

FOR HEALTHCARE LEADERS

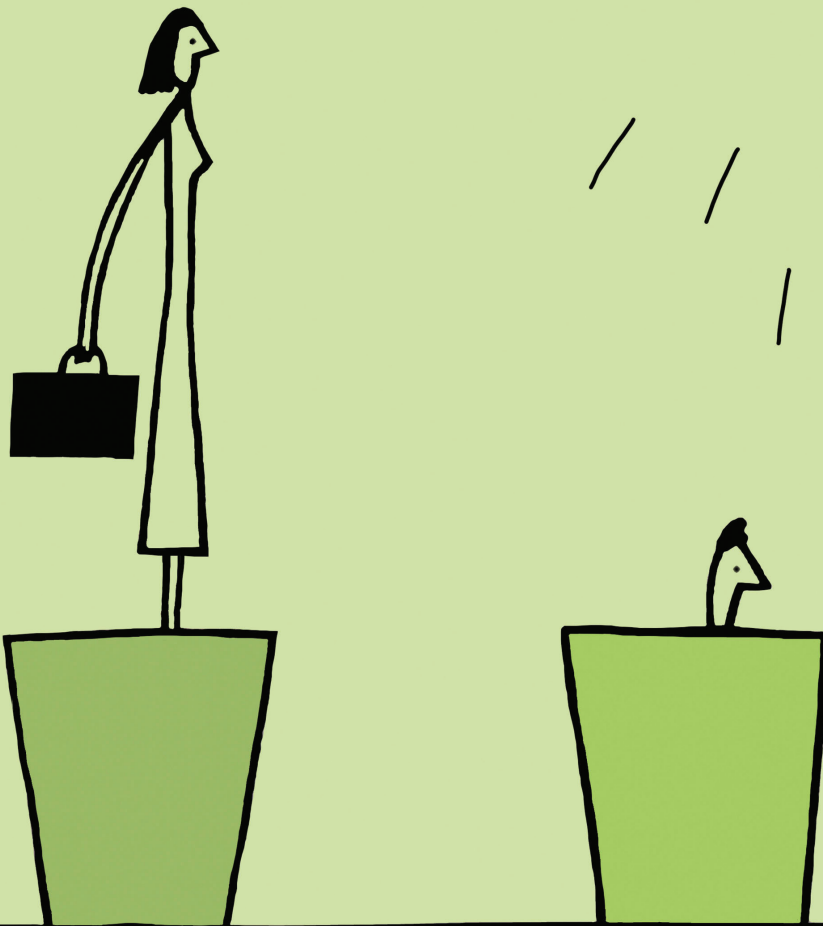
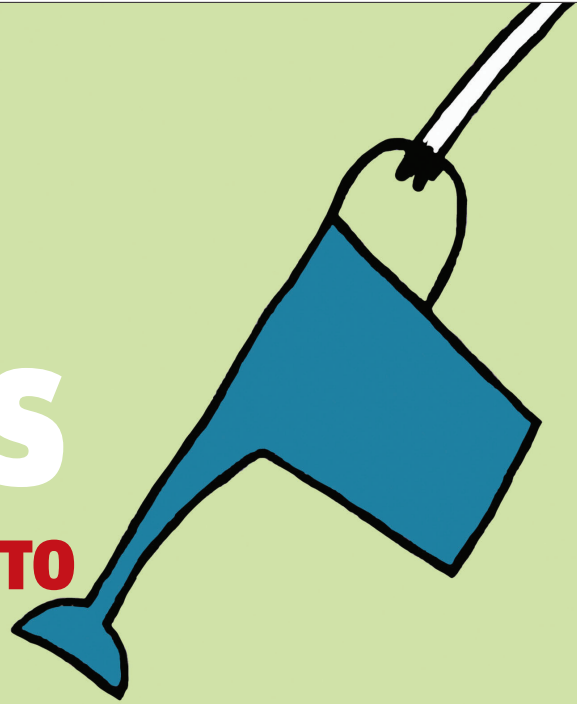
HSJ

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GROWING AMBITIONS

**FROM SEEDS OF AN IDEA TO
A BLOSSOMING CAREER**



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Supplement editor
Alison Moore



POSTGRADUATE COURSES

Postgraduate education for NHS staff is now as much about preparing them for the new focus on professional accountability as it is self-development, writes Alison Moore. And columnist Professor Stanton Newman outlines the many challenges of moving to a culture of patient self-management. [Page 2](#)

THE OPEN UNIVERSITY

Since 2006, The Open University has helped over 1,000 healthcare support workers to overcome the barriers to becoming registered nurses, says Alison Moore. Also, columnist Dr Liz Clark expands on the flexible options that can make this happen. [Page 5](#)





“Prevention is better than cure is a well-worn idiom, but sadly not one that many seem to heed. According to a 2011 report by the Department of Health, more than 15 million people were suffering from a long term condition and with an ever-ageing population this will only increase.

The same DH report reveals that people with long term conditions account for 29 per cent of the population, but use 50 per cent of all GP appointments and 70 per cent of all inpatient beds.

These figures underline the necessity for the development of a well-coordinated healthcare system that is integrated, places an emphasis on prevention and vitally provides service users with the tools and knowledge to manage some, or perhaps even all, of their care.

At the School of Health Sciences, City University London, we have been working on a number of studies to develop interventions for secondary prevention, empowering people with the knowledge and tools to manage their care.

One such study is the Coronary Heart Disease Risk in Type 2 Diabetes (CORDIA) project, where patients are randomised into three different groups:

1. **Standard care:** the participant's GP practice and/or practice nurse will provide care as normal for their patient.
2. **Standard care + self management intervention:** the participant's GP and/or practice nurse will provide care as per normal procedures. In addition the participant will be referred to participate in a self management intervention designed to train them to better manage their condition.
3. **Standard care + self management intervention + personalised genetic cardiovascular profile:** these patients will have care as normal and the self management group sessions. In addition, prior to the self management session, this group will receive personalised feedback about the results of a genetic test taken from a saliva sample which will indicate their genetic and lifestyle risk for developing coronary heart disease.

This study will help us understand the extent to which we can change behaviour in people with diabetes, and the possible additional role of providing information regarding environmental and genetic risk.

Encouraging a cultural change to promote increased patient self-management on the scale required to sustain our already straining healthcare system is a formidable challenge.

It is vital that, through studies such as CORDIA, we provide the evidence base to create the foundations for the change needed to address the increasing prevalence of chronic conditions. It is also vital that, using the evidence, we take the next step to translate this into practice.

Professor Stanton Newman is dean of the school of health sciences at City University London.

POSTGRADUATE COURSES

GETTING BETTER BY DEGREES

Postgraduate education for NHS staff is now as much about preparing them for the new focus on professional accountability as it is self-development, says Alison Moore

A degree has become common currency for NHS clinical and managerial staff: over the last few years many professions have moved to an all degree entry.

But as the NHS changes rapidly, the advantages of staff furthering their studies are becoming obvious to organisations and individuals. Many are looking to masters level and other postgraduate qualifications to enhance their skills – whether it be in understanding research and carrying this into practice, deepening their understanding of a patient's involvement in his or her own care, or reflecting the shift towards integrated care.

Sue Covill, director of employment services at NHS Employers, says: “We need a workforce that is able to deliver care in a changing environment – I would see postgraduate courses as one means of delivering that.”

Professor Victoria Joffe, associate dean of postgraduate studies at City University London, says that the Health and Social Care Act has made these issues central to service provision – but many healthcare professionals will have trained in a different environment where they were not so prominent. The involvement of service users or clients, for example, “needs to be taught and talked about. We know it is a good idea but it is a huge jump to do this in a meaningful way”.

Another area she highlights is around professional practice and accountability – something which many organisations are having to reconsider in the light of the Francis report. It is not just the accountability of the individual, she points out, but helping them to speak out in a professional manner when witnessing unacceptable care or behaviour.

“There is a real focus on professionalism

in our MSc courses,” she says. “We are asking people to do a lot more on a lot less – that is just the reality. How do you manage that; manage yourself and your time in a way that allows you to be effective?”

Increasingly, masters courses are not about spending an entire year in an ivory tower: they are more closely linked to the workplace and are often part-time, with some assignments which will draw on the students' experience or challenges at work.

There is also increased flexibility over how long a student has to complete the course – some part-time courses at City University London can be completed in two years, or five. There is some use of online learning and students can opt for a module by module approach.

Direct improvements

Talking to students and employers is crucial in devising both pathways and content of courses. Professor Joffe says City University London redesigned its masters courses after an in-depth consultation with service providers, past and current students – as well as those who had asked for information about courses but then decided not to go ahead with them. This has led to a portfolio of courses – including MScs in advanced practice in health and social care – with 11 routes tailored for various professionals such as nurses, speech and language therapists, optometrists and radiographers.

One option is focused around long term conditions and long term care, reflecting the challenges health services and professionals face in caring for the increasing number of patients with one or more LTCs. There is also a National Institute for Health Research-funded masters in clinical research, which helps people progress into an academic clinical career.

Masters courses are now closely linked to the workplace and draw on students' experiences at work



“A key concept in all of these is inter-dependency and inter-professional working,” she says. All students have two core modules – research methods and critical appraisal – which help them to understand research and how it applies to their practice. “We need to show how we know we are effective – it is not good enough to say we know it works, we need to know how it works.”

But why should hard-pressed NHS organisations invest this money in staff? Ms Covill says benefits in terms of improved patient care will be important. “I would want them to come back and demonstrably show the learning they have acquired,” she says.

For Professor Joffe part of the rationale is that it is actually investment in a team rather than an individual: it is crucial that the student goes back into the workplace and shares their new knowledge and skills to change team practice as well as their own.

For some staff, the course can allow their career to develop in new directions – taking on more advanced clinical work is one option but some students may want to take on more research responsibilities. Others may want to change their practice and that of their colleagues, using the skills they acquire in critical appraisal to lead this. Some may be looking for a more managerial

‘What I’m interested in as a director of nursing is having an excellent, inquisitive nursing workforce’

role or to take on public health responsibilities (there’s a masters in public health on offer). “We ask them what they need to change and what they feel is important,” she says.

Investing in staff’s further development can also make them feel more valued and be good for their morale and commitment to the organisation.

There can also be some financial support available: the National Institute for Health Research, for example, is funding 12 students to do a masters in clinical research at City University London, both paying their fees and covering their salaries while they study. Students on some courses can also apply for Dean’s scholarships, which reduce the costs. However, many students will be funded by their employer and a brave few will self-fund.

East London Foundation Trust supports six to eight staff members a year to get a masters qualification through City University London. Jonathan Warren, director of nursing and quality at the mental health and community services trust, views it as an investment.

“What I’m interested in as a director of nursing is having an excellent, inquisitive nursing workforce,” he says, pointing to the need for healthcare professionals to employ evidence-based interventions.

Sometimes the research work the staff do while undertaking their masters can translate directly into improvements in patient care – one occupational therapist researched the value of sensory rooms in some psychiatric settings, and this has led to the trust using them. A senior nurse did research around families in crisis and this has changed the approach the trust has with families and carers.

And the staff who undergo masters training provide a cohort of clinicians who can take on leadership roles and bring expertise to their teams and the organisation, he says. “It encourages others to think critically about how they approach care of patients. It stops the cycle of ‘we do it this way because we have done it this way.’” ●

POSTGRADUATE COURSES: CASE STUDIES

BENEFITS OF GOING BACK TO THE BOOKS

Returning to education can widen opportunities for the person as well as offer them new perspectives on their work. Alison Moore spoke to four people about the reasons and rewards for taking this route

BILLIE LOWE

Billie Lowe had worked as a speech and language therapist for more than 25 years when she decided to return to studying.

Ms Lowe had qualified with a diploma in speech and language therapy in 1981 and, apart from a spell abroad, had practised ever since. But as her family grew up she decided to investigate getting further qualifications, relevant to the changing world of the NHS.

In 2009, supported by her employer Lincolnshire Community Health Services Trust, she started an MSc in joint professional practice, language and communication, which was a collaboration between the Institute of Education and City University London.

The course was a mixture of taught elements with some independent study. Ms Lowe had to travel to London for the taught elements (which averaged around a day a week initially, although some was delivered in blocks of several days), for which she was given study leave by her employers, who also funded her first year of study. After that she self-funded the remaining modules.

She graduated in 2012 and has been able to use the knowledge she acquired to advance her own career and to influence the approach of the multidisciplinary team she works within, which delivers speech and language support to pupils of secondary school age.

“Having been a practitioner for so long, I was enthralled by the world of academia,” she says, adding that because she had been absorbed in her everyday clinical practice much of it was new to her. “It was gratifying to come across research which corroborated what I was doing in my work.

“In the changing landscape of commissioning you have to demonstrate

what we do and use evidence based approaches. I am now much more aware of other publications and interventions than I used to be,” she says.

But it is more than her own practice which she has scrutinised and potentially changed in response to her expanded horizons. She has set up a journal club for her colleagues, which discusses research papers. She is also applying her knowledge to service redesign – for example, by using the methodologies she has studied to measure outcomes.

She has also cut her own clinical hours and initially took up a two day a week research assistant role. This has led to a part-time teaching commitment at Sheffield University, which she manages alongside her three day a week clinical practice commitments.

AOIFE HARGADON

A scholarship and support from her employers helped Aoife Hargadon complete a full time masters degree in clinical research.

Ms Hargadon took nearly a year out of her job as an occupational therapist at King’s College Hospital Foundation Trust to do the course at City University London. The trust allowed her to take the leave while still having a job to come back to and the scholarship, awarded through the university, covered fees and living costs.

“My motivation for doing it was that I wanted to further my education and do a masters,” says Aoife, who was keen to enhance her skills and knowledge. The course has given her experience doing research which she feels will be helpful for the future. “It has developed my ability to think critically, seek evidence and really think about my practice as a health professional.”

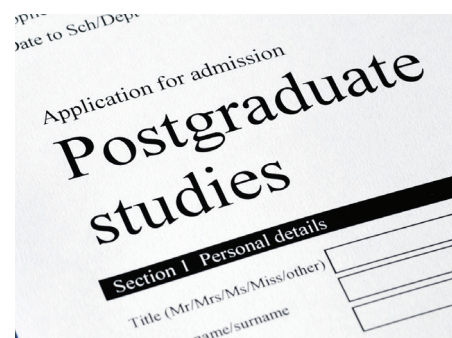
It was also an opportunity for her to meet



other healthcare professionals from different backgrounds and has expanded her network, she says. “When you are working you are not really focused on your own development – you are doing the job. It is when you go back to study and have an opportunity to question something you are very much interested in that you can focus on yourself and your development.

“It reminded me why I started my job in the first place and it was a good opportunity to update my practice.”

She works with people who are recovering from brain injuries, assessing their needs and helping them on the path to recovery. “It can



Postgraduate studies allow staff to keep up to date with an ever-changing work environment



Aoife Hargadon says her masters degree at City University London has developed her 'ability to think critically, seek evidence and really think about my practice as a health professional'

He started the two year course in 2010, attending for blocks of two and three days for teaching and also studying outside this. While doing the course required a lot of self-discipline, it helped him reflect on and refine his skills, and adopt a more questioning approach.

'Before I was more guided by what was traditionally done. Now I am more aware of the need to think and expand where I look for my patient plans'

"It's a big commitment on my part and that of my employers," he says. Midway through the course he changed jobs but his new employer agreed that he could continue with the course on the same basis.

He finished the course in 2012 and feels it gave him enormous confidence and added perspective to work problems. "I can talk about health in an international way, I can make it more specific to the NHS and I can bring in the management theories," he says.

Steven has since moved to University College London Hospitals Foundation Trust as corporate system manager, where he is able to use his skills in a broader area than just workforce.

BELINDA CHAMPION

A postgraduate course has helped Belinda Champion develop her career as a clinical nurse specialist in gynaecology.

Ms Chapman, who had trained as a nurse, was already doing some sonography as part of her job but wanted to extend her skills. She was supported by her managers at the Royal London Hospital, which paid her course fees and gave her time off to attend teaching for the postgraduate certificate in medical ultrasound.

City University London was also able to shape the course content to allow her to specialise in first trimester scanning and gynaecology, her areas of interest.

Because of the skills she has acquired she was able to move into a community gynaecology post specialising in menstrual disorders and then into a clinical nurse specialist role. She is now also a guest lecturer at City University London. ●

be challenging. The patients' needs are complex so it takes a lot of thinking. There is not really much evidence for rehabilitation so there is no quick answer. You have to really think about each individual. What works with one patient may not work with another."

She has been able to take back the learning from her masters into her practice with this group of patients. "It makes sure that I do a clear assessment from the beginning so I know what my baseline measurements are and I can set goals and so on."

She also looks for the evidence base for the interventions she carries out.

"Before I was more guided by what was routine, what was traditionally done. Now I am more aware of the need to think and expand where I look for my patient plans – and trying to be more evidence based with them."

She also finds that having done the masters has given her more confidence in her professional ability. "It has expanded my career opportunities and I am also interested in doing more study such as a PhD.

"This course has given me the foundation for that. I really enjoyed doing it through City University London – I felt people were genuinely interested in me and my development."

STEVEN KOMAKECH

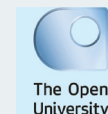
Steven Komakech had worked in the NHS for 10 years when he decided that a masters degree was what he needed to move on in his career.

Through his job in workforce intelligence and systems, he had excellent technical skills in dealing with the complex datasets needed for reporting to the Department of Health and other NHS bodies. He had done all the courses available to him and had worked in a number of trusts and a primary care trust in north west London, before being appointed to a job as workforce planning and information manager.

But he felt he needed a wider perspective to move on to a more senior role and offer more to his employer. With the support of his manager, he applied to do a masters in health management at City University London.

He had looked at what was available within London or nearby and decided the City course best met his needs and was conveniently sited.

"I needed it to demonstrate to people that I could do more than manage the information and key performance indicators set," he says. His employer was supportive and agreed to fund the course costs and to release him for around 40 days of taught sessions.



“ 2013 will be remembered as the year of hard-hitting reports and reviews in the NHS – Francis, Cavendish, Keogh and Berwick. During a recent visit to New Zealand, a colleague and I were amazed to discover that healthcare educators thousands of miles away were taking the Francis inquiry just as seriously as we are, reflecting a growing recognition that there are probably pockets of significantly poor care in virtually every healthcare system, irrespective of country or continent.

So what must change to support the delivery of high quality, safe and compassionate care for all? There is growing recognition of the vital role healthcare assistants play in delivering and supporting the care of increasing numbers of frail and vulnerable people in a diverse range of settings, and their crucial contribution to patient experience. The challenge of ensuring that support workers have the right knowledge, skills and values to deliver person centred care is reflected in a range of policy discussions on the learning and development needs of bands 1 to 4 staff, culminating in Health Education England's current consultation on a national strategy to develop staff in these bands.

Does the 40-60-5 formula apply in your area? This estimates that 40 per cent of the NHS workforce (support workers) are responsible for around 60 per cent of direct patient contact and yet receive around 5 per cent of the education investment. Given their important contribution to care, this does not make sound business sense.

We welcome the Cavendish review's focus on the learning and development needs of the support workforce. It highlights the lack of career development opportunities for talented and committed HCAs and the importance of employers supporting those with the right values, attitudes and behaviours who wish to progress to become registered nurses.

What is needed is greater access to flexible, part-time, affordable, work-based study routes for HCAs who are unable to access traditional programmes for personal, financial and/or other reasons. Furthermore, widening participation is crucial to enable “non-traditional” students to progress, succeed in their degree-level studies and achieve their career aspirations.

The Open University's unique pre-registration nursing programme is designed to enable HCAs with employer sponsorship to become registered nurses by studying part-time and continuing to work part-time. It reflects the university's mission to be “open to people, places, methods and ideas”.

To maximise and value support workers' contribution to the multidisciplinary healthcare team, they should be offered the same learning and development opportunities (funding and time) as registered professionals. Do get in touch to discuss how the OU can help you deliver your support worker development agenda.

Dr Liz Clark is senior lecturer at the faculty of health and social care, The Open University.
www.openuniversity.co.uk/choosehealth

OPEN UNIVERSITY

OPEN A DOOR TO A NEW BEGINNING

Since 2006, The Open University has helped over 1,000 healthcare support workers to overcome the barriers to becoming registered nurses. Alison Moore explains how

Healthcare assistants and support workers are often vital cogs in the NHS machine, providing much hands-on care and allowing higher grade staff to concentrate their unique skills where needed.

But there can be frustrations for support staff who might want to move forward or gain skills. Agenda for Change bands one to four – who are 40 per cent of the NHS's workforce and provide 60 per cent of the care – get around 5 per cent of NHS continuing development spend, and it is notoriously difficult for them to move upwards in their career. Some may be happy to remain with what they are doing but others will be looking for new opportunities.

One route is to gain access to one of the registered professions such as nursing. But the Cavendish review into healthcare assistants, published last year, highlighted some of the issues they faced – such as getting information about and accessing courses, especially as many of them won't have the A-levels which are now required for many degree courses. Historically, HCAs have been able to train to become state enrolled nurses as a diploma level qualification.

But even if support workers can get on to such courses there are practical barriers. “Few experienced carers will take the financial risk involved in entering a full-time degree,” said the Cavendish review. “They need affordable part-time study courses.”

Many support workers are in their 30s and 40s with families and mortgages (the average age is 45) and need an income. Traditional nurse training with three years at a university often simply won't work for them. But there are other options: each year a few healthcare assistants manage to complete nurse training while remaining

with their trust and working a couple of days a week in their old roles.

NHS Employers' director of employment services Sue Covill says: “It is making these opportunities clear for people who might want to progress and supporting them.” But she adds it is important to think about other HCAs who might not want to become nurses but just want to be the best HCA they can.

“It is really important that employers continue to invest in employees who don't want to go into a different role.”

It is a considerable investment by their employers – even with support in meeting the costs of backfill – but often gives them a highly skilled nurse who is familiar with their organisations and loyal to the area. “It is really helpful that people who want to go into nurse training have different options for working their way through,” says Ms Covill.

Enormous variation

Health Education England welcomes the opportunities for bands one to four to progress – including into nurse training – but points out there is often local variation in what is available for them. One of the themes of its proposed national strategy – *The Talent for Care*, which is being consulted on – is supporting them to progress into registered professions if it is right for them.

It stressed the need for an implementation programme which would support this and has asked for feedback on the barriers preventing staff progressing. As part of its work it is aiming to establish a baseline for the number of bands one to four entering professional training in 2013 and to “significantly improve” on this in 2014.

But there is enormous variation among healthcare assistants and support workers. Not all want to progress to a registered

More than 100 healthcare organisations are involved in employer partnerships for the pre-registration nursing degree



profession, for example, but even within those who do, there will be differing abilities and skills. Some may be ready to move on to a nursing degree while others may need support to meet the Nursing and Midwifery Council's minimum entry requirements or to gain confidence in their academic ability.

Many will want part-time learning, combined with continuing in their present role, and almost all will require a package of support which means they do not lose out financially by going down this route.

Since 2006, The Open University has helped more than 1,000 healthcare support workers to become registered nurses by offering various options for those who are ready to move straight on to the pre-registration nursing programme and for those who need a little help in returning to study first. All entrants have to meet the Nursing and Midwifery Council's minimum entry requirements – including level 2 numeracy and literacy – and that can be an initial challenge to some applicants. Some may wish to do a certificate of higher education in healthcare practice – which can

‘Nearly 90 per cent of students complete their course – significantly higher than many traditional courses’

lead to a foundation degree; both of these can be stepping stones to a pre-registration degree in nursing. The certificate can lead to direct entry to stage 2 of the pre-registration nursing degree, subject to successful selection and meeting the NMC's minimum entry requirements.

Once these minimum requirements are met, the selection process is very much values based, and is done with the involvement of both employers with input from patients and service users. Crucially, applicants are not asked for a clutch of high grade A-levels.

Like all nursing students, those on the OU pre-registration nursing degree have to be

supernumerary for the 2,300 hours of learning in practice. In effect, this means they will do the degree course over four or more years, spending perhaps two days a week in their support worker role and the rest as a combination of academic study and placements as a student nurse. This would normally be in their own organisation but might be on a different ward or unit to ensure they get the required range of experience.

Nearly 90 per cent of students complete their course – significantly higher than many traditional courses, which can see a quarter of students leave.

Many trusts have been able to get the financial support of their local education and training boards to put HCAs through this programme. Places on the OU programme are also being commissioned by the Scottish Government, the Northern Ireland Department of Health, Social Services and Public Safety, the States of Jersey and the independent sector. In total, more than 100 healthcare organisations are involved in employer partnerships to deliver the programme with the Open University. ●

OPEN UNIVERSITY: CASE STUDIES

A FLEXIBLE GATEWAY TO THE FUTURE

Healthcare workers aspiring to be nurses face a range of situations and challenges but The Open University has options to suit them all, writes Alison Moore

PORTSMOUTH

For 10 healthcare support workers a year at Portsmouth Hospitals Trust, The Open University offers a unique way to become a nurse. For their employer it offers not only the chance to gain qualified staff who already know the trust and are often committed to the area, but also the opportunity to demonstrate their commitment to staff on bands one to four.

Sue Garland, a senior nurse with responsibility for learning before registration at the trust, says the staff who apply for the places are often older, may have a family and mortgage, and simply could not take three years away from paid employment to train as a nurse. The OU course allows them to continue receiving a healthcare support worker's wage, spending part of the week on the ward as a support worker and part as a student nurse.

"The OU is very good at supporting students who perhaps are considered not to be traditionally academic but may have valuable experience," she says. "They still have to achieve the required academic level but they don't have to have it when they start." The OU course requires English and maths at functional qualification level 2 – equivalent to GCSE at C or above. Not having or obtaining A-levels can be a barrier for many potential students who are otherwise well suited to nursing.

The trust advertises the opportunity to train as a nurse widely and those interested can discuss the opportunity with their managers and at appraisals. To apply they need the support of their manager and those around them at work and are then interviewed jointly (with trust and OU staff on the panel).

With limited places, not all are successful but some support workers who are not

selected on first application have done the first year of The Open University's foundation degree and then reapplied. This can then exempt them from stage 1 of the programme and they can enter directly into stage 2, subject to successful selection and meeting the NMC's minimum entry requirements. This route can help those who need a more flexible introduction to university-level learning.

If successful, full-time support workers will spend 26 hours a week as a student nurse and 11.5 hours as a healthcare support worker. The degree can be completed in four years but students can take up to seven – for example, one Portsmouth student has extended her course as she had a child during her studies.

Once qualified, students will normally be offered a job at band five if there is one available and be given support through the preceptorship programme. But they are often ready to hit the ground running.

"When they qualify they already know the hospital, they know all the matrons and sisters," says Ms Garland.

JOHN EDWARDS

The Open University has given John Edwards an opportunity he thought he would never have – to train to become a nurse.

Mr Edwards, a healthcare assistant in Winchester, had looked at training full-time but found the finances would not work out.

"If it was not for the OU route, I would not be doing this at all," he says. "We looked at doing a nursing course and what the bursary was, and we would simply not have been able to afford it without my salary. The OU way of doing it is perfect to get healthcare assistants to move to the next level of nurse education.

"Most of us doing it are not teenagers – we



have commitments with rent, bills and some have children."

He had moved into healthcare in his 30s, after working as a chef for some years. He was seriously ill in an intensive care unit with septicaemia and pneumonia when he was impressed by the cheeriness of a healthcare assistant helping to look after him.

The healthcare assistant – who even smiled while sorting out bedpans – together

'You are equipped as you go along with the skills to deal with the increasing complexity of study'

with the care he received from the rest of the team persuaded him to leave his job and work in healthcare.

After two years working in a care home for those with dementia, he started working as a healthcare assistant in the endoscopy department at the Royal Hampshire County Hospital in Winchester. Now he combines working in the department with training as a nurse with The Open University.

Mr Edwards had done a history degree in the 1990s but had little experience of studying since then. "I was a bit apprehensive about going back into study when I had only read for pleasure for 15 years," he says. "It has been challenging to study. I can feel it getting more complex but you are very much equipped with the skills as you go along to deal with the increasing complexity."

His week now includes two shifts in endoscopy plus time spent on placement in other clinical areas and time studying. The self-directed study does require self-discipline, he says, but is conducive to



learning. It is also flexible: he often spends Saturdays working as his wife is out of the house. He has completed two placements in elderly rehabilitation and has now started a community-based one.

Now 40, he is in his second year of the degree programme and is thinking about what the options are when he graduates. "I'm really interested in the acute and emergency side of things – but I know that everybody says that when they first start out because it looks exciting. It is the same ethos as when I was a chef – you get as ready as you can but you don't know what is going to come through the door."

SOUTHAMPTON

Growing its own workforce was one of the reasons University Hospital Southampton Foundation Trust started putting healthcare support workers through the OU nursing course eight years ago.

Since then it has seen its OU graduates go on to become nurses, and in one case a sister, and continue working in the NHS, even if they leave the trust.

This year it is planning to increase recruitment to 12 – and has already got many support workers enquiring about the opportunities.

Clare Aspden, supervised practice facilitator at the trust, says that Health Education Wessex provides most of the funding, including 80 per cent of the backfill costs for the time support workers are released from ward duties. But this does mean some costs have to be met by the ward – so support from the ward manager is crucial for applicants.

Health support workers are some of the most fluid NHS workers but she says that many of those who want to do nursing are

older, often with a family. "Many of them have always wanted to be a nurse but life has thrown them a curve ball," she says. "Often it is people who have brought up children and now say this is my time."

This can mean they are committed to an area. The trust asks that applicants should have already worked for it for 12 months before the course and will look at their commitment and academic background to ensure they are able to cope with the work. "We don't want to set people up to fail," says Ms Aspden.

'A&E is the same ethos as when I was a chef – you don't know what is going to come through the door'

The OU then shortlists potential students and the university and employer interview them together. "A lot of it is around values," she says. "For me, it is a really robust recruitment process."

DONNA STAFFORD-KING

Eight years ago Donna Stafford-King was a healthcare assistant in a pre-assessment unit: today she is a sister, leading a team on a breast and gynaecological unit and involved in redesigning the service.

The difference for her was an OU course leading to a diploma in nursing which she describes as a "golden opportunity" for her to move on in her career.

She was working as a healthcare assistant at University Hospital Southampton Foundation Trust and was in her late 30s with a family when the chance to take the

Hampshire Hospitals Foundation Trust (left) allows staff to continue in their current roles while studying for new ones

diploma course came up. Ms Stafford-King had trained as a dental technician after leaving school. When she had her first child, she decided to work as a part-time healthcare assistant – and found she both loved the job and was good at it. But she wanted the chance to move on.

"I did not want to do three years back in a classroom with two babies and a mortgage," she says. "I did an NVQ3 which was really good and fitted in with children and work."

She then heard her employers were considering putting healthcare assistants through the OU pre-registration nursing course and applied to be part of the first cohort. She was able to keep her salary while getting time to study and found the chance to study at a time which suited her particularly valuable. "I got to keep everything that I had worked for – but come out [of the course] as a qualified nurse and study when it suited me. I did not believe the opportunity – I loved every minute of it.

"It teaches you how you study best," she continues. "I found I was a very motivated learner and it made me a very independent learner."

When she qualified, she moved into the breast and gynaecological pre-assessment unit and within six months had applied for the job of leading the team. She has since gone on to complete a mentorship course with the OU.

"My employers have invested an awful lot of money in me but I have stayed working for them," she says. "It has made me a better nurse because I understand all the roles in the team and how it should work. I can't tell people enough that this is a golden opportunity." ●