

Improving the resilience of the healthcare workforce

Emeritus Professor **Alan Glasper**, from the University of Southampton, discusses government strategies to ensure a future healthcare workforce that is sustainable and does not rely on overseas recruitment



In October 2016, the Government announced a range of strategies to address shortages in the NHS workforce. This included an expansion of undergraduate medical school places (Department of Health (DH) and Hunt, 2016) and an initiative by Health Education England (HEE) that will see the introduction of more than 2000 nursing associates, with 1000 commencing training in 2016. This will be a new role that will sit alongside existing healthcare support workers and fully qualified registered nurses to deliver hands-on care for patients (HEE, 2016).

The DH has given a mandate to HEE, entitled *Delivering High-Quality, Effective, Compassionate Care: Developing The Right People With The Right Skills And The Right Values* (DH, 2016). This initiative aspires to build resilience into the NHS workforce to make it fit for purpose and fit for the future, with additional places for nursing courses in English universities.

As part of this strategy, universities will be able to create up to 10000 more nursing, midwifery and allied health degree places under this Government.

Background

It has often been said in previous editions of *BJN* that the care that patients receive can only ever be as good as the healthcare staff who deliver it.

When the Care Quality Commission (CQC) inspects hospitals, one of its key aspects to take into consideration is patient

safety. Pivotal to this is the issue of nursing and medical staffing. During hospital inspections, the regulator will refer to national guidance about safe staffing. When the CQC is examining staffing ratios for neonatal and paediatric services, for example, it is influenced by a range of guidance documents from organisations such as the the British Association of Perinatal Medicine (BAPM) (2014), which sets standards for neonatal nurses trained in the speciality, the Royal College of Nursing (RCN) (2013), which sets standards for staffing in paediatric units, and the Royal College of Paediatrics and Child Health (RCPCH) (2015), which sets standards for doctors working in acute paediatric services.

When examining hospitals' compliance with these and other staffing standards, the CQC inspectors examine the staffing rosters and off-duty rotas and seek clarity on whether there is a reliance by the service on agency or locum staff and whether handovers discuss safe staffing and patient acuity. Some hospitals are judged as in need of improvement or as inadequate for safety because of non-compliance with safe staffing standards. This is because one of the largest risks to patient safety is adequate staffing at the right level with the appropriate skill set.

Sadly, many hospitals struggle to maintain optimum staff skill mix levels, often because of factors beyond their control. One of the more contentious issues is the failure of HEE to educate sufficient numbers of nurses and the number of nurse training places available. Some of the current shortage has been attributed to the decision to cut training places in England by almost a fifth over recent years (Glasper, 2016). This is concerning, because research has linked nurse staffing ratios to adverse patient outcomes (Rafferty et al, 2007). Healthcare staffing is currently the subject of much speculation, with *The Guardian* reporting that among the shortage of healthcare workers generally, the NHS is short of 15000 nurses and 3000 doctors (Campbell, 2016).

Securing more doctors in the workplace

Jeremy Hunt, Secretary of State for Health, has announced that more training places for doctors will be made available from September 2018. The Government will fund up to 1500 additional student places each year and this announcement will ensure that the NHS can continue to provide safe care to patients for the foreseeable future. As university medical schools can only offer 6000 places to students—about half of those who apply to study medicine (DH and Hunt, 2016)—this new initiative will boost medical student numbers by 25%. This will allow all domestic students with the grades, skills and capability a higher chance of training to be a doctor.

Prospective medical students will be able to apply for these positions in 2017. However, this initiative will have some strings attached and the Government will be exploring ways of guaranteeing value for money for the taxpayer, such as requiring newly qualified doctors to give a minimum period of service to the NHS. The NHS is reliant either on overseas recruitment or the use of expensive agency doctors in order to meet minimum staffing standards for doctors working in clinical practice. The Government hopes that this new initiative will boost the number of doctors in training to ensure the longevity of the medical workforce.

Consolidating the role of the nursing associate

Part of the Government's strategy to optimise the career of existing and future healthcare assistants (HCAs) lies in the development of the nursing associate role. This is predicated on work undertaken by Camilla Cavendish who was employed by David Cameron to investigate the complexities of HCA roles. In this report (Cavendish, 2013) she highlighted that many HCAs felt undervalued, despite many of them performing roles that were

previously the work of the registered nurse. Cavendish soon recognized that unlike the enrolled nurse of the past, HCAs had no specific, regulated training.

Since her report was published, the quest to open up entry to graduate nursing for those who would not normally be able to access a traditional course has grown. NHS England now believes that the new nursing associate role will provide a pathway for progression to a nursing degree and facilitate ambitious healthcare support workers to undertake studies that will allow them to become a nurse. This will be a fast-track route to a foundation degree via an apprenticeship, which will provide a new path into pre-registration nursing education. NHS England has therefore commissioned 11 partnership sites to deliver the first wave of training for 1000 people, starting in December 2016. These 2-year programmes will create the new role, which is designed to transform and improve the skill mix of the NHS nursing and care workforce. The 11 partnership sites are made up of higher education institutions, care homes, mental health trusts, hospices and acute and community settings, representing the complex domains in which the new nursing associates will provide care for patients. NHS England is confident of the venture and, after significant expressions of interest from employers who are keen to offer training positions to suitable candidates, has announced that a second wave of 1000 nursing associates will be commissioned.

Clearly, the vision of HEE is to help develop a nursing role that will sit between registered nurses and HCAs who have already obtained the care certificate and aspire to progress into more complex nursing roles. The new associate nurses will be employed at band 4 level, with salaries ranging from £19 217 through to £22 458 at the top of the scale (HEE, 2016).

This new nursing role has been debated by members of the RCN at their congress in June 2016, where it was revealed that the Welsh Government has no plans to introduce a nursing associate role. In Scotland it is not considered a new role as many existing senior healthcare assistants are already employed at band 4 level (RCN Health Practitioner Committee, 2016).

Expanding nurse training in the university sector

The final Government strategy to boost the healthcare workforce is embodied in the

Government's new mandate to HEE following the 2015 spending review (DH, 2016).

It was announced in 2015 that the current NHS bursary and HEE-funded tuition for nurses was to cease and be replaced with student loans and normal tuition fees in 2017 (Glasper, 2016). While many in the profession were astounded by this decision, the Government believes that the new system will actually remove the cap on nurse education that was imposed by NHS England through its commissioning cycle and that it will pave the way for universities to offer up to 10 000 additional nursing, midwifery and allied health professional training places before the next general election. Of course there will be some who will think that this is hypocritical as it was NHS England who actually cut commissions in nurse training, with NHS London cutting 400 adult nurse training places in the academic year 2012/13 (Kendall-Raynor, 2012).

In context, approximately 66% of applicants to nurse training in universities are rejected and this transfer of commissioning to the universities, underpinned through tuition fees and student loans, will allow more people to study for a degree in nursing. This in turn will lead to the creation of a larger pool of nurses trained in England, thus reducing the need to recruit expensive agency nurses or nurses from overseas.

Conclusion

Anecdotal evidence suggests that the transfer of nurse education funding to the higher education sector has had little impact on the recruitment of nursing students from post-16 further education institutions. In addition, noticeable drops in interest in accessing full-time nursing degrees from more mature students has been noticed. Mature students seeking access to undergraduate nursing via widening entry participation schemes may be more wary of debt than their younger counterparts, for whom post-university personal debt is seen as the norm. This may be mitigated, however, with the announcement of the new fast-track degrees for HCAs being more widely available.

Nevertheless, the thorny issue of who will regulate the new nursing associates is still in doubt, as is the precise mechanism by which they can enter the final year of a nursing degree. Under existing legislation, the Nursing and Midwifery Council (NMC) only accepts up to 50% of the programme

KEY POINTS

- In October 2016 the Government announced a range of strategies to address shortages in the NHS workforce
- One of the strategies will herald the training of over 2000 nursing associates
- From 2018 the Government will fund up to 1500 additional medical student places each year
- NHS England is paving the way for universities to offer up to 10 000 additional nursing, midwifery and allied health professional training places under this Government

as Accredited Prior Learning (APL) (NMC, 2010:8), which would make any programme a minimum of 18 months full time.

Despite this, the latest initiative from the Government may address some of the shortfalls in NHS staffing. **BJN**

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