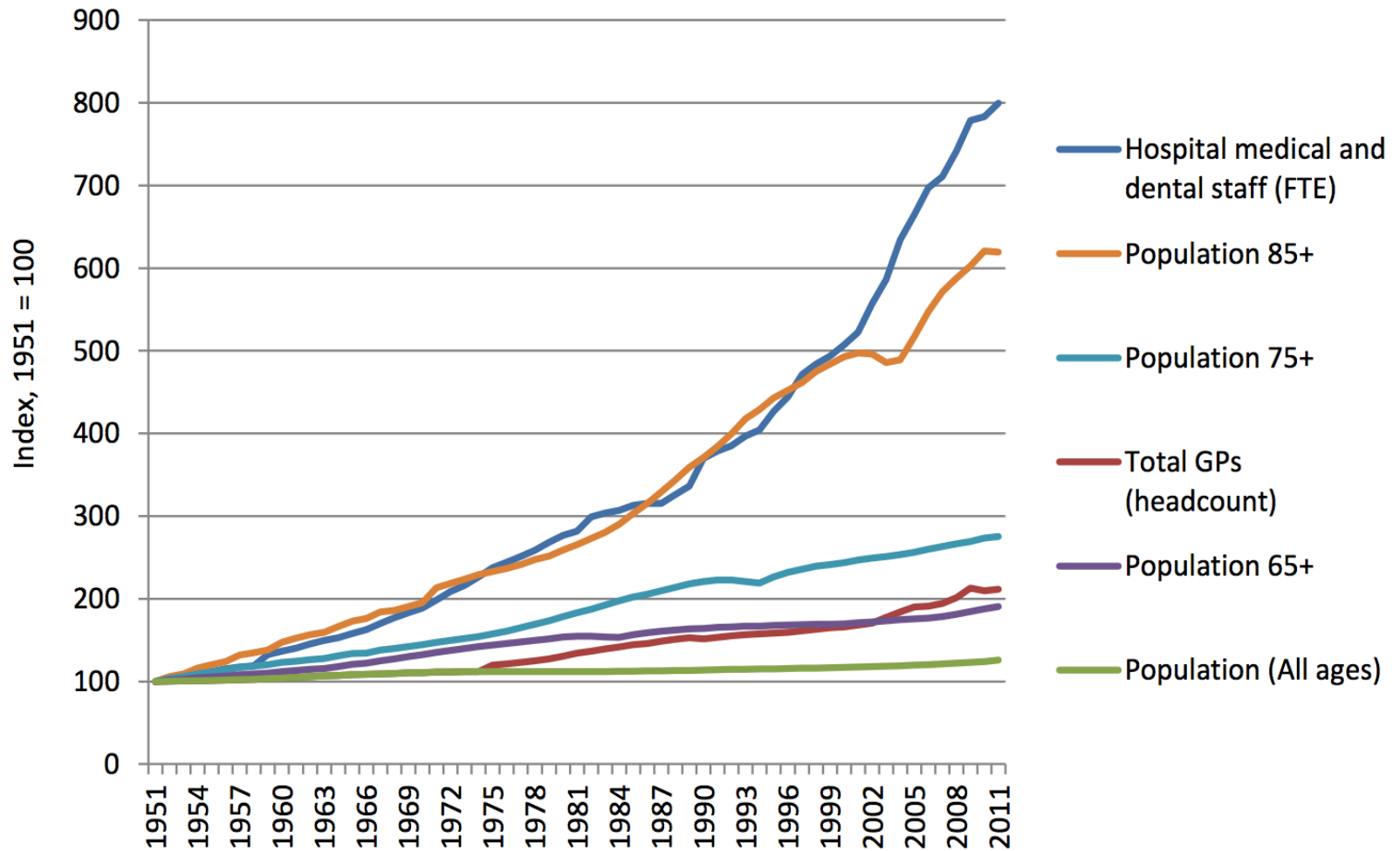
Some of the evidence Waltham Forest

Waltham Forest is the 7th most deprived borough in London

The population aged 65+ is estimated to increase by 22% over just the next 10 years, an increase of over 6,000; over the next 20 years, the estimated increase is 61% (increase of more than 16,500)



Figure 6.1: Population and Medical Workforce, UK, 1951 to 2011



Some More Facts

Nursing frail older people with complex needs requires knowledge and skill, as well as empathy, emotional reserve and common sense

As we age we tend to use health and social services more.

The average age of hospital patients is now over 80.

The median age of patients admitted with hip fracture is 84, of whom one in three have dementia, one in three suffer delirium and one in three never return to their former residence.

Most patients over 85 go to hospital because of an emergency, and stay on average for about 12 days.



Some of the key
issues in
nursing and
caring for older
people

Frailty in older people
identifying frailty in older
patients and choosing the
right interventions to help
manage their condition.

Delirium in older people
Episodes of delirium are
most common among
older patients

Falls

Mental Health
Depression
Loneliness
Serious mental health

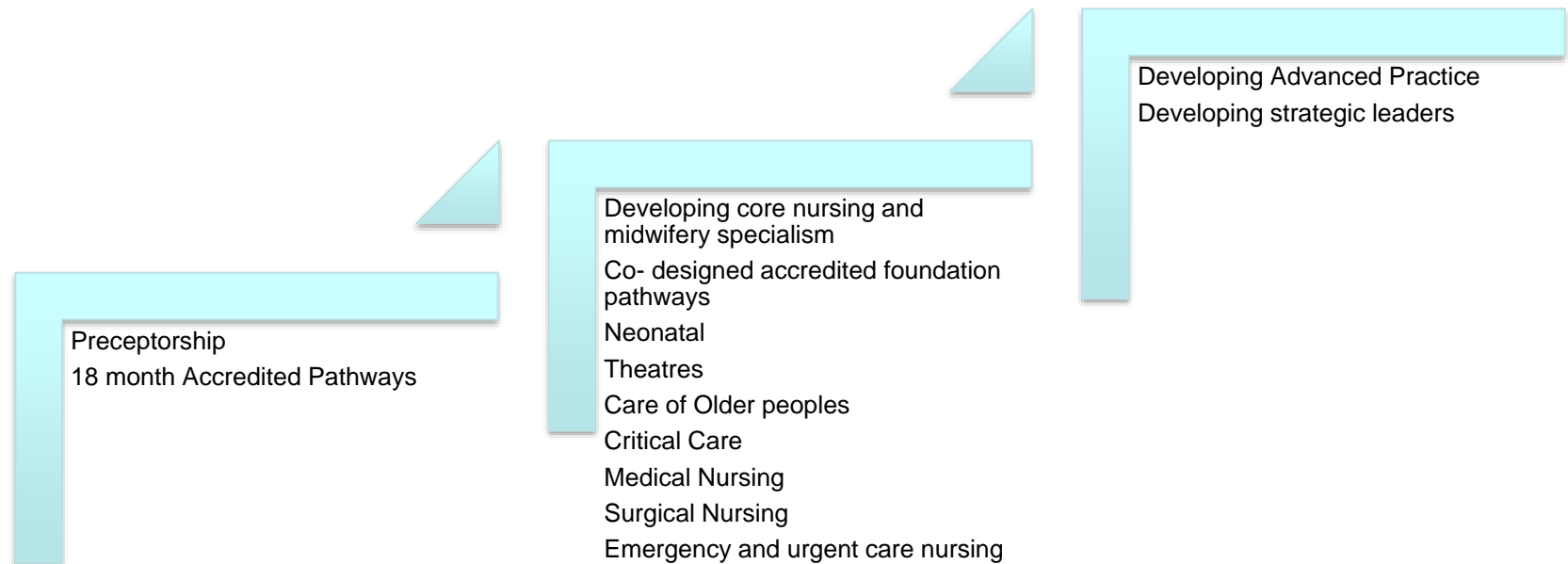
Supporting Healthy Aging

Safeguarding

End of Life Care



Nursing and Midwifery Career Pathways at Barts Health

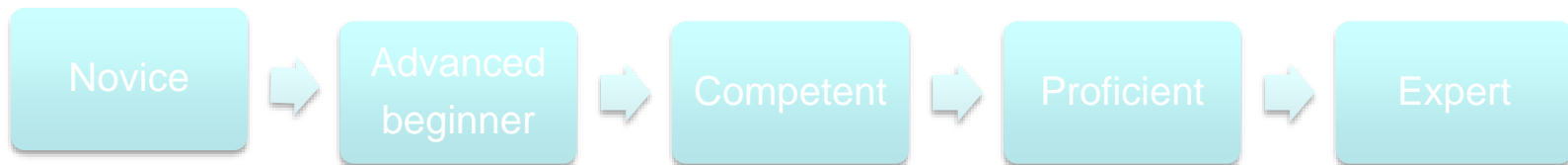


The overall Aim of the programme

Whatever care setting you work in as an adult nurse, you will be regularly caring for older people with a diverse set of needs, which in turn require diverse expertise

This programme aims to enable registered adult nurses to begin to develop expertise in nursing older people

Benner categorized nursing into 5 levels of capabilities: **novice**, advanced beginner, competent, proficient, and **expert**. She believed experience in the clinical setting is key to nursing because it allows a nurse to continuously expand their knowledge base and to provide holistic, competent care to the patient



The 18 month programme -Post Preceptorship

- Workshops
- Clinical simulation training
- Coaching
- Core competences
- Leading a quality improvement programme
- Academic accreditation

Learning and teaching approach

- **Experiential learning** ” this is the process of learning through experience, and is more specifically defined as "learning through reflection on doing

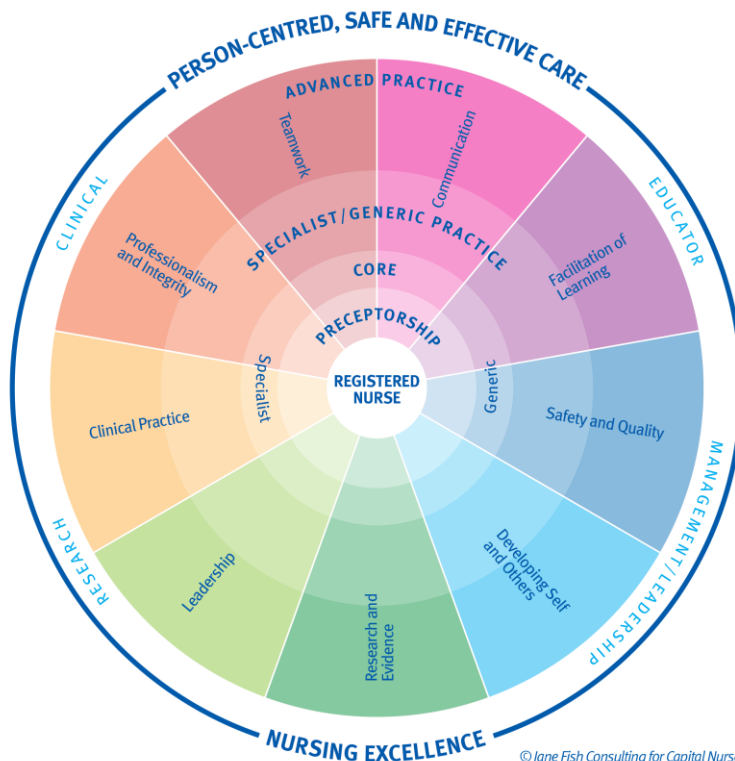


Modern Workplace learning

- Daily workplace experiences
- Knowledge sharing with the team
- Web search – i.e. google
- Web resources – podcasts
- Professional networks
- Feedback and guidance
- Coaching and mentorship
- E- learning
- Conferences
- Classroom teaching



Capital Nurse Career framework



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



Group Discussion

- What are the key messages that you would like shared with the Capital nurse retention group?
- What further support do you need from capital nurse retention workstream?





**Evaluation and Close
Thankyou for participating**

Debbie.jurasz@bartshealth.nhs.uk
winnie.george@bartshealth.nhs.uk
Tristan.Kerr@bartshealth.nhs.uk

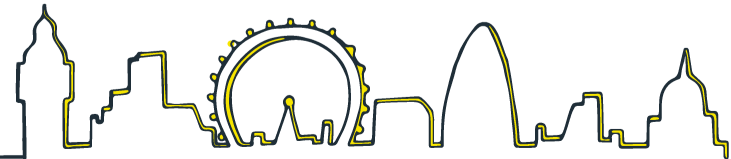
Session discussion

Main points shared

- Recognition that older people is a specialised area
- Staffing issues – relying on agency a lot
- Workforce retention

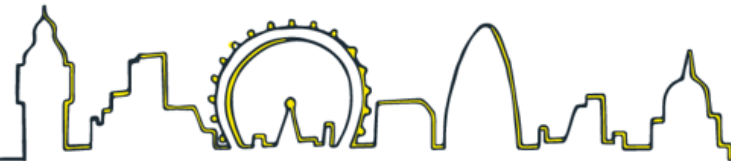
Main points discussed

- Recruiting of newly qualified working in elderly care is a challenge – due to dependency, high workload. In community completing their competency skills
- Career pathway
- Capital nurse retention workstream



6. RCN credentialing project

Royal College of Nursing



Advanced Level Nursing Practice & Credentialing

Wendy Preston, Head of Nursing Practice, RCN.

RCN definition of Advanced Practice

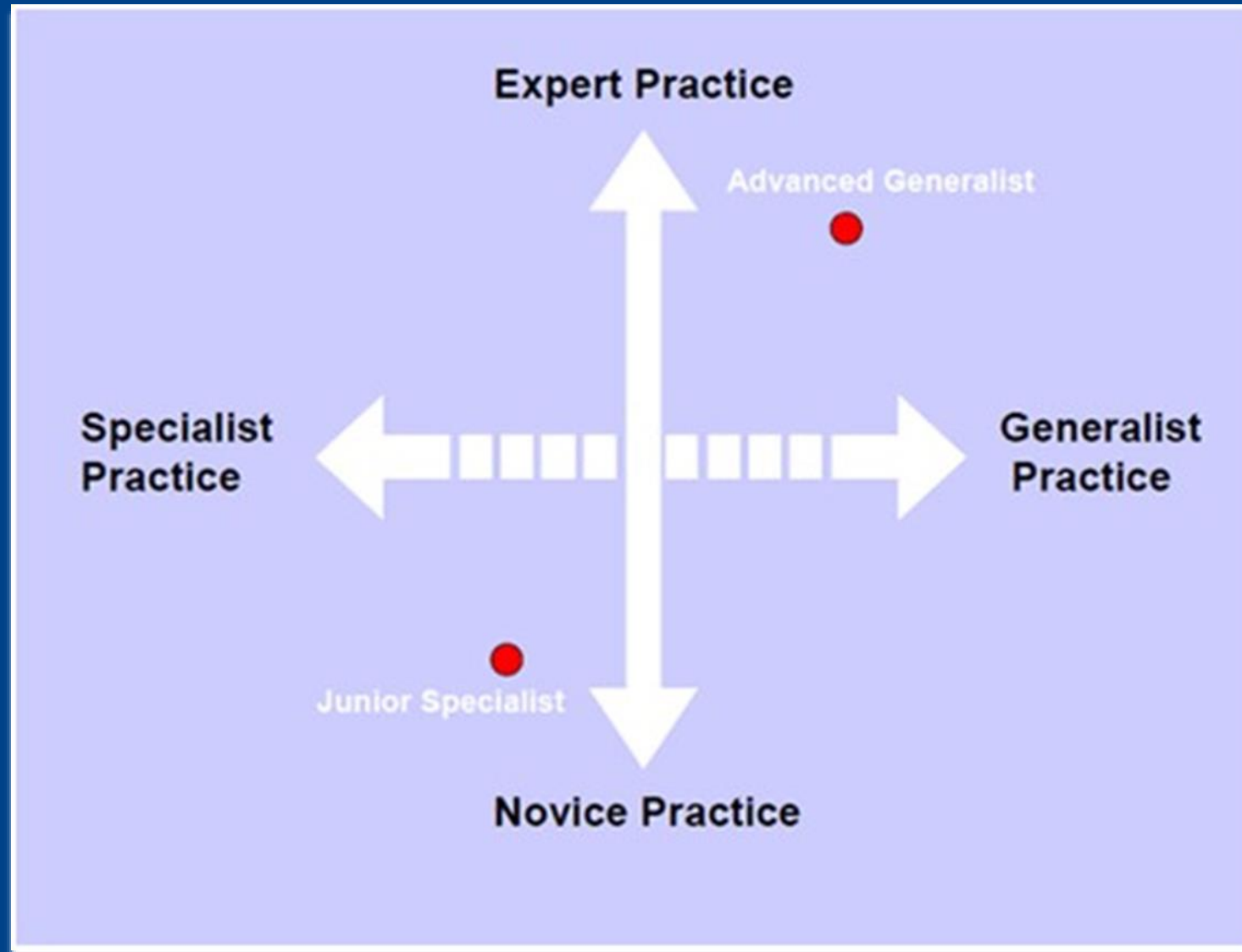
As a body concerned with the developing profession we define Advanced Practice as:

“Advanced practice is a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.”

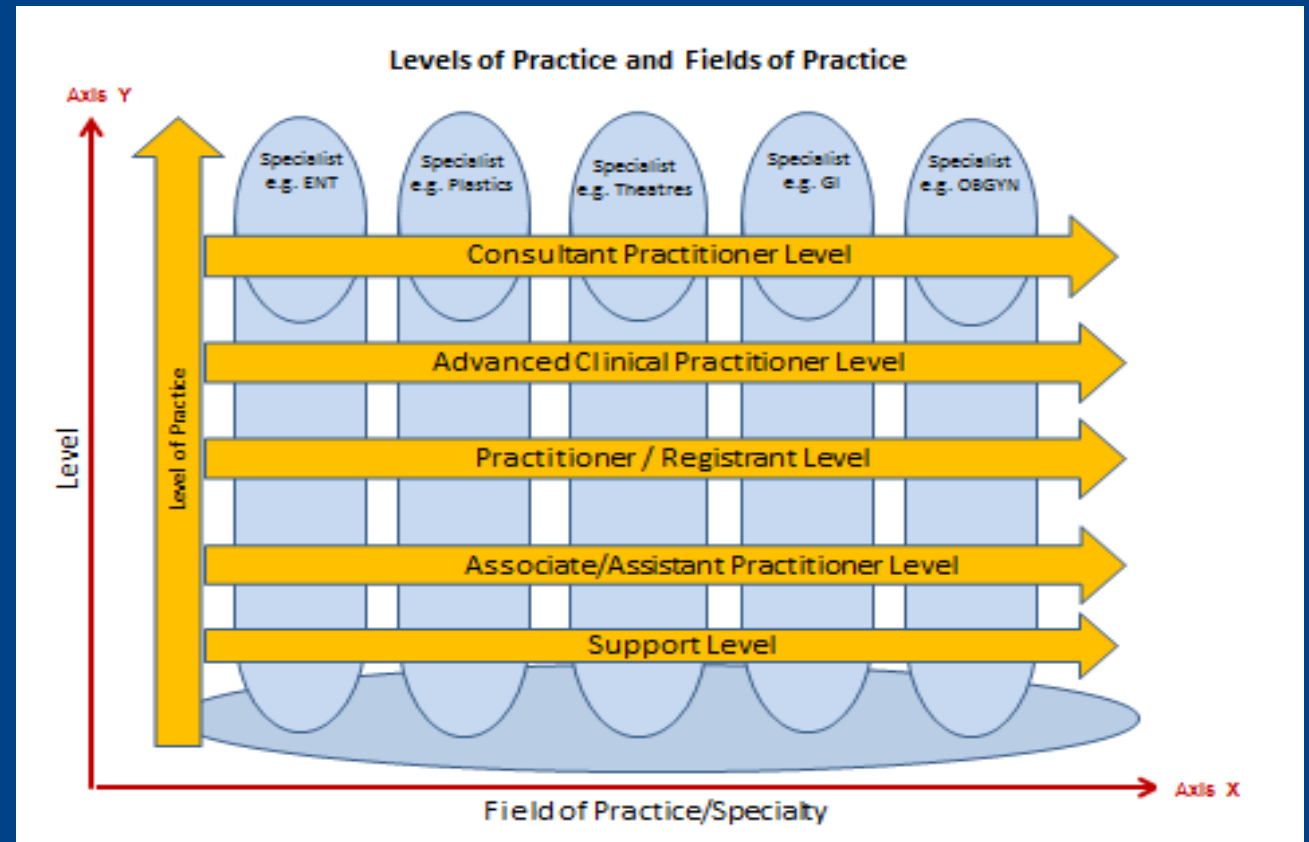
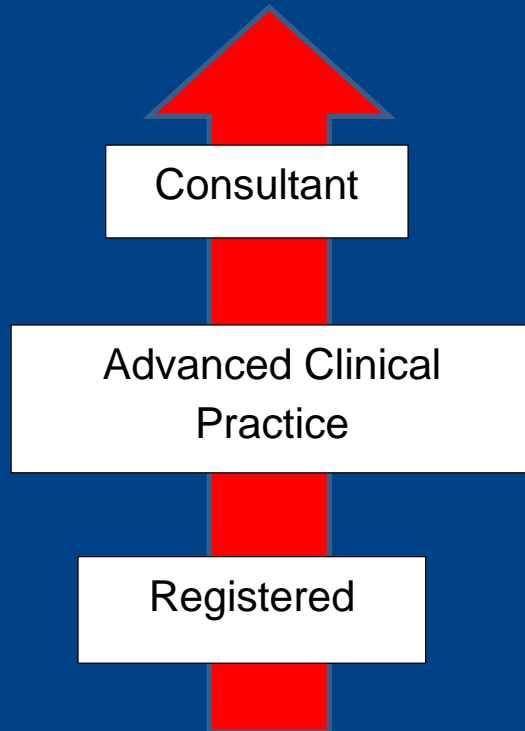


RCN
Credentialing

Recognising advanced level practice in nursing
www.rcn.org.uk/credentialing



Career Frameworks...



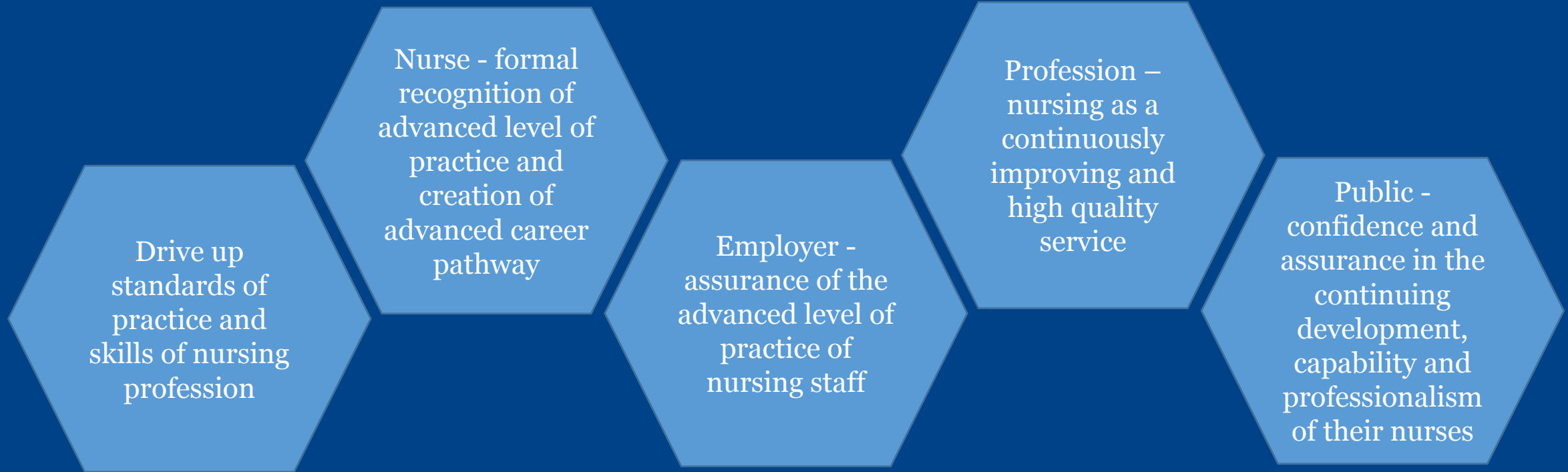
What is ALNP Credentialing?

A process that recognises an individual ability to practice at an advanced level through assessment of:

1. Experience
2. Qualifications
3. Competence

A process that promotes practice aligned to the four pillars of advanced practice

Why Credentialing? Why now?



Building on work so far

The work builds on, and strengthens, thinking in each of the four home countries. We have reviewed:

- NHS Wales Advanced Practice Framework (2010),
- NHS Scotland Advanced Nurse Practice Toolkit (2011),
- Department of Health Advanced Level Practice : A Position Statement (2010),
- Northern Ireland Supporting Advanced Practice in Health and Social Care (2014).



Credentialing criteria

- NMC registration
- Relevant Masters degree
- Prescribing rights and health assessment module
- Experience and competence mapped against the 4 pillars of advanced practice
- Work plan and clinical reference
- Evidence of CPD over previous 3 years.



Transitional arrangements

- Until December 2020 nurses who don't meet the above criteria can apply
- There are 4 “models” against which experience, competence & education can be mapped
- These will be assessed on an individual basis.

Model A - RCN Accredited MSc in Advanced Practice

Qualification	Experience	Competence	Evidence
MSc / Masters Advanced Practice	Successful completion of final year of MSc ANP is the consolidation and experience period whilst in clinical practice and is minimal level of experience		Transcript/ Certificate of successful achievement NMC PIN
NMC recordable prescribing qualification			NMC Statement of Entry/ certificate of successful achievement
	Currently employed/self-employed as advanced level nurse working in accordance with the 4 pillars of advanced practice		Current, detailed completed Job Plan verified by employer/clinical lead. (This is not the job description, but a description of the actual roles carried out by the ALNP in a typical week/month)
	Two examples of evidence of CPD related to advanced clinical practice within previous 3 years.		Evidence for revalidation purposes demonstrating advanced level practice is acceptable or 2 reflective pieces related to ALNP level practice
		Assessed as competent in practice - local assessment using country-specific framework assessed by clinical lead	Completed, current, detailed Job Plan signed by employer/clinical lead. Clinical reference signed by a senior clinician different from the person who signs the Job Plan

Model B - Master's degree in advanced practice, not accredited by the RCN

Qualification	Experience	Competence	Evidence
Master's degree transcripts			<p>Transcripts or certificates of successful completion of programme mapped against the 4 pillars of advanced practice</p> <p>NMC PIN</p>
NMC recordable prescribing qualification			<p>NMC Statement of Entry</p> <p>Certificate of successful achievement</p>
			<p>Current, detailed completed Job Plan verified by employer/clinical lead. (This is not the job description, but a description of the actual roles carried out by the ALNP in a typical week/month)</p>
	Two examples of evidence of CPD related to advanced practice within the previous 3 years.		<p>Evidence for revalidation purposes demonstrating advanced level practice is acceptable and/or 2 reflective pieces related to ALNP level practice</p>
		Assessed as competent in practice- local assessment using country-specific framework assessed by clinical lead	<p>Completed, detailed, current Job Plan signed by employer/clinical leader. (This is not the job description, but a description of the actual roles carried out by the ALNP in a typical week)</p> <p>Clinical reference signed by a senior clinician different from the person signing the Job Plan.</p>

Model C - Full masters with clinical focus (MA, MSc, MBA)

Qualification	Experience	Competence	Evidence
Master's degree Health Assessment module at level 6 or 7			Transcripts or certificates of successful completion of programme mapped against the 4 pillars of advanced practice NMC PIN
NMC recordable prescribing qualification			NMC Statement of Entry Certificate of successful achievement
			Current, detailed completed Job Plan verified by employer/clinical lead. (This is not the job description, but a description of the actual roles carried out by the ALNP in a typical week/month)
	Two examples of evidence of CPD related to advanced practice within the previous 3 years.		Evidence for revalidation purposes demonstrating advanced level practice is acceptable and/or 2 reflective pieces related to ALNP level practice
		Assessed as competent in practice- local assessment using country-specific framework assessed by clinical lead	Completed, detailed, current Job Plan signed by employer/clinical leader. (This is not the job description, but a description of the actual roles carried out by the ALNP in a typical week) Clinical reference signed by a senior clinician different from the person signing the Job Plan.

Model D – Transitional criteria: Demonstrating Masters Level experience

Qualification	Experience	Competence	Evidence
<p>L7 credits</p> <p>L 6 credits</p> <p>Health Assessment module (Level 6 or 7)</p>			<p>Transcripts/ certificates of successful completion</p> <p>NMCPIN</p> <p>Portfolio of evidence mapped against 4 pillars of advanced practice includes a reflective statement of 1000 words demonstrating evidence of achievement of meeting the descriptor for Higher Education Qualifications at level 7 (or equivalent) in full</p>
<p>NMC recordable prescribing qualification (Level 6 or 7)</p>			<p>NMC Statement of Entry/ certificate of successful achievement</p>
	<p>One year post-prescribing qualification</p> <p>Currently working at advanced level in accordance with the 4 pillars of advanced practice</p>		<p>Current, detailed completed Job Plan verified by employer/clinical lead.</p>
	<p>Two examples of evidence of CPD related to advanced practice in previous 3 years</p>		<p>Evidence for revalidation purposes demonstrating advanced clinical practice is acceptable or 2 reflective pieces related to ALNP level practice</p>
		<p>Assessed as competent in practice- local assessment using country-specific framework assessed by clinical lead</p>	<p>A clinical reference, including reference to the published advanced practice framework used in the assessment in the workplace or in the programme transcript and the 4 pillars of advanced practice. Signed by a senior clinician different to the person signing the Job Plan</p>

- Every applicant's submission is individually assessed by an credentialing assessor.
- Credentialing assessors selected by the RCN against strict criteria.
- Assessor performance is moderated for quality assurance.
- There is an appeals process.

Credential renewal

- The initial credential is for 3 years
- There is a fee of £275 for the assessment
- After this time renewal is required; there is a fee of £125 to renew.



What do nurses get?

- Name added to a database maintained by the RCN
- Annual CPD event
- The chance to become an ambassador for RCN in advanced practice
- Research opportunities
- A certificate showing achievement of the credential
- A badge RCN ALNP



RCN
Credentialing

Recognising advanced level practice in nursing
www.rcn.org.uk/credentialing

Post-launch

- So far in total (test, early adopter and post launch)... 148 credentialed
- 10 in process

Further information

The credentialing team at:

credentialing@rcn.org.uk

Register your interest:

rcn.org.uk/credentialing



RCN
Credentialing

Recognising advanced level practice in nursing
www.rcn.org.uk/credentialing

Questions?

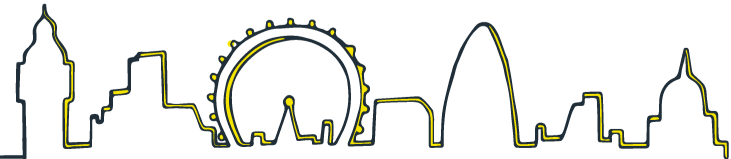
Session discussion

Main points shared

- Advance practice
- RCN advance practice
- Models

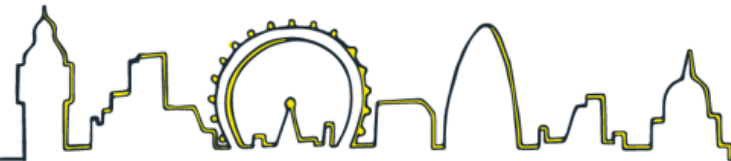
Main points discussed

- Implementing it – the 4 pillars
- Criteria – why matters
- Is it only an RCN policy – can it be broadened to other medical professionals



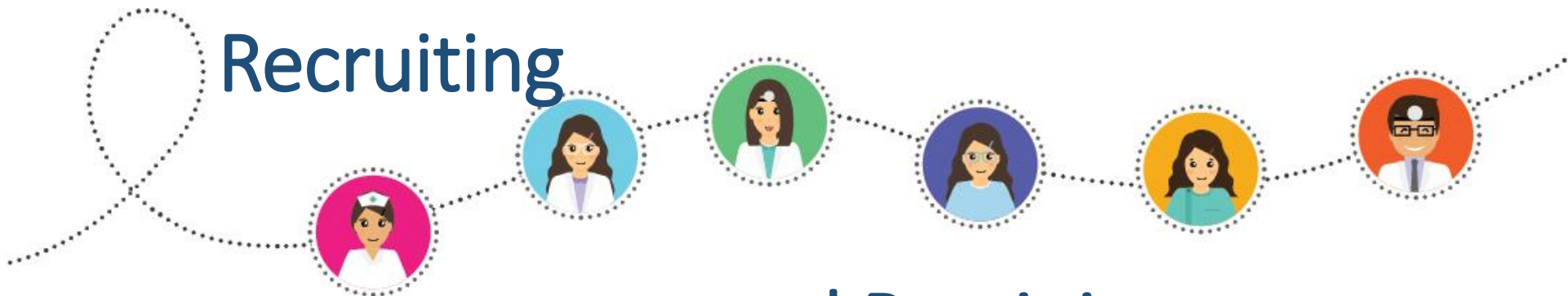
7. The international educated nurses journey from recruitment to registration

Kingston Hospital NHS Foundation Trust





Recruiting



.... and Retaining!



Together we do the amazing!





The IEN story at Kingston Hospital NHS Foundation Trust

Sarah Connor, Associate Director of Nursing

Siobhán McCawley, Lead PDN

Richard Sandham, Senior PDP

Mariéad Murphy, Director Drake Medox UK



The Beginning

High vacancy factor in 2015

Cumbersome recruitment processes

Need to be innovative and creative in attracting new staff





UK Healthcare Market

- NHS Employs 1.5 million people
- Ageing population
- Nurse Shortages
- NMC Criteria
- Immigration Rules
- Brexit





Drake engaged to Transform the 'Nursing Recruitment Process' at Kingston Hospital NHS Foundation Trust

KINGSTON RECRUITMENT PROCESS

All Staff excluding Medics.

FROM: Vacancy Entered into TRAC System
TO: Authorised to Start Date

PERFORMANCE COMPARISON	OLD PROCESS		NEW PROCESS	
	FROM	TO	FROM	TO
NO. OF VACANCIES:	01-Dec-14	16-Mar-15	02-Dec-15	16-Mar-16
TARGET ACHIEVED:	183	250	46%	87%
AVERAGE LEAD TIME:	62 DAYS	28 DAYS	Up 89%	Down 55%

IMPROVEMENT
Up 89%
Down 55%

Methodology:
Lean Thinking; Project Management; External Facilitation; Teamwork.



Kingston Hospital
NHS Foundation Trust



NHS Values = Shared Values

- 1 Working Together for Patients
- 2 Respect and Dignity
- 3 Commitment to Quality
- 5 Compassion
- 4 Improving Lives
- 6 Everyone Counts

International Nurse Recruitment



- Kingston Hospital engaged with a number of recruitment agencies for EU and non-EU Nurse recruitment
- Varying degrees of success Recruiting & Retaining Nurses
- Procurement of Drake who were able to demonstrate similar values as those to the Trust.
- Between 2014 and 2018 (to date) 194 Nurses deployed, 191 Registered [3 awaiting registration] plus 66 in process.
- During the same period there were 631 B5 starters.
- In total there were 402 B5 leavers of who 21 were IENs.
- Financial savings on temp staffing, safer staffing, improved staff morale and patient experience.





ASSESSMENT

Decide and develop the selection/assessment strategy

Use ALL your resources to help you visualise this

Ensure all on the same page

Be realistic but ambitious





LOCAL INTERVIEWING

- Select recruitment teams and prepare them in partnership with recruiter
- Remember your team is the shop window for your Trust
- Use your current success stories to assist you in generating recruitment interest





ON-BOARDING

Once you have successfully recruited building the relationship with the candidate starts

Pre-deployment workshops

OSCE Caravan

Social media

Arrival welcome



NHS

Kingston Hospital
NHS Foundation Trust



INDUCTION

- Monthly start dates - integration to B5 / B2 cohort induction which is 2 weeks.
- The 3rd week is BOOT CAMP.
- OSCE week 4/5
- Use past students to support current learners





RESULTS



ACHIEVEMENTS

194 IENs recruited and deployed since 2014



SUCCESSSES

NMC Stats: 55% OSCE pass rate
Kingston Hospital 100%!!



Working Together to support IENs



CONTINUOUS IMPROVEMENT

- Process Transformation

INNOVATIONS

- OSCE Boot camp
- Overseas OSCE Caravan
- Clinical Pocket Reference



Kingston Hospital
NHS Foundation Trust

THE PROCESS OF BECOMING A UK RN



NMC - Check you meet all criteria to apply:
Education / Qualification / Registered Practice / English Language Competency



CBT



Reputable Recruiter



NMC Application



Employment - Job Offer



Assessment Queue



Pre-Employment Checks



Decision Letter



Sponsorship



UKVI / Visa



Travel to UK



OSCE in the UK

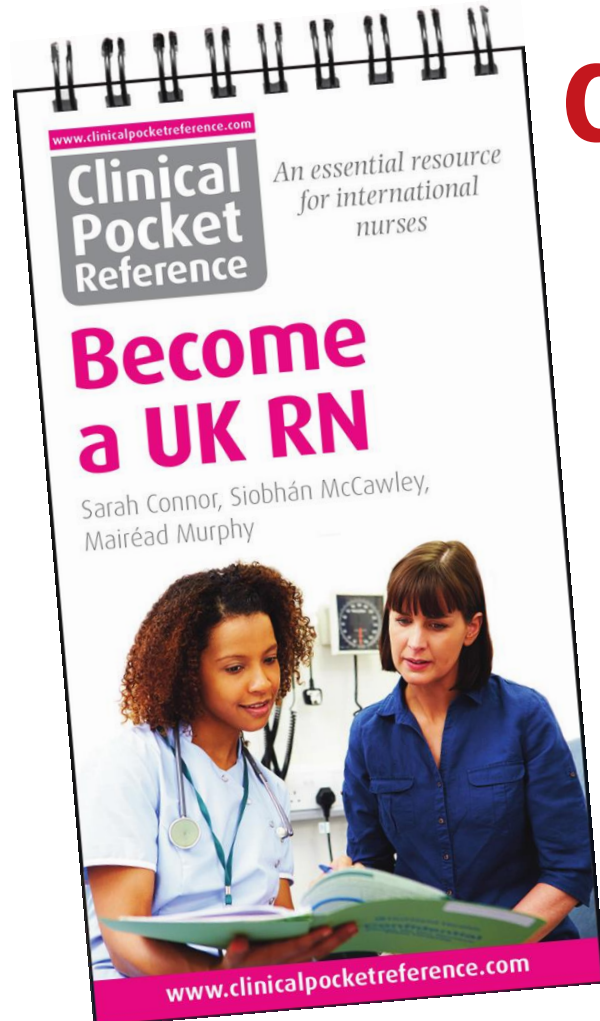


UK RN Registration



Revalidation





Clinical Pocket Reference

Become a UK RN

ISBN 978 908725 06 6

Available from:
Amazon

Your preferred supplier
or www.clinicalpocketreference.com



GROUP WORK



Select a Easter egg but don't eat it



Kingston Hospital
NHS Foundation Trust



Thank you
PS:- Enjoy your egg



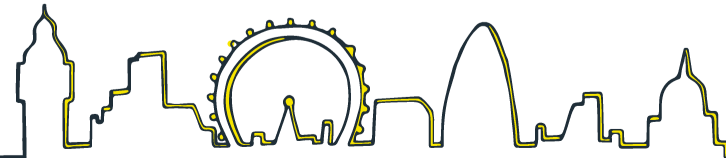
Session discussion

Main points shared

- Recruitment pathways for international nurses
- Assessment for IEN, face to face interviews, on boarding
- Relationship and engagement with IEN in the trust, working with nurses to pass their tests, IELTS, OSCE: OSCE training in their home country; social media is the best way to spread the new for employment

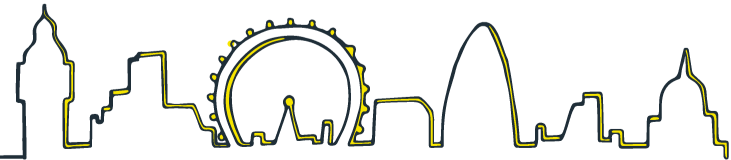
Main points discussed

- High vacancy factor in 2015: cumbersome recruitment process; need to be innovative and creative in attracting new staff
- Recruitment pathways for RN abroad, internationally
- Facilities for IEN, like bank accounts, GP, housing. Training before they start to pass their OSCE results achievement. Boot Camp
- Money for OSCE refunded
- Post rates – 14 different trusts working with



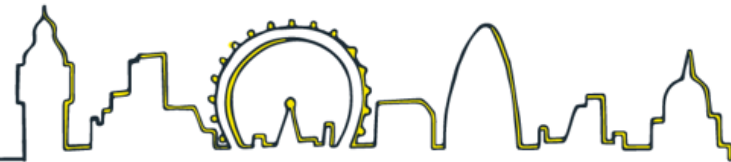
For queries please contact:

sarahconnor2@nhs.net



8. Reflective learning in preceptorship – a review of models of practice in North London

Tavistock and Portman NHS Foundation Trust



Reflective Learning in Preceptorship Programmes in North London

Research, Findings and Recommendations

Claire Shaw, Lead Nurse for Nursing Development and Research
Psychotherapist, Head of Nursing for Adult and Forensic Services

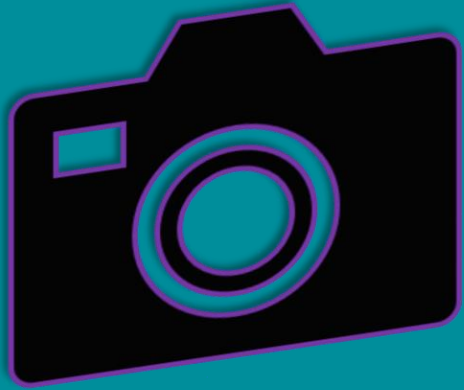
Presented by Peter Griffiths, Consultant Nurse in the Department of Education
and Training(DET) and Child, Young Adult and Families Directorate(CYAF)
Tavistock and Portman NHS Foundation Trust

Review of Reflective learning within preceptorship programmes

- In North central and East London Sustainability and Transformation plan geographies
- Funded by HEE NCEL
- Aligned with Capital Nurse programme work on Preceptorship
- 14 responses out of 15 Trusts within HEE North, Central and East London sector including acute, community, mental health and three specialist hospitals.
- Draft findings presented in September 2017 at Tavistock preceptorship stakeholders afternoon (and written report available)
- Best practice tool kit developed from research findings and afternoon consultation

Review project design

- Identify the availability, model, structure, use and impact of reflective learning opportunities for newly registered nurses (NRNs) engaged in preceptorship programmes
- Information collated through structured interviews with preceptorship leads, facilitators, preceptees and nurses who had completed a preceptorship programme
- The review focused on both the factual account and the experiences of those involved
- Conversations and data enabled the development of a clearer picture of what is currently taking place and provided an account of the meaning and impact of both :-
 - the reflective learning opportunities and
 - the role of relationships with preceptorship leads, within the preceptorship programmes



Opportunities

Models

Preceptees' experience

Structure

Attendance

Use of groups

Evaluations

Aims

Support

What is reflective learning?

Reflective learning is understood to be a broad term which encapsulates a process in which the individual explores and examines their experience and develops understanding, knowledge and awareness through the process. Reflective learning may take place individually, with others or in a structured group.

The Royal College of Nursing describes reflection as “A conscious effort to think about an activity or incident that allows us to consider what was positive or challenging and if appropriate plan how it might be enhanced, improved or done differently in the future” (RCN 2017).

Findings

- All trusts supported newly qualified nurses within a preceptorship programme and all preceptees were offered some support with developing their reflective learning.
- Some preceptorship programmes had been developed and were accredited through the local HEI.
- Support was offered by preceptors in the writing and discussion of reflective accounts, by preceptorship leads in the provision and facilitation of reflective groups and by other group facilitators (often senior nurses and education leads).

There were significant variations in terms of the reflective practice opportunities that are available to preceptees

Reflective learning Structure's From Least to Most Access

Meeting with preceptor to discuss reflective account

- Opportunity to reflect, linked with NMC revalidation. Loss of peer support, less breadth of discussion, not learning from other peers' experience

Attending occasional group, not consistent group membership

- Opportunity for peer support and reflection, flexible membership supports attendance when off duty/case load may impede attendance. Loss of regular space and continuity/group relationship

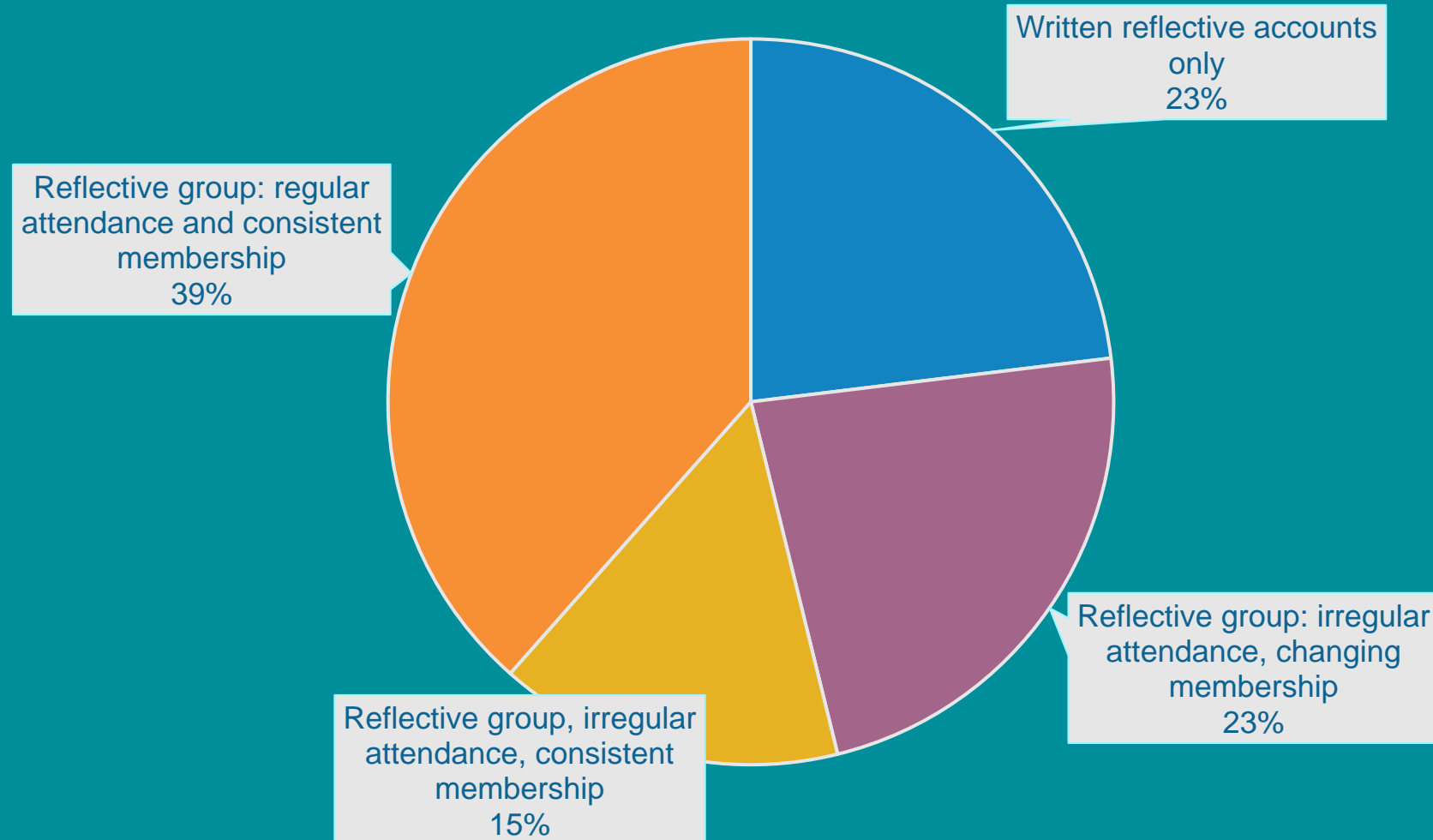
Attending occasional group, consistent group membership

- Opportunity for peer support and reflection. Potential to develop relationships/trust/feedback

Regular attendance at a consistent group

- Peer support and reflection. Consistent membership supports development of relationships, trust and feedback/celebration

Reflective Learning Structures for Preceptees in NCEL



Groups

Group sizes varied, as did the membership.

- Smaller groups were established in order to allow all group members to present
- Larger groups were identified as enabling more preceptees to attend when there were limited resources or low attendance.
- Some groups had a mixed membership, including AHPs and nurses from different specialties.

Group membership consisted of 3 working models:

- An identified and consistent group membership
- The initial joining of a set group - flexibility to change if unable to attend
- ‘Drop in’ group sessions

Engagement in reflective learning - Groups.

Groups with higher attendance could be characterised as follows:

- Groups being mandatory
- Timetables being in place in advance
- Rotas accommodating group attendance (dependent on preceptee requesting and manager accommodating request)
- Staffing levels and caseloads being manageable to allow attendance
- Reflective practice groups being part of a mandatory study day (usually comprising of both clinical skills teaching and the reflective group)
- A Culture of valuing reflective practice and support for preceptees attending the groups from the Director of Nursing through to immediate managers and preceptors.

Engagement in reflective learning – Groups

Difficulties in group attendance can be summarised as:

- Clinical caseloads that do not permit study time
- Cost of backfill in short-staffed areas preventing staff being freed up to attend
- Culture/belief that newly qualified nurses should ‘just get on with it’
- Competing with mandatory training study times
- Difficulties re locations when services geographically spread out
- Lack of resources in terms of staffing
- Focus on tasks and clinical competencies, rather than thinking/processing/reflecting

Preceptees – Is R L Needed?

Perceptions of Preceptees by others

- Need to just get on with it
- PP baby them (deskill them)
- There aren't enough resources
- They are managing the transition to NRN
- They are managing life transitions as well as work ones
- Pastoral care is important

Preceptees Perceptions of RL

- Helped to develop understanding
- Developed skills
- Increased my confidence
- It was helpful sharing experiences
- Learnt how to voice concerns
- Useful to have a reflective space
- It was a safe space to explore things in
- I felt valued and supported
- I could voice my fears
- It helped to not feel alone
- Peer support (lost at end of training) is Important in a period of transition

Role of Preceptorship Leads



- Differences in amount of contact and relationships with preceptees
- Often key figures to preceptees
- Sense of being known, noticed, held in mind by PL, someone to turn to
- Recognition of transitions, not only work ones (acknowledge the need to get from A to B and what's needed)
- Managing gains, losses & expectations(of themselves and by others)
- Important key figures when Senior nursing staff and informal staff support on wards/in services was not always available
- Pastoral support, recognition of them as individual people

Functions and benefits of RL: (explicit and implicit)

Explicit
Recounting and remembering
Developing critical thinking
Developing clinical practice, improving outcomes
Improving confidence
Finding solutions
Positive recognition of development
Sharing knowledge
Group discussion
Developing communication skills
Developing professional authority

Implicit
Developing curiosity (not 'knowing')
Feeling able to manage daily life in work
Feeling valued, valuing one's own work and experience (links with retention, satisfaction)
Managing anxieties and fears, not in isolation
Recognising own needs and also own resources
Encouragement, being noticed and known by others, a sense of belonging
Feeling less isolated, sharing experience
Peer support
'Offloading'; expression of feeling
Developing professional authority

Implicit Value

Retention, Resilience, Interest in the work, Feeling valued/cared for/held in Mind,
Valuing one's own experience

and crucially the Impact of all of this on the quality of patient care

Key Influencing Factors on reflective practice opportunities appeared to be:



Organisational support: From Director to Service Managers to allocation of case loads and off duty - Reflective practice groups having been valued by senior staff



Stage of growth/development of Preceptorship Programme



Resources being available: senior nursing staff in roles, backfill supported, sufficient time



Geographical location and 'spread' of services and staff



Numbers of preceptees and numbers of nurse educators/facilitators

Recommendations from Findings

- RL groups help to develop confidence, authority and the ability to speak up, amongst other things
- RL groups need to be mandatory and supported in practice
- Preparation and evaluation need consideration
- RL Models need to be evaluated in terms of impact/outcome
- RL groups beyond preceptorship - A longer term view may contribute towards retention of staff
- Training and supervision of Group facilitators (formal, informal, internal and external) may be beneficial
- Channels of communication/feedback could be identified
- Recognition of PL role and impact on NRN

Reflective Learning in preceptorship programmes - Best practice guidelines

5 areas - 5 workshop groups

- Facilitator role
- Membership
- Structure
- Establishing a group
- Models and Aims

Workshop Task for each Group

Consider and discuss key points in designated area

- What would you take away from this?
- What do you think is missing

Next steps

For CapitalNurse:

- Report finalised and published (take a copy today!)
- Good practice guide to be revised and published
- Training programme for facilitators to be offered from late summer 2018
- Impact of training evaluated as part of CapitalNurse preceptorship project

For Tavistock:

- Findings of this work to be incorporated into Tavistock & Portman NHS Trust Nursing in Mind programme (watch this space!)

Additional slides

Keys points from stakeholder event September 2017

- The need for networking and sharing experience
- The benefits of hearing about others approaches to commonly experienced difficulties
- Membership of the reflective learning groups may be expanded to include multi-disciplinary members working within services
- A geographical approach (as opposed to service based) may support groups to take place where there are smaller or more spread out groups of newly registered nurses
- Groups may continue to meet for peer support and peer supervision after the preceptorship programme has been completed. It requires support from senior staff and managers
- The different levels of reflection were explored and discussed, the need for making an active choice around the model and depth of exploration was also identified.

What else is Needed?

- Clarity on aims and objectives of RL in Preceptorship
- Evaluations – standardised?
- Evaluation of models of RL – differences and impact
- Review of impact of RL, including data re retention rates and themes of exit interviews
- Standardised structure – fair/equal for all
- Commitment and resources
- Review the un/availability of RL beyond preceptorship

Future Possibilities

- ❖ Written reflective account and/or reflective learning groups
- ❖ ALS, Gibbs, GROW, WDG or other – consider desired impact-evaluate?
- ❖ Consistent group membership or changeable
- ❖ Mandatory or optional groups
- ❖ Frequency and length
- ❖ Support from the organisation (choose level, input and aims)
- ❖ Training and /or supervision
- ❖ Groups for exploration only OR also with channels of communicating themes/feedback
- ❖ Choose your focus: knowledge, understanding, reflection, exploration, policy, competency, thinking, questioning, exploring, action plans, dynamics, communications, patients, teams, organisational dynamics, retention, resilience, satisfaction.....

Variations in reflective practice opportunities

- Attendance being either optional (resulting in lower attendance) or mandatory (resulting in higher attendance)
- Breadth of reflective learning opportunities; from workbook or NMC written reflective accounts to regular, structured, facilitated and mandatory reflective groups with peers.
- Reflective learning groups offered ranging between 0-6 groups over the course of 6-18 months.
- Preceptee preparation for reflective learning taking place through leaflets or introductory sessions, or through engagement in the group
- The groups being focused on a model, or being adapted to reflect the experience and needs of the group's members.

Preparation and Attendance RL groups

- Preparation for RL groups took place through preparatory sessions, information leaflets and ‘in session’ discussion
- Advance warning of times and dates need to be given to enable attendance
- Mandatory attendance enables preceptees to attend
- Mandatory attendance requires support from DoN downwards
- Off duties, staffing levels, backfill costs and case loads need to support the preceptees to attend; if not they will struggle to attend
- RL may be experienced as being ‘in competition’ with other mandatory trainings (i.e. clinical skills), if run on the same day it supports attendance at both
- ‘Optional’ RL groups had lower attendance and less consistency (preceptees had less)

Group Facilitators

- Facilitators of groups were largely preceptorship leads, practice educators and other senior nursing staff
- Their role required them to be independent, efforts made to provide groups with facilitators who were not clinically involved with individuals
- For some, their role involved identifying themes and concerns from the groups and communicating these to relevant ward managers and other leads

Training and Supervision

- Some facilitators of groups had learnt through observing experienced colleagues, then co-facilitating groups before going on to lead their own
- Some facilitators had received training (ActionLSets)
- There did not appear to be formalised supervision for this work
- For some facilitators there did appear to be informal peer support and supervision (in areas with several facilitators)
- Idea of objective views was identified - seeing others' work and inviting own work to be seen

Models of Reflective learning

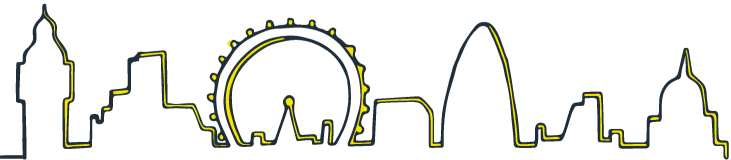
	Key Features	Benefits	Limitations
Action Learning (Revans, 1940's, NHS Clinical Leaders Network 2017)	Small groups Members bring real problems/experiences Focus on listening and asking questions Reflection encouraged	Supports resolution of problems Supportive structure Feedback mechanisms Opportunities for learning and development Peer support	May not attend to the emotional experience of group members or explore the dynamics present in work
GROW model (Whitmore 1992)	Developed like a journey; Focus on Goal, (current) Reality, Options and Will Group work with facilitator and use of questioning to clarify GROW.	Peer support Linear and clear process	Difficulty in knowing the starting point May restrict thinking or questioning, rather than opening it up. Little space for exploration of experience or workplace dynamics
Gibbs model (Gibbs 1988)	Group work Focus on description, responses, evaluation, analysis, conclusion and action plan Use of questions	Positive, problem solving approach. Opportunities for learning and development Peer support	May not attend to the emotional experience of group members or explore the dynamics present in work May not explore issues in great depth
Reflective learning written accounts (NMC 2016)	Written alone or in discussion with preceptor Recounting and recording of experience and learning, Related to NMC Code	NMC revalidation Benefits of discussion with preceptor	Absence of peer support Limited reflective activity No great depth or exploration required Focus on the code, rather than the preceptee

Differences in flexibility re model/group

Written Reflective Accounts (Inc NMC)	Self awareness – noticing feelings	Awareness of the impact	Understanding internal pressures and the pull to action
<p>Remembering and recounting what took place, the NRN learnt about the discharge process, they are able to engage in discharging more patients in future, in relation to the code – they are able to practice effectively.</p>	<p>Also: They have an awareness of their own emotional state, having felt under pressure to discharge the patient quickly they noticed how uneasy they felt about what had happened</p>	<p>Also: They were encouraged to have a curiosity about:</p> <ul style="list-style-type: none"> the impact of the decision on the patient, the meaning to them the impact of the anxieties and pressures within the organisation and the clinical team. 	<p>Also: They developed greater awareness of the patient’s own history, (why was he the one the team chose to discharge?). Relevance of his experience and dynamics. Awareness of the pressure the NRN felt within herself, wanting to be ‘helpful’ to save senior nurses. Understanding a pull to act against better judgement</p>

Session discussion

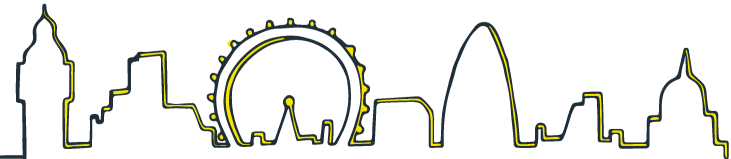
Awaiting session discussion form



For queries please contact:

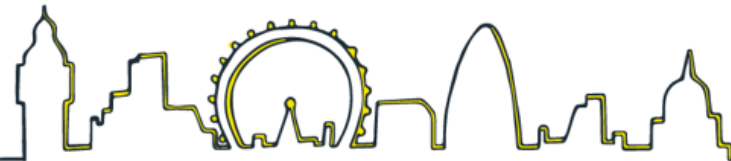
Peter Griffiths

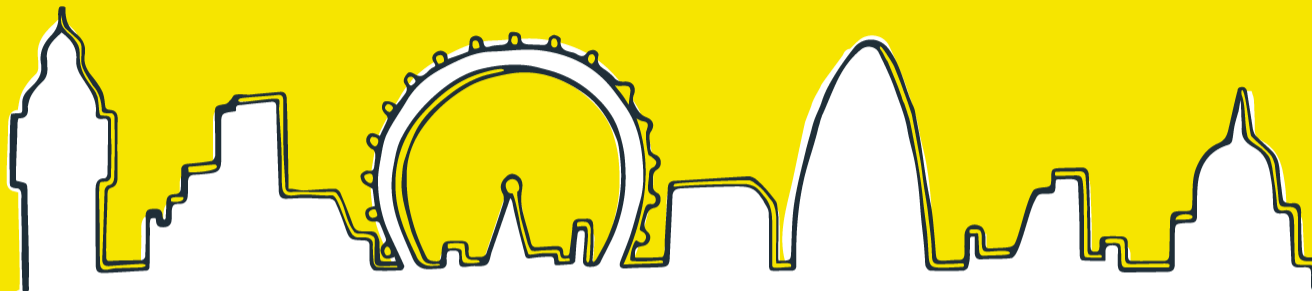
PGriffiths@tavi-port.nhs.uk



9. Attracting student nurses to London

CapitalNurse

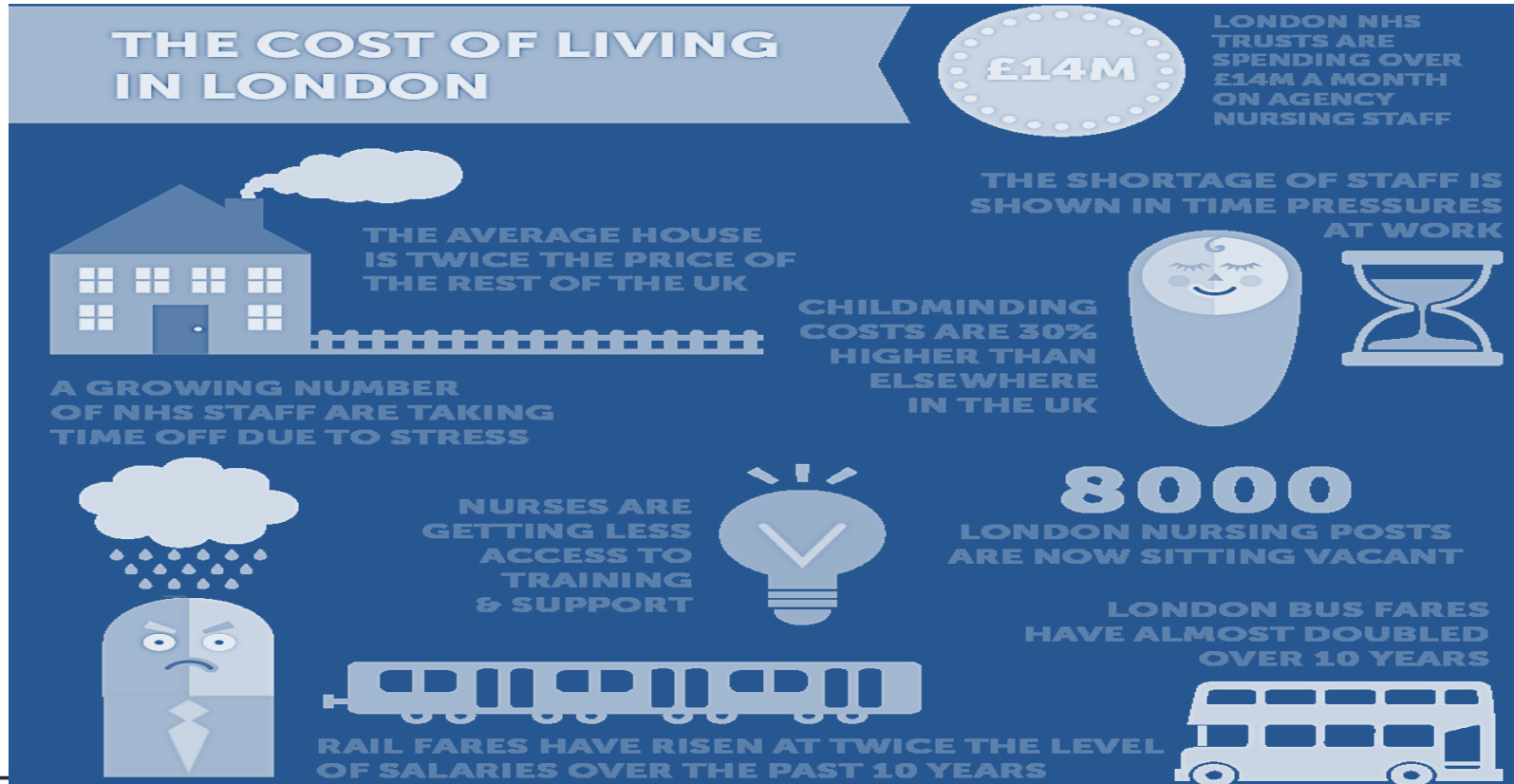




CAPITAL nurse

Debbie Dzik-Jurasz, Sinead Mehigan, Jacky Price

London nursing workforce – the challenges



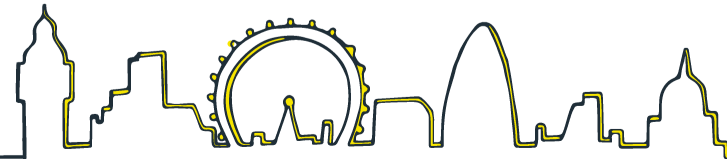
To ensure an on-going supply of an appropriately skilled nursing workforce to meet the changing requirements of healthcare within London.

To ensure that efficient and effective recruitment, retention and career development structures are in place for nursing to deliver high quality person-centred care across the capital.

CAPITAL nurse

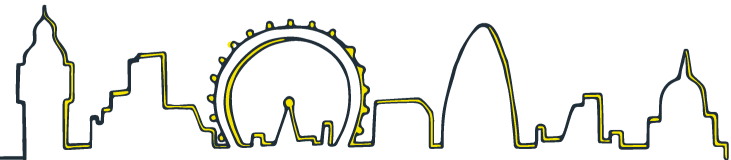
To create a 'social movement' that will energise nurses and those working in nursing workforce activities.

To create a positive image of nursing in London



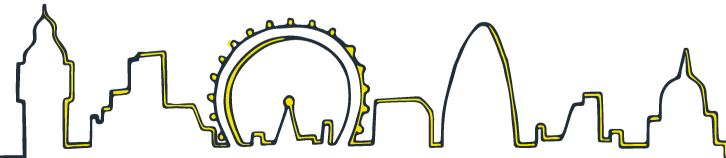
Two work streams

- 1. Preparing the RN workforce (Training Work stream)-**
Attracting students to choose nursing degree programmes in London – and supporting them in practice
- 2. Retaining registered nurses –**
Employment, preceptorship, career progression and ‘nurse friendly’ employment processes



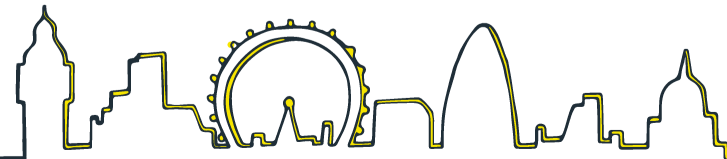
Training Work stream

- Challenges
 - Student fees from September 2017 – 23% reduction in student intake
 - Multiple routes- confusing?
 - Nursing degree apprenticeships – in the pipe line
 - Nursing Associates – 2000 across UK and growing?
 - Living & travelling in London costs
 - 1m people commute into London every day
 - Average travel time one hour **each** way
 - RCN congress 2017 – reports of ‘nurses’ going to food banks
 - NHS at ‘breaking point’
- **How are we going to attract students to become the nurses we need for the future?**



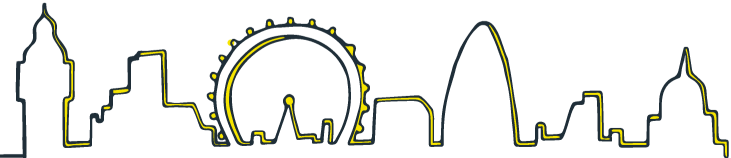
Changing the messages....

- London 'greatest capital city in the world'
- London universities – world leading, NSS scores, Student focussed, accommodation guaranteed for first year, support services for accommodation
- London Hospitals – world renowned, research focussed, leaders in health care
- Wide range of clinical placements
- Opportunities for career choice
- Opportunities for career progression



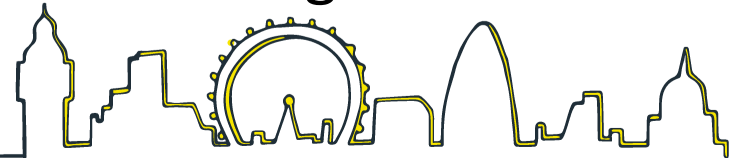
And there's more....

- Students living and surviving in London circa 500,000 (HESA 2015)
- Plethora of part –time work opportunities
- London population 8 million people who need health care, education, police and fire – similar salary range
- Band 5 with shifts and LW £31k plus uniform, pension, no redundancy
- New Graduate jobs sales / Marketing £25-30K
- **What is the message we want to get out??**



Workshop activity

- **We need more student nurses in London**
 - De Bonos Six Hats
 - Divide into 6 groups
 - Consider the statement above from the perspective of each 'Hat'
 - Eg Green – new ideas, Yellow –best things about....



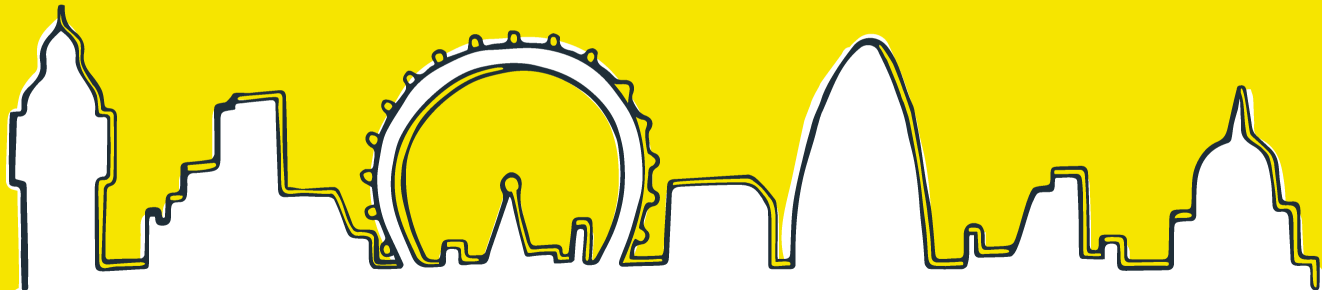
- **A final message.....**

- https://www.youtube.com/watch?v=EL2K4tEts_A

Thank you....keep in touch....

Contact capitalnurse@hee.nhs.uk

or @capitalnurse on Twitter



Session discussion

Main points shared

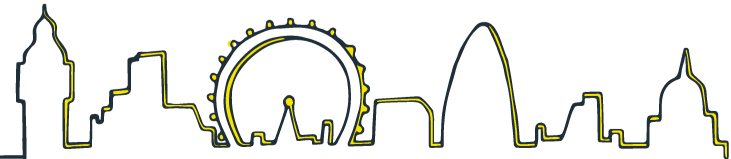
- Need to attract nurses to London
- Many factors
- We need to look at this issue from many perspectives to get balanced view

Main points discussed

- Feedback on flip charts

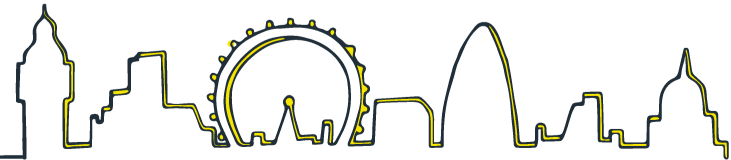
Next steps/how can CapitalNurse help?

- Use findings and activity to inform further discussion within training workstream on how we attract nurses to study nursing in London



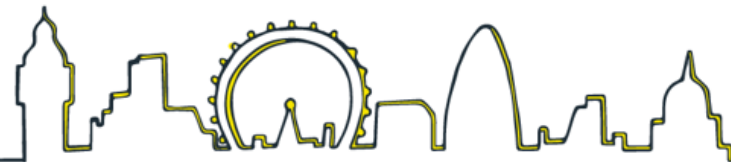
For queries please contact:

capitalnurse@hee.nhs.uk



10. Growing our future nurse leaders: Our development and retention programme for newly qualified CapitalNurses

Central and North West London NHS Trust



Growing our future nurse leaders: development and retention programme for newly qualified Capital Nurses

Presenters

Kathy Swanzy-Derben - Project Manager

David van de Velde – Ward Manager

Daniel Salbaing – Capital Nurse – Adult Pathway

Niall Donaghy – Capital Nurse – Adult Pathway

Rachael Allen – Capital Nurse – Older People Pathway



Introduction

- **Rotational programme**
- **Education & development**
- **Retention initiatives**
- **Benefits for Capital Nurses & Services**
- **Conclusion**



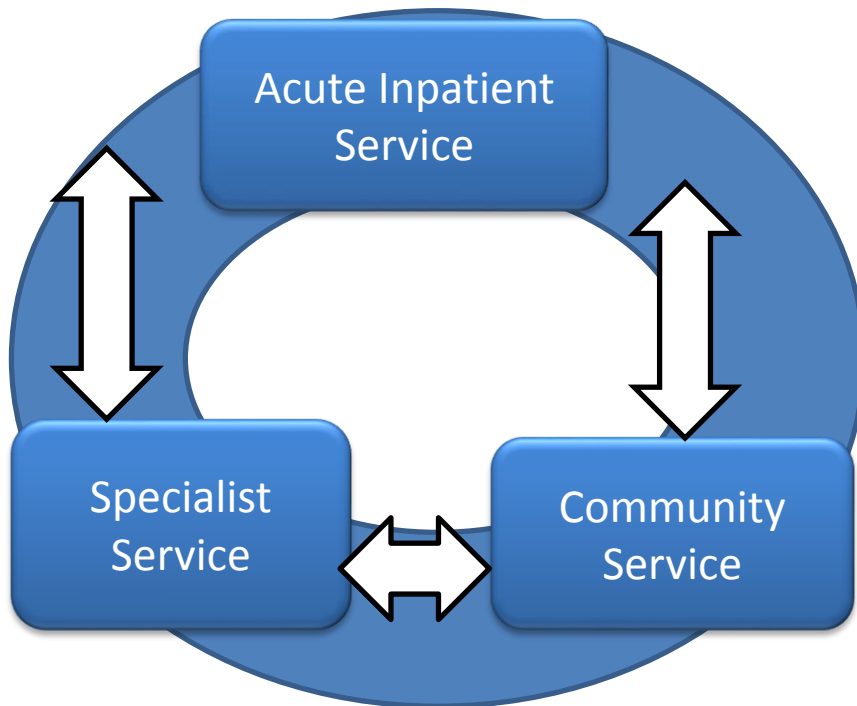
Rotational Programme

- **18months rotation across inpatient, community and specialist mental health services in Brent, Harrow, Kensington & Chelsea and Westminster**
- **Three 6months placements**
- **Two Pathways**
 - **Adult Mental Health Pathway**
 - **Older People Mental Health Pathway**

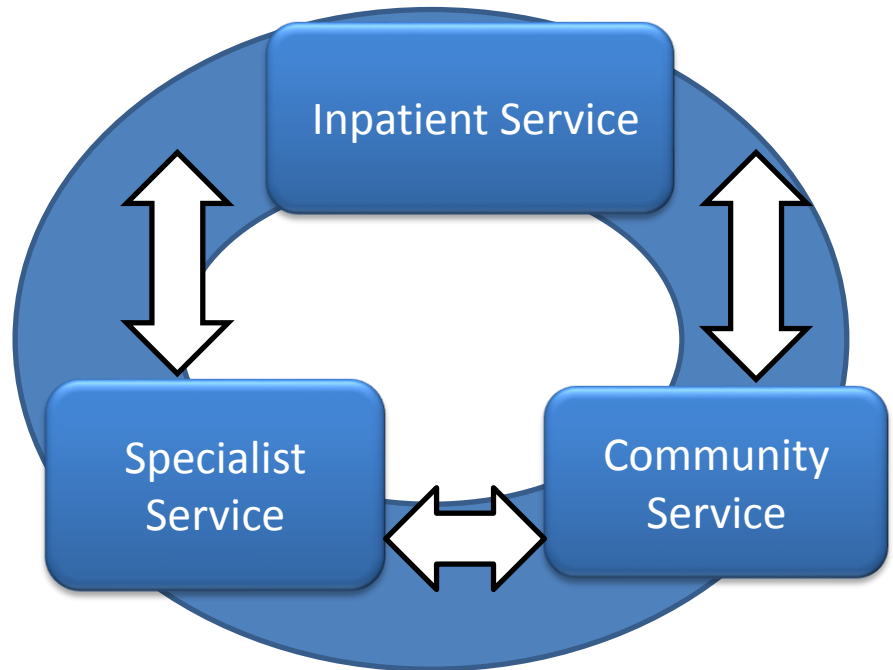


Rotation

Adult Mental Health Pathway



Older People Mental Health Pathway



Rotation - Placement Guidelines 1

- Meeting between manager, preceptor/supervisor and Capital Nurse within first week to formulate objectives for placement (clinical, managerial/administrative & strategic objectives)
- Objectives reviewed 3months (midway) and 6months
- Working 9am-5pm first week to learn about philosophy of care, processes etc, and second week shadowing the team and gradually stepping into the role
- Capital Nurse spends minimum of 2hrs per shift with service users and carers
- Monthly supervision with preceptor/supervisor
- Shadowing – Clinical and non-clinical senior staff



Rotation - Placement Guidelines 2

- Attendance of monthly Reflective Practice Forum
- Service Improvement Project
- Mentoring provided by Band 8a above within the boroughs
- Appraisals completed on second placement
- Attendance of 6monthly face-to-face placement evaluation meeting by Capital Nurses, preceptors/supervisors and managers
- Completion of online Survey Monkey evaluation by Capital Nurses, preceptors/supervisors and managers at the end of each placement



Education

- **First 6months Placement**
 - **Comprehensive Preceptorship and Band 5 development Programme**
- **Second 6months Placement**
 - **Bespoke Advanced Mental Health and Physical Health Course at level 7**
- **Third 6months Placement**
 - **Mentorship and Assessors Qualification**



Education - Band 5 Development Programme

Session no:	Date	Subject
1	30.10.17	AM (09:30-12:30) Introduction to Preceptorship PM (13:00-14:00) LGBT awareness PM (14:30-17:00) Smith Introduction to the Recovery College
2	8.11.17	09:00-17:00 - Introduction to working in the community
3	16.11.17	AM Medication management with Pharmacist PM Depot training
4	28.11.17	09:00 17:00 An introduction to Motivational Interviewing
5	30.11.17	09:00 17:00 An introduction to Motivational Interviewing
6	19.12.17	AM Person centred care planning for the whole person Safe practice in therapeutic relationships 330pm Introduction to ECT
7	04.01.18	09:00-17:00 - Your mental health act responsibilities-Nick Dorling
8	23.01.18	AM (09:30-12:30) - Safe and effective delegation- responsibilities and skills PM (13:30 -16:30) – Pressure Ulcer training
9	01.02.18	09:30-16:00 - Substance Use in Mental Health
10	14.02.18	AM (09:30-1030) End of life care 11:00: 12:30- Using the NMC Code and staying on the register PM (13:30-16:30) - Have I arrived? The end of preceptorship and planning your development

Education - Bespoke Advanced Mental Health & Physical Health Programme – Level 7 (30 Credits)

Course Content

- Communication skills
- Establishing positive relationships with individuals with mental health problems
- Working with families and carers in promoting mental health
- Mental health assessment (including motivational interviewing), planning, delivering and evaluation of care
- Application and interpretation of evidence based assessment scales
- Risk assessment and risk management in Mental Health
- Recognising potential self-harm and suicide tendencies
- Therapeutic approaches and psychological interventions in Mental Health
- Principles of recovery in mental health
- Improving the physical health of people with mental health problems
- Physical health conditions experienced by people with mental health problems and management of chronic diseases
- Physical health assessment and monitoring
- Lester Tool and Cardio-metabolic Syndrome
- Assessing and managing the deteriorating patient



Leadership development

- **Shadowing of clinical and non-clinical senior staff and teams**
- **Developing work-based projects during each placement**
- **Mentoring, supervision and reflective practice throughout the programme**



Education & Development

Preceptorship & Band 5
Development Programme
1st 6months Placement

Supervision
Mentoring
Reflective Practice
Shadowing
Work-based Projects

Advanced Mental Health
& Physical Health Course
2nd 6months Placement

Mentorship Qualification
3rd 6months Placement



Retention Initiatives

- **Social events for the Capital Nurses**
- **Visibility of project manager on the wards/services to provide support and address difficulties at early stage to prevent attrition and promote retention**
- **Supporting managers and Capital Nurses with capability and performance issues**



Benefits for the Capital Nurse

- **Development of confidence, skills, competencies and leadership over 18 months with support**
- **Opportunity to make an informed decision about career pathway through rotational placements**
- **Developed for Band 6**
- **Structured personal development plan for career pathway**
- **Obtaining academic qualification on completion**
- **Solid foundation for a successful career in nursing**



Benefits for Services

- **Vacancies filled for the next 18 months to ensure continuity of care**
- **Reduction in agency use and address recruitment difficulties**
- **Opportunity to grow and develop our own future nurses leaders**
- **Recruitment and retention of confident and competent nurses who have developed skills across patients care pathway and have expertise to work across services**



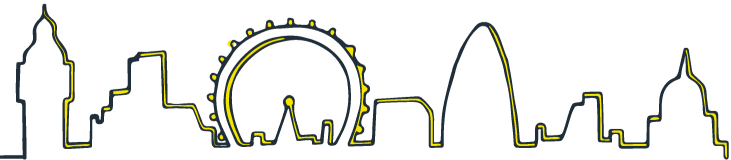
Conclusion

- **Dynamic programme to facilitate both practice and academic development of newly qualified Capital Nurses**
- **Programme is geared at developing newly qualified nurses for Band 6 within 18months**
- **Supportive structures for managers and Capital Nurses to promote retention**



Session discussion

Awaiting session discussion form



For queries please contact:

kathy.swanzy-derben@nhs.net

