



Northern Ireland  
Assembly



Queen's University  
Belfast



The Open  
University



Ulster  
University

## Knowledge Exchange Seminar Series (KESS)

### **Engagement and empowerment: Emancipating healthcare support workers to become registered professionals**

#### **1. Introduction/abstract**

Enhancing career development opportunities for the healthcare support workforce and widening access to higher education are currently key priorities across the UK. In the context of entry to pre-registration nurse education, the high academic attainment at GCSE and A-Level required by universities challenges these two key priorities. Since 2004, The Open University (OU) in Northern Ireland, with the support of the five Trusts, the Department of Health, Social Services and Public Safety (DHSSPSNI) and the Department of Education and Learning (DEL), has been delivering a widening access pre-registration nursing programme (PRNP) aimed at healthcare assistants (HCAs) without traditional academic entry requirements, enabling organisations to grow their own registered nursing workforce.

This presentation will draw on an evaluation carried out by the OU and South Eastern Health and Social Care Trust (SET) on the levels of entry, academic achievement and registration with the Nursing and Midwifery Council (NMC), post-registration career progression and satisfaction of both students and nurse managers to date. Initial findings suggest that such an approach to widening access to nurse education in both adult and mental health fields of practice in Northern Ireland has the potential to address issues in relation to social cohesion (European Union, Cohesion Policy, 2014-2020), educational standards and attainment (DEL, 2012), social mobility, career pathway genesis and public sector resourcing (NIPEC, 2012) and support workforce planning across the whole of Northern Ireland.

#### **2. Regional context**

Northern Ireland, like the rest of the Western world, faces unprecedented demand for healthcare, driven by an ageing population and changing demographic, an increasing chronic disease burden, greater expectations from service users, and increasing use of technology to support diagnosis and treatment (Beard and Suzman, 2011). In addition,

Northern Ireland also has a unique legacy arising from 30 years of conflict built upon differences in religious, cultural and political identities (Muldoon & Downes, 2005).

*Transforming Your Care* (DHSSPSNI, 2011) aimed to provide a strategic review across all aspects of health and social care services, with a clear focus on quality and access to services, and on reshaping the model of care with the individual at the centre in order to improve the health and well-being of 1.8 million people. However, despite significant investment in the health service, there is acknowledgement that current structures are not fit for purpose (Donaldson et al., 2014). In Northern Ireland, like England (Francis, 2013; National Advisory Group on the Safety of Patients in England, 2013), standards of care have been called into question due to the weak infrastructure underpinning the current provision of care (Donaldson et al., 2014)

### **3. Policy Context**

In response to some of the recommendations from these key reports, a range of nursing policy initiatives have emerged over the last two years. These have included recognition of the benefit of care experience prior to entry to pre-registration education (Francis, 2013) and an emphasis on values-based recruitment to ensure staff demonstrate the right values and behaviours (Francis, 2013). Francis also referred to the importance of enhancing the quality of education and training for HCAs and increasing progression routes into nursing. Current nursing shortages in both the public (NHS Employers, 2014) and private sectors (Longhurst, 2015) and the subsequent increasing expenditure on agency staff and overseas recruitment are placing additional pressure on recruiting students to the nursing profession. Future changes in the funding of nurse education emanating from England may exacerbate this situation. South Eastern Health and Social Care Trust has not been immune to these challenges and has invested in a range of workforce improvement initiatives including to ensure that 'every member of staff has a personal development plan' (SET Human Resource Strategy, 2013-2016).

### **4. The Open University pre-registration nursing programme**

For the last 11 years a preregistration nurse education programme (PRNP) (Diploma until 2012, BSc Hons Degree since 2013) has been delivered in Northern Ireland, funded and commissioned through the DHSSPSNI led by the Chief Nursing Officer and Assistant Chief Nursing Officer, and delivered through the OU in partnership with the five Health and Social Care Trusts (HSCTs). The programme offers staff already employed in healthcare support roles the opportunity to undertake a four year part-time nursing degree (in either mental health or adult fields of practice). It is a practice-based, NMC-approved programme, supported in full by the DHSSPSNI and the five Assistant Directors/Co-Directors of Nursing, who have responsibility for workforce and education in the five Trusts. Students remain employed part-time as HCAs for the duration of the programme and are fully supported in practice by Practice Education Coordinators (PECs) and OU Practice Tutors. The programme therefore enables organisations to grow their own registered nursing workforce and, as entry requirements are set at the NMC minimum regarding numeracy and literacy, it also promotes widening participation into higher education.

The programme is managed and quality assured by the OU's Senior Lecturer in Nursing in collaboration with the PECs. The programme is built on a partnership model between education and practice to ensure high quality, relevant education that has value at societal, organisational and individual levels. The programme therefore creates a career development pathway for HCAs that synergises social, organisational and personal need for overall benefit. Utilising

# Knowledge Exchange Seminar Series 2015-16

the existing knowledge base of employed staff who are usually older, have accrued life and work experiences, are embedded within their local communities and have a tangible allegiance to the organisation through an established employment record, enables the Trusts to respond to the policy initiatives discussed earlier.

As a result of their prior experience of caring, these staff already have an understanding of the practical dynamics of care delivery, the policies and procedures and cultural context of the organisation, as well as a 'real life' contextual framework that maturity and age bring. Investing in the development of these staff can potentially bring value to the organisation in regards to the quality of care delivered, the ability of the organisation to create career pathways for employees and generate a skilled and professional workforce, enabling access to educational opportunities that may not be otherwise accessible, promoting loyalty to the organisation, strengthening collaboration between academia and the public sector and adding value with respect to wider social cohesion within the community.

The Trusts, working in partnership with the OU, were keen to establish if these aspirations were realised. Therefore SET and the OU worked collaboratively on behalf of all five Trusts to evaluate the programme to date and to provide an evidence base to underpin future planning, growth and support regionally for the programme.

## 5. Evaluation methods

A questionnaire was designed to capture the key domains described in table 1 (below). The questionnaire was distributed electronically to all HSCT programme participants who commenced study in 2004, 2006, 2007, 2008 and 2009 (n=215). A covering letter explained the purpose of the evaluation and the voluntary nature of participation.

**Table 1: Demographic data of participants**

Year commenced and completed programme	Age
Area of practice on entering programme	Number of dependents
Area of practice on completion of programme (as a registrant)	Marital status
Years of experience prior to commencing programme	Sex

In addition, students and their managers in SET were invited to participate in two focus groups, one for students who had completed the programme (n=10) and the other for managers and budget holders (n=20) currently supporting a student on the programme, to explore in more detail students' and managers' experience of the programme. Focus groups were held at different times in the Trust with members of the evaluation team present as facilitators. The focus groups were semi-structured and narrative was recorded by facilitators and participants on flip charts for later analysis.

## 6. Evaluation analysis

A total of 26 questionnaires were returned (12.1% response rate). The SET manager (n=14) and student (n=3) focus groups provided a rich source of data and were reviewed and analysed separately and then key findings combined (see below).

### 6.1 Demographic data

Participants' ranged in age between 25 and over 50 (2 over 50) and 92% were female and 8% male. Table 2 (below) illustrates the educational attainment on entry to the programme and attrition in these groups.

# Knowledge Exchange Seminar Series 2015-16

**Table 2: Education qualifications on entry to the programme and attrition**

Highest educational qualification	Numbers	Attrition	% Attrition
1 A-Level	40	6	15
1-4 GCSE or O-Levels	36	5	13.9
2 or more A-Levels	17	3	17.6
5 or more GCSE or O-Levels	24	3	12.5
Students who had studied an OU module before commencing the programme	33	3	9.1
Below GCSE or O-Level	8	1	12.5
First degree	7	1	14.3
HNC/HND	19	3	15.8
None/unknown	29	4	13.8
Postgraduate degree	2	1	50
<b>Totals</b>	<b>215</b>	<b>30</b>	<b>13.9</b>

Figure 1 (below) illustrates that the areas of practice of those entering the course was split across adult medicine, surgery and mental health, with some small representation from midwifery, Out-Patient Department (OPD) and other distinct specialities. Most remained in similar areas of practice following completion of the programme.

**Figure 1 Area of practice on entering and on completing the programme**

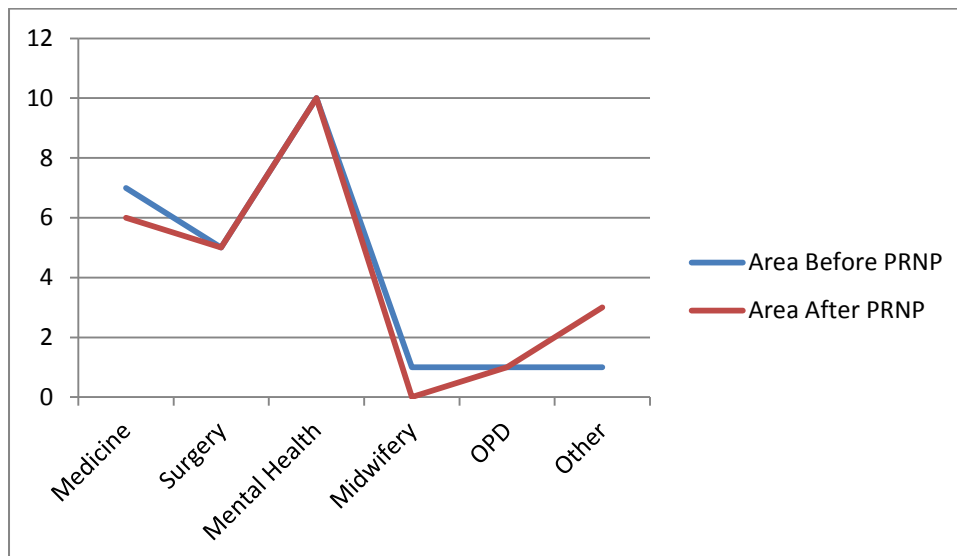
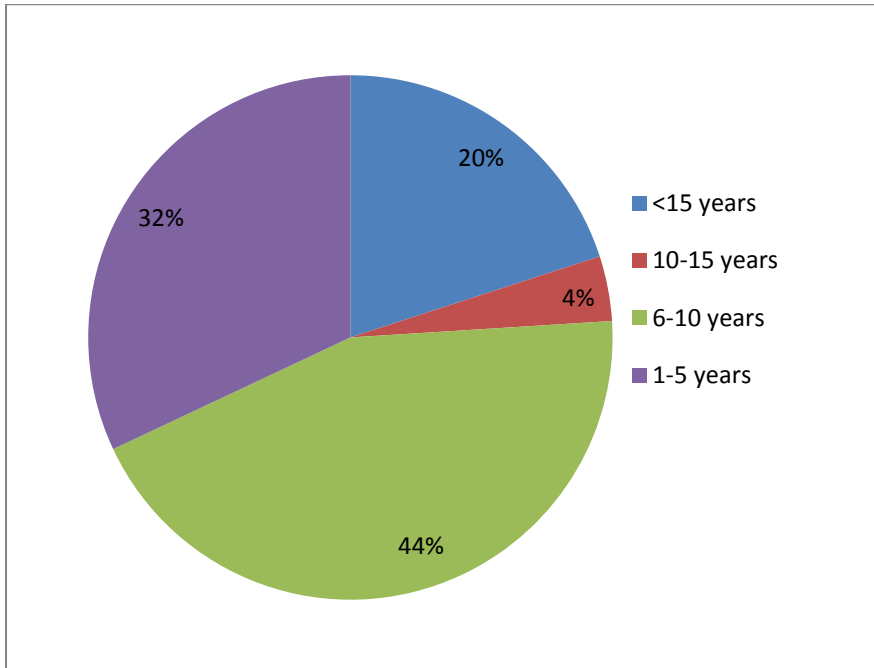


Figure 2 (below) shows the length of students' practice experience in the health service, with 32% having a minimum of five years before commencement on the programme.

**Figure 2: Length of practice experience prior to commencing the programme**



## 6.2 Benefits to the Trust

Utilising the OU's PRNP clearly supports the widening participation agenda and data from this study demonstrate that HSCT employees accessing and successfully completing the programme enter with a range of previous study experience ranging from GCSE (or equivalent) to post-graduate (please see Table 2). Workforce planning allows organisations to ensure that they have the right number of staff with the right skills, knowledge and behaviours to meet organisational objectives in delivering person-centred, safe and effective care. The OU programme enables senior managers to identify suitable candidates to go forward to apply for this development opportunity, assisting with workforce plans to provide band 5 registered nurses. The programme also enables talented individuals with an interest in specific areas of care such as older people, surgery and emergency care to express to managers that this is the area they would like to work in as a newly qualified nurse.

The pre-registration programme creates a framework of social cohesion where HCAs can develop their skills and contribute to the Trust workforce. It is a corporate goal of SET to be perceived as 'an employer of choice', one that cares about its employees and enables both academic and professional development. The 'Grow Your Own' philosophy of the OU PRNP provides the Trust with an opportunity to invest in employees and enhance career progression. It is reasonable to suggest that the current growth of the OU programme in Northern Ireland is based on the establishment of a sound infrastructure that supports learning and assessment in practice with all partners. Without this infrastructure and collaborative working between the Trust and the OU through effective communication and quality assurance, the

# Knowledge Exchange Seminar Series 2015-16

programme would not be as effective. The Trust gains through the development of the individual who has progressed potentially across three Agenda for Change bands. This evaluation has confirmed that there is good partnership working, through which employees of SET can effectively develop (professionally and academically) to enable progression from HCA to band 5 nursing posts. The Trust has only discontinued two students

from the programme based on failure to progress. This clearly indicates the effectiveness of programme delivery and also how the students engage on this learning journey.

The focus group feedback reflected how the managers perceived the academic and professional growth of the member of staff over the duration of the programme as they transitioned between the roles of HCA, to student and then to registered nurse, with one manager saying '*Whilst the manager lost the member of staff to the programme, they gained the student as a member of the multi-disciplinary team*' (Manager focus group).

## 6.3 Benefits to the individual students

For a long period HCAs were unable to progress beyond their role, job description and grade despite demonstrating competence, interest and higher levels of ability. Yet, they have always played a key role as members of the nursing team, supporting the registered nurse in the delivery of care. Agenda for Change enabled nursing teams and senior nurse managers to restructure the role of HCAs and created the band 2 and band 3 HCA. New job descriptions capturing a much wider range of skills, and roles underpinned by knowledge and understanding set out in a development framework, enabled movement and progression within the role of the HCA. The OU PRNP is creatively engineered to take the well-developed and experienced HCA further, both academically and professionally, enabling progression from a band 2 or 3 to a band 5 registered nurse. Delivery of theory is mainly online enabling both synchronous and asynchronous learning, supported by some face-to-face tuition with a practice tutor who visits the student at regular points in practice, also offering support to the assessing mentor. Students confirmed they liked this flexible method of delivery. The programme enables the HCA to reach their full potential, earn their stable salary while they study and have the support of their peers, mentors, practice education team and senior nurses on their journey to becoming a registered nurse. Earning potential increases significantly, having an impact on their social mobility and loyalty to the supporting Trust. They experience widening participation at its best, right where they are employed, immersed in care delivery and supported to link theory to practice every day.

## 7. Conclusion

Despite the small sample size, this evaluation of the Trusts' collaboration with the OU since 2004 has confirmed – for current commissioners, trust managers, the OU and current and prospective students – that there are many benefits to be gained by enabling staff to embark on the OU's PRNP. It has provided evidence over a longer period of time, exploring progression personally, professionally and educationally.

In relation to future developments and opportunities, the continued tracking of students on entry to the programme, on completion and then beyond will provide a deeper insight into the programme's impact on social cohesion and social mobility. The prior practice experienced gained in the Trust with which students enter the programme is an asset in

# Knowledge Exchange Seminar Series 2015-16

enabling the individual to progress smoothly, having already acquired a wide range of skills and knowledge in relation to caring for patients with compassion, dignity and confidence. This practice-based programme offers a complimentary solution to managing workforce challenges. In 2016 SET will increase entry to this programme from 25 to 50 student places. We need to continue to evaluate this model, and continue to adapt the programme to encompass existing good practice in Trusts regarding employability and automatic progression to a band 5 staff nurse position on successful completion of the programme and registration with the NMC.

Secured funding from DHSSPSNI for more HCAs to access the programme during 2016 underpins the need for this programme to be supported to grow across Northern Ireland. In addition, securing funding will enable more applicants to access the first two modules 'outside' the PRNP and enable a wider group of employees, across all Trusts to demonstrate their academic development and their commitment to the organisation as an employee. Further work will focus on how this programme enables social mobility – enabling staff to move from accessing a salary at band 2 (£14,000) to band 5 (£23,000) on successful completion of the programme. It will also explore where these OU graduates go on to work in the Trust as registered nurses, their future study following preceptorship, and whether they all engage proactively in mentorship training helping other students to realise their ambitions to become registered nurses.

## 8. References

Beard, J. and Suzman, R. (2011) Global Health and Aging, <https://www.nia.nih.gov/research/publication/global-health-and-aging/preface> accessed 10<sup>th</sup> January, 2016

Department of Employment and Learning (2012) Graduating to Success – A Higher Education Strategy for Northern Ireland, <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-del/news-releases-del-april-2012/news-del-240412-graduating-to-success.htm> accessed 12<sup>th</sup> December, 2015

Donaldson, L., Henderson, M. and Rutter, P. (2014) The Right Time, The Right Place: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland, [https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/donaldsonreport270115\\_0.pdf](https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/donaldsonreport270115_0.pdf) accessed 18<sup>th</sup> September, 2015

European Union (2015) [Refocusing EU Cohesion Policy for Maximum Impact on Growth and Jobs](http://ec.europa.eu/regional_policy/archive/what/future/index), Cohesion Policy 2014-2020, [http://ec.europa.eu/regional\\_policy/archive/what/future/index](http://ec.europa.eu/regional_policy/archive/what/future/index) accessed 10<sup>th</sup> December, 2015

Francis, R. (2013) Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf) accessed 13<sup>th</sup> November, 2015

Longhurst, D. (2015) Dementia Care Services, <http://dereklonghurst.uk/2015/> accessed 13<sup>th</sup> November, 2015

Muldoon, O. and Downes, C. (2007) Social identification and post-traumatic stress symptoms in post-conflict Northern Ireland, *British Journal of Psychiatry*, 191 (2), pp.146–149

National Advisory Group on the Safety of Patients in England (2013) A promise to learn – a commitment to act, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf) accessed 13<sup>th</sup> November, 2015

## Knowledge Exchange Seminar Series 2015-16

NHS Employers (2014) NHS qualified nurse and supply demand – survey findings, <http://www.nhsemployers.org/news/2014/05/nhs-qualified-nurse-supply-and-demand-survey> accessed 17<sup>th</sup> February 2016

NIPEC (2012) A Partnership for Care. A Northern Ireland Strategy for Nursing and Midwifery 2010-2015, [http://www.nipec.hscni.net/pw\\_partnershipforcare.html](http://www.nipec.hscni.net/pw_partnershipforcare.html) accessed 10<sup>th</sup> January, 2016

South Eastern Health and Social Care Trust (2013) Human Resources Strategy 2013 – 2016, [http://www.setrust.hscni.net/pdf/Human\\_Resources\\_Strategy\\_final\\_version.pdf](http://www.setrust.hscni.net/pdf/Human_Resources_Strategy_final_version.pdf) accessed 14<sup>th</sup> November, 2015

Transforming your Care (2011) Transforming your Care – a review of health and social care in Northern Ireland, [http://www.northerntrust.hscni.net/pdf/Transforming\\_Your\\_Care\\_Report.pdf](http://www.northerntrust.hscni.net/pdf/Transforming_Your_Care_Report.pdf) accessed 10<sup>th</sup> January, 2016



