**Innovation Hub for Workforce Transformation**

**Newsletter – Summer 2015**



Welcome to our first newsletter! Having finally established the Hub in January 2015, 6 months on seems a good point at to which to reflect on our progress. We are in the process of developing a website, so will make sure to send the link out to you all when it goes live.

Currently the work of the Hub is developing around 3 main themes:

1. Exploring the nature and scope of work undertaken in health and social care
2. Developing educational opportunities for the existing health and social care workforce
3. Enhancing the education and training of the health and social care workforce

The Hub exists to source opportunities for transformation work and to support teams within their departments to develop and deliver, and this newsletter is one way in which we will be disseminating this work.

**Exploring the nature and scope of work undertaken in health and social care**

Scoping the work of nurse consultants

Middlesex University were funded by HENCEL to undertake a project designed to “**Scope the Role of the Nurse Consultant”.** The project aimed to provide HENCEL with a detailed review of progress of nursing research and development (R&D) being delivered through the Nurse Consultant role across North Central and East London. The work was undertaken by Sue Dyson, Professor of Nursing and Michael Traynor, Professor of Nursing Policy

 

The project comprised of two discreet phases. In phase one we conducted a survey in order to capture numbers and distribution of Nurse Consultant roles across North, Central and East London. We particularly wanted to know (1) of any workforce challenges associated with these roles in developing R&D output, (2) of post holders’ progress in gaining research degree qualifications (e.g. MS/MSc, MRes, PhD/Doctorate), (3) of the proportion of time typically being spent engaged in R&D, and (4) of evidence of R&D output (e.g. papers and publications). In phase two we carried out semi-structured in-depth telephone interviews with nurse consultants (N=16) where we sought to discover any emerging ideas/innovations in the development of Clinical Academic Nursing roles, and to understand what opportunities there may be for Health Education North Central and East London to more systematically support the development of nurses into these roles and their on-going academic development once in post.

We were able to conclude from our project that nurse consultants were created as an occupational position without an initial precise definition of their role. Their numbers and their precise remits have therefore developed organically, with no necessary agreed set of activities that define the role. Under pressures of endemic staff shortages, changing political priorities, increased targets, and above all with the development of Trusts as distinct bodies, judged in a competitive hierarchy against each other, and therefore with organizational disincentives to scrutinize their own practices, the research element of nurse/midwife consultant posts has been in practice constructed as peripheral work, notwithstanding public declarations of support both from the Trust and from nurse consultants themselves. As a consequence, only a nurse consultant willing to work counter to prevailing cultures and to commit considerable personal resources to the endeavour, is likely to engage in any significant amounts of research. If more good quality research is to be undertaken in the NHS, it would require either a ring-fencing of nurse consultant-researcher posts or much more open access to NHS organizations to university researchers.

Scoping the needs of internationally educated nurses working as HCAs

A second project was undertaken by Helen Allan, Professor of Nursing and Dr Sue Westwood to scope the needs of internationally educated nurses working as health care assistants in North Central and East London.



Funded by HENCEL, the project was undertaken in the context of ongoing concerns about shortages of qualified nurses in the UK, and the under-usage of internationally educated nurses who work as Healthcare Assistants.

The project included: a) scoping data from NHS trusts in the HENCEL area; b) two focus groups and individual meetings with internationally educated nurses currently working as Healthcare Assistants in two London trusts. The findings informed the development of the APEL route to pre-registration offered as a pilot by Middlesex University and funded by HENCEL.

Our findings suggest that there is insufficient monitoring of internationally educated nurses (IENs) working as Healthcare Assistants, which makes it difficult to target them to assist them in obtaining nurse registration. Only two of the participating NHS trusts had data available for the scoping activity.

We found that the participants (IENs) were frustrated in their roles as Healthcare Assistants. All identified English language competency, and English language testing, as the major block to being able to attain UK nurse registration. Many thought that there were double standards being applied to EU/EEA and non-EU/EEA internationally educated nurses, in relation to linguistic competency. This, in turn, contributed to them perceiving the English language requirements for non-EU/EEA non-EU/EEA internationally trained nurses as being arbitrary and unfair. They wished to qualify as UK registered nurses and contribute as qualified nurses both to the NHS and their local workplaces.

We recommend improved monitoring of, and increased mentoring and support for, internationally educated nurses working as Healthcare Assistants. This should include local, i.e. employing trust, support for English language teaching and coaching. We also recommend a review of English language standards being applied with regard to EU/EEA and non- EU/EEA internationally educated nurses and Healthcare Assistants employed in the NHS.

Evaluating the implementation of Care Certificate training

Professor Michael Traynor and Dr Kevin Corbett, Senior Lecturer were commissioned by Health Education North Central and East London (HENCEL) to evaluate the implementation of the Care Certificate within the Islington Community Education Provider Network (CEPN).

 

 The idea of the Care Certificate was developed from the Cavendish report into the training and regulatory requirements of the country’s growing, and at present unregulated, support workforce in health and social care.

Islington CEPN approached the Care Certificate with a strong commitment to providing integrated training across the sectors where support workers are employed: the acute sector, community services, general practice, care homes and social services. The challenge is to devise and deliver a single input that both is relevant to workers in these sectors and dovetails with the varying in-house induction that support workers are given by their employers.

Our evaluation was qualitative in character and involved interviews with a selection of those involved in four different organisations across Islington:

* the manager or other person with lead responsibility for the Care Certificate
* an assessor/assessors
* a trainer/ trainers (both within the organisations and external providers)
* staff undertaking the Certificate
* a supervisor(s)/mentor(s)

The following is a summary of selected recommendations:

## Recommendations

* A dedicated, adequate and sustainable resource needs to be available to coordinate and quality-assure the continuing implementation of the Care Certificate.
* Clear attention needs to be given to the design of the Care Certificate so that it meets the requirements for HCAs from different organisations and sectors.
* Terminology regarding the Care Certificate and the various roles involved needs to be agreed across organisations and disseminated well.
* An effective forum for continued discussion across organisations and sectors needs to be maintained to deal with emerging problems and issues and could be essential if an integrated approach is to be maintained.

**Developing educational opportunities for the existing health and social care workforce**

Development of APL pathway to registration for overseas trained nurses

Building on Helen and Sue’s work in scoping the needs of internationally educated nurses working as health care assistants in North Central and East London, Marion Taylor, Associate Professor, Lecturer has worked with the Royal Free London NHS Foundation Trust to develop a unique pathway to support a number Overseas Trained Nurses (OTNs) working as HCAs at the Royal Free to achieve their Nursing and Midwifery Council (NMC) Registration and BSc (Hons) Adult Nursing.



The pathway has three main components:

* APEL of previous education and experience
* A Transition Module
* Year 3 of the Pre-Registration BSc Adult Nursing Programme

This is a pilot project, supported by HENCEL in terms of course fees and salary support for the students, who have been working as HCAs at the Trust for a number of years (2-11 years).

Students were recruited via the usual processes for Nursing, including maths and English testing and interview, in order to meet NMC (2010) requirements. Interviews were a joint process between the Trust and MU, and explored the students’ previous experience, study skills, adaptability and resilience.

Following the recruitment and selection process, 24 motivated students commenced the ‘Transition Module’ in March 2015. They have had the excellent module leadership of Kevin Corbett, Senior Lecturer supported by Marion and Sheila Sobrany, Lecturer. They have in the main coped well to the various ‘transitions’ they are making;

* Transition to being a student (sometimes after many years)
* Transition to being a student in the UK in Higher Education
* Transition away from their HCA role
* Transition to being a Student Nurse in practice

And in September 2015 we hope they will make the move to Year 3 of Nursing, and in September 2016, the final long awaited transition – to that of Registered Nurse in the UK. One of the students summed up the feelings of the cohort – ‘*This is challenging and tough for us in some ways, but we are so pleased to have this amazing opportunity to hopefully become Registered Nurses here in the UK at last!’*

During their Transition module the student had the opportunity to meet with Caroline Alexander, Chief Nurse NHS England (London) and Bronagh Scott, Chief Nurse NHS NWL London – lots of photo opportunities!!



Social Care training for GP trainees

Dr Lucille Allain, Associate Professor (Social Work) and Professor Kay Caldwell have been awarded funding from HENCEL to deliver and evaluate an interprofessional learning (IPL) project to eight trainee GP hubs across north central and east London.

 

The aim of the project is for trainee GPs to deepen their knowledge and understanding of the role of social care services and professionals (including social workers and home carers) in supporting vulnerable adults and older people living in the community. Delivery and research evaluation involves colleagues from social work including: Dr Helen Hingley-Jones; Dr Linda Bell; Kate Okonkwo, Edd Carter and Theresa So. Each of the eight GP hubs has between 30 and 40 GP trainees who have agreed to attend so in total between 240 and 320 GP trainees will receive the training which will be evaluated using a pre and post-questionnaire. GP trainees also have the option of undertaking a full or half-day shadowing of an adult social worker in a local authority. Trainees will then be invited to take part in a focus group to share their experiences.

Key deliverables and academic outputs:

* Presentation of findings at conferences
* Journal article/s focusing on different aspects of the project
* Book chapter in an inter-professional academic text
* Additional funding to be sought subject to project evaluation outcomes so that the project can be developed further.

**Enhancing the education and training of the health and social care workforce**

Evaluation of the lead mentor role

Dr Sinead Mehigan and Kathy Wilson are undertaking two linked projects following on from an earlier scoping of practice learning and models of mentorship across NCEL.

 

The first is an evaluation of the lead mentor role as a model to provide additional support for mentors in facilitating a positive student learning experience. The need for additional support/ time for the mentor in practice was a dominant theme in many interviews and particularly featured in discussions with placement facilitators in the earlier scoping and was also reflected in data collected from the mentor questionnaire.

 In two trusts a lead mentor or key mentor role has been established with responsibilities for the co-ordination of student learning and one other trust has recently developed a role descriptor for a similar role. This role is typically undertaken by a senior mentor who is identified as the main contact for all communications regarding the student allocation, oversees the monitoring of the learning experience of the student in that area and provides guidance and support to the other mentors locally. In one of these trusts the lead/key role is afforded protected time though in others time has to be negotiated with the ward manager and so models do vary. The aim of this project is to evaluate current initiatives**,** identify the potential benefits against other models and propose a core model that will provide additional support for mentors and enhance the student learning experience in practice.

Decision-making in regards to placement capacity

The second project aims to analyse the decision-making processes regarding student/placement capacity and develop key criteria to support more effective and consistent allocation of student numbers and access to available learning opportunities. This was one of the recommendations from the earlier scoping , and has potential for exploring the possibility of developing clearer guidance to support decisions regarding placement capacity.

Kathy and Sinead have also been involved in a project to support learning opportunities in GP practices. Middlesex University have been coordinating a project, on behalf of Health Education North Central and East London (HE-NCEL)  involving the LETB, HEI representatives as well as representatives from all 9 Community Education Network Providers (CEPNs) working collaboratively to develop the practice nurse workforce and promote practice nurse placements for pre-registration nursing students. This reflects the HE-NCEL Nursing and Midwifery Education and Primary Care Strategy.

Practice nurse placements have occasionally been utilised for nursing student placements though access to these areas has been challenging in a number of regions and hence student nurses have not benefitted from the unique opportunities that can be offered and pre-registration nurses rarely consider practice nursing as a viable career pathway. However, where appropriately supported the benefits are significant. We know that the Yorkshire and Humber region have been promoting student nurse placement in general practice since 2009 and currently have a network of over 60 practices which accommodate approximately 350 students a year. Student and mentor evaluations have been very positive with 90% of the practice nurses indicating they have furthered their professional development through mentoring and 91% of students stating that they are more likely to pursue a career in general practice.

Within HE NCEL work between all 4 universities who run nursing rogrammes,  and all 9 CEPNs over the last 16 months has led to the creation of around 35 placements currently, with more areas coming on line. Where it has not been possible for GP practices to take on students, the team have been working creatively to open up placement areas as part of a wider community hub and spoke placement experience. Current work is focused on evaluating data from surveys and interviews with a wide range of primary care staff, to increase our understanding of what works, in relation to student nurse placements in primary care. Progress on this is fed back regularly to HENCEL and the Primary Care Forum within HENCEL. A wider dissemination event is planned for September 2015.

Digital stories to support person-centred care

We were awarded funding from HENCEL to support embedding person-centred care across our pre-registration curriculum – and Dr Trish Hafford-Letchfield is leading on this.



The project is underway starting with an online survey to staff and service users/patients to identify the key issues where learning materials can be strengthened in the curriculum and which will inform our work over the next few months. We have been able to buy some useful equipment that helps us be more mobile in reaching out to groups in the community. We have started by promoting the use of digital story telling across the different professions over recent weeks to try and capture the essence of Person-Centred Care from a number of different perspectives.  We have held 4 workshops with staff and service users so far to demonstrate digital storytelling and how it can be used in care settings and teaching the participants the practical skills involved.  So far 4 members of INVOLVE have made digital stories to communicate their experience of trauma, mental health and the use of exercise in promoting wellbeing.  We have also been working with an older people’s theatre group who are making 10 short clips concerned with a range of issues surrounding problematic use of substances in older people which is a very marginalised but growing issue in health and social care.  We are also working with some staff to facilitate the capture of research finding through digital storytelling which can be disseminated more widely.

Dr Lucille Allain, Associate Professor (Social Work) and Professor Kay Caldwell have been awarded £30,000 from HENCEL to deliver and evaluate an interprofessional learning (IPL) project to eight trainee GP hubs across north central and east London.

 

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English language and communication for clinical settings

Alex Pitt, Senior Lecturer was funded by North Middlesex University Hospital NHS Trust team to provide a bespoke English language course for 40 overseas nurses, which ran on site at NMUH



Working in an international environment can be both enlightening and challenging, particularly if we consider communication; clinical settings bring unusually high levels of language diversity and sensitivity. On top of an already pressured and high stakes environment, healthcare professionals from overseas may therefore face further linguistic challenges, even if their English language proficiency is relatively high. Such challenges pervade every aspect of daily work, and can undermine confidence, cause frustration and stress, and be very tiring; these consequences in turn may also affect patient care and the working environment.

In recognition of these challenges, North Middlesex University Hospital commissioned a project to focus on the specific needs of a recently recruited cohort of Spanish nurses.

This was a very exciting project for us and we had the pleasure of meeting some very interesting people. We also learnt a good deal about the clinical context and about language challenges in the field.

One of the challenges of the *English Language and Communication for Clinical Settings* Course was time; the nurses worked full time, had diverse needs and felt a sense of urgency. We needed to maximise and streamline learning opportunities within the time frame and consider long term goals. We therefore took a blended learning approach and tackled different skills; these included specialist English language training, coping strategies for challenging communicative situations and training to maximise language learning efficiency and autonomy.

We were very impressed with the dedication of the nurses who stated that they had enjoyed the course and gained new skills and confidence in their work. We very much enjoyed working with all at NMUH on this enriching project and we would welcome the opportunity to work on similar projects in future.

Evaluation of the Islington Community Education Provider Network Super Hub.

Professor Michael Traynor and Dr Kevin Corbett were commissioned by the Islington Community Education Provider Network (CEPN) which focuses on local joint learning for service improvement, to carry out an evaluation of their CEPN Super Hub.

  

The CEPN aims to align health and social care service providers, community groups and education providers, in order to focus on developing a learning community. The Islington Super Hub is a workstream of the Islington CEPN which aids the learning and development of community nursing and new apprentices. The Super Hub and the CEPN are hosted by Islington Clinical Commissioning Group (CCG).

Our approach was similar to that of Pawson and Tilley called ‘realistic evaluation’ (Pawson and Tilley 1997). This approach assumes that material causal relationships emerge around new initiatives, such as the CEPN and the Super Hub. It also assumes that local participants have special relevance for the successful implementation and evaluation of such initiatives by enabling a particular focus on the real world links between context, mechanism and outcome.

In order to evaluate the context, mechanism and outcome of the Super Hub we undertook an electronic survey of 277 staff which included district nurses and health visitors employed by Whittington Health (an Integrated Care Organisation), practice nurses and practice managers employed in Islington general practices, and care home managers employed in Islington care homes, as well as 36 pre-registration BSc Nursing students. Twenty in-depth telephone interviews were also conducted with members of the above staff groups in order to collect qualitative data.

Our evaluation found that staff in the ICO thought Integrated Care:

1. *has* positive effects;
2. *helps* collaborative inter-professional working;
3. *enables* professionals to work with others across all care settings;
4. *helps* develop a flexible workforce who can work across primary, community and acute care.

A range of useful mechanisms and outcomes were identified for workforce development and planning. Staff were also found to be heavily engaged in and highly motivated to develop Integrated Care. Based on our evaluation a number of recommendations were made, and can be seen in the main report