

**Dorset ICS
Student Nurse
Placement
Capacity
Report**





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Executive Summary

Clinical partners within the Dorset Integrated Care System (ICS) established a Task and Finish Group in May 2022 to explore the current delivery of placements and pre-registration nursing capacity within the Dorset region. The aims of this piece of work was to take a deep exploration of the risks, challenges and opportunities, alongside a thorough analysis of the data surrounds clinical placement provision and usage. The need for this arose as a key action from the Dorset Nursing Workforce Faculty as an essential step in understanding the true supply and demand variance and how this will project into meeting the nursing workforce demands for the next ten years and beyond.

The Task and Finish Group agreed to focus on four key themes:

1. Confidence in data across Dorset
2. Shared Capacity for Dorset Integrated Care System
3. NHS England Engagement
4. Placement Education, Learner Experience and Pastoral Support

Rich qualitative narrative identified early in the process that there is a continual and increasing pressure on placement providers to continually increase capacity. This is met with the extreme pressures on the NHS and PVI services for patient care, staffing levels and the post-pandemic demands on healthcare providers. Following the success of the Dorset Clinical Placement Expansion Project, additional placement supply has been utilised by Education Providers and there is ongoing national and regional appetite for placement expansion work to continue at pace.

This report has recognised the need for placement capacity management to be an iterative and responsive process, and is one which must be carefully undertaken to effectively forecast workforce supply of the future. A key output arising from this work was the agreed five-year trajectory required for Dorset pre-registration placement capacity. At the time of data capture and forecasting, the NHS Long Term Workforce Plan was yet to be published. Following the publication of this plan, it is a key priority to map our Dorset projections with the national picture.

A point of debate throughout this work was the use of placement capacity and the suitability of learning environments to junior versus senior pre-registration nursing students and the Trainee Nursing Associate. What became clear was that the face value capacity provision by Placement Providers did not reflect how it was used in practice. Agreement was made that there is scope to challenge and shift this culture and facilitate effective learning for all learners in any placement areas.

Placement capacity forecasting is a complex process and requires collaborative working across the system. It is recommended that quarterly meetings with all Placement Providers take place across the Dorset ICS to ensure data is kept current and that any areas of concern are addressed promptly and as part of a system approach. Beyond this initial work, it would be of significant benefit to undertake further data analysis to identify when placement capacity saturation is achieved, beyond which quality of learning experience and environment is compromised. What is clear, is that placement and learning environment quality cannot be compromised in lieu of placement expansion.

Emerging anecdotal evidence implies that apprentice learners are more resource intensive than traditional UCAS pathway learners. This is compounded by apprentices not attracting placement tariff via the NHS Education Contract. Placement Providers within Dorset ICS utilise the placement tariff to fund placement infrastructure, namely the pre-registration learner support teams. This report explores the data relating to the concern arising from Placement Providers across Dorset ICS that as the number of apprentice students increase to meet workforce planning, the number of tariff funded traditional UCAS students is likely to decrease in direct correlation. This raises the risk of how the Practice Educator teams could become destabilised financially as a result. External variables impacting this include other learners in clinical areas such as Return to Practice, international recruitment and the growing scope and uptake of support workforce apprenticeships.

It is recommended that strategic workforce planning must take account of the infrastructure required to recruit, onboard and sustain an apprentice through to registration when committing to recruitment targets. Additionally, this report puts forward the proposal of on-going work to create a Dorset wide agreement for the safe and effective Practice Educator to learner ratio to enable quality learning environments and continual placement capacity growth to meet national targets. Indeed, the risk of projected reducing placement tariff is of noteworthy future debate at a strategic and national level as it is a single point of failure for workforce expansion.

What is clear is that the Placement Providers within the Dorset ICS have a collaborative, respectful and supportive relationship. There is strong appetite for growth and evolution, and an open minded approach to placement modelling and capacity projections following completion of the Clinical Placement Expansion Project.

We are tasked to produce a workforce ready for practice at the point of registration that remain within the Dorset locality. Investment in infrastructure is the running theme identified throughout this report, and a focus needs to be given to how NHS England will support the futureproofing of the Practice Education teams.

As recruitment trajectories aim to close the nursing workforce gap, it is essential that we, as Placement Providers create robust plans to meet this demand with appropriate placement supply and infrastructure. As a maturing system, we must continue to work collaboratively, committing to meeting regularly, ensuring transparency of placement capacity and risks as an iterative process.

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Contextual note:

At the time of publishing this document, the reporting process and organisational structure for NHS England (NHSE) following its merger with Health Education England (HEE) is not yet fully formalised and confirmed. The narrative of the report will refer to NHSE in place of where HEE would have been the primary context or reporting process. HEE will be referred to only where this references previously published reports, frameworks or data. Data collected and forecasts made have not made reference or considered the NHS Long Term Workforce Plan as this was not yet published at the time of collection.

Aims and Objectives

The project grouped the aims and objectives into four key themes with subdivided objectives and key deliverables:

1. Confidence in data across Dorset
2. Shared Capacity for Dorset Integrated Care System
3. NHS England Engagement
4. Placement Education and Pastoral Support

Theme 1: Confidence in data across Dorset

Objectives:

Achieve stability and consistency in placement capacity data capture and collection for Dorset ICs.

To identify unused placement capacity which is difficult to fill and facilitate, providing supplementary qualitative narrative.

To identify where capacity can be shared as a 'learner capacity' to enable effective utilisation by multidisciplinary learners.

To identify an accurate data projection of pre-registration NMC learner placement capacity supply and demand on a weekly basis across the academic year.

To identify accurate data of placement capacity per training stage across the Dorset ICS to inform HEI programme recruitment.

To produce accurate data to inform In-Place data upload when required.

Key Deliverables:

Accurate mapping of pre-registration NMC placement capacity within each organisation in the Dorset ICS split according to:

- 1st, 2nd, 3rd year placement capacity
- Total learner capacity
- Suited to nursing only, midwifery only, MDT shared

Agreed SOP for the reporting of placement capacity for pre-registration NMC learners across Dorset ICS to be transparent for organisations, HEIs and NHSE SW

Data from all HEIs deploying learners across Dorset ICS split according to:

- Cohort sizes
- Placement lines per academic week
- Placement demand per academic week

Agreed SOP for the reporting of placement capacity to partner HEIs to inform recruitment and new programmes

Produce and share report on work undertaken within this Task and Finish group

Theme 2: Shared Capacity for Dorset ICS

Objectives:

To use our data to inform an annually agreed Dorset ICS Placement capacity for pre-registration NMC learners.

To futureproof the supply of placement capacity trajectory for Dorset ICS.

To identify processes where capacity can be shared and used across the Dorset ICS

Key Deliverables:

Agreed SOP for a Dorset ICS placement capacity agreement which is utilised by HEIs deploying pre-registration NMC learners in Dorset.

Agreed placement expansion targets for Dorset ICS across next five years.

Agreed process for how organisations across Dorset ICS can support each other in sharing pre-registration NMC learner capacity, and where this capacity can be used for AHPs.

Theme 3: Health Education England Engagement

Objectives:

To create effective and efficient engagement with NHSE South West to inform placement capacity targets.

To create effective and efficient engagement with NHSE South West to inform where NMC Placement capacity can be shared with AHP capacity

Key Deliverables:

Agreed SOP for reporting and negotiation of placement capacity to NHSE SW outside and beyond the scope of CPEP returns.

Produce and share report on work undertaken within this Task and Finish group

Theme 4: Placement Education and Pastoral Support

Objectives:

To ensure that the provision of education and pastoral support for students on placement across the Dorset ICS remains of high quality and is not diluted by clinical placement expansion, thereby safeguarding learner experience.

To identify the need and recommended approach which will safeguard the stability of student practice education teams across the Dorset ICS

Key Deliverables:

Data collection as a Time and Motion Study for the activity undertaken by the practice educators supporting pre-registration student placements across a two-week period within Dorset.

Provide a recommended ratio of practice educator to students, which will ensure that placement and learning environment quality is maintained as the placement capacity expansion work continues.

Identify if there is a difference in the pastoral and practice education needs of an apprentice student who does not attract NHSE Placement Tariff versus a traditional UCAS student which does attract NHSE Placement Tariff.

Produce and share report on work undertaken within this Task and Finish group.

Defining placements and capacity

To effectively meet the objectives and deliverables for this project, it is first necessary to clearly define what the Dorset ICS agrees 'placement' and 'capacity' means. Clinical placements often encompass not only active patient care, but also learning through simulation, remote learning and classroom-led (HEE 2022). The NHS England Education Contract (2021a) provides direction on the shared definition of placement:

Any suitable supervised clinical, practical or other learning experience in a workplace environment provided, conducted or arranged by the Placement Provider for learners; usually but not limited to an NHS Trust, NHS Foundation Trust, GP surgery, dental practice and other organisations that form part of the National Health Service or who deliver placement learning funded by the NHS which for the purposes of this contract includes the private and voluntary sectors but shall only include such placements which are funded and/or managed by HEE.

HEE NHS Contract V.1.1 (HEE 2021a)

Placement capacity, however, is much more complex, and there does not exist a nationally agreed definition. The HEE Quality Framework (2021b) describes a process of quality governance, facilitating safe, effective and participatory learning environments, where learners have access to necessary resources, facilities and supervision. When collectively addressed, capacity can be broadly defined as:

The total number of whole time equivalent learners within an audited placement, that can be safely supervised and assessed, whilst also ensuring equitable access to diverse learning resources, opportunities and structured feedback in line with professional standards and the Health Education England Quality Framework.

Qualitative discovery narrative

A qualitative survey was sent to practice educators across Dorset with the aim of establishing a baseline narrative for student placements across the system. Below is a summary of key findings, which feed into the Discovery Phase of the project.

Question 1: What do you find most rewarding about placement allocation and management?

"The most rewarding part for me is the learners responses of excitement, relief and positive anticipation to start placement and also the feedback once completing placement."

"Being able to see the range of placement experiences that we can offer, being able to see how the capacity can be planned in advance and co-ordinated"

"Helping students to navigate their learning through negotiation of placement opportunities in the right place and at the right time to help them achieve their goals"

"when the puzzle fits together, and every student is allocated to an area!"

Question 2: What do you find most challenging about placement allocation and management?

"planning capacity where there are several programmes which overlap"

"Placements being cancelled at short notice and a lack of motivation from some clinical areas with regards to supporting learners is also very challenging. Placement planning should be a small part of our roles but it has mushroomed to being huge. "

"having challenging and difficult conversations with leads regarding capacity and increase in student placement capacity in teams in the midst of staffing pressures and recruitment pressures, and supporting and being inclusive to all learners in different stages of training."

"When the placement areas don't fit the needs of our learners or when they find them boring or unchallenging"

"Their [students] expectations are frequently unrealistic, unachievable and often would not even meet the requirements of the programme."

"Wards/team choosing to offer placements and withdrawing at short notice"

"HEIs don't understand this [Trust capacity fluctuations] and can be very demanding of capacity and have specific requirements..."

Word Cloud of themes relating to the challenges of placement allocation and management



Question 3: What are your concerns around capacity for the 2022-2023 academic year?

"Capacity is very tight and we allocation on a first come first serve basis often. My concerns are that there is an increase in student intake, but we do not have an increase in capacity."

"Increasing cohort sizes and number of HEIs offering programmes without a proportionate increase in placement offers."

"Cost of living pressures impacting on willingness of learners to travel to placements or work shift patterns."

"There is more and more demand, so it feels as though we are working 'backwards' trying to now create capacity for the demand, rather than the other way round."

"we are still having to go to each Primary Care placement provider every time asking if they can support a placement on X date—and there is no way of knowing whether they will say yes— or whether they will say no."

"The level of staffing to support students – the increase of practice assessment."

"ODPs taking all the Theatre/Recovery spaces, leading to reduction in Critical Care placements for nursing students. "

"Possibility of insufficient capacity to meet HEI requirements."

Question 4: If you could change one thing about placement mapping, allocation, or capacity management, what would it be?

- Change organisational culture to view students as a resource not a job "taking energy"
- For a system to map capacity and demand
- Very clear and consistent guidance for the students to manage their expectations
- Pan-Dorset approach
- Working together as a system
- Student rotas to be set and be consistent
- More cohesive approach to placement planning
- Allocation from HEIs in a timely manner
- Single contacts within the Trusts for better communication lines
- Placements to consistently support learners
- Full use of the CLiP model
- Give HEIs a shared capacity

Word Cloud for suggestions of untapped or poorly used capacity across Dorset

A word cloud containing the following terms: advanced nurses, north dorset, private clinics, portland, out of hours clinics, not on bus routes, specialist nursing teams, management teams, west dorset, advanced practitioner tea, and interventional radiology.

advanced nurses
north dorset
private clinics
portland
out of hours clinics
not on bus routes
specialist nursing teams
management teams
west dorset
advanced practitioner tea
interventional radiology

The qualitative narrative gives rich data about the status quo of placement planning and management across Dorset. A key theme that ran throughout was the continual and increasing pressure on placement providers to increase capacity year on year. This is met with the extreme pressures on the NHS and PVI services for patient care, staffing levels and the post-pandemic demands on healthcare providers.

There is a clear desire for collaborative working with one respondent stating that this project is a "very worthwhile piece of work, and will be a fantastic achievement for NHS Dorset." The establishment of a Dorset capacity model will create a collective voice that will bring benefits and strengths to all placement providers.

The word clouds evidence a feeling of widespread frustration and fatigue in regards placement allocations, with many citing delays, uncoordinated communications and a common feeling of constantly "firefighting" placement capacity to meet demand. This is neither sustainable, nor an example of best practice.

Overall, the qualitative narrative supports the objectives and key deliverables for this project and provide clear direction on the needs of our placement providers across Dorset.

Theme 1: Confidence in data across Dorset

Following work of the Dorset Clinical Placement Expansion Project (CPEP), Trusts and Primary Care across the system expanded capacity significantly. This additional placement supply has now been met by placement demand from our partner Education Providers.

it is recognised that measuring capacity is an iterative process and is an important factor to consider when planning first year recruitment including apprenticeship learners. Placement Providers across Dorset have agreed to work collaboratively to map their placement capacity so that a five year trajectory can be created to align with workforce expansion planning as per the NHS Long-Term Workforce Plan (2023)

A key issue of debate is the type of placement suited to the level of learner. Whilst it can be argued that all placements provide learning opportunities for all learners, there are some learning environments which are better suited to more senior students closer to registration. This is typically in our high acuity areas including Intensive and Critical Care and Emergency Departments. The feedback from Practice Educators is that this is due to the level of leadership and patient care management knowledge which is expected of the student.

What follows are data from across the Dorset ICS from March 2023 with total capacity reflecting the split between the training stages. When reading, note that this is not a cumulative figure, i.e. the row for Stage 3 represented placement capacity for all three stages, whereas the row for Stage 1 learners is the available capacity within the total which is audited and deemed suited to that level.

Table 1: Adult Nursing Capacity

	Dorset County Hospital NHS Foundation Trust	Dorset HealthCare University Hospital NHS Foundation Trust	Primary Care Sector	University Hospitals Dorset NHS Foundation Trust
Stage 1	48	67	21	147
Stage 2	98	67	22	245
Stage 3	98	71	22	262

Table 2: Learning Disabilities Nursing Capacity

	Dorset County Hospital NHS Foundation Trust	Dorset HealthCare University Hospital NHS Foundation Trust	Primary Care Sector	University Hospitals Dorset NHS Foundation Trust
Stage 1	0	5	0	0
Stage 2	0	5	0	0
Stage 3	0	5	0	0

Table 3: Mental Health Nursing Capacity

	Dorset County Hospital NHS Foundation Trust	Dorset HealthCare University Hospital NHS Foundation Trust	Primary Care Sector	University Hospitals Dorset NHS Foundation Trust
Stage 1	0	55	0	27
Stage 2	0	79	0	26
Stage 3	0	86	0	26

Table 4: Children and Young People Nursing Capacity

	Dorset County Hospital NHS Foundation Trust	Dorset HealthCare University Hospital NHS Foundation Trust	Primary Care Sector	University Hospitals Dorset NHS Foundation Trust
Stage 1	12	5	0	20
Stage 2	12	5	0	20
Stage 3	12	5	0	20

Table 5: Trainee Nursing Associate Capacity

Note: a TNA has the same placement competency needs an Adult Nurse

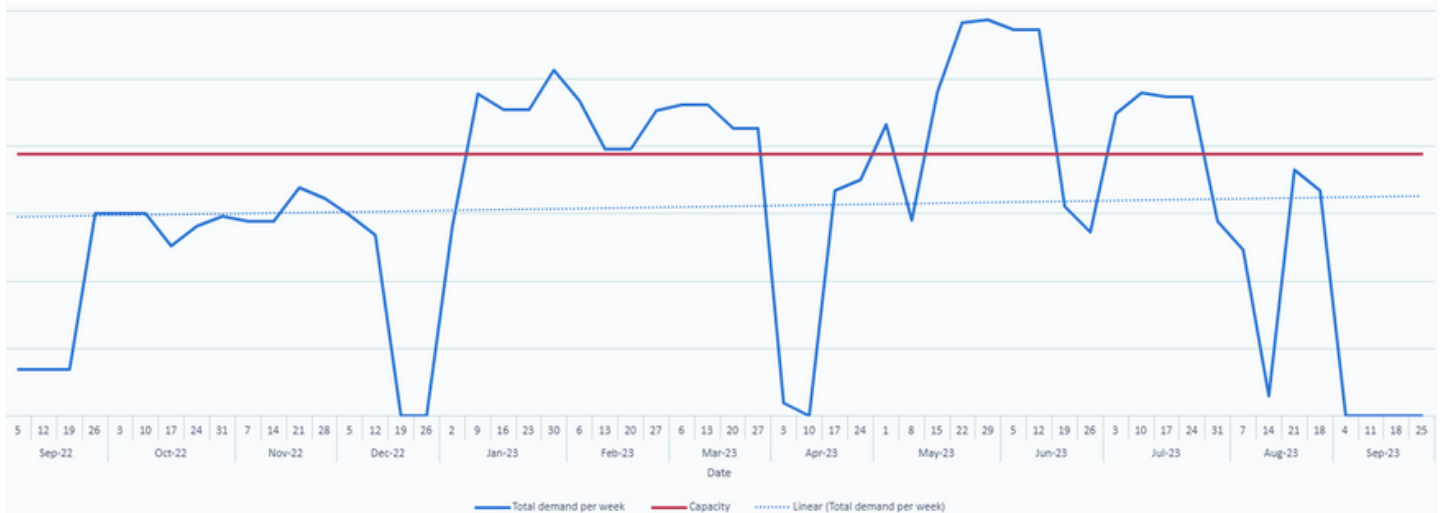
	Dorset County Hospital NHS Foundation Trust	Dorset HealthCare University Hospital NHS Foundation Trust	Primary Care Sector	University Hospitals Dorset NHS Foundation Trust
Stage 1	48	36	21	147
Stage 2	48	37	22	245

Taken together, whilst our bottom line placement capacity figures across Dorset ensures that supply meets demand, when the placement lines are plotted with all of the Education Providers, there remains multiple episodes across the academic year where we are not able to easily accommodate the learners.

This is due to a number of factors including multiple cohorts being allocated placement at any one time, thereby saturating the placement areas. This is then compounded with insufficient placement capacity for our junior students which represent our biggest cohorts.

What follows is a graphical representation of this across the 2022-23 academic year. The red horizontal line is the baseline placement capacity across Dorset with the assumption that it remains static and stable. The blue line represents the number of learners on placement at any given week.

What is clear it that whilst we all report our planned capacity into our partner Education Providers on an annual basis, the placement blocks remain unchanged, and there is little flexibility for creative ways of distributing placements more evenly.



Graph 1: Graphical representation line of placement demand and placement capacity across 2022–23 academic year

Theme 1 Recommendations

1

For Placement Providers to review and challenge placement areas which decline or are resistant to stage one students. To consider creative placement planning in higher acuity areas including creating a student buddying system where a senior student works the same shifts as a junior student. In doing so they are able to provide some supervisory and pastoral support for the junior student using a modified coaching approach under one Practice Assessor. This will also provide the senior student the opportunity to develop leadership and management skills required under the Future Nurse Proficiencies (NMC 2018)

2

For Dorset ICS partners to agree a consistent process for placement areas to request a reduction of placement capacity. This would be achieved through an agreed SOP which agrees the principles, quality standards and process for challenging reductions or withdrawal of learning environments and placement capacity.

3

For Education Providers to review the reoccurring pinch points each year to flatten the demand on placement capacity. This could be achieved by creating split placements, facilitating placements across each week of the year, and providing simulation or virtual placement weeks to reduce demand across the system.

4

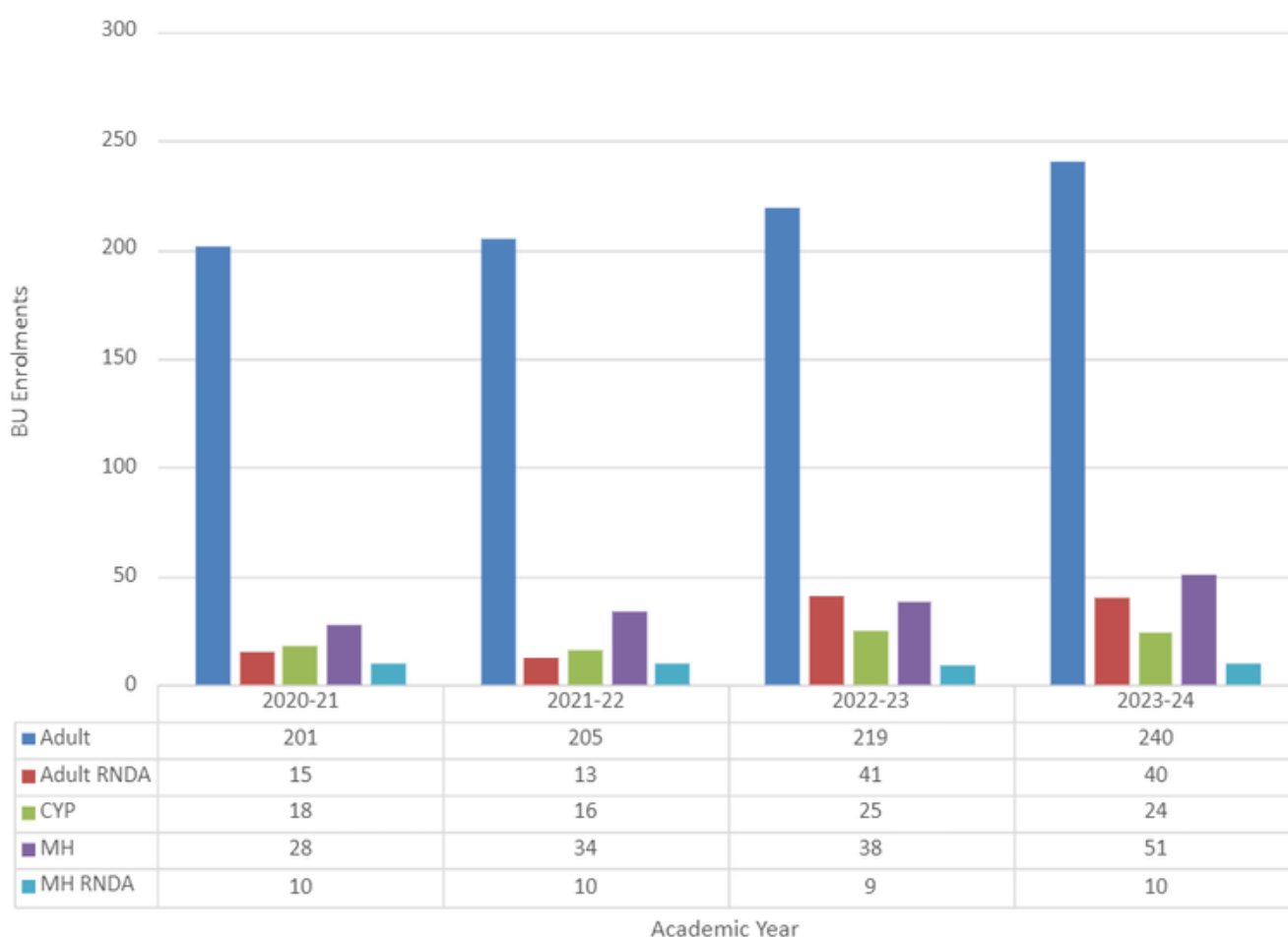
For all Education and Placement Providers to meet in the beginning of the new academic year to have full transparency and openness about where the pinch points will be across Dorset ICS. This will be informed by total number of enrolled learners on each programme per stage and current capacity figures. Aim to re-establish the symbiotic relationships between Education and Placement Providers.

Theme 2: Shared Capacity for Dorset ICS

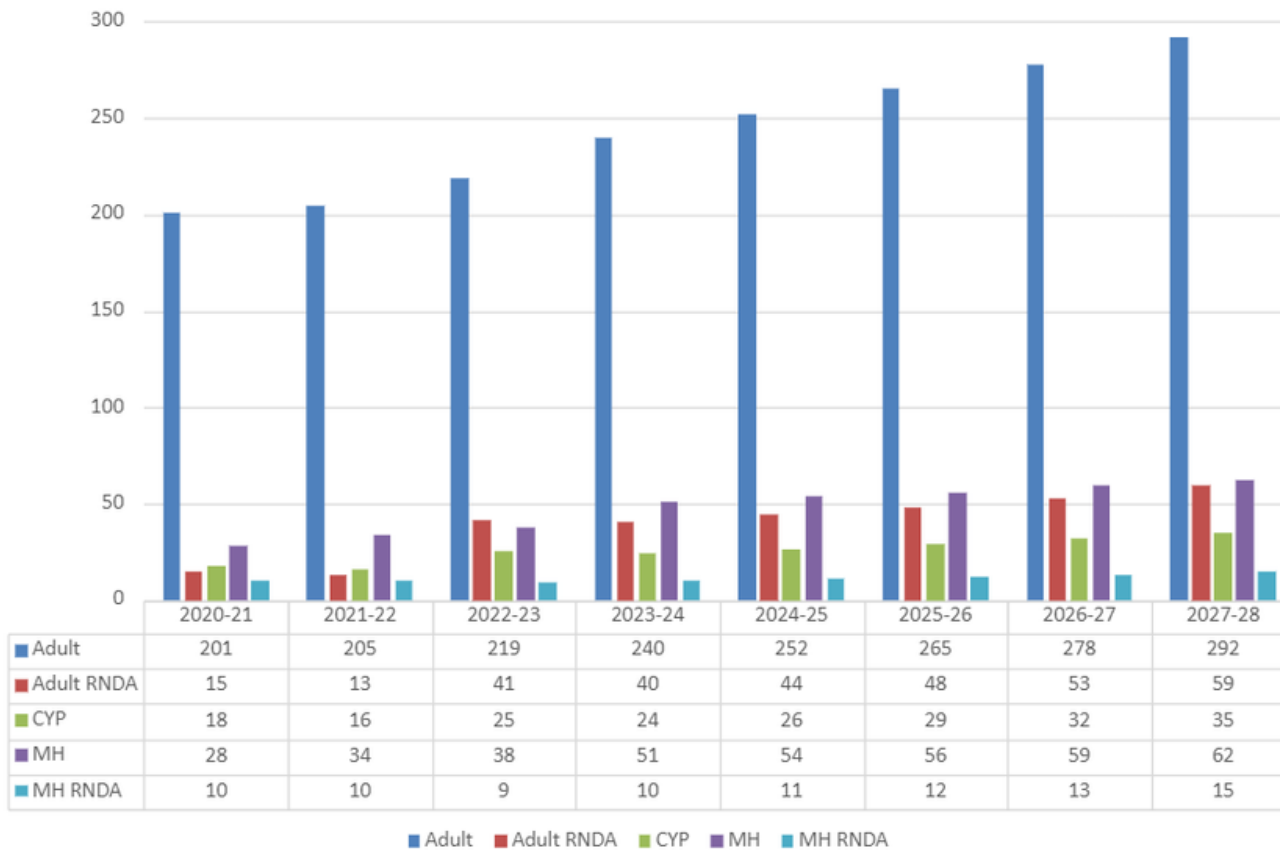
A key deliverable from this work is to create a process for shared capacity reporting for Dorset ICS. This will be used to inform our Education Partners in advance of their recruitment cycles. It will also influence the workforce planning for apprenticeship students, particularly Trainee Nursing Associates (TNAs) who utilise placement capacity but are not a large provider such as Bournemouth University or Solent University.

It has been agreed that Placement Providers across Dorset ICS will continue with clinical placement expansion work based on a mutually agreed trajectory over the next five years. This will be informed by the capacity demands discussed in Theme 1, which will drive each individual Placement Provider to focus on specific learning environment opportunities based on deficits by stage.

To create this trajectory we have reviewed the nursing recruitment trends from our largest Education provider Bournemouth University to create a 2023–2028 forecast.



Graph 2: Bournemouth university nursing first year enrolment trends 2020–2023



Graph 3: Bournemouth University nursing first year projected trends 2020-2027

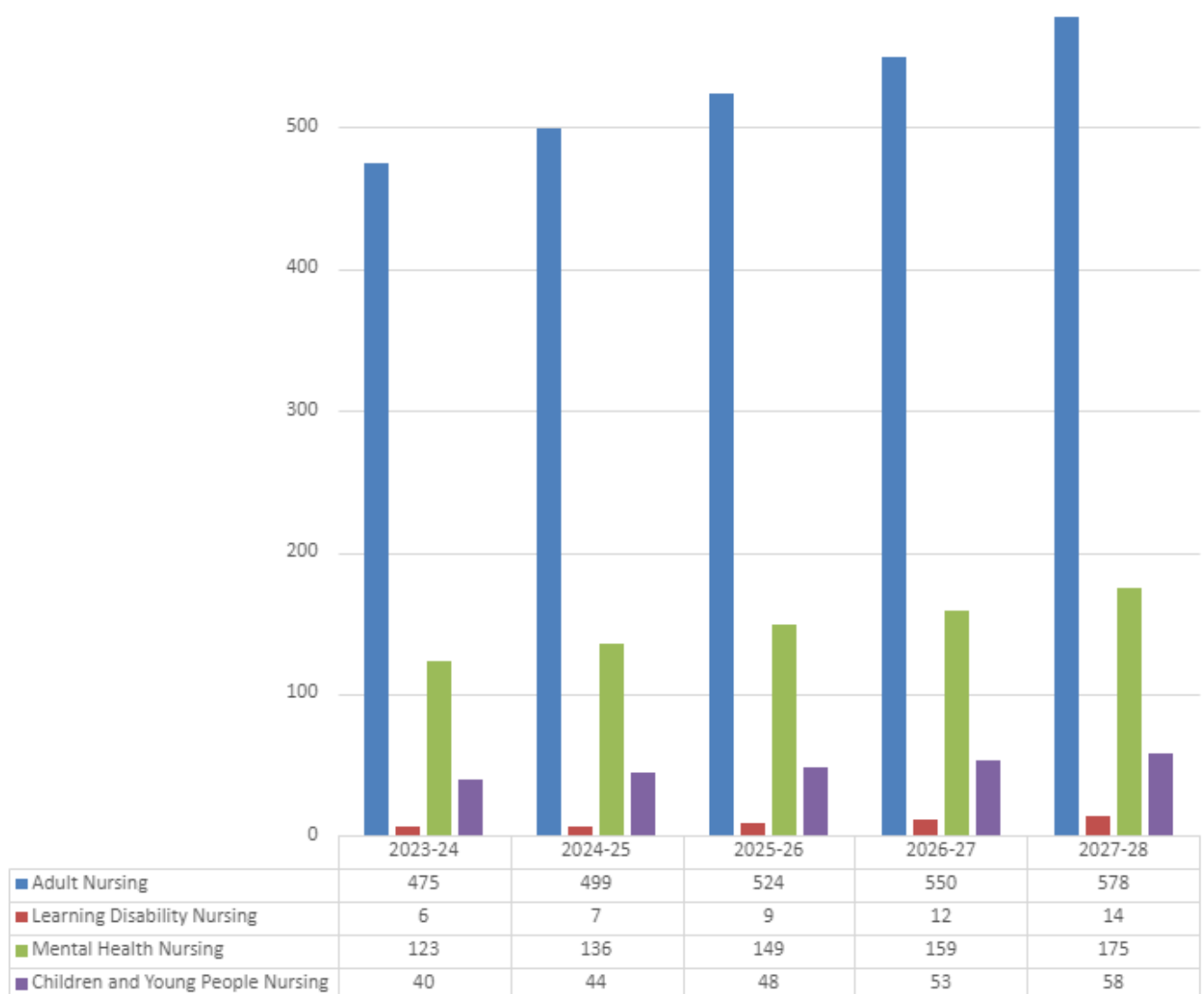
This projected first year nursing enrolment data for Bournemouth University is based on the trending data from 2020 to 2023. It would be natural to anticipate some variance in this data as apprenticeship programmes increase in scale and scope. However, it is not yet predicted to replace or overtake the demand for the traditional UCAS student as apprenticeship learners require employer sponsorship, which is in lesser supply.

Given the projected trends for Bournemouth University enrolments through to academic year 2027-28 the proposed clinical placement expansion trend is recommended as follows below.

Note: Nursing Associate placement capacity is included within the provision for Adult Nursing, and no differentiation is made for apprenticeship versus traditional UCAS students as they require the same placement types.

	Adult Nursing	Learning Disability Nursing	Mental Health Nursing	Children and Young People Nursing
2023-24	475	6	123	40
2024-25	499	7	136	44
2025-26	524	9	149	48
2026-27	550	12	159	53
2027-28	578	14	175	58

Table 6: Projected capacity placement expansion for Dorset ICS



Graph 4: Projected capacity placement expansion for Dorset ICS

Theme 2 Recommendations

1

For Placement providers to review the projected placement expansion data and make an agreement on intended targets.

This is to be fed up to a strategic level for agreement and then onto the Education providers to enable them to plan their recruitment projection trends.

This must be undertaken as a collective approach with all members of the Dorset ICS supporting each other in innovative ways of working so that the onus does not lie solely on single Trusts or organisations.

2

Quarterly meetings with all Placement Providers across the Dorset ICS to ensure data is kept current and that any areas of concern or delay are addressed promptly and as part of a system approach.

3

Annual meeting with Education Providers in the Autumn term to take stock of actual enrolments and anticipated targets for the following academic year prior to the recruitment cycle beginning. To include members of workforce planning in this annual discussion as this will feed into apprenticeship planning. Informed by Under Graduate/Post Graduate Planning Cycle (Appendix 1)

4

For Dorset ICS Placement Providers to undertake further data analysis and identify when placement capacity saturation is achieved, beyond which quality of learning experience and environment is compromised.

Theme 3: NHS England Engagement

Since the formation of the project, Health Education England has merged with NHS England and NHS Improvement. At the time of writing this report we do not yet have clear processes for reporting and engagement with the South West region regarding placement capacity and quality.

This is a long-term output from the project to take forwards with the new organisational structure as the communication pathways emerge. It is recommended that a strategic member of the Dorset ICS feeds this up as required following the quarterly capacity planning meetings with Placement Providers as per Theme 2 Recommendation 2.

Theme 4: Placement Education and Pastoral Support

What is clear, is that placement and learning environment quality cannot be compromised in lieu of placement expansion. The clinical areas are under sustained pressures with regards to workforce and patient flow across the system.

With the implementation of the NMC Standards of Supervision and Assessment (2018), Placement providers were able to introduce innovative ways of approaching placements as there was a shift from the mentor to student one-to-one ratio, enabling coaching approaches and peer learning models to emerge.

In the wake of the Covid-19 pandemic, many placement areas are yet to return to pre-pandemic capacity numbers, and evidence suggests this is due to a range of factors including workforce burnout, long-term vacancies and compassion fatigue (Esterhuizen 2020; NHS England 2020; Lovric et al 2020).

Given the multiplex of learning needs observed in the contemporary student nurse, the pastoral support required, particularly following the Covid-19 pandemic is increasing exponentially (Reverte-Villarroya et al 2021; HEE 2021).

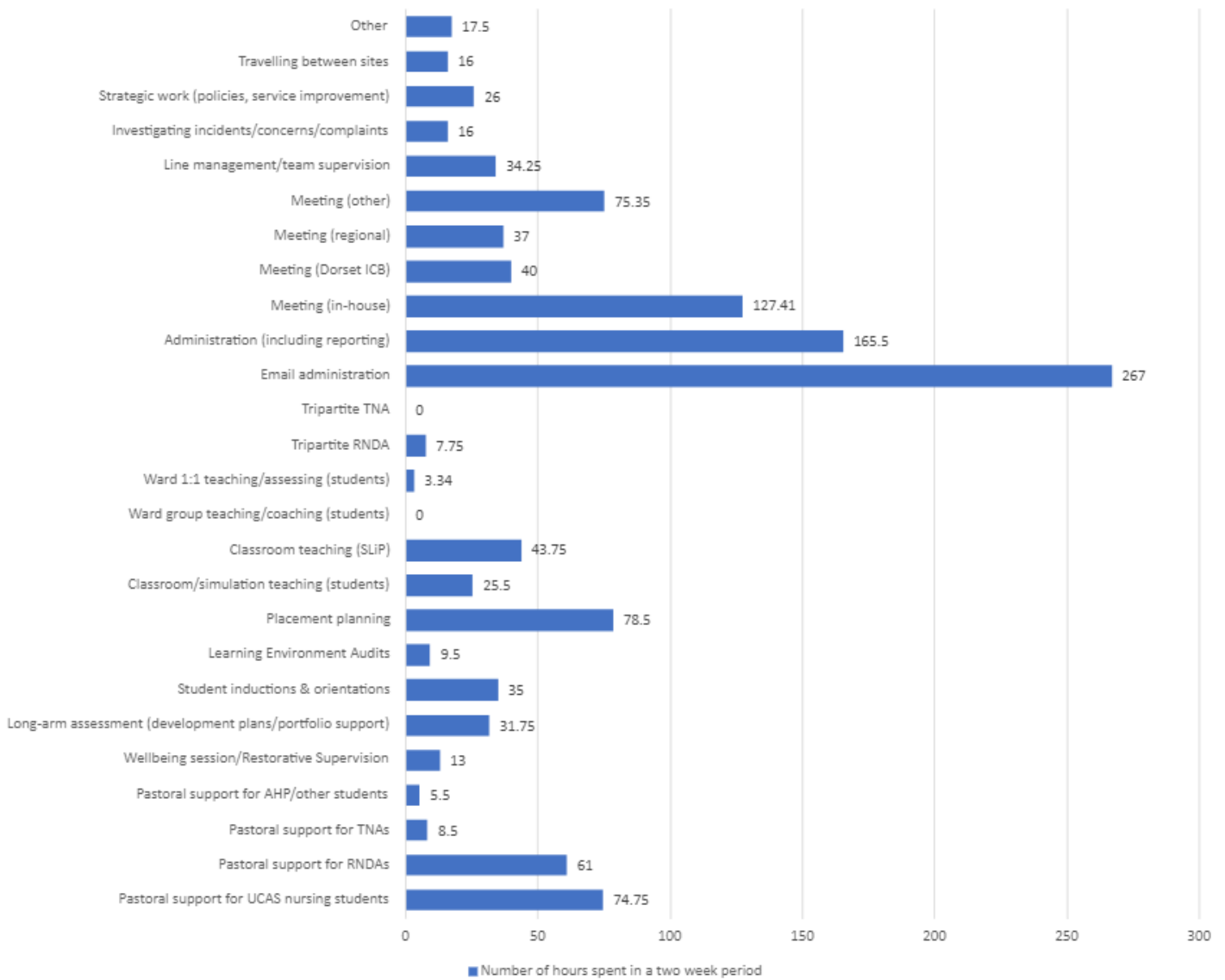
It is widely acknowledged that career frameworks which develop the domestic supply will provide a healthcare system with a more skilled workforce, reduced attrition, a sustainable resource pool and a higher level of post-registration retention (NHS England 2018).

Anecdotally it is emerging that apprentice students are more resource intensive than our traditional UCAS students. This is evidenced in measurable data relating to the work required by the Practice Education teams in recruitment and onboarding. Additionally, an apprentice requires a tripartite review every 12-18 weeks, which can last for an average of 60 minutes each. Added to this is the administrative and pastoral work required in relation to their employment on their home base alongside their programme progression.

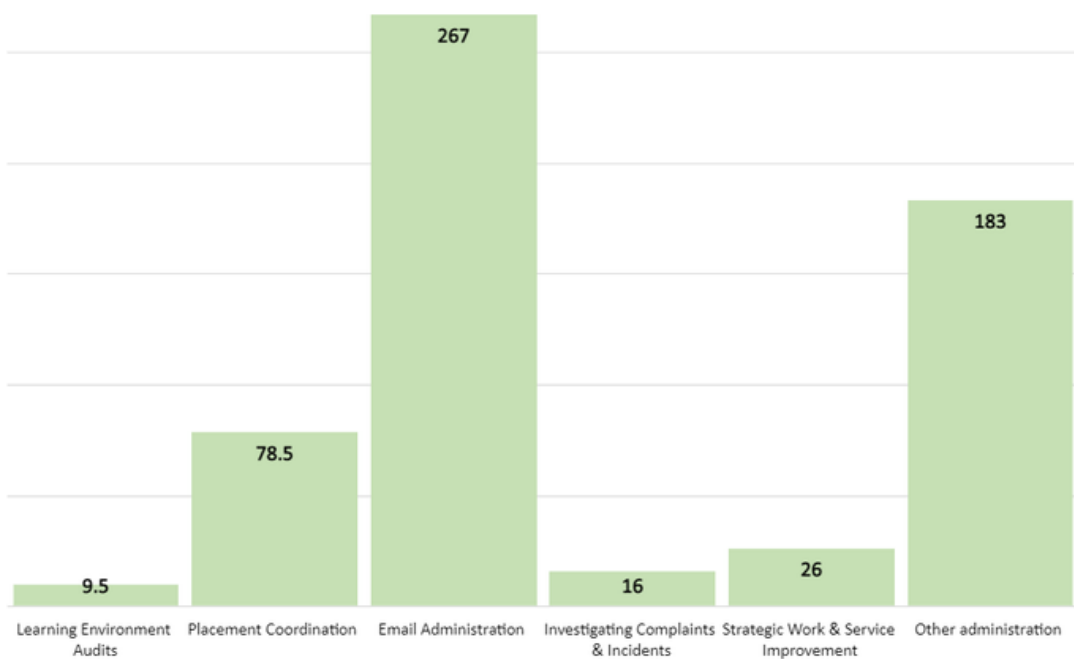
Apprentice students do not attract placement tariff through the Education Contract. However, the pastoral, education and management support is naturally provided by the pre-registration student teams who are typically funded by placement tariff.

The concern arising from Placement Providers across Dorset ICS is that as the number of apprentice students increase to meet workforce planning, the number of tariff funded traditional UCAS students is likely to decrease in direct correlation. This raises the risk of how the Practice Educator teams could become destabilised financially as a result.

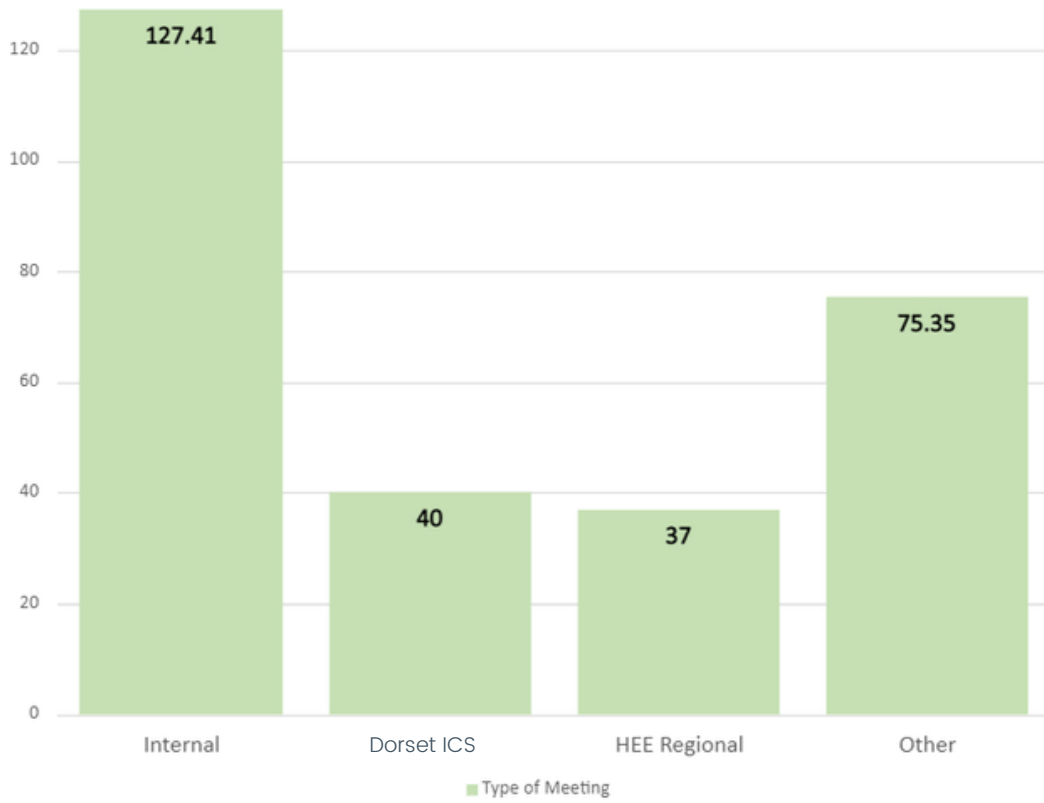
To identify the impact of this and other activities undertaken by the Placement Providers, a Time and Motion Audit was undertaken across a two-week snapshot period. The data that follows is the statistical analysis arising from this work.



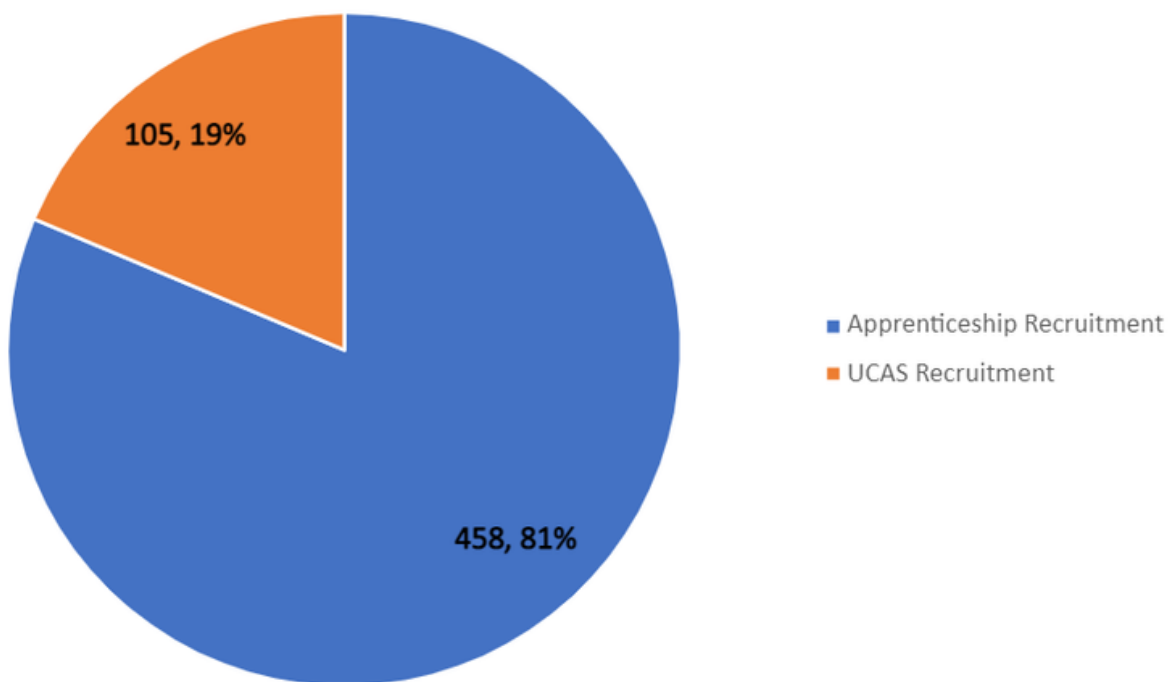
Graph 5: Raw Time and Motion Audit Data for Number of Hours Spent per Activity within Two-Week Period



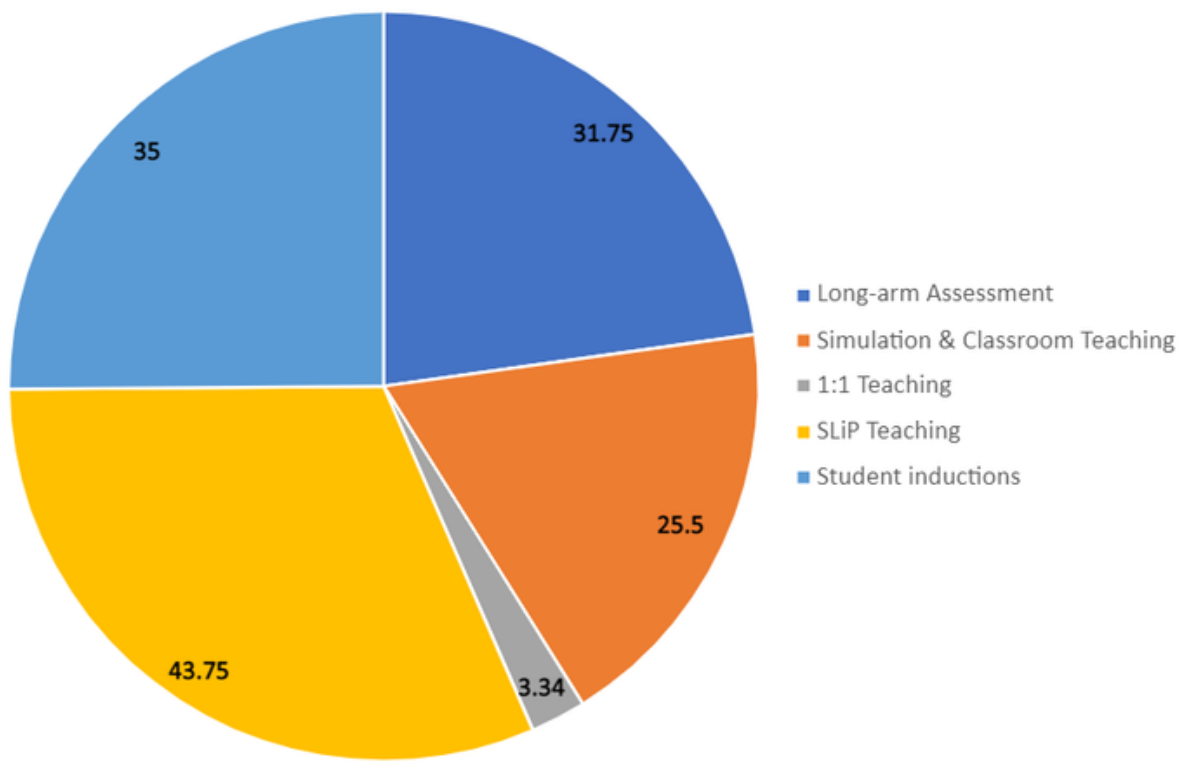
Graph 6: Hours Spent on Administrative Tasks Across Two-Week Period



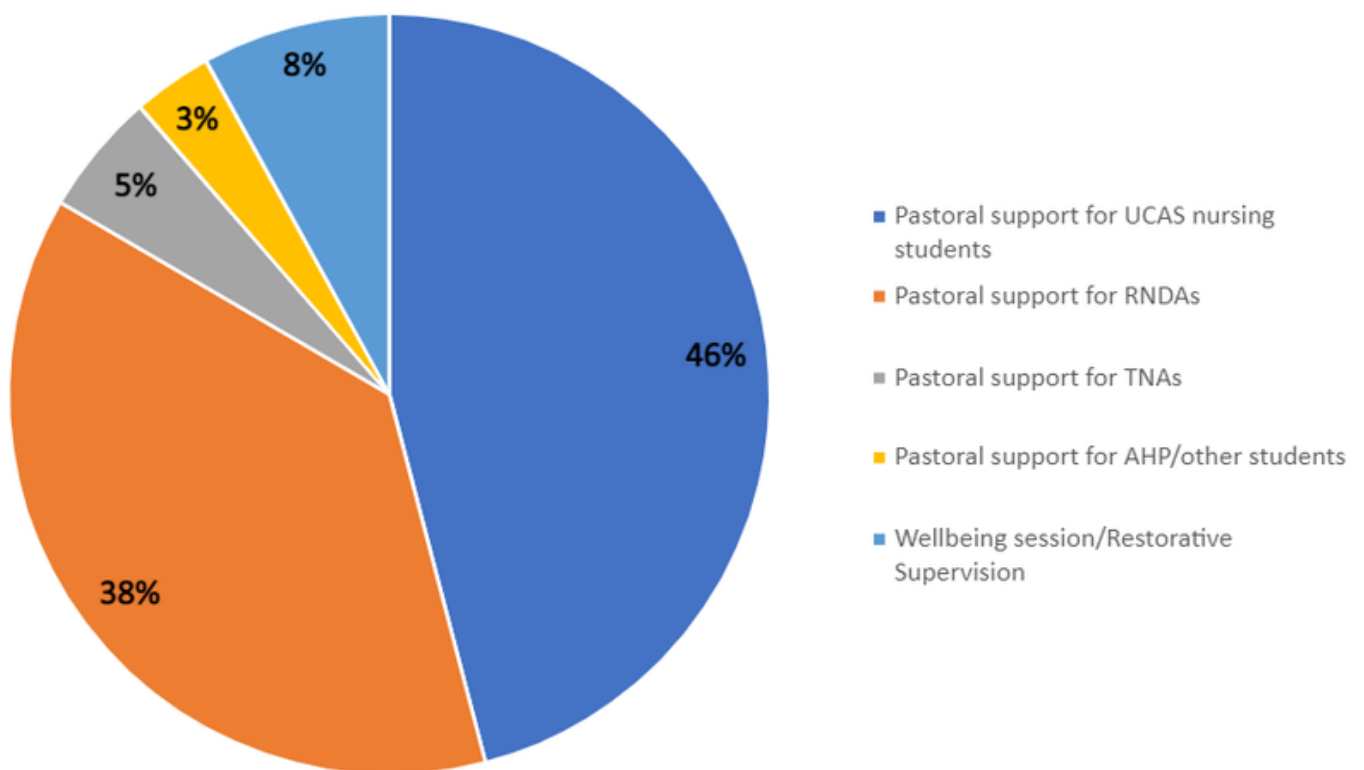
Graph 7: Hours Spent in Meetings Across Two-Week Period



Graph 8: Hours Spent Undertaking Recruitment Activities Across an Academic Year



Graph 9: Hours Spent Delivering Practice Education Across Two-Week Period



Graph 10: Hours Spent Providing Pastoral and Wellbeing Support Across Two-Week Period

The Time and Motion Audit produced strong data in relation to the significantly disproportionate amount of time spent undertaking administrative work, attending meetings and planning placement provision.

Additionally Graph 10 highlights that although our apprenticeship learners represent a significantly smaller proportion of our student body, they require significantly more resource to facilitate effective learning environments.

Subsequently, this time is unable to be spent on providing quality clinical education to support the student's journey to registration and other initiatives such as coaching approaches, peer learning, buddy schemes, Restorative Clinical Supervision, Simulation and Clinical Skills.

The raw data from this very small snapshot identified that across Dorset it would require 2.0wte to just provide the pastoral support for the apprentice students on placement. This does not account for the tripartite reviews and the recruitment work which was not effectively captured during this audit due to the timing of data collection.

Theme 4 Recommendations

1

For strategic workforce planning to take account of the infrastructure required to recruit, onboard and sustain an apprentice through to registration when committing to recruitment targets.

2

It is recommended that an options appraisal to be produced for consideration by the Dorset ICB which addresses the following:

- The resource infrastructure and pipeline support required for apprentice learners from the pre-registration Practice Education team
- The resource demand of personnel for completing the operational management and education of apprentice students
- A recommended ratio of Band 6 Practice Educators per pre-registration learners
- A recommended ratio of Band 4 and Band 5 placement coordination administrators per placement capacity

3

For the level of support and organisational infrastructure required to support an apprentice through to registration be raised as a risk within the Dorset ICS and individual Trusts as there are no current means of placement tariff through the NHS Education Contract. Consider adding this to the regional risk register.

Conclusions

The Dorset ICS is establishing itself as a cohesive and collaborative team, that is maturing in terms of how pre-registration student planning impacts the future workforce of the NHS.

This project set out to identify and examine the current status quo regarding placement provision following the completion of the Clinical Placement Expansion Project.

What has emerged is an appetite to look at placement capacity and provision as a collective voice, which will give us as Placement Providers a more structured and transparent approach to the next stage of our infrastructure development.

A number of risks have emerged from the qualitative and quantitative data which warrants further discussion and debate at strategic levels across Dorset.

What is clear, is that to secure a workforce ready for practice at the point of registration, investment and focus needs to be given to supporting the foundations of the practice Education teams.

Too many resources are being spent on administrative tasks, which could be better undertaken by Placement Coordinators with a reviewed job description and enhanced scope to be job matched at a recommended Band 5 across the system. This would enable our registered educators to be more visible, accessible and available to provide clinical education, pastoral support, restorative clinical supervision and preparation for practice to our students on placement with us.

As recruitment trajectories continue to increase at pace, it is essential that we, as Placement Providers create plans to meet this demand with appropriate placement supply. This will be met with lesser resistance from our clinical areas where we are able to guarantee stronger clinical facing support and education for our students.

Placement tariff is currently biased towards the traditional UCAS students, with no allowance for apprentice students. Despite Tariff receiving an inflation uplift in recent years, with the increasing numbers and targets for apprenticeship recruitment this is an emergent risk for the future stability of the Practice Educator teams funded directly via this route.

Moving into the next five years as a maturing system, we must continue to work collaboratively, committing to meeting regularly to ensure transparency of placement capacity and risks as an iterative process. This will naturally strengthen our relationships with Education providers who will benefit for enhanced communication and understanding of their position within.

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Appendix 1

Under Graduate/Post Graduate Planning Cycle

