

Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Welcome to the Preceptorship & Professional Nurse Advocate Networking Event

Monday 23rd October 2023



Introductions

Jo Hicks

Chief People Officer, BNSSG Integrated Care Board



#always learning to lead

#though she be little she be fierce

Retention and Wellbeing across health and care in BNSSG

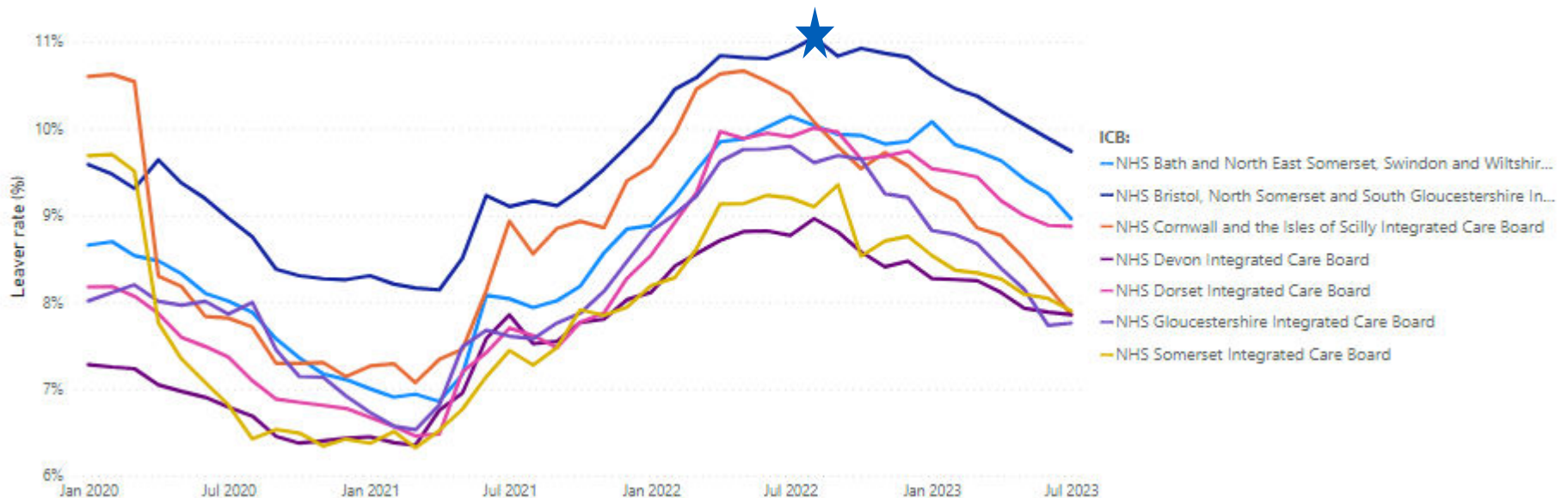
Rosi Shepherd
**Chief Nursing Officer, BNSSG Integrated Care
Board**

23rd October 2023

Why is retention important to us?

Retention, turnover and NHS leavers

Annual leaver rate trend analysis by month



From Jan 23 to July 23 BNSSG was the most challenged system with the highest all staff and N&M NHS leaver rate nationally.

This has improved although BNSSG's all staff leaver rate does remain stubbornly higher than other systems nationally

Jul-23

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board	9.0%
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board	9.7%
NHS Cornwall and the Isles of Scilly Integrated Care Board	7.9%
NHS Devon Integrated Care Board	7.9%
NHS Dorset Integrated Care Board	8.9%
NHS Gloucestershire Integrated Care Board	7.8%
NHS Somerset Integrated Care Board	7.9%

What is the data telling us?

High levels of turnover; system average of 14.6% with providers ranging between 13.8% to 16.4%

High vacancy levels; system average of 11% (2713wte).

Retention hot spot areas:

- Those in post for less than 6 month
 - Those in post for 1-5 years
 - Those aged 25-34
 - Those aged 55+
-
- Support to AHPs 14.6%
 - Support to Healthcare Scientists 12.6%
 - Support to Nurses 12%
 - Corporate and Admin 8.2%

Turning data into action

NBT have created a 1-year retention plan, which will be followed by a 5-year retention strategy, strong utilisation of available retention data.

UHBW have an organisation retention group that meets regularly, invites HRBPs and Retention Matrons to feed into organisation response to retention

Sirona have a well-established #OneYou package of retention initiatives.

Primary care retention activity has focused on wellbeing and development through the Training Hub.

National retention programme and regional action plan.

Understanding 5 Generations in the Workplace



Silent Generations/ Traditionalists

Born in 1945 or
and before.

Characteristics

Respect for
authority,
hard work,
rule followers



Baby Boomers

Born between
1945 and 1964.

Characteristics

Optimistic,
workaholics,
loyal, deep
experience



Generation X

Born between
1965 and 1976

Characteristics

Task oriented,
focused on
work-life
balance, risk
takers



Millennials

Born between
1977 and 1995.

Characteristics

Goal-
focused,
multitasker,
tech savvy.



Generation Z

Born in 1996 and
after

Characteristics

Creative,
entrepreneurial,
tech
dependent, self-
reliant

Strategies in a Multigenerational Workplace

Understand Flexible Working Styles

One size does not fit all. Employees from different generations have different working styles. Adjusting accordingly will create a more harmonious workplace

Communicate and Engage

Encourage interactions between different generations to help dismantle stereotypes and avoid ill-informed remarks.

Respect and Have an Empathetic Mindset

Respecting and accommodating the needs and values of others regardless of their age and experience can help avoid division and potential conflict

Promote Similarities

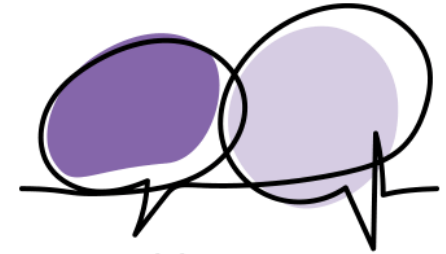
Colleagues of all generations should focus on similarities rather than on differences. After all, most people want to feel engaged at work regardless of age.

Retention across BNSSG

People Promise



Communicating with staff



We each have
**a voice that
counts**

How are we engaging with staff across BNSSG?

- Understanding what motivates and drives staff through stay conversations, career coaching and itchy feet conversations
- Utilising the staff survey
- Improving reward and recognition activities
- Engaging with staff networks
- Delivering networking events

Itchy Feet - Sirona



- Service launched in August 2021, providing conversations for staff who are considering leaving Sirona, to help staff make an informed decision.
- Since launching in August 2021 delivered 65 conversations
 - 78% retention rate of callers in the first 12 months
 - 64% aggregated retention rate after 18 months
- Main areas of concern are fed back to Senior Leadership Team to determine priorities
- Most common reasons why callers are considering leaving are dissatisfaction with current job role (push factor) and career progression (pull factor).

PNA Programme - UHBW



UHBW conducted listening events for NQN's and IEN's and plan to do the same for nurses due to retire in the next 1 – 5 years and are part of the Trust Legacy Mentor Group.

Themes from listening events



Rosters and shift patterns mean people are too tired outside of work



B5 training and **competency** sign off can be delayed, leaving people feeling deskilled



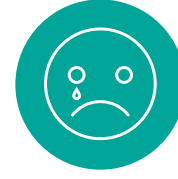
You have to look/ask for support, but not offered proactively



Staffing levels have a massive impact on staff experience



Demotivation to go for B6 as lose **unsociable** hours pay



Behaviour of some staff is not always helpful or supportive

Supporting international staff

#StayAndThrive



Brilliant pastoral care offers across the system

Working with social care to improve recruitment and retention of international staff

Cultural awareness training in place

Support for line managers with support new international recruits

National #stayandthrive programme



International Educated Nurse (IEN) Transition programme

Melody Potdar

IEN Workforce development & Education Lead

University Hospitals Bristol and Weston NHS Foundation Trust

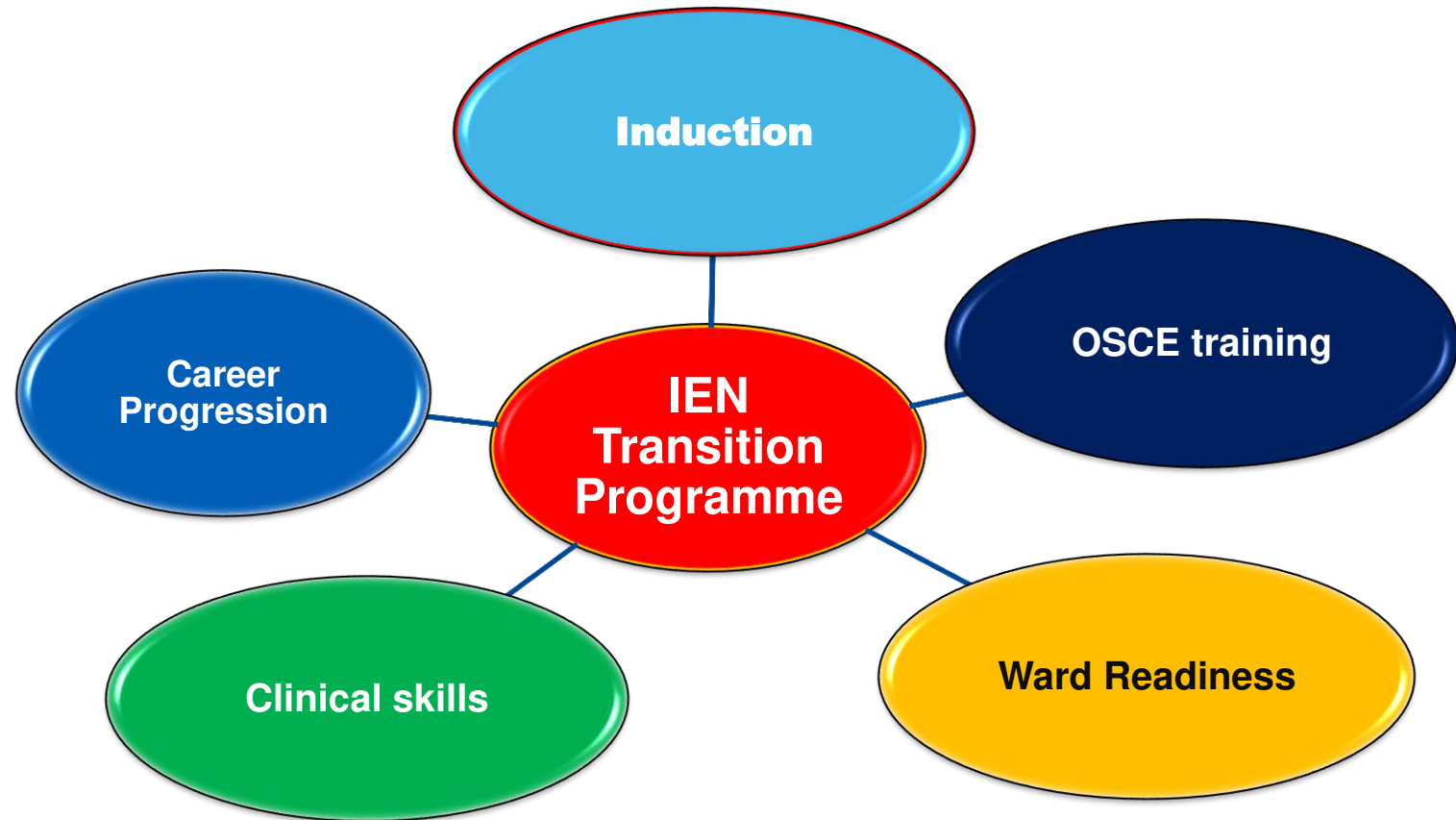


IEN Transition Programme Overview

The IEN programme aims to enhance IENs' skills, knowledge, and clinical proficiency in alignment with national and local guidelines enabling them to operate as self-reliant practitioners in a ward environment.

- Purpose
- Focus
- Outcomes

Programme Structure



Programme outcome



- Bespoke Induction programme
- Sense of belonging
- Retention rates
- Fostering Empowerment



Stay and Thrive



Create strong foundations



Make new recruits welcome



Build belonging



Maximise personal and professional growth



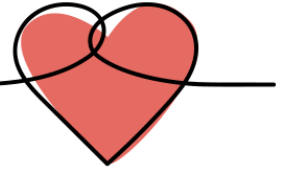


We are
compassionate
and **inclusive**

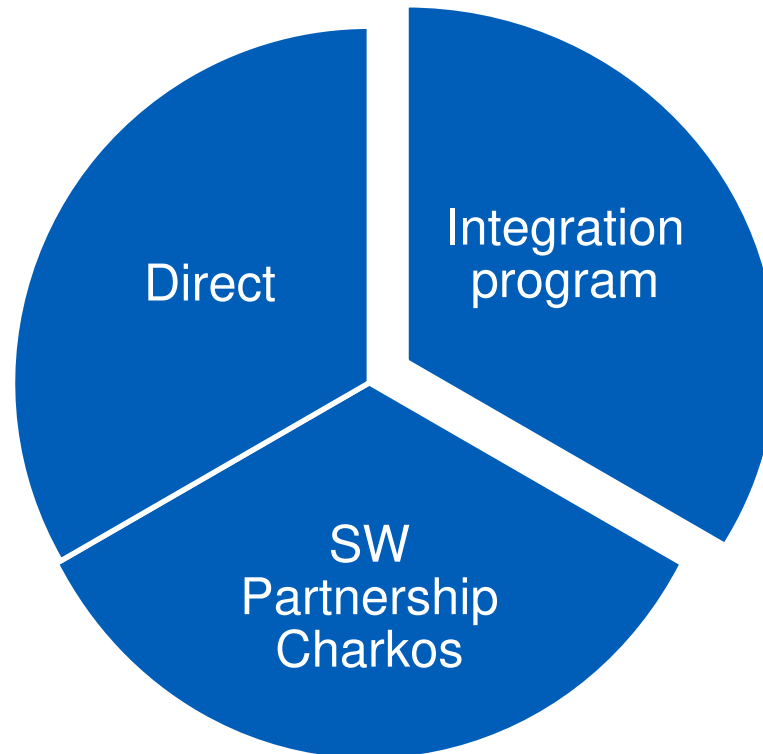
Internationally Educated Nurses (IENs) in Mental Health

Avon and Wiltshire Mental Health Partnership NHS Trust

Several IEN routes into AWP practice



We are
compassionate
and **inclusive**



Supporting international staff



We are
compassionate
and **inclusive**



Some of our learning so far:



We are
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and **inclusive**

Rethinking our
professional and
pastoral support
model

Developing staff
member
confidence /
capability before
onboarding

Learning into practice:



1. Development of bespoke professional lead role

2. Piloted Integration Programme. Working with the BSW ICB in a project to (initially) recruit 2 cohorts of 30 Indian nurses to the UK between April 2023 and March 2024. The unique aspect of this project was to offer face to face interviews and to provide a 12 week integration programme for the nurses

The Training Programme was specific to mental health and included Mental State Examinations, Risk Assessment, Safeguarding, Mental Health Act, Engagement and Observations, NEWS, shift coordination and delegation, medicines safety, EDI and coproduction. Plus more....

Opportunity for the nurses to prepare for OSCE and a week long assessment period where their knowledge and skills are tested through role play.

There have been challenges but we are still expecting 60 nurses through this route + 20 nurses through Charkos + 20 nurses directly = 100 from March to Nov 2023.

Integration Programme



We are
compassionate
and **inclusive**



Shaping better health

Even more retention



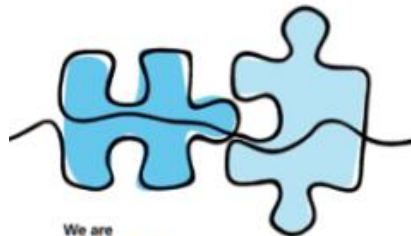
We are
safe and
healthy



We each have
**a voice that
counts**



We are
compassionate
and **inclusive**



We are
a team



We are **recognised**
and **rewarded**



We work
flexibly



We are
**always
learning**

There is more retention work happening across the system, for more information contact:

Halle Fowler, System Workforce Business Partner halle.fowler@nhs.net

What's next?

Regional retention priorities

23/24 focus:

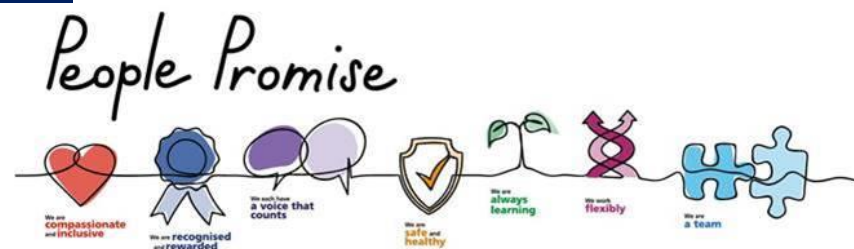
- Continue to embed the 5 High Impact Retention Actions, focusing on support to staff in early and late careers
- Start to spread and scale learning from People Promise Exemplar Programme
- Continued focus on system-wide, system-led retention plans
- Career paths and support + Flexible working pilots
- Support organisations to build structures for sustained focus on retention

Beyond – evolving from the LTWFP

- Greater focus on the end-to-end student and staff experience
- Continued focus on High Impact actions – embedding long term
- Ensuring we cover all workforce groups, data led
- Understanding the impact of expansion of apprenticeships on long term retention
- Continued focus across all people promise areas delivered consistently

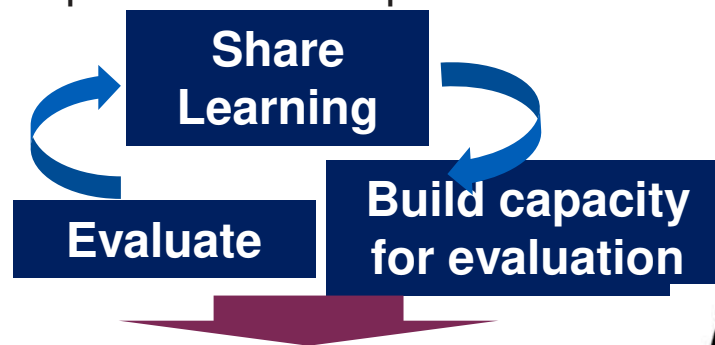


Supporting 'Retain' through the consistent application of the People Promise

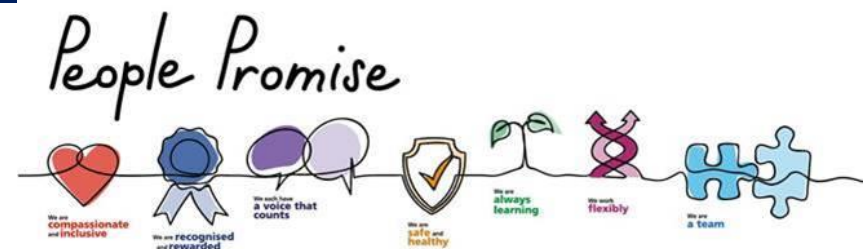


Regional HWB priorities (aligned to LTWFP)

- Further embed the **Growing Occupational Health and Wellbeing Together Strategy**
- Supporting the spread and adoption of the **Violence Prevention and Reduction Standard** and providing training to those in VPR related roles
- Further support ICSs and Trusts to embed and sustain health and **wellbeing conversations**
- Continuing to support development of **HWB Champions** and providing opportunities for peer learning and personal development
- Providing **sector specific** support and supporting them to build capabilities internally to lead on programmes going forward
- Continuing to promote the importance of **civility and respect** in the workplace



Supporting 'Retain' through the consistent application of the People Promise



The future of retention

Working together as a system to improve retention and health and wellbeing.

Areas for further action are:

- Development
- Flexible working
- Culture and belonging

We will be developing a system retention group to continue to improve our work on retention.

We will be working on a system response to the NHS England Long Term Workforce Plan which highlights retention action as key to developing and maintaining our workforce for the future.

**Thank you for the impact you are
having on system retention**

The Preceptorship Framework

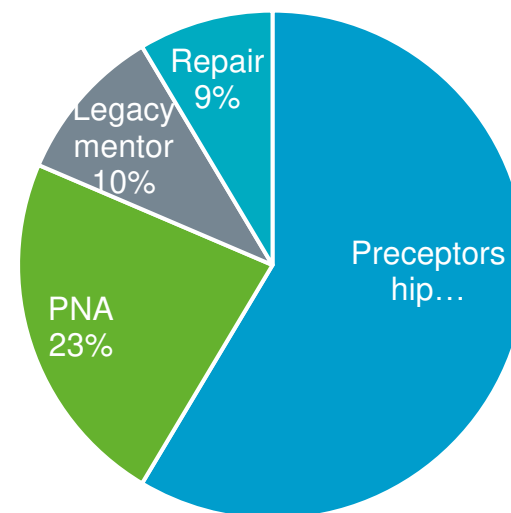
Melvina Stober

Nurse Fellow, NHS England

Innovations to Support the Professionals Journey



Professional Journey



Situation retention facts and figures

- Nursing staff feel undervalued and unsafe, causing an alarming number to leave the profession altogether RCN 2023 [Valuing Nursing in the UK](#)
- **Over half (51.9%) of the midwives surveyed said they often think about leaving their job.** According to the RCM this figure has ‘grown considerably’ since the 2020 survey. And that sentiment is borne out by official NHS workforce figures published recently, which show that England has 410 fewer midwives now than at the same point last year, which is topped off by an already existing shortage of over 2,000 midwives [RCM 2022](#)
- **The number of applicants to nursing courses has fallen by 18.6% compared with January 2022 (UCAS 2023)**
- Whilst the number of nurses, midwives and nursing associates on the NMC register has grown to a record level of more than 771,000 (NMC 2022) In July 2022, a [letter](#) went out jointly from Ruth May and Em Wilkinson-Bryce, focusing on the need to act to support our ongoing retention challenges, targeting interventions at early and late careers, and on experience at work, and to focus on bundles of interactions concurrently.
 - **Targeted intervention for different career stages: early career, experience at work and later career.** There are different risk points related to job satisfaction and retention of nurses and midwives at these stages, and our response and support needs to be tailored accordingly.
 - **Bundles of high-impact actions are more effective than single actions.** A bundle approach is needed to deliver sustained gains, applied to the different career stages and informed by evidence of what drives job satisfaction, experience and therefore retention



National Preceptorship Programme for Nursing

NHS
England
South West

Melvina Stober
Regional Lead & Senior Nurse
Fellow
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Celebrating
Preceptorship



Website: <https://bit.ly/3rKpO7z>

Follow us on twitter
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[@desireecox07](https://twitter.com/desireecox07) [@nwsdu](https://twitter.com/nwsdu)
[@janelivinginhope](https://twitter.com/janelivinginhope)

Why this ICB led joint event?

- There is a compelling need to drive these programmes at system level because it has a direct impact on attraction and staff retention
- Employer led initiatives best used in areas where the need is highest. For example, using the programmes to attract newly qualified to specific areas or more PNA's required in certain areas to support wellbeing & retention.
- Funding was identified per system to support the interrelationships between these programmes and the impact they can have.
- Therefore, NHSE has identified one system lead who we can work closely with to champion, drive and utilise the resources of these programmes.
- Collaborative working between Repair/Preceptorship/PNA



Repair

- Reducing attrition from pre-registration nursing, midwifery and specifically identified AHP programmes



Preceptorship

Part of Ruth May 5 High impact actions

- Preceptorship plays a key role in retention by setting in place a structure to support newly registered professional, allowing them to translate their knowledge into everyday practice, grow in confidence and have the best possible start in their careers



PNA

Using the A-EQUIP Model (Advocating and Educating for Quality Improvement)
Delivering Restorative Supervision



Outcome and impact

Attraction and retention

National Preceptorship Framework

Nursing

- **New Framework** - Launched in October 2022. The Midwifery framework has also been launched whilst AHP preceptorship is a fast follower
- **Baseline assessment** completed in July 2022 – 33 responses. A heat map was developed.
- **Business Case** -- Assist organisations to make the Business Case for nurse retention through investing in preceptorship
- **Resources/Tools available** – to reshape programmes. For e.g. preceptor training
- **National Interim Quality Mark (IQM)** - launched in November 2022 and implementation started in Jan 2023
- **External credentialing** of the National Framework –should be ready in 2024
- Establishing and Facilitating **Action Learning Sets** for Practice Educators and Preceptorship Leads X 5 sessions
- **First Year review** of Organizational readiness – 30 responses in SW
- **New resources** including infographics

AHP

- The HCPC Principles for Preceptorship and NHSE AHP **Preceptorship Framework**:
- Coming very soon – by end of year
- There will be webinar events to support the launch – please keep updated via the programme newsletter and @MidlandsAHPs on twitter
- A series of AHP Preceptorship Professional Bodies and Unions webinars events over the next 3 months
- These will be hosted by the professional bodies and include updates from the HCPC/General Osteopathic Council, NHSE AHP Preceptorship and Foundation Support Programme, professional bodies as well as case studies and an opportunity for questions.

Midwifery

- Launched in March 2023



**Celebrating
Preceptorship**

NHSE/I National preceptorship programme 2022



The national preceptorship project is focused on the design, development and delivery of a national preceptorship framework and associated quality standard for all organisations in health and social care.

National Preceptorship Quality Mark - Self-Assessment

No.	National Preceptorship Standard	What does this look like in practice?
1	Current preceptorship policy approved and in place	Approved via appropriate governance process, in date and renewal date, policy content aligns to National Preceptorship Framework
2	Intended Recipients include all newly registered nurses, nursing associates, international nurses, GP nurses, returners to practice and may include midwives, transitioners and others who will benefit	Determined in the policy and in line with the National Preceptorship Framework. Current recipients should be identified by role and planned improvements documented
3	Minimum programme length of 12 months to commence on joining the organisation or upon receiving PIN	Determined in the policy and in line with the National Preceptorship Framework
4	Meetings between preceptor and preceptee every two to three months	Preceptor and preceptee have allocated time for meetings which includes a meeting within first two weeks, mid-programme, every two to three months and final meeting on completion
5	Protected time for preceptor and preceptee	Minimum of eight hours protected time for preceptors and preceptees to include initial preceptor development, minimum of three meetings with preceptee and ongoing support through forums
6	Protected time for preceptee	Protected time for preceptees to attend training, meetings, support networks etc
7	Preceptorship lead or designated senior manager	Named lead identified, with relevant job description, aligned to National Preceptorship framework and role. Acts as central point of contact, co-ordinates, monitors and evaluates preceptorship programme. Provides support for preceptors and preceptees. Maintains registers of preceptors. Promotes benefits of preceptorship
8	Preceptor development programme	Development programme for preceptors - minimum of three hours for new preceptors and refresher for current preceptors. This should include topics of National Preceptor Development programme. Ongoing development
9	Formal, structured programme of learning for preceptees	Preceptorship programme includes study days / flexible learning, individual learning plans, wellbeing initiatives, reflection pastoral care and support, clinical supervision
10	Preceptorship programme monitored and evaluated annually	Preceptorship programme is monitored for attendance and completion. Course evaluations and feedback questionnaires completed. Areas for review and improvement identified

National Preceptorship Quality Mark – Self Assessment contd.



11	Preceptors of equivalent level or senior to preceptee with a minimum of 12 months' experience post-registration and minimum of 12 months' experience in setting	No more than two preceptees per preceptor. Preceptor has job description, attends initial and ongoing training to develop and maintain knowledge of role and preceptorship programme.
12	Minimum of two weeks' supernumerary for preceptee (or equivalent to 75 hours)	Identifiable allocated supernumerary shifts/ clinics for the new registrant with clearly identifiable purpose, aims and outcomes of this period
13	Support network for preceptors	Development of support network for preceptors which may include regular forums to share best practice, update knowledge and to seek support
14	Preceptor allocated to NRP within one week of starting preceptorship	All new registrants should know the name of their preceptor within one week of starting in the clinical area. The preceptors should be aware of and make contact with the new registrant
15	Preceptorship champions / ambassadors / links	Identified preceptorship champions within organisation / ICS to promote preceptorship within own area
16	Senior responsible officer (SRO) within organisation / ICS for preceptorship	Purpose to establish and promote value of preceptorship for new registrants
17	Additional development for preceptees	Development programme includes additional elements, i.e. action learning, peer support, coaching, mentoring, PNA / restorative supervision



National Preceptorship Programme for Nursing – What we are doing in the South West



KEY FOCUS

Implementation
of the **new
National
Framework** is
underway

Review/reshape
current
programmes
and align them
to the new
Framework

Community of Practice

- Monthly – multi-professional
- Sharing of best practice and learning
- Organisations were showcasing their preceptorship programmes and progress made
- Guest speakers and National Team invited to share updates, experiences & good practice

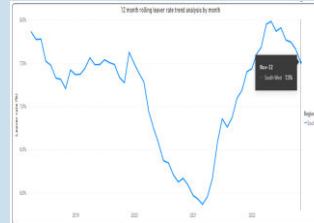
One2one and targeted support
offered to organisations

Collaboration with the RePAIR
Fellows and Professional Nurse
Advocate (PNA)

Allocation of funding for **ICB Led
Event** by March 2024:
To promote preceptorship and PNA
programmes towards staff retention
and encourage ICB leadership &
ownership

Programme output:

Training & Support
Retention N&M leaver
rate -improvement of
7.5% over a 12 months
period as at Nov 22



- **Implementation:** 10
Core Criteria and
Gold Standard
framework
- **Application for
Gold Standard
award:** 12
applications received
for Interim Quality
Mark
- **First Year review** in
July 2023

Achievement of Interim Quality Mark Award

13 organisations
have been
awarded.
1 applications is
being reviewed

SW ranking 2nd
on the list against
the other six
regions in
England

See the full list of award recipients on the website [here](https://bit.ly/3rKpO7z).

Melvina Stober – Regional Lead & Senior Nurse Fellow

Website: <https://bit.ly/3rKpO7z>

Follow us on twitter
@MelvinaStober @SWmand
@desireecox07 @nwsdu
@janelivinginhope

Next Steps – SW and National

- Planning to monitor and evaluate new programmes
- Introduce and embed preceptorship champions
- Start a preceptorship programme for international nurses
- Achieve 10 core/mandatory criteria
- Apply for the NPP Interim Quality Mark
- Focus on multi-professional preceptorship in line with AHP framework (when launched)
- Train and support more preceptors
- Move documentation onto digital or online platforms
- Join up of Preceptorship and Advocacy roles in SW
- Collaboration of our CoP, making it more multidisciplinary in SW





Celebrating
Preceptorship

Connect with us Nursing

Website: <https://bit.ly/3rKpO7z>

#NationalPreceptorship

#CelebratingPreceptorship



Connect with us - AHPs

- Available resources:
 - Website and newsletter
 - Step to Work
 - Learning Hub

@MidlandsAHPs

Information for students and encourage them to access the programmes on the [NHS Learning Hub](#)

[https://learninghub.nhs.uk/Catalogue/Preparing-for-your-Future-as-a-Diagnostic- Radiographer](https://learninghub.nhs.uk/Catalogue/Preparing-for-your-Future-as-a-Diagnostic-Radiographer)

<https://learninghub.nhs.uk/Catalogue/Preparing-for-your-Future-as-an-Occupational- Therapist>

<https://learninghub.nhs.uk/Catalogue/Preparing-for-your-Future-as-a-Physiotherapist>

Connect with us - Midwifery

[NHS England » National preceptorship framework for midwifery](#)

Professional Nurse Advocacy



PNA Lead for the South West

Amanda Shobrook Senior Nurse (Workforce)

The PNA Model

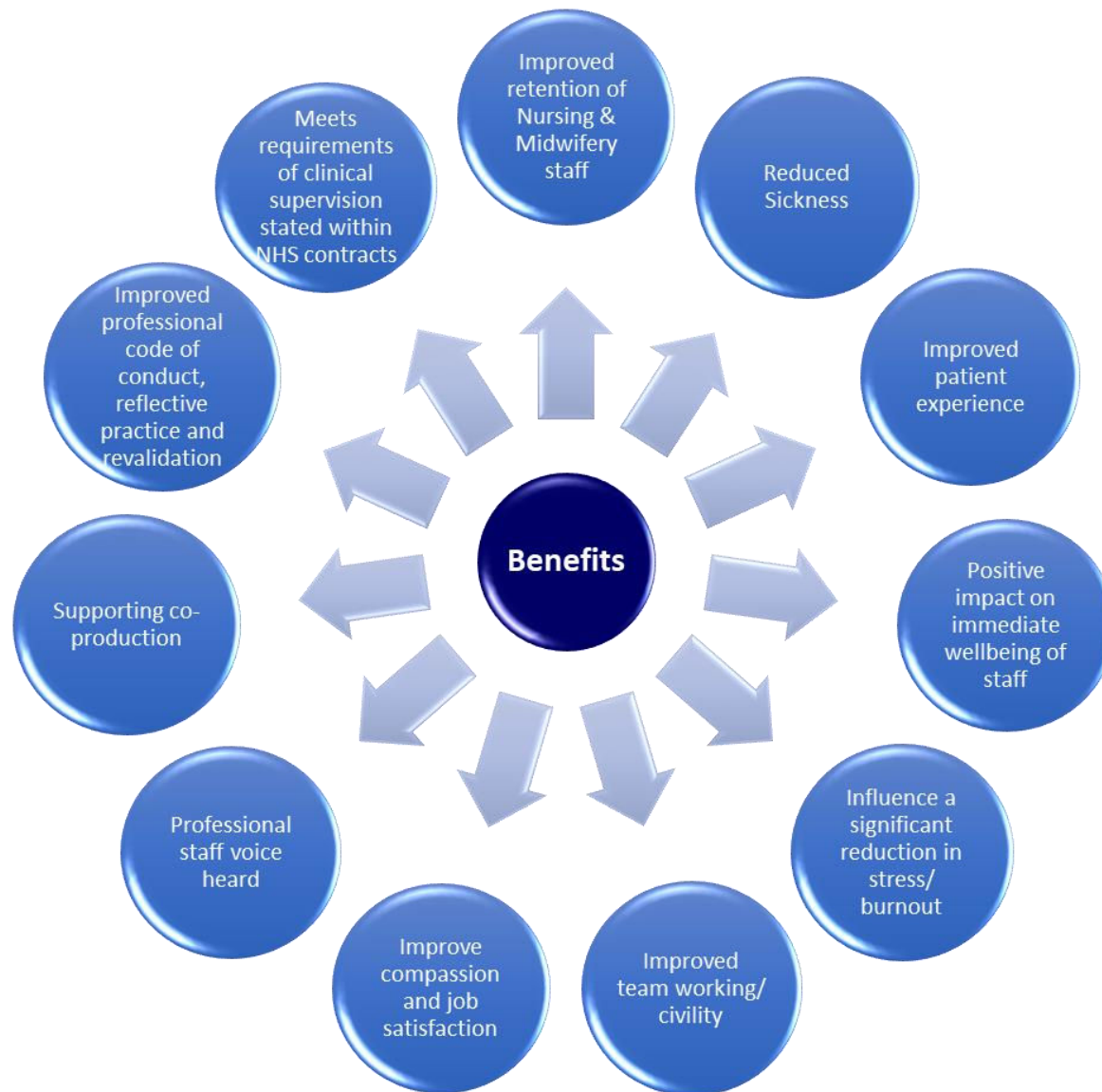


Reflective account

The criteria for the PNA training programme requires that you:

- are a registered nurse
- are in a patient facing role
- are Band 5 or above
- already hold an accredited Level 6 qualification (degree or degree equivalent/ top-up accredited Level 6 CPD course)
- have practice manager/ lead nurse approval to be released

Benefits of the PNA Role



Promoting a culture of resilience

- Wallbank 2021 explains the erosion of resilience and its impact on professional vulnerability.
- Resilience on a spectrum (Mahdian and Ungar 2021)
- Imposter syndrome (Day-Calder 2017)
- Novice to expert (Benner 1984)



Kindness is loaning someone your strength instead
of reminding them of their weakness



The Professional Nurse Advocate Programme

Donna Witchard

Deputy Head of Operations, BNSSG Integrated Care Board



Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

PROFESSIONAL NURSE ADVOCATE

PNA

- Created by
- Donna Witchard
- Deputy Head of Operations for CHC
- PNA



What is a PNA?

NHS England recognised that midwives working through COVID saw a huge impact on their personal and professional wellbeing. Attrition rates peaked, work became less innovative and more routine in nature, mistakes crept in and morale was low.

Without action, this presented a bleak future for midwifery and the individuals working within this profession.

What is a PNA?

In response the role of the Professional Midwifery Advocate (PMA) was developed.

The trained PMA would focus on staff resilience and wellbeing by delivering restorative supervision to peers. They would aid reflective practice, acknowledging the impact on the individual and empowering staff to “make the change” for the benefit of themselves and those in their care. The PNA would aid motivation to embrace learning from events and propel the profession forward to a place of recovery and sustained best practice.

But what about nurses?

COVID-19 Impact on Nursing

1. Increase in moral injury felt both personally and professionally by nurses
2. Increase in work related stress and burnout
3. Increase in sickness absence
4. Increase in attrition rates
5. Increase in vacancy rates with poor recruitment
6. Poor staffing levels
7. Increase in staff and patient incidents

Seeing the PMA role working so well in supporting the midwifery workforce, Ruth May (CNO for England) announced in March 2021 the immediate role out of training to nurses to create a Professional Nurse Advocate (PNA) role.

A-EQUIP Model

A PMA/PNA is a practising NMC registered nurse or midwife, trained at MSc level to support the nursing workforce through the **A**dvocating for **E**ducation, **Q**uality, and **I**mprovement (A-EQUIP) Model.

4 elements of the A-EQUIP model:

1. Restorative clinical supervision
2. Personal action for quality improvement
3. Education, development, and monitoring
4. Advocating for the patient, the nurse and healthcare staff

Through this approach research shows positive outcomes in terms of improvements in retention, reduction in morale injury and decreased risk with improving staff and patient safety.

How can these 4 elements delivered?

- Provide restorative clinical supervision for staff
- RCS can be delivered to a group of staff or 1:1
- RCS can be part of a clinical supervision programme or one off sessions as required
- PNA's can support quality improvement initiatives
- PNA's can support individuals to plan their career and facilitate revalidation
- PNA's provide clinical leadership and act as role model
- PNA's will signpost appropriately to additional support where required (EAP, MH first aiders, Line Managers or Learning and Development)
- PNA's will provide feedback on significant themes and can participate in the audit and governance processes within the place of work

What is Restorative Supervision?

The restorative approach *“promotes reflection of personal emotions and practice, has a positive impact on emotional wellbeing, provides a strategy to mitigate workplace stress, enhances retention and assists with the management of personal and professional demands”*

Royal college of Nursing (2021) Principles of nursing practice.

It offers support to value self and overcome feelings of inadequacy and creates a trusted space for staff to voice any concerns.

Restorative Supervision...

- Psychological safe space
- Protected time to explore emotions and needs both personally and professionally
- Time to reflect on practice
- Space to educate and action plan supportive strategies.

RCS facilitates:

- Elements of psychological support
- Supporting and challenging the supervisee to improve their capacity to cope and make changes where possible or escalate their concerns for further support
- Action planning with the individual (if relevant)
- Quality improvement initiatives
- Reporting where needed within governance processes

The Benefits of PNA's

Petit et al (2015)

- Facilitates professional resilience
- Supports provision of high quality care
- Identifies areas for improvement
- Develops the advocacy role of nurses
- Underpins strategies to develop and invest in nurses
- Provides flexibility for local implementation
- Supports revalidation
- Improves sickness and absence rates
- Improve individual well being
- Decreases stress and reduce burnout
- Increases enjoyment in work and job satisfaction
- Increases retention and staff feel valued
- Improves working relationships and team dynamics
- Enhances management of work life balance
- Improves working relationships and team dynamics
- Enhances management of work life balance

How is this delivered in BNSSG ICB?

- 2 PNA's in role alongside substantive posts
- Lead on clinical supervision offer to all staff within Funded Care Team – both clinical and non-clinical in group sessions every 6-8 weeks.
- Clinical Supervision facilitators trained to deliver this and supported by PNA
- Currently offering supervision to over 80 staff members
- Liaison with local PNA's, regional and national teams
- PNA activity reportable to NHS England

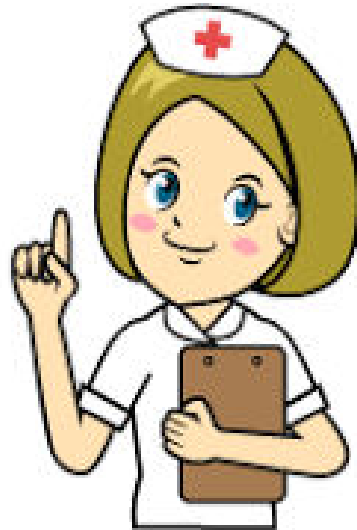
Opportunity for Development

- NHS England have instructed a further 200 places across the country for PNA training starting July 2023.
- NHS England making funding available for level 7 / MSc training, delivered remotely from a variety of institutes.
- Trusts are developing PNA lead roles at band 7/8a to coordinate work across the workforce.
- NHS England delivering £1000 to each system to support link between PNA role and preceptorship.
- NHS England further delivering £10,000 to each system to support development of PNA role and initiatives across staff groups.

Summary

- 2022 saw the highest number leaving nursing. With a 40K national shortage of nurses, those that remain report fatigue, staffing shortages and low morale – we need to do something as a profession.
- PNA training equips nurses to focus on quality improvement, restorative supervision, health and well-being, leadership, mental health first aid and education. The PNA can then role model and lead on change from the front line.
- PNA activity supports staff to feel valued and heard, thereby improving the retention of staff, reduce the impact of stress and morale injury felt both personally and profession. It seeks to improve staff and patient safety through reflective practice, identification of learning and shared best practice.
- Initial research shows this role is having a positive impact on nursing, but we need to keep going.

Any Questions?



REPAIR

Rachel Tims

Nurse Fellow, NHS England



Regional Lead Dr Rachel Tims
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RePAIR SW Team



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Situation retention facts and figures



- Nursing staff feel undervalued and unsafe, causing an alarming number to leave the profession altogether RCN 2023 [Valuing Nursing in the UK](#)
- Over half (51.9%) of the midwives surveyed said they often think about leaving their job. According to the RCM this figure has 'grown considerably' since the 2020 survey. And that sentiment is borne out by official NHS workforce figures published yesterday, which show that England has 410 fewer midwives now than at the same point last year, which is topped off by an already existing shortage of over 2,000 midwives [RCM 2022](#)
- The number of applicants to nursing courses has fallen by 18.6% compared with January 2022 (UCAS 2023)
- Whilst the number of nurses, midwives and nursing associates on the NMC register has grown to a record level of more than 771,000 (NMC 2022) In July 2022, a [letter](#) went out jointly from Ruth May and Em Wilkinson-Bryce, focusing on the need to act to support our ongoing retention challenges, targeting interventions at early and late careers, and on experience at work, and to focus on bundles of interactions concurrently.
 - **Targeted intervention for different career stages: early career, experience at work and later career.** There are different risk points related to job satisfaction and retention of nurses and midwives at these stages, and our response and support needs to be tailored accordingly.
 - **Bundles of high-impact actions are more effective than single actions.** A bundle approach is needed to deliver sustained gains, applied to the different career stages and informed by evidence of what drives job satisfaction, experience and therefore retention

The four steps of RePAIR

For the purposes of RePAIR this journey has been described in four steps

Pre-enrolment

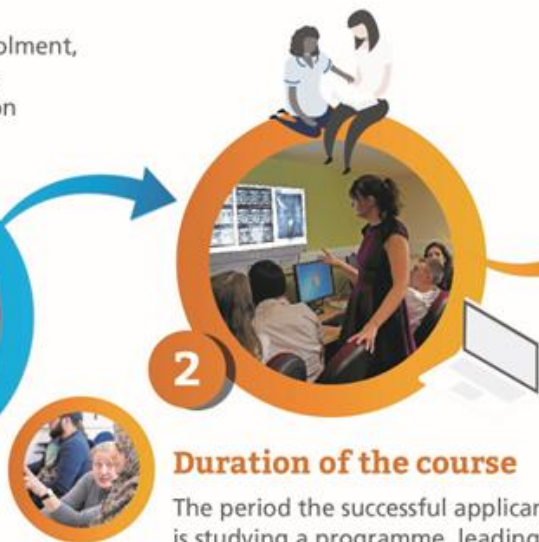
The period of pre-enrolment, including recruitment, selection and admission



2

Duration of the course

The period the successful applicant is studying a programme, leading to registration in one of the professions in scope of RePAIR, this may be two, three or four years



Flaky Bridge

The transition from being a final year student to taking up employment as a newly qualified practitioner. This period is referred to as the flaky bridge



4

Early clinical career

The first two years of the practitioner's early clinical career



Repair

The aim of RePAIR is to facilitate reducing attrition from pre-registration nursing, midwifery and specifically identified AHP programmes, support the transition of newly registered into health and care employment and improve retention in the early career of newly qualified practitioners.

Key areas

- High-quality practice learning environments
- Transition to employment
- Support those in early careers including preceptorship
- Recovery from the Impact of Covid-19



Safe Learning Environment Charter

Our Voice, Our Experience, Our Future Workforce

Current Innovation Projects supported by REPAIR

Preparation for Practice - the next steps

Understanding the impact of having a Clinical Practice Facilitator in Radiology

Strengthening Bridge to Primary Care First Career Choice for Newly Registered Nurses

Nursing Associates - Community of Practice - Well-being and buddy support

Step into Work - From AHP student to Regulated AHP professional.

Student e-book

ICS Student Council

Exploring effective practice education – sharing good practice in relation to diversity, equality and inclusion in healthcare placements.

Stabilising the bridge (transition from student to Nurse

Student SOS alert system

Preceptor upskilling and development





Why a council? "a voice that counts" to make a positive change for future learners in a meaningful and safe way

Council as a safe place to generate ideas, consider solutions and facilitate two-way sharing of information

Representation of the student voice on contemporary issues, challenges and successes relating to education for better learning and better care

COME & JOIN US

South West Learner Council



SOUTH WEST LEARNER COUNCIL

Our first meeting

Friday 23 June 2023

HOW ARE YOU?

We started and ended the meeting finding out how everyone was 'arriving' and 'leaving'. This helped us share our thoughts and feelings and start to build a safe space to share.



WHAT IS IMPORTANT?



We looked at a word cloud summarising themes from applications regarding everyone's visions for a council and what to work on.

SETTING THE SCENE

NHS England colleagues shared where the ideas behind the council came from. Together we explored how a south west council might work, based on co-creation and collaboration.



HOPES AND FEARS



We discussed our 'hopes and fears' for a council in small groups. Most of the discussion was regarding 'hopes'; a strong theme was wanting to make a positive change for future students in a meaningful and safe environment.

SHAPING OUR COUNCIL

In small groups initially and then feeding back as a whole group, we discussed how the council might look, including some of the ways NHSE colleagues can support, top themes regarding what to work on and how often we might meet...



NEXT STEPS



You voted on how/when you want to meet as a collective, deciding on a weekday evening meeting every 10 weeks. The next meeting will be Monday 4 September 7pm - 8pm. A link will be emailed soon.

Email repair.sw@hee.nhs.uk with any questions.

INFORMATION FOR **EDUCATION AND PLACEMENT PROVIDERS**

MAKE CHANGE HAPPEN

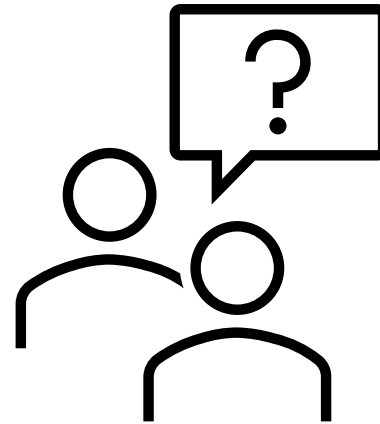
Take the survey.
Make the difference.

NETS OPEN 3 OCTOBER -
28 NOVEMBER 2023

www.hee.nhs.uk



Questions and Discussions





LEGACY MENTORS (PRIMARY CARE)

HELEN RUSSELL
JENNY BOWEN

LEGACY.NURSES@ALMC.CO.UK



Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

What is a Legacy Mentor?

“Legacy mentors are experienced nurses, or colleagues in other regulated professions, usually in late career, who provide coaching, mentoring and pastoral support to our NHS people who are at the start of their careers or who are newly appointed into the NHS.

They provide essential professional advice, education and guidance and pass on a ‘legacy’ to the next generation. They play a crucial role in supporting staff health and wellbeing and career progression.”

(NHS England, 2023)



Jenny Bowen and Helen Russell

Our background...

- Secondary care initially, working in Primary Care for past 15-20 years, laterally as Lead Nurses in General Practice (Gloucester Road Medical Centre and Sea Mills Surgery).
- Appointed as Legacy Mentors in Summer 2022 to implement a New to Practice and Preceptorship Programme for Newly Qualified Nurses, Nurses moving from Secondary or Community settings and Qualified Nurse Associates.
- Gained qualifications to support the role - Coaching and Mentoring (European Mentoring and Coaching Council – Helen)
- PG Certificate (Teaching and Learning for HCP – Bristol University – Jenny).



A steep learning curve...

- The range of skills required in Primary Care are very different to secondary care.
- Practice Nurse role includes giving childhood immunisations, providing women's healthcare (smears, contraception, menopause advice), giving travel advice, wound care, chronic disease management.
- Motivated to provide a smooth transition and support for nurses due to our experience when we entered Primary Care – passionate about sharing our knowledge and inspiring nurses starting out in Primary Care.

So.....we developed the New to Practice and Preceptorship Programme

- Funded by Health Education England in collaboration with BNSSG Training Hub, the Integrated Care Board and the Avon LMC.
- **Registered Nurses who are new to Primary Care (either newly qualified or with secondary care experience)** funded for a two-year fellowship programme.
- **Aim:** for nurses to gain confidence at work and develop the skills required for sustainable careers in general practice.



New to Practice/ Preceptorship Programme overview



FUNDED CPD TIME:

PAID TIME
FOR
CONTINUING
PROFESSIONAL
DEVELOPMENT
ACTIVITIES
(ACCORDING
TO
CONTRACTED
HOURS).



INDUCTION AND SUBJECT FOCUSED SESSIONS – N2P WORKBOOK /TOOLKIT.



MENTORSHIP/ CLINICAL SUPERVISION/ RESTORATIVE SUPERVISION WITH ONE OF THE LEGACY NURSES –



SUPERVISE D CLINICS - WORKING WITH NURSES TO DEVELOP NEW SKILLS AND DEVELOP CONFIDENCE.



PEER SUPPORT – WITH OTHER N2P NURSES (F2F AND WHATSAPP).



CAREER DEVELOPME NT – SUPPORT AND MENTORING TO DEVELOP A CAREER IN PRIMARY CARE.

New to Practice Programme - the benefits

- **Attracting** and **retaining nurses** in permanent roles. Ongoing enrolment onto the programme.
- **Bespoke support from a legacy nurse** as they start work in the practice – relieving the pressure away on the nursing team.
- **Funded CPD time** to attend N2P sessions, consolidate knowledge, personal study, gain skills that will be of use to the practice (visiting other areas which specialise in particularly services provided within primary care (Sexual Health or Travel clinics).
- **Positive Feedback** from nurses on the programme!



NEW TO PRACTICE/SUBJECT FOCUSED SESSIONS:

- Two hours of teaching including peer support session every 2 weeks either online or in person (sessions run twice a year).

Introduction to the New to Practice Programme, Legacy Nurses, Structure within Primary Care, Avon LMC, BNSSG ICB and Training Hub, Contacts. Wellbeing Resources.
Consultation Technique including consent, safeguarding, capacity and Gillick competence.
Injections in Primary Care (including needle choice, filter needles, sharps management and anaphylaxis) – Hormone Injections (Zoladex, Prostag, Decapeptyl, Degarelix, B12, Denosumab, Testosterone,
Principles of Wound Care - wound healing, why wounds fail to heal, wound assessment including tissue types and symptoms, wound infection and biofilm, general wound dressing selection (relating to the BNSSG Wound Care Formulary).
Sexual Health and contraceptive injections, management of STIs, HPV, C-Card Scheme
Infection Control, management of UTIs, Fridge and cold chain management. Useful Resources (Nigel's Surgery).
Learning Disability Reviews
Dementia Reviews/ Cancer Care (subject to be confirmed) - challenging conversations.
Critical Incidents and Significant Events, QOF and Primary Care Funding.
Cancer care – early identification - confirmed
Introduction to Long Term Conditions and Population Health (Ardens Multi-morbidity template)
Cardiovascular Disease Management
End of Course Round Up/ Career Planning

Healthier Together

Improving health and care in Essex,
North Somerset and South Gloucestershire

Preceptorship Workbook and Guide



For all Newly Registered Nurses, Allied Health
Professionals and Nurse Associates/Assistant
Practitioners

New to Programme/Preceptorship Leads

Helen Russell

Helen@eims.co.uk

Jenny Bowen

jenny@eims.co.uk

Joint Inbox

Legacy.nurses@eims.co.uk

Preceptorship Workbook

- For Newly Qualified Nurses/Nurse Associates.
- Legacy Nurses may act as Preceptors in practices which require additional support.



How do we enrol nurses onto the programme?

- Challenging as GP surgeries work independently.
- Lots of advertising – webinars, using platforms such as social media, newsletters (Avon LMC, Training Hub), attending UWE to meet student nurses, recruitment open days.
- If nurses or their practices wish to enrol onto the programme, asked to email legacy.nurses@almc.co.uk to request a **Memorandum of Understanding (MoU)**.
- Legacy Nurse then will make contact to discuss start date for the nurse, request information re. previous role, work pattern and discuss training needs.

**ANY
QUESTIONS?**



A decorative vertical bar on the left side of the slide, consisting of five parallel vertical lines in blue, yellow, red, green, and blue from left to right.

Sharing Best Practice

BNSSG Preceptorship and PNA Networking Event 23.10.23

Keighley Hacking keighley.hacking1@nhs.net Education and Student Development Manager
Holly Langham holly.langham1@nhs.net Education Facilitator and Lead for Career Development
Liza Miller lizamiller@nhs.net Education Facilitator and Lead for Preceptorship
Jacqui Hampson jacqui.hampson@nhs.net Legacy Mentor Lead
Trish Hill trish.hill@nhs.net Associate Director for Clinical Workforce Development

Areas of Best Practice: Preceptorship



- Programme designed following NMC and HCPC principles of preceptorship to ensure an inclusive and consistent learning approach.
- Programme utilises online resources, workbook, workshops and peer support platforms to enhance a flexible approach to learning and development.
- Processes in place to ensure timely allocation of Preceptors and communication to ensure full support and guidance throughout.
- Currently 86 active participants
- Received a Gold Quality Standard Award for our Preceptorship Programme



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Preceptorship



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care & health

Preceptorship is the period of structured support and development that is provided to facilitate the transition from student learner to newly registered practitioner.

Learning Agreement

Learning Agreement to be signed between you and the Preceptor.



This shows you are both committed to undertaking the Preceptorship year.

Preceptee

Your role as a newly qualified practitioner can sometimes be daunting – the Preceptorship programme is there to guide and support through the first year.



Online workbook

All paperwork will be online for you to complete – we recommend you keep a portfolio of evidence to compliment the workbook as a registered practitioner.



Online Resources

The whole Preceptorship package is online via your LMS. This is to be as flexible as possible to work around your busy day to day role. We urge you not to rush through the workshops but to complete them at the pace set.



Preceptor

You are the key person for the Preceptee – the person they can go to and support them throughout their first year as a newly qualified practitioner.



An E learning package will be set up on your LMS account to help support you as a Preceptor.

Peer Support

You will be invited to peer support sessions throughout the first year.



We recommend booking these in advanced with your Preceptor or line manager as these are highly valuable to your journey as a newly qualified practitioner.

Online Workshops

There are 6 online workshops for you to work through – we recommend one a month for the first 6 months.

Workshops based around:

- Clinical Practice
- Organisational Context of Practice
- Personal & Professional Development
- Quality & Safety
- Person Centred Care & Support
- Professionalism & Accountability
- Development of Self & Others
- Research & Evidence Based Practice
- Clinical Skills Portfolio
- Leadership & Team Working
- Confidence & Self Awareness
- Communication & Conflict

Please note: Clinical Skills Competencies are not part of the Preceptorship programme and we recommend you liaise with your line manager for the most appropriate skills for your team and utilise the training skills matrix and competency frameworks to build on your portfolio.

Sirona
care & health

Healthier Together

NHS CARE
Providing health and care services



Progress Preceptorships

Launch your clinical career in Bristol, North Somerset and South Gloucestershire

One You, One Sirona, One System



Next steps for Preceptorship

- Evaluating the programme – what can be done better?
- More focused on leadership/management for different individuals such as the Nurse Associates who have converted into Registered Nurses – different pathways for different needs
- Working closer with primary care to re launch the peer support – didn't work as well as first expected but there is a real need and benefit for this network for all, especially from the multi professional aspect
- More focused work on leadership/management and career development for our Internationally Educated Nurses and AHP's



Areas of Best Practice: Work Experience



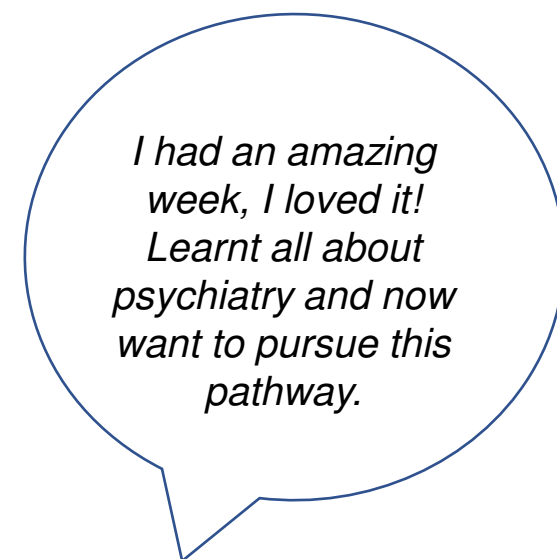
- BNSSG system-wide approach to managing our work experience offer via the Careers Hub
- Blended approach with 2 days virtual element + 3 days of face-to-face 'on the job' experience
- Mechanisms in place to ensure our work experience offer is fair and equitable
- Offer clinical and non-clinical opportunities and are looking at ways to expand our offer to encompass more areas of our diverse workforce
- Offer work experience opportunities to the 'Women's Work Lab' charity initiative as well as the work placement component for T-Level students
- Received a Gold Quality Standard Award for our Work Experience Programme



As awarded by **NHS England**

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Areas of Best Practice: Supporting Learners in Practice



- Implementation of our “in house” Supporting Learners in Practice Programme offering e-learning alongside a face-to-face session supports a multi professional approach to all learners and encourages a “wrap around” approach for skilled non-registered staff who can also support learners within the team.
- This helps to support a variety of workforce pipelines, reducing reliance on registered staff.



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Areas of Best Practice: Legacy Mentors



- Sirona Legacy Mentors provide confidential support to new and existing employees, aiming to enhance their overall experience, well-being, job satisfaction and career advancement while fostering staff retention.
- Launched May 2023 with Integrated Network Teams due to uncertain demand.
- Clear processes with a straightforward staff referral form, explicit service expectations, and a GDPR-compliant data management system.
- Each employee can receive up to six one-hour face-to-face sessions, addressing both personal and work-related challenges.
- Following 6-month review and recruitment of new Legacy Mentors, now preparing to expand support to other clinical staff.

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Areas of Best Practice: Legacy Mentors



- Initial data from pre and post-questionnaires indicates employees have found the service valuable - supportive Legacy Mentors enable staff to feel heard and empowered and we have overcome initial intentions to leave.
- Support of managers essential to facilitate staff access to our service while respecting their confidentiality, but no issues reported by mentees to date
- Outcome data being gathered by the team but too early to ascertain significant impact

Legacy mentors provide coaching, mentoring and pastoral support to our NHS people at the start of their careers.



Find out more about supporting colleagues in late career on the retention hub.



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Areas of Best Practice: Practice Education Facilitators



Small teams of Band 4 skilled non-Registered and Band 6 Registered Practice Education Facilitators working within Integrated Network Teams (INT's) to -

- Scope and provide bespoke training, mentorship and supervision of practice to support registered and unregistered staff to obtain confidence and competence in key clinical skills
- Build capacity to monitor staff practice, release staff to complete e-learning, regularly practice key clinical skills to maintain competency and record this accurately and centrally
- Support safe delegation and new ways of working and build clinical capacity in the INT's
 - B6 PEFs: 1550hrs of direct clinical supervision and signed off 240 competencies over 47 months
 - B4 PEFs: 520hrs direct clinical supervision and signed off 120 competencies/18 Care Certificates over 50 months
 - Since May 2023 72 staff have been signed off by the PEFs as competent to administer insulin



“It has made a huge difference with learning and support.”

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Areas of Best Practice: Practice Education Facilitators



1. How valuable has the Band 6 PEF role been in your service?

[More Details](#)

[Insights](#)

Very useful	14
Useful	1
Neutral	1
Not useful	0



2. How valuable has the Band 4 PEF been in your service?

[More Details](#)

[Insights](#)

Very useful	16
Useful	0
Neutral	0
Not useful	0



3. Has it been beneficial to have the PEF role as a supernumerary post?

[More Details](#)

[Insights](#)

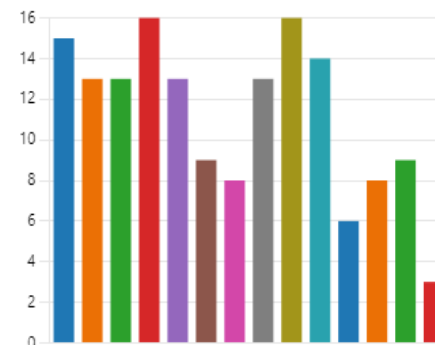
Yes	16
Maybe	0
No	0



5. Please tick the tasks that the PEFs have undertaken to support your service

[More Details](#)

Supporting local induction	15
Supporting staff probation	13
Supporting preceptorship	13
Supporting underperforming staff	16
Supporting apprentices / students	13
Supporting International staff	9
Supporting return to practice	8
Direct clinical supervision	13
Competency sign-off	16
Training and / or training needs analysis	14
Review of incident reports / RCAs	6
Audit	8
Recruitment and / interviewing	9
Other	3



Areas of Best Practice: International Recruitment



- International recruitment commenced June 2022 and to date 25 IEN's have completed their OSCE and have or are awaiting their NMC Registration plus 3 more being supported through process and a target of 16 more by the end of the year, plus 18 Registered AHP's
- 12-weeks OSCE prep with UHBW 'boot camp' + 22 study days
- 6 pastoral sessions and 1-1 pastoral care (rated 10/10)
- Culture and Communication workshop Oct23
- 100% of the candidates would recommend Sirona to friends and colleagues in their home countries.
- Received a Pastoral Care Award for our support of IEN's

It feels really amazing thank you Sirona!
"Very valuable to me . . . you are doing a great job"
'Keep up the good work!'



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Any Questions?



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Lunch

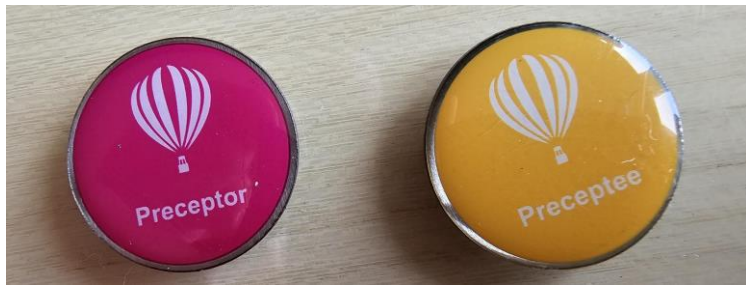
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Action planning to utilise resources

What next?

Badge design refresh



What next for retention projects?



- What has worked well?
- What can we improve?
- Are our resources effective and accessible?



Thank you!

Any questions?

