Practice Development Team
Annual Report 2016

Purpose
This report is to inform of the workings and achievements of the Practice Development Team (PDT) for the financial year 2015-16

Authors
Jo Embleton, Deputy Director of Nursing & Patient Experience jo.embleton@nhs.net
Deanna Hodge, Learning Environment Lead dhodge@nhs.net
Vanessa Pasquier, Senior Practice Development Sister vanessa.pasquier@nhs.net
Simon Pawlin, Senior Practice Development Charge Nurse s.pawlin@nhs.net
Sally Whitehouse, Senior Practice Development Sister sallywhitehouse@nhs.net

Lead Director
Louise Stead, Director of Nursing and Patient Experience l.stead@nhs.net
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1. EXECUTIVE SUMMARY

This annual report has been informed by statistical data captured from the teams shared calendar (introduced late 2015) and from published training / booking schedules and records.

The use of the newly implemented team calendar has significantly increased the availability and accuracy of data capture (compared to previous years’) and the accuracy of data relating to training delivery, set-up, course administration and total workload is much higher. Further, the data for 2015-16 has helped to correct some inaccuracies in previous reports statistics.

Although data accuracy has improved, in some areas there is still some difficulty obtaining accurate statistics relating to duties like direct clinical support, general administration, research and development and education planning. Staff are able to estimate individual breakdowns of workload but the data is not supported with accurate figures.

1.1. Staffing and Recruitment

The PDT has been fully staffed since September 2015 and also now has a small amount of additional administrative support from a volunteer (2 hours per week).
1.2. Successes

- All 3 of the ONP nurse cohorts recruited to the trust in 2015-16 have successfully completed their respective university courses and currently, 57 of the 68 nurses have received their NMC Pin
- The ToC programme has a first time pass rate of 78% which is almost double the national average. 38 of the 46 nurses have received their NMC pin
- The RSCH has seen an outstanding result in the latest placement evaluations undertaken by student nurses.
- All care cluster, preceptorship documents have been updated and reformatted
- Introduction of a new competency template.
- Introduction of two new training programmes – EU Induction and ToC
- Multiple team nominations for awards (Simon Pawlin, Venson Nuevas (x2), Vanessa Pasquier
- Simon Pawlin has had two photographs shortlisted for a National RCN photography award and these will be included in a national exhibition as part of the Care on Camera Project celebrating 60 years of NHS Nursing.
- Deanna Hodge liaised with the Director of Studies for Pre-Registration Nursing at University of Surrey and the Learning Environment Lead at ASPH to audit the quality of mentors written feedback in the students ongoing record of achievement. They presented their findings at the RCH International Education Conference held in Telford in March 2016.
- Deanna Hodge Liaised with the Learning Environment Lead at APSH to facilitate a joint Trust mentorship conference held at Silvermere conference centre. The day was very well evaluated. Speakers came from both Trusts and the University of Surrey.

1.3. Challenges

- The availability of teaching and training space. Space to undertake simulation based learning is especially difficult to obtain.
- Rise in overseas nurses starting in the trust mean significant ongoing support by the PDT.
- Merger plans between RSCH and ASPH are currently on hold however, significant work will need to continue should merger move forward.
- Database management continues to pose difficulties. A bespoke team made solution implemented last year has reached the limit of its capabilities and no longer meets requirements. A professional education based solution is desired but currently not possible to implement due to financial constraints.
- Team structure and communication requires increased focus as projects and workload increases. Cross programme working and business continuity needs further development.

1.4. Activity
The PDT has seen a 20% increase in overall workload in 2015-16 compared to the previous year and 57% increase over 2 years.

Education delivery hours has increased 59% in 2015-16 and by a staggering 257% over 2 years.

Although it is very difficult to obtain accurate figures, staff believe that due to the increased need for education delivery over the year, direct clinical support has dropped significantly and more time is spent delivering education in a classroom environment as opposed to on the ward.

General duties work in 2015-16 has increased slightly over last year but not significantly as would be expected when compared to the increase of total workload.

Other statistics that have benefited from improved data capture include; education planning which has seen an increase of 63% in 2015-16 and education administration which has seen an increase of 141%.

1.5. Programme Updates

1.5.1. General Courses Overview

General training (including preceptorship) has increased by 30% this year due to increased demand across the trust. The rise is also due to extra courses being laid on to meet the demand caused through EU and overseas nursing recruitment.

The IV additives course continues to be run under accreditation from the Royal College of Nursing (RCN) and is due for re-assessment by the RCN in October 2016. The content and presentation of the supporting documents and training materials have undergone a significant review and revamp during March and April 2016.

1.5.2. Preceptorship

118 preceptees have undergone the Preceptorship programme in 2015-16 (compared with 90 the previous year) with 107 successfully completing the programme.

24 preceptees have left the trust during this period.

1.5.3. HCA Induction / Care Certificate

The current HCA Induction Training Programme began in September 2014 and this financial year is the first to produce a full year of statistics.

HCA Induction training activity has increased 42% compared to the previous year (a rise of 1200% compared to 2 years ago)

102 substantives and 41 bank HCA/AP/MSWs have attended this course in 2016.

1.5.4. Test of Competence (ToC) / Overseas Nursing Programme (ONP)
The Overseas Nursing programme that started in late November 2014 has been replaced by the NMC's new ToC process, however training and support continues for both Programmes.

ONP training saw a 188% increase from the previous year and the new ToC programme saw 411 hours of education delivery in 2015-2016. That number is expected to at least triple in 2016-17.

1.5.5. EU Induction

A new EU induction programme began at the end of the year and saw 64 hours of education delivery.

1.5.6. Student Nurse Development

The improvements made to student support and the introduction of extra study days in 2014-15 have been followed by the latest student survey results that show a huge improvement across the whole of the trust compared to previous results.

2015-16 also saw the last spring induction of students take place.

1.5.7. Mentoring

2015-16 saw a slight increase in education delivery of 4% compared to the previous year.

There are currently around 360 qualified nurses with the mentorship course supporting and assessing student nurses, Overseas nurses, return to practice nurses, preceptees, foundation degree, HCA's and those undertaking skills competences.

In theatres there are 18 ODP's who currently hold the mentorship course. They teach and assess student ODP’s and competency assess junior ODP’s.

All mentors are updated annually; the University of Surrey facilitates 6 mentor updates at Royal Surrey the rest are undertaken by the Learning Environment Lead.

All mentors are required to complete a triennial review confirming that they have fulfilled the role and training required by the NMC (2008). In May 2014 the mentor data base demonstrated 41% compliance to this standard. The triennial review document was found to be at fault. An updated process has improved this figure to 83% compliance.

Student nurses seeking registration with the Nursing and Midwifery Council are assessed as proficient against NMC Standards for Registration (2010) by a sign-off mentor (2008) This requirement extends to return to practice nurses and overseas nurses from outside the EU who applied for the oversea conversion programme prior to October 2014.

In order to become sign off mentors, nurse mentors must undertake at least three developmental episodes. Two of these episodes can be achieved through simulation the last one must be through assessing a
student and overseen by an existing sign off mentor (NMC 2010). Six sign off mentor development workshops have run between April 2015 and March 2016 in order to ensure enough sign off mentors across the Trust. Further plans are now in place to roll the workshop out across all acute Trusts that support University of Surrey students to ensure parity in the development of sign off mentors. IWork is now underway to map the sign off mentor workshop against the Health Education England charter mark.

An annual education audit of all placements is undertaken across the Trust. The individual placement audits feed into an organisation audit. This is signed off by the University of Surrey and becomes evidence for the annual NMC revalidation of pre-registration nurse, midwifery ODP and Paramedic education at the University. The process is overseen by Learning Environment Lead.

This year a coaching programme has been introduced for 3rd year student nurses. Each student has been allocated a senior nurse/midwife from band 8 upwards. The aim of the project is highlight the career opportunities available at RSCH and to gain a better understanding of the student’s learning experience in the Trust. The project is currently running as a pilot with the adult branch students.

1.5.8. 2016-2017

Activity levels will continue at current levels and may increase slightly depending on continuing recruitment plans – both national and international. EU Induction training will feature more heavily on the workload of the team in next year’s figures but again, this will depend upon the success of planned recruitment campaigns.

1.5.8.1. Projects:

- Peer review projects
- Yellow belt
- A renewal application for RCN accreditation for the IV additives course will be undertaken.
- RAG rating for Preceptees to enhance reporting on individual progress and ensuring even distribution of workload among team members.
- Partnership working with ASPH – two work streams (if partnership goes ahead)
- Introduction of New Overseas Nurse OSCI preparation Training
- To apply for Skills for Health Charter Mark for components of the education we provide
- Development of Mentorship course for Associate Practitioners and senior HCAs
- Care certificate for existing Staff (1-day training & OSCI)
- Preceptorship review
- Course Evaluations
- Pilot study introducing skills workshops and integrated simulation for student nurses
2. Practice Development Team Overview

2.1. Staffing

The first half of the year saw the team slightly understaffed - requiring existing staff to support each other across programmes – however successful recruitment for the ToC programme saw a new staff member join the team.

In the second half of the year a seconded member of the team returned to work in their specialty.

2.2. Practice Development Continuing Professional Development

Staff development has continued in 2015-16 and includes:

- Vanessa Pasquier and Deanna Hodge are currently undertaking Master’s Degree programmes at the University whilst Simon Pawlin has completed his Emergency Care BSc Degree.
- Sally Whitehouse, Deanna Hodge, Alison Oram, Caroline Covey, Jean Ashfield and XX have undertaken a 2-day Teach Sim Faculty Course
- Sally Whitehouse, Deanna Hodge, Julie Bowler xx have undertaken resilience training
- Alison Oram Supported Internationally Educated Health Care Professionals conference
- Simon Pawlin, Sally Whitehouse, Vanessa Pasquier and Deanna Hodge have undertaken NMC Revalidation Confirmer Training
- Deanna Hodge, Alison Oram undertaken Human Factors study day
- Caroline Covey has begun her yellow belt project
- Venson Nuevas undertook his white belt training
- Deanna Hodge has collaborated with the Director of Studies at University of Surrey and Learning Environment Lead at ASPH to undertake an audit into the quality of mentors written feedback in the student nurse ongoing record of achievement. The results were presented at the RCN international Education Conference in Telford in March 2016
2.3. Team Structure

- Jo Embleton
  - Deputy Director of Nursing
- Simon Pawlin
  - Sr Charge Nurse
- Victoria Wilding
  - Sister
- Venson Nuevas
  - Charge Nurse
- Vanessa Pasquier
  - Sr Sister
- Caroline Covey
  - Sister
- Alison Oram
  - Sister
- Sally Whitehouse
  - Sr Sister
- Jean Ashfield
  - Sister
- Julie Bowler
  - Sister
- Deanna Hodge
  - Learning Environment Lead
3. Team Successes & Challenges

3.1. Successes

3.1.1. ONP & Toc

All 3 of the ONP Nurse cohorts recruited to the trust in 2015-16 have successfully completed their respective university courses.

The ToC programme has a first time pass rate of 78% which is almost double the national average.

3.1.2. Student Evaluations

The RSCH has seen an outstanding result in the latest placement evaluations undertaken by student nurses.

3.1.3. Documents

The PDT has developed many new training related documents and reviewed, reformatted and reworked many of its existing documents including:

- HCA and Registered Nurse Fundamental Care Clusters
- Adult, Paediatric, Theatres and ICU Preceptorship Booklets
- A new competency template (including updating all core nursing and medical device competencies into the new format.
- IV Additive course documents

3.1.4. Awards

- Venson Nuevas, Vanessa Pasquier and Simon Pawlin nominated for the Trusts Team of the Year award
- Venson Nuevas – Winner of the nursing conference Lord Award
- Venson Nuevas was nominated for the Trust Excellent Experience: Unsung hero category

3.1.5. Conferences

Deanna Hodge created, developed and presented (in partnership with Ashford & St. Peters) a Partners in Mentorship Conference which saw Sally Whitehouse undertake a presentation “Preceptorship – Supporting the Newly Qualified Nurse”

Deanna Hodge presented at the RCN International Education Conference

3.1.6. Mentorship Conference
On 23rd April 2015 a ‘partners in mentorship’ conference was run jointly by Ashford and St Peters NHS Foundation Trust and Royal Surrey County Hospital NHS Foundation Trust. Speakers were senior nursing and midwifery staff from the two trusts and senior lecturers from the University of Surrey. The conference was held at Silvermere Golf club in Cobham and was jointly funded by the two Trusts from the student money from HEKSS. The day was highly evaluated and there have been requests for it to become an annual event.

### 3.1.7. Audits

The yearly placement audit has been successfully achieved and progress and developments in many areas commended.

### 3.2. Challenges

#### 3.2.1. Training Space

Securing training space is difficult due to ever increasing demand by educators in the trust. It was noted in last year’s review that this was a growing concern and this continues.

The ToC and HCA induction programmes require simulation based learning sessions to take place and are vital components for both programmes and it has been especially challenging to secure appropriate learning environments to undertake these sessions.

The use of B1, B2 and more recently Hindhead Escalation Wards J and K have helped to ensure this teaching continues however there have been challenges ensuring these spaces are available.

The team has to book rooms far in advance of teaching in order to secure rooms but this approach is not always possible as much training is developed and implemented within a short time frame in response to unforeseen or unplanned teaching requirements.

#### 3.2.2. EU Nurses / New ONP ToC

Significant recruitment campaigns overseas have seen a significant rise in overseas nurses starting in the trust. These nurses require unique and additional support and resources in order to work competently and to a high standard.

Supporting, managing and planning for these programmes is complicated by ongoing changes to immigration rules, agency needs and unique and varied cultural differences across overseas recruitment.

#### 3.2.3. Partnership Working

Merger plans between RSCH and ASPH are currently on hold and although some significant work has taken place in 2015 to prepare for a possible merger, significant work will need to be done should merger move forward again.
3.2.4. Team Database

A bespoke access database that was developed by the team in 2014 is currently in use and although it has been amended and improved over the last year it has significant technical and practical limits which reduce its effectiveness. Since it is not supported by the IT team there are risks for its continued use.

An off-the-shelf educational IT solution is desired across several education teams across the trust but there are currently no plans for such a solution.
4. Team Activity Overview

4.1. Total Team Activity (in Hours)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Duties (incl. Admin, R&amp;D, Planning &amp; Clinical Support)</td>
<td>6909</td>
<td>8016.5</td>
<td>8264.5</td>
<td>↑3 %</td>
</tr>
<tr>
<td>Education Delivery</td>
<td>860</td>
<td>2033</td>
<td>3228</td>
<td>↑59 %</td>
</tr>
<tr>
<td>Education Admin</td>
<td>375*</td>
<td>517.5*</td>
<td>1248.5</td>
<td>↑141 %</td>
</tr>
<tr>
<td>Education Delivery Setup</td>
<td>189*</td>
<td>361*</td>
<td>378</td>
<td>↑5 %</td>
</tr>
<tr>
<td>Total team activity for the year</td>
<td>8333</td>
<td>10928</td>
<td>13119</td>
<td>↑20 %</td>
</tr>
</tbody>
</table>

Education delivery has increased a massive 59% on the previous year and 400% since 2013-14. This huge increase of teaching means a corresponding increase across all support functions of the team – particularly education administration (↑141 %).

General duties have increased only 3% compared to an overall increase in workload of 20%. This suggests that education delivery accounts for the bulk in the increase of total workload and may also suggest that direct clinical support is not increasing. This is difficult to support statistically as the data for this is not currently captured reliably. Individuals strongly believe that they have spent much less time on clinical support than in previous years.

*Figures corrected since 2015 annual review
### 4.2. Breakdown by programme (hours)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Courses*</td>
<td>614</td>
<td>614</td>
<td>797</td>
<td>↑ 30 %</td>
</tr>
<tr>
<td>HCA Induction</td>
<td>96</td>
<td>857.5</td>
<td>1218</td>
<td>↑ 42 %</td>
</tr>
<tr>
<td>ToC</td>
<td>-</td>
<td>-</td>
<td>411</td>
<td>-</td>
</tr>
<tr>
<td>ONP Training</td>
<td>-</td>
<td>125.5</td>
<td>362</td>
<td>↑ 188 %</td>
</tr>
<tr>
<td>EU Nurses induction</td>
<td>-</td>
<td>-</td>
<td>64</td>
<td>-</td>
</tr>
<tr>
<td>Student Training</td>
<td>-</td>
<td>168</td>
<td>96</td>
<td>↓ 42 %</td>
</tr>
<tr>
<td>Mentor Training</td>
<td>150</td>
<td>268</td>
<td>280</td>
<td>↑ 4 %</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>2033</td>
<td>3228</td>
<td></td>
<td>↑ 59 %</td>
</tr>
</tbody>
</table>

The data here shows that HCA Induction and General training continues to be the major programmes being run by the team with the combined overseas nurse training not far behind.

EU Induction training which launched late in the financial year will feature more prominently in next year’s figures.

*includes preceptorship specific training
The General / Preceptorship commitment has increased by 30% compared to the previous year due to the increased number of staff requiring training. The increase in part due to the overseas nursing recruitment work. This required extra teaching sessions being put on throughout the latter half of the year.
### 5.2. HCA Induction Training (hours breakdown)

<table>
<thead>
<tr>
<th>Course</th>
<th>Sessions</th>
<th>Teaching Hours Per Session</th>
<th>Total Teaching (Hrs)</th>
<th>Total Setup Time (Hrs)</th>
<th>Pre Course Admin</th>
<th>Candidates Admin</th>
<th>Post Course Admin</th>
<th>Administration Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Profession / Wards pt 1</td>
<td>11</td>
<td>3.5</td>
<td>38.5</td>
<td>11</td>
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<tr>
<td>The Profession / Wards pt 2</td>
<td>11</td>
<td>11.25</td>
<td>123.75</td>
<td>2.75</td>
<td>2.75</td>
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<td></td>
<td>2.75</td>
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<tr>
<td>Communication</td>
<td>12</td>
<td>4.5</td>
<td>54</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>12</td>
<td>3.5</td>
<td>42</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td></td>
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<tr>
<td>Infection Control</td>
<td>12</td>
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<td>12</td>
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<td>Team Working</td>
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<td>45</td>
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<td>Privacy &amp; Dignity / Hygiene needs</td>
<td>12</td>
<td>10.5</td>
<td>126</td>
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<td>Enablement</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Fluid Balance</td>
<td>12</td>
<td>2</td>
<td>24</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
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<td>Patient Assessment pt 1</td>
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<td>6</td>
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<td>Patient Assessment pt 2</td>
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<td>12</td>
<td>6</td>
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<td>3</td>
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<td>Patient Assessment Stations</td>
<td>12</td>
<td>9.7</td>
<td>116.4</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
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<tr>
<td>Your Role / Development /Reflection</td>
<td>12</td>
<td>6.5</td>
<td>78</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Care of the Patient with Diabetes</td>
<td>12</td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
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<tr>
<td>Dementia</td>
<td>12</td>
<td></td>
<td>3</td>
<td>3</td>
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<tr>
<td>Documentation</td>
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<td>3.5</td>
<td>42</td>
<td>6</td>
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<tr>
<td>Risk Assessment</td>
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<td>6</td>
<td>3</td>
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<td></td>
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</tr>
<tr>
<td>Time Management</td>
<td>12</td>
<td>7.5</td>
<td>90</td>
<td>6</td>
<td>3</td>
<td></td>
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<tr>
<td>Admission and Discharge (Inc. End of Life)</td>
<td>12</td>
<td>4.5</td>
<td>54</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Looking After Yourself / Safeguarding</td>
<td>12</td>
<td>2</td>
<td>24</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Beach</td>
<td>12</td>
<td>3.5</td>
<td>42</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Mannequin Set-up</td>
<td>12</td>
<td></td>
<td>36</td>
<td>15</td>
<td>15</td>
<td></td>
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</tr>
<tr>
<td>OSCE</td>
<td>16</td>
<td>13.125</td>
<td>210</td>
<td>8</td>
<td>240</td>
<td>30</td>
<td></td>
<td>274</td>
</tr>
</tbody>
</table>

**Total:**
- Number of taught sessions: 1218
- Teaching time (hours): 160
- Session setup time (hours): 278
- Administration time (hours): 351.5
HCA Induction training activity has increased 42% compared to the previous year (a rise of 1200% compared to 2 years ago)

This on-going programme of training requires extensive administrative and clinical support and is the largest of the PD team’s training programmes.

The number of staff being able to undertake the induction programme has had to increase dramatically over the course of the year to support the 3 cohort of ToC nurses being attached to the training.
5.3. ONP Training (hours breakdown)

<table>
<thead>
<tr>
<th>Course</th>
<th>No. Sessions in 2015-16</th>
<th>Teaching Hours Per Session</th>
<th>Total Teaching (Hrs)</th>
<th>Total Setup Time (Hrs)</th>
<th>Pre Course Admin</th>
<th>Total (Hrs)</th>
<th>Candidates Admin</th>
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Number of taught sessions: 74
Teaching time (hours): 362
Session setup time (hours): 28
Administration time (hours): 104
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<th>Candidates Admin</th>
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The ONP Programme has also seen a rise in figures for 2015-16 (as expected) and has now been replaced by the ToC programme. These nurses still require extensive support as they settle in the trust and move into the preceptorship phase of their development.
5.4. Test of Competence - Overseas Nurse Training (hours breakdown)

<table>
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<tr>
<th>Topic</th>
<th>No. Sessions in 2015-16</th>
<th>Teaching Hours Per Session</th>
<th>Total Teaching (Hrs)</th>
<th>Total Setup Time (Hrs)</th>
<th>Pre Course Admin Total (Hrs)</th>
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<td>24</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Documentation &amp; Risk Assessment</td>
<td>3.75</td>
<td>1</td>
<td>4.75</td>
<td>0.25</td>
<td>0.25</td>
<td>0.8</td>
<td>1.05</td>
<td>1.05</td>
</tr>
</tbody>
</table>
The ToC Programme began in November 2015 and so the effect this programme will have on workload will only be fully realised next year.

Combining ToC specific training with the HCA induction course has enabled the team to maximise resources to provide a robust but comprehensive adaptation training programme for the overseas nurses ensuring these nurses have the greatest possibility for success undertaking the OSCE test at Northampton University.

Currently, the trust has an enviable first time pass rate for the nurses of 78% - almost double the national average. A high first time pass rate is an important metric for the ToC programme as nurses who fail first time have to wait a significant amount of time to retake the test – delaying nurse registration and leading to additional test fees.
5.5. EU Induction (hours breakdown)

The EU Induction Programme began in March 2016 and so the effect this programme will have on the total training commitment will only be fully realised next year.
5.6. Student Training (hours breakdown)

Student Training has decreased this year due to the University of Surrey ending
the spring cohort of nurse training. This has reduced the student training
requirement by 40%
5.7. Mentor Training (hours breakdown)

<table>
<thead>
<tr>
<th></th>
<th>Sessions in 2015-16</th>
<th>Teaching Hours Per Session</th>
<th>Total Teaching (Hrs)</th>
<th>Total Setup Time (Hrs)</th>
<th>Course Pre (Hrs)</th>
<th>Candidates Admin (Hrs)</th>
<th>Admin (Hrs)</th>
<th>Post Admin (Hrs)</th>
<th>Adm in Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2-1 /Other Training</td>
<td>100</td>
<td>2</td>
<td>200</td>
<td>25</td>
<td>50</td>
<td>8</td>
<td>8.3</td>
<td></td>
<td>66.3</td>
</tr>
<tr>
<td>Mentor Update</td>
<td>10</td>
<td>2</td>
<td>20</td>
<td>5</td>
<td>5</td>
<td>13</td>
<td>12.5</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Sign-Off Mentor Training</td>
<td>6</td>
<td>7.5</td>
<td>45</td>
<td>4</td>
<td>3</td>
<td>12</td>
<td>48</td>
<td></td>
<td>68.8</td>
</tr>
</tbody>
</table>

Mentor training has largely stayed the same for this year.
6. Programme Information & Updates

Although the PDT works as one unit providing universal coverage along all programmes, many of the team work on specific projects or programmes within teams. The following pages provide updates for these.

6.1. Training & Education Overview

The PDT continues to expand its remit and education provision for Registered Nurses, Midwives, Operating Department Practitioners, Associate Practitioners and Adaptation Nurses.

6.1.1. IV Additives

During the period covered by this review, 155 candidates attended the IV Additives course. 72% of candidates successfully completed the course, 15% failed the course whilst another 13% have yet to complete the course (currently undertaking theoretical assessment)

The pass mark for the IV calculation test remains at 100%.

The IV Additives course runs on a monthly basis with extra courses provided for the overseas nurses.

RCN accreditation was granted for the second year running following successful application.

The course continues to be attended by both Trust staff and external candidates.

6.1.2. Transfer of Skills

A change to the Transfer of Skills pathway has been developed which included; reviewing the existing form, embedding a clearer pathway towards IV transfer of skills and route to competency, developing a new PDT database for these staff members to enable the process to remain clear and not to be confused with staff requiring the full IV training course.

6.1.3. IV Update

This course is run on a monthly basis for IV competent staff to attend once every two years. The course includes any changes or updates in practice based on National or local guidance. External candidates access this course.

6.1.4. LINKS course

This course has been designed for preceptees to attend and runs over three days, last year the course was provided on 6 occasions and 64 candidates attended. One of these was a bespoke LINKS course which was tailored for the candidates on the TOC programme. The course offers candidates the opportunity to practice various clinical skills on day one. Day two includes topics such as prioritisation, delegation and time management and introduction to relevant Trust policies, guidelines and
SOPs. It also includes presentations on diabetes, sepsis and ECGs. The final day covers the role of the Outreach team, A-E assessment, recognition and care of the deteriorating patient and simulated scenarios which give each candidate the opportunity to undertake a full A-E assessment.

Following review of the course evaluations and facilitator feedback the following changes were made to the course this year:

- Candidates no longer move around the clinical skills stations in pairs on day one. Each topic is presented by a specialist nurse and practical skills are undertaken in larger groups.

As some of the clinical skills had already been covered during TOC OSCE training they were removed from the bespoke TOC LINKS course and replaced with Evidence Based Practice and Fluid Balance and Renal Failure presentations and group work.

This course provides an excellent opportunity for the Practice Development Team to assess preceptees, to provide useful feedback to Line Managers and to identify individual development needs.

6.1.5. Basic Ward Management

This course runs quarterly and is scenario driven to allow candidates to use their initiative when faced with various challenges which they may have to deal with during their clinical work.

The course also includes an introduction to co-mentoring and white belt training, providing an introduction to change management. Each candidate has to provide a topic which they will use as a small change management project within their clinical area.

The aim is to empower staff to take responsibility for recognising that change may be required within their area of work, how this process begins and their role within that process.

6.1.6. 12 Lead ECG

ECG training runs quarterly for those staff who would like a reminder about recording a 12 ECG, the course also covers the meaning and recognition of common arrhythmias and associated symptoms and management.

This training is now included within the Preceptorship programme as education which is required to be completed.

6.1.7. Record keeping

Running quarterly, this training session provides a reminder with regards to the importance of accurate and complete recording keeping, examples of both good and poor recording keeping are provided and discussed, including information in respect of what type of information should be recorded.
6.1.8. **Clinical Induction**

The PDT continues to deliver two sessions on the Clinical Induction Programme, Drug Administration and Documentation. Asepsis is also included within this programme and the Practice Development Team is involved in the delivery of this session also.

Privacy and dignity is now also included within the PDT training schedule.

6.1.9. **Preceptorship Introduction**

A monthly session for preceptees and preceptors introducing the Preceptorship programme that was introduced to standardise the quality of the introduction experience for all preceptees.

The session explains how the process of Preceptorship works alongside the Probationary contract and guides preceptees to make the most of every learning opportunity throughout the first year post registration.

The session focuses on the development of writing individual objectives and comprises of both lecture style teaching, group work and discussion.

6.1.10. **Competencies & SOPs**

The team plays a significant and important role in the development of nursing competencies and also some Standard Operating Procedures (SOPs). As well as developing competencies and SOPs, the team advises other clinical staff in the development of all other competencies facilitates the running of 2 separate action groups – the Practice Development Group (PDG) and the PDG Sub-group.

A new Competency Document has been developed and many core nursing competencies and medical devices competencies have already been reviewed and updated into the improved template.

6.1.11. **Numeracy Assessments**

The team creates and provides the numeracy assessments for the Recruitment Assessment Centre.

6.1.12. **Career Support and Development**

The team provides support to all clinical staff who wish to undertake further study to progress into new roles. The team manages and facilitates the salary support scheme, return to practice scheme as well as the foundation degree Associate Practitioner Training.
6.2. Preceptorship

The RSCH Nurse Preceptorship programme was reformatted and updated following recent audit and in partnership with Senior Nurses across the Trust. The updated version:

- Includes reviewed classroom teaching components to include additional recent incidents and errors
- Include the Probationary Contract reviews to reduce repetition and raise compliance with guideline
- Reintroduced confidence tables
- Improved assessment criteria
- Allow improved evidence for revalidation
- Includes i-resilience assessment tool

To ensure standardisation of the introduction of the Preceptorship programme monthly session on Preceptorship at the RSCH for preceptees and their preceptors has been created.

6.2.1. Preceptees

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Preceptees</td>
<td>118</td>
</tr>
<tr>
<td>Completed/On track</td>
<td>107</td>
</tr>
<tr>
<td>Leavers</td>
<td>24 (some completed programme prior to leaving)</td>
</tr>
</tbody>
</table>

All preceptees continue to have clinical support from Practice Development on at least three occasions over their year’s preceptorship. The team has introduced a RAG rating system to allow effective prioritisation of those requiring greater support. Where a greater developmental support has been identified then the PDT work together with the manager, mentor and preceptee to create an action plan and clear working objectives. In these circumstances the frequency of PDT support is far greater.

The Preceptorship Lead supports the following clinical areas in reviewing and developing their individual preceptorship programmes: Paediatric, ICU, Endoscopy and theatres.
6.3. **HCA Induction / Care Certificate**

The 3-week induction course is delivered monthly, with AHP and CNS input.

The Induction programme includes:

- The profession, role, Code of Conduct and 6 Cs.
- Compassion including an aging simulation suit
- Communication
- Nutrition
- Infection Control
- Team working
- Privacy, dignity and hygiene needs
- Patient enablement and falls prevention
- Patient assessment
- Reflection
- Future development
- Dementia
- Documentation
- Risk Assessment
- Time management
- Admission and Discharge
- Looking after yourself
- Safeguarding
- Bedside Emergency Assessment Course for HCAs (BEACH)
- OSCE assessment

2015-2016 102 substantive and 41 bank HCA/AP/MSWs have attended this course.

6.3.1. **The National Care Certificate**

This was launched in April 2015. Our induction and competency assessment process have all been mapped to this National standard and the Trust launched its own Care Certificate in May 2015.

In 2015-16, 49 staff have been awarded the Care certificate

6.3.2. **Bedside Emergency Assessment Course for HCA (BEACH)**

This course is part is the HCA induction programme This nationally recognised course is designed to help the HCA to recognise the patient who is deteriorating and escalate concerns to the trained nurse.

6.4. **Test of Competence (ToC) / Overseas Nursing Programme (ONP)**

The Overseas Nursing programme started in Late November 2014 has been replaced by the NMCs new ToC process, however training and support continues for both Programmes

- 57 ONPs have qualified from their respective courses (100%)
- ONP training saw a 188% increase from the previous year
The new ToC programme which replaces the ONP programme saw its first cohort of 27 nurses arrive in the trust in February 2015. In 2015-16 financial year:

- 2 cohorts of 44 ToC overseas nurses began their training
- 78% first time pass rate (almost double national average)
- RSCH ToC Nurse Training has had multiple requests from several NHS and private sector establishments for advice and support as our training has been recognised as leading the way in ToC training in the UK.
- An article by the RCN regarding our ToC training and Adaptation processes is due to be published this year

6.5. EU Induction Training

A new EU induction programme began at the end of the year and say 64 hours of education delivery.

6.6. Student Training

The following is a summary of the work undertaken in 2015-2016.

6.6.1. 3 study says for adult nursing students (and AP’s)

6.6.1.1. Study Day 1;

- POC urinalysis and Blood Glucose testing. POC cards issued to students.
- Vital Observations, EWS & TPR
- VitalPac Training
- RSCH Nursing Documentation
- Fundamentals of Documentation
- New process started to ensure Students are able to access RSCH Systems and the internet/Intranet

6.6.1.2. Study Day 2 (Patient Assessment Skills)

- ABCDE approach
- 3 L’s (Look Listen Fee)
- Deteriorating Patients
- Escalating concerns
- SBAR
- Introduction to Sepsis

6.6.1.3. Study Day 3 (Forum & Catheter Skills);

- Forum
- Catheter Presentation
- Catheter Clinical Skills Simulation Practice

6.6.2. Evaluations
Students studying at University of Surrey for professional health care qualifications evaluate each of their clinical placements.

Student comment on the level support for their learning, patient care and recommend any improvements that would improve the learning experience.

The University distribute the evaluation back to the Trust which are subsequently cascaded to the relevant placements and mentors. Placements are supported to make any improvements by the Learning Environment Lead and evidenced through the education audit.

A summary of results are included in the quarterly Student and Mentor Newsletter.

The improvements made to student support and the introduction of extra study days in 2014-2015 have seen the latest student survey results show a huge improvement across the whole of the trust.

6.6.3. Future

It is hoped that the RSCH will begin to introduce voluntary clinical skill simulation practice sessions for 3rd year nursing students

6.7. Mentor Training and Development

Nurses, midwives and ODP’s are able to undertake the accredited mentorship course run by the University of Surrey in order to development into a mentor once they have been qualified for at least one year.

The Learning Environment Lead (LEL) supports mentors and students ensuring the Trust fulfils the requirements set out in the Standards to Support Learning and Assessment in Practice, SLAiP (NMC 2008).

There are currently around 360 qualified nurses with the mentorship course supporting and assessing student nurses, Overseas nurses, return to practice nurses, preceptees, Foundation degree, HCA’s and those undertaking skills competences.

Midwifery mentors are supported by a designated Practice Development Midwife and updated via the University of Surrey.

In theatres there are 18 ODP’s who currently hold the mentorship course.

All mentors are updated yearly the University of Surrey facilitates 6 mentor updates at Royal Surrey the rest are undertaken by the Learning Environment Lead. Failure to fulfil the SLAiP standards would result in failure to achieve the annual education audit and students could subsequently be removed from the Trust which would have financial and recruitment impacts.

All students working towards registration with either NMC or HCPC must be supported by an active mentor.

A database of all mentors is maintained by the Learning Environment Lead, a copy is available on the G drive for all staff to view.
A sign off mentor is required to assess student nurses, midwives, nurses on the overseas programme and return to practice nurses and midwives against the NMC proficiencies for registration.

6.7.1. **Triennial review**

One of the requirements of the NMC Standards to Support Learning and Assessment in Practice (2008) is that all mentors complete a triennial review confirming they have fulfilled the requirements of a mentor.

In May 2014 the mentor data base demonstrated 41% compliance to this standard. The Learning Environment Lead addressed this problem as a yellow belt project.

The triennial review document was found to be at fault. The form is now a self-declaration by mentors and the Trust now stands at 83% compliance. As mentors attend their yearly mentor updates this figure is expected to rise. Evidence of the triennial review and attendance of mentor updates can be found on the mentor database.

6.7.2. **Development of Sign off mentors**

Student nurses, return to practice nurses and overseas nurses from outside the EU require sign off mentors in order to be assessed as proficient against the NMC standards for registration.

Sign off mentors must be able to demonstrate that they fulfil the NMC criteria and have undergone further supervised development on three occasions. Two of these may be simulated experiences.

The Learning Environment Lead wrote a workshop in 2013 which achieves two simulated experiences towards sign off status. A further six workshops have run this year in order to accommodate the high demand for sign off mentors.

This year a further 48 mentors have undergone two simulated experiences towards becoming sign off mentors. Further plans are now in place to roll the workshop out across all acute Trusts that support University of Surrey students and to map the workshop against the Health Education England charter mark.

6.7.3. **Maintaining standards in mentorship**

All mentor development is mapped against the NMC Standards to Support Learning and Assessment in practice (2008)

Learning Environment Lead (LEL) attends 6 meetings per year at the University of Surrey to develop and explore ways to improve recruitment and retention of student nurses, midwives, ODP’s and paramedics.

The LEL attends further meetings at University of Surrey to refine the student nurse curriculum and explore ways to develop mentorship.

6.7.4. **Annual education audit**
Annual education audit of all placements is undertaken across the Trust. The individual placement audits feed into an organisation audit. This is jointly signed off by the University of Surrey and the Trust. It then becomes evidence for the annual NMC revalidation of pre-registration nurse and midwifery education at the University.

6.7.5. Return to Practice Course

Nurses whose registration have lapsed need to undertake a return to practice course if they wish to return to the profession. The course is run by the University of Surrey and is split into two components. The academic component consists of 12 taught days at the University of Surrey assessed by a summative written assessment. In addition, the returning 'nurses' must work a minimum of 75 – 150 hours in clinical practice supported and assessed by sign off mentors. The University of Surrey has run one course in the last year and Royal Surrey supported two returners. Royal Surrey has also supported and assessed a student on the return to practice course at New Bucks University.

Kent Surrey and Sussex currently still offer financial assistance towards the return to practice course - £1000 towards course fees, £500 bursary for the returning ‘nurse’ and £500 to the Trust. However, this is now under review following the announcement that health care students will no longer receive tuition fees from the government.

6.7.6. Future

Plans are in place to develop simulation training for student nurses in the Trust.
7. Future Work & Projects

7.1. RCN Accreditation

A renewal application for RCN accreditation for the IV additives course will be undertaken. The RCN requires renewal to take place on an annual basis.

7.2. RAG Rating

7.3. Partnership Working (If merger given go ahead)

Partnership working with ASPH – two work streams

7.4. Training Quality Mark

Applying for Skills for Health Charter Mark for components of the education we provide in July 2016

7.5. Unregistered Mentorship Programme

Develop Mentorship course for Associate Practitioners and senior HCAs to help ease the pressure of mentors in the trust by assessing some HCAs in the fundamental of care. Such an opportunity would also develop this group of staff.

7.6. Preceptorship Review

Following an audit of the preceptorship programme there will be a review of the programme to identify required improvements or changes needed.

7.7. Course Evaluations

A project will be undertaken to establish the best method and processes for evaluation training provided by the PDT

7.8. Care Certificate for Substantive Staff:

To meet DOH requirements and ensure equal opportunity a 11 ½ day pilot course for education and assessment of established HCAs and MSWs who have completed their Fundamentals of Care Clusters is planned for June 2016. It is expected to be delivered every other month going forward.

7.9. Medicines Administration Assessment

The PDT are leading a review of the Trusts Medicines Administration Assessment to standardize theoretical components and reduce the assessment time in clinical areas to free up time to deliver Best care Anywhere.
2015-16 IN NUMBER

378
HOURS SPENT SETTING UP TRAINING

1218
HOURS OF HCA TRAINING

280
HOURS OF MENTOR TRAINING

153
HCAS HAD INDUCTION TRAINING

360
NURSE MENTORS

15%
FAILURE RATE FOR IV ADDITIVES COURSE

13119
HOURS OF WORK
-20% MORE THAN LAST YEAR-
32,288 hours of teaching
-59% more than last year-
78% first time pass rate for TOC OSCE double national average
773 hours of overseas nurse training
49 HCAS awarded care certificate
400% more teaching than 2 years ago
101 overseas nurses completed training
155 nurses undertook IV additives training
107 nurses completed preceptorship training