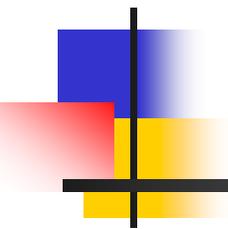


Doc. In Prof. Studies in Health: Leadership of Innovation and Change in Mental Health Services.

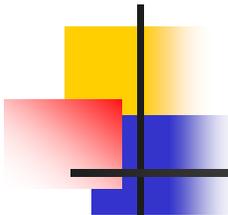


Leading and learning on a WBL
doctoral programme

Patrick Coyne

E-mail: nurserotation@aol.com

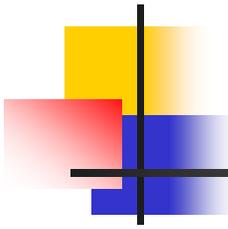
8th December 2003



Aim: To describe how a WBL Doctorate help my leadership

Objectives:

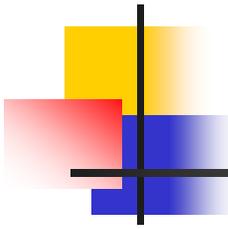
- To describe my leadership work
- To describe the nature of a WBL doctoral in professional studies
- To describe the content of my course.
- To describe the major project of my doctoral programme.
- To consider benefits and problems



Definition – Work Based Learning

- Learning for work
- Learning at work
- Learning from work
- (Seagraves et al 1996)
- Linking learning to the work role:
- Structured learning in the workplace
- Providing appropriate on-job training/learning opportunities
- Identifying and providing relevant off-job learning opportunities (Levy et al 1989 p. 4 - see Brennan and Little 1996)

- However so What?... profit – share value or public & personal health gains.

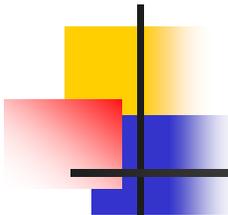


Reflective Practice Capabilities

- CV
- Expanded job description
- Reflective practice model: Benner (Novice to Expert); Boud (Using experience for learning), Knowles et al (The adult learner), Schon (The reflective practitioner)
- Recently - Sainsbury Centre and NSF for MH – competencies.

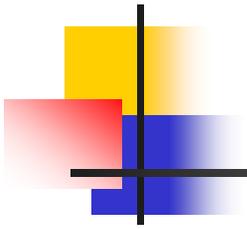
My leadership capabilities and work - summary

<p>Nursing: mental health, elderly care; adult acute care; forensic</p>	<p>Public health: Substance Misuse/HIV</p>	<p>Clinical Practice: relapse prevention; community assessment; rehabilitation; dual diagnosis</p>
<p>Research: Sexual health & Substance misuse; impact of nursing; research leadership for nurses in west London Mental Health Research Consortium</p>	<p>International leadership: The International Network of Nurses who work with tobacco, alcohol and other drugs (TINN): ANSA</p>	<p>Leadership: nursing; LEO programme; NLP</p>
<p>Consultancy: management development; new projects; investigations</p>	<p>Operations management: stat and non-stat; substance misuse and mental health.</p>	<p>Policy bodies e.g Dept Health/ANSA good practice guidance booklets for nurses working with substance misuse; HIV</p>



Recognition of Accredited Learning – future intentions

Past	Present	Future
Substance Misuse Service development and nursing work	Dual Diagnosis Strategy Relapse Prevention	Leadership and consultancy in clinical and HR fields
Leading Job Rotation for Recruitment and Retention	Principal Investigator Job Rotation Schemes	Lead and Support WBL in the area of Dual Diagnosis – Job Rotation
Joint Trust Nursing Research Leadership	WBL Doctoral studies as Consultant Nurse	Lead and Supervise research projects in clinical and HR fields.



Level 5 Descriptor Doctorate in Professional Studies (health)

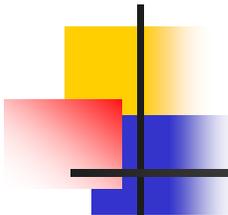
The production of original work which results in significant innovation and change within a profession and/or organisation is the overarching capability of the Doctoral Award.

..Demonstrate the ability to address the broader implications of Work Based research and projects including the recognition of the wider political environments associated with innovation and understanding and recognise barriers and implementation strategies to achieve sustainable change.....

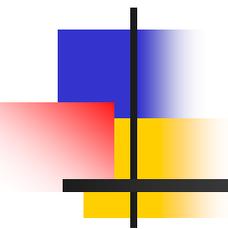
Building A Doctoral Programme – A learning agreement

Review of Learning RAL	Programme Plan	Research and Development in Professional Practice	Leadership – via consultancy on Relapse Prevention in Brent Mental Health Services
Leadership via. the writing and dissemination of a Trust strategy document on Dual Diagnosis Service Development	Expert Seminars – Leadership of change	Leading and developing a job rotation scheme – phase one of the experienced nurse rotation schemes evaluation	The leadership and development of an evidence-based model of good practice in job rotation to improve recruitment and retention

Doctoral Objectives



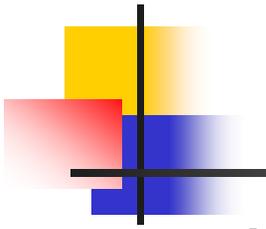
1. To review how my Recognition of Accredited Learning/Review of Learning and my selected doctoral modules are relevant to my Doctorate Programme by evidencing my capabilities to Lead Change and Innovation.
2. To present my major doctorate project which is 'The leadership and development of an evidence-based model of Good Practice in Job Rotation to improve recruitment and retention in mental health services.
3. To Critically analyse the process and impact of my leadership of major organisational change as a nurse leader.



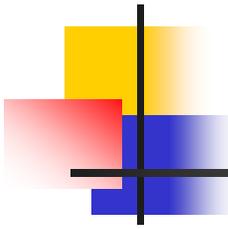
The Leadership and development of an evidence-based model of Good Practice in Job Rotation to improve Recruitment and Retention in Mental Health Services

Patrick Coyne, Nurse Consultant,
CNWL Mental Health NHS Trust

Aim of the presentation



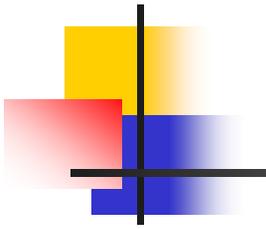
To describe the use of Job Rotation in west London to attract and retain nurses to 'hard to staff' areas, as well as the action research programme that is in place to evaluate the scheme, which will lead to the production of an evidence-based Good Practice Model for Job Rotation.



Objectives

- Workforce
- Need analysis
- Stakeholders
- Essential characteristics
- Action Research
- Working in partnership
- Current achievements
- Future challenges
- Conclusions
- Recommendations
- National network

Workforce issues



- **expanding services** - arrest referral, drug treatment and testing, court liaison, prison care
- 'dangerous staffing levels'
- **challenges:**
 - accountability
 - absence of career pathways
 - Lack of experience
 - non-professional workers
 - protecting staff & service users

Workforce development

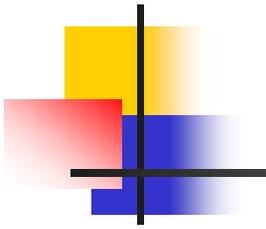
- National & International recruitment campaign
- Training plan - training places for care assistant, mental health workers
- Career pathways - Consultant Nurses
- Support for carers
- Liaison work with housing, primary care, A&E
- Return to work
- Flexible retirement



History of the Job Rotation Scheme

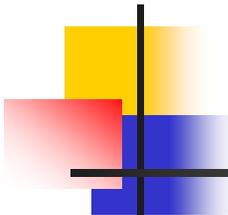
- Westminster 1996 - 'hard to staff' - 'idea' of rotation?
- Attractive to stakeholders - d/e nurses!
- Yet 'turn-over' of staff and leaders.....
- Trust Board decision to employ Co-ordinator
- Partnerships/stakeholder work e.g. Joint Trust, education, research, supervisors, development areas
- Refine concept and bid to Education Consortium
- Development groups
- Review, evaluation & dissemination process.
- Developments: supervisors, experienced nurses
- On-going funding.....

Retention and recruitment needs

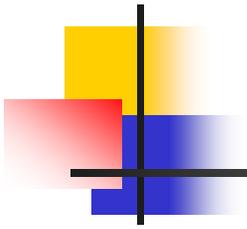


- Salary
- 'Hard to staff areas'
- Weak core teams
- Technical skills deficits
- Lack of continuity of care
- Staff move 'around' at present
- Lack of career planning
- Lack of organised professional development
- Workforce and service development planning
- Costs -Bank/agency cost - to 25%
- Recruitment 5K

Literature Review



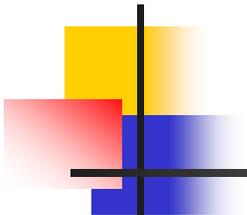
- Dufault et al 1992 'A statewide consortium initiative to establish an undergraduate clinical internship programme'
- 'Working Together' first NHS HR strategy
- Buchan (1999) 'Meeting the needs of an aging workforce' lack of 'age proofing' in NHS
- Miller (1990) A study of the effect of a nursing internship program on job satisfaction and the development of clinical competence.
- Benner (1984) Novice to expert.
- Castledine (1999) Novice nurses are not well treated by colleagues.
- Sainsbury Centre (1999)- OT Rotation Schemes



Stakeholders: to improve retention of nurses

- Service users and carers
- Staff working in 'hard to staff' areas
- Managers of 'hard to staff' areas
- Trust boards/Nurse Leaders/Education Consortia
- Governmental and professional organisations

Essential Concepts of the Job Rotation Scheme



3 eight month placements

Level 3 education: CPA; Assessment; management

Accredited work-based learning

Newly registered

Staff Nurse Development

D to E conversion against competencies at 6 months.

Development groups

Overall project management group

Project co-ordinator 'join up working'

Clinical supervisors support

Action Research Evaluation

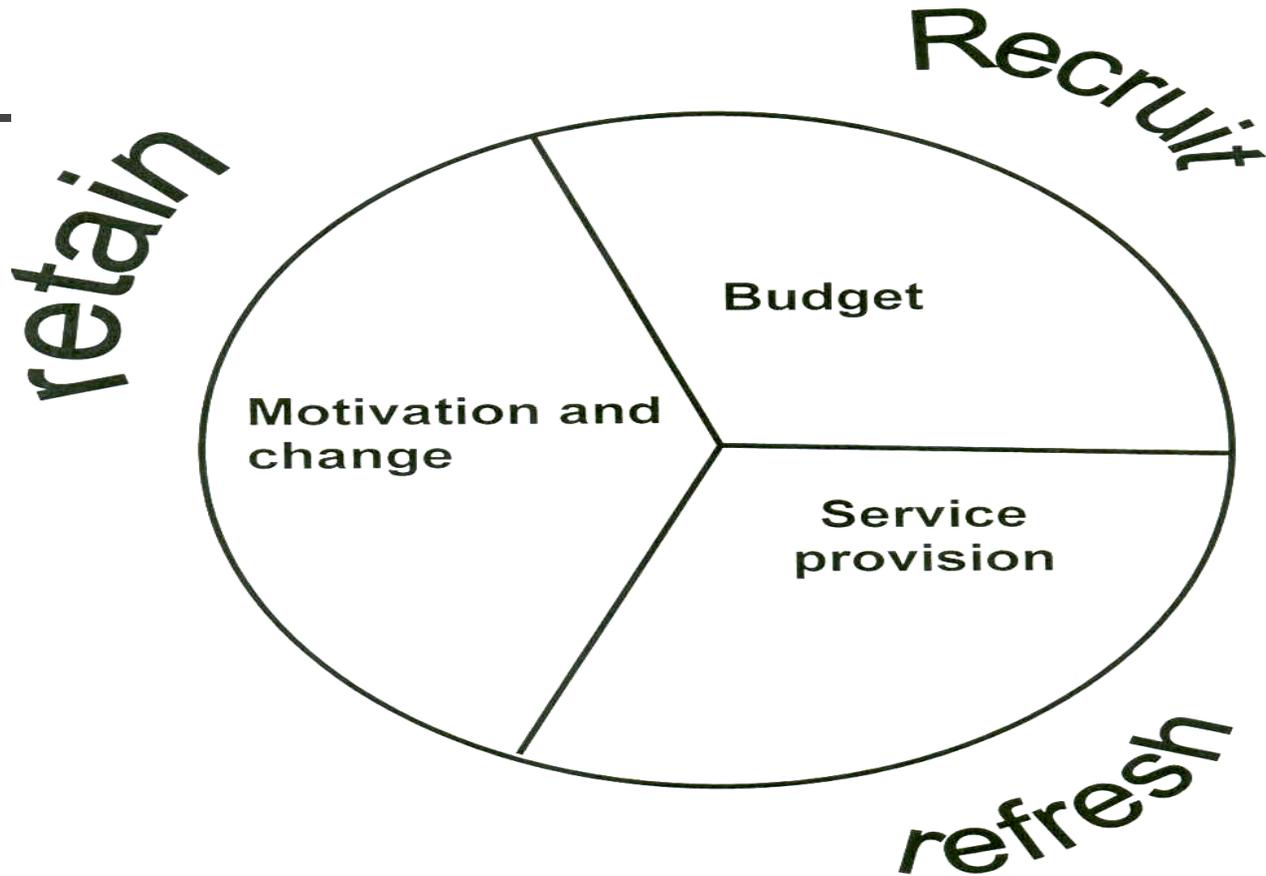
Partnerships: Trusts, education, research, nurses, HR

Dissemination plan

'hard to staff' areas

Substitute bank / agency

ROTATIONAL SCHEMES

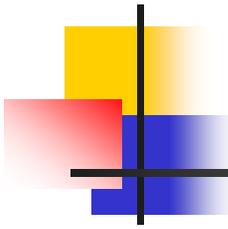


Outcomes

PatrickCoynewww.nurserotation.com

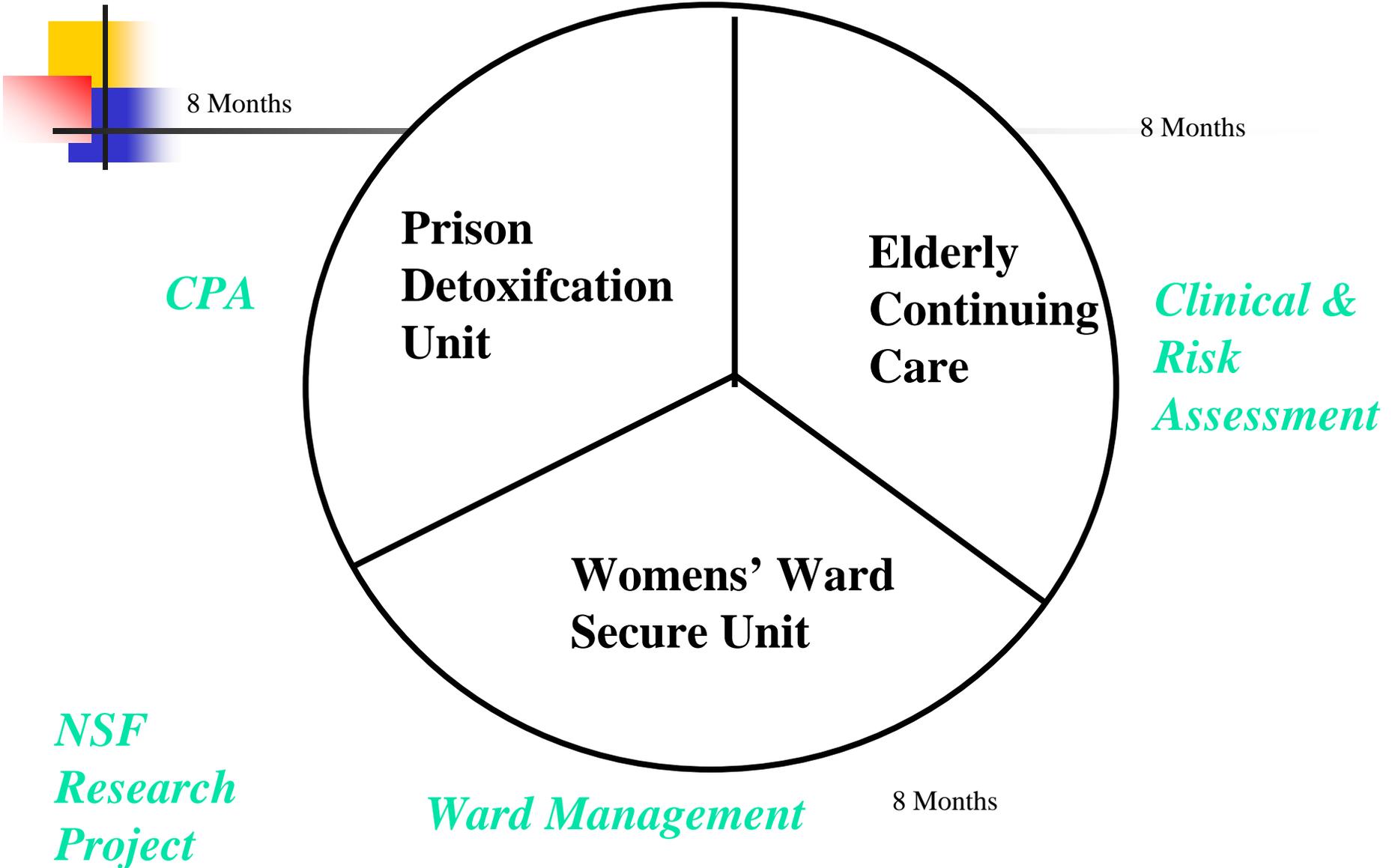
www.nurserotation.com

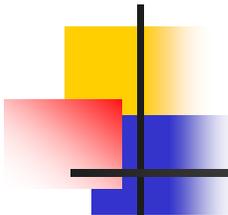
Useful evaluation: Action Research...creating evidence-based model of Good Practice



- the group - stakeholders
- the problem
- the solution
- the plans
- the results
- the learning
-rapid change
- whole system
- local
- Research Consultant: Prof. James Buchan
- Jane Ball, Employment Research
- Dr. Ricky Lucock
- Co-ordinator - Patrick Coyne
- Action Research Community
- Ownership - all 150
- Spin-offs
- Rapid change
- Sharing

D/E Intern/Rotation Scheme/Work-Based Learning

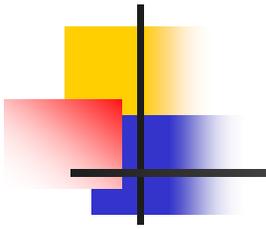




Research Questions – generating evidence for a model of Good Practice

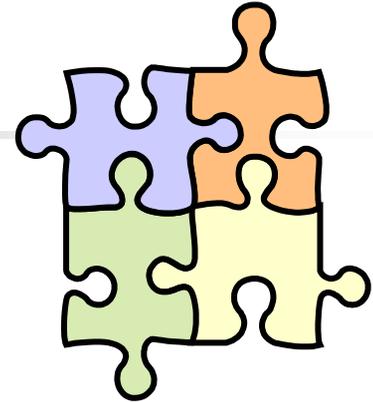
1. To assess the impact of the introduction of a D/E grade nurse rotation/intern programme in two London mental health trusts particularly in relation to:
 - staff retention
 - job satisfaction
 - career development
2. What are the views and opinions of stakeholders, and their change, over the planned two year cycle of the first cohort of nurses on the rotation scheme?
3. What are the perceptions of Supervisors of Nurses on the Rotation Scheme about the benefits and limitations of the scheme and their suggestions for improvement.
4. What are the perceptions, reasons and expectation of nurses joining the Experienced Nurse Rotation Scheme
5. What are the perceptions of gain, and areas for improvement that Nurses who have joined the Experienced Nurse Rotation Scheme.
6. What are the perceptions of nurses who have joined a d/e rotation/intern scheme.

Achievements 1

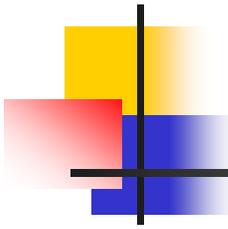
- 
-
- Partnerships maintained
 - Co-ordinator
 - Development Funding
 - Two cohorts/research
 - Supervisors course
 - Experienced Nurse Scheme
 - New funding plan for cohort 3
 - Cohort three recruited to
 - Extensive inclusive reviews
 - Cohort advertised - BKCW
 - Lessons from research incorporated to operations
 - Development groups
 - Attracted new nurses
 - Nurses from out of London
 - 70% first cohort in scheme at month 12
 - First cohort have worked in 3 'hard to staff 'areas

Rotation Scheme Network

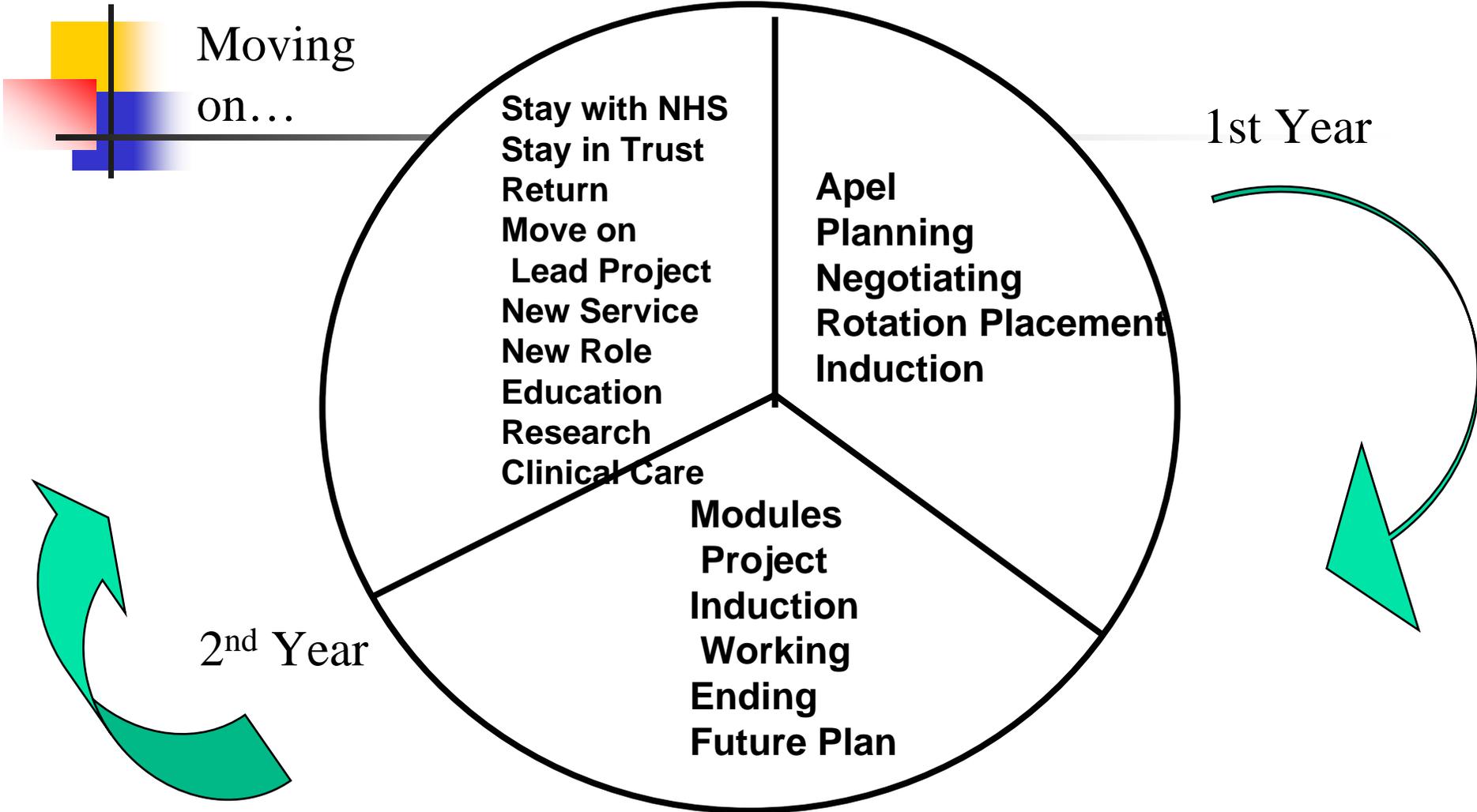
- sharing good practice - widely
- www.nurserotation.com
- nurserotation@aol.com
- contents: description of the bids, costings, contacts, future events, other schemes, information & advice, partnerships, further evaluation and sharing
- register of projects from the Nurse on the scheme
- Interim evaluation report



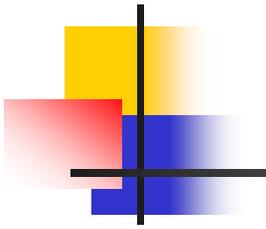
Achievements: 2

- 
-
- Nurses up-graded d to e
 - CPA education
 - Risk Assessment education
 - Anecdotal evidence
 - A third cohort has been recruited
 - Communication between new d/e grades and senior managers
 - External interest - publications
 - Accepted for national and international conferences
 - Workforce Action Team recommending the work
 - a 'whole system' approach
 - nurses on the scheme value it

Experienced Nurse Rotation Scheme

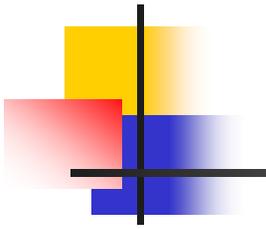


Achievements:3



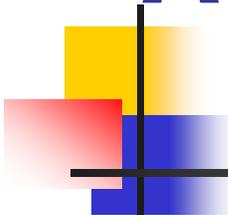
- Nurses on the scheme appreciate the Trust's interest in them.
- Controlled rotation of staff is being accepted
- Nurses on the scheme are overcoming 'avoidance of client need'
- Nurses on the scheme are undertaking B.Sc research projects
- One of the largest research/knowledge development projects in the Trusts
- The Rotation Scheme Project is Nurse-Led
- Education package is up-to-date and directly applicable
- A wide range of problems have been solved
- Web-page/e-mail
- National network

Achievements 4 (yr 3)



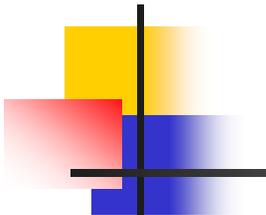
- **WAT Recommendation 2001**
- **Developments with other trusts e.g. EBH, Homerton Hospital, SLAM**
- **Holloway Prison - 2 posts**
- **Cohort in Broadmoor Hospital**
- **Succession posts for Rotation Scheme Co-ordinator**
- **NSF related projects**
- **4th Cohort Feb 2002 (82)**
- **5th cohort (Brent) recruited**
- **Cohort 1 completed in Feb, major still with trusts.**
- **Number of staff have 'F' grade posts**
- **Experienced Nurse Scheme at one year (12)**
- **ENS - rotations being negotiated**

Achievements 5 (yr 4/5)



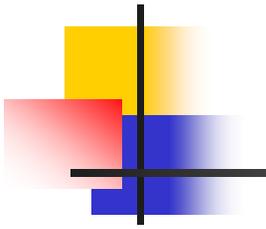
- Schemes in SLAM, Homerton, City and Hackney, EBH, Herts, continuance in West London.
- Continuation after management changes, and mergers.
- Development in substance misuse/mental health (dual diagnosis)
- Doctoral project in development
- First Research Report Completed - ENS

NSF Related Projects



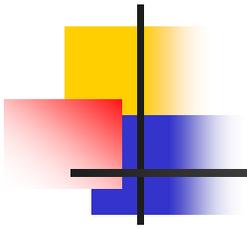
- **Barbara Miles** Effectiveness of a rehabilitation programme in preparing users for community living
- **Coreen Thomas** Role of Liaison Nurses
- **Daniel Tweede** Use of seclusion on a high dependency unit in a special hospital
- **Emma Burnett** Staff-patient interaction on an acute ward
- **Gavin Bayne** Caseload differences between case managers and CPNs
- **Grace Wright-Herbert**
Prevention of pressure sores on an elderly care ward
- **Ida Mbekeani** Developing an assessment tool for substance misuse
- **Itai Nyanyiwa** Developing a risk assessment tool to assist transfer from PICU to an open ward
- **Jonathan Cakana** Medication side effect monitoring by CPNs
- **Nkoyo Patrick** Improving risk assessment between inpatient and community services
- **Sib Senda** Implementation of clinical supervision.

Future Challenges



- Motivation and stakeholders
- Funding
- Cross organisation rotations
- Transferring the learning
- Development package for nurses after d/e scheme
- Non-nurses
- Non-NHS agencies
- Service users & carers
- Involve the 'Learning Partnerships' for NSFs
- Further evaluation funds
- Expand internet/web
- Economic evaluation

Conclusions



This presentation described

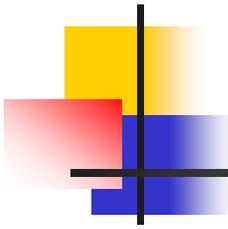
- Workforce needs
- Needs which lead to the Nurse Rotation Scheme
- The concept of the project
- The implementation to-date
- Developments which have resulted from the work to-date

Recommendations

- Essentially that the rotation scheme for a career be seen as a '40 year career'
- Manpower movement be co-ordinated with accredited, work-based learning and knowledge generation.
- Education is related to service planning and 'life long learning'
- Rotation schemes be robustly researched



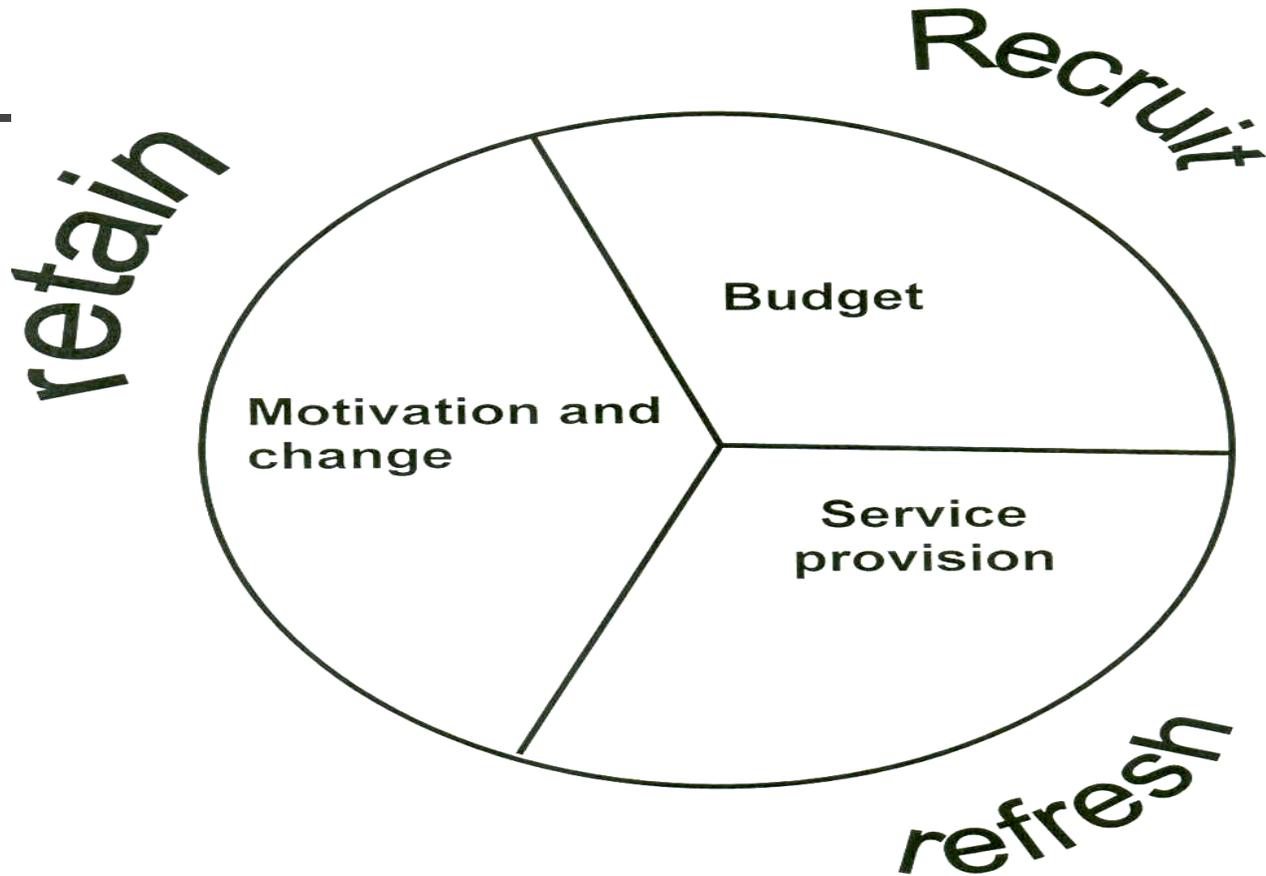
WAT 2001



Acknowledgements

- Peter Walsh and Luella Dixon
- Service users and carers who support the scheme
- Nurses on the scheme
- Supervisors and managers
- Development groups
- Senior Managers in Trusts
- Middlesex University
- Prof Buchan and Jane Ball
- Dr. Ricky Lucock
- Education Consortium
- Network enquirers
- Gabrielle Atmarrow
- Adrian Nelson, Eamon Toman

ROTATIONAL SCHEMES

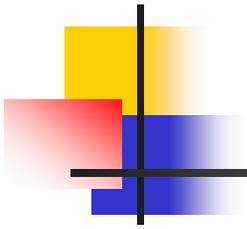


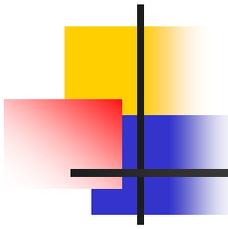
Outcomes

PatrickCoynewww.nurserotation.com

www.nurserotation.com

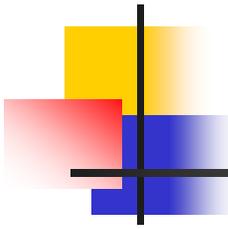
References and citations

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- **Bexton, T. (2001) All in a day's work. Evening Standard, Monday 6th of August**
 - **Coyne, P. Beadsmoore, A. (2001) A turn for the better – a nurse rotation programme has already boosted recruitment in the hard-to-staff mental health sector. Health Service Journal, 19th April, 29.**
 - **Jackson, C. (2001) Squaring the vicious circle – a joint scheme in two London trusts may provide the answer to the endemic staffing crisis on their wards. Mental Health Care, 41(5) 148-149**
 - **Parish, C. (2001) Learn while you work. Nursing standard, 26(16) 16-17**
 - **Coyne, P (2002) the expanding role of the Addictions Nurse: Rotation Schemes and Prescriptive Authority. The drug and alcohol professional, 2(3) 31-40**
 - **Department of Health (2002) Workforce Action Team Report – Mental Health. London; HMSO (p. 58-60, 113)**
 - **Genkeer, L. Gough, P. Finlayson, B. (2003) The mental health inquiry – workforce. London; Kings Fund.**



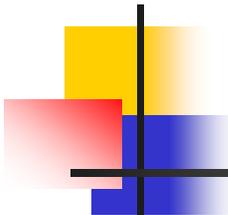
Benefits of a WBL Doc. Programme

- Discussion



Problems with a WBL Doc. Programme

- Discussion



Conclusion

This presentation covered:

- How a WBL Doctorate helps develop my leadership capabilities and work related outcomes
- The nature of a WBL doctoral in professional studies
- The content of my course – Leading innovation and change in mental health services.
- The major project of my doctoral programme – an Evidence Based Good Practice Model.
- Consideration of benefits and problems