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Evaluation of Clinical Nurse Tutor Project at Dartford and Gravesham NHS Trust (DGT)

A report by School of Health Sciences, Faculty of Education, Health and Human Sciences

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Evaluation of the Clinical Nurse Tutor Project at Dartford and Gravesham NHS Trust (DGT)

Executive Summary

Dartford and Gravesham NHS Trust approached the University of Greenwich to conduct an evaluation of their Clinical Nurse Tutor (CNT) Project. The impetus for the Trust project arose out of concerns that practitioners, notably registered nurses (Band 4-7) were not being supported within the clinical area to develop their skills and knowledge and this in turn was having an impact on the quality and outcome of patient care and the retention of staff. Senior Managers within the Trust were concerned about "*rises in incidents and complaints"* involving adult Registered Nurses (RNs) which were potentially causing harm to patients with specific concerns around medication errors and errors in the management of patients with diabetes. There were also concerns that these issues were having an impact on staff wellbeing. In part this was due to the COVID 19 pandemic whereby education and training activities had been cancelled and staff therefore where not up to date with training, or had not attended, mandatory training or yearly updates. Whilst this was within the context of the COVID 19 pandemic it was identified that there was a longer term need to support and educate staff within clinical practice itself and limitations of current resources precluded this. The CNT Project was therefore developed as a strategy for continuous quality improvement. The focus of the Project being adult services within the Medical and Surgical Divisions within the Trust. The Project was funded by Health Education England.

This current evaluation began in October 2023, its aim being to determine:

1. the effectiveness of the Project as measured against the project aims and KPIs;
2. the value of the CNT role and its impact on the stakeholders involved;
3. strategies to support the sustainability and expansion of the Project.

The data presented in this report are the findings from a thematic analysis of the existing data provided by the Trust and the qualitative data obtained from focus groups and interviews. Focus groups involved practitioners who had received interventions in the form of teaching or other support from the CNTs and interviews were held with key stakeholders. The findings from this evaluation indicate the overall Project aims have been met in that the Trust has successfully introduced the role of the CNT within the Trust. The introduction of the CNT role has had a positive impact on practitioners and the Project has wider implications for the Trust as a whole impacting positively on staff wellbeing. Notably, the CNT role located within clinical practice for 80% of the time, contributes effectively developing the Trust's identity as a Learning Organisation. Practitioners who have received interventions reported increased confidence and

competence in skills which has increased the quality of care delivery, impacted on patient outcomes and staff wellbeing. The Project had specific KPIs and the findings of this evaluation affirm that that the Project has met its KPIs in the following ways:

KPI	**Outcome**
KPI 1: 10% decrease in reported incidences involving adult RNs, which cause harm in 2 key categories; medication errors and management of patients with diabetes. To be achieved within 8 months of the project start.	Achieved Achieved September 2023 with ongoing achievement. Data indicates that overall, there has been a 67% reduction in incidents relating to the nursing care of patients with diabetes
KPI 2: 25% improvement in self-reported job satisfaction as measured by the CNT survey. To be achieved within 8 months of the project start.	Achieved May 2023 The CNT survey indicated that a 34% increase in job satisfaction for staff who had received interventions from the CNT team
KPI 3: 5% increase in retention of adult registered nurses with in the first two years at DGT within 12 months	Improvement in staff wellbeing identified through wellbeing conversations and feedback from staff and managers were reported in this evaluation which contributed to a supportive and enabling environment – this informed a wider increasing retention rates and reducing attrition.
KPI 4: 25% of registered nurses in adult wards will be practice assessors/ mentors in 12 months of the project	Achieved and sustained before the end of the project The CNTs have created a new register, maintained and promoted the intake of the PA qualifications
Project Objective: to teach at least 25% of registered nurses (Bands 4 to 7) in each clinical area where the CNT project was being implemented.	Achieved Data recorded from January 2023 to September 2023 indicates that this has been achieved across 22 wards. The CNTs have competed over 3000 teaching sessions. The CNT team developed a strategy for teaching to help achieve the project aims and KPI's and to achieve the above KPIs, using the CQI tools. A SMART project Aim was developed to teach a minimum of 25% of RNs in each clinical areas in all clinical skills, so as to cascade the trainings for the rest of the staff.

Recommendations and areas for improvement emerged from the key themes. It is recommended that the role of the CNT is continued. It adds value to the Trust, and potentially improves patient outcomes and staff wellbeing. It is a unique role that delivers bite-sized teaching within the clinical area, allowing learning and reflection in practice. It is also a role that complements other areas of education and training offered within the Trust and contributes to the Trust's intention to become a learning organisation in a way that is tangible and meaningful.

It is recommended that consideration is given to disseminating a clear definition of the role, revised, and clarified in light of the findings of this evaluation. It is also suggested that conceptual

understandings of the nature and dimensions of the CNT role are aligned with the theoretical perspectives of complexity theory and rhizomatic learning theory to support the approach to teaching and the location of the role within the wider organisation.

Other recommendations include suggestions to:

- Continue to locate the role under the management and leadership of the Clinical Education Department and Head of Clinical Education to help ensure that the role remains holistic and to minimize the likelihood of the CNT being absorbed into practice as a practitioner as opposed to an educator;
- Continue to effectively communicate the purpose of the role and engage staff;
- Revise the KPIs. The KPIs were developed for the CNT project and now that the role has been successfully implemented it is suggested that objectives for the CNT role now more accurately reflect the nature of teaching across the adult services;
- Continue to use Datix metrics to inform teaching content whilst also continuing to liaise with frontline practitioners, ward managers and colleagues at senior level to determine teaching needs within the individual divisions and clinical areas;
- Consider resources to support the development of the team to ensure team identify and to help sustain effective team dynamics; and that the Clinical Nurse Tutors have a defined space where they can meet and prepare teaching activities;
- Encourage the project lead and CNTs to 'manualise' the process by which they implemented the project – in terms of design, roles, processes, and operational milestones. This would engender the project being transferable for development within other Trusts;
- Consider the development of a resource that Trust staff can access that lists the nature of teaching that the CNTS provide so that staff can determine if the CNTs can meet their needs, whilst maintaining the model whereby critical incidents and continuous quality improvement drive the teaching content;
- Consider evolution of the role for medical staff whereby a clinical junior doctor tutor (CJDT) role is developed from the more traditional Clinical Fellow in Education position.

1. Background, aim and objectives of the evaluation

1.1 Background

The COVID 19 pandemic highlighted a need within Dartford and Gravesham Trust (DGH) whereby nurses had lack of opportunity to develop their skills and knowledge within the clinical environment. There were concerns that the workforce, notably junior nursing workforce were 'burnt out' and it was identified that ward managers were not able to support nurses in practice due to the constraints of practice and the demands on their time. There was a concern that nurses were not being supported within the clinical area to develop their skills and knowledge and this in turn was having an impact on the quality and outcome of care and the retention of staff. Senior Managers within the Trust were concerned about *"rises in incidents and complaints"* involving adult Registered Nurses (RNs) which were potentially causing harm to patients with specific concerns around medication errors and errors in the management of patients with diabetes. These incidents were being picked up via the Datix system, an electronic technology system that DGT have adopted to manage event reporting. It is a risk management system designed to collect and manage data on adverse events including complaints and risk.

It was then noted that the increased number of incidents and complaints were in turn having an impact on staff wellbeing. In part this was due to the COVID 19 pandemic whereby education and training activities had been cancelled and staff therefore where not up to date with or had not attended yearly updates. Whilst this was COVID 19 specific it was also identified that there was a long term need to support and educate staff within clinical practice itself and limitations of current resources precluded this. The Clinical Nurse Tutor (CNT) Project was therefore developed as a strategy for quality improvement. The focus of the Project being adult services within the medical and surgical divisions within the Trust.

The Trust was successful in securing funding from Health Education England (HEE) to support the implementation of the Project. The HEE funding supported the Project from October 2022 to October 2023 with additional Trust funding to support the Project until end of March 2024. The overarching objective of the Project being to introduce and pilot the role of the CNT within the Trust. Other aims were to implement strategies that would support staff through activities that positively impact on quality improvement in specific areas of care. The Project focused on four areas of quality improvement: staff satisfaction, retention of staff; training and patient safety. The training was to focus on nurse-related diabetic incidences, and medication errors in order to

help bridge the theory practice gap by increasing knowledge and skills in practice. The role of the CNT was pivotal to the success of the project.

Six CNTs were employed at Band 7, in alignment with Agenda for Change, and were either seconded or on fixed-term contracts. The broad remit of the CNT role was identified as being to provide support and training to nurses within the clinical environment aiming to:

- help adult registered nurses (RN) to increase confidence and competence in clinical skills;
- act as a facilitator to empower registered nurses to deliver holistic patient care;
- work alongside Dartford and Gravesham NHS Trust, HEE and HEI staff (University of Greenwich);

The following KPIs were developed to determine the success of the Project and overall impact of the CNT role:

1. Contribute to a 10% reduction of reported incidences involving adult Registered Nurses (RNs), which cause harm in two categories. These being:
    - Medication errors
    - Errors in the management of diabetes in patient

2. Contribute to 25% improvement in self-reported satisfaction, as measured by the CNT survey and achieve within eight months of the Project's implementation;

3. Contribute to a 5% increase in the retention of adult registered nurses within the first two years of employment with DGT within 12 months of the Project's implementation;

4. Enable 25% of eligible registered nurses working within the clinical setting of adult wards to become practice assessors/mentors within 12 months of the Project's implementation.

An additional objective for the CNT team was to to teach at least 25% of registered nurses (Bands 4 to 7) in each clinical area where the CNT Project was being implemented. This quality improvement strategy was created to help ensure achievement of the KPIs.

In order to monitor progress of the Project during its implementation up to October 2023, the Trust collected data from the following sources:

- CNT surveys

- Continuous Quality Improvement (CQI), Medicine safety learning group, Patient safety team & audit teams and the CNTs were to receive feedback from and provide updates to colleagues regarding the status of incident reports
- Incident reporting on Datix to help determine training needs and the impact of training within the clinical area
- Training focusing on learning needs
- Anonymous reflective diaries kept by the CNTs
- Identifying the current level of practice assessors and mapping the adult inpatient areas.

Evaluation is an essential part of quality improvement and therefore a remit of the Project and funding requirements is that the Project is evaluated to determine its overall impact. This evaluation is therefore concerned with the effectiveness of the Project and its impact on the areas of patient safety and workforce development identified. Its focus being to evaluate if the introduction of the CNT role has been successfully implemented against the Project aims and KPIs.

1.2 Aims and objectives of the project evaluation

The evaluation is concerned with the impact of the CNT Project. It involves the collation and review of the qualitative and quantitative data collected by the Trust during the Project; and the collection of qualitative data sets to triangulate with the extant data to determine the impact of the Project and how the key stakeholders perceive how role of the CNT impacts on different aspects of patient safety, staff satisfaction, staff attrition and workforce development.

The overarching aim of the evaluation is to assess the changes that have occurred and review the results achieved as a result of the implementation of the CNT role. Additionally, it is concerned with the extent to which the wider project objectives have been achieved. The evaluation will therefore determine the following:

1. the effectiveness of the Project as measured against the Project aims and KPIs;
2. the value of the CNT role and its impact on the stakeholders involved;
3. strategies to support the sustainability and expansion of the Project.

The specific evaluation questions are concerned with:

1. Have the KPIs been achieved and what has influenced the outcome?
2. How is the CNT role perceived by stakeholders?
3. What are the contextual factors that impact on the effectiveness of the CNT role?

2. Methodology and Methods

2.1 Evaluation Methods

This evaluation was predominantly a qualitative study using semi structured interviews and focus groups to collect data. This is synthesised with data previously collected from the Trust during the implementation of the project. This data includes qualitative data from the anonymised reflective logs kept by the CNTs and extant quantitative data from surveys and quality improvement metrics. As such, the qualitative data is used to provide a narrative for and identify the impact of prevailing context on the impact intervention engendered (i.e. the introduction of the CNT role) works. As discussed below (see sections 2.1.1; 2.1.2; 2.2.1; 2.2.2) this data was collected from interviews with the CNTs, focus groups with practitioners who have accessed training and /or support, and interviews with key stakeholders (senior managers; practice development nurses; specialist practitioners) within the Trust.

The final outcome of the evaluation of the CNT Project will inform whether, and if so - how, the initiative works in practice as to inform how it might be continued within the Trust and replicated in other Trusts.

A table of the intended extant and emergent data sources is given in Appendix One.

2.1.1 Interviews with key stakeholders in the project

Stakeholder participants are defined key persons involved in the implementation of the Project or who have had interactions with the CNTs within the context of their role and were invited to take part in semi-structured interviews. These included senior managers within the Trust, specialist practitioners and practice development nurses and the CNTs themselves. A list of potential participants was provided by the Trust. A purposive sampling approached was used and participants were sampled for heterogeneity in relation to role they played with the Project.

Potential participants were invited by the researcher to take part in the study. They were provided with an information sheet (see Appendix Two). It was reiterated that participation was voluntary and that confidentiality and anonymity would be maintained. Interviews were all conducted online via Micro Soft Teams. Consent was obtained prior to the interview (see Appendix Three).

2.1.2 Focus Groups with practitioners who had received training or support from the CNTs

Practitioners who had received interventions in the form of teaching or other support from the CNTs were invited to take part in focus groups. Potential participants were sent an introductory email with an attached information sheet (see Appendix Four). They were provided with a list of dates and times of when the focus groups were being held. It was reiterated that participation was voluntary and that confidentiality and anonymity would be maintained. Focus groups were all conducted online via Micro Soft Teams. Consent was obtained prior to the focus group (see Appendix Three). The topic guide for the focus groups corresponded with the interview questions (see Appendix Five). The project received ethical approval from the University of Greenwich's Research Ethics Board (Ref: UREB/23.1.6.i.I).

2.2 Characteristics of Participants

2.2.1 Table 1: Interviews with key stakeholders

Stakeholder Participant	Nature of Role						
	Matron	Lead Nurse	Specialist Practitioner	Practiced Development Nurse (PDN)	Executive Management Role	Senior Management	CNT
1	√						
2		√					
3			√				
4			√				
5				√			
6						√	
7					√		
8						√	
9						√	
CNT 1							√
CNT 2							√
CNT 3							√
CNT 4							√
CNT 5							√
CNT 6							√
Totals	**1**	**1**	**2**	**1**	**1**	**3**	**6**

2.2.2 Table 2: Characteristics of the Practitioners who participated in the focus groups

Role of Participant	Focus Group (FG) Number of Participants						
	FG 1	**FG 2**	**FG 3**	**FG 4**	**FG 5**	**FG 6**	**FG 7**
Registered Nurse (Adult) Band 5	2		1	1	1		1
Registered Nurse (Adult) Internationally Trained	1	3	2			2	2
Registered Nurse (Adult) Band 7		1					
Junior Doctor: Foundation Year Two			1				
Ward Manager Band 7					1		
Practice Development Nurse (Division Based)					1		
Practice Development Nurse - Clinical Education Corporate						1	
Allied Health Professions Clinical Education Corporate					1		
Totals	**3**	**4**	**4**	**1**	**4**	**3**	**3**

2.3 Data Analysis

The qualitative data developed by this evaluation was transcribed verbatim by a reputable transcription service (www.transcribeit.co.uk). The qualitative data from the interviews and focus groups were then analysed thematically. Thematic analysis brings together the findings from the various strands of the qualitative data which is then synthesised with extant quantitative data to identify the most significant themes and insights to emerge from the evaluation. Thematic analysis facilitates an in-depth exploration of the data, involving the search for identification of common threads that extend throughout the sets of data. These themes are concepts indicated by the data rather than concrete entities directly described by the participants (Morse and Field 2013). The participants may not use actual words of the identified theme, but rather throughout the interviews

reiterate points on these topics. The thematic analysis followed the Framework Analysis method. This is a method of analysis developed by the National Centre for Social Research (Richie and Lewis 2006) and is frequently used in health-service related research. An advantage of this method is that it provides a systematic approach to the data analysis process, involving five key stages: familiarisation with the data; identification of a coding framework to analyse the data; coding the data by applying the framework to the data; charting the data; mapping and interpretation of the data.

3. Findings of the Evaluation: Emergent themes

The findings elicit nuanced understandings of the CNT role that make it distinct from other 'education' or 'clinical 'roles within the Trust. The introduction of the CNT role is perceived to have a positive impact on those who have received interventions from the CNT team which in turn is perceived to improve the quality of care. Practitioners employed as a CNT indicate a passion and enthusiasm for the role which is reflected in the feedback given by participants within the focus groups. There is evidence that the aims of the project have been achieved and that the KPIs have been achieved. However, it is difficult to determine the exact extent to which the project has achieved a 5% increase in the retention of adult registered nurses within the first two years of employment with DGT within 12 months of the project implementation. There is, however, evidence that staff are feeling more confident and competent which in turn has impact on their wellbeing. The findings suggest that the role of the CNT has value within the Trust and that the overall aims of the project have been achieved.

The findings do, however, indicate a need for a clearer operational definition of the CNT role that is disseminated widely across the Trust to ensure understanding with some participants requesting that there is an accessible list of the teaching activities that the team can offer.

Major and minor themes emerged in the analysis with some overlaps evident between the overarching themes, sub themes, and categories. There were though detailed descriptions of the participants understanding and impact of the role which affirmed the importance of the CNT role as a clinical educator located in practice. The overarching themes are contextualized as Implementation of the Project, Communication, the Role of the CNT, Impact and Outcomes and Achievement of KPIs. Sub-themes are These are now discussed in more detail below.

3.1 Implementation of the Project

As indicated earlier in the report (see Section 1.1) the Project began in October 2022 with an overarching aim of setting up the role of CNT as a strategy to impact on quality improvement. The Head of Clinical Education had oversight of recruitment to the posts. The interviews focused on the "*education"* aspect of the role as stated by Stakeholder Participant 9:

> *"…we made the interview really specific about nurse education".*

Candidates were asked to undertake a teaching activity that was not related to clinical practice, but the expectation was that the candidate would demonstrate "*their passion for education"* (Stakeholder participant 9). The role was very much seen to have its roots in education within the clinical area and therefore the recruitment process focused on the educational aspect of the role within a 'values based' recruitment model aligned to the Trust's values.

The recruitment process was perceived as a success, identified as one of the influencing factors that have impacted positively on the successful implementation of the Project. There is a perception that the right people with the required experience and knowledge have been recruited to the roles. The experience and knowledge of the individual CNTs and that they are seen as clinical experts was commented on extensively by focus group participants as the following generic quotes from the focus groups indicate:

> *"They are experienced senior nurses that have come from senior roles in divisions or experience elsewhere as well"*
>
> *"They are clinical experts"*
>
> *"They are experienced - They know the wards they know the hospital, they know the staff, they know the system, they know where the equipment is, they know the nature of the patients."*
>
> *"…they have a wealth of experience"*
>
> *"They are experienced and this really does help"*
>
> *"Also, they have experience in different sections which is an advantage".*

3.1.1 Experience

That the CNTs have experience is seen to be a positive influencing factor on the successful implementation of the Project, and their success as educationalists in the clinical area. Stakeholder Participant 2 discussed how the CNTs were experienced experts in the delivery of education in the clinical area and that the application of this experience enhances the experience of those being taught. There was very much a perception that they applied their experience in practice as indicated by this quote:

> *"They are very experienced nurses and experts and it is evident they are able to apply their wealth of experience to the different clinical areas and the teaching sessions"* (Stakeholder participant 2).

However, whilst senior managers commented on the experience of the CNTs this was most notable in the responses from focus group participants, as the quotes above exemplify (see Section 3.1). Additional comments also corroborated that the CNTs' experience helped to ensure collaboration and positive outcomes. For example, a Band 7 registered nurse in focus group 2 discussed their positive experience of working with the CNTs to develop and implement an action plan:

> *"The team are very experienced nurses so this helped when working with them on an action plan for a ward in special measures. It was very efficient and very clear and we basically completed, and implemented together, a very large action plan with successful outcomes".*

There were similar discussions within focus group 5 who also saw the experience of the CNTs as enabling:

> *"Because of their experience they are able to support people really well in practice. Their ability to help people to develop is helped by their experience".*

The experience of the CNTs both individually and as a team was seen to enhance the role as discussed in focus group 6:

> *"So, I think their experience and that they are approachable make it work, they're friendly, yeah".*

It is worth noting here that experience as it is referred to here, does not necessarily denote longevity or length of time in a position. Indeed, not all the CNTs have the same length of experience but it is their competence and expertise acquired from their experience in delivering complex nursing care that is evident. Indeed, Benner (1984) in her seminal work on 'excellence and power in clinical

nursing practice', identifies that clinical expertise is influenced by experience with similar patient populations and not longevity. Furthermore, that they all have different experience was a significant factor in the recruitment process as Stakeholder Participant 9 stated:

> *"we were looking for different experiences at recruitment and selection. I think if we just got everybody from a surgical background, it would not have worked".*

A view corroborated by Stakeholder Participant 6 who discussed how whilst the CNT role was introduced as a generic role it is important that the team all have different experiences and knowledge:

> *"It's a generic role but they all have different experiences that they bring to the role …. They all come from different specialities which helps the development of the team".*

The recruitment and selection process were though also planned to elicit passion and enthusiasm for teaching which is discussed in the section below.

3.1.2 Passion and Enthusiasm

The passion and enthusiasm that the CNTs bring to the role was evident within the findings. It was commented on by senior managers, within focus groups discussions and also highlighted by the CNTs themselves. The CNTs passion and enthusiasm was evident within both the interviews and reflective log entries as these quotes from the CNT interviews indicate:

> *"Oh, I'm an advocate for the role. I am so passionate about the role and what we do. I have received positive feedback about what I do. Everyone says to me, 'You're so passionate and you get proper excited when you talk about this role,' and I think it's because I am so excited and enthusiastic. I can see the difference it's making on the shop floor"*

> *"I am so excited to be part of this team"*

> *"I feel very enthusiastic about teaching and preparing for teaching"*

This reflective log entry also reflects this enthusiasm:

> *"Regardless of the outcome, we will continue to achieve what we set out to achieve with continuous support and dedication in the project and in our team".*

The enthusiastic approach was also linked to empowerment as this reflective log entry suggests:

> *"I can see by showing enthusiasm, being role model and providing the information is my empowerment to the person I am giving the tools to provide better care for the patient".*

That the CNTs felt empowered to develop the Project, and their roles, was clear as the following quote from the CNT interviews indicates:

> *"we've been allowed to run with it, which has been really, really lovely, and it's given us a sense of autonomy and independence.*

Additionally, the promotion of the role of practice assessor within the trust also helps to empower staff to teach, as well as deliver high quality care. These activities also open up career conversations and fosters well-being.

3.1.3 Time

The CNT team felt that they had been given the time and the autonomy needed to develop the role which has helped to achieve the KPIs. Furthermore, it helped them to develop their own autonomy which is fundamental to the role of a CNT who operates as an autonomous practitioner. It is worth noting that autonomy itself is a crucial concept to nursing, a concept fundamental to nursing practice. However, the level of autonomy is dependent on contexts and responsibilities (Nursing and Midwifery Council, NMC, 2015). Autonomy, a distinct feature of professionalism, empowers nurses to practice independently. Make clinical decisions based on professional judgment and use expertise. Moreover, nurse educators have a role to play in developing the autonomy of others and it is argued that educators must have a high level of autonomy themselves (Turk et al 2021; Oshodi et al 20019). However, in their phenomenological study of registered nurses' perceptions and experiences of autonomy Oshodi et al (2019:1) found that autonomy was *"practiced occasionally, rather than incorporated into practice"* and that there is a need for nurses in England to adopt a broader perspective of autonomy and play a bigger role in contributing to the writing and development of hospital guidelines and policies to highlight the importance of autonomy to both nurse training and practice. This CNT project and the implementation of the CNT role within the Trust goes some way to achieving this as findings indicate that the CNT team have been involved in policy writing and have a presence on policy groups within the wider Trust.

With regard to preparation of implementing the CNT role itself Stakeholder Participant 7 discussed how the Head of Clinical Education spent time with the team to ensure that they *"were prepped"* to ensure understanding and expectations of the project and role and that *"they'd got the base line and*

that they were looking at patient safety issues and they were looking at complaints so we know what we wanted to improve around the KPIs. What we wanted to see a difference in". A senior manager explained that:

> *" it took us a little while to get the project off the ground but we felt that it was really important to get those foundations right and I am really glad we did because what we saw then when they came out was that they literally were able to hit the ground running. Really very quickly and were able to get in and help".*

Time to develop the Project was seen as important to the CNT team as well as senior managers. The CNT team appreciated the Action Learning Sets that they engaged with to help with team building and the development of a team identity. The Action Learning Sets were clearly of value to developing a team identity and to helping the team work together and develop the role effectively. This reflective log entry endorses the value of the Action Learning activities:

> *"It's been very informative and enlightening. We have identified strengths and weaknesses as a group and as individuals. I believed as a team we have to stop saying I and use more we. I think it has opened up effective communication, whereas we did not have that before. We thought we were communicating well, but we were not. I feel like we know each other better now and I worry that without this designated time and space every month, we won't be as an effective team as we have been. The action learning sets have allowed us to explore different ways of working and has allowed us to have a safe space to discuss concerns".*

The team clearly went through the Forming, Storming, Norming and Performing stages of team development as the team established itself and its identity, an important process for 'agile' teams (Hardy 2019). This is important to note as the CNT team is perceived to be agile and a further unique characteristic of the CNT role itself is that it is agile. This is discussed in more detail in section 3.2.3 in relation to the role of the CNT. What is clear is that the time given to the team to develop the Project and their roles within it has resulted in a strong team identity and a team that is perceived as one that works collaboratively with each other and with colleagues across the Trust. This has been a crucial element of their success. For example, Stakeholder Participant 2 stated that:

> *"…in my experience of working with the Clinical Nurse Tutors they work collaboratively with others to determine teaching activities and how this will be delivered to ensure best outcomes".*

However, not all the team started at the same time, and this was highlighted as a disadvantage. Indeed, the reflective diary entries indicate that there was some anxiety about the team not all starting together, and Stakeholder Participant 8 stated that if they were to change anything they would:

> "…*start the team all together so they are all on an even keel and I would get some sort of team building action sets in sooner".*

They felt that they were late in starting the Action Learning Sets. However, whilst it cannot be ignored that there were some initial challenges in starting the Project, the recruitment process influenced its success. The Senior Managers felt that it was important that the CNTs were recruited in-house. This has borne out as there has been positive feedback about how the CNTs are familiar with the hospital and therefore more able to provide support and signpost practitioners to relevant resources. It is also argued here that the in-house recruitment supports the Trust's intention to become a learning organisation whereby there is horizontal growth of knowledge across the organisation. It is posited here that this horizontal growth and the practice-based teaching model of the CNT role could be further enhanced if underpinned by the pedagogy of rhizomatic learning. Rhizomatic learning allows participants and those delivering the teaching to react to the evolving circumstances of practice thus allowing knowledge to continually evolve. It is a methodology for net - enabled education which uses the biological metaphor of a rhizome whereby the root grows as a network of interconnected roots continually renewing itself at the tip (Brailas 2020). A key remit of the CNT role is to respond to the evolving needs of practice as identified by the data recorded in the Datix system therefore helping to ensure continuous quality improvement across the network of practitioners within the Trust. This concept of rhizomatic learning is returned to later in this evaluation report within the discussion of the findings (see Section 4.3).

3.2 Communication

Findings indicate that communication was effective in both the implementation and ongoing development of the Project, effective communication being fundamental to its success and achievement of the KPIs. Communication was reported on by all participants within various contexts and was a key theme throughout the findings and therefore included as part of the findings.

Firstly, communication was seen to be important within the team itself both in relation to working with each other and establishing team identify with other colleagues. Stakeholder Participant 8 discussed how communication had been crucial to team building stating that:

> *"the team building is around communication is particularly important but they also looked at like different leadership styles as well, which I think is quite important and how you can utilize, you know, people's strengths and to work together".*

The CNTs themselves discussed the importance of communication in establishing themselves as a team, indicating that there were some challenges initially but that communication within the team perceived as now effective. As stated by one CNT during the interview:

> *"Communication within your team is very important, and some people might think this is a silly thing, but we thought we were communicating but we were not communicating effectively".*

They then discussed how the team recognised this and the importance of addressing this stating that:

> *"this was key for us".*

The Action Learning Sets were seen as crucial to helping the team to both develop and communicate and as indicated above the CNTs reported that the Action Learning Activities helped to *"build trust within the team"* and helped to establish effective communication strategies with each other across the team. Such strategies include:

> *"The use of a platform called Life QI, so on this platform you can have open discussions about things. We have a team WhatsApp group. We are quite social with each other as well. We do have times when we go out socially. We don't tend to talk about work too much, but then we do have our huddle every week".*

The CNTs also discussed the importance of communication for planning and implementation of teaching and how at the start of the Project it was important to focus on engaging staff across the adult services and clinical areas with which the project was concerned. Participant CNT 1 discussed how they communicated:

> *"with the stakeholders from the beginning"* and that it was important to "*keep in touch with them"* as the project developed.

They discussed how *"It was good to have that communication at the start".* They indicated that the communication has continued with all stakeholders and colleagues across the clinical areas where they teach stating:

"Every two months we do have a meeting with all the educators, so we know what each other are doing and we are not doubling up, not going around and doing the same things, but helping each other to get everything sorted".

There was a perception that the CNT team have developed effective relationships with colleagues within the medical and surgical divisions as this comment highlights:

"We've built a really good rapport with the staff from my opinion".

This was corroborated by a discussion in focus group 2 who reported that:

"…communication with the team [CNT team] *has been brilliant".*

Communication is also identified as being key to ensure that the role is developed in accordance with the KPI's and to ensure understanding. Findings report effective communication horizontally and vertically. Horizontally across the Trust and vertically in reporting to senior managers and reporting outcomes.

The CNTs themselves report that they communicated with practitioners to ensure successful implementation of the Project to ensure wider understanding of the Project and nature of the CNT role:

"it's been a lot of work on the background as well. Communicating and supporting the nurses and their wellbeing has been a big thing as well. Communication skills definitely have helped" (CNT 5).

The nature of the CNT role is discussed below but it is clear from the findings that participants understand the role thereby suggesting that communication about the role has been effective with frontline healthcare partitioners within the adult services across the medical and surgical divisions. This is corroborated by ward managers, and those receiving interventions and support, within the quotes below:

"*They came to the ward to discuss the role with myself"* (Ward Manager Focus Group 5)

"They discussed the nature of the role with me" (Practice Development Nurse)

> *"They discussed the nature of the role and their involvement in the implementation of the action plan*" (Band 7 Nurse Focus Group 2).

The action plan refers to an action plan in place for a ward identified by the Trust as requiring 'special measures' identified through a number of quality control measures such as complaints and audits. In such cases the corporate senior management support the ward and put strategies in place to improve quality. Senior managers spoke positively about how the CNT team very quickly became part of the action plan and the process of "*communicating effectively"* with the ward staff. The Band 7 nurse spoke positively about how the CNTs communicate and engage effectively to support the implementation of action plans undergoing supportive measures and Stakeholder Participant 8 stated that:

> *"the ward managers of those wards in supportive measures know that they can contact the clinical nurse tutor, know that they can use the team and say, oh, I need some bite-size sessions in insulin and awareness around diabetes or I need training around resuscitation".*

A Band 7 RN currently supporting a *"large medical ward undergoing supportive measures"* discussed how they had enlisted the

> *"…help of the clinical nurse tutors who played a large part in the action plan"*

reporting that the CNTs had been key in implementing change and supporting the team through a programme of evaluation. The outcome of which was influenced by effective communication and collaboration with the CNT team.

Senior managers report effective communication with the CNTs in relation to how the Project has been implemented with Stakeholder Participant 2 commenting on how they have worked in collaboration with teams within adult services and that the effectiveness of collaborative working was down to effective communication of the part of the CNTs team. An example given was that they *"worked very much in collaboration with the palliative care team".*

The only negative report about communication pertained to the communication between Divisional Directors of Nursing and the CNTs in relation to teaching sessions, although they did report that communication about the CNT role had been communicated effectively. The Divisional Directors of Nursing conveyed that they would like more interaction regarding the content of teaching sessions delivered to their areas to ensure that the teaching meets the needs of the individual division. For example, Stakeholder Participant 9 discussed how they would like more sessions about "communication on the wards" in relation to *"discharge processes".* They felt that the spreadsheet

that they receive within which the teaching is recorded, was not sufficient in terms of communication. One of the Divisional Directors of Nursing commented that communication could be enhanced in relation to *"teaching that has occurred and the teaching required"* and that they would like more input into this. A consideration for the CNT team going forward. However, other participants reported that this happened more at the 'shop floor' level with staff and ward managers informed by Datix evidence.

The CNTs and ward managers contributing to this evaluation reported that communication is effective between themselves in relation to the planning and outcome of teaching interventions that take place in the clinical area. Findings from the focus groups corroborate that communication is effective with ward managers whereby they liaise to arrange teaching and there is feedback to the ward managers post teaching . For example, a ward manager in Focus Group 5 reported that:

> *"After teaching sessions there is always feedback to the ward manager about how many attended the session and who and how the session went. The CNTs always consult with me regarding the teaching that they plan to deliver".*

Effective communication was therefore seen to be key to ensuring engagement with others and with the project, as well as understanding of the role. There was also a perception by the CNTs that "*Good communication skills, are definitely required for the role",* and that in order for the project to be successful it was essential to communicate effectively with ward managers to ensure understanding of the role and to help identify the teaching required. Findings from Focus Group 2 indicate that the CNTs "*communicate and work brilliantly with us".*

Communication is seen to be an important component of the teaching delivered to ensure a holistic approach as these quotes from the CNT interviews indicate:

> *"Communication is part of the teaching; documentation is another one. Whenever we teach a skill or teach a scenario or whatever, we always tell them about communication,*

> *"Whilst we might be focused on teaching a skill and teach how to carry out procedure we always include communication – it is about ensuring a holistic approach to care delivery and communication is key to this".*

> *"We are thinking of some scenario based communication teachings, especially in the bootcamp for the international nurses, so that would prepare them better when they go onto the ward".*

Communication was also discussed within the context of feedback both in relation to feedback on the teaching sessions themselves and in relation to communicating about the issues that are "happening on the shop floor" to audit groups. The Practice Development Nurse (PDN) interviewed as part of the Stakeholder group (Stakeholder Participant 5) felt that there was good communication between the CNTs and the PDNs and they "*regularly meet together to give updates and support each other".* Effective communication is seen as key to effective feedback and there is evidence to suggest that feedback is effectively communicated to the CNTs and more widely within the Trust.

3.3 The Role of the Clinical Nurse Tutor: Development, Understandings and Definition

Participants were all able to provide nuanced and detailed descriptions of the role. The role has evolved during the implementation of the Project and is clearly located within clinical practice with the team working horizontally and autonomously across the Trust to provide evidence-based education and training within the clinical environment. However, the distinct nature of the role has evolved and developed clarity during the initial implementation and ongoing development of the Project. It was commented in focus group 5 that:

> *"now the role is established and has been successfully implemented within the trust I do think that we now need to clarify their role within the trust as a whole"* (Allied Health Professional Learning Environment Lead).

In the planning phases of the project the Senior Managers were very clear that the role was about teaching in the clinical environment. Stakeholder Participant 7 discussed how it was about giving registrants:

> *"The opportunity to refresh and reenergize in their place of work and not taking them out of placement".*

The focus being on teaching registrant nurses but as the project evolved it was found that there had been engagement in the Project not just with nurses but with wider members of the multi-disciplinary team with Stakeholder Participant 8 commenting that the CNTs are not just teaching nurses but that:

> *"…and we very quickly found that multidisciplinary teams were getting involved and wanting to know more about the project which is fantastic".*

During the preparation phase the CNT team critically explored their role to identify the key dimensions and developed underpinning qualities and skills that would inform a job description going forward which then helped to provide clarity around their role as well as empowering the team to implement the Project. There was a need to ensure that the role was understood as being distinct from other roles notably that of the PDNs as this reflective log entry indicates:

> *"We met with the PDN's and discussed the difference between our roles. It's very confusing and I guess the role does overlap. We both want the same thing... to support staff and improve on their knowledge and skills. However, we as clinical nurse tutors will need to define our role and create our own job description.*
> *Today we have arranged lots of meeting with senior stakeholders in the Trust for the next few weeks. For us, I think this is to find out what they believe our role to be and what they are expecting from us. We created a skills table to identify clinical skills performed by nurses and what we, as clinical tutors are competent and confident in doing and teaching others".*

Here is worth noting that there is a lack of clarity about definitions and role of clinical nurse tutors within the literature. Historically the role of the CNT has been predominantly concerned with teaching student nurses which frequently located the role within academia (Barrett 2007). However, whilst there has been much debate about the clinical role of nurse educators since the move of nurse education to higher education in the 1990s there has been little attention given to the role of Clinical Nurse Tutor. Clinical Nurse Educators are however, identified in the literature as being experienced practice-based nurses whose remit is to educate the nursing workforce (Whitehead 2019) and it is argued vital to improving nursing care (Pearce 2019). The role developed within DGT aligns to the practice-based nature of the role with a focus on the qualified workforce as opposed to student nurses. Experience is also seen to be important to the role and as indicated above the team meets this criterion. The team did develop and record further understanding of the unique nature of the role which helped them to articulate the nature of the role to colleagues across the Trust which is seen as different to the role of the PDN within the Trust. Notably the PDNs are described by participants as focusing on individual need and to address compliance issues and have a more strategic remit for organising education and study days that are Trust wide or relevant to their division if located within a division. Participants both as stakeholders and those within the groups saw that the role of the CNT has a distinct role that was discussed in Focus Group 3 as being:

> *"…different to a practice development nurse. Clinical Nurse Tutors concentrate on the clinical side practical aspects of nursing – all the skills"***.**

The difference in roles was helpfully described by a PDN as a participant of Focus Group 5 as follows:

> *"A PDN engages more in one-to-one sessions and assesses individual learning needs. They work with staff to develop competencies. A PDN role based on a single ward and do 1:1 to do one to one sessions to support staff and to assess individual needs. They are Individual based. CNTs have a more generic role and upskill and provide refresher training".*

PDNs located within a division are seen to be specialist and focus on teaching specialist knowledge related to the specialty. CNTs are seen to be more generic whilst bringing their unique experiences to the team which enables a sharing of teaching responsibilities and resources. These quotes from Focus Group 3 corroborate this understanding:

> *"CNTs have a more generic role and upskill and provide refresher training"*
>
> *"Their role is as a tutor teaching on the ward. The teaching needs are identified on a trust and ward-based perspective not an individual perspective"*
>
> *"PDNs have a wider remit and more strategical oversights of development needs within a specific division"*
>
> *"CNTs are on the ground".*

The notion of refresher training to support qualified staff was seen as a key remit of the CNT role. It is worth noting here that the concept of refresher training is reported in the literature to prevent knowledge decay and reduce the likelihood of mistakes by reinforcing critical information. Additionally, it helps to create a culture of lifelong learning (Greany 2021). It is also acknowledged that the culture of lifelong learning is promoted by a range of interventions within a learning organisation but worth noting here that the CNT Project is perceived as making an important contribution to creating a culture of lifelong learning.

There is clear understanding that the role the CNT is different to other roles within the hospital, notably the role of the PDN, who is seen as different as the following quote from Focus Group 1 indicates:

> *"The remit of the role different to the PDN's – PDN's are more specialized whereas CNTs are more generic and have a wider remit".*

Focus Group 6 identified that PDNs are:

"*There to assess competencies on an individual level. CNTs teach competencies and are there to teach in the clinical area"* and that "PDNs do study days away from the clinical area whereas the CNTs do training in the clinical area".

3.3.1 Role Location

The practice- based nature of the role whereby the teaching takes place within the clinical environment is understood as a fundamental and unique aspect of the role as described by participants and as the following quotes from the focus groups indicate:

"the CNTs will go round the clinical areas where staff need improvement or they need training"

"They are out in the clinical areas supporting and also helping staff to develop skills and competencies"

"They go on to the ward to train staff"

"They come in and do training in the clinical area".

There was an overarching understanding that the role of the CNT is about teaching in the clinical areas and the role is located in practice. This was seen as a significant advantage of the role as practitioners do not need to "*come off rotas"* and it is more manageable to "*cover"* in practice for short periods of time whilst enabling staff development. The CNT team ensure that patient care is not compromised by determining and agreeing the timing of the delivery of the training session with the staff.

Another perceived advantage of the role was that by not being attached to specific practice areas, this enables the CNTs to provide bespoke teaching informed by feedback from clinical audits and patient safety incidences reported in the Datix system horizontally across adult services. The findings of this evaluation also identify that the CNT role enables the CNTs to develop the role of the practice assessor through the support provided to the clinical areas thereby empowering staff to professionally develop. The work pf the CNTs aligns with the practice assessor register and Nursing and Midwifery Council (NMC) requirements.

They are responsive to needs in 'real time' working across the different clinical environments teaching according to the specific needs of the area. The autonomous nature of the role enables the CNTs to deliver within a responsive, flexible agile model.

There was a perception by stakeholders and focus group participants that the CNTs are not there to *"replace other roles but to work alongside and complement other educational and clinical roles"*, and that the CNTs

> *"come in and look at incidences and identify areas that need improvement and come in and do the training in the clinical area"*
>
> *"they come with a remit to teach specific things based on Datix or teaching that has been planned in conjunction with the ward manager based on needs of the clinical area however, are willing to teach other topics and will arrange sessions based on individual needs if appropriate or signpost to other learning resources".*

3.3.2 Agility and Flexibility

The above quote also highlights the flexible nature of the role that was commented on as an advantage of the role. Focus group participants commented on the flexible nature of the role. Focus group 6 participants specifically discussed how the CNTS would be responsive to the clinical environment and if it was too busy to accommodate teaching at that point in time they would come back "*later",* further discussing that this was an advantage of having the CNTs attending the clinical areas because they can be responsive to the ward context. As Stakeholder Participant 5 commented:

> *"They* [CNTs] *do smaller shorter teaching sessions that are needed now in practice – or as soon as they can be arranged".*

The 'bite-sized' nature of teaching was also commented on as being advantageous to learning as it allows training that is agile and responsive in real time to the learning priorities and changes within the clinical environment. Stakeholder participant 7 discussed that the bite-sized teaching allows the CNTs to:

> *"Get in there and do the teaching when it is needed".*

They gave an example of how the CNTs had on one particular ward had delivered:

> *"a whole day of like 15 minute bite-sized sessions, so they got everybody on the ward and they would teach everyone and everybody on the ward isn't just nurses".*

This was contextualised as being positive as it delivered teaching when needed and capturing a range of practitioners across the sessions and across the day. This example was also perceived to highlight the flexibility of the role in that the CNTs were able to accommodate the ward's needs "*as needed"* whilst enabling multi-disciplinary teaching.

Within this agile model the CNTs were described as being accessible with participants reporting that the CNTs respond and support practitioners to develop their skills in real time. Participants within the focus groups discussed that the CNTs would be accessible to response support practitioners in undertaking a skill that that was new to them or they did not feel competent in undertaking the skill without support. For example, a Band 5 nurse in focus group 7 discussed how they have easily been able to contact the CNTs for support when needed:

> *"anytime you can bleep the CNTs and I have done it to get someone to help me".*

They reported that this had occurred on three occasions and that each time *"they had come when needed",* although it was a *"different CNT on each occasion but that was OK".*

These responsive teaching sessions were reported as being helpful in developing the confidence and competence of practitioners at the bedside thereby allowing the application of theory in real time.

The concept of empowerment has relevance here. Whilst empowerment has been mentioned above in relation the role of the CNTs, practitioners receiving interventions from the CNTs also felt empowered and supported to develop their own skills, supported within the context of complex care and the uncertainty of practice as described in focus group 5:

> *"they are there to support us… we are so busy at time with our patients but they* [the CNTs] *allow us to learn whilst delivering care".*

The more informal nature of the role was also seen to be an advantage. Whilst not explicitly described as 'informal' teaching it pertained to the fact that the teaching occurs in the clinical area not as a *"formal lecture type session"*. For example, a participant in focus group 6 stated:

> *"The advantages of their teaching style is that is they* [the CNTs] *are able to, umm, to come to the wards and teach more sessions to more staff and it's not like a formal lecture type session. This is good as it is not scary to staff who may not feel confident about a particular skill".*

3.3.3 Visibility and accessibility

The visible nature of the role was evident from the participants. This was evident in feedback from all participants but summed up by these comments from the focus groups:

> *"In my opinion they are more accessible than the PDNs, but they do have a different role"* *(*Band 5 Registered Nurse Adult)

> *"As an internationally trained nurse I found it easy to ask them as they were there on the ward and accessible. The ward sisters are too busy, and I found it difficult to approach them. The fact that the CNT came to us and asked how they could support us made it easier"* (Band 5 Registered Nurse Adult Internationally Trained).

Others reported on the *"visible presence of the clinical nurse tutors"* with participants across all focus groups indicating that they know where to get hold of them if they need any help with their skills. There was a perception that the CNTs:

> *"put themselves out there"* and that "*there's an appreciation that they are there now here and that they are there to support and so if there's anything that teams are feeling that his within their remit, that they can support… so that we can deliver quality and enhance the care".*

The fact that they are contactable and hold bleeps was also seen to help the accessibility of the role as stated within Focus Group 6:

> *"So yes, you we definitely know how to contact them".*

3.3.4 The remit of the role

The CNT role is understood to be a teaching role with an additional remit to support nurses in the practice area. Participants in the Focus Groups reported the following understandings of the role:

> *"They go round and help newly qualified nurses but also help people who have been here for quite a long time"*

> *"They give lots of reassurance to staff who are unsure about procedures or aspects of care"*

> *"They are out in the clinical areas supporting and also helping staff to complete competencies"*

> *"…they are here to guide new nurses to develop confidence… as well help with medication competencies and assessment".*

In describing their understanding of the role, the CNTs themselves stated that:

> *"One of our goals as CNTs is to empower the nursing staff by giving them the tools i.e., training to perform effectively in their role".*

From the findings of this study the role of the CNT can be conceptualised as being an agile role located within clinical practice. However, it is also about facilitating the application of theory to practice in real time as depicted by this quote:

> *"And that is a massive thing I feel - the learning is evident in real time".*

The teaching in real time is understood to help to bridge the theory practice gap and the teaching that takes place in real time is understood to be informed by key performance indicators and that the CNTs remit is to teach *"according to training needs".* As one participant described:

> *"I think they mainly look at key performance indicators and work around key performance indicators. They go on the wards to train staff according to needs … so they they're out there in the clinical areas teaching and supporting staff in real time".*

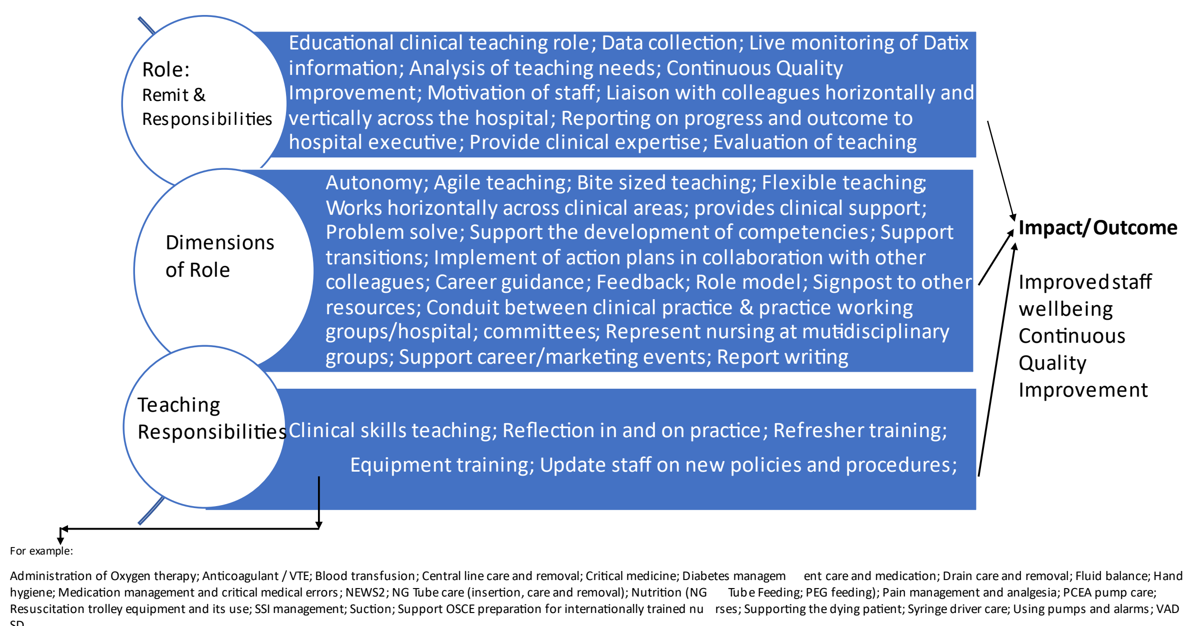
Whilst participants were able to articulate a clear understanding of the role and its remit there were some discussions about the need to disseminate the nature of the role more widely across the Trust. There were also suggestions that there was a list located on 'Adagio' that detailed the skills that the CNT team specifically teach. These comments were linked to concerns that the CNTs "*could be used and abused"* and this was described as being one of the pitfalls. However, overall, there were very few disadvantages identified in relation to the role and its implementation. The disadvantages pertained to the lack of definition and as highlighted earlier that all members started at the same time.

3.3.5 The Unique Nature of the Role of the Clinical Nurse Tutor

The findings indicate that the CNT role is conceptualised as one that comprises teaching, leadership, and support, thereby contributing significantly to the development and quality of nursing practice

and the career development of nurses and other registrants as appropriate. The findings of this evaluation have also elicited that the CNT is an autonomous educator who works horizontally to deliver teaching and provide support across a range of clinical areas. It is this horizonal concept that depicts the uniqueness of the role. Additionally, the role has multi-faceted dimensions add to its bespoke uniqueness. These dimensions are depicted in Diagram 1 below.

Diagram 1: the CNT role and its dimensions



3.3.6 Location

Location as a concept was highlighted as being important with regards to the location of the team within the overall organisational structure, the location of teaching and the lack of a physical location that the team can identify as their own space to work and meet. For example, a CNT reported during their interview:

> *"we don't have desks; we don't have an office. We just literally float around wherever we can be. So that has been a massive challenge for us".*

It was felt that an identified space would help with working together, team identify and planning.

The location of the CNT team within the Trust organisational structure was also seen to have significance for how the role is operationalised. The fact that the team is located within the clinical education team was seen as an advantage as these quotes from the focus groups indicate:

> *"Because the CNT team are not located within one division, they have an overall idea of what is going on in the trust" and*
>
> *"It is good that they are based in the education department and not siloed into one area. It helps communication and collaborative work across professions" (Allied Health Professional Learning Environment Lead).*

Whilst there was a suggestion that the CNT role should be located within the divisions, the majority of participants support that the CNT team should be located within the clinical education team as summed up by these quotes:

> *"I just think another advantage is because they're not part of the clinical team"*
>
> *If they have tensions in the ward or if a nurse is too timid to tell their senior staff or manager that I need help with this skill, its kind of like easier for them to tell the CNT because they're not part of the team".*
>
> *"I think it's an advantage that they're not part of the clinical or divisional team".*

It is argued here that if the CNT team were to be located within specific clinical teams it would be contradictory to the conceptualisation and understanding of the role whereby the CNT works horizontally across the hospital to support practitioners across adult services and they are not specific to one division. Additionally, if located within the Clinical Education Department (CED), the CNTs will have a manager who is an expert in clinical education and whose remit is the oversight of clinical education for the Trust. The CNT will be supported in their own personal development and career progression in education.

As part of the CED the CNT's receive support from the educational lead as well being able to support additional educational projects within the Trust. There is also pastoral support received from a manager that fully understands education, therefore, enabling the CNTs to develop within the

context of education and helping to keep the focus of the role as being one of educator within clinical practice as opposed to a practitioner who has a remit for teaching within their practice role.

3.3.7 Added Value

That the role is perceived as valuable was evident within the findings across the participant groups, although the value of the role was contextualised in different ways. Firstly, those who attended the focus groups and who had received interventions in the form of teaching or support in the clinical environment valued the time spent with the CNTs and the outcome of this time. Notably the value outcome was perceived to be increased confidence and competence especially for those employed at Band 5, as the following quotes from the focus groups highlight:

> "*Their teaching has improved my confidence"*
>
> *"Their teaching has helped improve my skills and boosted my confidence"*
>
> *"They have helped me to develop and feel more confident"*
>
> *"Their approach develops our confidence to ask questions"*
>
> *"Their input and their support have definitely developed my confidence"*
>
> *"The CNTs helped me to develop my confidence as a result of their training. Coming from another country I did not feel confident. They were there to support me and that helped a lot. I was able to develop my skills because of the training in the clinical area"*
>
> *"I have a lot of end-of-life patients and their teaching* [the CNT teaching] *has made me more confident in how I deliver care"*
>
> *"I feel more confident when delivering care".*

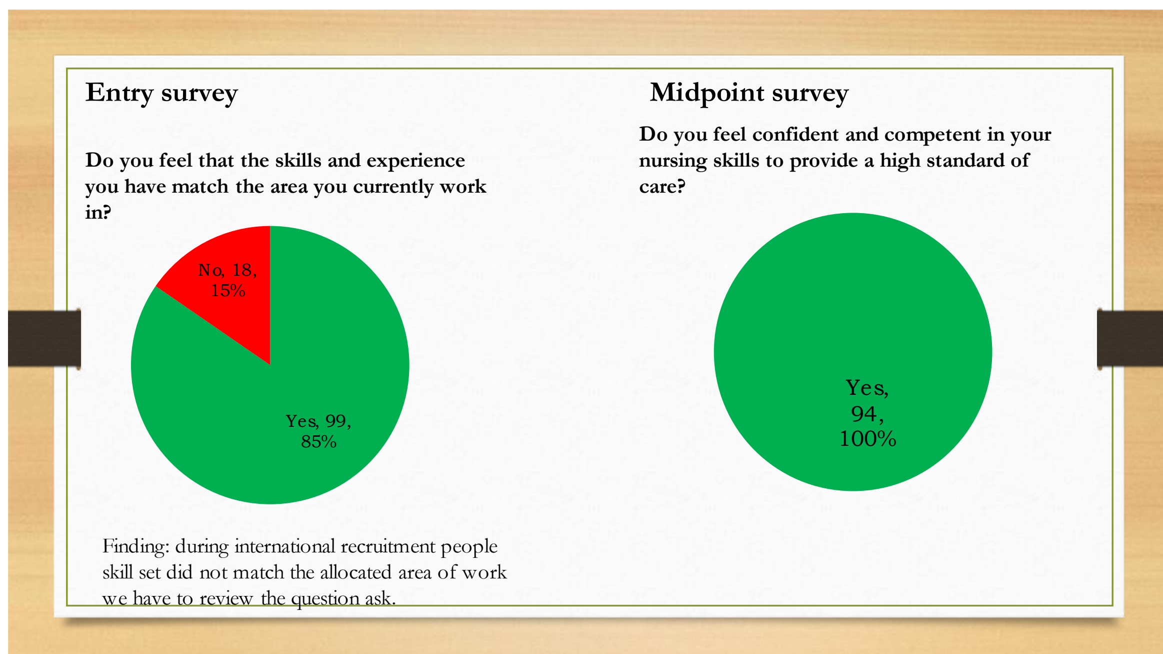
Internationally trained nurses reported that their confidence had been boosted because the CNTs had help them to understand UK and local Trust policies that are different to *"those in the country where they trained".* Further endorsed by this quote:

> *"Policies from where we are coming from and policies in the UK are totally different and I think one of the hardest thing that international nurses have to learn is the new policies".*

That those nurses who have received interventions from the CNTs feel confident and confident is corroborated within the Trusts midpoint project survey of the project. Of the 94 participants who

took part all indicated that they 'feel confident and competent in their nursing skills to provide a high standard of care'. Please see Diagram 2 below.

Diagram 2: Percentage of staff feeling confident and competent in their role as a result of interventions from the CNTs



To note that this question had been revised from the entry survey to ensure a more accurate reflection of how participants perceived their confidence and competence in light of interventions from the CNTs.

The value that the CNTs interventions have on staff is endorsed within the qualitative evaluation data by ward managers who discussed how the CNTs were valued because they helped to develop the confidence of others as this quote indicates:

> *"The teaching delivered by the CNTs develops the confidence of staff"*

Other practitioners commented that they had been helped to develop confidence with regard to aspects of nursing care they were not sure about when *"working in a new area".*

There was a general perception within the focus group findings that that this would not have happened without the support of the CNT(s). The notion that the CNTs have an impact on confidence was supported by a PDN who reported that they had observed that the CNTs:

> *"Help to develop confidence because they dedicate their time to specific skills that they are teaching. The ward managers and other staff on the wards have a hundred other things they*

> *need to be doing and cannot really give their time to teaching and cannot meet what they need".*

Ward managers themselves did indicate that they valued the support and the teaching delivered by the CNTs.

> *"I am grateful to them in helping individuals develop knowledge and skills. I do not have the time to do this as ward manager as I have other demands and it is difficult to balance these demands with teaching".*

A junior doctor, in foundation year two contributing to Focus Group 3, also commented on the fact that they had observed how ward managers have more of a "*birds eye view*" and whilst have the skills to teach in the clinical area felt that the CNTs are more ideally placed to teach a range of staff at a time when needed as the ward managers have other priorities whilst CNTs have as a specific focus of their role teaching. The roles were perceived to be different but complementary.

Indeed, within the context of today's healthcare ward managers have multifaceted complex roles. Moreover, they are working within clinical environments where the demand for patient care is ever changing, complex and uncertain. Furthermore, they are overseeing care environments where patients may be more acutely unwell than ever before, with complex care needs (NIHR 2019). Whilst managerial and supervisory behaviours impact on staff development and wellbeing, the role of a ward manager is to improve effectiveness, ensure staff are supported to care well (NIHR 2019). This does not require that they undertake the teaching themselves but provide opportunity for staff development and within the context of contemporary healthcare there are many demands on their time. Thus, it is argued here that there is an organisational need for new roles such as the CNT to support ward managers and potentially help the way ward staff are managed (NIHR 2019) which in turm affects well-being. It is therefore, important to note that within the context of the CNT project the CNTs have supported staff alongside the ward mangers and documented more than 150 well-being and career conversations with staff.

The fact that they teach in the clinical environment is also valued as an advantage of the role because they are likely to capture more staff within the ward environment as supported by these comments from Stakeholder Participant 2:

> *"They're able to capture more staff, which will enhance the number of staff that can be taught like in it's sort of train the trainer in effect, isn't it? So they can support in that way… I*

think it's reaching a wider audience because they've got the capacity within their roles to go out and teach a range of staff".

"I think they're very valuable roles, really".

Discussions in focus group 6 also highlighted that the nature of the role allows them to reach more staff:

"The advantages of that is they are able to, umm, get to more staff and teach more stuff".

That they teach a range of staff and maximise teaching opportunities within the space and time available is corroborated by the Clinical Support Log maintained by the CNT team. The data with which this evaluation is concerned, which is data recorded for up to October 2023 affirms that the majority of sessions recorded are 'group' sessions. The numbers attending each session do vary with the maximum being recorded as 15 attending at the same time. It is also important to note that whilst the remit of the CNT is primarily to teach nurses in practice, the value of teaching within the clinical environment is that teaching can be delivered to a range of practitioners and findings both from the focus groups and the Clinical Support Log indicate that this is the case. Interprofessional learning cultivates collaborative practice, a crucial competency within today's healthcare system (van Diggele et al 2020). Furthermore, it is argued that effective interprofessional collaboration impacts on the quality of care and is associated with increased patient satisfaction and a reduction in length of stay (NIHR 2019; Hewitt et al 2005).

Value is also given to the role within the context of the support the CNTs provide to a range of practitioners within and about practice, as indicated by these quotes from the focus groups:

"They are so supportive and give guidance about skills not just to me but everyone in the team"

"They have been so helpful and supportive"

"I know that I can ask clinical nurses tutors to come and support me or watch me whilst I do X Y and Z which I think is really reassuring for staff"

"They have done a really good job".

The fact that they are responsive and provide support when needed is also valued by participants, with participants reporting that they can up skill at the time when it is needed and not have to wait to attend study days. This however, is not to devalue the attendance at study days but moreover, affirms that the 'bite-sized' teaching in delivered in 'real time' within the clinical environment to

meet needs at the time when needed, compliments the range of other educational opportunities that are available to practitioners as this quote from the Allied Health Professional Learning Environment Lead suggests:

> *they have* [pre-prepared] *PowerPoint presentations that they go through whilst not taking the nurse or practitioner, clinical worker off of the ward areas"* further stating that *"this is really valuable which is another thing to support the value of the role".*

The fact that they come on to the ward to teach is valued as being helpful, as is the fact that they teach practitioners skills that practitioners are not sure about, as was summed up in by participants in focus group 5:

> *"It is so helpful that they come on to the ward to teach things that we have not done before"*
>
> *"They teach skills we are not sure about. That is so valuable."*

There was a perception that the role should continue as discussions in focus group 1 indicated:

> *"We want them to continue".*
>
> *"We like their support".*

A key value of the CNT role being that it promotes personal and professional development to a range of practitioners across the medical and surgical divisions thereby maintaining its purpose as a generic educational role.

The CNTs themselves discussed how they valued the opportunity that the role has provided in relation to their own personal and professional development, including the development of new knowledge about quality improvement and data collection. As part of the CED, CNTs were able to gain more exposure to additional inhouse and external training and courses and through their own development they were able to support other departments to embed their training across the trust, including for example digital agendas. The CNTs also undertook an internal program to develop as quality improvement practitioners which in turn helped them to deliver this project. This in turn has had an impact on the reporting of data to senior management and the Trust board. The role demands that they have insight into critical incidents across the Trust and this informs the planning of teaching at local level. The time given to plan the implementation of the project and the training around quality improvement helped to enable new learning that informed the effective implementation of their role.

The CNT team were described by participants in focus group 5 as *"a font of all knowledge"* and that *"they are a great team that work well together".*

The qualitative data clearly indicates that the CNT role is valued in terms of the impact that it has on individuals which in turn is observed to make a difference to the delivery of care, the impact of which is now discussed below.

3.4 Impact and Outcomes

Findings from the qualitative evaluation data, collated and synthesised with data collected by the Trust, indicate that the CNT Project has achieved its overarching aim to successfully implement the role of the CNT. The support given by the CNTs has in turn impacted on individual personal and professional development of both the CNTs themselves and individual practitioners. The outcomes also having wider implications for the Trust thereby helping to deliver the Trust's strategic priorities, notably 'journey to outstanding', 'joy at work' and 'continuous quality improvement'. There is evidence that the number of reported incidences relating to critical medication and diabetes care management have been reduced and there has been a positive impact on staff wellbeing. Additionally, there is also evidence that the project has increased the practice assessor register and it is recognised that by supporting students will support the delivery of high standards of care.

Feedback supporting the positive contribution of the CNT role is obtained in a number of ways, including formal and informal feedback about the role and the teaching delivered, observations of care delivery in the clinical area, feedback from practitioners, ward manager feedback, feedback from ore-registration students, patient feedback and the live monitoring of the Datix platform. These findings from the feedback are discussed in more detail below.

3.4.1 Knowledge and skills development: Support and Bite-sized Teaching

Firstly, it is worth noting that focus group participants reported how they had received informal feedback from other colleagues about the supportive nature of the role which corroborates their own perceptions that the introduction of the CNT role has had a supportive impact on staff. For example, a participant in focus group 6 discussed that they had been told by a colleague in another area of practice:

> *"…how supportive the CNTs had been in helping to develop knowledge about the documentation used within the Trust."*

Stakeholder Participant 2 reported that:

> *"…verbally, I've received positive feedback from the wards about the support that they* [the CNTs] *can offer".*

Focus group 5 discussed how the CNTs

> *"Support other teams and one supports the diabetes team and one supports the tissue viability team and then when those teams are not available, it is about is that living in the moment time that we were talking about and you have got that person who can do at that moment in time training".*

This 'moment in time' training is perceived as having a positive impact on learning especially when delivered as a 'bite-sized' teaching session. The notion of 'bite-sized' teaching sessions is discussed earlier in this report within the context of communication and the responsive nature of the CNT role.

In light of the findings, it is considered here within the context of its impact. Bite-sized teaching in this context refers to the principle of using focused brief learning 'units'. Participants report that 'bite-sized' teaching occurs as both planned and spontaneous teaching sessions and that whatever the context it has a positive impact. Notably, the 'bite-sized' teaching approach lends itself to learning in practice where practitioners are faced with competing demands on their time. Lengthy teaching sessions are not always feasible within contemporary healthcare which is increasingly pressurised with staff finding it difficult to take time out of practice for training even when it might enhance their role and improve the quality and efficiency of care (Health Education England 2023; Tattersall 2013). Teaching in the moment however, requires that the educator is prepared and ready to teach when the moment arises and as highlighted earlier the CNTs have a range pre-prepared resources enabling them to teach spontaneously according to need or be flexible with the content.

3.4.2 Exploiting moments of curiosity

The evaluation data indicates that the CNTs flexible approach enables meaningful activity where everyone involved can learn from the activity. An example of this was given whereby a learning

opportunity arose when they were asked by a nurse to *"go through the resuscitation trolley"* which was then attended by a range of medical and allied health professionals as well as nurses. They then discussed how the teaching of medical staff and allied health professionals is not the remit of the project but having previously attended a resuscitation session that felt *"chaotic*" because across all disciplines were not familiar with the trolley contents it was important to include everyone, thereby seizing a 'moment of curiosity' and turning it into a meaningful opportunity. That this impacted on the multi-professional team is also important in achieving the Trust's strategic objectives and delivering safe care. Bite-sized teaching is well suited to inter-professional education and also maximises resources (Manning et al 2021). Also worth noting that whilst practitioners who are not nurses are not recorded as part the project board the CNTs do record that they are attending the session which evidences who has attended and the nature of the session thereby evidencing the wider impact of the role but also the need for inter-professional Bite-sized teaching within the clinical area and in real time. The concept of bite-sized teaching both as planned and ad-hoc sessions and the evidence to support this is picked up again in the discussion section below (see Section 4).

The majority of teaching is delivered to groups but there are occasions where one-to-one bite-size teaching sessions are appropriate. For example, a CNT discussed an experience whereby they worked with a Band 5 RN who was concerned about their patient who was *"breathing very fast".* However, what they, the RN, had not observed was the patient's distended abdomen. Therefore, the CNT worked with the practitioner to develop skills and knowledge around assessment and this had an impact on the quality of care received by the patient and future patients, evidenced by an improvement in the patients physical status and emotional wellbeing.

Data however, indicates that teaching is mainly planned based on 'population' needs and the perception of participants is that the PDN's focus on more on individual needs and that the two roles complement each other in terms of impact on developing the knowledge and skills of practitioners.

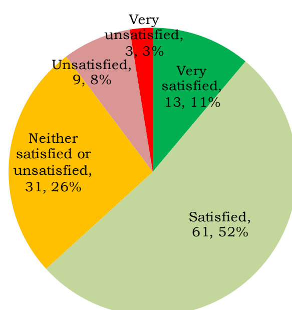
There was also discussion within the focus groups as to how the impact and outcome of the bite-sized teaching is evidenced in practice with the argument put forward that improved practice and knowledge is tangibly evident in the practitioner's approach to delivering care. Participants reported that they have seen the practice of junior staff visibly improving. The perception was that this may not have happened so *"quickly without the input of the CNTs"* which in turn *"increases the risk of critical incidents occurring as staff are too busy to think about learning in practice without this input".* For example, participants in focus group 5 described how they observed the application of learning, new skills knowledge and new understandings to the care of patients, thereby impacting on patient

satisfaction. When asked how this was evidenced other than direct observation of patient care they indicated that this was through patient satisfaction survey as well as newly qualified staff competing their 'competency books' in a timely way. All newly qualified nurses as part of their preceptorship programme are required to evidence the achievement of specific competencies within the first year in post and be observed to do this and have the achievement verified by a senior registrant. There is clearly a perception that the CNTs are having an impact on junior staff in the achievement of the competencies and impacting positively on the lived experiences of newly qualified and internationally trained staff. It is reported that the CNTs support newly qualified registrants to achieve their competencies which in turn fosters confidence to undertake their practice assessor qualifications. That staff feel supported to develop their skills and knowledge is corroborated by the mid-point survey which indicates an increase in staff feeling supported by their role as depicted in Diagram 3 below.

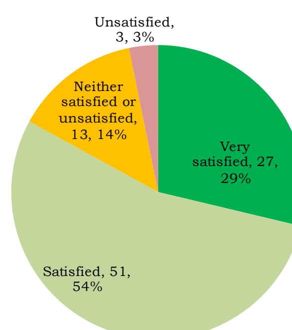
Diagram 3: Percentage of staff feeling supported in their role as a result of interventions from the CNTs

Currently how supported do you feel in your role?

Entry Survey



Midpoint survey



3.4.3 Responsive teaching and collaboration

The remit of the CNT role is to identify learning opportunities, plan training themes to focus on learning needs and facilitate quality improvement. The project also required that the CNTs monitor the incidences recorded on Datix that impact on the quality of care. As referred to earlier in this report (see Executive Summary; Section 1.1) the Datix system is a technology that DGT have adopted

to manage event reporting. It is a risk management system designed to collect and manage data on adverse events including complaints and risk. This Datix data is therefore, the primary source of information that informs the nature of teaching required. The CNT team monitor the Datix information in real time, as enabled by the platform. This live monitoring facilitates bespoke teaching but moreover is a strategy that enables a fast response to both learning and developing knowledge from incidents. This is significant in that there is much evidence to indicate that acting swiftly and effectively in response to critical incidents within healthcare is critical for patient safety and overall quality of care. It is however, essential to allocate resources effectively to ensure that there is both support for staff and learning opportunities to reduce the risk of incidences happening again involving the same staff (Care Quality Commission 2016).

This responsive teaching model adopted and developed by the CNT team provides a strategy to address system level issues and is an effective solution to reducing the risk of incidents to help drive positive change. This, however, is dependent on effective communication and collaboration both horizontally and vertically across the Trust.

A participant in focus group 5 commented:

> *"Communication with the team is good. So, they normally respond back and then they arrange the day and then like half an hour or 15 minutes of teaching and we do not have to wait. It will be arranged soon like that week or when the staff who need the teaching are available".*

All participants involved in the evaluation indicate that this system level approach is both effective and supported. A participant in focus group 5 (Allied Health Professional Learning Environment Lead) commented on this communication and collaboration stating:

> *"they communicate and collaborate with me and it helps to ensure that there are links between like speech and language, physios, OT with nurses…and they will teach allied health professionals as well as nurses".*

The PDN in the same focus group also commented on that they:

> "*communicate and work with me to support teaching in my area….if I need support from them or any sort of teaching they are willing to discuss that with me and help me if they can".*

The CNT themselves report that they have engaged well with practitioners at the local level within the clinical environment of both the wards and other adult services such as outpatients and the discharge lounge. As indicated by the quote above this is corroborated by ward staff taking part in

the focus groups who report that the CNT team discuss the teaching needs with themselves, and there was a perception that they discuss teaching needs with the ward managers as indicated by discussions with a ward manager in focus group 5:

> *"Also, they discuss the teaching they are planning to do with me".*

Whilst the project KPIs focus on medication errors and the care management of patients with diabetes they do also teach other aspects of care which is evident from the Clinical Support Log and from this quote from a CNT:

> *"So diabetes and critical medication are our two main key areas, but if anything else is required such as NG feeding, resus trolley, syringe drivers we do teach those skills. But critical medicine and diabetes are rolling things. They don't stop. We will always keep evolving the training for them".*
>
> *They then commented that they are:*
>
> *"…only a team of 6 but that our aim is to enhance patient safety and patient care, ultimately how to make our staff feel more supported".*
>
> *They therefore see that it is important to teach a range of skills but that it has to be manageable and in order to make it manageable there has to be collaboration with specialist nurses and PDNs. The specialist nurses report that collaboration is effective and has positive outcomes for teaching across the Trust. For example, Stakeholder Participant 5 (Diabetes Specialist Nurse) reports that their roles*
>
> *"…complement each other" and they "discuss together what training around diabetes should look like".*
>
> *They then further discussed that and that they work well together and the roles in terms of teaching complement each other. The CNT takes the bite size training to the wards and the specialist nurse delivers the more specialist training and study days. Similar feedback was provided by Stakeholder Participant 5 (PDN Stroke) who reports that the CNTS and PDNs "support and help each other".*

Senior managers are committed to establishing the Trust as a Learning Organisation providing innovative learning whereby collaboration is essential if individuals are to tap into the wider pool of expertise which leads to collective growth (King et al 2020). The CNTs report that this organisational

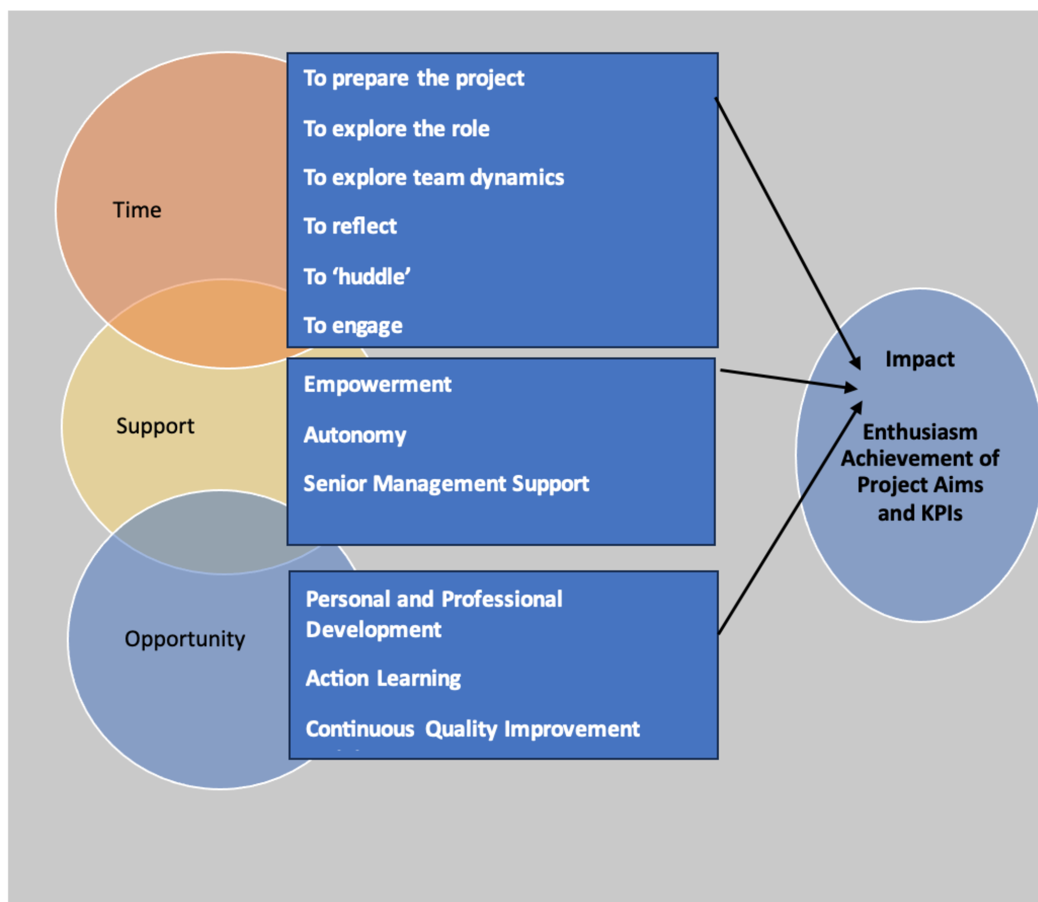
collaboration has been enhanced as a result of the project. For example, the CNTs are attending Trust wide meetings/committees that previously did not have nurse representation. These include groups such as the Learning from Death Group, and the Medicine and Safety Learning Group. An effective learning organisation is one where learning is emergent and based on collaborative 'sense making' and problem solving (King et al 2020). Thus, it is argued here that the role of the CNT is essential supporting a culture of learning, thus sustaining the Trust as a learning organisation. Furthermore, the CNTs have also contributed to an increased number of practice assessors within the organisation which also helps to generates a culture which provides a safe learning environment as required by the NMC (2023) Standards for Student Supervision and Assessment (SSSA). Collaboration with the HEI's helps to ensure a safe allocation and pairing of students with practice assessors, a key part of the SSSA standards. Within this context it is important to note that there were very few disadvantages or pitfalls identified in relation to the role of CNT. Overwhelmingly there was support given to the role which was perceived as being advantageous to the Trust. The pitfalls identified by the CNTs pertained to the lack of office space for the team, and the fact that some of the team are employed on a fixed term contract creates anxiety about the future. Otherwise, participants were challenged to identify disadvantages or pitfalls of the role.

There were a number of factors that were seen to influence the effectiveness of the role but key to the perceived success of the project were the approachability, flexibility and responsiveness of the CNT team. A team who are perceived to work well-together and with colleagues in the practice areas. Stakeholder Participant 6 summed up the reason for the success of the project as follows:

> *"It's a bit of a magic mix of the personalities within the team, the ambitions within the team to get the project up and running and make it work".*

The key influencing factors are conceptualised as time, support, and opportunity (please see Diagram 4 below).

Diagram 4: Overlapping Influencing factors impacting on the outcome of the Project



3.5 Achievement of the KPIs

As indicated above the project team receives feedback via a variety of sources which is formally presented to the Project Board and Trust senior management. The CNT team has a formal remit to collate data from CNT surveys, feedback on incidents and report to the Continuous Quality Improvement Team, report to working groups and audit teams and plan training themes that focus on learning needs. The overall collated findings of the feedback indicates the following outcomes:

- Staff report an increased job satisfaction and feeling supported within the Trust.
- Clinical Nurse Tutors provide training in clinical skill as well as promote the wellbeing of the staff and support their career development.

- Clinical Nurse Tutors promote trust values and holistic care of the patient by providing a wide range of on-the-job trainings.
- Clinical Nurse Tutor developed and maintained a practice assessor register to increase the number of nurses with a practice assessor qualification or equivalent. During the timeframe of the project the number of registered nurses who are Practice Assessors has increased from 11% to 31%. The CNT role has impacted on this increase through teaching and collaboration with registered nurses.

There is evidence to indicate that the project has been effective when measures against the KPIs with initial data emerging in May2023 to support this as represented in Diagram 5 and Table 3 below.

Diagram 5: Achievements of the project measured against the KPIs as of May 2023

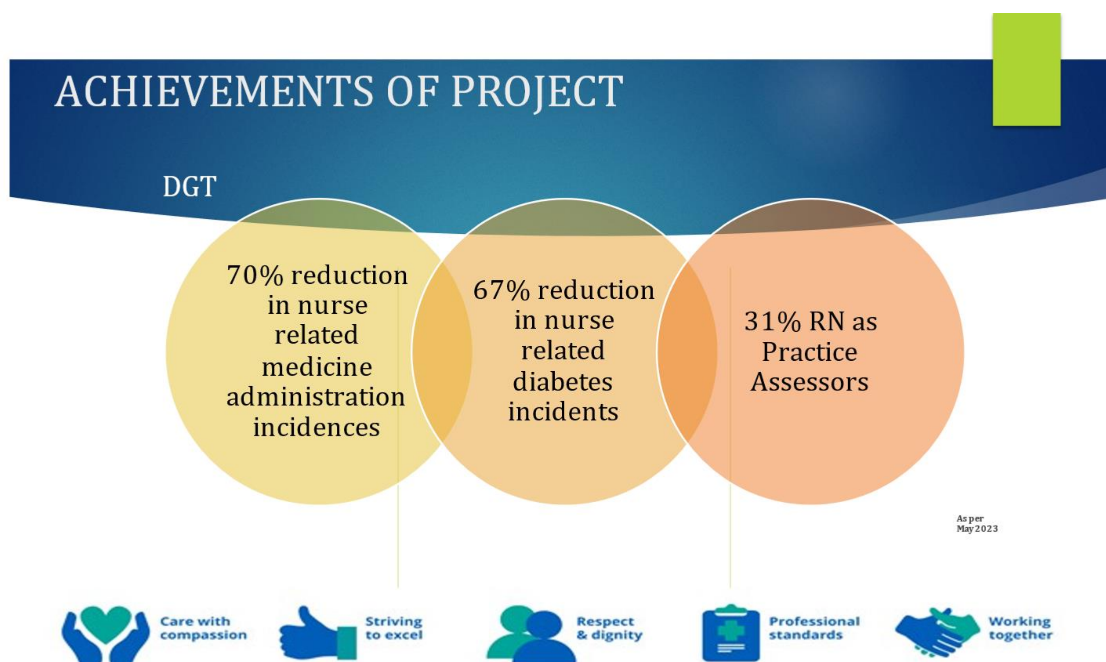


Table 3: Achievement of KPI Outcomes

KPI	Outcome
KPI 1: 10% decrease in reported incidences involving adult RNs, which cause harm in 2 key categories; medication errors and management of patients with diabetes	Achieved September 2023 there was a 50% reduction
KPI 2: 25% improvement in self-reported satisfaction as measured by the CNT survey to be achieved within eight months	Achieved May 2023 The CNT survey indicated that a 34% increase for staff who had received interventions from the CNT team
KPI 3: 5% increase in retention of adult registered nurses with in the first two years at DGT within 12 months	Improvement in staff wellbeing identified through wellbeing conversations and feedback from staff and managers
KPI 4: 25% of registered nurses in adult wards will be practice assessors/ mentors in 12 months of the project	Achieved and sustained before the end of the project The CNTs have created a new register, maintained and promoted the intake of the PA qualifications
Project Objective: to teach at least 25% of registered nurses (Bands 4 to 7) in each clinical area where the CNT project was being implemented.	Achieved Data recorded from January 2023 to September 2023 indicates that this has been achieved across 22 wards. The CNTs have competed over 3000 teaching sessions. The CNT team developed a strategy for teaching to help achieve the project aims and KPI's and to achieve the above KPIs, using the CQI tools. A SMART project Aim was developed to teach a minimum of 25% of RNs in each clinical areas in all clinical skills, so as to cascade the trainings for the rest of the staff. Please see Appendix Six: Data confirming numbers taught

That the KPIs have been achieved is evident from the evaluation data and data collected within the Trust. However, it is important to note that with regard to KPI 3 it is difficult to ascertain whether or not there is an increase in staff retention as a direct result of the CNT input or other variables. The there is though clearly an increase in the retention of staff since the start of the project as indicated in Tables 4 and 5 below.

Table 4: Registered Nurses (Adult) less than 1 year post registration with the NMC

Month	2021	2022	2023	Total
January	1	1	1	3
February	3	4	1	8
March	2	2	1	5
April	3	2		5
May	2	4	1	7
June	1	2	1	4
July	2			2
August	4	4	1	9
September	2	1		3
October		1	1	2
November	4	1	1	6
December	4	1		5
Total	**28**	**23**	**8**	**59**

Table 5: Registered Nurses (Adult) leavers less than 2 years in post

Month	2021	2022	2023	Total
January	4	2	4	10
February	4	6	5	15
March	2	3	2	7
April	4	3	5	12
May	3	7	4	14
June	2	4	2	8
July	3	4		7
August	9	7	2	18
September	7	4		11
October	1	3	1	5
November	7	5	1	13
December	10	2		12
Total	**56**	**50**	**26**	**132**

The tables above indicate that in 2023, which is when the project started, there is a decrease in staff leaving when compared to the previous two years. Whilst this cannot be definitely claimed as the outcome of the Project what is clear is that the CNTs have had an impact on staff wellbeing. The recorded data indicates that the CNTs have had over 150 career and wellbeing conversations in the clinical areas. The interdependencies between the different aspects of staff wellbeing means that no single factor could be attributed to the overall results. However, the findings of this evaluation clearly indicate that the CNTs have had an impact on the confidence of those receiving interventions.

Clinical competency is underpinned by confidence and effective decision clinical decision making is dependent on confidence. Confidence is important if nurses are to effectively problem solve, think critically, and deliver quality patient care (Fry and MacGregor 2014). Confidence also impacts on knowledge retention (Zieber and Sedgewick 2018). Furthermore, confidence, nursing outcomes and quality of care impact on wellbeing (NIHR 2019; RCN 2016) and it is widely documented that wellbeing impacts on retention (NHS Employers 2022; NIHR 2019; Adams 2019). Therefore, it can be inferred that there is a relationship with the implementation of the Project and staff wellbeing which in turn impacts on retention.

Overall, the Project has been effective as the role of the CNT has been implemented and had a positive impact. The role is perceived by participants to add value and the advantages outweigh the disadvantages. The disadvantages are related to the lack of definition of the role of the CNT at the start of the Project, although participants provided rich nuanced descriptions of the role that can support a clear definition of the role being one of an experience clinical educator located in practice and who works autonomously and horizontally across the Trust. Success has been influenced by a number of factors, namely time and effective communication. The teaching model that has been implemented enables manageable 'bite-sized' learning located in practice. The next section discusses some of the key issues that emerged to support the sustainability of the role.

4. Discussion of the aims in relation to the findings of the study

The aim of this evaluation was to determine the effectiveness of the Clinical Nurse Tutor as measured against the project aims and KPIs; to determine the value of the CNT role and its impact on the stakeholders involved; and to consider strategies to support the sustainability and expansion of the project. As indicated in the findings section, the overall findings of this evaluation support the idea that the implementation of the CNT role has been successful. Moreover, it can be concluded the Project has been effective as measured against the project aims and KPIs. The CNT role has had a positive impact on staff who have received interventions and therefore it is posited that the role has sustainability and could contribute significantly to achieving the Trusts strategy 2020-2025 and beyond, whilst simultaneously creating and sustaining a culture of learning located within clinical practice across the organisation. This section will draw together key elements of the thematic analysis that support the sustainability of the Project within the context of the evaluation questions as recapped here:

i) Have the KPIs been achieved and what has influenced the outcome?
ii) How is the CNT role perceived by stakeholders?
iii) What are the contextual factors that impact on the effectiveness of the CNT role?

In considering what has influenced the outcome and the achievement of the KPIs this will address the nature of the role itself as well as the contextual factors that influenced its implementation, including the location of the role and resources. Implications of 'bite-sized' teaching are discussed within the context of a holistic model and a conceptual framework that could support sustainability of the model going forward. Advantages and challenges of sustaining the CNT role are considered and recommendations made.

4.1 Conceptualising the CNT Role

As discussed above, there is a clear understanding that the role is located within clinical practice. The uniqueness of the role pertains to the fact that it is located within clinical practice and delivers 'bite-sized' teaching, either planned or ad hoc as learning moments arise. Teaching is therefore fundament to the role, informed by clinical experience and population needs. Other unique aspects of the role relate to its flexibility and responsiveness to critical incidents. This is significant within the context of the Trust maintaining itself as an established learning organisation. Learning organizations that have a higher responsiveness to their internal and external environments are more likely to respond to challenges adapt to change and support an autonomous workforce (King et al 2020). Additionally, a responsive organization is more likely to facilitate a culture of learning as opposed to a culture of blame when things go wrong (King et al 2020; Munro 2019; CQC 2016).

Whilst other roles in the Trust have a remit to sustain a learning culture, these roles, notably that of the PDNs, have different focus. The PDN is specifically mentioned as there has been debate as to the differences between the role of the PDN and that of the CNT. Findings of this evaluation support the notion that the role of the CNT is uniquely different to that of the PDN, and clear distinctions can be made. PDNs are specialist focused and as stated within the Trust's PDN job description, a PDN will work autonomously to "impart own specialist knowledge". CNTs whilst being their own clinical experts have more of a generic educational role. As discussed earlier in this report the CNT can be defined as a clinical educator who works horizontally and autonomously across the clinical areas to deliver bite-sized teaching within a clinical environment. The CNTs take a holistic approach and the bite-sized teaching also fosters critical thinking as it allows for a more targeted and specific learning

experience allowing participants to focus on the most relevant concepts and build knowledge incrementally (Manning et al 2021).

The CNT team are currently located within the Clinical Education Department. The location of the role was debated by some participants with the proposal that they could be located within the Clinical Divisions. However, in light of the findings of this evaluation it is argued here that the role should remain located within the Clinical Education Department. The advantages being that the CNTs then build and maintain collegial networks across the Trust, delivering 'bite-sized teaching across a range of settings, to a range of practitioners, thereby contributing to the overall growth and quality of healthcare practice. In doing so they have an understanding of the internal and external drivers that inform practice from a generic perspective which compliments specialist roles who promote quality of care within as a specialist expert. The CNTs expertise is that of clinical educator not specialist educator. Moreover, the CNTs work within the CED that is led by a senior nurse with expertise in education who will support the development and career progression of the CNT.

The CNTs currently teach a range of topics and skills within and without the project KPIs. One suggestion was that the CNTs have a definitive list of skills that is published so that staff can look to see if they can meet their needs. Whilst this might be helpful and worth consideration it is also important to note that it is critical incidences that drive the teaching content and whilst there was a reduction in critical incident reporting within the timescale of this Project it is suggested that teaching continues to focus on mitigating risks whilst promoting holistic care and patient safety.

4.2 Bite-sized teaching

Bite-sized teaching allows the CNTs to be responsive to the needs of the practice area and is purposely flexible (Health Education England 2023; Thompson et al 2020). An approach that lends itself to contexts whereby the educator is required to be responsive to the needs of a number of clinical areas. Moreover, its flexible approach enables relevant teaching to fit into busy schedules. A further advantage being that it enables the educator to adapt quickly to shifts in context, content, and learner needs (Manning et al 2021). It allows for teaching to be delivered at a convenient time thereby also allowing for planned and spontaneous 'learning moments'.

A further advantage of bite-sized teaching is that it allows practitioners to engage in training in 'manageable chunks', a strategy that also facilitates immediate knowledge recall (Manning et al 2021). It reduces cognitive overload, allowing for metacognition which enables the learner to reflect on their thinking processes at the time of learning (Young et al 214). In breaking down complex information into manageable portions 'bite-sized' teaching helps to enhance knowledge retention, improves engagement and makes learning accessible. Furthermore, the localization of professional development helps to ensure that learning is embedded within the context of the organisation which increases relevance and impact (Tattershall et al 2013). This approach builds on previous learning and is beneficial within the context of post graduate/qualification and reinforces previous learning and understanding (Manning et al 2021). Bite-sized learning enables the Trust to address immediate needs, fosters innovation and team work by encouraging curiosity and feedback.

4.3 A Holistic Approach

The horizontal model of teaching applied across adult services with which the CNT Project is concerned enables a holistic approach to teaching. It is argued that the role is sustainable within a context that acknowledges a nonlinear approach to the planning of teaching. The responsive nature of the role determines that teaching is both planned and spontaneous as determined by data and practice contexts. In order to develop the role of the CNT beyond the project it is suggested that the role is aligned with within two theoretical frameworks, these being complexity theory and rhizomatic learning theory. It is argued that both are helpful in providing a conceptual framework to contextualise the CNT role and underpin the teaching model.

Firstly, complexity theory supports a holistic approach, and its application can help make sense of unpredictability and uncertainty within the context of teaching in the moment as need arises. Whilst teaching is planned and determined by live Datix data the findings also indicated the CNTs engage in spontaneous teaching. Complexity theory is concerned with complex adaptive systems (CAS). Within the context of complexity theory, the Trust itself and practitioners are complex adaptive systems whereby relationships are non-linear and teaching is dependent on the emerging live data and is therefore not always predictable in advance. The important concept here is the non-linear nature of events within the system that influence the content of teaching. Complexity theory takes a perspective opposite to linear cause-and-effect models, instead taking an organic, non-linear and holistic approach whereby relations are interconnected networks (Jones-Devitt and Smith 2007; Byrne and Callaghan 2013). The fact that teaching is delivered within the clinical environment where

care is delivered cannot ignore the realities of practice and therefore makes for a more flexible holistic conceptualisation of the parts that make up both teaching and practice. Thus, reducing the conceptual possibility that the teaching is divorced from the context of care delivery.

Complexity theory takes a holistic approach to looking at phenomena and acknowledges the interaction and variables of the different parts that might impact on the particular phenomenon. This allows for flexibility and the uncertainty of the practice environment, for example when planned teaching has to be postponed to an event in practice such as an acute resuscitation emergency. As previously highlighted one of the unique contributions of the role is its flexibility. It is therefore, argued here that the conceptualisation of the role through the lens of complexity theory supports a non-linear approach to the delivery of teaching within a complex organisation.

Rhizomatic learning theory also challenges hierarchical linear thinking and emphasises fluidity, adaptability, and non-linear relationships. Fluidity being a rhizomatic learning principle that supports the notion that learning is most effective when educators can react to evolving circumstances and it allows for continually evolving redefinition of tasks thus, supporting both refresher training and training in response to emerging needs. As such the CNTs themselves need to be adaptable and prepared. A characteristic of the role affirmed by this evaluation and demonstrated by the CNT team.

As referred to earlier in this report rhizomatic learning theory is based on the biological metaphor of a rhizome whereby the root grows as a network of interconnected roots continually renewing itself at the tip (Brailas 2020). This theory when applied to practice is seen as a mechanism for driving change or to provide a new perspective on a challenge or problem (Advance HE 2023). The introduction of the CNT role within the Trust is a change but their remit is also to drive change and contribute to quality improvement whilst supporting the growth of the Trust as a learning organisation. Rhizomatic learning also focuses on how learners navigate the network of learning whilst taking the view that learning is most effective when participants react to evolving circumstances such as that of practice. The rhizomatic approach also supports the bite-size learning approach and enables maximization of space, in that the CNTs maximise opportunities for learning in the moment and using brief focused learning units within the reality of practice.

4.4 Strategies to support the sustainability and expansion of the role

Based on the findings of this evaluation it is concluded that the CNT role is a valuable asset to the Trust and has had a positive impact within the timeframe of the project. The KPIs have been met and

the findings suggest that the advantages of the role outweigh any disadvantages. Both of the theories discussed above offer new and helpful ways to conceptualise the CNT role and its value within the trust and their application can be used as a strategy to support the sustainability of the role.

However, s it is suggested that strategies to support the sustainability and expansion of the role firstly need to be located within the long-term vision of the Trust as a learning organisation. The value of the role can be clearly articulated within this context. It is suggested that the benefits of the role include cost savings, risk reduction, organisational reputation, and innovation. The role of the CNT is innovative and has as its focus quality improvement. However, it was beyond the scope of this evaluation to undertake a cost benefit analysis but it is argued that the reduction of incidences and complaints will have an impact on quality and that the teaching model employed whereby bite-sized teaching captures a range of staff are likely to have cost benefits.

In light of the findings, it is also suggested that the definition of the role is reviewed. The findings of this evaluation can inform the definition which needs to be more clearly articulated and disseminated within the Trust. Other strategies for the sustainability of the role can be drawn from the advantages of the role which have been discussed throughout the report.

5. Limitations of the evaluation

This evaluation presents a largely qualitative narrative of the findings. However, a full discussion of the limitations of the qualitative approach is beyond the scope of this report. Rather, the main limitations that may have impacted on the findings of this study this study are discussed.

Firstly, the the participants recruited to the present study are limited to those those who have received interventions, or those who have worked with the CNTs. Participants also include CNTs and senior managers. Thus, there is a potential bias in their reporting. Equally, the focus group format used to elicit the perceptions of those who have received interventions may have further contributed to introducing this bias, as participants could be led by each other to a certain conclusion. This type of bias is common in all types of qualitative studies, and not unique to this one. Hence, it is how this bias was dealt with within a study which determines the limitations of the data. Therefore, it is worth noting that the evaluation was conducted independently by researchers from the University of Greenwich who ensured anonymity and/or confidentiality for participants. It is clear from the data

that participants felt able to convey their actual experiences and individual perceptions which is reported objectively as a qualitative narrative within the report.

The measures put in place (independent researchers assuring anonymity and/or confidentiality) were sufficient to minimise any potential bias. Secondly, it is also worth noting that like most qualitative studies the findings will not be directly generalisable to other CNT projects in other settings or geographical areas. Rather the strength of this evaluation is in capturing the perceptions of those who took part in this study and how they perceived the effectiveness of the CNT Project and the role of the CNT. A further strength of the evaluation is that qualitative data was analysed alongside existing Trust data which validated the qualitative findings. The use of semi structured interview /focus group questions also helped to elicit rich nuanced data, as the participants had the freedom to express their views in their own terms, which fostered authentic responses.

6. Conclusions and Recommendations

The findings of this evaluation support that the role of the CNT adds value to the Trust and has the potential to support continuous quality improvement, in order that registrant nurses and other practitioners within the Trust provide *"outstanding care which is skilled, trusted and kind, every time"* (DGT 2020). The CNT project is innovative, and the CNT role compliments other roles and has the potential to help ensure the Trust's identity as a learning organisation. The nature of the role which locates teaching within clinical practice helps to ensure that evidence based safe care is delivered.

The recommendations presented here emerged from the findings of the study as a whole influenced by the emergent themes and participant feedback. The recommendations are concerned with sustaining the role and ways to improve the ongoing implementation of the CNT role:

- Maintain the role within the Trust;
- Revise the role definition and job description to reflect that the role is one of horizontal autonomy. The findings of this evaluation provide a useful basis for the definition. It is also suggested that conceptual understandings of the nature and dimensions of the CNT role are aligned with the theoretical perspectives of complexity theory and rhizomatic learning theory to support the approach to teaching and the location of the role within the wider organisation;

- Continue to locate the role within the clinical education department to help ensure that the role remains holistic and to minimize the likelihood of the CNT being absorbed into practice as a practitioner as opposed to an educator;
- Continue to effectively communicate the purpose of the role and engage staff;
- Revise the KPIs. The KPIs were developed for the CNT project and now that the role has been successfully implemented it is suggested that objectives for the CNT role are now developed to more accurately reflect the evolved nature of the role and the teaching delivered across the adult services;
- Continue to use Datix metrics to inform teaching content whilst also continuing to liaise with frontline practitioners, ward managers and colleagues at senior level to determine teaching needs within the individual divisions and clinical areas;
- Consider resources to support the development of the team to ensure team identify and to help sustain effective team dynamics; and that the Clinical Nurse Tutors have a defined space where they can meet and prepare teaching activities;
- Encourage the project lead and CNTs to 'manualise' the process by which they implemented the project – in terms of design, roles, processes, and operational milestones. This would engender the project being transferable for development within other Trusts;
- Consider the development of a resource that Trust staff can access that lists the nature of teaching that the CNTS provide so that staff can determine if the CNTs can meet their needs, whilst maintaining the model whereby critical incidents and continuous quality improvement drive the teaching content;
- Consider evolution of the role for medical staff whereby a clinical junior doctor tutor (CJDT) role **is** developed from the more traditional Clinical Fellow in Education position;
- Continue maintaining the practice assessor register as per NMC requirements within the trust and promote career development programs for the practice assessor qualifications.

In terms of potential areas for future evaluation, one recommendation would be to continue to monitor the impact of the role on Trust and patient outcomes. In terms of recommendations for future research, one area that would be useful to explore would be the impact on the culture of the Trust in relation to its identify as a learning organisation and the specific impact of the CNTs in this context.

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Appendices

Appendix One: Data sources to explore research aims.

Clinical Nurse Tutor Project KPIs	**Existing Data**	**Additional Data to be collected**
10% reduction of reported incidences involving adult Registered Nurses (RNs), which cause harm as a result of Medication errors and - Errors in the management of patients with diabetes	Results of existing entry survey and midpoint survey	Qualitative data from interviews with CNT and focus groups with stakeholders to identify perceptions of how this achieved over the course of the original project
10% reduction of reported incidences involving adult Registered Nurses (RNs), which cause harm as a result of errors in the management of patients with diabetes	Results of existing entry survey and midpoint survey	Qualitative data from interviews with CNT and focus groups with stakeholders to identify perceptions of how this was achieved over the course of the original project
25% improvement in self-reported satisfaction, as measured by the CNT survey within eight months of the project implementation	Results of existing entry survey and midpoint survey	Qualitative data from interviews with CNT and focus groups with stakeholders to identify perceptions of how this was achieved over the course of the original project
5% increase in the retention of adult registered nurses within the first two years of employment with DGT within 12 months of the project implementation	Trust Workforce data	Qualitative data from interviews with CNT and focus groups with stakeholders to identify perceptions of how this was achieved over the course of the original project

Enable 25% of eligible registered nurses working within the clinical setting of adult wards to become practice assessors/mentors within 12 months of starting employment - or 12 months of the project implementation	Results of existing entry survey and midpoint survey & Trust Workforce data	Qualitative data from interviews with CNT and focus groups with stakeholders to identify perceptions of how this was achieved over the course of the original project

Appendix Two: Information Sheet: Interviews

INFORMATION SHEET FOR INTERVIEW PARTICIPANTS

Title of Study: Evaluation of Clinical Nurse Tutor (Practice Development) Project at Dartford and Gravesham NHS Trust [UREC NO: Insert here]

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

We would like to invite you to participate in this evaluation of the Clinical Nurse Tutor (CNT) project. You should only participate if you want to; choosing not to take part will not disadvantage you, and services or training you receive, or your employment in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being conducted and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. You can contact the researchers to ask questions about the study prior to agreeing to participate (contact details below).

We are recruiting practitioners who have worked the Clinical Nurse Tutors (CNT) to hear their views on the initiative.

This evaluation aims to assess the changes that key stakeholders perceive to have occurred, and review the results achieved, as a result of the implementation of the CNT role. As such it is concerned with the extent to which the original project objectives have been achieved.

The aim of this evaluation will therefore be informed by the following objectives:

1. **Assessing the effectiveness of the project as measured against the KPIs;**
2. **Establishing the value of the CNT role and its impact on the stakeholders involved;**
3. **Exploring strategies to support the sustainability and expansion of the project.**

All the information you tell us will be anonymised. The researchers are trained in data-handling, so you can be assured that they will do their utmost to protect the data gathered.

Study details

If you choose to take part you will be asked to attend an interview. Interviews will be researcher-guided discussions lasting up to 30-45 minutes (depending on you) where you will be asked questions about your experiences of the Clinical Nurse Tutor project. The interview will take place at a time and place convenient to you, and you can also choose to have the interview on Microsoft Teams.

On the day of your interview, the researcher will ask you questions and record your responses. All recorded information will be written up and all names removed, to ensure anonymity in processing the data. The researchers will assign everyone who takes part a number that will correspond with their responses, so nobody will be able to identify you except the researchers. Once the interview is transcribed the data will be anonymous.

The total time for your involvement in the study depends on you, although it is estimated that the interview will take about 30-45 minutes. If you decide to take part, we will initially take your details to make arrangements to meet. Once the interview is finished and transcribed this personal data will be destroyed.

Nothing that you tell the researcher in the interview will be passed on to anyone else in an identifiable manner. However, should any issues arise that are of concern to the researcher conducting the fieldwork (such as reports of poor care or placing vulnerable adults at risk) participants will be encouraged to talk to their current line manager for advice about how to deal with these issues. Researchers will also report any incidents of this nature to their line manager within their university for further consideration and will also be reported to the Trust.

All recorded information will be written up and all names removed, as will anything that could identify your organization, to ensure anonymity in processing the data. You will have 10 working days after the interview to withdraw your data if you wish. After these 10 days the data will be anonymised, and we will be unable to identify you in order to remove you.

Taking part in the Research

- **It is up to you to decide whether or not to take part in the study. If you do take part, you will be given another copy of this information sheet to keep.**
- **When the researchers have completed transcription, it will not be possible for us to withdraw your data.**
- **One benefit of taking part is that the results of this research will be used to inform future ways of the work of the Clinical Nurse Tutors. It is also envisaged that results may be published in health journals to disseminate good practice.**

- **A copy of any published results will be available from the principal investigator if you wish to see them.**

Contacts for further information:

To take part, contact:

Janet Webb

School of Health Sciences, Faculty of Education, Health and Human Sciences, University of Greenwich, Avery Hill Campus, Eltham, London, SE9 2UG

T: 0208 331 7768 F: 0208 331 9160 E: J.S.Webb@greenwich.ac.uk

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Appendix Three: Consent Form

PARTICIPANT CONSENT FORM

To be completed by the participant. If the participant is under 18, separate consent forms should be completed by the participant and by their parent / guardian. An age-appropriate version of the consent form may need to be produced for participants under 18.

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received enough information about this study
- I understand that I am / the participant is free to withdraw from this study:
    - At any time (until such date as this will no longer be possible, which I have been told)
    - Without giving a reason for withdrawing
    - (If I am / the participant is, or intends to become, a student at the University of Greenwich) without affecting my / the participant's future with the University
- I agree to my / the participant's contribution being recorded (if the study involves recording)
- I agree to take part in this study
- We may wish to use your research data for a further project in anonymous form. If you agree to this, please tick here ☐

Signed (participant)	Date
Participant name in block letters	
Signed (parent / guardian) (if participant is under 18)	Date
Parent/guardian name in block letters	
Signature of researcher	Date

Researcher's name and contact details (including telephone number and e-mail address):
Janet Webb
School of Health Sciences, Faculty of Education, Health and Human Sciences, University of Greenwich, Avery Hill Campus, Eltham, London, SE9 2UG
T: 0208 331 7768 F: 0208 331 9160 E: J.S.Webb@greenwich.ac.uk
For further information on the study, contact:
Dr Paul Newton
School of Health Sciences, Faculty of Education, Health and Human Sciences, University of Greenwich, Avery Hill Campus, Eltham, London, SE9 2UG
T: 0208 331 7768 F: 0208 331 9160 E: P.D.Newton@greenwich.ac.uk

PhD students only - supervisor’s name and contact details (including telephone number and e-mail address):

September 2023
University of Greenwich Research Ethics Board

Appendix Four: Information Sheet Focus Groups

INFORMATION SHEET FOR FOCUS GROUP PARTICIPANTS

Title of Study: Evaluation of Clinical Nurse Tutor (Practice Development) Project at Dartford and Gravesham NHS Trust [UREC NO: Insert here]

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

We would like to invite you to participate in this evaluation of the Clinical Nurse Tutor project. You should only participate if you want to; choosing not to take part will not disadvantage you, and services or training you receive, or your employment in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being conducted and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. You can contact the researchers to ask questions about the study prior to agreeing to participate (contact details below).

We are recruiting practitioners who have worked with the Clinical Nurse Tutors in their day-to-day work to hear their views on the initiative.

This evaluation aims to assess the changes that key stakeholders perceive to have occurred, and review the results achieved, as a result of the implementation of the CNT role. As such it is concerned with the extent to which the original project objectives have been achieved.

The aim of this evaluation will therefore be informed by the following objectives:

4. **Assessing the effectiveness of the project as measured against the KPIs;**
5. **Establishing the value of the CNT role and its impact on the stakeholders involved;**
6. **Exploring strategies to support the sustainability and expansion of the project.**

All the information you tell us will be anonymised and people taking part in the focus groups will be asked to keep any discussion confidential. The researchers are trained in data-handling, so you can be assured that they will do their utmost to protect the data gathered.

Study details

If you choose to take part you will be asked to attend a focus group. Focus groups are researcher-guided discussions lasting up to 60-90 minutes (depending on you) where you will be asked questions about your experiences

of the Clinical Nurse Tutor project. The focus group will take place at a place convenient to you – and have 4-8 participants (including you).

On the day of your focus group, the researcher will ask you questions and record your responses within a group – this means that the key themes are generated by the group discussion. All recorded information will be written up and all names removed, to ensure anonymity in processing the data. You, and other members of the focus group, will be asked to keep all information that other people have discussed confidential.

The researchers will assign everyone who takes part a number that will correspond with responses, so nobody will be able to identify you except the researchers and (perhaps) others in the group who, as noted above, are bound by confidentiality.

The total time for your involvement in the study depends on you, although it is estimated that the focus group will take about 60-90 minutes. If you decide to take part, we will initially take your details to make arrangements to meet. Once the focus groups are finished and transcribed this data will be destroyed.

Nothing that you tell the researcher in the focus group will be passed on to anyone else in an identifiable manner. However, should any issues arise that are of concern to the researcher conducting the fieldwork (such as reports of poor care or placing vulnerable adults at risk) participants will be encouraged to talk to their current line manager for advice about how to deal with these issues and will be reported to the Trust. Researchers will also report any incidents of this nature to their line manager within their university for further consideration.

You will have 10 working days after the focus group to withdraw your data if you wish - this will mean we cannot quote you. After these 10 days the data will be anonymised and we will be unable to identify you in order to remove you. All recorded information will be written up and all names removed, as will anything that could identify your organization, to ensure anonymity in processing the data. You, and other members of the focus group, will be asked to keep all information that other people have discussed confidential.

Taking part in the Research

- **It is up to you to decide whether or not to take part in the study. If you do take part, you will be given another copy of this information sheet to keep.**
- **When the researchers have completed transcription, it will not be possible for us to withdraw your data.**
- **One benefit of taking part is that the results of this research will be used to inform future ways of the work of the Clinical Nurse Tutors. It is**

also envisaged that results may be published in health journals to disseminate good practice.

- **A copy of any published results will be available from the principal investigator if you wish to see them.**

Contacts for further information:

To take part, contact:

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T: 0208 331 7768 F: 0208 331 9160 E: P.D.Newton@greenwich.ac.uk

Appendix Five: Topic Guides

1. **Semi-structured interviews:**

<table>
<tr><td colspan="2">Interview Schedule

Title of Study: Evaluation of Clinical Nurse Tutor (Practice Development) Project at Dartford and Gravesham NHS Trust

UREC NO:</td></tr>
<tr><td></td><td>Researcher introduces themselves formally and describes their role. Make it clear that there are no ‘right or wrong’ answers and the University of Greenwich are independent researchers. The researcher is interested in the participant’s personal views and experiences. Reiterate confidentiality and anonymity arrangements.</td></tr>
<tr><td>1.</td><td>Explain research and cover the key points on the information sheet and reiterate the aims of the research</td></tr>
<tr><td></td><td>This evaluation aims to assess the changes that key stakeholders perceive to have occurred, and review the results achieved, as a result of the implementation of the Clinical Nurse Tutor (CNT) role. As such it is concerned with the extent to which the original project objectives have been achieved.

The aim of this evaluation will therefore be informed by the following objectives:
1. Assessing the effectiveness of the project as measured against the KPIs;
2. Establishing the value of the CNT role and its impact on the stakeholders involved;
3. Exploring strategies to support the sustainability and expansion of the project.</td></tr>
<tr><td>2.</td><td>Set interviewer at ease.</td></tr>
<tr><td colspan="2">Do you have any questions before we begin?</td></tr>
<tr><td>3.</td><td>About the participant</td></tr>
<tr><td>a</td><td>Ask participant about their role - and Senior Managers working relationship with Clinical Nurse Tutors

Prompt/s: States Ask how they have encountered/worked with the CNT role.</td></tr>
<tr><td>4.</td><td>Topic Guide</td></tr>
<tr><td>a</td><td>Questions Pertaining to Assessing the effectiveness of the project as measured against the KPIs</td></tr>
<tr><td>(i)</td><td>In your experience, what do you think a Clinical Nurse Tutor is or does?

Prompt/s: Can you illustrate with an example?</td></tr>
<tr><td>(ii)</td><td>Were there any additional advantages or pitfalls they may not have already been captured in measuring the effectiveness of the Clinical Nurse Tutor project?

Prompt/s: How could you capture/measure that?</td></tr>
<tr><td>b</td><td>Questions Pertaining to Establishing the value of the CNT role and its impact on the stakeholders involved</td></tr>
<tr><td>(iii)</td><td>What impact do you think that Clinical Nurse Tutors have been able to have and what factors have influenced this?</td></tr>
</table>

	Prompts: Do you think this is unique to the Clinical Nurse Tutor approach? How did they impact you personally?
(iv)	**What do you think are the advantages and disadvantages Clinical Nurse Tutors approach?** **Prompt:** ***Can you illustrate with an example? Can you think of an alternative approach?***
c	*Questions Pertaining to Exploring strategies to support the sustainability and expansion of the project*
(v)	**What would you change if you were setting up this role – from scratch - in another setting?** **Prompt/s:** ***How would that work? What do you think the impact of that change would be?***
(vi)	**What advice and guidance would you give others considering taking a similar project?** **Prompt/s:** ***Any changes to the remit of the role?***
5.	Outlier Topics and Clarifications
	• **Anything else you would like to add to what you have said?** • **You said earlier …. Could you just run through that to make sure I understand what you meant?** • **Finally, is there anything that you think we should have covered, which you would like to talk about?**
	Thank you for your participation

2. Focus Groups

Topic Guide

<table>
<tr><td colspan="2">Title of Study: Evaluation of Clinical Nurse Tutor (Practice Development) Project at Dartford and Gravesham NHS Trust

UREC NO:</td></tr>
<tr><td></td><td>Researcher introduces themselves formally and describes their role. Make it clear that there are no ‘right or wrong’ answers and the University of Greenwich are independent researchers. The researcher is interested in the participant’s personal views and experiences. Reiterate confidentiality and anonymity arrangements.</td></tr>
<tr><td>1.</td><td>Explain research and cover the key points on the information sheet and reiterate the aims of the research</td></tr>
<tr><td></td><td>This evaluation aims to assess the changes that key stakeholders perceive to have occurred, and review the results achieved, as a result of the implementation of the Clinical Nurse Tutor (CNT) role. As such it is concerned with the extent to which the original project objectives have been achieved.

The aim of this evaluation will therefore be informed by the following objectives:
1. Assessing the effectiveness of the project as measured against the KPIs;
2. Establishing the value of the CNT role and its impact on the stakeholders involved;
3. Exploring strategies to support the sustainability and expansion of the project.</td></tr>
<tr><td>2.</td><td>Participants’ Introductions – each participant introduces themselves starting with researcher/s.</td></tr>
<tr><td colspan="2">Do you have any questions before we begin?</td></tr>
<tr><td>3.</td><td>About the participant</td></tr>
<tr><td>a</td><td>Participant/s introduce themselves.

Prompt/s: States Ask how they have encountered/worked with the CNT role.</td></tr>
<tr><td>4.</td><td>Topic Guide</td></tr>
<tr><td>a</td><td>Questions Pertaining to Assessing the effectiveness of the project as measured against the KPIs</td></tr>
<tr><td>(i)</td><td>In your experience, what do you think a Clinical Nurse Tutor is or does?

Prompt/s: Can you illustrate with an example?</td></tr>
<tr><td>(ii)</td><td>Were there any additional advantages or pitfalls they may not have already been captured in measuring the effectiveness of the Clinical Nurse Tutor project?

Prompt/s: How could you capture/measure that?</td></tr>
<tr><td>b</td><td>Questions Pertaining to Establishing the value of the CNT role and its impact on the stakeholders involved</td></tr>
<tr><td>(iii)</td><td>What impact do you think that Clinical Nurse Tutors have been able to have and what factors have influenced this?

Prompts: Do you think this is unique to the Clinical Nurse Tutor approach? How did they impact you personally?</td></tr>
</table>

(iv)	**What do you think are the advantages and disadvantages Clinical Nurse Tutors approach?** **Prompt:** ***Can you illustrate with an example? Can you think of an alternative approach?***
c	*Questions Pertaining to Exploring strategies to support the sustainability and expansion of the project*
(v)	**What would you change if you were setting up this role – from scratch - in another setting?** **Prompt/s:** ***How would that work? What do you think the impact of that change would be?***
(vi)	**What advice and guidance would you give others considering taking a similar project?** **Prompt/s:** ***Any changes to the remit of the role?***
5.	Outlier Topics and Clarifications
	• **Anything else you would like to add to what you have said?** • **You said earlier …. Could you just run through that to make sure I understand what you meant?** • **Finally, is there anything that you think we should have covered, which you would like to talk about?**
	Thank you for your participation

Appendix Six

Appendix Six: Data evidencing teaching of over 25% of registered nurses (bands 4 to 7) in each clinical area January 2023 to September 2023

	STAFF	25%	Critical Medication		KPIS		KPIS					
			Medication	PAIN (CDs)	ANTICOAG/ VTE	PCA PUMP	PCEA PUMP	DIABETES PART 1	DIABETES PART 2	DIABETES MEDS	Medication review v2	Diabetes review
WARD 1	19	5	5	6	7	NA	NA	7	5	4		
WARD 2	16	4	4	4	2	NA	0	5	5	4		
WARD 3	19	5	6	14	5	2	0	16	15	5		
WARD 4	17	5	9	10	11	NA	0	10	10	9	2	
WARD 5	24	6	8	6	5	3	0	13	9	2		
WARD 6	23	6	8	8	6	3	2	9	7	4		
WARD 7	20	5	12 plus 7pharmacy	8	8	NA	NA	4/NA	1/NA	4		
WARD 8	21	6	12	8	7	NA	NA	10	9		2	
WARD 9	25	7	10	7	11	NA	NA	12	11	2		
WARD 10	23	6	7	7	3	NA	NA	6	6	5		
WARD 11	23	6	6	6	9	1	NA	6	7	5		
WARD 12	19	5	7	6	8	NA	NA	10	9	7		
WARD 13	20	5	9	9	6	2	0	9	9	Planned		5
WARD 14	21	6	11	10	8	NA	NA	7	6	Planned	12 plus 2 pharmacy	
WARD 16	18	5	5	6	1	NA	NA	7	7	4		
WARD 17	9	3	4	NA	7	NA	NA	NA	NA	NA		

WARD 18	4	1	3		NA	NA	NA	2	2	3	
WARD 19	4	1	3	3		NA	NA	Aw Plan	Aw Plan	Aw Plan	
WARD 20	4	1	2	2		NA	NA	1	2	2	
WARD 21	5	2	2	2	1	NA	NA	2	4	3	
WARD 22	37	10	3	1		NA	NA	3	3	NA	1
WARD 23	37	10	2	2	1	NA	NA	14	15	NA	2
WARD 15	31	8	11	9	1	NA	NA	9	11	NA	1
WARD 24	15	4	Planned	Planned	3			Planned	Planned	Planned	
WARD 25	40	10	13	12	16	NA	NA	20	20	8	
SPECIALIST NURSES/ DOCTORS	-	-	3	1	NA	NA	NA	3	-	NA	
Theatres			2	2				2	2		2
A&E			3	3	4			3	3		3
ITU			2	2				2	2		2
WARD 26								3	NA	NA	

Green- 25% or more	
Amber- 15%-24%	
Red-0%- 14%	
Black-NA	

PDN PRESENT	