Graduate Nursing
DH Assurance Framework

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• Background

• DH assurance process

• Round 2 evaluation – Local and national pictures

• Round 3 evaluation – Work in progress
- Modernising Nursing Careers
- Next Stage Review
- From Ward to Board
- Nursing metrics
- NMC review
  - Degree - minimum requirement for registration
  - Move to all graduate nursing by 2013
  - New NMC standards – September 2010 with new degree programmes to start from September 2011 (deadline for implementation 2013)

- Changes in education and training and in workforce
  - Nursing diplomas disappearing
  - Foundation degrees – assistant practitioners
Governance cycle for the SHA Assurance Framework Reporting Tool

1. **SHAs submit to DH**
2. **DH QAs the submitted reports from the SHAs**
3. **DH discusses the submissions with each SHA and issues individual and aggregated reports**
4. **Individual SHAs produce/update their action plan on changes to nurse education**
5. **Assurance Framework is reviewed & updated by DH & peer group**
6. **DH request SHAs to complete Assurance Reporting Tool on changes to nurse education**
7. **SHAs submit to DH**
8. **SHAs completed Reporting Tool with sign off from Workforce and Nursing Directorates**
9. **SHAs peer review progress as shown by reports (format of peer group to be defined)**
10. **Individual SHAs review their report in light of feedback from peers.**
• Four areas – 10 questions
  - Planning, engagement and communication
  - Recruitment, attrition and conversion
  - Preparation of Providers
  - Benefits Realisation

• Four levels of achievement
  - *Level 0* - *not engaged*
  - *Level 1* - *passive*
  - *Level 2* - *reactive* (plus level 1)
  - *Level 3* - *proactive* (plus level 2)
## Levels of engagement

### Planning, engagement and communication

1. How has the timetable for the implementation of changes to the pre-registration nurse education program been planned and agreed with the HEIs, NHS Trusts, Foundation Trusts (FTs) and PCTs? - **Level 3**

2. How can the SHA demonstrate regular and effective communication and engagement with key stakeholders in delivering the timetable for the transition in nurse education? - **Level 3**

3. Has the SHA identified, assessed and is managing the risks associated with the changes to nurse education? - **Level 3**

4. How can the SHA be assured that the HEIs are actively planning for the delivery of new pre-registration nursing courses that meet the new standards, by an agreed timescale? - **Level 3**

### Recruitment, attrition and conversion

5. What evidence has the SHA that there has been planning around attracting the right number of appropriate applications for the commissions during the transition period and beyond, for all branches of nursing? - **Level 3**

6. How can the SHA, in collaboration with their partners, demonstrate that attrition, retention and conversion rates will be accurately monitored and managed during and after the transition to a graduate nurse profession? - **Level 3**

### Preparation for Providers

7. Can NHS Trusts, FTs and PCTs demonstrate awareness of the changes required, and evidence their planning, to support the new pre-registration nurse education? - **Level 3**

8. How can the SHA be assured that the NHS Trusts, FTs and PCTs have considered the Threats and opportunities that the changes to pre-registration nurse education will have on the existing workforce? - **Level 3**

### Benefits Realisation

9. How will the SHA look to evaluate the quality of patient care following the introduction of the New Standards for pre-registration nurse education? - **Level 3**

10. How can the SHA use nursing metrics to demonstrate the added quality to care following the introduction of the New Standards of nurse education? - **Level 3**
1. Timetable for implementation

Examples of evidence

- Timetable and action plan shared with HEIs
- Plans that link together the key milestones of the project
- Transition plan developed
- Review of current workforce
- Briefing papers for Directors of Nursing / SHA SMT / HEI strategic partnership / Workforce locality
- Regional Steering Group
- Developing new education programmes
- Development of Assurance Framework plan as basis for consultation and engagement
2. Regular and effective communication

Examples of evidence

- Steering and sub groups in place
- Action plan with phased approach
- Key milestones agreed with stakeholders and tied into action plan
- Education Partnership Forum meetings
- Newsletter
- Stakeholder relationship map
- Strategic Education Partnership Meetings
- Planning meetings / reviews with HEIs
3. Risk

Examples of evidence

- Draft risk register developed
- SHA action plan
- Learning Development Agreement in place
- Risk assessment undertaken and plans from each HEI
- Named lead reporting to SHA Director of Nursing and Workforce
- Internal briefing papers and plans
- Partnership work with Trust to identify Band 4 Workforce Development
- Trusts completing individual State of Readiness
- Initial risk register developed as part of PID
- Questionnaires for HEIs
4. HEIs actively planning

Examples of evidence

- HEIs actively engaged in the process with liaison between HEIs and representation on Curriculum Development Groups
- Strategic Partnership Networks
- HCA Secondments
- Partnership working
- Local HEIs / Trust planning events
- Consultants will scope HEIs State of Readiness
- Learning Development Agreement in place between SHA and NHS organisations
- Network meetings which HEI reps attend
- State of Readiness Questionnaires for HEIs
- HEI action plans
- Business plans and notes from HEIs
5. Planning for appropriate applications

Examples of evidence

- Workforce demand and supply modelling
- Proposed education framework
- SHA State of Readiness meeting planned with FE Colleges
- Diversity of current student population profiled against local population by HEIs
- Monitored through contracts
- Evidence of strong commissioning linked to demand for places on new courses leading to registration
- Risk assessment impact of falling numbers
- Commissioning plan linked to Workforce plan
6. Attrition, retention and conversion rates

Examples of evidence

- Attrition strategy had been developed to share good practise and maximise retention within contracted provision
- New contract monitoring dataset developed in partnership with HEIs
- Joint written recruitment and selection policy
- Activity reports in place
- Board reports on student profile
- Each HEI has provided an attrition strategy
- Each HEI reports attrition quarterly
- Reasons for leaving are made available by HEIs and shared with Project Group
- Sophisticated data collection tool in place
7. NHS Trusts, FTs and PCTs awareness

Examples of evidence

- All HEIs have action plans reviewed by SHA
- Mentor preparation preceding curriculum changes
- Stakeholders are aware of pending changes
- Regional Summit and routine meetings
8. Impact on existing workforce

Examples of evidence

- State of Readiness review
- Scoping of band 4 assistant practitioner role in nursing workforce
- County Workforce Plans for pre professional, pre and post registration education
- Placement register developed at HEI
- Developing a placement capacity formula to assure quality
- Associate practitioner courses are commissioned
9. Quality of Patient Care

Examples of evidence

- Baseline patient experience measures will be established
- Plans and policy to improve educational governance
- Making a difference in 2009 programme
- Audit of research activity of nurse consultants
- SHA research strategy being developed
- Patient care on the agenda for contract review meetings
10. Nursing Metrics

Examples of evidence

- Nursing and midwifery establishment project looking at linkages between nurse staffing levels and quality outcomes
- 8 Preceptorship pilots in place
- Commitment to look at this area and explore further how this factor might be measured
- Local measures, including Essence of Care
- Project to link with Energising for Excellence
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<th>Question</th>
<th>SHA 1</th>
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**Key:**
- Score Improved
- Score dropped
- Score Stayed the Same
Analysis at the national level shows that the majority of commissions won’t be degree until 2011/12 and 2012/13

1. Based on data from 9 SHA HEI assessment tools. Note that plans for 2011/12 onwards were only provided by 6 SHAs
If HEI plans are achieved, four SHAs will have 100% degree commissions one year before it is mandatory.

<table>
<thead>
<tr>
<th>Region</th>
<th>Actual Commissions</th>
<th>Planned Commissions</th>
<th>All-graduate entry starts</th>
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<tbody>
<tr>
<td>East of England</td>
<td>16% 27%</td>
<td>27% 54% 77%</td>
<td>100%</td>
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<tr>
<td>London</td>
<td>11% 15%</td>
<td>25%</td>
<td>100%</td>
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<tr>
<td>North East</td>
<td>25% 32%</td>
<td>34% 66% 100%</td>
<td>100%</td>
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<tr>
<td>North West</td>
<td>34% 57%</td>
<td>67% 85% 100%</td>
<td>100%</td>
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<tr>
<td>South Central</td>
<td>13% 16%</td>
<td>50% 73% 94%</td>
<td>100%</td>
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<tr>
<td>South East Coast</td>
<td>18% 19%</td>
<td>33% 70% 100%</td>
<td>100%</td>
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<tr>
<td>South West</td>
<td>37% 40%</td>
<td>42%</td>
<td>100%</td>
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<tr>
<td>West Midlands</td>
<td>19% 19%</td>
<td>19%</td>
<td>100%</td>
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<td>Yorkshire and the Humber</td>
<td>21% 26%</td>
<td>39% 72% 100%</td>
<td>100%</td>
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<tr>
<td><strong>England Total</strong></td>
<td><strong>22% 29%</strong></td>
<td><strong>38% 72% 95%</strong></td>
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Round 3:

- 18th June - DH issue third round of SHA Assurance framework for completion by SHA Leads
- 29th - 1st July - SHA Implementation Workshop event, London (date to be confirmed)
- 9th July - Completed returns forwarded to DH
- 19th July - DH discussions with individual SHA leads, re evidence
- 29th July - Reports collated and summarised by DH and issued to SHAs. Cycle complete.
Graduate Nursing ?Steering? Group

- First met on 12th May – bi-monthly meetings
- Transitional plan to provide regional framework for move to all-degree programmes
- Wide representation and reporting arrangements
- Pulling together work done at locality level or from specific streams (e.g. Associate practitioner, consultant practitioner, etc.)
- Linking with Modernising Nursing Careers and Workforce Strategy
- Communication strategy
- Risk register and management
- Sharing good practice and avoiding duplication
- Agreeing common grounds while respecting locality specificities
• State-of-readiness questionnaires
  – HEIs - Round 2
  – Trusts – Round 1
• FAQ sheets for students, commissioners, staff and HEIs
• Benchmarking: Peer review / discussions with other SHAs, with NMC
• Validation events per HEI
• Engagement work with students, patients and public (focus groups and reps TBC)