

Education Commissioning
Synopsis of the outcomes of the Action Learning Sets Project
Studying Pre Registration Attrition
November 2008 - December 2009

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Introduction

1. This report has been commissioned by the Department of Health via Skills for Health.
2. Following consideration of the 'Good Practice Guide' relating to the management of attrition amongst pre registration nurses and midwives, the Department of Health recognised that Education Commissioning Leads within the ten Strategic Health Authorities (SHA's) had a key role to play in ensuring that the good practice identified in the Guide was actually implemented. As a result, the Department of Health and SHA's agreed to finance three Action Learning Sets with invitations also being extended to the devolved Governments in Northern Ireland, Scotland and Wales. The remit for these Action Learning Sets was to look at:
 - Increasing performance by reducing attrition rates in nursing
 - Investigate contributing factors to attrition
 - Look at what works well across the country
 - Carry out any action possible in the Action Learning Set
 - Recommend further local and national work required to reduce attrition rates.

Learning Set Composition

Why use action learning sets?

3. Action Learning Sets have three main objectives:
 - Making progress with solving a 'real world' problem
 - Giving managers the opportunity to learn with colleagues how to tackle problems for which there are no obvious solution at the outset
 - Encouraging management 'teachers' to facilitate managers in learning how to learn from each other.

The deliberations of the three action learning sets

4. Following an initial joint meeting of all three Sets in November 2008, the Sets then arranged programmes of six individual meetings each before coming together again for a final joint meeting in December 2009.
5. The main topics addressed by the three Sets were:
 - Data and information issues - including definition and interpretation issues
 - Financial hardship issues
 - Post registration attrition
 - Acceptable rates of attrition
 - Actions which help with student retention
 - Who is responsible for attrition?
 - Marketing, recruitment and selection of students
 - Academic and clinical skills failure issues
 - Relationship and organisational issues
 - Influencing the influential
 - Quality and performance metrics
 - The student experience
 - Clinical placement issues
 - Effective student support - academic and in practice

- The Review of Student Support
 - Analysing the strategies currently in place in HEI's to manage attrition
 - Variable marking standards
 - The approach to commissioning in Wales
 - Ministerial concerns
 - Attrition risk management tool
 - Widening Participation - identifying health problems.
6. There is evidence that the Learning Sets were effective in creating increased dialogue between and across HEIs, SHAs, NHS Trusts and NLIAH in Wales, which has resulted in greater opportunities for ongoing collaboration in the context of a common purpose.
7. The first and perhaps most important learning point derive from the long list of topics considered in paragraph 5 above. It confirms that managing attrition poses a 'wicked problem' - one in which many different factors are correlated with the objective sought; but where many if not all of these factors have to be tackled simultaneously to achieve the desired improvement in performance.
8. Many of the learning points for the individual members of the three Sets were not new per se, although several new insights did emerge. In addition, however, several new ideas and initiatives emerged which could further assist with the management of attrition; and should be widely shared. These were:
- Attrition as a whole can be placed into three categories - factors which are inevitable, acceptable or avoidable
 - The development of a Risk Management Tool should help with the first two factors; and should be tailored to address the important factors for individual HEI's and individual students
 - There is still considerable evidence of inconsistency in the interpretation of data definitions; and hence unreliability in comparing what should be comparable figures between one HEI and another and between one SHA and another
 - To date, only very little interest has been shown in Post Registration Attrition - ie students who qualify but do not practice at all (or leave Nursing altogether very shortly after qualifying). In addition virtually nothing is known as to the correlation between the time newly qualified Nurses and Midwives spend on duties related to the competences they have acquired. Whilst one of the SHA's represented at one of the Sets commissioned two initial pieces of work in this area, there is a very considerable case for commissioning national research so that this factor can be better understood and hence the appropriate action taken to better manage post registration attrition
 - Whilst most of the focus on managing attrition rates can and should be focussed on actions at local level, there are some further policy and other decisions which could be considered at national level and which would assist managers at local level in their endeavours.

Context

A joint meeting of all three Action Learning Sets was held on 16th December 2009 to which representatives from the national policy and decision making arena were invited. As part of the preparation for this meeting each of Set identified a number of issues that they felt were worthy of raising.

9. These issues had been identified via regular Learning Set meetings and were then shared via presentations with the other Learning Sets during the afternoon session of their final joint meeting. Each Set then distilled a manageable number of messages into a few slides, which were then presented to the invited guests during the evening session.
10. The presentations were very well received; and every encouragement was given for work to continue on managing attrition down to the minimum possible level via evidence based and collaborative action at local level. It was suggested that there may be merit in finding a way for the networks that had been developed via the Learning Sets to continue afterwards as a means of sharing learning and good practice.
11. As regards the issues where it was felt that national policies could be developed or decisions taken which could support local action, it was agreed that these should be referred to the appropriate contacts in the Department of Health.
12. For logistical reasons, it was only possible to discuss a limited number of these national issues at the session on the 16th December 2009. A more extensive list did emerge from a questionnaire that Set members completed. However, for ease of reference, a full list of the issues identified has also been summarised below:
 - The commissioning of a national Good Practice Guide which drew on the outcomes from successful local initiatives would be very helpful
 - There ought to be a recognition that not all attrition can be 'managed' and that this component is variable between HEI's
 - There ought to be a recognition that some students are not suited to careers in healthcare; and that therefore some attrition will arise, no matter how good the recruitment and selection processes
 - Ensure that attrition continues to be just one indicator in a balanced set of quality measures
 - Systems that are developed to gather data such as attrition, first destination etc need to be based on one model to provide a robust platform for data collection
 - Consideration of the nature of professional education which also requires students to contribute 0.5 FTE in practice should be given
 - Payment for placements could be considered
 - There should be a review of the requirement for 2,300 practice hours for student nurses - which is more than for any other profession
 - There ought to be greater transparency and standardisation of attrition data across all HEI's (including common interpretation of definitions)
 - More could be done to promote a positive image of healthcare professionals
 - Take steps to avoid any pitfalls associated with moving to degree nursing - e.g. being seen as just a degree and a stepping stone to all sorts of careers
 - The lessons from Wales where there is already degree nursing should be learned (and vice versa)
 - The national aggregate and national average for attrition needs to be reflective of all SHA's if it is to be reflective of true performance management
 - Adoption of a single database system for all NMET students (eg MIRANDA) would be helpful
 - Undertake some work to develop a better understanding of the impact of variable bursaries and fees
 - Commission work to understand why some students stay whilst other 'similar' students leave
 - Commission work to understand/quantify post registration attrition and identify good practice

- Recommend the introduction of standardised exit interviews
- Take further action to ensure prompt payment of bursaries, expenses etc
- Consider giving additional financial support for students with high cost clinical placements
- Introduce literacy and numeracy requirements before acceptance onto programmes; and subsequent support where needed
- Encourage the introduction of preparation for study courses for those out of education for a long period
- Benchmark health programmes against HEFCE programmes on a like for like basis to demonstrate that healthcare programmes have much lower rates of attrition
- Publish attrition data for all HEI's
- The scope for improvement should be managed locally - national performance targets should be resisted when many of the underlying causes are not manageable and subject to variation from HEI to HEI.

Recommendations

13. Based on the experiences of the three Learning Sets and the learning that occurred, it is recommended that:
 - The Department of Health should give consideration to the issues that Learning Set members felt could benefit from national consideration (see the list in paragraph 12 above)
 - The National Educational Commissioner Forum should give consideration to finding ways to enable the three Learning Sets to continue with their work, albeit in a less intensive way with more limited resource implications
 - The National Educational Commissioner Forum should give consideration to extending the remit of the Learning Sets and/or establishing other Learning Sets with the objective of spreading learning and good practice in respect of other performance issues which are integral to the contract placed by Education Commissioners with education providers
 - Individual members of the three Learning Sets should commit themselves to ensuring that the key messages and learning points captured in this report are widely disseminated
 - Pragmatically, in planning any future Learning Sets, due note should be made of the points above; and the actual Learning Set approach should therefore be adapted to reflect the organisational and cultural pressures facing staff in the NHS and in HEI's.
14. The three Action Learning Sets have already resulted in a wide range of innovations at local levels, designed to reduce attrition in pre registration nursing; and have also resulted in an informal learning and support network across the country.

Post Project Review Meeting

15. Following the final meeting of the sets in December 2009 and the presentation to the Department of Health, a paper was developed which drew up a list of recommendations and actions suggested by the Action Learning Sets (ALS). These recommendations and actions are included in this Synopsis (pages 5-6) and were discussed at a review meeting held in London on 15 April 2010. This meeting was attended by representatives from each of the ALS, Department of Health, National Education Commissioner Forum and Skills for Health.
16. The purpose of the meeting was primarily to look at these recommendations and actions and to review whether they were still current/relevant in the light of the 'Education Commissioning for Quality' document published by the Department of Health in January 2010.
17. In addition, the meeting was to agree the key messages that had come out of this Learning Sets project and identify to whom, how and where these might best be communicated.
18. Another important consideration was to agree how best to evaluate whether this project or other interventions have made a difference to pre registration attrition rates.
19. The following paragraphs provide a summary of this meeting, the key messages to be communicated and the agreed approach.
20. It was agreed that many of the Actions identified in paragraph 12 pages 5-6 had been addressed by the Education Commissioning for Quality (ECQ) document. Those that had not been addressed by this document were either to be investigated further or have been included in the Key Messages listed below.
21. A number of the recommendations were removed as representatives at the meeting agreed that these were not relevant to this project as they related to post registration attrition.

Key Messages

22. The following key messages were agreed:
 - The ECQ document provides Contract Performance Indicators (CPIs) to identify progress towards reduced attrition levels that will be used from April 2010 and provides a formula should be used to calculate attrition. More guidance on this is provided on page 116 in the ECQ document
 - There are a large number of guidance documents, resources and sources of information that are already available which should be used to inform decisions. To make location of these resources easier it was agreed that an area will be identified which can be used to signpost these resources - see section on infrastructure
 - One of the findings from the ALS was that there are 3 types of attrition - inevitable, acceptable and avoidable; whilst the overall aim is to bring down attrition rates in general, an initial focus should be placed on reducing the rates of avoidable attrition
 - Ensure that the correct recruitment processes are in place for pre registration students, guidance on this is provided in the ECQ document
 - To make use of Exit interviews to identify why some students are leaving yet others are staying and to share this information.

Communication

What needs to be communicated?

23. As identified earlier in this document there are a number of resources and networks already available to support education commissioning and what is needed is a signpost to these tools and resources together with ways in which they can be accessed.
24. The following is a list of suggested resources, this list is not exhaustive and can be added to as more resources are available:
 - Education Commission for Quality document
 - De Montfort University tool and case studies
 - DH website which has information on:
 - MPET reviews
 - Student bursaries
 - 2006 Attrition report
 - MPET website
 - Examples from ALS members
 - Copy of this Synopsis
 - Any examples of good practice and contacts.

Suggested communication channels

25. Healthcare workforce portal

The area created for the ALS will be revised and become an open access area. This area will act as a signpost and contain links to key documents, tools, resources and interventions related to education commissioning. Skills for Health will maintain this area, but ALS members will be responsible for forwarding new documentation and tools as they become available. Publicity for the area will be the responsibility of current ALS members and other education commissioning networks.

www.healthcareworkforce.nhs.uk

26. Established networks and organisations

There are a number of networks and organisations already established which will be utilised to communicate information, these include:

- SHA Education Commissioners network
- UKCES
- Council of Deans
- Action Learning Set members
- NHS Employers - www.nhsemployers.org
- Skills for Health - www.skillsforhealth.org.uk

Who to communicate to

27. The following is a list of key organisations and networks that the key messages should be communicated to:

- Higher Education Institutes
- SHAs
- Council of Deans
- Department of Health
- NHS Employers
- Clinical placement facilitators.

Evaluation - evidence to support reduced attrition

28. It was agreed that a reduction in pre registration attrition rates may be attributed to the successful implementation of a combination of activities, interventions and frameworks.

29. Therefore, it was agreed that it would be more useful to look at collecting evidence that would identify that pre registration attrition rates had reduced. The following are suggestions of the types of evidence that could be collected that would enable this to take place. Suggestions included:

- To make use of 'Exit' interviews to assess why some people stay and some people go - if the information categories in these were consistently used that would provide common data for analysis that may help to identify common themes contributing to attrition
- Analysis of increased progression ie rather than just measure attrition rates, also measure the numbers of students who had progressed onto the next year
- Better guidance and tools for reporting from the DH will ensure that the quality of returns submitted by the SHAs improves and provide a more accurate picture
- Ensuring that the DH receives returns from **all** SHAs
- By investing in a research project to gather evidence of pre registration attrition and successful interventions
- Using local evaluations from SHAs to assess local improvements.

Conclusion

31. It was agreed that a further review meeting of representatives from the Department of Health, National Education Commissioner Forum and Action Learning Set members will be held to evaluate and review progress against the ECQ document. This meeting will be held in September/October 2010 and will be organised by the Department of Health.