



# Final report of the evaluation of the national nursing and midwifery student Recruitment and Retention Delivery Group and Short Life Working Groups

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A report submitted by **GHK**

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GHK  
Level 2  
67 Clerkenwell Road  
London  
EC1R 5BL  
T +44 (0) 20 7611 1100  
F +44 (0) 20 8368 6960  
[michael.lawrie@ghkint.com](mailto:michael.lawrie@ghkint.com)  
[www.ghkint.com](http://www.ghkint.com)

## Document control

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<b>Job number</b>	J8524
<b>Prepared by</b>	Michael Lawrie
<b>Checked by</b>	Colin Howat
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## Executive summary

### Summary of the research

In 2008, the Scottish Government set aside £5 million (released from a reduction in student numbers) “*To support further improvement in the student learning experience and the recruitment process*”<sup>1</sup> and to reduce the relatively high attrition in pre-registration nursing and midwifery programmes in Scotland. The Recruitment and Retention Delivery Group (RRDG or Delivery Group) was formed to deliver this brief by developing an enhanced understanding and model of student support. Other drivers behind the formation of the RRDG included: the high financial cost of attrition, the fact that the health department, rather than the education department, funds the training, and the requirement that the numbers of trainee nurses and midwives align with labour market need.

GHK was commissioned to evaluate the Delivery Group and the Short Life Working Groups which were linked to it. The study began in February 2011 and aimed to provide a summative assessment of the outcomes and impacts of the RRDG to date, reporting in March 2012. It also contained a formative component which meant GHK sat on the Delivery Group as participant observers, feeding back findings throughout the course of the study, while also observing the RRDG’s methods of working.

The methodology for this evaluation involved extensive consultation with key members of the RRDG and individuals and organisations who have delivered various initiatives. There was an ongoing consultation with external stakeholders from organisations which are closely related to the issue of retention and student support, but had not been directly involved in the RRDG, including interviews with several Executive Nurse Directors. There was also an ongoing document review as new research and documentation became available.

The main fieldwork involved hosting focus groups with students, academic and support staff in Higher Education Institutions (HEIs) and staff in Health Boards (primarily, Practice Education Facilitators, mentors and nurse managers) across Scotland. In total, this involved fieldwork with six Health Boards, eight HEIs, as well as an additional focus group with staff specifically supporting students in community-based placements. In addition, GHK facilitated workshops at a national conference on the issue of student retention and support, and disseminated a survey to attendees which had thirty four responses.

Each fieldwork group approached the issue differently, but broadly speaking we discussed the following topics with each: what the key causes of attrition amongst pre-registration nursing and midwifery students are; whether the sorts of activities that the RRDG has carried out are appropriate solutions to this issue; perceptions on how effectively the RRDG has worked (with particular focus on whether national solutions are appropriate in this area), and how the work should move forward, considering future challenges to be faced.

### Key findings

The Delivery Group has commissioned and directly carried out a wide range of research, evaluations, and initiatives. Key activities have taken place in the following areas:

- developing a more trusted measure of attrition, and a robust dataset which can be used to examine retrospectively the factors which may have caused attrition;
- several initiatives to improve the support provided by HEIs to their students;
- research projects into recruitment and selection processes;
- developing a set of digital resources under the ‘Extraordinary Everyday’ concept which will be the basis of a national approach to marketing. These were based on research into the perceptions that the public and potential applicants hold about nursing and midwifery as careers;
- improving support for mentors and students while on practice placement, including working towards a national approach to practice placement assessments (NAPA), testing new hub and spoke models (and supporting their evaluation), piloting the extension of the Practice Education

<sup>1</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the ‘Facing the Future’ Sub-Group & Working Groups*, p. 24

Facilitator role into the care home sector to enhance placements in these settings, and instituting a national strategic group to review issues around practice placements.

- there have also been associated pieces of work to develop a model for engaging with students in future, and to test new models for the provision of learning disability nursing training.

Five Short Life Working Groups (SLWGs) were responsible for the detailed work in each area. Despite the varied nature of the work, there were several common factors. These were: a commitment to collecting evidence of best practice (through reviews of the academic literature and / or benchmarking exercises of existing practice); identifying existing examples of good practice in Scotland, and providing support, particularly around evaluation; and, developing national approaches to particular policy challenges.

The context in which the Delivery Group was formed changed significantly fairly early on its existence. This was a result of a sharp increase in applications to pre-registration nursing and midwifery programmes, and a reduction in the number of places available. This meant that the challenge changed from one of recruiting sufficient students to selecting the most appropriate applicants. This has impacted upon the areas of work pursued by the Delivery Group. Relative to the strategic intent set out by Scottish Government in 'Facing the Future', there has been a greater focus on building the evidence base around selection procedures, and less of a focus on improving workforce planning to protect mentors' time.

Several key characteristics have defined the way in which the Delivery Group has worked. Of particular importance has been its focus on ensuring joint ownership of all initiatives and activities across both the health and Higher Education sectors (other important organisations, such as the Royal Colleges, have been closely involved as well). The Delivery Group has also had senior level support ensuring it is able to implement the decisions it makes. However there is evidence that the commissioning and management of contractors is a little over-bureaucratic which may limit the number of future bidders for work.

There is evidence (which would not have been available without the Delivery Group) that attrition rates have reduced during each year of the Delivery Group's existence. While attribution of this reduction is complex (just as the reasons for attrition are), it is likely that the Delivery Group has contributed to this reduction. The fieldwork shows that the existence of the RRDG and its national focus on the issue of attrition has led to organisations in the Higher Education and health sectors focussing independently on their own recruitment, selection and support processes. There is also evidence of the broad stakeholder engagement leading to exchanges in good practice, and an improved understanding between the two sectors in question. Moreover, the range of tools, good practice guides and initiatives developed by the Delivery Group have had their own impacts on enhancing the student experience. This is particularly clear of the Care Home Education Facilitator role. Other ambitious projects, such as developing a national approach to marketing the career, and NAPA, are too early in their development to have had their full impact at this stage, although fieldwork with participants from both HEIs and Health Boards suggests these projects are likely to have positive impacts on students and mentors.

The evaluation also examined how the Delivery Group should evolve going forward, recognising that it is at a vital stage of its development having recently begun a wider scale dissemination process. It is clear that many of the achievements so far are likely to be sustained, either through organisations continuing to develop their own approaches to this issue, or by building on the successes achieved to date (such as the much improved links between HEIs and the independent health sector).

Evidence from the fieldwork suggests that the Delivery Group retains a strong mandate for action, in a variety of areas, but particularly in enhancing support for students and mentors in practice placements. As a result of the strong reputation that the Delivery Group has developed through its broad stakeholder engagement, there is also a case for it moving onto new issues related to the training and employment of nurses and midwives. Suggested issues include examining attrition amongst newly qualified practitioners (an increasingly important question given the lack of jobs available in NHS Scotland for such staff), and more formally examining the provision of practice placements in the independent sector and how these can be developed further.

## Recommendations

1. **Consider re-examining the strategic goals of the Delivery Group.** After the completion of this evaluation, the recent dissemination conference, the recent publication of encouraging attrition data and the completion of a number of important pieces of work, it is a relevant point for the Delivery Group to consider reviewing its strategic goals and how it should go forward. There is still work to be done in reducing attrition and enhancing student experience, but there would also be support for an altered or more focused set of goals.
2. **Build on perceived successes.** Any strategy review should focus on how the Delivery Group can build on successes to date. In particular, there is scope to extend the CHEF pilot to improve placements in more independent sector providers and to continue to develop and disseminate the evidence base around selection to key staff in the health and HE sectors.
3. **Develop an evaluation framework to guide future data collection on impact.** Several activities are still at a relatively early stage in their development (for example, the work of the Careers and Image sub-group). The Delivery Group needs to consider how it will collect robust evidence on the impact of these activities and the contribution they are making to an enhanced student experience. Such an evaluation strategy should sit alongside the dissemination strategy that is already in place.
4. **Ensure that the wealth of information gathered by the data group reaches the widest possible audience.** This strand of work is the least well understood, but has huge potential for development. The Delivery Group should focus on publicising what the data enhancement group has achieved to analysts, workforce planners and nursing managers across NHS Scotland. The data provides the effective evidence base for universities to reflect in a much more sophisticated way on what they are doing well and areas for improvement in terms recruitment, selection and support. This requires the data to be effectively analysed, contextualised and presented in an accessible way that a wide cross-section of recipients can use.
5. **Examine new ways of embedding the workforce planning infrastructure in the Delivery Group.** Several of the existing and future challenges being addressed have a workforce planning component (for example, protecting mentors' time better, and ensuring practice placements are accounted for in Health Boards' workforce plans). Moreover, there is scope for the improved data on attrition to be more formally linked to Health Board and Scottish government workforce planning mechanisms. Therefore, more robustly including workforce planning in the Delivery Group should be considered.
6. **Conduct scoping work into feasible options for better supporting mentors.** The Delivery Group should examine the options around improving support for mentors. Potential avenues for investigation include, more robustly accounting for mentoring duties within workforce planning; further exploring options around mentor skills development and updating; and examining ways of saving mentors time to focus on their pedagogical role. This work should be conducted in an open manner with all possible solutions considered. Mentors and students should be consulted as part of this.
7. **Reconsider the role of the Careers and Image sub-group.** After the launch of the Extraordinary Everyday campaign, this sub-group's main role going forward is one of monitoring the impact of this initiative. However the Group's original rationale – to address the low public perception of nursing as a career – has not been targeted by the activities to date. Therefore, a reconsideration of the goals of this Group is timely.
8. **Consider appointing an external peer reviewer of all Delivery Group activities and commissions.** The Delivery Group should examine the feasibility of appointing an individual from a similar professional context (for example a teacher educator) to peer review all work. This would provide a fresh perspective on all activities and processes in place and to be carried out in future.
9. **Investigate streamlining commissioning and project management processes.** While recognising that the Delivery Group activities now sit within NES, all efforts should be made to investigate a more streamlined commissioning process for smaller activities and ensuring that management of contractors is light touch.



# 1 Introduction to the study and methodology

This is the final report for the evaluation of the Recruitment and Retention Delivery Group and the associated Short Life Working Groups (SLWGs)<sup>2</sup>. It draws on a programme of primary research with students, university staff, NHS staff, staff who have managed and delivered the Group's activities, and external stakeholders. The evaluation commenced in February 2011, with fieldwork tasks being completed by March 2012.

## 1.1 Background to the evaluation

The RRDG was established by the Scottish Government in 2008. The Group has sought to develop the understanding of, and practice in, nursing and midwifery recruitment, selection and retention across Scotland through the commissioning of a range of evaluation and enhancement initiatives. Responsibility for this work originally lay with the Scottish Government Health Department, but transferred to NHS Education for Scotland in April 2010. NHS Education for Scotland is a special Health Board which supports NHS services by developing and delivering education and training for those who work in NHS Scotland.

While each strand of the RRDG's work includes a feedback / evaluation strategy, given the inter-related nature of the initiatives, and the broad stakeholder engagement, an overarching evaluation process was commissioned. GHK Consulting has been carrying out this evaluation since February 2011.

A Steering Group, which was chaired by the Deputy Chief Nursing Officer and contained representation from the Delivery Group itself, the Royal College of Nursing and NES, was formed in order to guide the research, take key decisions on research methods, and act as a conduit for reporting back findings to the Delivery Group. The Steering Group has met five times throughout the course of the evaluation.

## 1.2 Key aims of the evaluation

The eight core aims of this evaluation were:

1. To review the identified actions within the Facing the Future Report and compare these against the actions / initiatives supported by the Delivery Group and associated SLWGs.
2. To review the appropriate application of these actions / initiatives to the target population of student nurses and midwives.
3. To consider cross-cutting or inter-related issues / actions between the different SLWGs that might be streamlined or managed more efficiently / effectively.
4. To incorporate findings / feedback from individual work streams and SLWGs' evaluations in reflecting the overall effectiveness of the whole initiative.
5. To consider the breadth and appropriateness of key stakeholder (including student) engagement in the implementation of these initiatives.
6. To ascertain the views/perceptions of key stakeholders in relation to the process and (where possible) outcomes of these initiatives regarding the contribution of the Delivery Group to future recruitment, selection and retention.
7. To explore areas for future development and considerations regarding sustainability.
8. To feed into the Delivery Group, via the Research Steering Group, early indicators of progress or requirements/proposals for action such that the evaluation process supports prospective action/prioritisation.

The last of these aims is worth expanding on. We were briefed that our evaluation was to be formative – and shape the activities being carried out – as well as providing a summative assessment of the RRDG's achievements to date. Therefore, over the course of this evaluation we have produced three short reports which have updated the Steering Group on

<sup>2</sup> A note on the language used in this report: in most cases we will refer to the five sub-groups which sat below the RRDG as the Short Life Working Groups. While we are aware that the names of the SLWGs have been changed as part of the integration into NES, and two of the sub-groups have merged, this naming system provides consistency as well as being the wording used in the specification for this evaluation.

progress in completing the research tasks, as well as presenting findings to date. These findings have then been fed back to the Delivery Group (through the Steering Group).

We were also asked to take up a role of 'participant observers' of the Delivery Group. We have therefore sat in on four Delivery Group meetings, observing the way it works as well as contributing where appropriate from our findings to date. Our observations of these meetings are also a key contributor to this report.

### 1.3 Evaluation methodology

#### 1.3.1 Scoping stage

In order to understand the range of activities which have been carried out within the RRDG and SLWGs framework, we conducted a scoping phase of research which included:

- **Exploratory interviews with all RRDG and SLWG chairs** to understand the scope of the work carried out within each group and the rationale for these activities.
- **Interviews with a selection of the delivery partners** commissioned by the SLWGs to carry out particular activities.
- **Interviews with a selection of external stakeholders** from a selection of key health, education and workforce organisations (including Unison, Royal College of Nurses, Royal College of Midwives, Scottish Funding Council, Supporting Professionalism in Admissions, Skills for Health, Council of Deans of Schools of Health, Scottish Wider Access Programme, and Scotland's Colleges).
- **Document review** involving the review of key RRDG documents, including annual reports, SLWGs' business plans, data on spending and previously commissioned evaluation and research reports. This task has continued throughout the evaluation as further documents have been made available.

Based on these scoping tasks, we submitted an initial progress report to the research Steering Group which set out our finalised fieldwork plan.

#### 1.3.2 Fieldwork stage

We have conducted fieldwork with three key groups: students, Higher Education Institution (HEI) staff and NHS staff. Prior to commencing the fieldwork, we underwent the ethical review procedures for each of the ten Scottish HEIs which offer pre-registration nursing and / or midwifery courses. Each of the universities gave us ethical approval for us to carry out fieldwork with their staff and students. We also submitted a research proposal to the ethics committee at NHS Lothian. We were informed that because we were conducting a 'service evaluation', going through the formal ethics review process would not be necessary. We were able to use this confirmation to conduct fieldwork in Health Boards across Scotland. Following this period of gaining ethical approval, we commenced fieldwork with the three key groups: HEI staff, Health Board staff, and students.

##### *HEI staff*

We conducted focus groups with 36 participants at 5 HEIs across Scotland. These were:

- Edinburgh Napier University;
- Glasgow Caledonian University;
- Robert Gordon University;
- University of Stirling (Highland campus); and
- University of West of Scotland.

In addition, we conducted a telephone interview with a senior individual at the Open University.

Participants at these focus groups were from a broad set of roles: course / programme leaders (from several different branches and stages of the various nursing and midwifery programmes offered in Scotland); lecturers and senior lecturers; recruitment, admissions and selection leads; Pastoral Care Support Advisers (PSA); Practice Education Lecturers;

Practice Education Facilitators (PEFs). A number of participants worked jointly across the HEI and Health Board. Finally, three students attended these focus groups.

#### *Health Board staff*

We conducted focus groups with 38 staff at 6 Health Boards across Scotland. These were:

- NHS Dumfries & Galloway;
- NHS Grampian;
- NHS Greater Glasgow and Clyde;
- NHS Highland;
- NHS Lothian;
- NHS Tayside.

Participants in these focus groups were primarily PEFs and mentors (both from a broad range of clinical backgrounds). Several senior management staff also attended these groups (including a Head of Workforce Planning and Education and a Nurse Director for a Health Board).

#### *Students*

We conducted focus groups with 21 students at 3 HEIs across Scotland<sup>3</sup>. These were:

- Robert Gordon University;
- University of Dundee;
- University of Edinburgh.

There was a gender mix across the focus groups and a cross-section of ages (with the birth year of participants ranging from 1972 to 1993). We spoke to students from each stage of nursing programmes (including those on four year programmes), and spoke to students from each of the main branches of nursing (children, adult, mental health and disability) and midwifery.

All students, health board and HEI staff participated on a confidential basis. We used an information sheet which ensured all participants were aware of the goals of the research. All participants signed a consent form at the beginning of the focus group.

#### *Additional research tasks*

As we progressed through the evaluation, particular issues and priorities emerged which, after discussion with the research steering group, caused us to undertake new or alternative tasks. These are summarised below:

- A focus group with staff primarily focused on the provision of practice placements in non-hospital locations. Given the importance of practice placements in community locations (often in remote and rural areas), we suggested that a focus group with PEFs and mentors who facilitate these sorts of placements would be beneficial to the evaluation. We carried out this focus group in February 2012 and it was attended by 9 PEFs, mentors and team leaders from 4 different Health Boards (NHS Grampian, Highland, Ayrshire and Arran, and Tayside).
- We conducted 5 interviews with Executive Nurse Directors (or individuals in a senior management role) in order to gain a high-level external viewpoint on the work of the Delivery Group.
- Finally, the Delivery Group invited us to be involved in the 'Nursing and Midwifery Student Recruitment, Selection and Retention: Evidence for Best Practice' conference which took place on 2 February 2012. We were asked to lead two of the workshops, which we used to test and disseminate some of our emerging findings. Approximately 45 people attended these workshops from a mixture of professional backgrounds. We also

<sup>3</sup> We had originally intended to carry out a focus group with students at a fourth HEI, however this was cancelled at the last minute, and given timescales for this report, we have been unable to re-arrange.

distributed a short questionnaire looking at issues of awareness, the impact of the RRDG's work and next steps. A total of 34 responses were received.

#### *Ongoing contact*

In addition to the research steering group meetings and our role as participant observer at the RRDG meetings (both of which have taken place on a quarterly basis), we have had regular contact with NES in an Evaluation Review Group, the meetings for which have taken place every 2-3 months by teleconference. These meetings were an opportunity to provide regular updates from both sides.

## 1.4 Key enablers and challenges for the fieldwork

### 1.4.1 Key findings from the recruitment process

We achieved our target number of participants across a broad range of organisations. Moreover, we have had a good mix of roles in attendance at all focus groups. This is a reflection of the interest which people have in the work of the Delivery Group. There are three key steps which have contributed to the achievement of these goals (and should inform future research activities in this area):

- Achieving ethical approval at an early stage: We prioritised this task ensuring resources were available to focus on working with individual ethics committees at each HEI. We also produced a shortened version of our original research proposal which meant ethics committees could rapidly understand our approach and methodology.
- Approaching senior managers as a first step in setting up the fieldwork: Our first approach in setting up focus groups was to email either the Head of School or Executive Nurse Director to ask permission to hold a focus group with their staff. In each case, this individual agreed and having senior buy-in ensured we had good attendance at the focus groups.
- Asking key staff to attend: We provided clear instructions about who we wanted to attend each focus group. In the HEI groups, we specified that we wanted a mix of staff involved in the recruitment, selection and retention activities of students from different branches of nursing and midwifery. In the Health Board groups, we asked PEFs, mentors, and management staff to attend. Therefore, we were able to access a key cohort of staff across Scotland who are working on this issue (the PEFs were particularly important and attended focus groups in both Health Boards and HEIs).

Our success in achieving fieldwork targets is also a result of support from the evaluation Steering Group and the Delivery Group, who were able to secure introductions to key contacts if we did not have their details. However it is also indicative of the interest in the work of the Delivery Group from practitioner staff across Scotland.

### 1.4.2 Challenges in undertaking the focus groups

As noted, in undertaking the fieldwork for this evaluation we aimed to speak to people in a range of HEIs and Health Boards to ensure that our findings reflect the views of organisations across Scotland. This was particularly important given that the RRDG aimed to be national in its scope. However by doing this, we also spoke to many organisations which have had little or no involvement in the RRDG. This means that any impact (and, in some cases, awareness) is low at this stage. In some cases, therefore, fieldwork was conducted in the abstract, with discussions centred on tools and resources which would *potentially* have an impact on attrition, rather than tools and resources which *have had* an impact. In focus groups, GHK facilitators used a schematic diagram outlining the key activities of the RRDG to guide discussions; this allowed those participants who had less direct knowledge of the RRDG's activities to contribute fully. Therefore, this methodological challenge has not prevented us from achieving any of the goals of the evaluation, as outlined in section 1.2.

## 1.5 Structure of the report

The remainder of this report is as follows:

- Chapter 2 presents the context for the work of the Delivery Group, including a discussion of its rationale, a review of the activities conducted and how these match the 'Facing the Future' strategy which set the context for the Delivery Group.
- Chapter 3 presents our findings on how the Delivery Group and SLWGs have worked in practice, including stakeholder engagement, commissioning and the management of contractors.
- Chapter 4 presents the analysis of our findings on the main outcomes and impacts that the Delivery Group has achieved to date.
- Chapter 5 presents our findings on how the main activities of the Delivery Group are likely to be sustained, and analysis of our findings on areas of future activity for the Group.
- Chapter 6 presents our conclusions based on the evidence against the main research questions, and some recommendations.

## 2 Context and background

This chapter outlines the rationale for the Delivery Group and the SLWGs and how this has changed since its inception. It reviews the main activities that have been carried out and the funding for these and analyses how these activities compare to the initial goals of the work.

### 2.1 Rationale for the Delivery Group

The establishment of the Recruitment and Retention Delivery Group in 2008 was the culmination of several years of development work in the area of recruitment and retention of nursing and midwifery pre-registration students. In 2001, the issue was raised in 'Facing the Future' which contextualised the retention of pre-registration nurses and midwives alongside the development of a more robust career framework for Scottish nursing and midwives.<sup>4</sup>

In 2005, four sub-groups were formed to take forward several aspects of this work, including one group focused on the issue of Student Recruitment and Retention<sup>5</sup>. This group was operating in a context of increasing attrition in the sector within Scotland. While it was acknowledged that:

*"There will always be some attrition from educational programmes and also variation between institutions... the concern about nursing and midwifery attrition is to some extent based upon the key differences between the arrangements for commissioning education for nursing and midwifery students and those for other students; firstly, that the funding for nursing and midwifery students comes from the Scottish Government's Health budget. Secondly, that the NHS explicitly commissions the number of nursing and midwifery students using mechanisms calculated to meet the healthcare sector's workforce requirements for the future."*

A key report on Scottish Government spending framed the issue very clearly: "Trainee attrition rates are currently 28%, against the average of 22% for all medical training in Scotland and 17% for nursing trainees in Wales." It recommended that: "By focusing on reduced attrition (down to 15%) and better post-graduation retention, and reducing demand for new graduate nurses to 2,000 each year, annual savings of up to £26m could be achieved."<sup>6</sup>

The Cabinet Secretary set aside £5 million (released by the reduction in intakes to student programmes) which would be: "To support further improvement in the student learning experience and the recruitment process"<sup>7</sup>. The RRDG was formed with a joint NHS and HEI chair and broad stakeholder engagement. It was charged with delivering the following recommendations of SGHD Student Recruitment and Retention Report:

- **Marketing strategies:** To put in place ways of providing potential candidates with a more realistic understanding of practice; and to adopt a centralised, cohesive and realistic approach to the marketing of nursing and midwifery careers, involving partners in the process.
- To strengthen the evidence base around **recruitment and selection processes** several activities should be commissioned:
  - a systematic literature review in the area;
  - looking at other professional areas such as the police service and social work, which could inform best practice;

<sup>4</sup> Scottish Executive (2001), *Facing the Future*

<sup>5</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the 'Facing the Future' Sub-Group & Working Groups*

<sup>6</sup> Scottish Executive (2006), *Choices for a Purpose: review of Scottish Executive Budgets*, p. 77

<sup>7</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the 'Facing the Future' Sub-Group & Working Groups*, p. 24

- bringing together practitioners who have a responsibility for recruitment and selection in nursing and midwifery to share good practice (and to develop an electronic library of resources to allow information to be shared).
- In the area of **retention**, several activities were to be carried out. Firstly, to develop consistent approaches across HEIs to the collation of data relating to attrition. This will allow an evidence-based policy response (also using CATCH – now UCAS – data to inform this). Second, to explore the options around tracking students that leave early in a programme to see whether they progress to a health sector job. Third, to explore the possibility of developing a pastoral support role.
- In the area of **mentoring / practice learning**, a number of goals were set. Firstly, to develop a range of strategies aimed at enhancing mentorship and practice learning activities through the production of a good practice guide that addresses the quality of mentoring activities. Second, to develop a small number of focused projects on several areas which might enhance the student experience of practice placements. Third, to support the implementation of the national approach to mentor preparation; and finally, to incorporate mentorship and practice learning as part of workforce planning activities in order that mentors' preparation time is protected (as well as there being extra time for supporting students with specific needs).

These goals set a clear initial agenda for the RRDG, which was created “to oversee the achievement of these objectives”<sup>8</sup>.

## 2.2 Factors which have altered the context throughout the lifetime of the RRDG

The context in which the RRDG operates has changed significantly over the period of its existence (something which is well documented in the RRDG's annual reports). Before we outline the activities which have been carried out and consider their relationship to the goals set out in 'Facing the Future', it is necessary to understand this changing context. Two trends have been particularly influential:

- The **number of applicants** to Scottish pre-registration nursing and midwifery programmes has fluctuated throughout the Delivery Group's existence. When the Delivery Group was created, CATCH (the previous application route) and HEIs reported a significant downturn in applications. At this point, therefore, the challenge facing the Delivery Group was one of working to achieve sufficient recruitment. However since then, there has been a significant increase in applications. The Delivery Group has documented that this increase has likely two causes:
  - *The transition from the CATCH method of application to UCAS:* As a result of this, applicants to nursing and midwifery programmes had to choose several different courses / institutions. It is thought that has been a key driver in the increase in applications that HEIs have seen.
  - *The widespread economic downturn is also thought to have influenced the number of applicants to these programmes:* A weaker job market in the private sector may have encouraged people to consider careers which are thought to have more security, such as nursing and midwifery.
- **Student numbers** are set by the Cabinet Secretary for Health and Wellbeing on an annual basis. This calculation is informed by workforce projections, policy objectives, and retention rates. The number of commissioned places was reduced from over 3,000 per year in 2010-11 to 2,700 per year in 2011-12. A further reduction down to 2,430 places has been confirmed for 2012-13 academic year (a total reduction of more than 19% in the space of two years).

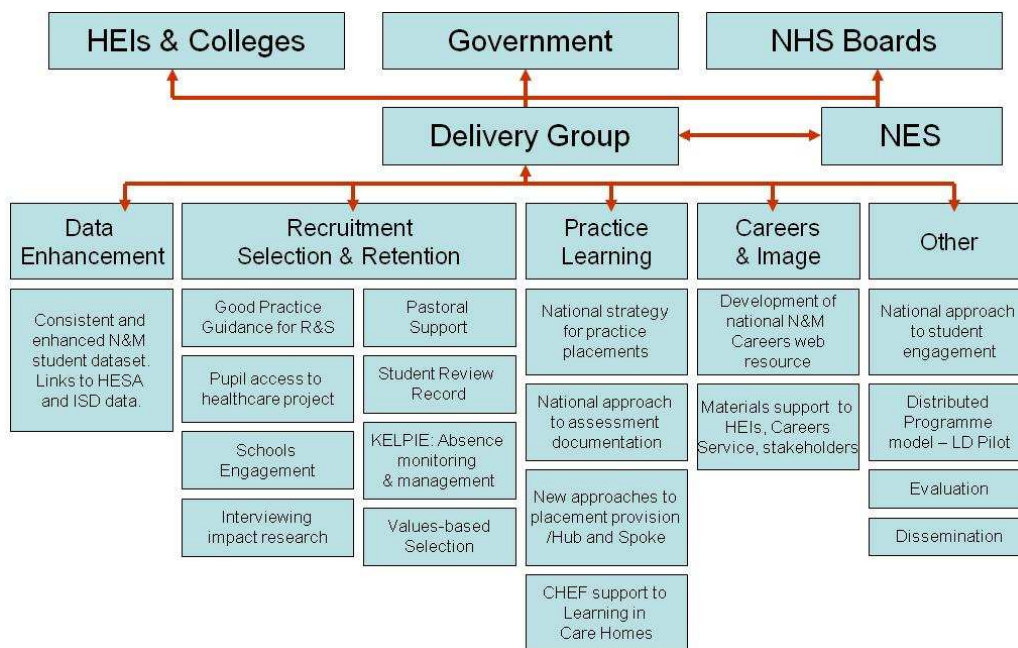
The changing context was described by one admissions tutor: “Nursing and midwifery education is now very much a buyer's market, because the applications have gone up but the available spaces have gone down.” This change in context is likely to have impacted on the sorts of activities carried out by the Delivery Group.

<sup>8</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the 'Facing the Future' Sub-Group & Working Groups*, p. 24

## 2.3 Structure of the RRDG and its main activities

Figure 2.1 outlines the structure that was adopted for the RRDG and its constituent SLWGs. Below we outline the main aims and activities which have been carried out by each SLWG.

Figure 2.1 Structure of the RRDG and its main activities



### 2.3.1 Data enhancement

The Data enhancement sub-group had two main aims:

- To support the collection, analysis and dissemination of consistent national nursing and midwifery student progression data to enhance understanding of retention factors, attrition risk identification and the effectiveness of retention support activity;
- To support student tracking into employment.

This work stream began with a literature review which aimed to gather information on what is known about the sorts of data which can best inform thinking on attrition. Based on this, the SLWG conducted a scoping exercise with a small number of HEIs in which they examined how easy it would be to collect the sorts of data which were highlighted in the literature review. Much of the data that was highlighted as being useful is already held by the Higher Education Statistics Agency (HESA). HEIs are required to submit data to HESA on all students in areas such as the subject of study chosen, entry qualifications and student characteristics. These data complemented the information which is collected by NES for submission to the Information Services Division (ISD) of the Scottish Government Health Department (SGHD) on nursing and midwifery students. These data provide an accurate and consistent record for each student, for cohorts of students on specific programmes and for particular Schools of Nursing and Midwifery<sup>9</sup>.

The Data Enhancement SLWG's main activities, therefore, have been to bring these two data sources together in order to provide a powerful retrospective dataset, and a protocol for future data collection and analysis.

<sup>9</sup> NES (2011), *Collecting, collating, analysing and reporting Nursing & Midwifery student attrition data*, p.2



### 2.3.2 Recruitment, selection and retention

The two SLWGs covering 'Recruitment and Selection' and 'Retention' were merged during 2010-11 due to increasing alignment in their activities. The former group had a broad set of aims which included trying to develop consistent approaches to recruitment and selection based on the best available evidence. The latter group aimed to understand the challenges students face while undertaking pre-registration nursing and midwifery training, and support the development of a set of tools which would improve the support available to students.

The recruitment and selection SLWG has supported the following activities:

- **Good practice guidance for recruitment, selection and retention**<sup>10</sup>: This document is based on a literature review which looked at the evidence for best practice in recruitment and selection methods. The research looked at practice across the UK and in some countries abroad. The main finding was that there was little evidence for what works (*"lots of very good ideas, but all under-evaluated"*). As a result, the emphasis shifted to benchmarking activity in this area across Scotland, which included a detailed survey of practice. Combined with the literature review, this formed the good practice guidance to be used by Schools of Nursing and Midwifery in designing their recruitment, selection and retention processes. A decision was taken that this document should be kept as a 'live' resource which would be regularly updated as new evidence and activity becomes available.
- **Inspiring Future Nurses**: The University of Dundee developed a programme of engagement with schools which aimed to *"expose schoolchildren to what nursing and midwifery is actually about"*. Activities fall into three categories: workshops delivered in schools; events delivered centrally at university or healthcare settings; and, other interventions delivered online, including web-chats<sup>11</sup>.
- **Pupil placement project**: Supported by the Delivery Group, NHS Lothian<sup>12</sup> and NHS Tayside<sup>13</sup> have produced good practice guides into the provision of work experience placements in healthcare settings.
- **Interviewing impact research**: This on-going research is being carried out by a team from Robert Gordon University. It is examining face-to-face interviewing techniques, and other selection processes with a view to understanding how reliable and valid they are as methods of selection. The research will be completed by September 2012.
- **Local structured evaluations of recruitment, selection and retention initiatives**: The Delivery Group provided resources for two HEIs (Robert Gordon and Glasgow Caledonian universities) to conduct research into the impact of their own recruitment, selection and retention initiatives. Each HEI took different approaches (and will report in March 2012):
  - Robert Gordon University focused on the processes used in the on-site selection visit, and their relationship to subsequent student progression and retention.
  - Glasgow Caledonian University focused on qualitative research with first year student nurses and midwives to explore experiences and perceptions of recruitment and selection initiatives, student support, the sense of belonging and the impact of these on retention.

The retention SLWG supported the following activities:

- **The Pastoral Care Support Adviser (PSA) pilot**: The Delivery Group has supported this initiative in three HEIs (Robert Gordon, Edinburgh Napier and Glasgow Caledonian Universities) during the academic years 2010-11 and 2011-12. The role aims to improve

<sup>10</sup> SGHD and NES (2010), *Good practice in recruitment, selection and retention of pre-registration nursing and midwifery students*. This document was commissioned jointly by the recruitment and selection and the retention SLWG.

<sup>11</sup> NES (2011), *Inspiring Future Nurses Toolkit*

<sup>12</sup> NHS Lothian (2011), *Enabling work experience in the NHS*

<sup>13</sup> NHS Tayside (2011), *Enabling work experience in the NHS*

the pastoral support available to nursing and midwifery students. While each HEI has taken a slightly different approach, there are a number of common factors. The PSA offers a one-to-one support service, which includes proactive outreach to improve the profile of the role as well as developing specific interventions to address identified needs. Each HEI has been involved in evaluating the role and sharing key themes with the Delivery Group.

- **Student review record (SRR):** The RRDG has supported the evaluation of this initiative in three Scottish Schools of Nursing and Midwifery. The SRR was developed at the School of Nursing and Midwifery at Robert Gordon University during 2009 and aimed to support the School to identify students at risk of dropping out. It was felt that: *“A Review Record that was student held (and ideally student led) could offer a useful, and novel, approach”*<sup>14</sup>. It required students to fill in the Record prior to their meetings with personal tutors asking them about their progress in certain areas (all of which are associated – and evidenced – as reasons for students leaving nursing and midwifery programmes) including, clinical performance, attendance and other issues influencing progress (such as health or finances). The tool uses a traffic light coding system to allow students to highlight areas where there are issues or positive outcomes to report. The SRR was therefore used as a key resource by both students and personal tutors. This initiative was evaluated in order that the learning could influence its implementation in other areas, as well as to understand its impact on students’ and personal tutors’ awareness of at-risk behaviours<sup>15</sup>.
- **Kelpie absence monitoring and management:** The development and implementation of the Kelpie tool in three pilot sites (Glasgow Caledonian, Edinburgh Napier, and Robert Gordon Universities) has been supported by the Delivery Group. Kelpie was developed by the School of Engineering at Glasgow Caledonian University and is based on the idea that monitoring attendance is a key method of identifying people who are at risk of leaving the course. Students’ attendance is monitored closely and based on this they are sent letters of different colours. A pink letter indicates that there is a problem and outlines potential next steps and actions which can be taken to address any issues. An amber letter is sent if the student misses a few classes and serves as notice that attendance should improve. Finally, a green letter is sent if a student is attending most classes. This serves to reinforce the positive behaviour that is being exhibited. Based on the more robust information held about attendance levels, institutions should be able to put support mechanisms in place for at-risk students. The Delivery Group is supporting an evaluation of this initiative across the three sites.
- **Identifying and improving support strategies for leave of absence students:** This research project linked to two of the key recommendations outlined in ‘Facing the Future’ (ensuring HEIs develop strategies for keeping in touch with students taking time out from their studies and, how they could best put in place support strategies for students<sup>16</sup>). The research sought to identify best practice in this area with a longer term view to develop a national approach to managing support for leave-of-absence students.

### 2.3.3 Practice learning

Pre-registration nursing and midwifery spend approximately 50% of their training in practice placements. This SLWG aimed to address particular challenges faced by healthcare providers who offer practice placements. The main activities which have been supported are as follows:

<sup>14</sup> Mackenzie, J et al (2011), *An evaluation of the introduction of the Robert Gordon University Student Review Record in three Scottish Schools of Nursing and Midwifery*

<sup>15</sup> Mackenzie, J et al (2011), *An evaluation of the introduction of the Robert Gordon University Student Review Record in three Scottish Schools of Nursing and Midwifery*

<sup>16</sup> Paterson, B and Murray, I (2010), *Identifying and Improving Support Strategies for Leave of Absence Students: Stage 1*

- **The piloting of the Care Home Education Facilitator role (CHEF) across Scotland:** Informed by the findings of three nationally funded projects<sup>17</sup>, this new role involved the extension of the Practice Education Facilitator (PEF) role into care homes across Scotland. The Delivery Group has funded a pilot of 14 FTE CHEFs (19 individuals) in this role, initially for two years. The aim of this piece of work has been to enhance the quality of placements in care homes, contribute to collaborative working between care homes, the NHS and HEIs, and to maximise the contribution that care homes make to the development of the future nursing workforce.
- **Supporting the implementation and evaluation of projects which trial new and innovative approaches to practice placements (hub and spoke models of practice placement):** Three such projects have been supported, each of which has taken a different approach with a different target group, thereby maximising the breadth of learning which has been achieved through this project. Each project has followed a 'hub and spoke' model. The hub is thought of as the centre of a student's practice placement experience. This is typically where the student's main mentor is situated. The spokes are smaller placements which often provide a complementary learning experience to the central 'hub' placement (often following a patient journey). The three models supported by the RRDG were as follows:

  - Edinburgh Napier University and NHS Lothian: This project provided hub and spoke placements in child and adult mental health services to final year students.
  - Robert Gordon University (RGU), NHS Grampian, NHS Shetland and NHS Orkney: RGU offered a hub and spoke placement model to its mental health nursing students. Students retained the same central mentor throughout their training, attending shorter 'spoke' placements in areas which are complementary to the hub.
  - University of Stirling, NHS Forth Valley, NHS Highland and NHS Western Isles: This model was offered to 46 first year students in three diverse locations. These projects were evaluated, with findings being fed back to the Delivery Group.
- **Developing a common approach to documenting practice placement assessment:** Findings from a major study into pre-registration nursing and midwifery curricula development included: "*Consideration should be given to establishing a common approach across the HEIs to meeting the NMC standards of proficiency for pre-registration nursing and midwifery in the practice assessment documents*"<sup>18</sup>. The Practice Placement SLWG has taken on this piece of work using a 'strengths-based approach' to review the current methods being used by universities when documenting assessment of practice in pre-registration nursing programmes in Scotland. Based on this, a set of core components for a practice assessment process were agreed<sup>19</sup>. This work is seen as a first step towards having uniform assessment documentation across Scotland. Work in this area will continue throughout 2012.
- In delivering this project, the SLWG also noted that there were knowledge gaps in two key areas: service user and carer involvement in practice assessment, and supporting students with disabilities with assessment of professional practice.
- To establish a **national strategic group to consider issues relating to practice placements:** It was felt that, given the importance of practice placements to the overall education of nursing and midwifery students, a national group of senior stakeholders should be convened to discuss all issues relating to this aspect of the course. The main product of the National Strategic Group to date is a set of principles which should inform all practice placements.

<sup>17</sup> Lauder W et al (2008) *Nursing and Midwifery in Scotland: Being Fit for Practice. The Report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project*; NHS Education for Scotland (2008) *Nursing and Midwifery in Scotland: being fit for practice*; Carlisle C et al (2008) *Evaluation of the Practice Education Facilitator Project*

<sup>18</sup> Lauder, W et al (2008), *Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project*, p. 198

<sup>19</sup> NES (2011), *Developing a national approach to practice placement assessment documentation for the pre-registration nursing programmes in Scotland*

Given the scale of the activities carried out by this SLWG, a project manager was hired to focus on delivery of these activities.

#### 2.3.4 Careers and image

This SLWG aimed to modernise the image of nursing and midwifery as a career choice. It also aimed to ensure that candidates have a realistic idea about what the training and career will be like.

There have been two key activities carried out by this Group. Firstly, it has commissioned research into how the general public, as well as people who are considering becoming a nurse or midwife, perceive them as careers. Based on the findings of this research, the SLWG has led the development of the 'Extraordinary Everyday' concept, which will inform the future marketing strategy for the profession. The SLWG has also developed a set of electronic resources that HEIs can use for their own marketing purposes, within nationally-set guidelines. These resources have been quality assured by the sub-group and link to the Extraordinary Everyday campaign. This SLWG has been significantly affected by the changes in context described in section 2.2. The Group originally intended to develop a national public facing campaign to alter public perceptions of nursing and midwifery careers. However given that the number of applications to pre-registration nursing and midwifery courses rose sharply, it was not felt that a broadly-targeted recruitment campaign would be a sensible use of resources at a time of public sector cuts. Instead, the 'Extraordinary Everyday' campaign is targeted at those who have already taken a first step to becoming a nurse by searching for information about the profession on the internet. The campaign was launched in February 2012 and, as a result, its impacts are not likely to be clear until later in 2012.

#### 2.3.5 Other activities

The Delivery Group has also carried out a number of activities which do not fit with a particular SLWG and have reported directly to the Delivery Group. These activities are outlined below:

- **Student Engagement:** The Delivery Group funded a piece of work which sought to develop a comprehensive process for engaging with students. The work was designed to inform the involvement of students in the Delivery Group's work, as well as future policy development activities. The aims of the work were: to capture the views of nursing and midwifery students on the key issues covered by the short life working groups; to establish a network of contacts throughout HEIs and other key groups across Scotland focused on engagement with the student body; to establish and support structured communication and discussion mechanisms to capture students' views on key issues of importance to their studies and future professional development; for the work to be sustained beyond the lifetime of the project; and to ensure the project acts as an exemplar of partnership working between educational institutions and students<sup>20</sup>. One of the key outputs from this piece of work is a model for student engagement which the Delivery Group can use in future policy development activities.
- **Learning disability distributed model:** The Delivery Group also supported a project looking at the future training of learning disability nurses. There are several contextual issues facing the learning disability workforce (among them, an increase in the number of service users with a disability; a wave of retirement to occur in 5–10 years time which, in a relatively small workforce, could impact upon delivery of services; and, policy changes affecting the delivery of learning disability care). As a result of these challenges, it was decided that a review of the training of learning disabilities nursing was required. There are currently two HEIs which offer training for learning disability nursing, both of which are in the central belt. A 'pilot disseminated model' has been supported which offers a new way of delivering this sort of training through the University

<sup>20</sup> Article 13 for NES (2011), *The Development and Progression of a National Comprehensive Student Engagement Process/Model to Contribute to Recruitment and Retention Delivery Group Workstreams and Inform Future National Work*

of Stirling’s Highland campus in Inverness. Other models are being discussed based on the findings of the original pilot.

2.3.6 Common approaches across the SLWGs

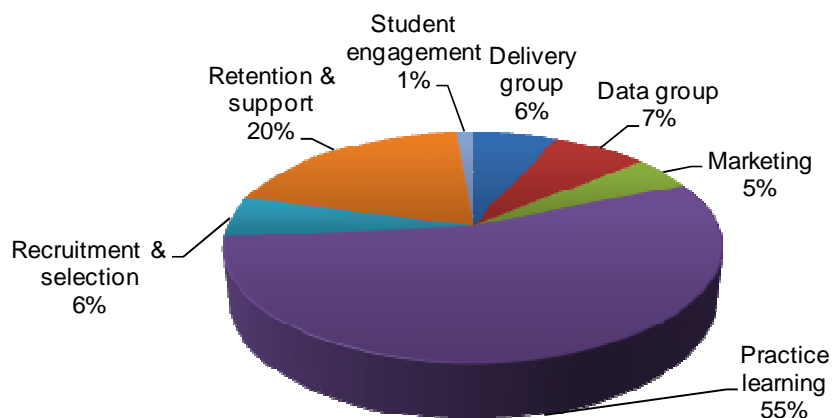
While each SLWG has been working on very different issues and in different ways, there are a number of common approaches to all of the Groups’ activities:

- **Basing policy responses on a sound evidence base:** Reviewing the documentation and budgets of each Short Life Working Group, as well as interviews with key delivery staff, indicates that there has been a strong focus on gathering evidence of what is already known about an issue before designing the response. Several literature reviews were commissioned which then informed the business plans of the SLWGs.
- **Benchmarking existing practice:** Alongside understanding the existing evidence base, benchmarking exercises have also been undertaken. This has allowed the various SLWGs to systematically map existing practice in a number of areas (e.g. in the data that is collected by different HEIs).
- **Identifying and supporting existing good practice:** There are several examples where Groups have identified examples of good practice, or a successful initiative taking place at the institutional level, and then used Delivery Group funding to further support the initiative or to pilot it in other locations.
- **Evaluation of initiatives:** Linked to the point above, the Delivery Group and the SLWGs have illustrated a firm commitment to evaluating initiatives which are already taking place. As an example, the hub and spoke models were already used in several locations; however RRDG funding has been used to put in place robust evaluations in order to ensure that as much learning as possible is gained from the work.
- **Developing national approaches to issues:** Several of the activities have sought to standardise practice across Scotland based on the best available examples. This is in common with a number of other recent initiatives in nursing and midwifery education, such as the introduction of the PEF role, the Flying Start initiative and the National Approach to Mentorship Preparation.

2.4 Delivery Group funding

The Delivery Group was originally provided with £5 million of funding to carry out these activities. The distribution of this funding to date is illustrated in Figure 2.2.

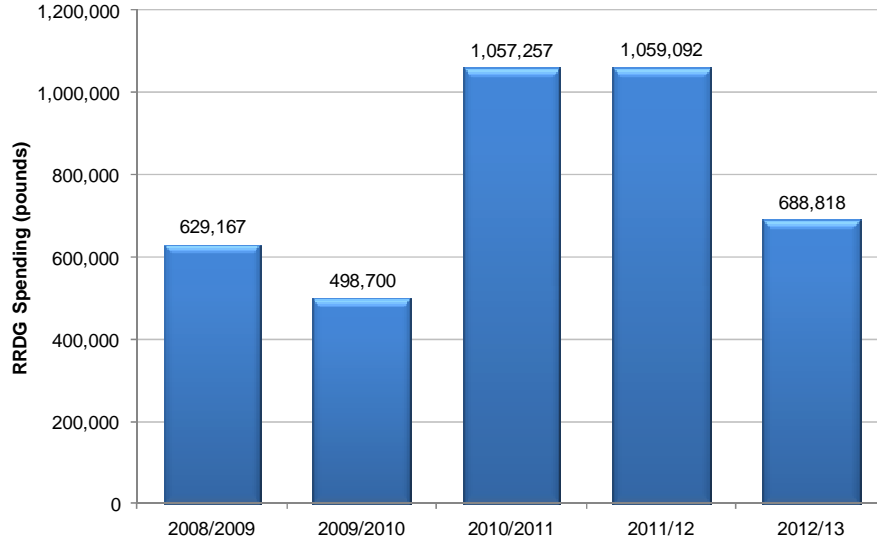
Figure 2.2 Distribution of the RRDG’s funding



The total spending of the Delivery Group and the SLWG to date is around £3.94 million. The practice learning SLWG has had the highest funding (£2.14 million) while the Marketing group (now called the Careers and Image sub-group) has had the least (about £186,000).

As illustrated in Figure 2.3, the Delivery Group spent nearly half of its resources in years 2010-11 and 2011-12. There are still resources remaining, which are earmarked for activities in 2012-13.

Figure 2.3 RRDG spending per financial year



## 2.5 Reflections on the scope of activities to date

Having reviewed all key documentation produced under the auspices of the Delivery Group, as well as interviewed key staff who have been involved in the Delivery Group and SLWGs, it is clear that there are gaps between the goals set out in 'Facing the Future' (see section 2.1) and what has been carried out since 2008. For example, the following areas were set out in 'Facing the Future' but have not been followed through:

- Strengthening the evidence base for recruitment and retention by identifying approaches to training used by other professions (such as the police or social work).
- Developing an e-library shared space facility which is used as a means for ongoing communication between practitioners who have responsibility for recruitment.
- Developing procedures for tracking students who leave early, thereby allowing analysis of whether they enter the health sector's workforce.
- Producing and disseminating a good practice guide that addresses the quality of mentoring activities.
- Including mentorship and practice learning in workforce analysis and planning activities. This will ensure that time is protected for the preparation and updating of mentors, as well as additional mentoring time where there are specific student support needs.

Many of these apparent gaps are a result of the Delivery Group being granted flexibility and autonomy in its work. Moreover the significant change to the context in which the Delivery Group is operating over the period of its existence also partially explains many of these gaps. In particular:

- There has been a greater focus on activities relating to selection (for example, the commissioning of research into interviewing) than was originally intended. This is a reflection of the higher number of applicants to pre-registration nursing and midwifery courses.
- The scale of the projects in the marketing group has been reduced in recognition of the fact that there is no longer a shortage of applicants. The focus is of the new campaign is on attracting the right sort of candidates.

Therefore, as priorities have changed, there is evidence that resources (both financial and human) have not been allocated to some of the other objectives set out in 'Facing the Future'.

## 2.6 Summary of the chapter

- The Recruitment and Retention Delivery Group and the Short Life Working Groups were established in order to address the high attrition rates on Scottish pre-registration nursing and midwifery programmes.
- Other key drivers include that nursing and midwifery students were funded from the health and wellbeing budget, which led to a greater need for money to be used efficiently, and that the throughput of nursing and midwifery students is closely related to the future workforce.
- From an early stage, it was decided to follow an 'enhancement model' which emphasised improving the student experience as a means of reducing attrition.
- The Delivery Group was established in a period in which there were relatively low applications and high numbers of places for nursing and midwifery programmes. In the last three years applications have increased significantly (primarily a result of a new application method, but also possibly linked to the economic downturn). Simultaneously, over three years, the number of places available has reduced by nearly 20%. Therefore, there has been a shift from a surplus to a scarcity of supply.
- 'Facing the Future' set out the context for the RRDG, as well as an agenda of activities to be undertaken in the area of marketing, improved support activities, improved support on practice placements (particularly in the area of mentor support), and improving the evidence base around recruitment and selection.
- The Delivery Group has met many of these goals, and in some cases, gone further. However there are also a couple of areas which have not been addressed, in particular, improving support for mentors (particularly around ensuring they have protected time).
- Many of the gaps between the strategic goals set out for the Delivery Group in 'Facing the Future' and the activities it has actually carried out are explained by the change in context in which the RRDG operates.

### 3 Implementation of the RRDG / SLWG approach and their activities

This chapter outlines our findings on the approach taken by the Delivery Group and the SLWGs. It draws on stakeholder consultations conducted throughout the evaluation, fieldwork with staff in HEIs and Health Boards, as well as observations made through GHK's role as participant observers of the Delivery Group.

#### 3.1 Factors which have characterised the governance of the RRDG

This section outlines a number of enabling factors which have contributed to the effective governance of the Delivery Group and SLWGs.

##### 3.1.1 High level commitment to the Delivery Group

The Delivery Group has had high-level political support from its inception. The Cabinet Secretary for Health, Wellbeing and Cities Strategy in the Scottish Government was important in initiating the work, providing it with funding (released as a result of a reduction in student numbers) and flexibility to explore the issue. This support continues and was highlighted at the dissemination conference in February 2012.

Having representation from the Chief Nursing Officer's office has provided the Delivery Group with links to the Government department and ensures proposals, such as the extension of the CHEF pilot, are acted upon quickly.

##### 3.1.2 Key project management staff giving projects impetus

Another feature of the Delivery Group's process of implementation has been that there has been a small number key staff engaged in working on various aspects of this project on a full (or near full) time basis. This has had three key impacts on implementation:

- These individuals have been able to devote time and resources to resolving difficulties, which has given the Delivery Group impetus and ensured there is a constant stream of activity / achievements to report.
- They are engaged in several of the strands of work, and this has contributed to the work being joined up. This knowledge has allowed the links between projects as disparate as the student engagement work and the national approach to practice placement assessment to sit comfortably within one body of work.
- Using Delivery Group resources to employ individuals has also allowed them to develop expert knowledge in particular areas and networks of key contacts (for example, with the Executive Nurse Directors committee). These networks have contributed to informal dissemination as well as ensuring broad support for the Delivery Group's work.

Stakeholders also thought that these key management staff had: *"Really driven things forward... [they were] very productive ... [and] took on a lot of responsibility."*

##### 3.1.3 The Delivery Group as the key decision making body, with detailed management tasks taking place at the sub-group level

In order that the RRDG operates efficiently and is able to cover the breadth of material needed, the detailed work on specific commissions / activities takes place in the Short Life Working Group meetings. The Delivery Group meetings take decisions based on short papers and recommendations submitted by the individual SLWG Chairs.

Allowing SLWGs influence over particular areas has allowed specialist skills and knowledge to develop. An example is the data enhancement group, which has gone through a long period of negotiation with various agencies in order to access their data, a process which could only have taken place in a smaller expert group who understood the specific context of the issues.



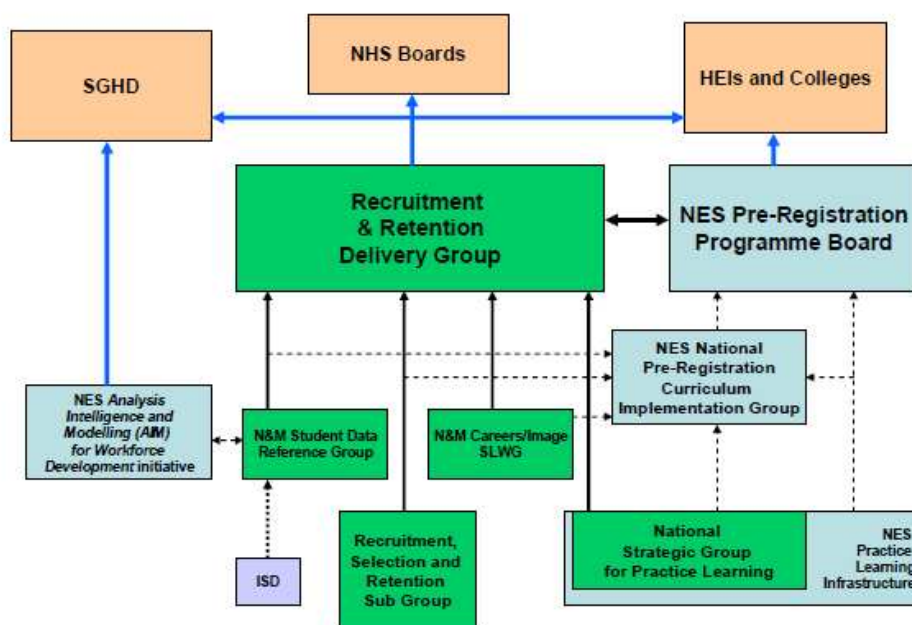
### 3.1.4 Creating a joint response

Ensuring the response has joint ownership has been a key objective from inception, as outlined in 'Facing the Future'<sup>21</sup>. The Delivery Group has achieved this with involvement from both HEI and NHS stakeholders throughout. This extends from the joint-chairing of the Delivery Group (by an Acting Dean of a Health Faculty and Executive Nurse Director) to mixed membership and chairing of key sub-groups.

Stakeholders noted the extent of engagement which has been achieved: "It [the Delivery Group] has pulled together a collective response" and "It's been an effective forum for partnership". It was also noted by a senior stakeholder in a Health Board that the Delivery Group has led to an increase in the influence that colleagues from the NHS have in developing policy around recruitment and selection. Prior to the Delivery Group's inception, decision making in this area was thought to have been led by HEIs.

Other key groups are closely involved in decision making; for example, the Royal Colleges and a trade union sit on the Delivery Group, and experts from NES and Scottish Government are involved throughout the structure. All key groups are able to voice opinion and contribute to all decisions taken by the Delivery Group.

Figure 3.4 Governance relationships and reporting between the Recruitment and Retention Delivery Group / sub-groups and NES infrastructure<sup>22</sup>



As illustrated in Figure 3.4, the Delivery Group is well networked with external organisations. For example, links with the Information Services Division Scotland have enabled the activities of the Data Enhancement Group to take place, providing analytical expertise and resources. While the NES Analysis Intelligence and Monitoring (AIM) for Workforce Development initiative links to the Data Group, it is not clear how this organisation has been integrated into the work. A couple of senior stakeholders noted that workforce planning is a potential gap in the coverage of the RRDG (alongside substantial discussions in the Health Board focus groups about the nursing and midwifery graduate job market at present and in future). Embedding a workforce planning / modelling function more closely in the Delivery Group was viewed as sensible ("The key issue that is missing from the work has been that of

<sup>21</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the 'Facing the Future' Sub-Group & Working Groups*, p. 24

<sup>22</sup> Diagram taken from NES (2011), *Nursing and Midwifery Student Recruitment and Retention Delivery Group: Annual Report 2010 – 11*

*workforce planning*). Interviewees noted a number of organisations that have not been extensively involved and may have more to contribute, including: Skills for Health, UK Council of Deans of Schools of Health, and Supporting Professionalism in Admissions (SPA).

### 3.1.5 Embedding the Delivery Group into NES

Participants across all fieldwork tasks were broadly supportive of the move to embed the Delivery Group into NES; as one participant noted, *“We [Scotland] are lucky to have NES”*. It is viewed as a body which is able to draw together the NHS field and the education / training providers very effectively to create responses which are owned by both. It also has *“sufficient independence from both and the Scottish Government”*.

## 3.2 Commissioning and contractor management

This section outlines findings on the commissioning processes used by the Delivery Group (both before and after its move to integrate with NES), and the processes which have been used in managing contractors.

### 3.2.1 Commissioning and monitoring of contractors

Effective commissioning protocols are vital in the implementation of any project. Our fieldwork indicates that there was a fairly ‘light touch’ commissioning process in the early phase of work (when the RRDG was hosted by Scottish Government). As voiced by one HEI focus group participant: *“There would have been a worry about the governance of it [the RRDG] at an early stage about ‘how are these decisions being made?’”* This, it was suggested, *“may have been a driver for the move to NES”*.

Since the move, the commissioning process has become far more rigorous: *“[There is] micromanagement, which is a marked difference to what you started with”*. The potential consequence of increased commissioning and monitoring requirements were outlined by one previous bidder: *“I’ve certainly thought ‘would I [bid] again’ because there’s such a tight monitoring and you almost spend more time collating reports than doing the project work”*. HEI participants noted that there is a lot of teleconferencing and catch up meetings which: *“Seems a bit out of proportion for the amount of money we’ve actually got”*. It was noted that accountability in decision making in the awarding of contracts was paramount; yet so is ensuring that tendering processes are streamlined and that monitoring is light touch. Participants felt that there is a middle ground to be reached.

### 3.2.2 Avoiding ‘audit fatigue’

As has been noted, a key theme underpinning Delivery Group activity has been to identify where good practice is already taking place and to support it. As a result, activity has been centred on a small number of institutions. This, in itself, is not a negative outcome; the Delivery Group and the SLWGs have sought to commission those best-placed to deliver, and some organisations have more experience and expertise in this area than others. However, focus group participants also noted that there was a chance of *“audit fatigue”* in particular institutions. Given that most initiatives had substantial evaluation requirements, they were worried about asking students for feedback on too many different issues: *“When you want actually want to evaluate something you see as important, they are not interested in providing the feedback”*.

There was also frustration voiced by a couple of focus group participants that they had to trial particular tools and therefore iron out many of the early problems. In one case, a HEI described how they had trialled a key Delivery Group product which they had been interested in for some time. Their experience was poor and the product was never embedded in their systems. As a result, they are unlikely to use it in the future. They felt that if they had tried to implement the tool after many of the initial issues had been resolved, the tool may now be embedded in their processes.

### 3.3 Reflections on taking a national approach to the response

We also examined the question of whether a 'whole systems' or national approach was suitable for the issues being examined by the Delivery Group. This was defined as an underlying principle of the Delivery Group from an early stage (alongside other national strategies and initiatives such as the National Approach to Mentor Preparation<sup>23</sup>). This national approach has been particularly evident in the work of the data group, the marketing activities, developing a national approach to practice placement assessment and supporting mentors in care home settings.

Focus group participants in HEI and Health Board settings were broadly supportive of the idea of providing national solutions to issues (*"I think the coordinated national approach is particularly good as it leads to dissemination and can therefore influence practice widely"*). However, many participants felt there were limits to this, both in the subject areas which were suited to such an approach, and the depth to which this could be taken. A senior nurse manager explained that: *"It's important that national approaches rather than formal national documents are created"*. This was in reference to NAPA and indicates that there is support for homogenising practice across Scotland, but retaining a local influence. Most focus group participants suggested that a fully homogenised document would be unlikely (a survey respondent stated: *"NAPA being carried out is largely unrealistic. Boards will be reluctant to change their documentation"* and *"assessment documentation and audit should have a generic national foundation, but must be developed in partnership locally as, regardless of best intentions, HEIs and health boards will always have individual priorities to include"*).

There was also support for the fact that, as a result of the national approach, individual HEIs and Health Boards are able to learn about and implement best practice from across Scotland. A HEI respondent to the survey summarised that a key impact of the Delivery Group was that *"[my organisation can] examine the effect of different recruitment / selection processes – what works best?"* Other issues which were noted as being particularly suited for a national response were:

- Several NHS survey respondents thought that a more consistent approach to mentor support was necessary.
- There was strong support from across the health and HE sectors for the continuation of a national approach to the marketing of the career.
- Piloting the CHEF role across Scotland is thought to have built new links between HEIs and independent sector placement providers. Several participants across a variety of fieldwork tasks felt there needed to be a more formal (and national) approach to involving the independent sector in policy making with regard to attrition.

### 3.4 Summary of the chapter

- The Delivery Group's governance processes have been efficient and effective. There are several key enabling factors, including: having high level support for the Group; the benefits of having key project management staff working across several Delivery Group activities; the Delivery Group meetings being a key forum for taking decisions after detailed discussions have taken place in the SLWGs; and ensuring that key organisations are involved in the Group (and, in particular, there is joint response from the HE and health sectors).
- Commissioning processes are viewed as overly bureaucratic. This is very different from the early phase of the Delivery Group in which commissioning processes were thought to be quite relaxed.
- Management and monitoring of contractors is also thought to be quite bureaucratic. Along with the bureaucratic commissioning processes, this may contribute to a reduced pool of potential bidders for jobs.
- There is broad support for taking a national approach on several issues related to student attrition. The benefits of standardising approaches based on best practice are

<sup>23</sup> NES (2007), *National Approach to Mentor Preparation for Nurses and Midwives: Core Curriculum Framework*

understood. However this needs to be done in with sufficient attention paid to consulting HEIs and Health Boards.

## 4 The outcomes and impacts of the RRDG and SLWGs' work

This chapter begins with a review of the data produced by the Delivery Group. It suggests that attrition rates in Scottish pre-registration nursing and midwifery programmes may be reducing. The chapter then presents analysis of our findings from all fieldwork tasks and the document review on the main outcomes and impacts of the RRDG and SLWGs to date.

### 4.1 A more robust dataset

A key outcome of the RRDG is that there is a much more robust retrospective dataset, which is drawn from two sources:

- HESA data provided by the Scottish Government's Analytical Service Unit Lifelong Learning, which provides descriptive variables about students; and,
- the NES dataset which gives pre-registration, cohort, branch and status information about students.

By combining these two datasets and ensuring the new information is 'clean', it has allowed substantial retrospective analysis of 11 years (academic years 1999-2000 to 2009-10) of Scottish nursing and midwifery pre-registration student data<sup>24</sup>.

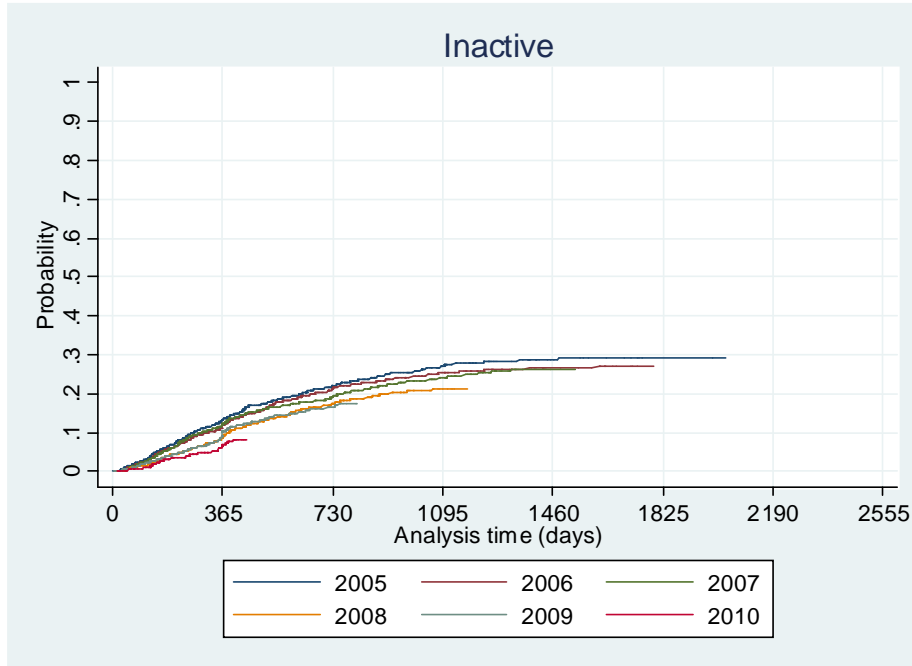
Another important achievement has been to develop a more robust measurement of attrition. Previously, there was a focus on completion at the three year point, which is the nominal end of the programme. However this figure tended to present quite wide potential variations in actual attrition rates (because, for example, of HEIs using leave of absence as a key strategy for supporting at risk students). The Data Group has moved this on to more accurately capture completion over a five year period using Cumulative Incidence Functions (CIFs) for students entering the 'Inactive' state (i.e. discontinued, but may or may not resume).

The development of this more robust measurement of attrition is, in itself, an important outcome and has allowed several interesting pieces of analysis to take place. Figure 4.5 illustrates one of these. It shows the CIF for the probability of entering the inactive state following the commencement of training. This highlights that the rate at which individual students are prematurely discontinuing from programmes has declined year-on-year since the RRDG programme began. This in turn has resulted in the completion rate increasing. As noted in the most recent RRDG update report: *"This may suggest that the increased focus on intervention and support around attrition has already borne fruit"*<sup>25</sup>.

<sup>24</sup> Nurse Data Enhancement Data Reference Group (2011), *Progress report for meeting 13<sup>th</sup> December 2011*

<sup>25</sup> RRDG (2011), *Untangling a complex issue: Nursing & Midwifery Recruitment and Retention Delivery Group Annual Report 2010 – 11*, p. 8

Figure 4.5 Progression to inactive status by cohort year<sup>26</sup>



## 4.2 Qualitative reflections on impact to date

A key line of enquiry in all fieldwork tasks was to examine the impact of the RRDG to date. This section presents the main findings from this work. There is some evidence from these tasks which back up the key point illustrated in Figure 4.5.

### 4.2.1 Increased national scrutiny on retention and support leading to an improved focus at the organisational level

Findings from our fieldwork with HEIs and Health Boards indicate that the RRDG has created a focus on retention at a senior level in many of the organisations we engaged with. This has led to initiatives and greater interest in the issues in organisations that may not have been directly involved in the DG. In short, the existence of the Delivery Group “*shining a light on the issue*” has had an impact on the support provided by Schools of Nursing and Midwifery and providers of practice placements.

There are several sets of evidence for this impact. In setting up our fieldwork, we were well supported by Heads of School and Executive Nurse Directors, evidence that the Delivery Group is known and valued at a senior level. Moreover, focus groups were typically attended by staff who were knowledgeable about, and interested in, improving their organisation’s retention rates. It was noted that the RRDG had contributed to this interest.

Several survey respondents noted this impact:

- One respondent, who had been involved in a SLWG, reflected that their role in this organisation had led to them “*reviewing our own institutions’ recruitment and selection methods and procedures*”.
- Other respondents, whose institutions had not been active participants in the group, still decided to develop key initiatives in their own organisation, particularly in relation to selection procedures.

<sup>26</sup> This chart is taken from the presentation: ‘Using Student Data to Support Innovation: understanding and sharing’ which was delivered at the Nursing and Midwifery Student Recruitment, Selection and Retention: Evidence for Best Practice.

#### 4.2.2 Improved links between key organisations

As has been noted in Chapter 3, one of the key factors characterising the governance of the RRDG has been to bring together individuals and groups that previously did not have strong links. As one Executive Nurse Director described the RRDG has created “*an effective forum for partnership and has brought stakeholders together well*”. By building up such extensive networks across the HE and health sectors, a couple of senior stakeholders suggested that the Delivery Group would be a good forum for looking at other national-level issues, such as how to best support newly-qualified nurses and midwives who are unable to get a permanent job. This is evidence of the status that the Delivery Group has achieved.

It is also seen as a key forum within which to exchange information with colleagues from other HEIs or Health Boards: “*It has been a good opportunity to discuss selection and retention issues with other HEIs across Scotland... an opportunity to engage with other institutions face to face*” (as was noted in one HEI focus group). This is important as participants noted that there are few comparable national organisations. As has become clear throughout this research, individual HEIs and Health Boards have been carrying out their own activities in this area, largely in isolation, for some time. A senior interviewee from the HE sector suggested that the Delivery Group has facilitated “*good ideas being spread*”, citing the example of the hub and spoke model of practice placement and institutions starting to agree on models which allow students to build up long-term relations with particular mentors.

### 4.3 Impacts of particular funded activities

Fieldwork respondents also described the impact that particular RRDG activities had / were having on their institutions.

#### 4.3.1 Development of tools and research to aid recruitment and selection

One of the major findings from each set of focus groups is that there is demand for evidence which can be used to inform recruitment and selection practices at an organisational level. A key finding across each set of focus groups was the variation in practice:

- Students were able to compare and contrast the selection processes they had been through in several HEIs. Students felt that a robust selection process “*emphasised how important the course is... the effort they put into that selection process reflects the value they put on that course*”. About a particularly lax selection process, one student suggested: “*I honestly left thinking, ‘how on earth do they know who has the capability to do this course’... I think that’s why there’s such a high attrition rate here – because they’re not selecting*”. These students felt that there was wide variation in the selection processes they had been involved in, and this impacted not only on their own views about the institutions, but the attrition rates that each institution had.
- Focus groups in HEIs indicated that several recruitment and selection methods are being used, from some organisations that struggle to interview all the applicants they would like to, through to other organisations that are looking to involve service users in selection, alongside other sorts of assessment. What was common across most of the groups was that selection policies were not rooted in an evidence base. A HEI, which struggles to interview all applicants, stated “*the issue over interviewing is yet to be resolved. We are aware that we are taking people on who, if we had interviewed them, we wouldn’t have taken them.*” Another admissions tutor stated that “*a lot of time is invested into recruitment and selection without a robust evidence base*”.
- Participants from Health Boards noted how the selection process was about getting “*the right students with the right values. That’s really important otherwise it affects the quality of care that we can give.*” There was also evidence that an evidence-based approach would be valued by staff: “*Is what we are doing the best thing or the best available approach out there? ... A bit of qualitative information because we’ve tried several approaches but nobody seems to know whether one works or the other ... is there something out there that can demonstrate somebody’s aptitudes or values.*”

This demand for evidence and best practice in recruitment perhaps explains why the recruitment and selection best practice guide is viewed as one of the key products of the RRDG by several focus group participants. An admissions tutor said that she had found it “*very interesting to see what is being done in other areas*”. In our survey of conference participants, this guide was one of the most visible products. However, given the variation which is evident, it has yet to have a widespread impact.

#### 4.3.2 Improving support for students and mentors in care home placements

The introduction of the Care Home Education Facilitators is one of the most visible and influential initiatives to date for respondents from both the health and HE sectors. There was broad agreement with the rationale for the introduction of this role; placements in the care home sector have, historically, been viewed as quite poor and participants felt that this may have been a contributor to attrition. Moreover, community settings and care homes are viewed as being increasingly important placement providers, as nursing training shifts towards more community provision, and students increasingly recognise these locations as potential employers. Several focus group participants noted the impact the introduction of the role has had:

*“From a university point of view, it’s certainly helped improve the relationships with the care homes... they’ve been able to build relationships. Care home staff have found it very supportive to know that they have links with universities, the students are feeling less isolated when they go.”*

*“I do see a positive change in care homes”*

*“Across the board of universities and care homes, I don’t know anybody who wouldn’t want that relationship to continue.”*

*“[Prior to the CHEFs] We just didn’t have any links at all with that sector.”*

The success of the initiative means there is strong support for an extension of the CHEF role into the independent sector, with one PEF suggesting that the RRDG should ensure that it “*widens the scope of the role to encompass all voluntary / independent sector placements.*” The types of learning opportunities available in the care home sector are also viewed favourably: “*We don’t have the NHS placements available for students, so we have to be innovative and look wider... where are our most complex cases... care homes [are] really rich learning environments.*” Therefore, developing this role further is seen as a priority.

#### 4.3.3 Activities to improve the support for students

Awareness of the set of activities supported by the Delivery Group, which aim to improve the support provided to students and academic staff in HEI settings (Kelpie, Student Review Record, PSA pilots and the study on leave of absence), was mostly restricted to those organisations that had delivered the work. Feedback on the piloting of Kelpie was mixed, depending on the institution. One set of participants suggested that its implementation had had a positive effect. There is “*more engagement. We’ve got better attendance in the classroom.*” It was also thought to have filled a gap in the department, as there was previously no absence policy and no sanctions attached to poor attendance. It is also seen by students as being positive that the university is paying attention to them:

*“It communicates the idea that attendance is important... It says ‘we’re interested in you’ Students tend to say ‘thanks for noticing, and actually I have been having quite a difficult time’ – and this allows us to encourage them to come back, or lifts the lid on the other things that are going on for them.”*

Therefore, it was felt that implementing this approach to attendance had contributed to a reduction in attrition.

In other HEIs where Kelpie had been piloted, the response was less favourable. The primary cause of difficulties related to putting the software and systems in place. The institution in question had previously looked at embedding Kelpie in its department but



decided it was too expensive. That the RRDG had enabled them to access it, but it did not work effectively was especially frustrating for them, as a result.

In the student focus groups, we discussed the sorts of support available for personal problems they might face. Students appeared to be fairly satisfied with the infrastructure available to support them while in academic settings. However, in each focus group, participants noted that support from university staff while on placement was less readily available:

*“You could be out on placement for 15 weeks and have no communication with your university either way... You have a mid-way [meeting] with your mentor. You could have a mid-way with [meeting] with your tutor”.*

#### 4.3.4 More reliable data

While the work of the data group has been less visible to staff in the health and HE sectors who deliver academic teaching and placements, staff whose day-to-day job relates to attrition data (and particularly a number of senior staff) expressed strong support for the work of the data group. Several focus group participants noted that reliable data on attrition rates was not available:

*“There seems to be a difference between the official figures and the figures as we perceive them” and “It’s actually very difficult to establish clear figures which you can be confident in.”*

*“The data [work] is good. We need good data to inform our decisions.” “We need to ensure that everybody is generating a standardised measure”.*

It was felt that achieving a trusted and shared measure of attrition could help the planning process immensely, as well as increase information sharing between HEIs:

*“I’ve sat at the annual reviews for all the universities and it was a major problem with the data... You never got any further than the discussion about ‘my numbers aren’t right’”.*

However, it was not felt that this stage had yet been reached: *“I think the team [the Data Enhancement Group] has done a tremendous amount of work around sorting that out but they’ve still got a way to go.”*

Others felt that the work of the Data Group had been interesting, but they had yet to see the final product and the use it might have. For example, one of the Executive Nurse Directors we interviewed referred to how interesting the work has been (*“It’s been interesting to see the influence that certain factors might have on attrition”*), but could not provide evidence of what effect this had had on policy making.

#### 4.3.5 A national approach to practice placement assessment

This has been a key area of work for the Delivery Group. It is quite a visible piece of work. Over 70% of respondents to the survey of conference attendees had heard of it (the highest proportion of all activities). It was also well-known and understood in both HEI and Health Board focus groups. Most focus group participants agreed with the rationale for the work, suggesting that a more standardised approach would save time for mentors. It would also contribute to a more fluid labour market, something which is of increasing importance when there is a scarcity of jobs (*“If a nurse did qualify in the Isle of Lewis and she came to Edinburgh, she’d have the same skillset and we wouldn’t have to retrain her... We create a huge amount of workload and stress for individuals when it’s not necessary”*).

A couple of limitations of the work were noted, though. Firstly, several focus group participants questioned whether, once this strand of work is completed, a more standardised assessment document would have any influence on attrition rates, and the quality of student support. Secondly, it was noted in a couple of Health Board focus groups that the national approach needs to retain sensitivity to the local context. A PEF summarised that the paperwork and assessment processes are adapted to the curriculum offered which, in turn, is adapted to the local area. Another senior nurse manager, from a Health Board which provided placements for several HEIs, agreed that there were limits to the national standardisation, but felt the Delivery Group had recognised this:

*“It’s quite interesting that they have said a national ‘approach’ to clinical assessment rather than a national document. I think it’s good, especially for Boards with a number of HEIs. I wouldn’t want it to be completely uniform like in Wales... you can see the benefit of having a national approach in a framework for the core components.”*

The NAPA project is a work in progress. It is a challenging piece of work, which has the broad support of both relevant sectors, but is yet to have a significant impact (see section 4.4).

#### 4.3.6 Developing new approaches to the provision of practice placements

The piloting of three different Hub and Spoke models of practice placements has been supported by the Delivery Group. There is a great deal of interest around these pilots, largely because they are viewed as quite contentious, particularly if they were to be implemented on a wide scale (as one senior mental health nurse noted, *“out of the last five years, [hub and spoke] has generated more heat than anything else”*). These pilots are also one of the best known initiatives implemented by the Delivery Group. Given this potential contention, the Delivery Group’s support for robust evaluations of each pilot is sensible.

Participants in both HEI and Health Board focus groups agree with many of the principles being tested in the hub and spoke pilots (for example, that they encourage links between a single mentor and a student over a longer period of time; that the system allows placements to be designed around the clinical pathways followed by patients). They are less sure how they could implement this in reality. The key challenges outlined include implementing such a model in a rural location or in a Health Board with large numbers of students.

Despite these barriers to implementing the model, the main impact, beyond those in the pilot sites, is that other Health Boards appear to have used the learning from the pilots and developed their own models. A senior lecturer from a HEI with a large annual intake of nursing students responded to the survey noting that they are examining how to implement such a model in their undergraduate programmes, across all branches of nursing.

#### 4.4 Other initiatives are early in their development, or will have impact over a longer period

Several participants in focus groups and respondents to the survey noted that they felt the RRDG had yet to achieve many of its intended impacts. There appears to be two main reasons for this. Firstly, the RRDG has funded a large number of research and evaluation projects which, while influential amongst policy makers and service managers, are less visible (and therefore impactful) amongst most of our focus group participants (professionals related to recruiting, selecting or supporting students in some way). A typical response from a PEF was: *“I’m still to see impact but am aware that work is in progress involving researching initiatives.”*

Secondly, several of the initiatives that have been supported by the RRDG are too early in their implementation to have achieved their intended impacts. The work of the marketing group has been delayed due to the change in the scope of its work. As a result, the ‘Extraordinary Everyday’ campaign and the accompanying digital resources were launched in February 2012. Evidence of the impact of this strand of work will only be available later in 2012 and 2013, once the materials have been used to inform prospective students about nursing and midwifery. The development of best practice guidance on work experience placements and recruitment in schools is a similar example. While there is certainly a demand for this work, with Health Board and HEI focus groups developing schemes to provide school-aged young people with work experience opportunities, and some knowledge of the work, the learning has yet to be used on a wide scale.

Focus group participants from both the health and higher education sectors felt that improving links with schools sat alongside this marketing work. The good practice guide which has been developed under the auspices of the Delivery Group was mentioned in a couple of focus groups, and it is clear that organisations are beginning to use this in their

own engagement work. However, for obvious reasons, any impacts of this work are likely to become evident over a longer period of time.

There are other pieces of on-going work which are likely to have a positive impact once they are complete, such as the research into interviewing and on-going work on NAPA.

#### 4.5 Summary of the chapter

- The Delivery Group has funded work to develop a robust and trusted dataset which has provided the most reliable information about attrition to date. It indicates that attrition has reduced year-on-year since the creation of the Delivery Group.
- Given the numerous factors likely to influence attrition, it is difficult to attribute this reduction solely to the Delivery Group.
- However, it is clear that by “*shining a light on the issues*” relating to retention and attrition, there has been a greater focus by organisations and individuals on their own approach to supporting students.
- The broad stakeholder engagement that has been achieved has facilitated the exchange of good practice within and between HEIs and Health Boards.
- Our fieldwork also indicates that several of the activities funded by the RRDG have had an impact on enhancing the experience of students. The piloting of the CHEF role has had the most impact to date.
- Several fieldwork respondents indicated that they did not believe the Delivery Group had made significant impacts to date. Some felt there would be impact in the future, suggesting that the marketing work and developing links with schools could lead to more suitable candidates entering nursing training, and projects such as NAPA enhancing the support systems available for students.

## 5 Evidence of sustainability and future activity

This chapter outlines our findings about the sustainability of the activities carried out to date, and what direction the Delivery Group should take in future, both in terms of its structure and management and the sorts of activities it should be funding.

### 5.1 Sustainability of activities carried out to date

Our fieldwork suggests that there are three main ways in which activities funded by the RRDG will be sustained.

- **Organisations using RRDG's 'products' independently:** There is evidence that many of the products of the Delivery Group's work (for example, the guide to providing work placements for young people and the recruitment and selection best practice guide) are being identified and used independent of the RRDG's support.
- **Individual activities leaving a legacy:** Several of the activities which we have examined have created impacts which will be sustained. The clearest example of this is the piloting of the CHEF role, which has improved links between the care home sector and HEIs.
- **A cohort of staff in NHS and HEIs who have been involved in the work:** As a result of the broad engagement of staff involved in the Delivery Group and the SLWGs, as well as the dissemination activities carried out to date, there is a cohort of staff in Health Boards and HEIs who have an improved understanding of retention and attrition, and a greater commitment to addressing these issues. The attendees at our focus groups were (in the majority cases):
  - supportive of the goals of Delivery Group (recognising that it sought to reduce attrition through a broad set of activities to improve the student experience);
  - knowledgeable about the sorts of factors likely to contribute to attrition and the sorts of initiatives that may reduce it;
  - aware of the key contextual factors affecting Scottish pre-registration nursing and midwifery programmes at present; and,
  - in most cases, part of an organisation which supported the Delivery Group from a high level (END or Head of School).
 Therefore, there is a substantial network of individuals likely to be receptive to future activities in this area.

### 5.2 Future priority activities

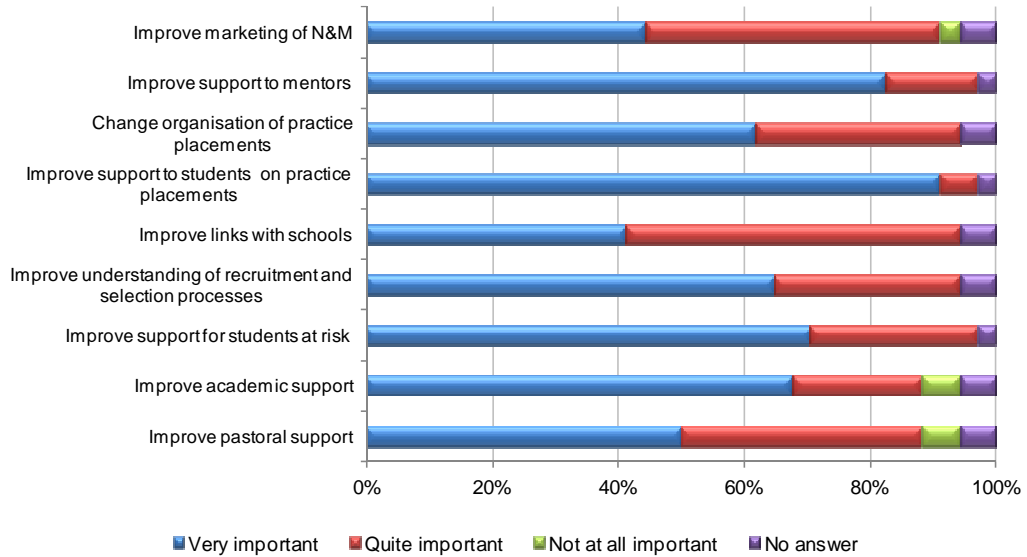
This section outlines our findings on the future direction of the RRDG, in broad terms. There are a set of more defined recommendations in chapter 6 which also relate to the future activity of the RRDG.

#### 5.2.1 The RRDG still has a mandate for a broad range of activity

As illustrated in Figure 5.6, survey respondents feel that continued activity is important in all areas they were asked about. There were particularly positive responses for improving support to students on practice placement (91% felt this was a very important priority) and improving support for mentors (82% felt this was a very important priority). The priorities with the least 'positive' responses were to improve pastoral support, to improve academic support, to improve links with schools, and to improve the marketing of nursing and midwifery.

This analysis also fits our findings from the qualitative fieldwork we conducted in Health Boards and universities. Only a very small minority of focus group participants felt there was no further work for the Delivery Group to do (and they were typically sceptical about attrition being an issue in the first place).

Figure 5.6 How important are the following future priorities?



5.2.2 Some participants felt the RRDG has reached a stage where greater focus is necessary

It was suggested by a few fieldwork participants that the Delivery Group should develop an alternative model in which it focuses on a smaller number of issues. As voiced by one Head of School: *“Many of the delays which have taken place are possibly down to there being too many agendas.”*

There are several areas where participants across all research tasks felt that future focus was most important.

- Greater focus on support for mentors: The most popular response when we discussed future activities that might contribute to an improved student experience is greater support for mentors. Suggestions included reviewing the initial training and CPD that mentors undergo and making mentoring a role that nurses and midwives can opt in to (a strong message which emerged from our fieldwork with students).
- There is a demand for mentoring and, more broadly, practice placements to be more accurately accounted for in the workforce planning process, as was suggested in ‘Facing the Future’. According to one student focus group, students do not feel like they have supernumerary status in reality. Several examples were provided of times when they had been counted as a staff member (*“You come in in the morning and they’ve divided up the ward. They don’t place you where the best learning experience would be or where the mentor is. It’s where there’s a gap.”*). Participants did not mind this, as long as they felt it did not limit their learning. Increasingly stretched staff resources were a key theme in all Health Board focus groups.
- Several participants who were particularly positive about the Delivery Group felt there was a case for extending its mandate to look at new and emerging issues. Examining what newly-qualified nurses and midwives do after completing their pre-registration training (something the data enhancement group has looked at) was viewed as an interesting area of activity, particularly in the context of the lack of jobs available at present. Beginning to look more closely at the provision of placements in the independent sector was also thought to be a new agenda for the Group, especially given the success of the CHEFs, and the likely growing importance of these sorts of care settings in future.

5.2.3 Continued dissemination remains a priority

A few participants in focus groups and other interviews suggested that, while the Delivery Group had succeeded in achieving many of its goals, there was a need to move into a new

phase of activity. As one nurse director noted: “A lot of this [work] should be done now... Maybe we don’t need more outputs at this stage, just implementation.”

Potential target groups for dissemination activities are twofold:

- Senior stakeholders in the sector: “Need reassurance about what has been done. Reports aren’t enough”. The lack of knowledge of the RRDG’s work amongst executive nurses has also been noted: “This was a bit of a wakeup call... we’re so wrapped up in this that perhaps we don’t realise that maybe others aren’t so aware.”
- The conference, ‘Nursing & Midwifery Student Recruitment, Selection and Retention: Evidence for Best Practice’, which was held in February 2012, is a key step in the dissemination strategy. However attendees at a focus group subsequent to the conference questioned how many staff who work directly with students on a daily basis would have attended (for example, mentors). On the other hand, as articulated by one END, perhaps there is no need for individual nurses and mentors to be aware of the Delivery Group, as long as they feel its impacts.

The tightening budgets across the NHS have put an even greater emphasis on efficient use of resources: “Previously it was about capacity building, running projects, trying out new ideas. Now the focus is on rationalisation, managing with less, doing the best with fewer resources”. Therefore, disseminating information about how Delivery Group funding has been used and what savings this may lead to is an important message.

There is also a case for increasing links with stakeholders from outside of Scotland. A few respondents to the survey we conducted with conference attendees were from English and Welsh universities. These respondents had quite low awareness of the activities of the Delivery Group; only one was aware that “Scotland was undertaking large scale research projects in this area”. There may be a good deal of crossover in the issues faced. As one lecturer from an English HEI noted: “It [retention] is high on the agenda in England as [there are] high financial costs if a student leaves”. Another lecturer from a different English HEI stated that: “This is all really valuable work which should be replicated all over the UK”. There is evidence, therefore, that the RRDG has a relatively advanced understanding of the issue which could be useful outside Scotland.

### 5.3 Summary of the chapter

- The main impacts to date are likely to be sustained in three ways: through organisations using Delivery Group products on an independent basis; through the legacies which have been left by various funded activities; and through the increased knowledge and interest in the relevant topics of a cohort of staff who have been directly involved in working on RRDG activities.
- There is also a broad base of support for the RRDG to continue its work, particularly in developing improved support for mentors and students on practice placements.
- However a refresh of the RRDG’s strategic direction is also a possibility. In particular, decisions on whether the Delivery Group should focus on new or fewer areas of activities are relevant at this stage of its development.
- Potential new areas of work include,
  - looking beyond student attrition and support to the destination of newly qualified nurses and midwives;
  - examining whether workforce planners can become more involved in the policy response (in order to better protect mentor’s time, and ensure students are provided with the best learning opportunities); and,
  - reviewing the provision of practice placements in the independent sector.
- Finally, dissemination remains a priority in order that support for the activities is retained beyond the cohort of staff that has been involved in the Delivery Group.

## 6 Conclusions and recommendations

### 6.1 Conclusions

Since its creation in 2008, the RRDG has achieved a great deal. Particular achievements of note are as follows.

- The RRDG has commissioned work which has created a much deeper understanding of the causes of student attrition and strategies to reduce it. It has done so, while also recognising that the issue is complex and requires a number of different responses to adequately address it.
- There is a widespread interest in, and scrutiny of, the issue of student attrition amongst policy makers, senior managers of practice placement and Schools of Nursing and Midwifery, and other staff whose job is to support students in their training. This has created its own momentum within organisations that are focused on their own selection and support procedures.
- By focusing on involving both the health and HE sectors in all activities, the Delivery Group has ensured joint ownership of the work that has been. There are improved strategic links between the HEI and health sectors (and within these sectors as well), which are used to exchange information and discuss issues.
- Most of the funded initiatives are found to have improved aspects of the student experience. But, in addition, the strong emphasis on research and evaluation means that the Delivery Group has contributed to an improved understanding of *how* to enhance the student experience.
- A great deal of progress has been made in sharing data and in developing a reliable measure of attrition. This will support informed policy making going forward and encourages increased sharing of information and practice between universities.
- There is now broad agreement about the issues which are suited to a nationally developed and implemented solution (such as practice placement assessment, supporting students in placements in care homes).

All of this has been achieved while the context in which the Delivery Group operates changed unexpectedly and markedly, as numbers of applicants to courses rose and places fell (moving from a *“buyer’s to a seller’s market”*). This required the Delivery Group to be flexible in its planning, and in the activities it has carried out. By doing this, it has managed to increase its relevance to practitioners (for example, by focusing more on selection activities).

Finally, there is also strong evidence to suggest that attrition has gone down during each year of the Delivery Group’s existence. While it is recognised that a number of factors are likely to have contributed to this reduction, there is evidence from the fieldwork we conducted that the Delivery Group has contributed through its strong focus on enhancing the student experience.

There are also a number of shortfalls, at this point, which point towards future activities for the RRDG:

- The recommendations in ‘Facing the Future’ around improving support for mentors have not been fully acted on. A key message running through fieldwork, particularly with students and Health Board staff, is that mentors need greater support, most notably around protecting their time to mentor students.
- Stakeholders and focus groups participants considered that the Delivery Group has not worked closely enough with workforce planners. This is likely to be particularly important in future because there will be an even greater need for the numbers of trainee nurses and midwives to align with labour market need. The improved understanding of attrition (and the data which describes it) needs to be integrated into these decisions.
- Some of the Delivery Group’s processes for commissioning and managing work are viewed as being over-demanding, and this may impact on the number of organisations / individuals that tender for future opportunities.

- While an effective dissemination strategy has been designed and is underway, it is unlikely that this has informed those who work with students on a day-to-day basis.

## 6.2 Recommendations

- 1. Consider re-examining the strategic goals of the Delivery Group.** After the completion of this evaluation, the recent dissemination conference, the recent publication of encouraging attrition data and the completion of a number of important pieces of work, it is a relevant point for the Delivery Group to consider reviewing its strategic goals and how it should go forward. There is still work to be done in reducing attrition and enhancing student experience, but there would also be support for an altered or more focused set of goals.
- 2. Build on perceived successes.** Any strategy review should focus on how the Delivery Group can build on successes to date. In particular, there is scope to extend the CHEF pilot to improve placements in more independent sector providers and to continue to develop and disseminate the evidence base around selection to key staff in the health and HE sectors.
- 3. Develop an evaluation framework to guide future data collection on impact.** Several activities are still at a relatively early stage in their development (for example, the work of the Careers and Image sub-group). The Delivery Group needs to consider how it will collect robust evidence on the impact of these activities and the contribution they are making to an enhanced student experience. Such an evaluation strategy should sit alongside the dissemination strategy that is already in place.
- 4. Ensure that the wealth of information gathered by the data group reaches the widest possible audience.** This strand of work is the least well understood, but has huge potential for development. The Delivery Group should focus on publicising what the data enhancement group has achieved to analysts, workforce planners and nursing managers across NHS Scotland. The data provides the effective evidence base for universities to reflect in a much more sophisticated way on what they are doing well and areas for improvement in terms recruitment, selection and support. This requires the data to be effectively analysed, contextualised and presented in an accessible way that a wide cross-section of recipients can use.
- 5. Examine new ways of embedding the workforce planning infrastructure in the Delivery Group.** Several of the existing and future challenges being addressed have a workforce planning component (for example, protecting mentors' time better, and ensuring practice placements are accounted for in Health Boards' workforce plans). Moreover, there is scope for the improved data on attrition to be more formally linked to Health Board and Scottish government workforce planning mechanisms. Therefore, more robustly including workforce planning in the Delivery Group should be considered.
- 6. Conduct scoping work into feasible options for better supporting mentors.** The Delivery Group should examine the options around improving support for mentors. Potential avenues for investigation include, more robustly accounting for mentoring duties within workforce planning; further exploring options around mentor skills development and updating; and examining ways of saving mentors time to focus on their pedagogical role. This work should be conducted in an open manner with all possible solutions considered. Mentors and students should be consulted as part of this.
- 7. Reconsider the role of the Careers and Images sub-group.** After the launch of the Extraordinary Everyday campaign, this sub-group's main role going forward is one of monitoring the impact of this initiative. However the Group's original rationale – to address the low public perception of nursing as a career – has not been targeted by the activities to date. Therefore, a reconsideration of the goals of this Group is timely.
- 8. Consider appointing an external peer reviewer of all Delivery Group activities and commissions.** The Delivery Group should examine the feasibility of appointing an individual from a similar professional context (for example a teacher educator) to peer



review all work. This would provide a fresh perspective on all activities and processes in place and to be carried out in future.

**9. Investigate streamlining commissioning and project management processes.**

While recognising that the Delivery Group activities now sit within NES, all efforts should be made to investigate a more streamlined commissioning process for smaller activities and ensuring that management of contractors is light touch.