

## A workforce development, education and training strategy to support the current and future nursing and midwifery workforce in the north east



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## Introduction

This paper provides a framework for the current and future nursing and midwifery workforce. It describes how Health Education England, healthcare providers, universities and commissioners across the north east can work together; and where appropriate independently, to support a nursing and midwifery workforce in sufficient levels with the right skills and competencies.

We require a clear vision for service delivery, thus informing the impact on the nursing and midwifery workforce. This allows healthcare providers to take actions and make interventions for their workforce. It also allows us to work with local universities to take actions with regards to education and training of the current and future workforce.

We aim to deliver a workforce that works responsively, with compassion; delivering high quality patient care, including prevention, whilst working across boundaries. We will support these aims by delivering actions to ensure we maximise the numbers of staff in our nursing and midwifery workforce who have the right skills and attitudes to deliver safe sustainable patient care. This includes reflecting the 10 commitments 'NHS England - Leading change, adding value (1)', reflecting 'Shape of caring, raising the bar (2)' and the HEE response 'Raising the Bar: Shape of Caring': Health Education England's response (3)'.

Our overall aim is to develop a framework, which is jointly owned and supported with healthcare providers, universities and commissioners to enable us to recruit, retain and develop our current and future nursing and midwifery workforce.

## Background

There is currently just under 21,000 nursing and midwifery staff working in the NHS across the north east; a further 1,000 working in GP practices and 5,000 working in social care. As such our overall nursing and midwifery workforce totals nearly 27,000. We are currently seeing an unprecedented demand for nursing and midwifery staff, especially for those entering the register for the first time, such as pre-registration university based courses. There are a number of reasons why we are seeing demand at a level which cannot be met purely by those coming from existing commissioning levels and programmes. However the purpose of this strategy is not to rework the reasons on why we have the current gap between demand and supply. This strategy explores how we can retain, recruit and develop the current and future nursing and midwifery staff, with appropriate and enhanced skills to deliver safe sustainable patient care in a changing and challenging environment. We also need to reflect that following the transfer of nursing and midwifery programmes to a tuition fee model, we still need to work proactively with universities to ensure we train students in sufficient numbers to meet future workforce demand.

The annual Health Education England (North East) report (4) provides a baseline for current and future nursing and midwifery demand, and also for future investment in nursing and midwifery education. The report is based on the future demands of the healthcare providers and Clinical Commissioning Groups (CCGs) for service delivery across the north east. As such this strategy does not repeat this work, but rather acknowledges the report from September 2015 and we will build on the annual cycle of that work in 2016 and 2017. This strategy focuses on the actions needed to be taken so we have a workforce fit for purpose, able to deliver safe sustainable patient care in sufficient numbers, as articulated by the respective healthcare providers.

As part of this strategy we need to consider the whole nursing and midwifery workforce; including those working across all sectors - primary, secondary, community, social care and those not on the professional register. It is therefore important we consider how the nursing and midwifery support workforce can assist in the delivery of services. As such it is important we consider the role of the unqualified nursing workforce and within this the role of the nursing associate (5) and indeed any new roles which may be identified as part of the wider team.

The transfer of nursing and midwifery programmes to a tuition fee model could have a profound impact on the relationship between placement providers, universities and students. It has the potential to change who can, and will apply for nursing and midwifery programmes. It may also increase the numbers being trained, which provides further reliance on service providers to deliver placements. There will still be a requirement to ensure that we train sufficient numbers of students to have an appropriate supply of new qualifiers and that we deliver an education and placement model that provides appropriate support, development and enhancement to the students.

What is proposed in this strategy will not resolve the issues of under supply in the short term, but should help to future proof the system in a more robust manner. We need to be clear that the actions taken will need to be evaluated to understand the impact and potentially look at a different set of actions in the future. As such this strategy will be reviewed in September 2017. The actions outlined in Appendix 1 are based on discussions with colleagues across the north east from a range of organisations. It is likely, and indeed you could argue should be the case, that many if not all of these actions are already in place in some form across the north east. For some organisations this may simply be a restatement of what is currently being done, alternatively for some organisations it may present new opportunities. This should avoid duplication or worse a situation where some actions have not been delivered due to uncertainty as to who is the lead.

## **Understanding the challenges we face now and in the future**

We need to recognise that the shortages we see now will not be resolved immediately. The current shortages, that are likely to continue over the next few years, may lead to a higher turnover than we would like, especially in more junior roles as staff gain relatively rapid promotion. We also need to recognise that we may need to incentivise or make more attractive in some way, posts in hard to fill areas both in respect of service and geographic considerations.

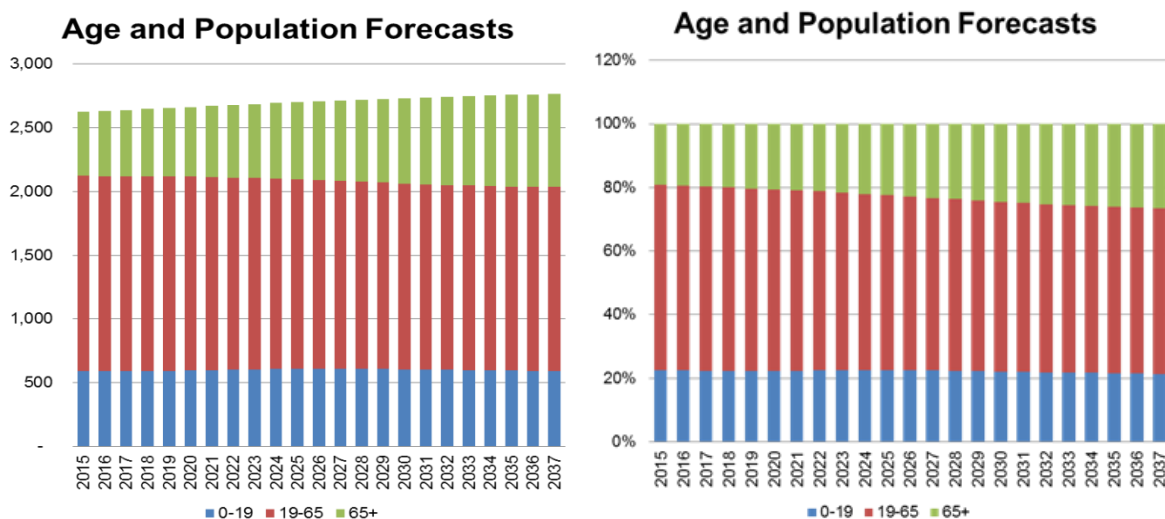
We need to ensure our plans consider the current and future demographics of our workforce, whilst reflecting the needs of the service. This will include how we support all levels of staff to remain in clinical practice; potentially in physically demanding areas up to retirement age, increasingly as the retirement age extends. We also need to consider the impact revalidation may have with regards to recruitment and retention of the nursing and midwifery staff and their

on-going development needs. Finally, we need to consider the impact of nursing and midwifery staff being used to offset challenges in other areas of the workforce.

We understand that the number of people living to an older age, with multiple and complex needs are increasing and will continue to do so. Future generations will be increasingly engaged with their own healthcare; with treatment and care delivered through integrated models; and more care provided outside of hospitals. The role and participation of carers and the voluntary sector, both formal and informal will be an increasing feature of the future workforce and service delivery models.

There is therefore a need to have a nursing and midwifery workforce that can work responsively in a range of settings; across organisational and professional boundaries, supporting people and carers to manage their own care more effectively.

The following charts (6) show how the population of the north east is forecast to increase over the next 20 years and how the age profile will change within that.



## Aims of the strategy

Underpinning this strategy is the patient experience and supporting staff flexibly to deliver safe, high quality compassionate patient care in changing settings and with an ageing population with more complex and long term conditions. We need to recognise that the workforce will need to be better equipped to support patients, carers and volunteers who have multiple and complex health needs, including long term conditions. To do this they will need to work in partnership with patients and families, promoting the whole person, based on the values of co-production and self-managed care. We will enable this through the development and commissioning of education that will develop these skills, including:

1. Supporting the nursing and midwifery workforce to be passionate about prevention, health and well-being through ensuring that they have the skills, knowledge and confidence to support individuals and families in addressing health needs; in particular those which are most prevalent in the north east.

2. Supporting the nursing and midwifery workforce so that they have a core understanding of older person's needs and are able to support positive normal ageing/healthy living, alongside the further development of dementia education across health and social care.

3. Supporting the nursing and midwifery workforce so they can work across boundaries and different settings, supporting the delivery of care closer to home, seven day working, self-managed care and integrated working across health and social care, whilst maintaining professional registration. However, we also need to ensure we are clear and careful about role development. We do not wish to have role development which creates issues for other parts of the service and takes staff away from core roles and increases shortages in other key areas. This has the potential to be a difficult conundrum to resolve.

## Supporting the aims of the strategy

To help support the aims of the strategy we will:

1. Develop and deliver education and training which will assist staff to work in different settings, including developing the placement experience and point of delivery for students and trainees, enabling them to have a greater understanding of the needs of the whole person, regardless of setting, and increase time spent in primary care and areas of need and diversity.

2. Develop and promote co-education initiatives which bring together the workforce across health, social and voluntary sectors learning together on issues that affect the person whenever and wherever they access health care.

3. Identify and support solutions to key workforce challenges; through the use of new and advanced role development, aligned to patient needs, focusing on the patient outcome rather than professionally driven role change, promoting the interface between hospital, community and primary care.

4. Promote the north east as the place of choice for both training and ongoing employment. This will include building on our excellence in teaching and learning, through further enhancing our student experience.

5. Enhance our teaching and learning approaches (including flexible and part time routes) through on-going development of technology enhanced learning including simulation, and increased use of evidence based teaching and learning interventions. We will promote and develop the role of the educator in practice, further developing coaching and supervision skills and capacity in the region to maximise the learning experience for the wider workforce.

6. Build on our current careers activity and success from our local pre degree experience pilots to promote working in health careers across the whole workforce. We will achieve this by continuing to work with a wide range of education partners and schools and local healthcare providers, supporting where able activities such as traineeships, apprenticeships, veterans support and work experience.

7. Enhance our return to practice initiatives in regards to teaching and supervision interventions, broadening the range of professional groups and settings including primary care.



## Actions to deliver the aims of the strategy

The specific actions we will take to help support the delivery of our aims will include;

### Maximising those applying for training

Ensuring we have sufficient numbers entering training is dependent upon making programmes attractive to those who wish to enter training. For adult, child and midwifery training we currently do not have major difficulties in this regard, with high levels of applicants to training places. However, we must become much better at making sure that mental health (MH) and learning disabilities (LD) are seen as key and attractive areas of nursing. As such we will work in partnership with the universities to develop and assist, and where appropriate enhance, marketing strategies, especially for MH and LD programmes.

We will continue to provide support for those students entering training programmes who we have commissioned directly, but also those who are directly supported by their employer and those who are paying via tuition fees.

Any diversified model of student entry needs to be developed so there is collaboration and overall understanding of the total number of places being recruited. Firstly to allow an understanding of the supply levels in future years; and also the impact on the wider clinical placement circuits so that we do not have negative impact on available places or the quality of training. This could have an impact on all students irrespective of how they are funded. As such we will continue to provide intelligence to healthcare providers and universities in regards to current and future, under and over supply areas of the workforce identifying appropriate risks.

All healthcare providers will need to continue to work with the universities to deliver high quality placements in a range of settings that enhance the delivery of the education. It is important that we have a mix of placements across the wider system including primary care and non-traditional healthcare providers. This will allow us to reflect the changing service provision for the NHS and within this identify additional placements; giving increased overall placement capacity. This in turn allows additional numbers of new students to enter training each year, over and above current levels. We will continue to proactively promote nursing and midwifery via our careers work, which includes working with schools to promote the careers and education routes in nursing and midwifery; supported by wider publicity regarding to careers in the NHS.

### Minimising attrition during training

Whilst getting those into training is important to ensure that we minimise attrition during the programme. This will help to maximise the future output levels. We do need to recognise that some element of attrition is both necessary and relevant. But against this we need to minimise avoidable attrition wherever possible. We will seek to do this by building on the current work to reduce attrition including:

- Ensuring a robust interview process (values based and strength based recruitment) for nursing and midwifery programmes to ensure applicants have the right attitudes and behaviours (in partnership with healthcare providers and higher education institutions). This will require healthcare providers to ensure we have a healthcare professional present at every interview.
- Support the pre nursing programme, including an annual intake into health care assistant (HCA) posts, which will be identified by healthcare providers, thus helping those recruited, with appropriate support and mentoring to enter nurse training.

- Capturing why students leave programmes before completion; but also identify support and guidance for those who could still develop a career in healthcare.

## **Maximising retention to healthcare delivery at the end of training**

We must maximise our retention following training. Putting it simply, we would wish to see all of those who qualify from nursing and midwifery training to gain employment in the north east. However, we recognise that is not always practical or possible, but we must maximise recruitment and retention following qualification from pre-registration programmes.

We will do this by working with local universities and healthcare providers to ensure we provide support and guidance to students during and after their programme, for their immediate and longer term employment and development opportunities. This will include attending university open days in advance of students applying for a programme and attending careers fairs during the programme outlining the opportunities for students in the NHS following qualification.

We will work with the universities to understand feedback from students during and after their programme to understand why they chose a career in healthcare, but just as importantly to understand why some may choose an alternate career following qualification. We will then take action to rectify any issues or problems that are identified that we can influence or change.

The first year following qualification provides a period of consolidation for nursing and midwifery staff. As such healthcare providers need to identify employment opportunities and roles that deliver that consolidation, in the context of being on the professional register and delivering service. To aid that work we currently support the preceptorship programme for NHS organisations. As previously agreed preceptorship programmes should be made available to primary care staff if this is requested. A review of the preceptorship support and outcomes will also be conducted.

## **Maximise the effectiveness and retain the current workforce**

As well as ensuring we have as many recruits with the right skills and attributes entering the workforce; we need to respect and reflect on our current workforce. Our workforce has a range of skills and attributes that can often be utilised in a more effective and efficient way. We also need to ensure that we try and reduce turnover for those who are currently employed as this reduces our reliance on those coming newly into the NHS by:

- Healthcare providers will seek to reduce turnover and increase retention of the workforce. This may include sharing best practice, including potentially developing processes to help nurses to step down and, or change careers (including temporary stepping off from clinical commitments). It could also include reducing turnover by the use of flexible contracts or term time contracts.
- Identify a model, either collectively or individually to deliver a more efficient and effective use of bank and agency staff across the north east and within this hopefully to reduce reliance on agency staff, but also to try to reduce the net and gross cost of agency staff. This will need to be led by the healthcare providers across the north east, either individually or collectively, but does give the opportunity to review current custom and practice.
- Embrace the work being led by the HR Directors (streamlining project) to ensure that we minimise inappropriate waste as a consequence of those staff moving between healthcare organisations in the north east.

## Recruits from outside of the NHS

We need to maximise the number we recruit and retain who are currently outside of healthcare employment, including those who do not currently practice but also those who currently are employed and reside outside of the north east:

- Healthcare providers will support international recruitment in a managed and sustained way; by ensuring a system is in place to help and mentor overseas nurses especially during their very first weeks and months in employment.
- Support those nurses and midwives currently lost to the workforce by encouraging and supporting return to practice by continuing to promote the return to practice initiative. We will continue to invest in training places and student support and healthcare providers to provide suitable placements. Working with healthcare providers and universities we will work to ensure that all on a return to practice programme have appropriate advice and support before, during and after the programme.
- Work with the universities to understand those who applied for a nursing and midwifery programme but were unsuccessful to sign post future opportunities. This may mean they do not gain access to a nursing and midwifery programme immediately, but that they are given appropriate advice and, or employment opportunities. They may therefore in time gain access to the nursing and midwifery register via an alternative route. At present those who apply and are not successful do not always have such advice provided to them and therefore they are potentially lost to the workforce of the future.

## Identify and appropriate mix of training

Explore and articulate between healthcare providers and universities what the routes into training are available currently and what routes may or should be available in the future. For example, we currently have programmes which train students via a 2 year MSc route (3% of students), a 3 year BSc route (94% of students) and 4 year (part time) BSc route (3% of students).

We will develop and articulate a system whereby current employees can access pre-registration training, within the context of the fiscal challenge faced by all organisations and within the context of the organisational needs. This option has been open to healthcare providers for some time; and can shorten the effective length of training to 18 months to two years, but has not always been as well used or defined as it could have been. For example, at present along with healthcare we invest funding in foundation degrees, but this does not always lead to entry to a pre-registration programme at the most appropriate point. In addition the new levy system from April 2017 for apprenticeship programmes provides an opportunity to look again at how those currently working in the NHS can progress to a nursing degree.

In addition to this healthcare providers could fund additional places, by contracting directly with universities. This brings with it the potential to develop a bond arrangement. Under this model the student would have a predefined host or sponsor employer. A bond could potentially be introduced whereby the student would commit to working for the sponsoring employer for a defined period of time following registration; if they left before this time would repay a percentage of costs incurred by the employer for tuition fees. This does open up the potential for an employer to agree to sponsor a student during or after training by paying for their tuition fees over an agreed period of time after the student had committed to working for the sponsoring employer. The following should be considered:

- Healthcare providers to ensure that where appropriate, and identified by them, HEE funding is prioritised towards foundation degrees that lead to entry to pre-registration



training. This has to be within the context of the overall funding allocation provided by HEE for the development of the bands 1-4 workforce, and within this the competing challenges for other elements of the workforce.

- Foundation degrees are properly and formally mapped onto entry to a pre-registration programme before the commencement of the foundation degree so there is no ambiguity on whether the foundation degree leads to entry to the pre-registration programme. This will include being clear at which point of the programme the foundation degree leads to entry at.
- Review and assess how the new apprentice levy can provide an opportunity for those currently working in the NHS to progress to a nursing degree, by working with healthcare providers and universities in developing trailblazer programmes that map against the appropriate apprenticeship framework and entry to a pre-registration programme.
- Embrace the development of the nursing associate role (5). This would include the chance to pilot this across services in the north east including primary, secondary and community care.

## **Enhancing current and future education and training for the nursing and midwifery workforce**

The current and future nursing and midwifery workforce has access to relevant and appropriate education and training on an on-going basis. This includes education and training delivered by universities, but also in house by healthcare providers, whether this is funded by us or the healthcare providers. To ensure that we develop and deliver the appropriate education and training we will:

- Support and ensure on-going peer and academic monitoring throughout training so that students are fit for practice and purpose when they enter the workforce. This will lead to a more effective workforce both now and in the future, which will reflect the changing service models we see emerging.
- Develop the skill mix of the current workforce, including where appropriate embracing changes in the skill mix and utilising staff across all grades appropriately. This could include the use of proposed nursing associate role, but also staff working in other support roles.
- Where identified by the employer provide a pathway for those with a diploma to gain a degree.
- Develop and enhance the role of nurse consultants and advanced practitioners, and ensure that these are reflected in the education and training available.
- Ensure that current education, at both pre-registration and post registration level reflects the service delivery requirements of healthcare providers now and in the future. This will specifically include working with healthcare providers to ensure that post registration training for nurses and midwifery staff is appropriate including to deliver services in the most effective and efficient manner for acute, community and primary care settings.
- Ensure that we reflect the changing skill mix of the workforce by investing HEE and employer funding, identifying appropriate trailblazers and accessing the new apprenticeship levy to allow the development of the support workforce to reflect service needs.

## Summary of the actions and role of stakeholders

To make this framework become operational it is essential that along with healthcare providers, universities and commissioners we work together and where appropriate, individually to make this happen. This will require commitment from all stakeholders, but also a willingness to take action, which is relevant to them. In essence this can be summarised as:

- Healthcare providers – clearly articulate their workforce and education needs, help to support the marketing, identify and share best practice on how to recruit and retain staff and provide high quality placements and support to students in training.
- HEE – commission and provide advice on numbers entering education and training which meets healthcare providers need, support the marketing, provide risk assessment and support to the wider system for all healthcare providers and HEIs.
- Universities – deliver high quality education and training responsive to healthcare provider’s needs, support the marketing work and maximise recruitment and retention to training programmes.
- Commissioners – articulate a vision for service delivery to provide clarity to healthcare providers to help deliver assurance, capacity and capability within the nursing and midwifery workforce to meet the future needs of patient care delivery across pathways and organisational boundaries through sustainable and transformation plan (STP) footprints.

The following key actions will be delivered in support of a clear vision for service delivery, impacting on the nursing and midwifery workforce.

Summary of the key actions	HEE	Universities	Healthcare providers	Commissioners
<b>1 – Maximising those applying for training-</b>				
Marketing for all pre-registration programmes	Support	Lead	Support	Support
Assessment of the diversified model of student entry	Lead	Support	Support	Support
Provide intelligence to healthcare providers and universities	Lead	Support	Support	Support
Deliver high quality placements	Support	Support	Lead	Support
<b>2 - Minimising attrition during training</b>				
Robust interview process	Support	Lead	Support	Support
Support the pre nursing entry route	Lead	Support	Support	Support
Information on why students leave programmes and support and guidance for those who could still develop a career in healthcare	Support	Lead	Support	Support
<b>3 - Maximising retention to healthcare delivery at the end of training</b>				
Support and guidance to students during and after their programme	Support	Lead	Support	Support

Understand and react to feedback from students during and after their programme	Support	Lead	Support	Support
Identify employment opportunities and roles following qualification	Support	Support	Lead	Support
4 - Maximise the effectiveness and retain the current workforce				
Reduce turnover and increase retention of the workforce	Support	-	Lead	Support
More efficient and effective use of bank and agency staff	Support	-	Lead	Support
Minimise inappropriate waste for staff moving between organisations	Support	-	Lead	Support
5 - Recruits from outside of the NHS				
Support international recruitment in a managed and sustained way	Support	Support	Lead	Support
Support the return of those nurses and midwives currently lost to the workforce	Lead	Support	Support	Support
Support those who applied for a Nursing and Midwifery programme but were unsuccessful	Support	Lead	Support	Support
6 – Identify an appropriate mix of training				
Explore and articulate the routes into training now and in the future, including Nursing Associates	Lead	Support	Support	Support
Explore the most appropriate mix of programmes, re length and level	Lead	Support	Support	Support
Develop and support current employees who can and will access pre-registration training	Support	Support	Lead	Support
Review, assess and ensure appropriate investment based on the apprentice levy	Lead	Support	Support	Support
7 – Enhancing current and future education and training for the Nursing and Midwifery workforce				
Support and ensure on-going peer and academic monitoring throughout training	Support	Lead	Support	Support
Develop the skill mix of the current workforce, including embracing changes	Support	Support	Lead	Support

Provide a pathway for those with a diploma to get a degree	Lead	Support	Support	Support
Develop and enhance the role of nurse consultants and advanced practitioners	Support	Support	Lead	Support
Ensure education reflects the service delivery requirements	Lead	Support	Support	Support

## References

- (1) NHS England - Leading Change, Adding Value - A framework for nursing, midwifery and care staff
- (2) Health Education England – Raising the Bar, Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants
- (3) Health Education England - Raising the Bar: Shape of Caring: Health Education England’s response
- (4) Health Education England (North East) – Proposals for the number of new students entering pre-registration and second registration training in Nursing and Midwifery programmes in 2016/17 and associated developments in the workforce
- (5) Health Education England - Building Capacity to Care and Capability to Treat - A new team member for Health and Social Care in England
- (6) Official of National Statistic – Population Estimates