

MillionPlus

The Association for
Modern Universities



POLICY BRIEFING

Who trains the nurses? Universities and the placements shortfall

Dr Andrew Jones, Head of Policy & Research

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Foreword



As Vice-Chancellor of the University of Central Lancashire (UCLan) I see first-hand the immense role that modern universities play in educating and training the UK's vital key public sector workforce, from teachers to nurses. Away from UCLan, I also Chair the Lancashire Innovation Board and hold a non-executive directorship at the East Lancashire Hospital NHS Trust. It is therefore fitting that the first report of my tenure as MillionPlus Chair should focus on the challenge of meeting an increased demand for more nurses within the NHS alongside the need for a resilient and flexible clinical placements system to boost and support growth. This briefing also evidences the wealth of health education innovations underway in modern universities in order to educate, train and support student nurses for the benefit of a robust NHS.

Demand for more nurses coming into the NHS within England and Scotland is ever growing. Modern universities, which collectively train around two-thirds of all student nurses, are up to this challenge. However, increasing the recruitment of student nurses is only half the solution; the requirement for student nurses to undertake training through a clinical placement before qualifying presents a clear barrier for growth.

With the NHS workforce under immense pressure due to record numbers of experienced nurses leaving the profession, which in turn reduces supervisory and mentoring staff for clinical places, and further increases in student numbers needed to meet workforce targets, the system is creaking at the seams.

This briefing highlights the innovative approaches modern universities have taken to expand placement capacity, the mentoring and monitoring of students while on placement and improvements to working hand in hand with their partner NHS Trusts, care homes and other placement facilities. It is these long-standing, mutually beneficial partnerships that aided modern universities to continue to provide placements during the pandemic and will assist in expanding the system further.

To preserve nursing as one of the most important and respected professions, steps must be taken to reform clinical placements. The lessons learned by modern universities in recent years help to provide a blueprint for these reforms.

Now is the time for governments in both Westminster and Holyrood to invest in the education of nurses to ensure the NHS meets the increased demand for its services.

The recommendations outlined in this report would allow for additional student recruitment, see more stable investment in nursing education and training and allow for more efficient use of existing resources to free up placement capacity.

Adopting these recommendations would allow universities and the NHS to continue to educate the high-class nursing professionals of tomorrow.

Professor Graham Baldwin

Vice-Chancellor, University of Central Lancashire and Chair, MillionPlus

Who trains the nurses? Universities and the placements shortfall

Introduction

1. Modern universities are directly responsible for training thousands of the backbone public service staff that keep Britain working. From high-profile roles such as teachers, nurses, social workers and police officers to the less well acknowledged town planners, architects or environmental health officers, year after year modern universities create the highly skilled workforce that keeps the economy growing and society thriving.
2. Modern universities provide a much-needed, critical pipeline to the health and social care sector in areas of the UK where there is no other local study option, playing an integral role in the regions by providing new cohorts of registered nurses.



73% of nursing students were at modern universities in 2019-20



63% of all the universities with adult nursing courses approved by the Nursing and Midwifery Council are modern universities



Modern universities have partnerships with 93% of all NHS trusts in England and every NHS Board in Scotland [1]

3. These partnerships allow students to access high-quality clinical placements, which play an essential role in the training of nurses.
4. This means MillionPlus universities are well placed to use their strong networks to help deliver planned increases to nursing numbers in England and Scotland over the next 5-10 years. However, a number of factors are limiting the availability of clinical placements, an essential part of a student nurse's training. This, in turn, will impede efforts to increase the supply of domestically trained nurses in England and Scotland.
5. This briefing paper sets out the recruitment challenge currently facing the NHS in England and Scotland, how placements represent a bottleneck for recruiting more domestically trained nurses, networks and innovations put in place by MillionPlus member universities to address those challenges and suggested steps that could be taken to increase the availability of high-quality clinical placements.

Nursing shortages – The recruitment crisis and targeted growth

6. The NHS is facing an acute recruitment crisis. The causes are several fold. A lack of long-term planning saw a shortfall of trained nurses in the decade prior to the pandemic and while steps have been taken to address shortages since 2019, the NHS is currently losing nurses at an alarming rate. Citing increased strain from working through the pandemic, overbearing workloads caused by understaffing, and real terms pay cuts,¹ large numbers of nurses are exiting the sector. This has resulted in 1-in-10 nursing posts in England² and 1-in-11 in Scotland³ currently being vacant.
7. In recent years, the UK has become increasingly reliant on nurses from overseas to help fill shortages.⁴ However, tougher immigration policies, the UK's exit from the European Union and greater demand for nurses in other parts of the world will likely mean international recruitment is less effective in the coming years. Given the ambitious targets for increasing the number of nurses set out by both the UK and Scottish governments, a greater reliance will rest on domestically trained nurses to meet the increased demand expected by the end of the decade.
8. Despite articulating their goals differently, there is a recognition in both England and Scotland that the recruitment of nurses must increase significantly. The UK Government published a report in 2019 which set an ambitious recruitment target of 50,000 nurses in NHS England by the end of 2024.⁵ Meanwhile the Scottish Government outlined increased demand for nurses through its post-pandemic recovery plan.⁶ This plan focuses more on increasing patient interaction and procedures to meet demand in NHS Scotland – rather than an increased number of nurses as in England. However, Scotland's plan does make mention of increasing staff numbers in different areas of the health service. Totalling these numbers, we estimate that NHS Scotland will need to increase the number of nurses by approximately 2,500-3,000 by 2025-26.
9. There has been some progress towards the 50,000 target in England. Between 2019 and 2022, the number of nurses working in NHS England has increased by just over 20,000 (6.6%).⁷ By comparison, NHS Scotland has seen a more modest increase in nurses of just over 1% in the year since the Recovery Plan was published.⁸
10. A breakdown of the figures in England show almost all of the 2019-22 increases were achieved through international recruitment,⁹ with domestic recruitment rates remaining static.¹⁰ However, this is set to change, with current forecasts projecting that 44% of the nursing intake by 2024 will be domestically

¹ Palmer, B. and Rolewicz, L. (2022). *The Long Goodbye? Exploring Rates of Staff Leaving the NHS and Social Care*. [online] The Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/resource/the-long-goodbye-exploring-rates-of-staff-leaving-the-nhs-and-social-care> [Accessed 2 Nov. 2022].

² Hacker, J. (2022). *Nursing vacancies remain 'stubbornly high'*. [online] Nursing In Practice. Available at: <https://www.nursinginpractice.com/latest-news/nursing-vacancies-remain-stubbornly-high/> [Accessed 17 Nov. 2022].

³ NHS Scotland (2022). *NHSScotland workforce | Turas Data Intelligence*. [online] Nhs.scot. Available at: <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/06-september-2022-workforce/dashboards/nhsscotland-workforce/?pageid=7492> [Accessed 15 Dec. 2022].

⁴ Buchan, J. and Shembavnekar, N. (2020). *Thinking local and global: exploring the UK's reliance on international nurses and the impact of COVID-19*. [online] The Health Foundation. Available at: <https://www.health.org.uk/news-and-comment/charts-and-infographics/thinking-local-and-global-exploring-the-uks-reliance-on-international-nurses> [Accessed 14 Jan. 2023].

⁵ Davies, G. (2019). *The NHS Nursing Workforce*. [online] National Audit Office. National Audit Office. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce.pdf> [Accessed 2 Nov. 2022].

⁶ The Scottish Government (2021). *NHS recovery plan*. [online] Gov.scot. Available at: <https://www.gov.scot/publications/nhs-recovery-plan/> [Accessed 15 Dec. 2022].

⁷ Farrah, M. (2022b). *Stats and Facts: UK Nursing, Social Care and Healthcare 2022*. [online] Nurses.co.uk. Available at: <https://www.nurses.co.uk/blog/stats-and-facts-uk-nursing-social-care-and-healthcare-2022/> [Accessed 2 Nov. 2022].

⁸ Ford, M. (2022). *Scotland's nurses being 'pushed to the exit' as vacancy figures climb | Nursing Times*. [online] Nursing Times. Available at: <https://www.nursingtimes.net/news/workforce/scotlands-nurses-being-pushed-to-the-exit-as-vacancy-figures-climb-08-09-2022/> [Accessed 15 Dec. 2022].

⁹ Nurses recruited from outside the EU/EEA accounted for this increase, with recruitment from inside the EU/EEA falling slightly.

¹⁰ The NMC Register. (2022). [online] Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2022/nmc-register-march-2022.pdf> [Accessed 2 Nov. 2022].

educated and trained in the UK.¹¹ Similar analysis of increases in Scotland is hindered by a lack of up-to-date NHS Scotland workforce data,¹² but plans to fill nursing shortfalls in the short term by recruiting 750 nurses from overseas suggest similar recruitment challenges in Scotland.¹³

11. Yet while the pandemic saw a surge in popularity of nursing as a career, a number of factors make it unlikely that these increased student nurse numbers will translate to significant net increases in nurses working in the NHS over the short term.
12. The number of successful applications to nursing courses at institutions in England and Scotland rose in 2020 and 2021. At its peak in 2021, the number of nursing applicants accepted to English institutions was 42.6% higher than in 2019 and 25.1% higher at Scottish institutions across the same period.¹⁴ With the 2020 cohort entering the NHS workforce in 2023, the number of domestically trained nurses working across England and Scotland should ease the recruitment crisis somewhat.
13. However, other factors will likely dampen this pandemic surge in nursing applicants. The first sign that the pandemic effect was waning saw successful applicants fall by 5.9% in England and by 12.6% in Scotland between 2021 and 2022. Recent UCAS data for the 2023 applicant cycle is even more worrying. The number of nursing applicants to English providers was down 18.1% on 2022 numbers, while Scottish providers experienced a reduction of 24.2% for the same period.¹⁵ This fall in the popularity of nursing as a career destination suggests that greater efforts need to be made to attract prospective students to the sector.
14. A further challenge limiting the growth of domestically trained nurses working in the NHS is the stubbornly high number of student nurses leaving their courses prior to completion. Citing personal circumstances (e.g. finances) and workload pressure, combined with poor clinical placement experiences,¹⁶ an average of 25% of student nurses per year leave their course prior to beginning work as a registered nurse since 2008.¹⁷ Unless this challenge is addressed, any gains in student nurse recruitment will not be fully translated into an expanded nursing workforce.
15. Following the pandemic, these longer-term student attrition rates have been compounded by increasing numbers of experienced nurses leaving the profession. Long standing issues cited, including high workloads and poor workplace culture, have been heightened since the beginning of the pandemic and have combined with record inflation leading to real-term wage cuts for many nurses.¹⁸ This ultimately led to the Royal College of Nursing balloting members and taking strike action for the first time in 106 years in late 2022 and early 2023.¹⁹

¹¹ Department of Health & Social Care (2022). *50,000 Nurses Programme: delivery update*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update> [Accessed 15 Dec. 2022].

¹² Details of the data problem are given in a report by Audit Scotland, available at: Audit Scotland (2022). *NHS in Scotland 2021*. [online] *Audit Scotland*. Available at: https://www.audit-scotland.gov.uk/uploads/docs/report/2022/nr_220224_nhs_overview.pdf [Accessed 25 Nov. 2022].

¹³ Baines, E. (2022). *Scotland to recruit hundreds of nurses from overseas this winter* | *Nursing Times*. [online] *Nursing Times*. Available at: <https://www.nursingtimes.net/news/workforce/scotland-to-recruit-hundreds-of-nurses-from-overseas-this-winter-06-10-2022/> [Accessed 15 Dec. 2022].

¹⁴ UCAS (2022). *2022 Cycle Applicant Figures – 26 January Deadline*. [online] UCAS. Available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2022-cycle/2022-cycle-applicant-figures-26-january-deadline> [Accessed 15 Dec. 2022].

¹⁵ UCAS (2023). *2023 Cycle Applicant Figures – 25 January Deadline*. [online] UCAS. Available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-releases/ucas-undergraduate-applicant-releases-2023-cycle/2023-cycle-applicant-figures-25-january-deadline> [Accessed 14 Feb. 2023].

¹⁶ Health Education England. (2018). *Reducing Pre-registration Attrition and Improving Retention Report*. [Accessed 2 Nov. 2022].

¹⁷ Buchan, J. et al. (2019). *A critical moment: NHS staffing trends, retention and attrition*. The Health Foundation. Available at: https://www.health.org.uk/sites/default/files/upload/publications/2019/A%20Critical%20Moment_1.pdf. [Accessed 20 Jan. 2023].

¹⁸ Nursing and Midwifery Council (2022). *Leavers' Survey 2022: Why do people leave the NMC register?* [online] *Nursing and Midwifery Council*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2022/leavers-survey-2022.pdf> [Accessed 25 Nov. 2022].

¹⁹ Royal College of Nursing (2022) *The largest strike in RCN history starts today, as nursing staff in England, Northern Ireland and Wales demand fair pay and patient safety*. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-rcn-nhs-nursing-strikes-2022-first-day-151222> [Accessed 16 Dec. 2022].

16. After several years in which the numbers of nurses leaving the NHS had stabilised,²⁰ the number of nurses leaving the profession over the last year has risen sharply. Recent analysis by the Nuffield Trust reported that in the past year, 40,365 nurses have left the NHS in England and 7,470 have left NHS Scotland.²¹ To put these figures in perspective, 1-in-9 nurses having left the profession in England and Scotland in the last year. These attrition levels are cancelling any increases in nurse recruitment and have led nursing leaders to publicly declare that nursing shortages are likely to persist past 2024.²²
17. This combination of applications to nursing courses from domestic students having slowed and high rates of experienced nurses leaving the NHS in England and Scotland means that targets for the number of nurses required to meet demand by 2024 and beyond are already out of date.
18. The Health Foundation has already estimated that NHS England will need to increase the number of nurses by 63,000 – higher than the official target of 50,000 – to meet demand.²³ Although similar analysis has not been conducted in Scotland, the similarities of the challenge faced in both England and Scotland – as highlighted above – suggests NHS Scotland is faced with a comparable challenge.

Estimating future demand for nurses in England and Scotland

19. Taking a longer view, the combined growth in demand for healthcare and high attrition rates of experienced nurses implies that the NHS faces an even larger recruitment challenge between now and the end of the decade. Analysis predicts that 429,000 nurses will be needed in NHS England by 2030-31.²⁴ Assuming a similar rate of attrition of experienced nurses, this would require 365,000 nurses to be recruited over the next decade.²⁵ Extending the forecast to Scotland would suggest NHS Scotland will need to recruit nearly 65,000 nurses before 2031.²⁶
20. Using the UK Government's 2024 growth plan for NHS England, MillionPlus has estimated the number of nurses expected to be recruited to the NHS through the various streams:²⁷
 - One third of nurses are expected to be recruited from overseas;
 - 23% from the wider labour market movement;²⁸ and
 - 44% of the planned increase coming from domestically trained nurses.

²⁰ Holmes, J. (2022). The NHS nursing workforce – have the floodgates opened? [online]. The King's Fund. Available at: [https://www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce#:~:text=The%20last%20year's%20data%20\(June,under%2045%20years%20of%20age.](https://www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce#:~:text=The%20last%20year's%20data%20(June,under%2045%20years%20of%20age.) [Accessed 27 Jan. 2023].

²¹ The report's year runs to June 2022 in England but March 2022 in Scotland (which is Scotland's most recent figure). Palmer, B. and Rolewicz, L. (2022a). *Peak leaving? A spotlight on nurse leaver rates in the UK*. [online] The Nuffield Trust. Available at: <https://www.nuffieldtrust.org.uk/resource/peak-leaving-a-spotlight-on-nurse-leaver-rates-in-the-uk> [Accessed 15 Dec. 2022].

²² Holmes, J. and Maguire, D. (2022). *Is the NHS on track to recruit 50,000 more nurses?* [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2022/04/nhs-recruit-50000-more-nurses#:~:text=However%2C%20England's%20Chief%20Nursing%20Officer,for%20nurses%20in%20the%20NHS%3F> [Accessed 17 Nov. 2022].

²³ The Health Foundation. (2022). *Government's nursing target could still leave NHS short of nearly 40,000 nurses by next election*. [online] Available at: <https://www.health.org.uk/news-and-comment/news/government-s-nursing-target-could-still-leave-nhs-short-of-nearly-40000-nurses-by-next-election> [Accessed 2 Nov. 2022].

²⁴ Rocks, S., Boccarini, G., Charlesworth, A., McConkey, R. and Rachet-Jacquet, L. (2021). *Health and Social Care Funding Projections 2021*. [online] The Health Foundation. Available at: <https://www.health.org.uk/publications/health-and-social-care-funding-projections-2021> [Accessed 15 Dec. 2022].

²⁵ This assumes that at least 27,000 experienced nurses will leave NHS England for each of the next 9 years.

²⁶ The absence of up-to-date workforce data has hindered longer term analysis of nurse recruitment in Scotland. However, given the similarities between England and Scotland in terms of nurse recruitment and attrition of experienced staff, we can extrapolate demand in Scotland from the NHS England analysis. According to the Nuffield Trust, NHS England employed 360,000 nurses at the end of September 2022. The corresponding figure for NHS Scotland is 64,000. Therefore, we use a coefficient of 0.178 to estimate NHS Scotland demand from the NHS England forecast.

²⁷ Department of Health & Social Care (2022). *50,000 Nurses Programme: delivery update*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update> [Accessed 15 Dec. 2022].

²⁸ Much of this is movement of individuals from the social sector care. While this raises significant questions for a sector already chronically understaffed, we make no attempt to touch on that issue in this brief.

21. Tackling England first, the 44% figure represents a total of 160,000 student nurses entering NHS England between now and 2031 at an average of 18,000 per year. **This is a 25% increase on the planned number of student nurses entering the profession as outlined in the UK Government's pre-2024 forecasts.** However, given the continued high attrition rates of trainees, the number of student nurses being educated could be up to one third higher than what is currently projected.
22. Again, the absence of up-to-date granular workforce data in Scotland makes calculating similar estimates for NHS Scotland more challenging. But a proportional figure for Scotland using England's targets – a fair approach given the similarities in the number of unfilled vacancies and staff attrition rates outlined above – is that Scotland will need to recruit 28,000 domestically trained nurses to hit demand by 2031. This averages out at 3,000 per year.
23. According to the Nursing and Midwifery Council (NMC), Scotland had 3,000 nurses newly join the nursing register in the year to March 2022.²⁹ Given that around 90% of nurses on Scotland's register work in NHS Scotland, this translates to approximately 2,700 nurses having joined NHS Scotland over the past year. According to the Scottish Government's figures, 200 of these nurses were recruited from overseas.³⁰ Meeting their 2031 target, therefore, would **require NHS Scotland to increase the number of domestically trained nurses entering the health service by around 20%.** What is clear from these numbers is that there will need to be significant planning and investment to train more nurses in England and Scotland over the next decade to meet this need.
24. Given the right government investment in staffing and resources, modern universities, who already do the heavy lifting in terms of educating and training the majority of student nurses in the UK, stand ready to accommodate these increases in student numbers. However, the requirement for students to complete clinical placements as part of their qualification and training presents a significant problem that universities are unable to address alone. Sourcing increased capacity in a placement system already under significant strain is essential if nursing targets are to be met by the end of the decade.
25. Nursing targets up to 2030-31:

NHS England	NHS Scotland
<ul style="list-style-type: none"> • 429,000 nurses required in NHS England by 2030/31. This would require: <ul style="list-style-type: none"> ◦ 365,000 nurses to be recruited over the next decade ◦ 160,000 student nurses entering NHS England between now and 2031, at an average of 18,000 per year • One-third of nurses are expected to be recruited from overseas, and 23% from the wider labour market movement • 44% of the planned increase will need to come from domestically trained nurses 	<ul style="list-style-type: none"> • Recruitment target of nearly 65,000 nurses to hit demand by 2031. This would require: <ul style="list-style-type: none"> ◦ 28,000 domestically trained nurses - averaging at 3,000 per year • Scotland had 3,000 nurses newly join the nursing register in the year to March 2022, of which: <ul style="list-style-type: none"> ◦ 2,700 nurses have joined NHS Scotland over the past year <ul style="list-style-type: none"> ▪ 200 of these nurses were recruited from overseas ◦ 300 employed in other medical / care settings • Therefore, NHS Scotland to increase the number of domestically trained nurses entering the health service by 20% to meet demand by 2031.

Clinical placements

REQUIREMENTS AND EXISTING LIMITATIONS

26. This briefing has explored the nursing crisis facing the NHS in England and Scotland and sets out the need for both governments to revise their growth targets for qualified nurses coming through the education pathway to address workforce shortfalls by 2030. Modern universities are well established, high-quality, education and training providers for the nursing workforce and as such can take on a

²⁹ Nursing and Midwifery Council (2022b). *The NMC Register Scotland*. [online] NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/march-2022/nmc-register-data-march-2022-scotland.pdf> [Accessed 15 Nov. 2022].

³⁰ The Scottish Government (2022). *NHS Scotland recruitment boost*. [online] Gov.scot. Available at: <https://www.gov.scot/news/nhs-scotland-recruitment-boost/> [Accessed 15 Dec. 2022].

pivotal role in achieving this mass expansion. They have forged long-standing partnerships with NHS Trusts and Boards across the UK. However, the area that requires closer scrutiny within this workforce pipeline partnership is the current legal obligation for nursing students to undertake and complete extensive placements within clinical settings prior to graduation. This requirement presents a sizeable barrier to achieving the required increases over the next decade.

27. The placements ecosystem is already close to capacity, with shortfalls a real risk as healthcare providers come under further pressure from experienced nurses leaving the profession. In addition to capacity issues, inefficiencies in administering placements means valuable resources are often wasted resulting in 'poor experiences during placements' often cited as one of the principal reasons why students leave their studies prior to completion.³¹ This creates a cycle in which downward pressure is put on the number of nurses left within the NHS. Greater work strain then leads to experienced nurses leaving the profession taking with them the much-needed skills and experience that makes the clinical placement system so valuable for the next generation.
28. In the absence of mentoring and high-quality clinical training, student nurses are walking away from the sector prior to qualifying. Unless these issues are resolved, the NHS will struggle to achieve the Government's goals of increasing the number of domestically trained nurses over the next 5-10 years.

WHAT IS A CLINICAL PLACEMENT?

29. Clinical placements provide student nurses with experience in an operational healthcare setting. Designed to allow students to apply theoretical knowledge from the classroom to a real-life setting, placements serve an essential function in a nurse's training.
30. Beginning in a student's first year of study and continuing throughout their course, placements allow students to undertake training, carry out supervised and unsupervised procedures, observe experienced nurses at work, build networks with other healthcare professionals and acclimatise to shift patterns.
31. Student nurses receive a bursary of at least £5,000 and can claim for travel and accommodation expenses while on placements.³² However, placements are unpaid roles and student nurses hold supernumerary status within the NHS. This means that students nurses cannot be counted as part of the workforce and time must be made available to students for learning and development.
32. The exact length and type of placements varies according to specialism and stage of study. Also, the aim is to place students within a reasonable travel time, though it is recognised that this is not always possible. However, all student nurses must complete a minimum of 2,300 hours of clinical placement while training.
33. Prior to January 2023, European Union regulations allowed for up to 300 of the 2,300 hours to be in the form of simulation. These are closely supervised educational processes that replicate clinical practices but in a safe environment (e.g., the use of virtual platforms). With the UK having left the European Union, the NMC voted to double the maximum number of simulated hours to 600 during their Open Council meeting in January 2023.³³ The aim is to relieve some of the pressure that has built up in the placement system since the pandemic.

³¹ Jones-Berry, S. (2018). *Why as many as one in four nursing students could be dropping out of their degrees*. [online] Rcni.com. Available at: <https://rcni.com/nursing-standard/newsroom/news/why-many-one-four-nursing-students-could-be-dropping-out-of-their-degrees-137661> [Accessed 15 Dec. 2022].

³² The bursary for student nurses in Scotland is higher than in England. A student nurse in Scotland can expect to receive a minimum bursary of £10,000.

³³ Nursing and Midwifery Council (2023). Open Council - 25 January 2023. [online] NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2022/open-council---25-january-2023.pdf> [Accessed 25 Jan. 2023].

34. NHS Trusts/Boards and universities work in partnership to train students. Academic support, such as lectures and tutorials, is provided by universities, while support in the clinical setting is provided by the Trusts/Boards.
35. To assist in this process, students are allocated to an academic assessor at their university. While on placement a student is supported by practice supervisors and practice assessors. Together these outline the learning needs and outcomes a student should be expected to achieve.
36. All qualified nurses and midwives, in any area of practice and learning environment, are expected to be competent enough to act as practice supervisors and assessors.³⁴ To help all parties keep track of a student's progress while on placement, electronic record keeping (e.g. Placement Education Management System) is often used.

FUNDING AND ADMINISTRATION OF PLACEMENTS

37. Student nurse places are allocated to universities using workforce plans developed by NHS England and Scotland with limited input from education providers. State funding for clinical placements is then allocated through Health Education England (HEE) and the Scottish Funding Council (SFC). These tariff payments are made directly to NHS Trusts and Boards for the placement of nurses in their facilities. While students can claim for expenses incurred when on placement.
38. Universities, together with practice learning partners, must ensure that learning adheres to the NMC Standards framework for nursing and midwifery education.³⁵ This involves ensuring there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments.
39. Placements are made available to student nurses through agreements between universities and their local or regional NHS Trusts/Boards. While agreements differ according to each education provider and Trust/Board, they involve planning meetings between dedicated leads to determine student numbers and capacity within the healthcare setting. MillionPlus members have established and developed excellent working relationships with their NHS partners and their education teams. This helps both parties to navigate a placements system that is often close to capacity.
40. Numbers, associated funding and oversight for clinical placements are managed by HEE and the funding, once confirmed, is paid directly to the Trust.
41. There has been divergence between England and Scotland over plans to increase placement capacity. There was a recognition in NHS England's Long-term Plan that that placement capacity should be increased by 25% from 2019-20.³⁶ While no such targets have been set by the Scottish Government.
42. However, pressures experienced both during and following the pandemic have placed even greater demand on student nurse placement capacity. A shortage of good placements has also illuminated a number of inefficiencies in the administration and funding of nursing placements.

PRESSURES ON THE PLACEMENT SYSTEM

43. A significant practical pressure on student nurse placements is a shortage of experienced nurses to deliver the required training. Unfilled vacancy rates of around 10% across England and Scotland limit the

³⁴ Nursing and Midwifery Council (2018). Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment. [online] NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf> [Accessed 25 Jan. 2023].

³⁵ Nursing and Midwifery Council (2023). Standards framework for nursing and midwifery education. [online] NMC. Available at : <https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> [Accessed 25 Jan. 2023].

³⁶ NHS England. (2019) *The NHS Long Term Plan*. [online] NHS. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 12 Dec. 2022].

number of students Trusts and Boards can take on placements. Given the high number of experienced nurses having left the profession over the past year, this situation is likely to get worse in the short term.

44. Having already been close to capacity, sourcing new high-quality placements for their students places a costly administrative burden on universities, both in physically seeking out placements and the requirement for new placements to be audited. Additionally, universities report students having to travel greater distances (particularly in more remote areas) to undertake placements. This puts greater strain on students, who may be juggling caring responsibilities on top of study. Furthermore, as students can claim travel and/or accommodation expenses, this will likely increase costs to HEE and SFC.
45. The absence of involvement by education providers in workforce planning, used to allocate student nurse places to universities, can lead to a lack of cohesion. This includes shorter than ideal timeframes for applying for additional funding or a lack of understanding by funders of how the academic year cycle operates. This leads to valuable administrative resources being used to apply for additional priority funding streams at very short notice and can therefore prove challenging for universities to adhere to their university governance procedures or funding is made available after universities and Trusts/Boards have reached agreement on placement numbers.
46. Together, this has resulted in a failure to utilise the existing placement capacity with a National Audit Office report in 2020 indicating that placement opportunities had been missed due to places being announced too late in the academic cycle for universities to respond.³⁷
47. Studies have also shown that poor placements are a key driver of the high pre-registration drop-out rates seen in recent years.³⁸ Students report that staff shortages in the NHS have meant they are not receiving the mentoring they have been led to expect. Further heightened by backlogs in the NHS, some students have been asked to take on frontline positions, known to have had a detrimental impact on the wellbeing and progress of students.³⁹ In part, this explains the 25% drop-out rate for student nurses since 2018.⁴⁰
48. Action has been taken to address this issue, including the rollout of the RePAIR programme, a project designed to gain better understanding of the factors impacting on healthcare student attrition and improve retention,⁴¹ and an additional £10m to improve the administrative working of placements. Yet one third of student nurses on degree programmes left their course in 2021.⁴² However, innovative approaches to reforming the placement system are long overdue.
49. In conclusion, plans to increase placements have been welcomed by education providers and practitioners alike. Indeed, increased capacity in the placement system is essential if targets for domestically trained nurses are to be met. However, increased investment is only part of the solution and must be introduced alongside changes to improve efficiency in the system.
50. MillionPlus member universities have been taking the lead on finding new ways to increase capacity.

³⁷ Davies, G. (2019). *The NHS Nursing Workforce*. [online] *National Audit Office*. National Audit Office. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/03/The-NHS-nursing-workforce.pdf> [Accessed 2 Nov. 2022].

³⁸ Jones-Berry, S. (2018). *Why as many as one in four nursing students could be dropping out of their degrees*. [online] Rcn.com. Available at: <https://rcni.com/nursing-standard/newsroom/news/why-many-one-four-nursing-students-could-be-dropping-out-of-their-degrees-137661> [Accessed 15 Dec. 2022].

³⁹ Devereux, E. (2022). *Joining Covid-19 frontline caused student nurses 'psychological distress'* | *Nursing Times*. [online] Nursing Times. Available at: <https://www.nursingtimes.net/news/coronavirus/joining-covid-19-frontline-caused-student-nurses-psychological-distress-24-06-2022/> [Accessed 15 Dec. 2022].

⁴⁰ Health Education England. (2018). *Reducing Pre-registration Attrition and Improving Retention Report*. [Accessed 2 Nov. 2022].

⁴¹ NHS England (2018). *Reducing Pre-registration Attrition and Improving Retention*. [online] Health Education England. Available at: <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention> [Accessed 15 Dec. 2022].

⁴² Stacey, A. (2018). *Student attrition: what's happening with the COVID-19 cohort?* [online] Rcn.com. Available at: [https://journals.rcni.com/nursing-standard/analysis/student-attrition-whats-happening-with-the-covid19-cohort-ns.37.10.10.s7/abs#:~:text=The%20latest%20annual%20Nursing%20Standard,33%25\)%20who%20did%20not.](https://journals.rcni.com/nursing-standard/analysis/student-attrition-whats-happening-with-the-covid19-cohort-ns.37.10.10.s7/abs#:~:text=The%20latest%20annual%20Nursing%20Standard,33%25)%20who%20did%20not.) [Accessed 15 Dec. 2022].

The role of modern universities in training nurses

51. As the educators of two-thirds of student nurses, modern universities are at the cutting edge of resolving the pressures that the placement system is currently facing. What follows is a sharing of the innovative work currently being conducted at MillionPlus universities designed to reduce pressures on the placement system.
52. The work will cover three areas. First, relationships built between universities and NHS Trusts and Boards designed to mitigate the absence of education providers in long-term NHS workforce planning. Second, the funding streams that MillionPlus universities access and how those funds are spent in improving placement capacity and the experience of nursing students. Finally, the innovative methods of course delivery that MillionPlus universities have developed in recent years.
53. Alongside examples of best practice are the limitations that members have identified in the current funding and delivery system. Resolving these issues would free up universities to innovate further, plan for the longer term and, in turn, help build capacity to train the increased number of nurses needed in the coming years.

RELATIONSHIP BUILDING BETWEEN MILLIONPLUS INSTITUTIONS AND NHS BOARDS/TRUSTS

Strategy and planning

54. To mitigate their lack of involvement in long-term NHS workforce planning, MillionPlus universities have fostered relationships and set up systems designed to maximise placement capacity and respond more quickly to this availability.
55. **The University of Cumbria** convenes bi-monthly Strategic Partnership Engagement Meetings for planning, feedback and to provide a forum for new ideas. These work in conjunction with monthly Placement Partnership Meetings in which all Practice Education Facilitators (PEFs), educators and the NHS meet to organise placements. Often primary and social care providers are invited to attend and has led to some increases in placement offers with local Trusts (adult, child, mental health).
56. **The University of East London** works closely with their local integrated care board which helps provide close working relationships with other key partners in London and beyond. Examples include partnerships with Imperial College Hospitals NHS Trust, Lewisham and Greenwich Trust in London and partnerships with Trusts in Essex.
57. At **Staffordshire University**, the Academic Practice Learning Manager (APLM) and Heads of Departments for practice, all chair individual strategic level quality meetings with all of their key Trusts. These meetings involve the analysis data and the raising of any issues to be forwarded to senior management at the Trust and university. This allows for advanced planning of placement availability.
58. The **University of Suffolk** convenes a quarterly Education Partnership Forum which includes partners from local Trusts, private and voluntary organisations and social care settings. The meeting provides a platform to support and operationalise business, discuss performance against agreed targets (e.g. student numbers, attrition and quality of placement experience) and other educational issues as they arise.
59. Suffolk's approach serves two important functions in overcoming a lack of university involvement in workforce planning. First is in providing a space in which collaboration between partners is encouraged. This helps support provision and allows best practice and innovation to be shared. Second is an arena in which issues identified elsewhere can be raised for discussion. One example is the escalation to the Forum of issues raised in bi-monthly Programme and Apprenticeship Operational Groups. These Groups are chaired by programme leads with real-time knowledge of student placements, so allowing for issues in clinical settings to be communicated to more senior leadership and action quickly taken.

60. Similar meetings held with operational managers at Trust partners address issues with placements on wards or within departments.
61. **Canterbury Christ Church University** has worked closely with the Integrated Care Board (ICB) and NHS providers within their system to identify nursing growth needs and agree expansion targets. This has been particularly successful with 15% expansion expected in both 2022-23 and 2023-24.
62. This strategic link with the ICB allows the university to more easily identify placements not only in the NHS but also the private, voluntary and independent sector. Greater availability of placements has numerous benefits, including enhancing the student experience, offering rotations in a range of health and care settings and help reduce financial hardship that might be incurred through travel and accommodation costs by providing a placement closer to where a student lives.
63. As part of a recent placement expansion project, the **University of East London** works with a funded role in the integrated care board to help identify areas where placement capacity can be increased in both primary and social care settings. The university's investment in additional academic staff, outlined in more detail below, has strengthened this relationship further, allowing for a better understanding of the strategic direction of Trusts to inform decisions on expansion and helping to identify areas of concern earlier in the process.
64. Meanwhile, the **University of Central Lancashire** has developed a Trust-centric rather than a system approach, with the needs of Trusts lying at the heart of collaboration. Dialogue involves local negotiation with each placement provider and informal agreements. Most discussions are with Practice Education Facilitators (PEFs), who report to more senior organisation leaders.
65. **The University of Sunderland** has established a co-production model with South Tyneside and Sunderland NHS Foundation Trust when developing its adult nursing programme. This model provides stakeholder input in terms of curriculum development, ensuring that the programme meets the Trust's needs and helping to provide placement opportunities for students. The model is underpinned by quarterly meetings between various academic staff and practitioners in which Trust and university business is shared, including recruitment and placement capacity/opportunities.
66. In addition to co-production models aimed at the needs of employers, **London Metropolitan University** has co-produced a place-based strategy aimed at the needs of the local community. The strategy aims at recruiting nursing students from the local North Central London area. These students are reflective of the local population and more likely to remain in the locality once qualified. This model operates within the existing employer engagement partnerships already in place via a Practice Stakeholder Group. This Group is composed over 30 local practice-based and strategic health partners across health and social care and allows for local strategic direction to be more easily agreed and realised.
67. Unsurprisingly, such close collaboration between universities and healthcare providers has been extended to direct collaboration between universities. This prevents competition and overlap in the planning process and allocation of placements.
68. **Staffordshire University** is involved in a regional higher education group alongside neighbouring higher education providers. **Canterbury Christ Church University** allocates a team of senior lecturers in Practice Learning to an NHS Trust who then collaborate with education professionals to avoid duplication and put in place systems to ease students on to placements (e.g. joint inductions, student-led teaching sessions and cross-profession placements).
69. **The University of Central Lancashire** is part of the Northwest Practice Education Group which emerged from the InPlace consortia and adoption of the standards for student supervision and assessment (SSSA standards). This multi-professional group has embraced regional developments such as quality assurance and enhancement frameworks, placing students at the centre of evaluation, inclusivity, and knowledge

sharing. The key to the success of this group is the ability to collaborate while still embracing the differences across education and placement providers.

70. **Edinburgh Napier University** has sought to minimise competition by forming a Southeast Scotland Practice Learning group alongside the University of Edinburgh and Queen Margaret University. This group fosters a collaborative approach and allows for innovation to be shared across universities and NHS Boards.

Improving the efficiency of placements

71. In addition to increasing placement capacity and responding to changes, MillionPlus universities have set up innovative systems to ensure that placements work in a more efficient manner. This ensures capacity can be retained, ensures placements are filled quickly and work with practice assessors and practice supervisors to build a better understanding of student learning and assessment.
72. **The University of Cumbria** employs a Practice Development Facilitator to work alongside practice partners and ensure systems and processes operate efficiently and in a way that improves student experience while on placement.
73. **The University of Sunderland's** co-production model has seen efficiency savings in the placement system. Meetings between university staff, practice placement facilitators and clinical link tutors are held every eight weeks. With a focus on day-to-day placement activity, meetings act as an effective forum to ensure capacity is maximised, positions are filled and future opportunities for capacity building are identified. The model's success has seen it expanded to other local NHS Foundation Trusts.
74. **The University of East London** currently provides 350 nursing apprentices with their NHS partners. This enables a more efficient placement relationship for these apprentices with employers able to develop their workforce effectively based on local demands. In addition to the efficiency savings employer-led apprenticeships can bring, the university has invested in an academic placement team, including an associate professor and two senior lecturers. These roles work practice partners to ensure placements operate efficiently and that students experience high quality learning and assessment environments.
75. **Canterbury Christ Church University** has set up an Outreach Team that helps students navigate their most suitable pathways by understanding the availability and diversity of career available. The goal of the team is to reduce attrition by ensuring students follow the most suitable pathway. This is supported during a student's Virtual Practice Learning (VPL), where experienced practitioners share their career pathways. This provides students with a knowledge and understanding of potential routes and progression in nursing that would otherwise be lacking.
76. The Outreach Team also works closely with the Health and Care Partnerships (HCP) to bring school and college children into the university's simulation suite for interactive nursing activities, and bring simulation exercises also to the school or college's classrooms. Evidence suggests that this increases interest in nursing as a career and has an excellent record in ensuring prospective candidates successfully apply to nursing courses.
77. **Staffordshire University** is currently piloting an online audit system, in collaboration with four other higher education providers, to streamline the audit process of placement areas and encourage a widening of placement opportunities for a variety of professional groups. This should make the system more streamlined for both students and practitioners.
78. **The University of Suffolk** has taken innovative approaches to helping overcome placement shortages. Physiotherapy and mental health nursing has been identified as the university's most placement-challenged programmes. To address this, the university has provided accommodation on campus for Private, Voluntary and Independent (PVI) providers of physiotherapy and mental health services. Public access treatment rooms have been created with providers able to operate from the space without fee, on the proviso that new placements in these areas are provided.

79. **The University of Suffolk** has also been successful in expanding placement capacity in other areas. The university employed a placement expansion officer in October 2021. The officer has overseen significant improvements to the educational audit process for providers and an impressive growth of new placement providers. Examples of new placements include the Fire and Rescue Services, private ambulance service providers, coastguard agencies, police services, GPs and the private, voluntary, independent organisations within health and social care. In total, 18 new placements across 12 new providers have been secured. This has dramatically increased the range of opportunities for learners. Success has been such that placement expansion is now ongoing across the whole of the East of England.
80. In addition to systems already in place, institutions have forwarded ideas for ways to improve the system further. **The University of Wolverhampton** proposed the idea of developing a placement management system across regions that accommodate multiple universities, Health Education England (HEE) and placement providers.
81. This would allow for efficient and effective identification and allocation of existing placement capacity. In addition, placements with social care or third-sector partners could be more easily incorporated into the wider system.
82. However, despite the minimal ongoing costs of such a system delivering significant efficiency savings, the set-up costs of such a system is prohibitive and beyond the budgets of individual universities.

Barrier to effective relationship building

83. Despite the steps taken by universities to improve the placement system, barriers present in the system prevent further improvements.
84. Several institutions report that the placement system lacks formality, instead relying heavily on goodwill. As the examples above show, strong and healthy relationships between universities and their healthcare partners have emerged from this goodwill, but a lack of formal structures is problematic when seeking to recruit and train a modern and professional workforce. Furthermore, the system is already under pressure and will come under further pressure in the coming years. A reliance on goodwill alone risks missing the targets set by the UK and Scottish Governments for an increase in the nursing population.
85. One example is in the formal Tri-Partite Agreement in NHS England – a nationally agreed framework for Undergraduate Medical Education between HEE, education and placement providers that are reviewed annually by education and practice partners. The Agreement is a Schedule (4C) of the NHS Education Contract, approved by the HEE board in April 2020.
86. However, advice given to some universities at that time was not to enact Schedule 4C. Despite that advice now having changed and universities being in favour it has not happened across some integrated care systems. Clearer guidance from the UK Government or HEE, would go a long way to resolving this issue.
87. Likewise, tariffs from education funders in England and Scotland continue to play a central role in determining placement availability. This sees funding determine where students are placed rather than funding following students to their most suitable placement location. As a result, dedicated placement staff are often employed directly by the NHS, while academic staff are contracted by universities. This results in what one professional termed a 'close, but separate system built on goodwill' which requires a lot of work and resources on both sides to make it work.
88. Together, these barriers mean that universities are too often operating within systems that lacks the flexibility needed to meet the increased demand for placements in the coming years.

INCOME STREAMS FOR IMPROVEMENT OF PLACEMENTS AND THEIR USES

89. Funding bodies, in understanding the need for increased capacity, have made funds available to universities. Below we detail examples of funding streams accessed by MillionPlus members, how this funding has been used to improve the placements system and barriers that prevent more effective use of funds in the current system.

Funding streams

90. Much of the funding for improving the placement system comes directly from Health Education England (HEE) or the Scottish Funding Council (SFC). Examples include an HEE-funded secondment for **Staffordshire University's** academic practice learning manager to work one day per week on a project designed to provide targeted development and growth across the Midlands and funding to set up and deliver simulated learning.

91. **The University of Cumbria** has also received funding from the HEE's regional funds to support simulated placement hours development and the rollout of innovative supervision systems. While **The University of Wolverhampton**, **University of Suffolk** and **University of East London** have supported increased simulation and/or immersive technology development through HEE funding. Alongside HEE placement capacity funding received by partner organisations, universities were able to accommodate the increased number of student nurses between 2019 and 2022.

92. **London Metropolitan University** has been in receipt of a more than £5 million Office for Students which, alongside significant investment from the university to set up the university's first NMC approved programme, is being used to develop a new skills and simulation suite due to open in September 2023.

93. **The University of Central Lancashire** has also been in receipt of HEE funding which, alongside funds allocated by the Office for Students, has been used to broaden simulated learning environments. However, the university has also innovated by identifying a change in the HEE contract that mean universities can be classified as placement providers. By working within professional regulatory standards, this has seen the provision of simulated placements that accrue placement tariff. This brings the potential for growth in future student numbers.

94. **Staffordshire University** has also looked to alternative funding streams as a way of increasing placement capacity. Funding via the Staffordshire Higher Skills and Engagement Pathways, which is part funded by the European Social Fund, has been used to employ administrative staff to support practice capacity building and to release academic time that can be spent on accessing further placements.

Use of funding to improve placements

95. Available funding has been used to increase placement capacity, invest in technological infrastructure and to improve the placement experience for students and practitioners.

96. **Staffordshire University** has used HEE funds to trial a hybrid simulation experience for paramedic science and mental health students. Further funding means that from September 2023 the university will have simulated placements running in all nursing, paramedic and ODP programmes.

97. **The University of Cumbria** has used funds to invest in an interface system (InPlace Network Plus) to enhance connection between students, placement location and university. This brings greater efficiency and an improved experience for students when on placement.

98. Cumbria has also developed long-arm supervision, which does not require supervisors to be the student on a day-to-day basis. This potentially opens up placement capacity for children, learning disability and mental health nursing placements previously not available due to registered nurses not being employed in those areas.

99. **London Metropolitan University** is making simulation opportunities across primary, community and integrated care pathways available to support the academic curriculum and development of out-of-hospital nursing roles. Examples include innovative simulation environments, such as home environment set-ups. Innovation has also extended to the technology used, in particular a dedicated telehealth room, video conferencing and board-room facilities all of which enable the development of strategic leadership skills across multiple sites of nursing work.
100. These innovative changes will sit alongside more traditional simulated care environments at **London Metropolitan University**, such as acute ward and intensive care areas, to provide virtual placements for students. The university is also working with practice partners to create meaningful multi- and inter-professional simulations that support student learning and conform to the NMC Standards for Student Supervision and Assessment. This will reduce pressure on the wider health care provider community and is essential to meet the university's ambitious six-fold expansion of student nurses by 2028/9.
101. **The University of Sunderland** has offered an additional placement tariff to support placement development in all their partner Trusts. This tariff is used to create additional placement capacity. Importantly, this money goes directly to the Trust education team and so avoids funds being lost in the wider budgets of Trusts. In tandem with this, HEE have employed a strategic lead for enabling effective learning environments across the north east and north Cumbria. Working with Trusts to explore new placement areas, the aim is to increase placement capacity in the north east.
102. Two MillionPlus institutions have invested in electronic practice assessment document (ePAD) technology to help streamline their placement systems. Allowing for improved communication between student, placement and university, ePAD provides financial benefits from reduced administrative costs and improved feedback for students.
103. **The University of Wolverhampton** has internally funded the development and implementation of ePAD for nurses and midwives. While **The University of East London** has invested in the pan-London ePAD project in conjunction with wider investment in state-of-the-art simulation. The success of this programme has also seen the university fund a viability study for an online placement management software tool. The development of such a system is seen as essential for making more efficient use of the existing placement capacity and identifying potential areas for expansion.
104. The development of ePAD technology has seen significant improvements to student experience on placement. Yet, as we detail below, funding difficulties have prevented the ePAD programme reaping its full benefits. If cost and efficiency benefits are to be maximised from the adoption of technology, then much can be learned from institutions who have been first to move in this area.

Problems with the current funding system

105. Despite the success of **The University of Wolverhampton's** ePAD system, a lack of central funding in England sees a variety of different platforms being used. This can create logistical challenges when partners accept students from different universities and so negates some of the efficiency savings outlined in the previous section. Wolverhampton report that these issues are heightened further through tight funding application turnarounds and limited transparency over awarding. One solution is to have funds allocated over a two-year period that would allow for greater planning and a stable funding landscape on which increased capacity could be built.
106. The **University of Cumbria** also highlights tight deadlines as a problem alongside the issue of inflexibility in the funding system. This sees a requirement to demonstrate 'spend' by NHS financial year end, which differs from academic year end, so leads to funds being allocated inefficiently. Additionally, HEE funding for simulation is unable to be utilised for staff resource, often limiting the ability to increase the delivery of simulation. Aligning NHS and academic year ends and providing flexibility of how funds are spent would bring fast and significant benefits to the system.

107. **The University of Suffolk** points to limitations of how projects are funded. Although funds are made available to develop new and innovative technologies, universities must then finance the continuation of projects using internal funds. Although able to off-set some of this with placement tariff, development of innovative teaching aids places a significant financial burden on education providers. A more sustainable funding model would allow for universities to invest in even more innovative solutions.
108. **The University of Central Lancashire** also reports certain funding calls as coming with tight submission and spending deadlines. This means that projects from these calls are often small and short term and so achieve limited outcomes.
109. Instead, the university calls for funding streams and investment that enables long-term planning. This would allow for the development of projects that actually increase placement capacity. These include investment in education infrastructure, staff resources and a realistic time frame to enable progression through procurement processes.

INNOVATIVE COURSE DESIGN AND DELIVERY

110. The final section illustrating how MillionPlus institutions are responding to pressures on the placement system focuses on innovative delivery courses. Much of the focus has been on developing new modes of delivery through the use of technology and simulation. However, changes to programmes, including apprenticeships and accelerated programmes, are enabling wider range of students to enter nursing. Outreach programmes are also being used to advertise nursing as a destination for school and college leavers. While systems and processes have been established to improve the experience for students on placements.
111. **The University of Cumbria** has introduced employer-led apprenticeships that offer an alternative route into nursing. These programmes include shortened routes through reducing supernumerary practice hours and/or flexible approaches to delivery. An example of the latter sees distance learning used to allow students to attend from a wider geographical area. If rolled out more widely, this would be particularly useful for addressing nursing shortage hotspots. The university also offers a two-year accelerated MSc Nursing providing routes into adult and mental health nursing for existing graduates with a mid-academic year start point. To help accommodate these innovative programmes, the university has modified teaching with live streamed, online and virtual delivery meeting the needs of a more geographically spread cohort and allowing practice to be more easily shared.
112. **The University of East London** has developed a similar approach through its nursing and apprenticeship programmes. These programmes involve employers to help create models of learning that meet specific needs within the sector. One example is a one-day-a-week model which enables NHS partners to maximise apprenticeship training posts.
113. **The University of Sunderland** has also sought to widen participation through its blended learning programme aimed at those wishing to study around their current employment and family commitments. This greater flexibility of course delivery has seen individuals pursue a career in nursing who would previously have been unable to gain access to more traditional programmes.
114. As part of the university's commitment to supporting veterans seeking a career change on leaving military service, Sunderland has developed close links with the Defence Medical Services. In addition to attracting strong candidates to the nursing profession this relationship has allowed new learning opportunities to be embedded in the curriculum. These include team-building exercises alongside active military personnel, leadership training and trauma exercises.
115. Following a similar approach to widening participation, **London Metropolitan University** has worked with the local Health and Social Care Academy to provide 25 bursaries for local Islington residents who meet the programme entry criteria for the university's nursing programme, come from under-represented groups and are from lower socio-economic backgrounds. The bursaries provide £1000

financial support per year for eligible nursing students from 2023 and for up to a maximum of four years to help support students through their nursing programme.

116. **Staffordshire University** has seen a big focus on the development of simulation, primarily through 'The Five Stage Approach'.⁴³ Particular attention has been paid to developing a core suite of resources to support simulation and embedding best practice and very high-quality simulation in the curricula.
117. Investment in technology and equipment, such as immersive technology and VR, has been underpinned by the construction of the Centre for Health Innovation at Staffordshire and the appointment of key personnel. This saw initial simulation learning activities introduced on an optional basis for students, which has now been rolled out more widely. This has allowed for close support for students from facilitators employed in the school to help break down the traditional theory/practice distinction. The result has been reduced pressure on placement areas and enhanced student satisfaction. This is a model of delivery that has also been successful following its adoption by the **University of Suffolk**.
118. **The University of East London** has also invested heavily in online simulation technology and has redeveloped The Hospital and Primary Care Training Hub to ensure it offers the very best learning environment for our students. The university's Oxford Medical Simulation software is available to all learners via an initial virtual placement. The software provides basic competence training meaning that students enter their clinical placement with a higher degree of confidence in their skills and ability with students reporting reduced anxiety when beginning placements after using the software.
119. In Scotland, **The University of the Highlands and Islands** has opened a new clinical simulation suite in Inverness as part of its ongoing programme of activity to enhance the quality of its education provision and student experience. The suite, made up of two rooms each containing six hospital beds, is designed to replicate hospital wards. The facility also offers live video streaming services to help students at other UHI campuses to join in simulations. This is particularly important given the wide geographic spread of UHI campuses. Such a system, where centralised simulation is used across numerous sites, might offer a framework for collaboration between, as well as within, universities.
120. **The University of Sunderland** has embedded high-fidelity simulation – life-like manikins that react physiologically as if they are human – in its course delivery. Simulation areas are shared across different health-based programmes which has helped build inter-disciplinary learning. Similarly, immersive technology has allowed clinical settings to be recreated on campus, so reducing capacity pressure in practice settings.
121. **Edinburgh Napier University** has reported a 20-30% reduction in demand on placement capacity as a result of its use of simulation. A dedicated clinical skills team, some of whom are clinicians as well as university tutors, design, deliver and support students to develop their knowledge and skills in a safe and realistic learning environment. Meanwhile, efficiencies are made through processes, such as detailed pre-briefs for students to reduce time in simulation activities.
122. The university is also helping train practice supervisors and assessors of the future by involving senior students in supporting simulation activities. In addition to giving these students first-hand knowledge of educating student nurses, senior students are better able to understand their own training and support needs. An increase of these skills and experiences is essential to meet the growing demand for practice supervisors and assessors over the next decade. It should be noted, however, that these move have shifted the onus for supporting some aspects of clinical practice to universities. This has come at an additional cost to these institutions despite not seeing their funding increased. Relying on efficiencies delivered in this way are likely to reap marginally decreasing benefits unless different funding models recognise the value of such innovations.
123. Systems first introduced during the pandemic have seen **Canterbury Christ Church University** develop its Virtual Practice Learning (VPL). This system is accessed remotely by students and consists of weekly

⁴³ Browne, E. and Phillips, M., 2021. 116 Developing a Framework for the Integration of Skills and Simulation: The 5-Stage Approach. *International Journal of Healthcare Simulation*, 1, pp.A54-A54.

experiences focused on aspects of health and social care identified within the NHS Long Term Plan. Students are offered a wide range of resources and can experience greater focus in areas where placement/staff shortages are most acute, such as learning disabilities and autism, mental health awareness and inclusivity in health and social care.

124. The greater flexibility of delivery provided through the VPL has suited a wider range of learning styles and students have been exposed to practitioners that more closely reflect the cohort's own demographic base. This ability to speak with experts that reflect the backgrounds of students has been an invaluable part of the system and has improved student satisfaction.
125. **The University of East London** has recognised the potential for technology to address health inequities. The university's newly developed Hospital and Primary Care Training Hub is a European first in end-to-end simulated health and social care practice. In addition to using cutting-edge and innovative technologies to enhance the learning of students, engagement with the NHS and local community has allowed the Hub to address the health inequalities evidenced in the communities the university serves. This work illustrates an often overlooked benefit of investing in new technology for educating nurses.
126. Like Cumbria, **The University of Central Lancashire** has developed systems designed to widen participation in nursing. The university's Practice Based Pathway seeks to appeal to students who may not have considered a university education previously. Theory is delivered by Trust staff, off campus and in small cohorts and learning takes place simultaneously in the classroom and on placements each week. This avoids the theory and placement blocks traditionally associated with nursing courses. Small cohorts taught this way have had the added benefit of allowing Trusts to find additional placement capacity.
127. The university also recognises that widening participation to nursing requires additional support. A lack of entry requirements and unfamiliarity with academic study presents a barrier to many returning to academic study. To break this barrier the university has developed a Return to Study Programme designed to address these issues. This short six-week course focuses on preparing potential students for academic study.
128. At the **The University of Wolverhampton** virtual simulation is an area of growth seen as a way to reduce the human resource required of in-person simulation. As such, simulation has been used to replace practice hours in smaller cohort fields, such as mental health, learning disability and child.

Limitations of simulation

129. The examples outlined above show the innovative course delivery being conducted at MillionPlus universities. Clearly simulation can play a key role in reducing the demand on clinical placements and offer high quality learning opportunities which improve student satisfaction. However, members are clear that simulation cannot fully replace time spent in practice.
130. Added to this, the capital cost of simulation to support all fields of nursing is also high and requires a strategy for ongoing renewal. The increased costs of rolling out more simulation following the NMC's decision to double the maximum hours in January 2023 needs to be recognised and funds made available.
131. Rather than individual universities compete to invest in simulation resources, a more collaborative approach through establishing virtual simulation resources that can be open access and used by all universities across England and the wider UK nations would be a better use of funding and resources. Infrastructure and staff spending could then be better directed at freeing up clinical placements, enabling growth in student numbers.



Recommendations

1. Foster collaboration, not competition, between education providers and NHS Trusts and Boards.



2. Greater involvement of higher education institutions in long-term NHS workforce planning. Allowing for knowledge transfer, a more stable placements landscape and collaboration between universities over competition.

3. HEE tariff to follow the student in their placements rather than be allocated to NHS Trusts and Boards allowing for a closer system focused on the education of students.



4. Formalise the relationship between education and placement providers and funders through the NHS Education Contract. This would ensure all integrated care systems fall within the Tri-Partite Agreement in NHS England.

5. Provide universities with stable and longer-term funding streams with the flexibility to innovate. Celebrate the diversity of regional healthcare providers while allowing universities to plan for the longer term.



6. Synchronise the NHS and academic year ends. Reduce pressure for universities to spend funds in a speedy and inefficient way.

7. Government investment in simulation infrastructure that is open source. Recognise the additional capital costs arising from the NMC's decision to double the amount of simulation student nurses can undertake and allow for universities to invest in freeing up clinical placements.



8. Recognise that simulation cannot fully replace time in practice by investing in increased placement capacity.

9. Government to establish a study to explore reducing the number of hours student nurses are legally required to undertake a training placement. This would bring the UK in line with other international developed healthcare systems.



10. Provide funding to support existing outreach programmes that offer career advice and advertise nursing as a career destination in schools and colleges.

Conclusion

132. There is little doubt that the NHS faces a recruitment crisis. With around 10% of nursing vacancies currently unfilled in NHS England and Scotland and global pressures meaning international recruitment is less viable than during previous crises, there is a need to train significantly more nurses domestically.
133. Increased uptake of nursing courses during the pandemic has been off-set by record numbers of experienced nurses leaving the sector and a stubbornly high pre-registration attrition rate of student nurses. Added to increased demand for nurses before the end of the decade, MillionPlus estimates that 160,000 student nurses will need to be recruited, trained and enter NHS England between now and 2031 and 28,000 for NHS Scotland. This represents an increase on forecast numbers of around 20%.
134. While universities could accommodate these increases, the requirement for student nurses to undertake 2,300 hours of clinical placement presents a much larger barrier. Funding of placements too often prevents the flexibility and innovation required to meet the diverse regional and clinical needs present in the UK.
135. The structure of the system also drives competition over collaboration too often. The work already being done at MillionPlus institutions to build and maintain strong relationships between education and placement providers makes a strong case for greater involvement of higher education institutions in the long-term workforce planning of the NHS.
136. Reform of how tariffs are allocated, with funding following students, would also help add greater freedom to a sector that is already providing innovative solutions to the problem of placement capacity.
137. But if this freedom to innovate is to bear results, greater stability within the system is needed. Relationships need to be formalized in a system too often built on goodwill and hard work. While stability and synchronisation of funding would help educators build the more robust and efficient systems needed to cope with the increase in students seeking placements.
138. Higher education providers also require capital investment from the UK and Scottish Governments in technology that will take some of the pressure from the placements system. Setting up simulation is costly and if the recent decision by the NMC to double the amount of hours student nurses can undertake simulation is to result in greater capacity, central funding is desperately needed.
139. However, while simulation can provide a safety net and help relieve some of the pressure currently on the system, education providers are clear the simulation cannot fully replace time spent by students working in practice. Indeed, many students signed up for programmes offering clinical placements and an over-reliance on simulation could drive increased student nurse attrition. It is essential, therefore, that investment and systemic change are enacted to allow infrastructure and staff spending to be directed at increasing placement capacity.
140. It is also essential that policymakers evolve their thinking on placements. The number of hours that student nurses in the UK spend on placement remains high when compared to other similar healthcare systems. Work should begin on examining whether the number of placement hours can be reduced and, if so, what is an acceptable level.
141. Finally, we urgently need to attract more nurses to what remains one of the most important and respected professions. As such, funding should be made available for outreach programmes that offer career guidance and promote the various career pathways in nursing.
142. If policymakers can enact these changes, then the expertise and innovation currently contained within our modern universities can be harnessed to meet the clinical placement challenges currently facing the sector.