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Welcome and introduction

Welcome to this, the fourth annual report produced by the NHS Education for Scotland (NES) practice educators (PEs). NES employs 16 PEs and has partnership arrangements in place to host them throughout the 14 territorial Boards. This national network of educators is referred to as the NES Practice Educator National Network (NESPENN). The focus of the PE role is to support host Boards in relation to provision of and access to education that underpins key NES and national priorities. PEs achieve this by contributing to the development and delivery of specific education for nurses and midwives at levels 5 and 6 across the Career Framework for Health. The PE role is committed to the support of a capable, skilled, person-centred nursing and midwifery workforce, which is well prepared to respond to the care demands placed on them. The content of this report has been directly influenced by the information requirements of our colleagues within both NES and the host Boards.

This report contains examples of innovation and creativity in our approach to the delivery of and access to education that meets the learning and development needs of the Scottish nursing and midwifery workforce. It must be acknowledged that those needs are currently governed by rapidly changing health care landscapes. This includes the necessity of ensuring the delivery of safe, effective, person-centred care that is focused on improved outcomes for patients, families, carers and service users. A vital requirement for this is continuous nursing and midwifery engagement with professional development and lifelong learning, to meet the evolving needs of health services, as outlined in the National Clinical Strategy for Scotland (Scottish Government, 2016a).
**Purpose of the report**

The NESPENN forms part of the practice education infrastructure (figure 1) within NES’s Nursing, Midwifery and Allied Health Professionals (NMAHP) Directorate.

![Figure 1: NMAHP practice education infrastructure](image)

Figure 1 - NMAHP practice education infrastructure

Within the NMAHP directorate, a core function of the PE role is to support the delivery of objectives across several NES programmes of work (figure 2). Direct involvement enables PEs to contribute their perspectives across individual work streams within each programme.

![Figure 2: NES Programmes of Work (NES, 2014) Nursing and Midwifery Strategy 2014-2017](image)

These unique contributions have evolved as a consequence of working within the hosted employment model with NHS Boards. This employment model exposes PEs to the personal...
experiences and essential perceptions of practitioners who are engaging with and using NES resources within the context of contemporary clinical practice.

Our key activities and achievements, outlined in this report, are directly aligned to NES’s four strategic themes as shown in figure 3.

Figure 3: NES Strategic Themes

This report is intended for our stakeholders and external partners and provides a summary of key activities and achievements of the NESPENN under the four themes. It is not and could not be a detailed account of all the work PEs are involved in, but provides a comprehensive overview of PE work streams from 2017 to 2018.

This theme focuses on workforce preparation and development for all levels of registered practitioners across the nursing and midwifery family. Priorities for this theme include creating a more structured and co-ordinated approach to post-registration development activity by ensuring sustainable high-quality education provision beyond registration. Although the PEs have been involved in a variety of work that could be linked to this theme, only work linked to clinical supervision and post-registration education will be presented here.
**Clinical Supervision** (Dumfries and Galloway, Shetland, Lothian, Forth Valley, Greater Glasgow and Clyde, Highland, Tayside, Ayrshire and Arran, Grampian)

The Nursing and Midwifery Council (NMC) have removed midwifery supervision from their regulatory legislation following critical incidents and independent reviews that confirmed previous arrangements were not appropriate for public protection (NMC, 2017). Using a ‘Once for Scotland’ collaborative approach, NES facilitated work to support the implementation of a new model of employer led midwifery supervision (NES, 2017). PEs were involved in the development and delivery of four interactive e-learning units for midwifery supervision. The PE team also played a key role in supporting the development and delivery of twelve two-day workshops. These were delivered across Scotland, supporting 150 new clinical supervisors to prepare for the transition to the new restorative supervision model.

As a result of this NES work and the valued support of the NESPENN, all regional health boards have suitably prepared midwives who can undertake the role of supervisor.

This will enable boards to meet their commitment to deliver restorative clinical supervision early in 2018. Some PEs will be involved in further support for midwifery supervision as this work progresses.

The Scottish Government’s Nursing 2030 Vision recognises the benefits of supervision and highlights this as a method of ensuring that nurses feel valued and supported (Scottish Government, 2017a). The four-interactive e-learning units are currently being adapted for use with nurses and other health professionals. This work will enable PEs to utilise their skills and influence their networks to support future development of supervision capacity within their local health boards.

“I could not have managed this project without the Practice Educators’ support and skills”

*(Helene Marshall NES Educational Projects Manager)*

**Post Registration Education** (Highland, Lothian, Forth Valley, Tayside, Shetland, Fife, Ayrshire and Arran, Lanarkshire, Western Isles)
NES has been working to develop a national approach to post-registration education. Development for transforming nursing roles in the context of wider health and social care policy has delivered a nationally agreed overarching framework (NES, 2017). Outcomes of this work include scoping of advanced practice education and core specific education to support career pathways in community nursing. PEs have been involved in supporting local partners to use NES nationally consistent advanced nurse practitioner competencies to build capacity for advanced nursing roles. Some PEs have played a key role in the development and delivery of an online district nursing continuing professional development resource. Regional road-shows to launch the resources were facilitated by practice educators. PEs are also supporting regional workshops to showcase the resource.

As part of the national programme of work aimed at increasing the number of health visitors in Scotland, PEs have been working collaboratively at both local and national levels. Nationally PEs have been involved in the development of a sub-page within a practice education Community of Practice to enable a virtual network of collaboration and learning. This has resulted in positive feedback from the practice teacher community. To increase capacity for post-registration regulatory programmes, PEs have worked collaboratively with practice education facilitators (PEFs) to both support lapsed practice teachers return to the register, and to enhance their access to educational resources. The network has also been involved in supporting host boards to map the education needs of the health visitor workforce, in line with transformed roles.

Adopting a continuous quality improvement approach to practice is essential for improving patients' experiences and outcomes. This requires education that not only supports quality improvement, but also enhances nurses and midwives' capacity and capability to draw on reliable research and evidence to improve their practice (NES, 2014). Two key outcomes for NES are flexible access to a broad range of
quality improvement education and leadership and management development that supports positive change (NES, 2017). This section highlights the work of the PEs in relation to quality improvement and development of practitioners. This includes specific work undertaken by PEs that supports the delivery of safe, effective, person-centred care.

**Quality Improvement** (Borders, Forth Valley, Ayrshire and Arran, Lanarkshire, Shetland, Fife)

NES continues to develop quality improvement education to support individuals, teams and organisations (NES, 2017). PEs have been working with quality improvement teams within the Boards to strengthen educational support for continuing professional development. This education regularly involves the use of NES resources, including the NES planning and measuring impact guide (NES, 2015). Some PEs have been utilising specific quality improvement skills to support local quality improvement projects. One of these projects was successfully presented at the NHS Scotland event. Posters from the 2017 event are available to view [here](#).

**Leadership** (Ayrshire and Arran, Fife, Grampian, Greater Glasgow and Clyde, Tayside, Borders, Orkney, Highland)

NES collaborates with stakeholders regarding provision of a range of leadership and management educational initiatives. The PEs are involved in supporting local leadership and management development for practitioners. This work has included undertaking training needs analyses, development of competence and role standards and support for educational initiatives aimed at developing practitioners' leadership skills. These initiatives have been reported to have had a positive impact on practice.

"I loved learning about the different leadership styles. It’s quite amazing how often your style adjusts depending on the situation, it has made me very aware of how I interact with other members of staff and question whether I am using the right approach"

*Band 6 development programme participant NHS Highland*

**Safe, Effective and Person-centred** (Ayrshire and Arran, Lothian, Shetland, Tayside, Dumfries and Galloway)
Between July and September 2017, the NMC consulted on changes that will affect the way nurses and midwives will be educated in the future. Working together with PEFs, the PEs delivered local information and feedback sessions on this consultation. This resulted in improved knowledge and understanding amongst practitioners, facilitating a more informed response to the consultation proposals. The NMC reported that Scotland, compared to England, submitted a proportionately larger response to this consultation (NMC, 2018).

In partnership with the Scottish Social Services Council, NES co-produced a multi-level Palliative and End of Life Care framework to support the learning and development needs of the health and social care workforce (NES, 2017). Since its release PEs have been raising awareness of the framework throughout their board networks. PEs are also supporting boards to map and align their current palliative and end of life care education provision against the Scottish National framework. This will assist in identifying educational opportunities including signposting practitioners to specific education, as well as identifying any gaps in educational provision.

This theme focuses on education for new models of care to support the Everyone Matters: 2020 Workforce Vision (Scottish Government, 2013), including opportunities for new and extended healthcare roles that support the work/priorities of joint integrated Boards.

Changing demographics, increased public expectations, technological advancement and new models of delivering integrated care present the current nursing and midwifery workforce with significant challenges, as well as exciting opportunities. NES is committed to supporting health care staff in relation to safe and person-centred care services that are increasingly delivered in the community, as a key requirement of the 2020 Workforce Vision (Scottish Government, 2013). This section describes specific areas of work where PEs support healthcare staff to deliver services that are directly linked to new models of care.
Equal Partners in Care: Personal Outcomes Focused Conversations (Forth Valley)

The Chief Medical Officer has outlined a clear vision of realistic medicine where care planning and delivery has a greater focus on what matters to the service user (Scottish Government, 2016b). Shared decision-making is at the heart of this. NES plays a vital role in the realisation of this vision through the provision of education for new models of care (NES, 2017). PEs are actively engaged in cultivating practice for personalised health and care, supporting practitioners to access relevant education and embed these new ways of working. The purpose of this work is to promote a shift in workforce culture from one that is service led, to one that is focused on patient outcomes and enablement of self-management of health and well-being, consequently reducing the demand on services. Understanding what will facilitate this change in practice is key to realising the vision. One PE is involved in working with multi-community services to identify effective educational support. This work has involved small teams participating in interactive communication workshops, providing them with opportunities to explore and challenge their personal and professional values, attitudes and current practice, identifying areas for improvement. Tools and techniques which support a personal outcomes approach are introduced and practitioners are provided with a safe space to practice with their peers, encouraging shared learning and use of reflective practice. From this work, an understanding of the level of underpinning theory and skills practice that is required to influence practitioner motivation is developing and will be used to create a package of educational material to support changes in the wider workforce.

Health Inequalities: Health Literacy (Tayside, Ayrshire and Arran)

NES is committed to tackling health inequalities through provision of education and training that addresses this Scottish Government priority (NES, 2017). The refreshed Health Literacy Action Plan: Making it Easier (Scottish Government, 2017b) has a sharp focus on removing barriers to health literacy and preventing them being put there in the first place. With NHS Tayside as the National Health Literacy Demonstrator Site, the PE there has played a lead role in developing and delivering multi professional education sessions both locally and nationally, to raise awareness of the
prevalence of low health literacy and its relationship to poorer health outcomes. Over four hundred practitioners have attended health literacy education sessions. The majority have reported increased understanding of the importance of health literacy, including the strategies they can use to support service users. Practitioners involved in the demonstrator site have reported significant changes in practice and increased confidence in relation to reducing barriers to health literacy, through use of specific tools and techniques for this purpose. Other Boards, including Ayrshire and Arran are currently focused on embedding and sustaining local health literacy initiatives and sharing the lessons learned from the national demonstrator site. More information can be found here: [NHS Tayside Demonstrator Programme](#). The work by the PE in NHS Tayside has been recognised at a national level.

“**The tools and techniques tested through the work of NHS Tayside HL Demonstrator programme should be used to support spread and adoption of the learning points**” (Scottish Government 2017b)

**Vulnerable Adult/Dementia:** (Lothian, Western Isles, Greater Glasgow and Clyde, Orkney, Fife)

NES continues to support education around the vulnerable adult and dementia care agenda aligned to *Promoting Excellence* (Scottish Government, 2011). PEs are closely involved in a variety of multi professional dementia and vulnerable adult work streams within their host Boards. The main purpose of this is to ensure staff have the necessary knowledge and skills to meet the needs of vulnerable people, including those with dementia and their families and carers. This includes direct involvement in supporting local initiatives to embed vulnerable patient and dementia education within all Boards. This work has been continuous and has evolved consistently since the PEs came into post in 2011. Current activity includes developing and delivering dementia awareness education and training and promoting and supporting the use of dementia resources throughout the Boards. A key feature of the PE role and remit is collaborative working with specialist and consultant nurses for dementia. This includes developing and supporting dementia ‘link nurse’ roles and supporting those undertaking the NES Dementia
Champions Programme. PE activity also includes supporting local training initiatives and specialist study days in their individual Boards. Increasingly, Boards are underpinning all their vulnerable adult and dementia education with NES resources.

The development of emerging technologies presents the PE role with both challenges and opportunities for education. A priority is to contribute to this strategic theme of enhanced educational infrastructure, by continually building strong multi-professional relationships and approaches to learning and education for nurses and midwives.

**Effective Practitioner Funded Projects** *(Borders, Dumfries and Galloway, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, Lanarkshire, Lothian, Tayside, Orkney, Western Isles)*

The NES Effective Practitioner initiative provides work-based learning resources and support for NMAHPs in Scotland. Over the course of 2017, PEs across Scotland supported teams to secure funding through the Effective Practitioner (EP) work-based projects initiative. NES supported 21 funded projects involving a range of NMAHPs across a number of Boards, evidencing the use of the EP resource to support NMC revalidation and Health and Care Professions Council (HCPC) continuing professional development (CPD). PE support included help with the initial application, support for the project and assistance with report writing. Teams were also supported to present at the National Effective Practitioner Event to celebrate their successes and to highlight the impact of their projects in practice. One team had the opportunity to present their project at the European Pressure Ulcer Advisory Panel (EPUAP) conference.

More information and examples of how teams have used these resources to improve practice or develop staff can be found [here](#) on the EP website.
**Train the Trainers’ Toolkit** (Grampian, Orkney, Ayrshire and Arran, Greater Glasgow and Clyde, Tayside, Lothian, Lanarkshire, Highlands)

The Train the Trainers’ Toolkit, an interactive educational resource, has been designed for health and social care professionals, service users and carers involved in facilitating learning as part of their role. This toolkit has been widely used by PEs across NHS Boards as shown in figure 4. A further example of how the toolkit was used within NHS Greater Glasgow and Clyde was presented as a poster at the NHS Scotland event. More information can be found [here](#).

Evaluations have shown this work is improving capacity and developing practitioners' existing skills in facilitating learning within a variety of disciplines across NMAHP.

"**A really useful course I feel will be really useful for my practice**"

*(Midwife, NHS Highland)*

“**Even though I’ve been delivering education for many years in my job, this has made me look at what I’m delivering & how I’m doing it**”

*(Allied Health Professional, NHS Ayrshire and Arran)*
NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde and NHS Lanarkshire

The NES toolkit and its resources have been utilised to promote professionalism in education by jointly organising and delivering the resources to cohorts of practitioners within each health board. This has enabled the development of a learning culture and the promotion of best practice in learning and teaching in practice.

NHS Orkney, NHS Tayside & NHS Grampian

Using the NES ‘Train the Trainer Toolkit’ enabled the delivery of a 2 day workshop locally with the support of two NESPENN colleagues. Collaborative working ensured that multi-professional colleagues came together to enhance their teaching/learning role and increased the educational capacity within the organisation.

NHS Highland

A piloted programme using the toolkit to support midwife trainers was successfully delivered in April 2017. Evaluation was positive and has resulted in the development of a midwife trainers forum/network where practitioners are able to share knowledge and experience, support learning and develop their skills in a positive learning environment. Further programmes are planned in 2018.

NHS Lothian

Supports approx. 60-80 NMAHP practitioners annually to develop their knowledge, skills and confidence to enhance the workplace as a learning environment through the delivery of the Facilitating Learning in Practice Programme 4 times a year to cohorts of 15-20 people.
TURAS: Nursing and Midwifery ePortfolio (Ayrshire and Arran, Borders, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, Highlands, Lothian, Tayside)

Part of the NES digital transformation included development of the new and innovative digital platform known as TURAS. Based on user feedback from practitioners in all host boards and from those involved in the ‘user acceptance’ test group, PE’s contributed to the development of the new and improved Nursing and Midwifery ePortfolio. As this was one of the first resources hosted on the TURAS platform, requests for training provided PEs with multiple opportunities to support practitioners in the transition from the existing Nursing and Midwifery ePortfolio to the new TURAS version, improving their confidence and ability in using the new system.

Across Scotland PE’s have delivered information sessions on TURAS and the use of ePortfolio. These sessions have supported nurses and midwives, enabling them to become familiar with the improved functionality of the TURAS ePortfolio, encouraging them to use it for recording CPD and gathering evidence for revalidation. During the period of intense PE activity around support for using TURAS ePortfolio, figures for new registrations increased significantly. Working collaboratively, the PEs developed training resources for TURAS ePortfolio, ensuring a consistent approach to training was delivered across the network. An interactive lesson plan was developed and tested by PE’s, who all agreed that it was useful for structuring the content for and delivery of TURAS ePortfolio sessions.

Network Development (Across all regions)

The PEs engaged proactively with iMatters, reflecting on team results and developing an action plan that the whole team worked towards achieving. The team has adapted ways of working to ensure that all team members feel engaged and that their contribution is valued. We have also planned a development day where learning activities are mapped to the iMatters action plan. This engagement with the iMatters process has been recognised by NES as an example of good practice and the PE story board “Working well together matters” is represented in the recent Health and Social Care Staff Experience Report (Scottish Government, 2018).
Summary

This report details significant work streams that PEs have been involved in over the past year. From supporting changes in midwifery supervision, building capacity to support learning in and for practice, and contributing to digital resources such as the TURAS ePortfolio, demonstrating the breadth and variety of innovative work that has been uniquely influenced by the involvement and input of the PEs. It also provides an insight into how much the PE role has evolved and become embedded since its inception in 2011. The report acknowledges the pivotal role played by the NESPENN in relation to local adoption and utilisation of NES resources. This includes supporting practitioners to access and use NES resources in practice, thereby facilitating engagement in CPD that ensures the delivery of safe, effective and person-centred care. It also highlights PEs meaningful contribution to education and development that support the delivery of nursing and midwifery care throughout Scotland.

As a national network, we have strengthened and increased our contribution to all NES NMAHP programmes of work, informing and assisting in the development of educational resources and the delivery of education that is specific to the needs of the Scottish nursing and midwifery workforce. Aligning our activities and achievements to the four strategic themes detailed in the NES Nursing and Midwifery Strategy (NES, 2014) has enabled us to provide a comprehensive overview of our main activities and achievements, including the specific policy context for these workstreams.

Future Working

We are working in times of increased pace of change for healthcare and the delivery of nursing and midwifery care. The future will undoubtedly provide PEs with a wealth of opportunities in relation to supporting care delivery and services. This will require a well-developed nursing and midwifery workforce, equipped with the right skills and abilities to provide care that crosses traditional boundaries. New roles and new ways of working are an inherent aspect of the Transforming Roles agenda (Scottish Government, 2016c). PEs have already played a significant part in this transformational agenda and will continue to do so.
The PE role is inextricably linked to improving quality and strengthening evidence based care. The imminent Excellence in Care Framework presents PEs with further opportunities to support the quality improvement agenda through use of systems of assurance and improvement for nursing and midwifery practice. Promoting best clinical practice through a process of reflection and continuous quality improvement is an integral aspect of the PE role. Involvement in development and delivery of education for the new Midwifery Clinical Supervision Model ensures that PEs are well placed to support future access to and uptake of clinical supervision for nurses, in line with the Chief Nursing Officer’s 2030 Nursing Vision (Scottish Government 2017a). We anticipate significant opportunities ahead of us as we move forward, including those that may be generated by the new NMC educational framework for nursing and midwifery education. We are looking forward to the prospect of working in new and even more creative ways to influence the embedding of quality education in practice.

References


