NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

Pre-registration Learning & Assessment in Practice: Independent and Voluntary Sector Placements

INVESTORS IN PEOPLE

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1.0 Introduction

This paper sets out the key findings of a short-life Task and Finish Group meeting held with a range of key stakeholders, to explore the potential for increasing the capacity of pre-registration nursing practice placement learning opportunities within the Independent and Voluntary Sector (IVS).

2.0 Regulatory Context

The Nursing and Midwifery Council (NMC) sets out standards to which all nurses and midwives must comply. The NMC's primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. It sets and promotes the standards for education and practice, maintains a register of those who meet these standards and takes action when a nurse or midwife's fitness to practise is called into question. By doing so the NMC promotes public confidence in nurses and midwives, and regulation (NMC 2010)[1].

In relation to pre-registration nurse education there are two sets of NMC standards which are of particular relevance. These are: (1) Standards for Pre-Registration Nursing Education (NMC 2010)[2] (2) Standards to Support Learning and Assessment in Practice, (2006 and 2008)[3]. The NMC Standards for Pre-Registration Nursing Education sets out the competences that students must acquire by the end of their three year degree programme. The standards articulate that Higher Education Institution (HEIs) should offer a flexible, blended approach to learning, and draw on the full range of modern learning methods and modes of delivery in both academic and practice (NMC 2010). The NMC standards for Pre-Registration Nursing Education programmes state that all programmes must reflect the NMC statutory requirement of 2300 hours of practice and 2300 hours of theoretical input. The NMC sets no specific requirements for the nature or range of practice learning, other than it must enable competencies to be acquired. The standards also require students to learn in a range of settings, with links to the service user's journey reflecting the future configuration of services.

The Standards to Support Learning and Assessment in Practice (SLAiP) (NMC, 2006 and 2008) sets out the requirements for supporting the learning and assessment of students in the practice learning environment. These standards include the competencies to be achieved that equip nurses and midwives to support and assess students undertaking NMC approved programmes and deal appropriately with those students who are considered not fit for practice. This is a crucial role in safeguarding the health and well being of the public and ensuring those entering the register are fit and competent to do so.

[1] http://www.nmc-uk.org/About-us/Our-vision-mission-and-values;
[2] http://www.nmc-uk.org/Educators/Standards-for-education;
[3] http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/Standards-to-support-learning-and-assessment-in-practice-settings-SLAiP:

Currently, within Northern Ireland, pre-registration nursing practice placements are in the main based within the statutory sector and are provided across a range of settings, with a limited number of practice placements in the IVS. Within the statutory sector placements are supported by an infrastructure in the form of Practice Education Teams (PET) reflecting the SLAiP NMC Standards. The PET comprises, Practice Education Coordinators, Practice Education Facilitators who work with Mentors and sign-off Mentors alongside the HEIs to provide on-going support to nursing students learning and assessment in practice. A recent evaluation of the infrastructure of the SLAiP within Northern Ireland would suggest that this model is working effectively within the statutory sector (NIPEC 2013)[4]. However, there is an acknowledgement that the actual number of available practice placements within the HSC is under strain and as such there is a need to explore the potential for increasing the capacity of pre-registration nursing practice placements within the IVS.

3.0 Strategic Context

Within Northern Ireland, *Transforming Your Care* (TYC)[5] supported by a range of other strategic documents sets out the strategic direction for healthcare delivery over the next five years and beyond. TYC describes an integrated health and social care service delivery model which focuses on prevention initiatives, earlier interventions, and on promoting health and well-being. It also highlights that more services will be provided in the community, closer to people's homes where possible, with an increased emphasis on personalised care. The shift in health care delivery away from the acute hospital settings to a more community- based model will, it is anticipated, lead to a reduction in the number of Health and Social Care (HSC) hospital beds, with an increasing utilisation and reliance on the Independent and Voluntary Sector to provide care.

As services reconfigure to meet the recommendations of TYC, and increasingly healthcare is increasingly delivered in community settings, including the patient's own home, or by the Independent and Voluntary Sector, the demand on practice placements in the statutory sector will exceed the available resource. A resource which at times some have suggested can be stretched.

Given this reconfiguration of healthcare delivery, and the development of services within the IVS, there is a sense that the development of additional practice placements in organisations within these sectors are not keeping pace with the re-organisation of healthcare delivery.

In September 2013, the Chief Nursing Officer, Charlotte McArdle, asked NIPEC to coordinate and facilitate a short-life initiative to explore the potential for increasing

[4] http://www.nipec.hscni.net/pub/doc%20Phase%202%20EXTERNAL%20EVALUATION%20-%20Final.pdf

[5] Department of Health Social Services and Public Safety/Health and Social Care Board. (2011). *Transforming Your Care. A Review of Health and Social Care in Northern Ireland.* Belfast, DHSSPS.

the capacity of practice placements within IVS organisations. It was envisaged that this work would assist in the development of a description of potential requirements, which might enable the IVS organisations to increase the capacity for practice placements for pre-registration nursing students.

Thus, the purpose of this initiative was to develop a gaps analysis and explore potential solutions, taking into account:

- the current level of available practice placements and arrangements, including systems of support and infrastructures
- the extent to which practice placement capacity could be increased.

4.0 Short Life Task and Finish Meeting

On 11th December 2013 NIPEC hosted a half-day Task and Finish Group meeting, to begin this work. Invitees and attendees of relevant stakeholders can be viewed at (Appendix 1). This report presents the key findings in relation to that Task and Finish Group, and makes a number of recommendations for consideration to support the potential for increasing the capacity of practice placements within the IVS.

In preparation for the workshop, two of the Independent Sector provider organisations and three of the Higher Education Intuitions (HEI) were invited to provide short presentations to help inform discussions on the day. The presentations show cased positive examples which demonstrated how these organisations currently work or have worked successfully to secure and manage pre-registration practice placements (Appendix 2). The education providers were also asked to scope the current level of available practice placements and arrangements including systems of support and infrastructure.

Presentations were made by representatives from the following organisations:

- Four Seasons Healthcare
- Phoenix Healthcare
- Queen's University Belfast
- University of Ulster

4.1 Facilitated Discussion

Following on from the presentations, the efforts of the Task and Finish Group were separated into two distinct, but inextricably linked, pieces of work (Appendix 3) :

1. A summary of the current position, including a description of areas which may need to be scoped due to a lack of existing information
2. Benefits, challenges, enablers, including potential solutions to increase capacity of practice placements in the IVS.

4.1.1 A summary of the current position including a description of areas which may need to be scoped due to a lack of existing information

There was an acknowledgement by the group that this IVS should be well placed to provide pre-registration nursing students with a practice learning environment, which would help these students to develop the knowledge: skills and competence they need to achieve their final award. It was also highlighted that exposure to healthcare delivery within the IVS had the potential to broaden knowledge and understanding by allowing students to experience all aspects of a service users'/patient's journey.

It was agreed that practice placement opportunities within the IVS, are not maximised to the full potential. The group identified a variety of reasons in this regard as follows:

- *lack of mentors*: due to staffing ratios, the IVS faces real challenges in releasing staff to attend training to become registered mentors in the first instance, and the subsequent mandatory updates to maintain that registration.

- *movement of staff into the HSC system* : when the IVS has invested in mentorship training, and established mentors, often these staff, at the first available opportunity move into statutory sector thus depleting this resource in the IVS.

- *lack of support for mentors and home managers*: there were examples of good practice in relation to support for mentors/home managers by HEIs to undertake the role mentors however it was agreed that support mechanisms could be enhanced into the IVS

- *lack of sign off-mentors*: at the Task & Finish group meeting on the 11th December 2013 it was suggested that in the main the IVS does not progress mentors to become sign-off mentors. In preparation of this report it is now reported that one HEI does support and have a number of sign-off mentors in various IVS organisations

- *communication/ lack of a coordinated approach:* it was recognised that whilst there are already established communication mechanisms between the IVS and the HEIs regarding availability of practice placement information is not always easily retrievable and could be enhanced by the use of an electronic system/solution ensuring timely access to accurate information. This, it was agreed

had the potential to, maximise the utilisation of practice placements.

- *availability of HEI staff*: the HEIs acknowledged that the number of their staff allocated and available to support students and mentors across the IVS is limited and this situation is challenging due to the geographical spread of IVS.

4.2 Vision:-

Overwhelmingly, the Short life Task and Finish Group agreed that increasing capacity of practice placements in the IVS is a priority and the decision to do so is informed by the strategic drivers such as *Transforming Your Care.* A view was expressed that a cultural and attitudinal shift was required to change perceptions of the care being provided in the IVS, both from the position of the public and the professions.

4.2.1 Benefits, challenges, enablers, including any potential solutions to increase capacity of practice placements in the independent and voluntary sector

It was evident from the discussion that, services within the IVS will be increasingly utilised if the systems redesign envisaged within under the future plans of *Transforming Your Care,* is to be realised. Therefore the current provision of practice placements should have the potential to be increased. It was acknowledged, however, that focused work would be required to enable this increase in capacity to happen. Most importantly this focused work would need to pay particular attention to the development and support of mentors.

In considering how this further, colleagues reflected on the benefits, challenges and enablers currently presenting in practice. These are described below:-

4.2.2 Benefits

The benefits outlined centred on those apparent to staff and students alike. In terms of the permanent nursing staff within the IVS organisations, benefits included:-

- improved recruitment and retention
- increased job satisfaction
- impetus to update and refresh existing knowledge and skills

Importantly from a workforce development perspective it was suggested that a key benefit would be the potential to recruit new staff from the cohorts of students coming through organisations.

From the perspective of nursing students, it was suggested that practice placements undertaken in the IVS offer a number of opportunities for example:

- the opportunity to observe the complete patient pathway from hospital based care through to care within a community setting
- experience of a career pathway established upon work based learning in settings often providing care of the older person
- the opportunity to promote a person- centred holistic approach and moving away from task orientation
- engaging the person's family as an integral element of person centred care
- witnessing good communication processes across the service user/patients journey across all professions

In addition, it was suggested that some nursing students would seek employment in the third sector following a positive placement experience.

4.2.3. Challenges

Challenges mainly focussed on those for IVS staff. Practical issues were cited such as the turnover of staff in the sector and the difficulty in releasing staff from direct care delivery to participate in mentorship training and updates. Other issues were related to the skill mix within these organisations (generally 35%: 65% registered: unregistered) and the difficulties experienced by HEI colleagues in covering a large number of independent organisations/homes. These difficulties sometimes made it a challenge to convince registered staff of the benefits of assuming a mentoring role.

Colleagues also discussed at some length the impact media coverage of the service provided by the IVS, and the public and student perceptions of working within this sector. Typically, the perception of 'what nursing is', as seen by nursing students, could often be hospital-based within technical type environments such as the emergency departments or critical care.

Finally, it was acknowledged that the terms and conditions of employment within the IVS sector were also a challenge in the recruitment of new staff.

4.2.4 Enablers

In relation to the enablers that might support an increased in the capacity of practice placements within the IVS, it was agreed that a combination of factors and approaches could be drawn on. These included:

- increased provision in terms of mentorship training opportunities/places in the IVS
- increased provision of Link Lecturers to complete practice placement audits
- the setting up of an infrastructure to support learning and assessment in practice within the IVS
- support for the continuing professional development of registered nursing staff in the IVS

Within the organisations, the role of the home managers or ward managers was viewed as crucial in leading and motivating staff to provide effective placements, evidencing the opportunity to learn core skills in one of the largest health care employers in Northern Ireland.

It was also agreed that a focused media campaign highlighting positive experiences of students who had undertaken practice placements in the IVS might offer an opportunity to profile the benefits of gaining experience in these settings.

5.0 Recommendations

A number of recommendations, which have been classified according to organisational ownership, were provided by the Task and Finish Group and these are set out below:

5.1 Department of Health Social Services & Public Safety (DHSSPS)

1. Bring to the attention of CNO the challenges facing the IVS, with a view to securing additional financial resources aimed at supporting both further development and the number of mentors within the IVS
2. Explore how the Infrastructure to Support Learning and Assessment in Practice commonly referred to in the HSC Trusts as the *Practice Education Teams* could be replicated within the IVS, acknowledging the resource implications and the geographical spread of the organisations within the IVS

3. Ask CNO to consider working with others to celebrate and showcase the breadth of healthcare delivery within the IVS

4. CNO to consider proposing a discussion with relevant colleagues in relation to practice placement opportunities within primary and community care settings

5.2 Independent Voluntary Sector

5. HEIs to work with IVS organisations to identify clinical practice areas where placements might be increased, with the appropriate support infrastructure.

6. Explore with the statutory sector the possibility of increasing practice placements opportunities, through the hub and spoke model [6] which was reported by the PETs as already working effectively within HSC Trusts.

7. Scope the range of IVS providers, to establish areas that could provide potential practice placements along with any necessary increase in the number of mentors.

8. Explore the opportunity for senior nursing staff employed by the IVS to participate in practice placement preparation days provided by the HEIs for pre-registration nursing students.

5.3 Higher Education Institutions

9. Establish an accurate baseline, of practice placements within the IVS, including systems of support and infrastructure through a robust scoping exercise.

10. Scope the opportunity of increased provision of mentorship training targeted at the IVS, coupled with sufficient input from link lecturers to complete practice placement audit.

11. Strengthen support mechanisms for existing mentors with the IVS with increased access to Link Lecturers, through face-to-face contact and exploration of other means of providing support to mentors, for example, ICT.

[6] Hub & Spoke model: a "hub" is defined as the main base for practice learning. Students return to the same hub, ensuring access to their mentor whilst "spoke" placements are secondary learning opportunities, away from the "hub", that provide enhanced learning opportunities.

12. Consider supporting and progressing current and future mentors in the IVS to become sign-off mentors with a view to supporting final year students in undertaking management placement in the sector. This could potentially have the added advantage of enhancing recruitment to the sector, on initial registration.

13. Establish liaison meetings between the HEIs and the IVS, to enhance communication and provide a forum where arising issues can be discussed in a meaningful way, to provide facilitated support with the aim of safeguarding practice placements. This could be supported through the Independent and Voluntary Sector Forum, hosted by NIPEC.

14. HEIs/Link Lecturers to raise awareness of existing “practice placement opportunities” and explore provision of support for home managers/mentors through a range of forums, including the IVS Forum hosted by NIPEC and other fora.

Appendix 1

Pre-registration Learning & Assessment in Practice

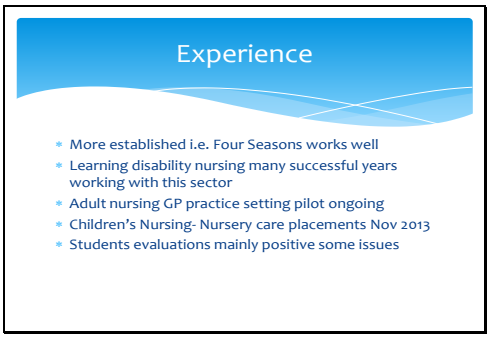
Independent and Voluntary Sector Placements

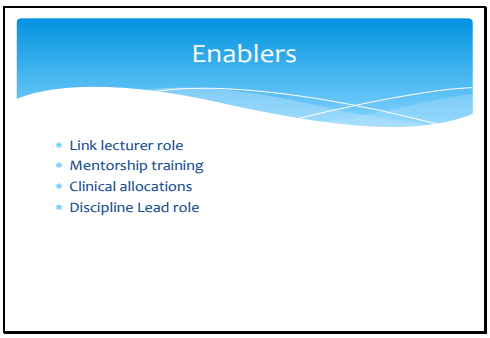
Task & Finish Group

Organisation	Nominee	Attendees
Four Seasons	John Paul Watson,	Yes
Priory Group	Rosemary Dilworth ICHP,	Yes
IHCP	Sharon Smyth,	Yes
QUB	Karen McCutcheon,	Yes
OU	Donna Gallagher,	Apology
UU	Seana Duggan,	Yes
Marie Curie Care	Alice McCrory	Yes
Phoenix Clinic	Karen Edwards,	Teleconference call
Corrie Wood PC	Teresa McClean,	Yes
NI Hospice	Megan Craig,	Yes

Appendix 2

Queen's University, Belfast





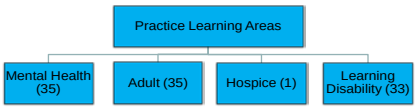
University of Ulster

Independent and Voluntary Sector Practice Learning

Seana Duggan
Academic Lead Practice Learning

BELFAST ■ COLERAINE ■ JORDANSTOWN ■ MAGEE

Overview.



BELFAST ■ COLERAINE ■ JORDANSTOWN ■ MAGEE

Practice Learning Experiences

- Overall positive engagement with independent sector colleagues
- Used for a wide variety experiences
- Inclusive for all years / stages of programme

BELFAST ■ COLERAINE ■ JORDANSTOWN ■ MAGEE

Challenges

- New staff
- Maintaining mentors on mentor register
- New Practice Learning Environments

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Enablers

- Managers
- Link Lecturer
- Practice Learning Office
- Training and Development Officer
- Liaison Meetings

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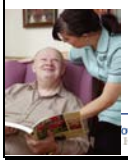
Four Seasons Health Care

Pre-registration Learning and Assessment in Practice: Independent and Voluntary Sector Placements

Four Seasons Health Care — Caring for you... personally, practically and professionally

Learning disability

Intermediate care/ assessment



Re ablement, ARBD

Frail elderly and dementia

Four Seasons Health Care — overview

FSHC Student Placements

University of Ulster

6 New Mentors Trained in 2013

Helped Facilitate **111** Students

Placed Between **35** Homes

Four Seasons Health Care — Caring for you... personally, practically and professionally

Experience of providing Practice Placements

- 'I learnt how to communicate with residents that have mental health problems'
- 'I have been able to learn new skills and knowledge to help me with my course'

Four Seasons Health Care

Challenges of maintaining placements in the Independent and Voluntary Sector

- Our crisis in recruitment of trained staff – will lead to fewer mentors being trained to provide placements in the care home setting for students
- Time off floor to complete mentorship course as many homes have only one registered nurse on duty
- Little support for mentors –support from HEI // the link lecturer is good. The only other assistance in FSHC is L&D manager. There is no culture of PEF or PEC in independent sector
- No 'passion' to offer placements as it isn't resulting in recruitment of trained staff
- Not much recognition of the work nurses are doing in independent sector in care homes – perceptions can be poor

Four Seasons Health Care

Enablers in maintaining practice placements in the Independent and Voluntary Sector

- Recognition for mentors
- Development of support for mentors and students when there are placements beyond the NHS culture- (PEF/PEC)
- More support from HEI to support homes/ mentors with their students on placements
- More assistance for homes which wish to open up their homes for placements but require a trained mentor to offer support from another facility. (e.g. a roving trained mentor?)
- Getting HEI to complete educational audits to open up care homes for students

Four Seasons Health Care

Phoenix Healthcare

Pre-registration Learning and assessment in Practice: Independent and Voluntary Sector Placements

11 December 2013

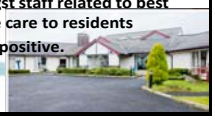
NIPEC

PHOENIX HEALTHCARE ..... a new beginning

- opened Feb 1993 by Martin Donnelly
- wide catchment area
- registered as a nursing home
- specialises in the care of younger people who are physically disabled
- 32 bedrooms, all with en-suite facilities
- other facilities - hydrotherapy pool, physiotherapy room, occupational therapy room and four lounges.

Experience of providing Practice Placements...

- undertook Mentor training in 2005
- 2nd and 3rd year Student Nurses between 2005 and 2008
- positive experience for staff and students
- staff reflecting more on their practice and engaging in CPD to support teaching and supervision of students
- increasing awareness amongst staff related to best practice and how to improve care to residents
- Students feedback was very positive.

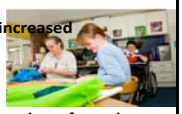


Challenges of maintaining placements in the Independent and Voluntary Sector

- change to *Standards for Learning and Assessment in Practice* (NMC, 2008)
- no invitation to attend the update in mentorship training
- time constraints for staff
- numbers of mentors - changing circumstances of mentors
- keeping updates current
- communication with University

Enablers in maintaining practice placements in the Independent and Voluntary Sector

- positive previous experience –
- several students wished to come back to Phoenix as staff nurses
- good opportunities for students – increased opportunities for:
  - management experience
  - medicine rounds
  - overview of Combined Care package from the multi-disciplinary team
  - able to attend care management meetings with multi-disciplinary team



Appendix 3

Task and Finish Group for Pre-registration Learning and Assessment in Practice: Independent and Voluntary Sector Practice Placements- Gap Analysis

DATE AND TIME: 11/12/13 9.30 – 12.30pm

OBJECTIVES OF PLANNED EVENT

The purpose of this event is to develop a gaps analysis and potential solutions taking into account:

- the current level of available practice placements support arrangements and infrastructures
- the extent to which practice placements capacity could be increased

Time	**Activity**	**Lead**
9.30-9.45	Tea Coffee on arrival Welcome & Introductions Setting the scene	**Dr Glynis Henry** **Chief Executive** **NIPEC**
9.45 -.11.00	Presentations to inform discussions (10 mins + 5 mins allowing time for questions & change over)	
Times	**Nominee**	**Organisation**
09.45 – 10:05	Karen McCutcheon	QUB
10.05 - 10.15	Seana Duggan	UU
10.15-10.30	John Paul Watson	Four Seasons
10.30 – 10.45	Angela Drury	Pheonix
10.45 – 11.05	What do we know? What more do we need know? What is our vision? Where are we now *vs* what is our vision Identify– benefits- challenges -enablers	2 small groups-scribe –nominated person to feedback Table Mat Exercise

11.05 -11.15	**Feedback**	
11.15 – 12.00md 12:00 – 12.15	**Potential Solutions- Brain Storm exercise** Can capacity be increased? What would help to increase capacity **Feedback**	post its
12.15 – 12.30	Next Steps & Close	
12.30	Lunch	

For further Information, please contact
NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: (028) 9023 8152
Fax: (028) 9033 3298

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