

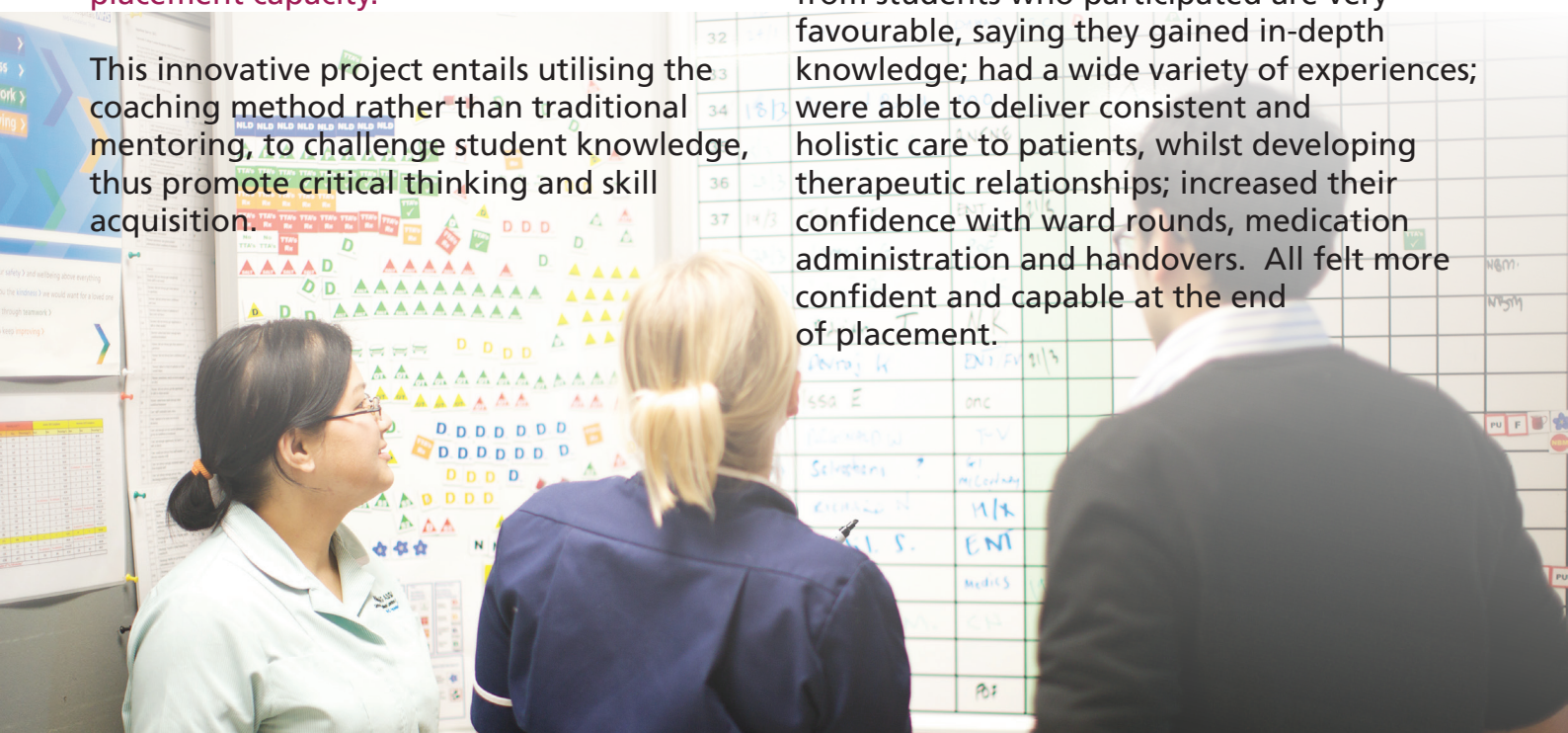
Lancashire Teaching Hospitals (LTHTr) are in the process of implementing a pilot of the CLiP® Project (Collaborative Learning in Practice) within two placement areas, to increase capacity, enhance placement satisfaction and improve the patient experience.

The coaches will be qualified Mentors, Associate Mentors and Assistant Practitioners. and to ensure rigor and moderation of assessment, the overseeing Mentor will have support from other qualified Mentors or Clinical Educator and Practice Education Facilitators. This project also supports the Nursing and Midwifery Council (NMC) plans to modernise the current coaching/mentorship model by 2017, whilst upholding the ethos of the "Shape of Caring" Report (2015).

This project has been running for almost three years in East Anglia and evaluations from students who participated are very favourable, saying they gained in-depth knowledge; had a wide variety of experiences; were able to deliver consistent and holistic care to patients, whilst developing therapeutic relationships; increased their confidence with ward rounds, medication administration and handovers. All felt more confident and capable at the end of placement.

This is very timely, considering the proposal to remove NHS bursaries. The Government suggests this will create 10,000 more student places with Health Education Institutions (HEIs). Therefore, to support this, and provide a workforce for the future, placement providers will need to increase placement capacity.

This innovative project entails utilising the coaching method rather than traditional mentoring, to challenge student knowledge, thus promote critical thinking and skill acquisition.



Key Outcomes

- The current model of student allocation to placements is inconsistent, as is reliant upon the audit outcome and number of qualified mentors in that area. This is a moveable figure because of staff shortages through sickness, maternity leave, annual leave and/or study leave. Generally on ward areas, the student numbers range between 4-8, and in high tech areas such as theatres and ICU they are around 10 -12. By utilising the CLiP® model we will be placing no less than 14 students in each pilot area, thereby increasing capacity by 133%
- Coaching sessions have been undertaken and this training is currently being cascaded to the rest of the teams by the ward managers, Learning Environment Managers and Practice Education Facilitators (PEFs). To date, this training has been positively received, with managers saying that their staff are actively engaging and looking forward to commencement of the pilot.
- Example Learning logs are currently being written, to challenge and increase students' knowledge within the context of each placement. The learning logs will also provide structure to their education, which will produce students who are able to critically think for themselves, rather than be reliant upon mentor direction.

Evaluation from the University of East Anglia (UEA) has shown that this increased student confidence and self-esteem, which in turn had a positive effect upon placement satisfaction and any indecision about staying on the course

- The multidisciplinary team are also being prepared, as all referrals, handovers, ward rounds and documentation will be completed by the learners, under the supervision of their coaches
- Students are being prepared by the HEI's prior to their allocation, in anticipation of the different learning experience. Apart from some anxiety from some internship students who are worried about this being their final placement, the remaining students are looking forward to the experience.



Background

The CLiP® model originates in Amsterdam and was brought to the UK by Senior Lecturer Charlene Lobo, from the University of East Anglia (UEA). It has been running for three years now in Norfolk and Great Yarmouth Hospitals. Their pilot was a huge success and the project has now extended to most of their practice placements. Lord Willis, and members of the Royal College of Nursing and the Nursing and Midwifery Council have all visited these hospitals to see the project for themselves, and have advocated this as best practice to increase capacity, aid retention of students and enhance mentor/student satisfaction (see Relevant Websites)

Likewise, it was deemed highly appropriate to implement the CLiP® model at Lancashire Teaching Hospital's NHS Foundation Trust, which is one of the largest and highest performing trusts in the country, providing district general hospital services to 370,000 people in Preston and Chorley, and specialist care to 1.5m people across Lancashire and South Cumbria.

Care is provided from three facilities:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- Specialist Mobility and Rehabilitation Centre

The project fulfils the ethos of the Health Education Mandate (2015/16), Health Education North West Strategic Plan (2015/16), Francis Report (2013), Keogh Review (2013), Willis Report (2012), Berwick Report (2013), Cavendish Review (2013) and NHS 5 Year Plan. These reports all highlight the need to develop a workforce fit for purpose to meet the increasing need for high quality healthcare delivered by professionals who are able to meet this demand, with relevant expertise and knowledge.

This includes recruiting more individuals onto healthcare courses, reducing attrition and increasing the numbers of healthcare learners achieving their qualification. The increasing numbers of nursing students is placing great demand upon placement capacity. Therefore it is envisaged the CLiP® project will ease the pressure, by increasing placement capacity.

The Project leads first heard the about the CLiP® model during a PEF meeting at the University of Central Lancashire (UCLan). Senior lecturers visited Charlene Lobo at the UEA to view the project placement sites, and were very impressed with how well it was running and how enthusiastic the students and coaches were about the process. PEFs at Lancashire Teaching Hospitals approached their Line Manager and Associate Nursing Director, to agree implementation.

Key Aims

To provide an enhanced and different placement experience for Mentors and Students

1) To demonstrate to the NW how placement capacity could be increased

2) To promote a quality learning environment

Objectives:

- To improve student placement satisfaction - According to some recent PARE (Practice Assessment Record & Evaluation) results, and subjects discussed at the 'Voice Events' in December 2015, students complained that on some placements they were not expected, some mentors were too busy to teach, insufficient educational resources and staff shortages added to the stress experienced by students on placement. This is documented to have a negative impact upon student retention. One of the main reasons why students leave the course early, disclosed at events run by Health Education England – North West (HEENW, 2015), is the lack of support by mentors and/or other qualified staff.

It is proposed the CLiP® project will play an important part towards the retention of students by helping to eliminate these concerns. The CLiP® approach will remove the need for mentors to work directly on a 1:1 basis, because coaching will be provided by all levels of staff including Bands 3 & 4. They will be overseen by overarching mentors who will maintain responsibility for care delivery.

- To provide excellent care delivery to patients – According to the national patient survey (2014) there are rising concerns from patients who feel there are not enough staff available to talk to, or get help from. It is highlighted that patients are waiting more than 5mins for a response to the call bell. Alarmingly a small number expressed they never got the help they requested. The CLiP® project will help to address this issue, as the whole ward approach to CLiP® will reduce incidence of patients being left in a bay on their own. 2-5 students will be providing overall care delivery to their allocated patients, under the direction of their coach and overarching mentor.

The students will facilitate all hygiene, nutritional and mobility assessment, document care activity and participate in ward rounds and handovers. Patients are currently being surveyed to obtain a baseline, which will be compared to the results of surveys during and after the pilot.

- To increase mentor experience – Mentors are surveyed following every mentor update at LTHTr to ascertain satisfaction with their role. Whilst the majority of mentors surveyed express they are satisfied generally, 67% said they don't get time to complete students' documentation in work time. Staff shortages have a negative impact on their ability to work the required 40% of placement time with allocated students. The CLiP® project will enable mentors to fulfil their role, by changing the ethos from instruction to coaching, questioning and 'stepping back' to allow the student to step forward and become critical thinkers. Because coaching will be provided by the whole team, this will release mentors to complete documentation in work time. Ongoing surveys should show an improved result at the end of the pilot.



Key Stages of Set-Up

It has taken 12 months to bring this project to implementation stage.

June 2015 – an invitation was sent to Charlene Lobo to visit and discuss the process of implementing the project. Invitations were also sent to all Ward Managers, which facilitated expressions of interest

August 2015 – Charlene presented her project to PEFs from Lancashire Teaching Hospitals and those from other organisations, Clinical Nurse Tutors, some Ward Managers, the Lead for Placement Support and the Associate Nursing Director.

September 2015 – a steering group was set up and met for the first time. This consisted of Placement Development Managers and their Lead from the Placement Development Network, PEFs, Head of Placement Support Unit at UCLan, Head of Placement Support Team (LTHTr), a Senior Lecturer from UCLan and University of Bolton, a Student Quality Ambassador, two Ward Managers who were very keen to progress with the project in their areas, a member of staff from Organisational Development Team who will be delivering coaching sessions, and an administrator to take minutes. Terms of References, a time line and agreement of future meeting dates were set up.

October 2015 – an application for funding from HEENW to support the project commenced

January 2016 – Charlene Lobo visited again for the day, to share all the documentation used in East Anglia and to give practical advice regarding implementation, coaching strategies and how to avoid any pitfalls.

February 2016 – the first coaching sessions commenced “Training the Trainers”. Posters and advertising materials designed and ordered. The pilot was introduced at a [Retention Event](#) hosted by HEENW, which generated a lot of interest from many attendees.

March 2016 – Funding from HEENW was approved and granted, which provided money for Charlene’s consultancy fees, advertising materials, payments to staff attending coaching sessions and support of the project on the two CLiP® areas. Posters were put up in the two pilot areas. Pre-project sessions were conducted by the PEFs in the two pilot areas to provide an insight into how it will work. This was very well received by both the students and staff who participated, which was very encouraging. Questionnaires were designed and approved by the steering group to survey students, staff and patients pre/during/post pilot.

April 2016 – cascade of coaching workshops commenced, with 26 staff from both pilot areas attending for several two hour sessions. These were very well received and attendees gave positive feedback. Students who have been allocated to the two CLiP® areas were prepared by lecturers from both Bolton University and UCLan.

May 2016 – patients, staff and students are being surveyed to provide a baseline of satisfaction prior to commencement of the pilot on the 31st.

How it Works

15-20 students will be allocated to each placement area and separated into “learning bays” with a coach who facilitates 1-3 students to undertake holistic care of a group of patients from essential skills, documentation, ward rounds and handover to the next shift. The coaches are overseen by over-arching mentors who maintain responsibility, complete the students’ documentation and provide support. The learners will also complete a daily log of activities which are linked to a specific learning outcome such as understanding patients’ conditions, relative anatomy & physiology, prescribed medications and side effects etc. The students may SPOKE out to other areas, including specialist bays within the hub placement, to follow their patient’s journey whilst increasing their knowledge and experience.

Resources

Funding for the project was applied for from HEENW to support the cost of materials, advertising, posters, leaflets and backfilling of staff to enable coaching training to be delivered by PEFs and designated trainers. £43,600 was applied for and £24,332 was granted. This has been spent on the above resources, including the release of a Band 6 Clinical Nurse Tutor two days a week to provide additional support to the two CLiP® areas and assist with the coaching of students.

Key Challenges

- The logistics of implementing the project, this was overcome by the support of the senior lecturer – Charlene Lobo, the advice from members of the steering group and the support from managers within LTHTr

- Obtaining financial support to enable coaching sessions to take place, staff to attend steering group meetings and general support of the project. The Head of the Placement Development Network recommended, and provided support with, an application for funding from HEENW

- Staff attendance at cascade coaching sessions because of service delivery challenges. Extra sessions were provided with support from the two ward managers.

- Full attendance at the Steering Group because of some member’s retirement and role changes. Invitations were sent out for replacement members.

- Questionnaires are labour intensive, therefore qualitative data can be obtained via transcribing verbal responses from staff/student/patients

- Some students were very anxious about the commencement of the project, especially those entering their final placement. Concerns were raised about being used as a “Guinea Pig” in the last months of training. Adequate preparation of the students is crucial to allay fears.

Key Learning

It is important to be organised, have contingency plans and try to keep to the proposed timeline. This is not a project that can be rushed through as it is a very labour intensive process, which needs a lot of input by PEFs and Clinical Tutors to support the staff in the proposed CLiP® areas. The input received from Charlene Lobo from the UEA has been immeasurable, therefore the PEFs at LTHTr will eventually be able to provide consultancy support to other areas who wish to implement this project. The learning logs have been adapted to suit LTHTr requirements and will transfer easily into the local HEI protocols regarding student clinical evidence collection.

It takes longer to train the coaches, because of time constraints and staffing level difficulties, therefore in the future, it will be imperative to start this training much sooner than a month before the project starts.

Sustainability

This project links with HEENW strategic objectives to reduce student attrition and the priority to increase placement capacity. Once the areas are established as a CLiP® environment, this will remain as such, to maintain the increased capacity and consistency of coaching technique.

The proposal is that this project will be cascaded to other areas as they request it. Presentations of the CLiP® project at the Nursing & Midwifery Professional Updates have already encouraged enquiries from other placement areas, within LTHTr.

Two more placements have expressed an interest in commencing the project once the pilot is completed.

The enhanced skill acquisition will produce confident and knowledgeable students who in-turn will become competent registrants. Patients will have greater access to attention from staff so they do not have to wait for a call bell to be answered, or get help with activities of daily living. Mentors will have time to complete student documentation, make judgements of capability and achieve the required 40% of placement time with learners. The pilot will also generate evidence to demonstrate how much capacity can be increased, the level of mentor, student and patient satisfaction, through the generation of a published report.

Next Steps

This pilot will allow the production of a roll out plan across the organisation.

- Implement the project into the next two areas and continue with this format until as many placements as possible are undertaking Collaborative Learning
- Once established in this Trust, the plan is to facilitate education and training for other organisations to commence this project including those from Primary Care, Mental Health and Child Health. This training will entail support in the selection of suitable environments to implement the CLiP® model; the number of staff to be taught coaching skills, the level of knowledge they will require to implement coaching techniques and resources to aid learning
- Collection of data from PARE and the "Voice Events" including focus group discussions prior to, during and post pilot implementation. As there will initially only be small numbers of students, focus groups will collect rich data, which will inform further development of the project.
- Apply for further funding through CQIN (Commissioning for Quality and Innovation)
- Production of a report for audit and wider dissemination. Once the pilot is completed, the data collected will provide evidence to produce this report which will facilitate further roll out of the project to other areas.
- Publication in a peer reviewed journal to highlight and share best practice.
- Attend and hold events and conferences to advertise and share this best practice
- Provide support to other organisations who wish to implement this project.
- To share the results with other PEFs and at regional meetings organised by HEENW – via published report

Relevant Websites

[James Pages University Hospitals NHS Foundation Trust – News feature](#)

References

Berwick Report (2013) A Promise to Learn – a commitment to Act. London: National Advisory Group

Cavendish, C. (2013). Review of Healthcare Assistants and Support Workers. London: Department of Health.
DoH (2014) The NHS Five Year Forward View. London: The Stationary Office

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationary office

Health Education England (2015) Refreshed Mandate. DoH: The Stationary Office

Health Education England (2015) 'Raising the Bar' Shape of Caring Review Report. Online. <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review>

Health Education North West (2015) Workforce Planning Cycle 2015/16 The Strategic Plan

Keogh B. (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: an overview report. London: The Stationary office

Willis, B. (2012), The Willis Report: Quality with Compassion: the future of nursing education. DoH London: The Stationary Office



For more information contact:

Stella S Cosgrove
Practice Education Facilitator
Stella.cosgrove@lthtr.nhs.uk
01772 522284