# Pre-Registration Nursing Education

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<th>Trust Board</th>
<th>Item: 16</th>
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<td>Date: 30(^{th}) March 2016</td>
<td>Enclosure: L</td>
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**Purpose of the Report:**

This paper sets out the plan which has been approved to increase the pre-registration nursing education provision within the Trust. The paper also reflects on some of the national changes to student nurse funding provision which will come into effect from September 2017.

**For:** Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☐

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Director of Nursing and Patient Experience

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Head of Practice Development

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**Risk Implications – Link to Assurance Framework or Corporate Risk Register:** Staffing items on risk register

**Legal / Regulatory / Reputation Implications:** NMC Educational Standards support learning and assessment in practice

**Link to Relevant CQC Domain:**  
Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒

**Link to Relevant Corporate Objective:** Corporate Objective Two

**Document Previously Considered By:** Executive Management Committee – 23\(^{rd}\) March 2016

**Recommendations:**

The Trust Board is asked to note the planned changes to pre-registration education in the Trust.
Pre-Registration Nursing Education at Kingston Hospital

1.0 Background

1.1 This paper provides the Board with an overview of the changes the Trust, in partnership with university providers, is making to pre-registration nursing education at the Trust. The changes in this paper focus on Adult and Child nursing fields. There is no requirement to alter existing arrangements for midwifery placements in the Trust. The paper also outlines the national context of changes taking place.

1.2 Kingston Hospital had its own school of nursing before a national restructuring in nursing education culminated in transition to higher education institutions. In 1996 Kingston School of Nursing was absorbed into a joint faculty within Kingston University and St George’s University of London (KU/SGUL) where it still is, with nursing education being delivered on the Kingston Hill campus.

1.3 Currently nursing is an all degree 3-year programme with a single point of entry at KU/SGUL and London South Bank University (LSBU) in September every year. There is a postgraduate diploma programme where students with relevant degrees are fast tracked and complete the programme in 2 years. Undergraduate nursing students from KU/SGUL are divided into four zones with Kingston Hospital being the largest NHS provider within the West Zone. The West Zone covers:

- Kingston Hospital NHS Foundation Trust
- Hounslow and Richmond Community Health (HRCH) including Teddington Memorial Hospital & Walk in Centre
- Princess Alice Hospice (PAH)
- Royal Star & Garter (RSG)
- Your Healthcare (YHC) – Rehabilitation and Tolworth hospital
- New Victoria
- BMI Coombe
- Parkside
- Galsworthy House

1.4 Traditional entry to nursing has been via application by UCAS. Students do not have to pay tuition fees and are eligible for an NHS bursary. Post Graduate (PgDip) students have the same access to funding support as undergraduate students i.e. no tuition fees and bursary.

1.5 From September 2017 the current commissioning process for student nursing will move to a loan-based system, and will be like any other undergraduate student. The specific detail of these proposals and impacts on areas such as salary-supported sponsorship and PgDip students are still to be determined nationally.

1.6 Organisations with a wide range of services and clinical placements will be attractive partners for HEI’s and therefore fee-paying students. Fee-paying students are likely to be more assertive about what kind of experience they want and where. The reputation of a Trust as a place to train will become an important element of its partner HEI’s recruitment and marketing. There may be potential for Trusts to offer creative support options. It is important therefore that the Trust is a strong provider of clinical placement education.

1.7 Against this backdrop it is also clear that on registration the vast majority of newly qualified nurses will have a greater level of educational debt than in the current system. It is unclear at this stage of the impact that this may have on recruitment to pre-registration nursing programmes.
1.8 Alongside these changes there is a national consultation on the Associate Nurse role and the development of higher apprenticeships will inevitably increase the demand for the Trust to support learners in practice.

1.9 Traditionally the NHS offered employees the opportunity to be sponsored at a Band 2 level to undertake various qualifying professional programmes at university. There is potential that 2016 will be the last year this will be offered. The Trust usually supports on average 10 staff per annum. Without this option a source of development opportunity for some staff may cease, and the Trust has raised this concern with HESL.

1.10 During 2015/16 the Trust has been discussing with Kingston University and HESL the potential to increase the number of adult and children’s student nurse placements within the hospital, increase the number of placements each West Zone student actually undertakes within the hospital, and improve the support structures for clinical placements.

1.11 Together with aligned support from the universities and HESL, and the improving substantive staff position within the Trust, there is now the opportunity to increase student placements within the Trust.

2.0 Changes to Placement Capacity

2.1 All placement-learning areas are required to support students in line with the NMC standards to support learning and assessment in practice (SLAIP, 2008). This outlines various criteria that must be met. Allocation of student numbers is determined by capacity to support learners in the practice-learning environment alongside requirements of the curriculum. Placement capacity is determined from annual educational audits. Programmes of learning for Trust nurses to achieve mentorship are validated by the NMC. KHFT access programmes from KU/SGUL and LSBU.

2.4 Students cannot complete every practice experience within the Trust as there are mandated requirements for other placement experiences, such as those in a community setting.

2.4 The table below outlines the existing and planned changes to the student capacity at the Trust, which have been undertaken with KU/SGUL. This will mean a change from a current total of 75 to 118 practice placements, and will come into effect fully from September 2016. This represents a shift of acute placements to Kingston Hospital from other non-community based ‘West Zone’ providers.

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<tr>
<th>Field</th>
<th>Current</th>
<th>Future - from Sept 16</th>
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<td>Adult</td>
<td>65 students from across 3 years. Cohorts are mixed with BSc (Hons) and PgDip students from KU/SGUL. Adult students zoned to the West Zone experience placements across the geographical area in various organisations within the NHS, voluntary and independent sectors. Some West Zone students only undertake 1 or 2 out of 8 potential placements at Kingston Hospital.</td>
<td>An additional 37 practice learning opportunities have been identified taking the total to 101. Every adult field student allocated to the West zone will undertake 55-66% of their placement opportunities at KHFT.</td>
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### Child

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<th>10 students. Cohorts are mixed, BSc and PgDip -students from KU/SGUL and LSBU. Children’s nursing students currently undertake placements out of zone in order that they are able to access the range of learning opportunities required by the NMC</th>
<th>An additional 7 practice learning opportunities have been identified, creating a total of 17 child placements at any one time.</th>
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### Midwifery

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<th>47 students from 3 year and 78 week programmes. Undergraduate Midwifery students are zoned to two units across the four within SW London. Those on the 78 week programme spend the whole programme at KHFT.</th>
<th>No current change to existing provision</th>
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### Mental Health & Learning Disability

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<th>Students undertake 4 week taster experience during undergraduate programme.</th>
<th>No current change to existing provision</th>
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### 3.0 Requirements

#### 3.1 In order to meet workforce demand and to deliver an improved student experience the Trust needs to enhance the learning experience and increase student capacity. To do this the Executive Management Committee has approved a plan to support achievement of this, which includes:

- Appointment to an Undergraduate Nursing Lead post and administrative support, funded from the student tariff. This will enable sufficient dedicated focus and support to students, mentors and university liaison.
- Creation of a dedicated on site space for student nurses to learn within & for universities staff to have a base on site. This is anticipated to be a shared space with medical students.
- Creation of a buddy system across the Trusts senior nursing network such as Clinical Nurse Specialists; Matrons, Deputy Directors of Nursing, acts as a “buddy/coach” for a student(s) over the 3 year programme.
- Automatically join all student nurses to KHFT Nurse Bank (unless opt out) to become nursing assistants after six months, unless they have nursing experience prior to starting programme)
- Increase integration with Trust – provision of Trust email, CRS cards, integration to awards programme
- Annual re-induction for all students as well as the Welcome Event currently delivered to 1st year West Zone students
- Guaranteed job for all students we “sign-off” at the end of training.
- Implementation of a friends and family style evaluation for students that collects real time data to assist in the early identification of issues that may impact on student learning.
- Facilitated weekly learning events for student nurses.
- Increase numbers of adult nursing mentors

### 4.0 Benefits & Risks

#### 4.1 The benefit of increased exposure to acute care experience for student nurses is their greater contact to physical ‘hands on’ fundamental care skills. Embedding these skills enables them to build and extend knowledge over the undergraduate programmes so they become competent and confident registrants who are fit for purpose at the point of registration.

#### 4.2 Creating a sense that students are part of the Trust rather than just the university, combined with a positive learning and support structure, has the potential to increase the
conversion rate of students trained at Kingston Hospital becoming staff nurses at the Hospital. Currently on average only seven West Zone students each year take staff nurse positions in the Trust at qualification.

4.3 Although not part of workforce numbers a greater visibility of students in the Trust also has potential to assist in patients’ perception of staffing numbers.

4.4 The additional support infrastructures which will be put in place will improve the experience of students and mentors and the quality of education and learning. It will also release existing Practice Development Nurse time to concentrate on preceptorship, supporting internationally educated nurses, post qualifying staff for induction programmes, skills development, supporting individuals learning plans and the development of clinical practice.

4.6 There is a risk associated with the, as yet, undecided future management of placements. The HEE will retain its statutory duties and responsibilities currently used to fund practice placement tariff for nursing and AHP students. The operating model for doing this will be the subject of public consultation. There are currently 3 suggestions one having the greatest risk would result in the end of the tariff system for non-medical education with placement providers receiving no financial incentive to offer placements. In this model funding would no longer directly follow students and HEIs would be dependent on goodwill and a local workforce need. Early indications are that any such changes will not come into effect for 3-4 years.

4.7 With a dedicated Undergraduate Nursing Lead, and an improved placement provision over time the Trust will be able to work more collaboratively with partner organisations in the West Zone, such as Your Healthcare, to identify learning placements along patient pathways. The aim of this would be to develop more flexible future practitioners able to work across organisational boundaries.

5.0 Conclusion & Recommendations

5.1 By developing the profile of undergraduate nursing not only will students benefit so will our own staff in feeling valued in their contribution in developing the knowledge and skills of the emerging workforce. The reputation of the Trust as a place to train as a student nurse will be enhanced, and patients will benefit from an increased student nurse presence. Moreover by embracing the notion of “growing your own” within the student cohorts we would build the reputation of KHFT as first choice first destination employer.

5.2 The Trust Board is therefore asked to:

- Note the planned changes to pre-registration education in the Trust