



LAMP Project Report

Review of HENCEL Preceptorship standards – Comparative Study

Executive Summary

December 2015

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Background to comparative study:

The London Association of Mental Health Nursing Practice (LAMP) was launched on the 29th November 2013. The Association was formed to provide a forum to allow staff who were involved in the support of mentors and student nurses in mental health settings, to undertake collaborative work to resolve operational issues and challenges that were common across our respective areas. The Associations aim is to maintain a quality improvement agenda to ensure student nurses have the best experience possible, also that the work of the mentors and their gatekeeping and professional safe guarding role in developing the future nursing workforce, is recognised and supported.

LAMP is also there to develop a bottom up approach, where members may find a glass ceiling impedes them circulating information about valuable work being undertaken in their Trusts, due to the competitive nature of publishing in journals that have an academic research focus. Adopting an appreciative inquiry model, the LAMP project group wanted to review the update of the HENCEL preceptorship standards within our respective Trusts. Although some of the LAMP members do not fall within the geographical area of London covered by HENCEL, it was assumed most mental health trusts would have preceptorship programmes running and the HENCEL standards could be used as a benchmark to ascertain what standards were in place across London, and where barriers to implementing standards occurred so a collaborative approach by LAMP members could address and overcome barriers where they occurred.

The LAMP project group were aware that the proposals outlined in the shape of caring review, would continue to make preceptorship a continual important component of professional development during the initial 6 – 12 months of a mental health nurses career, therefore this review was a good opportunity to take stock of where our respective Trusts were with their own programmes.

A number of the LAMP project group members had contributed to the development of the HENCEL preceptorship standards, and it was thought important to revisit these standards following their launch on the HENCEL website in 2014. The standards are not currently available on the HENCEL website, but they can be accessed on the following link:

<http://textlab.io/doc/7047/he-ncel-preceptorship-standards-2014>

This report should be read in conjunction with the LAMP Comparative Study: Preceptorship Programmes Nursing- London Mental Health Trusts. This reports details a comparison of components of preceptor programmes across London within mental health trusts. Executive summaries of all LAMP project reports can be obtained from the LAMP Wordpress site:

www.lampmentor.london

Full copies of these reports can be obtained by making a request to the LAMP administrator at lamp@city.ac.uk

LAMP Preceptorship Programme Evaluation Pack

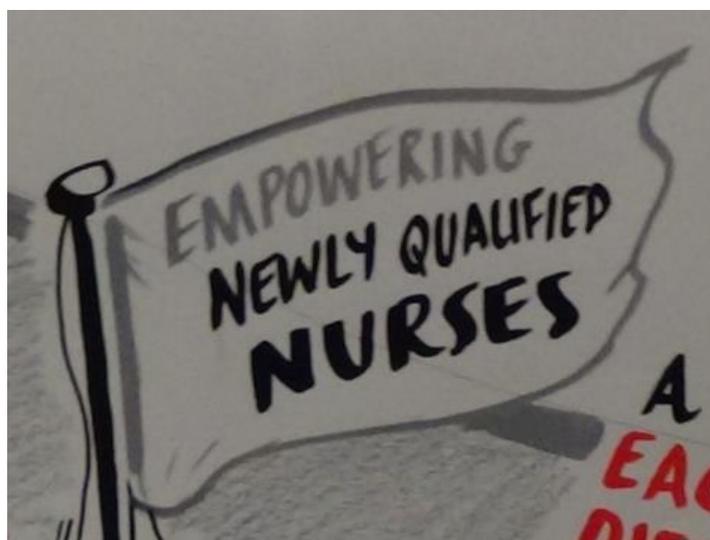
During the LAMP project year 2015/16, the LAMP project committee members reviewed a number of different evaluations tools. What we felt were the best of these tools have been updated and adapted and new tools developed benchmarking to previous models, these are available on the LAMP wordpress site:

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Summary of results: HENCEL Standards uptake

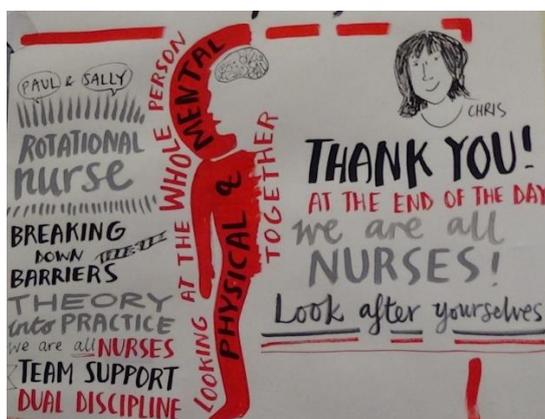
All Trusts confirmed:

- They had a preceptorship policy or one was in development.
- There was a Trust wide lead for preceptorship.
- There was a structured preceptorship programme supported by an executive Nurse.
- Protected time was given to preceptees to attend preceptorship programme activities.
- Preceptorship aligns with the organisational appraisal framework.
- Preceptees contribute to the development of preceptorship programmes.
- Most programmes incorporated elements of the following: Accountability/Career Development / Managing conflict / Delivering safe care/Emotional intelligence / Leadership/Quality Improvement / Reflection/ Safe staffing/ Raising concerns/ team working / Medicines management
- All Trusts tracked preceptees through the programme to completion.



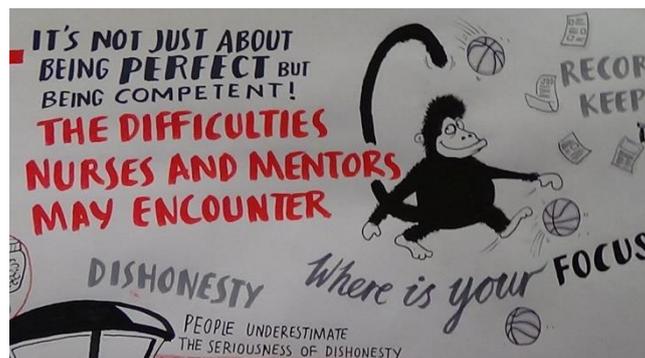
Areas for possible future development are

- There was no standardised evaluation tool(s) available for Trusts to use to evaluate their programmes, the Directors of Nursing forum should promote the development of a standardised tool for use across London.
- Protected time for preceptors was not given in all Trusts, this should be a standard across London, and audited to see if preceptors are able to take the time, this links directly to the issue with mentors having time to reflect with students, time in clinical practice is a finite resource, and existing models of supporting student nurses and newly qualified staff should be reviewed.
- Not all trusts offered training to preceptors that was distinct from mentorship training, feedback suggests a large number of trusts felt if staff had undertaken and passed the mentor training, this skill set was adequate to undertake the role of preceptor, and was part of the extended role of the mentor. PEFs should liaise with their AEI and open discussions on the role of the mentor in preceptorship, and if this role needs to be incorporated in mentor training, and follow through into mentor update workshops.
- Some Trusts delivered a preceptorship workshop programme in partnership with their HEI education provider, this was seen as a strong example of partnership working that other trusts should consider.



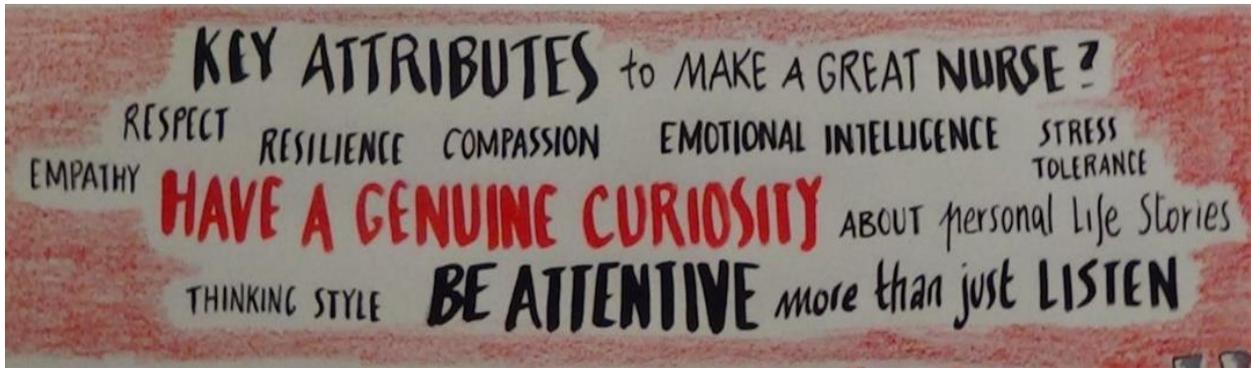
- Not all Trusts had a protected role that focused solely on preceptorship, in most cases this was an additional role undertaken by the PEF or practice development manager, this could prove a weakness in delivering this support, if this key person left, preceptorship programmes quickly became unravelled. Programmes were strongest, where there was a dedicated preceptorship lead, embedded within a larger education team with PEFs to support them and cover the post in their absence.
- Only one of the Trusts who responded maintained a register of preceptors. This was felt due to allocation of the existing mentors in the team who are already captured on the live mentor database.
- Identifying new nursing registrants in the workforce, occurred with the line manager informing the preceptorship lead. Some trusts reported their Human Resource (HR)

Departments also informed them, however from an earlier LAMP project (2014/15), it was identified most HR data collection systems are not sensitive enough to identify band 5 nurses who are new to the NMC register. Anecdotal information from HR teams on this earlier LAMP project suggested this was due to the equality and diversity safeguards built into the NHS Jobs application system, where new registrants may feel they will not be shortlisted if the potential employer is looking for 'experienced nurses'. During this project, It was felt this reason had the quality of an 'urban myth' as information from line managers suggested the short length of an applicant's employment history is often indicative of a new registrant, also most student nurses in their initial applications state in their supporting information, they have just completed their training. It would be helpful if HR teams could capture this information to ensure newly qualified nurses are registered for preceptorship programmes in a timely fashion with the information being sent by them direct to the preceptorship leads.



- There was sometimes a delay in the allocation of a named preceptor. Preceptorship Leads need to monitor the allocation of a named preceptor.
- None of the Trusts who responded had a 'transactional/ training needs analysis' for the preceptee as part of the preceptorship programme. The feedback from trusts indicated this was felt to be the remit of the individual's line manager, and something that was adjacent to the preceptorship programme that would be incorporated into the usual appraisal process. Most Preceptorship programmes run for a minimum of 6 months. An initial appraisal/ training needs analysis outside of mandatory training could be undertaken with individual preceptees, to identify individual learning needs and to focus the support required by individual new registrants, for example, for new registrants who may not have trained in the Trust where they have their first appointment.
- None of the Trusts who responded used their preceptors to evaluate their preceptorship programmes. Workshop programmes and workbooks were evaluated by preceptees. There was no organisational model used to undertake an overall evaluation of a Trusts preceptorship programme. Preceptors should be included in future programme evaluations.
- None of the preceptorship programmes had specific links to the 6cs, although anecdotal feedback confirmed the 6cs underpinned the nursing philosophy in each trust. Participating in a preceptorship programme for preceptees and preceptors should be incorporated in the evidence portfolios for future NMC revalidation.

- Resilience in the nursing workforce was not a common theme across preceptorship programmes. This theme in addition to other themes such as physical health could be a topic London trusts could collaborate on for their respective new registrants, with a programme of pan London Workshops.



Participating LAMP members

West London Mental Health Trust (WLMHT)

Central and North West London NHS Foundation Trust

Oxleas NHS Foundation Trust

Camden & Islington NHS Foundation Trust

North East London Foundation Trust (NELFT)

East London NHS Foundation Trust (ELFT)

South West London and St Georges Trust (SWL&STG)

