EMPLOYER APPROACHES BUILDING PLACEMENT CAPACITY

Introduction

The NHS Long Term Plan and the Interim People Plan set out a clear ambition to scale up the numbers of nursing students across the NHS. That begins with an additional 5,000 students in September 2019 with further scale up to follow. The NHS has also embraced the challenges of introducing the apprenticeship levy, and the implementation of new roles such as the nursing associate. The combination of these factors has resulted in services having to dramatically scale up the number of learners in the workplace.

Clinical placements are a pivotal element of healthcare education and from our discussions with employers, the ambition and motivation to meet the proposed increase in students is clear, however there is some apprehension about how additional capacity for placements can be generated.

This briefing provides an overview of some of the strategies and ideas currently being explored to increase placement capacity and offers some options for you to consider. You may wish to use this resource in your nursing education teams or in discussions with team leaders. It could also be used as part of a wider discussion in your sustainability and transformation partnerships (STP) or integrated care system (ICS) regions about how you might take a place-based approach to scaling up your capacity to host students.

Identifying your practice supervisors

The Nursing and Midwifery Council (NMC) standards for nurses implemented in January 2019 include the standards for student supervision and assessment,[2] which provides an opportunity for employers to review the supervision models used for their students.

A significant change is the move away from the traditional method of mentoring to one that separates out the supervisor and assessor roles, where students can be supervised by an NMC registered nurse, midwife, nursing associate, or any other registered health and social care professional.
Bradford District Care NHS Foundation Trust

To achieve its target of increasing placement capacity by 12 per cent, Bradford District Care NHS Foundation Trust is to introduce a three-tier placement support framework from September 2019. The framework includes a new supervisor support role that will be offered to staff working in band 3 to 5 roles and those looking to progress onto a teaching or assessing role, including newly qualified nursing associates and nurses, who will supervise first-year students. An experienced educator will be allocated to oversee them and registrants from other professions and disciplines will also offer formal practice supervision.

South West London and St George’s Mental Health NHS Trust

South West London and St George’s Mental Health Trust works in partnership with three Higher Education Institutes (HEIs): Kingston University, King’s College London and London Southbank University. The trust will deliver interactive face-to-face courses on the new NMC standards for student supervision and assessment in collaboration with each of these HEIs, in line with the Pan London Practice Learning Group training courses.

The trust is using the new standards to increase capacity of educational facilitators by raising awareness among staff from a range of professions and encouraging them to become supervisors via in-house forums. Newly qualified nursing associates and nurses will be trained as practice supervisors through an in-house preceptorship programme. Qualified nurses will then complete their practice assessor course as part of their ICAN (post preceptorship) course, to ensure a sustainable on-going workforce of practice supervisors and practice assessors. In addition to this, the trust will also offer standalone supervisor and assessor courses to ensure access for all registered staff in the trust.

The Pan London approach is that all current registered mentors will become practice assessors. The trust will also continue to run annual updates for nurse education facilitators and there will be online optional modules in addition to the face-to-face training which staff will have access to.

Northumberland, Tyne and Wear NHS Foundation Trust

Through partnerships with local Universities, Northumberland, Tyne and Wear NHS Foundation Trust has increased student numbers, in particular for their mental health and learning disabilities nursing programmes. To manage the increase in clinical placements and mentor support, the trust introduced a central mentor database aligned to ESR. This feeds into a dashboard that has enabled the trust to strengthen its governance of mandatory training, identify mentors that are no longer active and target areas for development. The trust also created two new roles; a practice educator support nurse and practice placement support co-ordinator, who support individual learners and help embed the programmes.

Things to consider

Have you thought about engaging staff to extend the scope of registered professionals trained as practice supervisors?

Are you running any events to engage staff and raise awareness of the NMC standards for student supervision and assessment? [2]
Managing and exploring new placements

To increase the supply of undergraduates entering the workforce, organisations must first ensure they have enough placement capacity to offer students a high quality and effective learning experience. Some employers are exploring new approaches as to how they manage capacity while others are looking outside of their organisation to seek out new placement opportunities.

**Essex Partnership University NHS Foundation Trust**

At Essex Partnership University NHS Foundation Trust, early stage discussions are taking place with partners across the STP to explore where placements can be offered, including settings not normally used such as in primary care. Agreements are currently in place for reciprocal placements with two social care partners, established as part of the nurse associate partnership but to date the courses have only been going a few months, so only internal placements have been used so far. Discussions are continuing through the Local Workforce Action Board and its sub-groups, where there is good representation from CCGs, primary care and social care to explore further opportunities.

**Leeds Teaching Hospitals NHS Trust**

Leeds Teaching Hospitals NHS Trust is in the early stages of developing a placement capacity tool and is currently testing a range of workforce metrics, for example, safer staffing workforce indicators and patient safety metrics, and whether there is any correlation between them, to help support capacity increase and monitor performance. In a move away from traditional mentoring, the trust has developed a model that uses a coaching approach to support students. The model was piloted in a 24 bedded respiratory unit where student numbers increased from 5 to 12 and mixed learners from different year groups.

**Guy’s and St Thomas’ NHS Foundation Trust**

Guy’s and St Thomas’ NHS Foundation Trust sent a reminder to all registered nurses and midwives about their responsibility to teach, supervise and assess the next generation of learners. This prompted recognition that some clinical areas were not routinely used for student learning and those areas are being approached to deliver learning as a ‘spoke’ placement, thus increasing the capacity of the ‘hub’ area. Settings being explored include research, clinical nurse specialist led clinics, and more specialist placements for senior students, for example, experience within the chief nurse office. The trust aims to increase capacity by 50 students in September 2019, dependent upon University recruitment.

**Avon and Wiltshire Mental Health Partnership NHS Trust**

Avon and Wiltshire Mental Health Partnership NHS Trust registers all nursing students on its trust-wide e-rostering system which enables them to view the distribution of learners. This helps to ensure that placements are evenly distributed.
distributed across settings and shift patterns, avoiding overburden and has helped to increase placement capacity. The system can be used to ensure that students receive the required training hours, time on shift with their mentor and exposure to a range of settings. It is simple to record any absence and can also identify if students are working in an unsustainable way, for example, undertaking bank shifts concurrently to placement shifts. Everyone, from the student, mentor and other staff, can easily see when students will be on the ward and the trust has also noticed a positive impact on service user experience.

**Imperial College Healthcare NHS Trust**

Imperial College Healthcare NHS Trust offers 10 start dates throughout the year for their nursing associate apprenticeship programme as part of their partnership agreement with a local university. By evening out the intake of students in this way, it helps the trust to manage student placements and has reduced ‘bottle necks’ in the system.

**Things to consider**

Are there opportunities to explore potential placements across the STP/ICS?  
Why not start a conversation with your university partners about alternative delivery models?

**Introducing models that support effective learning in practice**

To help build placement capacity, some trusts are piloting or developing models that incorporate the principles of a coaching style approach. Under this approach students are directly involved in hands-on patient care and empowered to take a greater level of responsibility for their own self-directed learning.

Applying a coaching model can enable students from different year groups to work together and, for example, as a team they will lead a bay with support from a practice educator or coach. The coach is available to observe and supervise and ask questions that encourage the students to explain their practice and identify the learning. Some of the models also provide a protected learning hour each day in which students undertake related tasks, such as to research and find out more about their patient’s conditions and treatment.

**Worcester Acute NHS Trust**

Two years ago, Worcester Acute NHS Trust developed a coaching model which they introduced in summer 2018. The approach has been embedded across five areas, including outpatients and is currently being rolled out to a further seven areas. Student capacity has doubled and there is scope to extend this further. The trust recruited a manager specifically to implement the coaching model which
was instrumental in helping to embed it. Among the staff, the trust has seen a real culture shift towards creating learning environments where everyone sees the benefit of supporting each other and is no longer seen as being the sole responsibility of the mentors.

**West Suffolk NHS Foundation Trust**

West Suffolk NHS Foundation Trust is using a coaching model to increase capacity in seven areas, including children’s nursing and midwifery. It is planning to extend this across 10 further areas over the next two years. The trust adapts the model for each area while maintaining the principles that underpin the coaching approach. This includes all students (not just those in areas using coaching) having a protected learning hour each day. The model has been expanded into some community settings and adapted to suit the environment. It is working well within inpatient community settings and discussions are ongoing as to how the coaching principles can adopted by the smaller teams.

**Dorset Healthcare University NHS Foundation Trust**

Dorset Healthcare University NHS Foundation Trust piloted a coaching model in a children’s mental health unit and now plans to roll this out in other areas with the aim of increasing placement capacity by 25 per cent. The trust is part of a steering group alongside other trusts within Health Education Wessex, set up to manage this. Each trust is recruiting for a full-time facilitator as they recognise this is needed to expand the model successfully. Third-year students who were involved in the pilot have presented the coaching model to ward managers and their peers to help raise awareness and understanding of the approach. Being able to hear and visualise how the model works, and see first-hand the confidence the students have developed, has inspired many of those who struggled to understand its concept to implement it in their own service settings.

**Things to consider**

Could a coaching style approach be adapted for your placement areas?

Are there any other models of support that you can utilise?

**Additional education and training resources**

For further information and guidance, visit [www.nhsemployers.org/education](http://www.nhsemployers.org/education)