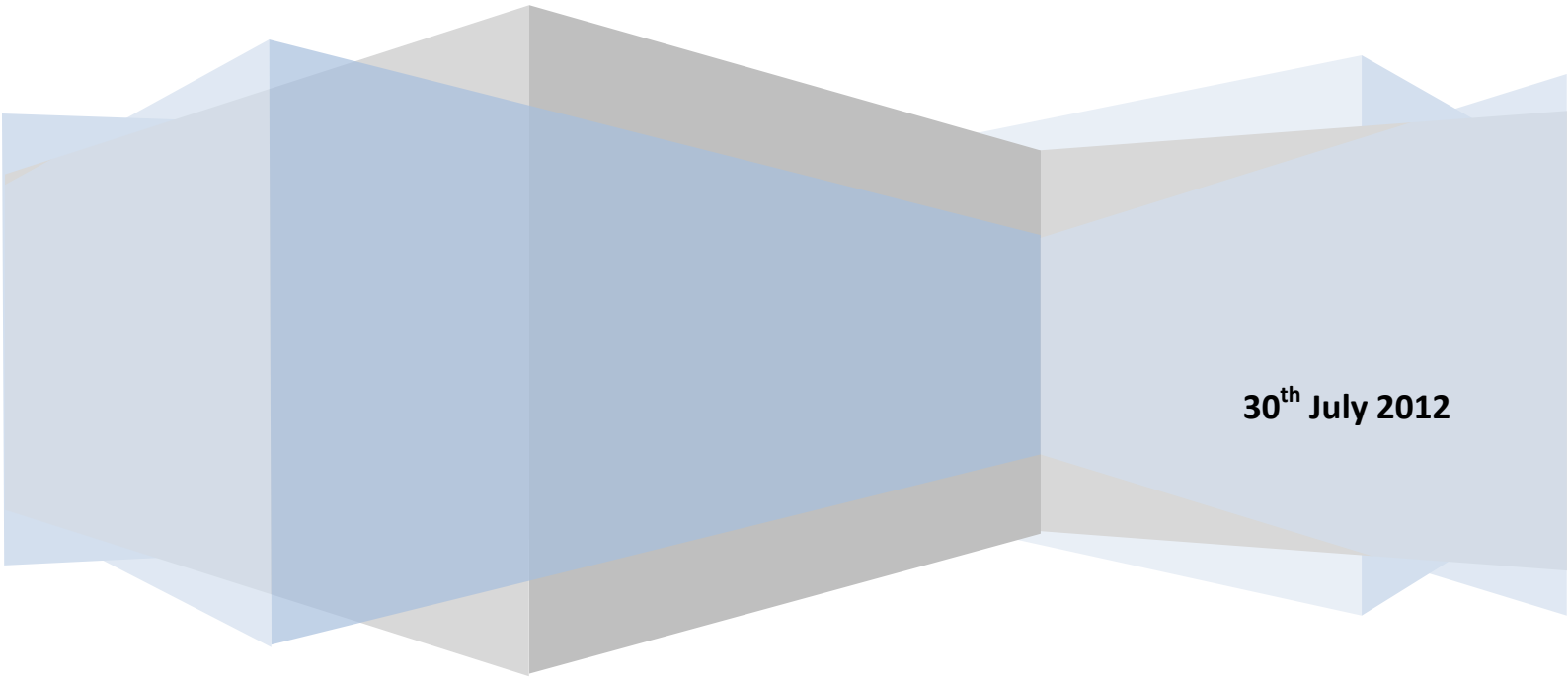
NHS
Yorkshire and the Humber

Education Framework

Health Visiting

Amanda Fisher



30th July 2012

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1. Introduction

This document sets out the context and rationale behind the Health Visitor (HV) education framework developed in support of the Health Visiting – Call to action (DH,2011) to ensure systems and processes in support of this national agenda are appropriate, supported by stakeholders and sustainable adding value beyond March 2015. It pulls together the various work streams undertaken by the team supporting the HV agenda in support of the education and development of the HV workforce.

2. National context

In 2011 the Department of Health (DH) led a Call to Action which instigated a significant growth in the number of HV posts, which meant considerable increases in education commissioning numbers and recruitment of HV students. Historically workforce plans had identified a need for approximately 50 – 56 HV trainees each year, yet the DH figures stated in 11/12 the number of education commissions should be 174, increasing to 245 in 12/13 and again 13/14. Clearly this presented a number of challenges for all concerned, in the SHA, Universities (HEIs) and within clinical practice. Despite the number of HVs in clinical practice being at all time low, those students undertaking the HV programme have to be supported by a Community Practice Teacher (CPT) who is an NMC registered HV which inevitably meant there were too few CPTs to support the increase in HV students required. This was all to be implemented at a time of increased need for primary care and community placements to ensure a variety of pre registration students generally are fit for purpose in an NHS where transforming community services is underway and more care expected to be delivered outside of the acute setting.

Various national groups were set up to enable direction where appropriate to be given by the DH and to enable SHA and Service colleagues to share challenges and good practice. This has also proven to be a way of raising concerns with colleagues from the DH regarding the impact on other education provision and anomalies around NMC requirements that had a diverse effect on meeting the needs of the Call to action. The DH monitor the situation on a regular basis, holding the SHA to account for the expected growth in HV posts and recruitment to education commissions in support of the anticipated growth required.

3. Local context and background

To address the multifaceted challenges presented across the Yorkshire and Humber region by this agenda several stakeholder groups were formed to ensure progress and effective decision making. The Call to Action as a whole is led by the Associate Director: Children and Safeguarding (children and adults), NHS North of England, Yorkshire and the Humber. A full time project manager post was funded with skills in workforce analysis from the MPET budget in support of the Education commissioning team and co-ordinates the initiative as a whole to ensure cohesion of the various work streams. The mobilisation of HV in post has been taken forwards by an experienced HV (Anita McCrum) seconded into the SHA for two days a week and a programme support office has supported the Return to practice initiative and team as a whole. In relation to education commissioning specifically an Education

Commissioning Manager was aligned to the team working closely with internal and external colleagues to provide further support and leadership around education commissioning and HV development. An external consultant was found to be invaluable in examining the existing recruitment process and developing a new model with stakeholders bringing together the best practice from across the Yorkshire and Humber area (Chris Young).

Across the Yorkshire and the Humber area education commissioners have commissioned HV education programmes from four HEIs providing HV education, with at least one in each of the three defined health economies. Prior to the establishment of the Yorkshire and Humber SHA the three former SHAs supported three different systems of commissioning and recruiting to HV programmes. Each system had been developed in partnership with local employers and was felt by those concerned in each area to be working well until 2009/10. It became apparent that systems needed to be reviewed when the hosting arrangements favoured in West Yorkshire were no longer deemed to be sustainable and Education Commissioning Managers in West Yorkshire worked with the relevant HEIs and partners concerned to support recruitment until a regional review took place.

HEI colleagues have worked hard with the SHA and Service colleagues to meet the challenges presented by the Call to Action. With the numbers of students entering the placement circuit and HEIs, it was agreed that two of the education providers would temporarily deliver two cohorts of students in order to support the SHA meet their DH target. With all start dates being September a further review would be necessary to ensure the out turn of newly qualified HVs was more employer friendly.

Clearly once in post it is important Service provider organisations have a strategy in place to retain the growth in HV. Work to develop a regional preceptorship framework, taking into account the national Flying Start model supported by the DH and Yorkshire and the Humber, is being developed by Anita McCrum and stakeholders to ensure the large number of newly qualified HVs have a framework of support on entering the workplace. In addition to this Chris Young has undertaken a piece of work to map the extent to which the retention of HVs in the workplace is an issue for services within Yorkshire and the Humber (Appendix 1).

With greater numbers of HV in employment it is likely that the profile of HV will change and with regular workforce data submission, trends can be reviewed periodically to ensure systems are in place to address any issues. This work is being taken forwards by the Associate Director Childrens Services and Safeguarding with Directors of Nursing.

4. Rationale for an Education Framework

It became apparent when marketing and recruiting to larger numbers of students that some recruitment systems within Yorkshire and Humber were working better than others which was causing a lack of consistency and some confusion for potential applicants. Advice and procedures varied depending on where the individual applied. It also became apparent that some systems of recruiting were more Service led than

others and the level of partnership working between the HEI and employer varied. This became more apparent when in 11/12 it was necessary to undertake a centralised recruitment process to address the level of under recruitment that had taken place in the Sept/Oct intakes and in order to meet the required commissions for that year. Work took place specifically with the HEI that had felt able to support a second cohort which meant HV placements needed to be sourced from across Yorkshire and Humber if all Service providers were to take their fair share of students for 11/12 and meet their workforce requirements for that year. This meant some students have greater distances to travel to University and adds further complications in ensuring greater partnership working across local economies given the size of the region. It was therefore agreed as an exceptional but necessary intervention whilst the new recruitment model was developed ready for implementation.

Through stakeholder groups, feedback from potential applicants navigating through the system and the experience of those working on this agenda, it was clear that it was a hindrance having a variety of recruitment models which needed addressing urgently. The variation between HEIs and local economies also made it confusing and almost impossible for those working in the acute sector to navigate through the system and enter the profession. Responsibility for identifying appropriate placements was left with the applicant in some areas and the system as a whole in terms of recruitment was largely the responsibility of the HEI, though in all areas there appeared to be a large emphasis on partnership working to the selection process, the success of this was also variable.

Some Service provider organisations are already working with their local HEI to develop a career framework to enable their workforce to develop competencies that will eventually lead to the HV qualification, particularly in areas historically difficult to recruit to vacancies. It was agreed that there was a need for an education framework that supports this development and route into Health Visiting.

CPTs have largely supported HV students on a one-one basis which presented a significant challenge given the low number of CPTs on the mentor register and the need for growth in the HV workforce. Consultation with employers, CPTs and HEIs suggested the Call to action presented an opportunity for change and to consider a number of options in developing a new framework that supports HV students whilst ensuring quality and patient safety, whilst also considering the additional leadership skills the CPT can bring to the team.

5. Challenges and opportunities

In some areas of Yorkshire and the Humber stakeholders feel they have good systems and approaches in place, built up over many years with strong partnerships between the Service provider and HEI. Whereas in some areas stakeholders are keen to see systems changed. This has taken careful consideration to ensure systems perceived to be working well are not dismantled in favour of a regional approach whilst also ensuring the opportunity to make improvements is not lost given the many challenges presented and benefit of some consistency where it can demonstrate real value. The commitment of partnership working has enabled the

challenges below to be addressed and whilst some have found elements of this progression difficult all have been committed to the opportunities presented in ensuring positive sustainable outcomes.

Specific challenges such as the impact that greater numbers of HV students is having on the ability of Service providers to continue the level of support they give to other pre registration students has been identified. This has put additional pressure on Practice Learning Facilitators (PLF), HEI colleagues and the education commissioners. Whilst a longer term strategy is being considered that will further enable access to primary and community care placements for all pre registration students, the Education Commissioning Managers are working within their defined areas with PLF and HEI colleagues to address issues arising, alongside Service provider colleagues/employers, given the extent of these challenges appear to be in specific parts of the region. Where issues are found to be consistent and mirrored across areas, a regional approach will be considered and taken forwards by the Education Commissioning Managers.

6. Consultation

Each part of this framework has been developed in partnership with those leading on and involved in the various work streams (Appendix 2) and has intermittently been presented to the Yorkshire and Humber Directors of Nursing group, who have been kept involved in developments aligned to the call to action on a regular basis and ratified decision as appropriate.

In addressing the complexity of this agenda it has been necessary to work closely with various colleagues across the SHA throughout this agenda to ensure challenges specific to certain localities can be identified, considered and addressed, and to ensure cohesion of the various elements of the Call to Action (Appendix 2).

7. Routes into Health Visiting

Health visiting combines both nursing and public health skills. At present HV students are recruited from existing Registered Nurses and/or Midwives who complete either a one year full time or two year part time degree programme (academic level 6 or 7) with registration on Part 3 of the NMC register following successful completion and qualification. The HV students have traditionally been seconded onto the programme or sought a secondment from a service provider prior to starting the programme, however this has been found to give advantages to those already working in the community setting and makes it very difficult for those working in the acute sector. In order to make the recruitment and selection process more equitable and accessible a framework has been developed that demonstrates the various routes into Health Visiting, to enable a variety of routes to be accessed, thereby widening access and supporting diversity in the HV workforce (Appendix 3). This is supported by the revised recruitment process developed during 2011/12.

Information from the NMC and DH suggested there would be a high number of HVs wishing to Return to practice (RTP) within Yorkshire and the Humber. With this in

mind three HEIs were approached to ensure provision in West Yorkshire, South Yorkshire and NEYNL. Despite a huge marketing campaign that involved posters, leaflets and messages through payslips alongside the availability of a small payment to help with expenses incurred, the interest in the full RTP programme has not materialised. Uptake onto the programme has been and continues to be very slow and many HVs have returned to practice not requiring the full RTP programme. This meant a review of the initial strategy and it was agreed that one provider (SHU) would provide the RTP for HV programme as this was the most cost effective provision and the HEI is able to meet smaller numbers through a more sustainable model.

8. Recruitment and selection

Whilst all HEIs engage with stakeholders on a regular basis for a variety of reasons in ensuring the programmes continue to meet service requirements, (Appendix 4) it is clear given the challenges and variation in successful recruitment that a consistent approach to recruitment and selection that is led by service providers would be beneficial to the Yorkshire and Humber area.

Employers stated through the various stakeholder groups that having all programmes with the same starting time meant they could not always hold vacancies for the next out turn of newly qualified HVs. Should there be output in six monthly intervals it was felt vacancies could be held ready for the next out turn of HVs. This was discussed through the Growing the workforce group with HEIs and Education Commissioning Managers considered this with their HEIs. Work is underway to have two HEIs start their programmes Sept/Oct and two HEIs Jan/Feb. The recruitment model therefore enables a level of flexibility with regards to starting times and out turn is more employer friendly.

Following the experience of the centralised recruitment process and a period of wide consultation Chris Young was able to develop a framework which incorporates a step by step approach to enable a consistent recruitment and selection process that builds upon current systems and strong partnerships that already exist across the Yorkshire and Humber region (Appendix 5). This framework has been shared with the regional Directors of Nursing group and ratified by the Deputy Chief Nurse (NHS North of England, Yorkshire and the Humber), Associate Director of Education Commissioning and Workforce development and Associate Director of Children and Safeguarding (NHS North of England, Yorkshire and the Humber). Implementation begins early 2013.

9. Education Curriculum

The HV education programmes available across the Yorkshire and Humber region are all modular and form part of an integrated community specialist practitioner framework, which gives a degree of flexibility for students to select relevant modules to meet their specific needs as well as fulfilling the requirements of the NMC. Employers and other stakeholders partake in regular meetings and reviews with the education providers to ensure the content of the programme remain current and relevant to HV practice (Appendix 4). The programmes are also monitored as part of

a robust quality assurance framework and quarterly contract performance meetings take place, which explore all provision within the education commissioning contract.

In March 2011 an 'HEI Call to action' which depicted elements expected to be explicit within all HV programme curriculum was published by Pauline Watts (DH,2011). This has been examined by the HEIs providing HV provision in Yorkshire and the Humber and confirmation has been given that all elements are covered within curricula. Given this, in discussion of the elements with members of the Growing the HV workforce group, they were keen to ensure CPTs were able to reinforce the theoretical underpinning whilst supporting students in practice. HEIs were keen to ensure sufficient support was available and stand alone modules are now available, funding from within the CPD contract, to ensure CPTs are able to develop particularly in the areas aligned to the future of HV services.

There is also a DH initiative 'Building Community Capacity' (BCC) for which additional learning for existing HVs and CPTs is available through a work based programme delivered by Northumberland University, as the DH preferred provider. From April 2013 this programme will be available free of charge via the DH Elearning platform. It is however purely an Elearning programme and commitment to implementation of the principles is required at organisational level to ensure the benefits of the education programme are realised. To ensure newly qualified HVs have knowledge and competencies in support of BCC, HEIs across the Yorkshire and Humber area have provided evidence that demonstrates the BCC principles are within their HV programmes. To refresh the skills of CPTs and those supporting HV students in developing skills in BCC, the HEIs are working with Service colleagues to enhance this awareness and these competencies through short study days or work based interventions given the challenges in releasing staff, funded from within the CPD contracts.

10. Placement support/CPT capacity

In support of the HV – Call to action an audit was undertaken to establish the number of current CPTs available to support the increased number of HV students required in meeting the national and local target of growth in HV. This showed that for 11/12 there was sufficient numbers but more would be needed in 12/13 and 13/14 to meet the targeted growth by March 2015. All four HEIs that provide HV provision also deliver CPT preparation programmes, however as this national initiative is to be complete by March 2015 and costs are incurred by the employer with a CPT aligned to Agenda for change band 7, whilst it has meant larger numbers of HVs have accessed the CPT preparation programmes at the HEIs, some employers did not feel it necessary or viable to significantly increase the number of trained CPTs.

Whilst there has been an increase in support for HVs accessing the CPT programme at all HEIs, one CPT model will not fit all, with challenges for HV teams varying across communities. The level of supervision and support required of those within the teams is different depending on the community they serve and caseload variations. Through the mobilisation agenda Anita McCrum was asked to lead on a piece of

work with employers, CPTs and HEI representatives to develop best practice guidance for supporting HV students in practice and determine the profile of the CPT as leader. It was felt this would enable employers and Service providers to make an informed choice in meeting the needs of their community and employees whilst supporting greater numbers of HV students (Appendix 6).

Service provider commitment across Yorkshire and the Humber is paramount to ensuring sufficient recruitment to HV programmes if workforce needs are to be met and it was deemed important that all Service providers were in support of HV students. Based on their workforce needs and the low attrition rate, each Service provider organisation received an indicative allocation of students each year (Appendix 7). Activity against this is being monitored alongside HEI recruitment data and other HV workforce information to ensure additional support is given where required, as part of the dashboard developed to collate and monitor data.

As highlighted, the impact of increases in HV students in practice has heightened the ongoing challenges of ensuring sufficient numbers of community and primary care placements for other students. Reductions have been made in the number of pre registration commissions and there are reportedly less placements required for District Nurses and School Nurse students at present in some areas which to some extent will alleviate some of the pressure. PLFs are working hard with HEIs and Service providers to counterbalance the challenges by looking at alternative opportunities and models of mentoring students, such as teams in clinical practice taking teams of students and mapping numbers of registered practitioners against numbers of mentors to identify where additional placement capacity is not being realised. Some employers within community services are revising job descriptions to ensure all registered staff working in the community have a clear expectation to undertake the mentor preparation programme and support students. This work continues with many examples of good practice being developed.

Given the HV Call to action is a five year strategy which aims to complete March 2015, there is no option but to prioritise HV and seek alternative placement models in mitigating against the risks to other professions requiring placements. PLFs, Service and education providers continue to work collaboratively to address these issues with the support of their Education Commissioning Manager to ensure the challenges presented are identified and solutions sought. Whilst in NEYNL and South Yorkshire the challenges are being managed, there appear to be ongoing issues in West Yorkshire and work is in progress to address these issues.

11. Summary

The quick turnaround required by the HV Call to action has brought many challenges not only to education commissioning but to Service provision and strategy generally. There has been much complexity uncovered in meeting the Call to action some of which had been anticipated, and some that had not. Extensive partnership working and stakeholder commitment has been required in meeting the various challenges faced and continues to be fundamental. Despite gaps in systems being identified and areas where improvements could be made, without the commitment and willingness

to review these areas of work collectively from HEIs, Service and SHA colleagues, advances would not have been made. It is clear that in meeting the challenges and addressing this initiative, there will be a more consistent, user friendly approach to the various aspects of HV education, the benefits of which will be experienced beyond the completion of the Call to action, March 2015.

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APPENDIX 1

NHS Yorkshire and Humber

Health Visitor Retention

A report for Y&H SHA

by Chris Young

from:

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Introduction

This report is the output of a commissioned piece of work by Y&H SHA which had the intention of exploring the retention strategies and activities that are being undertaken by employers across the region to retain their Health Visitor workforce.

At the outset of the work, the appointed consultant was provided with NHS Employers Briefing paper 81: Retaining your health visitor workforce. It was requested that information gathering should provide an understanding of how far the suggestions and tips within the paper were being used by Y&H employers and what examples of good practice could be identified.

The paper will describe the methodology used for data collection and then go on to report the findings. It will conclude by outlining the limitations of the work and offering some discussion points.

Methodology

A piece of work relating to Health Visitor student recruitment was being undertaken by the consultant alongside the retention exploration work. It was therefore decided to use the telephone interviews being undertaken for collecting student recruitment information to simultaneously collect retention information. Telephone discussions took place with 15 people, who held a range of managerial positions in 13 of the 16 employer organisations in the region.

One simple and open question was asked of the telephone respondents to start the retention discussion. This was:

"What activities are you undertaking to retain your current Health Visiting Workforce?"

Once the discussion was underway, any further questions tended to be individual to their responses but, in general, the consultant tried to get a feel for how much the respondent knew about their current workforce in terms of its numbers, working patterns, turnover and the reasons that their HVs left their employment. This was as well as encouraging them to describe the retention activities that they engaged in and checking the level of take up of them. Asking questions about any specific retention activities was avoided as it was felt that it could lead the respondents. It was their natural response that was being sought as it was considered that this would uncover the strategies that are being used the most widely.

The majority of the participants in the telephone interviews were people in managerial positions within the employer organisations so, as a means of validating the information that was being received by managers, the consultant also had two half hour group discussions with members of the professional mobilisation group. This group consists mainly of front line Health Visiting staff who were scheduled to meet to discuss various aspects of the HV Implementation plan. The group attendees were contacted around 10 days prior to the meetings to inform them that the consultant would be taking some time to discuss retention issues with them. They were therefore asked to come to the meetings having sought, as far as practicable, the views of as many Health Visitor colleagues as possible. Seventeen participants in total were involved in these discussions.

The groups were informed, at the start of the discussions, about the overall exercise that was being undertaken and it was explained that their opinions and observations were important to validate what was being said by manager respondents and ensure that a balanced view of the situation was gathered. The groups were then facilitated to discuss their opinions openly and freely.

Findings

Given that one of the aims of the commissioned work was to provide an understanding of how far the suggestions and tips within the NHS Employers Briefing number 81: Retaining your health visitor workforce were being used by Y&H employers, the findings will be reported in line with the headings within that paper.

Understanding the HV workforce

Workforce information

The majority of the managers who were spoken too demonstrated a reasonably good understanding of their workforce. They may not all have been able to quote percentage turnover figures but many could offer the numbers of leavers each year and others knew if their turnover rates were, for example, high or low. Only 3 of the 13 organisations reported a high turnover rate.

In cases where the manager being spoken to was the one responsible for completing the SHA workforce returns, there was a greater understanding of the statistics demonstrated. Nevertheless, all of them had a broad understanding and had some information to offer.

Workforce Intelligence

All of the respondents had some understanding of the reasons that people left their organisation. The 3 main reasons given were:

retirement; leaving the area; to work closer to home

A further two reasons were offered as:

wanting a lighter caseload; for career development/promotion

Examples of what some employers were doing to understand the reasons for staff leaving included the use of exit interviews/questionnaires or pre-leaving meetings, as is recommended in the briefing paper. One manager, however, said that questionnaire returns rates were usually quite low.

The main source of intelligence about how staff were thinking and feeling in relation to morale and stress seemed, however, to be coming mainly through the increasing level of engagement that was being had with them as a result of the current call to action. This is discussed further under staff engagement.

Three organisations reported that they were currently undertaking workforce re-profiling or resource mapping in an attempt to understand and arrange their workforce better. Some of the others had already undertaken similar exercises. What was trying to be achieved by these activities

was that of ensuring that HVs were working in a place that was reasonably close to where they lived (in an attempt to prevent people leaving because of travel issue). It was also to ensure that HVs had a breadth of clients and situations to deal with so that workloads were balanced.

The group discussions validated the generally positive nature of these exercises. Many said that they now worked 'corporately' and on a team basis, rather than being GP attached and having traditionally defined caseloads. As with all re-structuring and new ways of working this can create initial anxiety but the general feeling now about the changes is said to be good.

One employer described their mobile working system which involves HVs using computers that are carried on their wrists and which provide live client records that they can also contribute to as they work. At first this was not particularly well received by staff but it was now turning out to be something that staff valued.

Options, tools and resources for retention

Retention project team

Only two employers mentioned a recruitment and retention team that specifically looked at the Health Visitor workforce. Others said that issues of turnover, sickness absence etc (which relate to retention) was something that formed a regular part of the discussions in HV team leader or manager meetings.

Given that SHA workforce returns are completed on a regular basis, any trend changes in retirements and leavers can be readily seen and taken to appropriate meetings for discussion. The same could be also be said for any concerns and issues that are raised through the staff engagement exercises.

With only three organisations declaring a high turnover rate it is not surprising to find that this is not a tactic/tool that is being used by the majority.

Staff engagement

Staff involvement and engagement was one of the most commonly mentioned activities that was said to be being useful for staff retention. The call to action has resulted in the need for more meetings with staff in which they discuss what teams can do to meet the needs of the new service model. It would seem that staff are being asked by many employers to get involved in the decision making process about service change and this was something that the front-line staff validated in the group discussions.

One manager said that they held a call to action time out day for the whole HV workforce and described how the discussions created a real buzz in the room.

Another manager said that they had done a recent staff survey that asked specific questions about their work life but that also invited suggestions. A 60% response rate was achieved from this.

Promoting and communicating the changes

Many managers said that the increased emphasis on Health Visiting Services was having a positive effect on the workforce. It was acknowledged that HV services in recent years had been allowed to

be neglected and run down. Morale was said to have been low within the profession but a more positive feeling is now evident and the profession was feeling more valued. The national attention and emphasis on the service changes and workforce growth targets have given the HV workforce something to focus on for the future. A couple of managers described that there was now light able to be seen at the end of the tunnel and the feeling was that HVs were becoming motivated and enthusiastic about travelling to it.

Three managers described how they were holding development days for staff that focussed on the shape of their new services. One of them said that these were city wide as there had been an element of silo working and inconsistent practice found across the city's teams.

Many acknowledged that it will be tough time for HVs for the first couple of years as the currently depleted workforce have to implement change and cope with increasing responsibilities for a growing number of students. Regular communication with staff to help them to see a better future, however, is said to be being used to help to motivate staff to take positive action.

Flexible working

Almost without exception, flexible working was said to be a retention tactic that was being used for the HV workforce. Amongst the things on offer were:

Reducing and increasing hours as needed by the employee;
Job sharing; Annualised hours; Term-time hours; Compressed hours.
On asking the respondents the level of take up of these options there were many examples of employers having a head count that far exceeded their whole time equivalent (wte) numbers. This consequently demonstrated the extent of part time working that was being accommodated.

Some of these activities were raised with a caveat, however, in as much as many employers said that they were having to impose a minimum of 0.5 wte hours. This was because of service need but also because doing fewer hours than this can create problems for attendance at induction, development days and other regular events as well as them being needed to deliver a service.

It was said that as the workforce grows in future these may be options that will become less prevalent.

Flexible retirement

This was another strategy that was mentioned by the majority of employers. It was said that their 'retire and return' option was particularly well taken up. The planned pension changes were seen to be a major reason for this. The return is usually on reduced hours and was therefore said to carry the same caveat of a minimum number of hours being required. One manager, however, said that increasing hours after the age of 60 was something that was being requested.

There was little mention of stepping down to lower grades, although one manager mentioned that some Band 7 staff who were seeking extra hours were doing them at Band 6 whilst maintaining their Band 7 hours.

Another option for staff who retire is for them to go onto the HV bank, which involves them being used for maternity leave or sickness and absence cover. Some employers said that almost all of their retired HVs are on the bank.

A couple of employers said that they were being proactive about identifying and canvassing their potential retirees to ask about their plans and desires rather than using age alone as an indicator.

The group discussions validated that these options (as well as the flexible working options) were known about and being taken up but they also discussed the issue of there being a need to impose some kind of minimum hours requirement.

Health, work and wellbeing

The need for staff to be well supported at work was mentioned by a number of the manager respondents and was an issue particularly mentioned in the group discussions. Group supervision and regular clinical supervision was said to be in place in many organisations.

The corporate and team working arrangements that have been previously mentioned were said to be playing a part in providing a more supportive working environment for employees. The re-organised workloads, also mentioned previously, are said to be another way of minimising the work pressures and stress that can be created by constant exposure to areas of high deprivation where social problems and troubled families are prevalent.

One employer mentioned the benefits of working in the Local Authority such as discounts on gym membership but this was not something mentioned by others.

Another employer mentioned that they offer the opportunity for employees to buy extra days of annual leave which could be a means of allowing employees to take a little extra time out from work.

Developing staff

Career development was raised as an issue by five employers. Some concern was expressed about the reducing opportunities for moving into higher paid positions but there were examples of career and personal development opportunities on offer which included:

Secondment opportunities

New role development such as specialist HVs for gypsies/travellers and asylum seekers; Half managerial and half clinical role development.

Education and training e.g. Masters level study

School Nurse to Health Visitor training opportunities

Training band 6 HVs as Practice Teachers as a succession planning measure

Internal staff promotion

Recruitment, selection and Induction

One manager was particularly clear about staff retention starting at the recruitment stage and a number of others also spoke of the activities that they undertake to get things right from the outset.

Examples included:

Good Induction programmes

Creating early relationships with students to make them feel part of the organisation

Growing your own HV workforce i.e. recruiting to band 5 staff nurse posts with a clear plan for them to go onto HV training

One manager described that when they get good applicants for their HV posts but they are unsuccessful at interview because of a better candidate on the day, they usually ask the unsuccessful applicant if they are interested in a post on the HV bank. This is felt to help to keep the HVs interest in their organisation and can help them to secure a post in subsequent applications.

Some of the manager respondents, as well some of the group members, talked about how their policy for recruitment to vacant posts had recently changed in as much as they now offer vacant positions to existing staff before advertising them externally. This enables staff to potentially move to an area closer to where they live, or enables them to make a change in their career to maintain their interest. This is a particularly good strategy for the more rural areas of the region and it was suggested that it was a good retention strategy as staff can see that there are regular opportunities for them to change roles if they feel that they are getting into a rut or if they are struggling with travel issues.

Preceptorship

Preceptorship was raised by two employers, as well as during group discussion as a means of assisting retention. It was felt to be important to ensure that new HVs are well supported in the early days of their new career.

Evaluate and review

The NHS Employers briefing paper suggests that staff engagement, motivation and retention are on-going issues that require regular evaluation and review and, whilst there were few employers who said that they had a specific group that looked at this, there was the impression gained that it does form part of the discussions in their everyday business.

The majority of the employer respondents s in the Y&H region reported low turnover rates, so the need to have to constantly think of new ways to retain staff was not great. Nevertheless, the majority of employers could describe a range of activities that they engaged in.

The consultant usually asked the manager respondents why they believed their turnover figures were low. What was it that they believed made staff stay? Was asked on a number of occasions. Some employers admitted that their geographical location may play a part in that they were the only HV employer for miles around. There was also the opinion, however, that they were a good

employer or an innovative employer so staff wanted to stay with them. They felt that they provided a supportive environment and offered opportunities that helped them to balance their home and work lives.

Limitations, Discussion and Conclusions

Three employing organisations from across the region did not have the opportunity to provide information about their retention activities because of differing timescales for the reports from the two pieces of work that were being undertaken simultaneously. There may consequently be some good practice that has not been uncovered by this exercise.

It should also be acknowledged that retention activity was asked about at the latter end of telephone interviews that were used as the method for capturing the information. There is some risk, therefore, that respondents (who were often busy service managers) may have started to let their minds wander towards their next appointment rather than giving their full attention to the question in hand.

The issues of staff retention are complex and there are many forms of activity that could very well play a part in helping or hindering the issue. It is therefore possible that there are other activities happening that are not reported here but that do have a part to play. They were just not perhaps at the forefront of the managers' minds when posed with the simple, open, starting question.

As previously discussed, only 3 of the 13 employers reported a high turnover rate, so retention strategies and activities are not consciously at the top of the agenda for these organisations. Nevertheless, a fairly good range of activities were able to be described by the respondents so some conscious decisions have been made at some point. The question could be posed: Is it because of the efforts that have already been employed that retention rates are reported to be low?

The consultant was not in a position to validate the managers' statements about their turnover rates as a number of factors have played a part in the SHA being unable to have current and accurate turnover metrics for their employer organisations. The major one is that of staff transfers across employer organisations as a result of Transforming Community Services, which has resulted in very skewed leaver and starter figures.

Overall, the consultant did not get the impression from the discussions that staff retention was a major issue for the majority of the employers. The examples of retention activity that were described by the manager respondents were generally validated by the group discussions with front-line staff.

In terms of identifying 'good practice', it is clear that all of the activity described in this paper constitutes practice that is good. It is therefore difficult to pick out any particular activity as being better than any other. It is also relevant to note that an activity in one part of the region may not necessarily work for another part. One example of this was highlighted in the group discussions when someone from a rural area described their 'grow your own' strategy yet another who worked in a large city said that this had not worked for them. It could be said that the activities that were common to the majority of employers has perhaps now become 'normal' practice and it is those

described by only a few that could be picked out as ‘good’. Or it is perhaps more appropriate for the findings from this paper to be simply ‘shared’, so that employer organisations can identify for themselves any activities that look like they have potential to work for them.

APPENDIX 2

Partnership and stakeholder groups

Growing the HV Workforce – membership and distribution list:

Karen Adams, Huddersfield University

Sue Sherwin, Leeds Met University

Yvonne Wilkinson, University of Hull

Dawn Taylor, Leeds Met University

Karen Stansfield, Sheffield Hallam University

Zoe Wilkes, University of Hull

Joe Cortis, Leeds University

Rebecca Bentley, Bradford District Care Trust

Lesley Bowditch, Sheffield Children's Trust

Diane Catlow, Calderdale & Huddersfield NHS Trust

Helena Dent, North Lincolnshire PCT

Sheila Dilks (Chair), NHS Kirklees (prior to recent retirement)

Debra Gill, Leeds Community Foundation Trust

Sue Gittins, Rotherham NHS Foundation Trust

Catherine Hall, Rotherham NHS Foundation Trust

Gill Harries, Calderdale and Huddersfield NHS Trust

Jan Haxby, NE Lincs Council

Sally Kennedy, Leeds Community Foundation Trust

Margaret Kitching (Chair), South Yorkshire and Bassetlaw Cluster

Sam Middleton, Leeds Community Foundation Trust

John Reid, Sheffield Children's NHS Trust

Bob Ross, RDASH

Sharon Stoltz, NHS Barnsley

Pauline Williams, Sheffield Children's Trust

Kitty Lamb, Community Practice Teacher, NYYPCT

Sue Sparks, RDASH

Tracy Vickers, City Health Care Partnerships, Hull

Geraldine Sands, NHS Yorkshire and Humber

Amanda Fisher, NHS Yorkshire and Humber

Gulshan Hussain, HV Project Manager

Anita McCrum, NHS Yorkshire and Humber

Clare Pettit-Gardner, Programme/Project Support

Mobilisation agenda – Developing the Practice Teacher Framework

Anita McCrum, NHS Yorkshire and Humber

Beverley Baker, Sheffield

Christine Knowles, Rotherham

Corinne Prescott, Calderdale

Deborah Spence, Leeds

Doreen Oakley, Kirklees

Elaine Carlyle, Harrogate

Gill Leeper, NE Lincs

Helen Preston, Rotherham

Jane Wragg

Jill Turner, N Lincs & Goole

Jitendra Goomany, Rotherham

Karen Adams, Huddersfield Uni

Karen Stoppani, RDASH

Kathy Callaghan, BDCT

Lesley Bowditch, Sheffield

Lesley Joyce, Hull Uni

Lynn Andrews, RDASH

Lynn Inglis, Leeds

Lynn Kenyon, SHU

Melanie Tanner, BDCT

Nicola Darby, Calderdale

Paula Elliott, Wakefield

Rebecca Holley, Locala

Sadie Shaw, Locala

Sarah Moore, NE Lincs

Sophie Wigby-Ashurst, Harrogate

Sue Fitzakerley, RDASH

Tracey Hepworth, RDASH

Partnership and stakeholder forums:

Regional Directors of Nursing forum (Y&H)

Strategic Partnership groups (NEYNL, SYorks, WYorks)

PLF steering group meetings (NEYNL, SYorks, WYorks)

SHA partnerships – Yorkshire and the Humber

David Thompson – Deputy Chief Nurse, NHS North of England (Y&H)

Geraldine Sands – Associate Director Children and Safeguarding

Amanda Fisher – Education Commissioning manager aligned to HV agenda

Gulshan Hussain – Health Visitor Programme Manager

Claire Pettit-Gardner – HV Team support

Chris Young – External Consultant

Anita McCrum – Senior Health Visitor / Mobilisation lead

Sharon Oliver – Associate Director Education Commissioning and Workforce

Education Commissioning Managers – South Yorkshire, Leeds, West Yorkshire

Workforce planning team

Finance team

NHS
Yorkshire and the Humber

APPENDIX 3

Education Framework for the Development of Health Visitors

(Specialist Community Public Health Nurses)

In force from 1st April 2012

	Person profile	Programme	SHA Funding	Benefits	Provider and start month	Practice and assessment requirements
1	Junior roles eg, Staff nurses, Assistant practitioners, Nursery nurses, public health practitioners who will support specialist practice/HV	Modular – access to diploma and/or degree level modules pertaining to specialist practice	Tuition/module fees through CPD contract	A route to navigate along a pathway of learning as part of an employer led career pathway, that can then shorten the HV programme through APEL, thus also supporting those areas that are hard to recruit to	LMU Huddersfield SHU Hull Variable start dates depending on modules accessed	Mentor

Contents

2	Pre registration nurse or midwifery student on an integrated pathway that includes and leads directly on to the HV programme An option for this newly qualified HV may go onto a band 5 post, moving to a band 6 following a period of preceptorship – as per employer guidance (A4C Annex T)	2 - 3 years pre registration programme, then one year full time HV	Tuition fees National guidance regarding bursary unit allowance until qualify as a Registered Nurse or midwife.	Cost effective Brings a new dynamic into the HV workforce Negates the need for training contract as the student remains a student of the HEI	LMU Hudds SHU Hull	Qualified Community Practice Teacher (CPT) as sign off mentor Audited placement
3	Registered Nurse or Midwife registered with the NMC but not on part 3 of the register or	Full time – one year Part time – two year Shortened routes may be available depending on candidates prior knowledge	Tuition fees Full time – Student will get a training contribution Part time or shortened route –	Enables choice and flexibility for trainees and employers Education commissioner can leave flexibility with the market or	LMU Hudds SHU Hull	Qualified Community Practice Teacher (CPT) as sign off mentor

		and experience – APEL Candidates are assessed on an individual basis, against set criteria	training contribution pro rata to attendance	commission per programme depending on service workforce needs Supports widening participation and flexible working Tried and tested model that employers have confidence in Supports a career framework model		Audited placement Training contract with placement provider
4	School Nurse wishing to work within the HV field of practice and already registered on part 3 of the NMC register	Portfolio of practice with HE support – 10 wks depending on knowledge & experience	Tuition fees through CPD contract	Acknowledges the commonality between the two education programmes and supports the development of a streamlined service	SHU Hull Hudds LMU	Qualified Community Practice Teacher (CPT) as sign off mentor Audited placement Training contract with placement provider

5	Existing Health Visitor who has worked outside of the HV role but remained on the NMC register and needs up dating	No formal programme may be required - Individuals to contact HEI/University to discuss their individual requirements – CPD focus Those that do not need to undertake a formal RTP programme and able to apply for posts - once in employment will work with a mentor/ preceptor who can support them in gaining their confidence The employer will help to identify which elements of CPD should accessed.	Tuition/module fees, through CPD contract	Up skilling Health Visitors alongside other existing HVs Acknowledges the ongoing knowledge and skills of existing HVs, potentially bringing some diversity and broader competencies into the HV workforce Cost effective method of increasing HV numbers within the workforce	LMU Huddersfield SHU Hull Variable start dates depending on modules accessed	Sign off mentor may be required depending on modules required CPT and short placement may be required depending on individual requirements and employability - pertaining to practice experience Robust preceptorship – employer led
6	Health Visitor (HV) whose registration has lapsed **within** the last 3 years	A formal programme of study may not be necessary – Returnees contact the University providing HV education for advice as it **may** be achievable to regain their registration through evidence of PREP and references, with a letter of compliance sent to the NMC	Not applicable	Attracting back HVs with a wealth of knowledge and life experience Cost effective method of increasing HV numbers	LMU Huddersfield SHU Hull Variable start dates depending on	Preceptor in employing organisation Audited placements and mentor or sign off CPT/PE may be required depending on requirements

		If necessary for the individual to access specific updating and/or a NMPx programme, HEI colleagues will work in partnership with employers to facilitate a short placement	Tuition/Module fees as part of CPD contract	Meets widening participation agenda and enables flexible routes into HV workforce	modules accessed	
7	Health Visitor who has **not** been on the NMC register as a nurse, midwife or HV for 3 – 10 years	Return to Practice programme – 3 to 6 months to complete	Tuition fees Training contribution to help with elements of student hardship ie, travel, child care costs etc	Attracting back HVs with a wealth of knowledge and life experience Cost effective method of increasing HV numbers Meets widening participation agenda and enables flexible routes into HV workforce	SHU - Jan	Audited placement CPT/Practice Educator
8	Qualified as a Health Visitor, still registered as a Nurse or Midwife with the	RTP programme. 3 - 6 months to complete depending on the individuals circumstances ie ability to complete the required - see	Tuition fees Training contribution to help with elements of student hardship ie, travel, child care costs etc	Attracting back HVs with a wealth of knowledge and life experience Cost effective method	LMU SHU Hull	Audited placement CPT/Practice Educator

	NMC **but** HV registration has lapsed for between 3 – 10 years	table below regarding minimum HV practice hours required		of increasing HV numbers Meets widening participation agenda and enables flexible routes into HV workforce		
9	Health Visitor whose registration has lapsed 10 years or more	See profile 3	See profile 3	See profile 3	See profile 3	See profile 3
10	Existing Health Visitor up skilling to new CPT/Practice Educator role	Community Practice Teacher/Practice educator programme	Tuition / module fees through CPD contract	Ensure standard and quality of placements and assessment of students in practice Development of the workforce linked to a career framework	LMU Huddersfield SHU Hull	Supervisory CPT/PE

Below is a general guide to calculating the number of hours and days that need to be completed in practice specific to Health Visiting during the RTP programme. This is provided merely as a guide and shows the minimum hours required based on NMC guidance and feedback from HEI and service provider colleagues.

Years out of Practice	**Minimum practice hours required**	**Equivalent days (7.5 hrs per day)**
3 – 10	150	20
11 – 20	300	40
More than 20	450	60

NB: SHU – Sheffield Hallam University & LMU – Leeds Metropolitan University

APPENDIX 4

Health Visiting stakeholder groups and engagement as of Sept 2011

HEI - locality	Group /activity	Purpose	Membership / Representation	Frequency of meetings
Huddersfield University	Course committee	Review and update curricula – HEI wide	Reps from local provider organisations – Calderdale, Bradford, Mid Yorks and Kirklees, ie managers, strategic leads and practitioners,Service users,Students	Twice a year
	Recruitment	Participation in the interview and selection process	Service providers	As required
	Teaching on modules	Engagement in teaching	Health Visitors and service managers	
	Practice Updates	Practice teachers receive updates and support eg, managing failing students, revision of curriculum and sharing good practice etc	Practice teachers	
	Student panel	Feedback regarding curriculum	Students	
	Personal tutor system	Support student and mentor/practice teacher		Twice a year
LMU	Programme	Review of	Meets with users and carers,	Twice a year

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	review meetings	curriculum Identify issues and solutions	managers, practice teachers, past and present students, PLF's , external examiners and current workforce	
	CPT meetings and updates	Update and development of CPTs	CPT/Practice Educators	Twice a year
	Liaison management meetings	Discuss the current and future course and any issues in practice.		Twice a year
	STAR Meeting	Student reps gain feedback from their peers and represent them at the meeting with any issues they have about the course and offer evaluation from which appropriate actions are taken by the University. The meeting is audited.		
	Widening participation meetings	HEI colleagues attend widening participation meetings each quarter to ensure HV and CSP routes are considered		Quarterly

Hull Uni	Programme Management Advisory group CPT meetings and study days Recruitment and selection to programmes Teaching on modules	Review curricula Advise on changes/reviews Identify issues and solutions Discuss current developments Support update of CPTs Identify issues and solutions Advice on changes to curriculum and/or practice documentation CPT development To ensure robust and effective recruitment for employability	Service managers CPTs, HEI programme leads CPTs/Practice Educators CPTs, service managers, Health Visitors Service managers, CPTs, Health Visitors	Three times a year Three times a year and ad hoc study days As required As required
SHU	Updates for CPTs and Advisory groups Study days and workshops	Review curriculum Advise on changes Updates on documentation and changes to curriculum Development of CPTs	CPTs/Practice Educators , HV mentors Service managers and CPTs	3 x all day meeting a year Two meetings a year Ad hoc study days

	Recruitment Teaching on modules Assessments	To ensure employability First mark and moderate patchwork portfolio. Facilitate Action Learning sets. Involved in the behaviour change module OSCE's. Involved in the presentations for Preventative Approaches to Safeguarding module	Service managers, CPTs, HVs CPTs, Service providers, HVs CPT's/Mentors CPT's/Mentors/Programme team CPT's/Mentors/Programme team CPT's/Mentors/Programme team	As required As required Throughout the year Semester one Semester two
All	Validation of programmes Keeping in touch Tripartite meetings	To ensure employer support for NMC approval To ensure partnership working and collaboration To ensure support to CPTs and robust ongoing assessment	CPTs, service managers, students Managers, CPTs, Students CPT, students, HEI	As required Regularly and as required Twice a year

Our ref:
Your ref:
Please ask for: Geraldine Sands

NHS
Yorkshire and the Humber

Blenheim House
West One
Duncombe Street
Leeds
LS1 4PL
Tel: 0113 295 2000

19 April 2012

Dear Colleagues,

During this year and next year we have a large number of health visitors which we must support through training in order to ensure that we have an adequate supply to meet our growth targets. All health economies have completed a workforce plan for health visitors so there is clarity concerning how many additional staff they will need to recruit to replace those who leave or retire. These targets are incredibly challenging and your support as Director of Nursing will be essential to ensure that your service can accommodate the right number of students, that training experience is an optimal one, and that students are supported to take up post when they qualify, ideally in the area where they trained.

This pathway into and through health visitor training has been developed in partnership with our universities and service providers. It aims to give clarity concerning the service provider's responsibilities for recruiting and supporting students, putting service providers rather than universities in the driving seat with this. It gives a timeline for recruitment ensuring that these processes are sufficiently timely to link with university requirements and it sets out good practice in recruitment processes including a regional student health visitor job description and person specification.

We hope that you will promote this within your service and that it will support effective recruitment which will enable us to fill out target training commissions in Yorkshire and the Humber.

The pathway is also available via our health visiting microsite www.healthvisiting.org.uk

Thank you in anticipation of your support with this.

Yours sincerely

David Thompson

NHS
Yorkshire and the Humber

HEALTH VISITOR STUDENT RECRUITMENT

Introduction

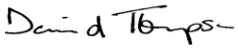
As we continue to expand our health visiting services, and then sustain larger services, training sufficient health visitors (HVs) to meet demand is becoming increasingly important. It is the clear responsibility of health visitor service providers to lead this process, ensuring that they are developing sufficient number of health visitors to meet their future needs. Likewise it is the responsibility of service providers to ensure that the training experience of their health visitor students is optimal with strong practice education arrangements and then that newly qualified staff are able to enter health visitor vacancies in the region and supported through robust preceptorship.

However, this will not be possible without strong and productive partnership working with local universities which provide health visitor training programmes. This guide consequently sets out how and when service providers should work jointly with universities on student health visitor recruitment.

There are currently two or three different approaches to recruiting student health visitors across the region, with universities taking the lead in some areas and service providers doing so in other localities. For would-be students this can be very complicated since they often do not know who to approach first or how to gain a practice placement in a local health visiting service. This guide provides a streamlined process which will be easy to articulate to potential students and will be relatively simple to co-ordinate, operating in the same way in any part of the region. It also sets out a standardised approach for a number of aspects of recruitment including the person specification and job description and the student's contractual arrangements, thus avoiding a situation where nurses and midwives are recruited to health visitor training using different criteria in different parts of the region.

We hope that this guide will be useful and strongly recommend it to you as a tool to support delivery on practice placement targets which are curently being set for PCT Clusters and service providers.

Geraldine Sands
Associate Director
Safeguarding and Children's Services
(Strategic Health Visitor Lead)



David Thompson
Deputy Chief Nurse

Sharon Oliver
Associate Director Education Commissioning and Workforce Development

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HV student recruitment process summary

A summary chart is provided which describes the overarching steps that are involved in the recommended recruitment process. It offers the aims of the process steps, which also indicate the benefits that can be achieved by implementing them in the manner that is suggested. The rationale/evidence for including the steps is offered where appropriate, much of which was obtained from the findings of an initial scoping exercise into the pathway for HV students and from the experience of undertaking the regional recruitment process for the March 2012 intake of HV students.

The process follows a timelined approach that will fit with any course commencement date.

The process steps in more detail

This section separates out the process steps and offers more information about undertaking them. It also includes copies of the documents that were used to support the regional recruitment process for the March 2012 intake of students. These documents can be adapted as required to suit local situations.

The benefits of using the approach are inherent in the step descriptions.

Conclusion

This closing chapter offers some advice to help to sustain the process in future.

HV STUDENT RECRUITMENT PROCESS SUMMARY

Initial Activity	7-8 months prior to course →	6-7 months prior to course →	5 months prior to course →	3-5 months prior to course →	1-3 months prior to course →	Month 0 →	9-10 months after course
Employers determine which employer neighbours it would be beneficial to partner with	**Employers and University partners hold HV student open days**	**Employers advertise student HV posts in partnership with Universities**	**Employers and University partners shortlist, interview and allocate**	**Employers undertake routine employment checks**	**Student offers are issued**	**HV Course commences**	**Recruitment to Health Visitor vacancies begins**
Aims: • To prevent the need for individuals to make multiple applications. • To reduce duplication and waste created by multiple applications. • To ensure that the best candidates are recruited across employers. • To achieve recruitment consistency. • To minimise administrative costs. **Rationale:** • Current risk of good candidates being turned away because individual employer places are full. • Evidence shows that applicants receive different experiences from different employer and University partners.	**Aims:** • To raise awareness about Health Visiting as a potential career. • To provide information to help individuals with career choices. • To provide a learning opportunity that will help potential applicants with the recruitment process. **Rationale:** • Evidence has shown that many applicants do not have a good understanding of the HV role and struggle to demonstrate their preparation for a change in career.	**Aims:** • To clarify the contractual nature of HV student posts. • To illustrate the employer commitment, as well as the University commitment, to the recruitment of HV students. • To align employer and University partner recruitment timelines. • To ensure equal access for the full range of potential applicants. **Rationale:** • Evidence suggests that HV student responsibility and commitment is not always fully shared by employer partners. • University and employer timescales have been found to mis-align. • Inconsistency and uncertainty about the use of secondments has existed.	**Aims:** • To demonstrate a partnership approach to applicants. • To ensure that applicants meet all the partners' needs. • To ensure consistency in selection. **Rationale:** • Evidence shows that applicants receive different experiences from different employer and University partners • Some previous applicants have experienced difficulties in securing employer support.	**Aims:** • To comply with organisational recruitment policy and practice. • To illustrate employer commitment to the recruitment of HV students. • To prevent duplicated checks at the point of employment. **Rationale:** • Need to follow normal recruitment practice. • Evidence suggests that HV student responsibility is not always fully shared by employer partners.	**Aim:** • To ensure that successful applicants receive written confirmation of their offer in sufficient time for their resignation from current employment.	**Aim:** • Students commence their programme following a positive recruitment experience.	**Aim:** • To reduce student anxiety about employment opportunities on course completion. • To align recruitment timelines with course completion dates.

THE PROCESS STEPS IN MORE DETAIL

Employers determine which employer neighbours it would be beneficial to partner with

Key Actions: **Work across employer organisations and Universities to establish group partnerships**
Agree and allocate administrative roles and responsibilities

It is recommended that employers work with a group of neighbouring employers as well as their University partners on the recruitment and selection process. This is so that they can offer potential applicants a more seamless process whilst reaping the benefits of reducing duplication and waste for themselves.

It will be for employers to determine for themselves what the grouping of employers will look like, although decisions are likely to be influenced by the sharing of geographical boundaries and the geographical and demographic nature of their patches.

Employer groups and University partners will need to discuss and agree at an early stage who will co-ordinate the administrative duties associated with the process and how those duties will be shared and allocated.

Employers and University partners hold HV student open days

Key Action: **Design and deliver HV student open days**

A finding from the central recruitment process for the March 2012 intake was that many applicants showed a poor understanding of the HV role. They also often struggled to evidence how they were preparing for their career change. It is therefore highly recommended that University and employer partners should collaborate to design HV open days that will support attendees to:

- Understand current key policies affecting children/families and HV practice
- Understand the role of the HV
- Understand the course structure and expectations
- Understand the recruitment process

The open days should be widely advertised across employer and University premises and by any other means available. Inparticular, the events should be advertised on www.healthvisiting.org.uk.

The days should be contributed to by representatives from all partners.

Any information that is sent to potential HV applicants should include the student pathway/flowchart that is embedded here:

HEALTH VISITOR TRAINING FLOWCHA

Certificates of attendance should be issued for participants to use in their learning portfolios, although University and employer partners should also consider designing and offering some form of 'learning assessment' that is based on the open day content. This could be, for example, be by participants completing a learning assessment form in hard copy on the day or on-line after the event.

University partners will have particular expertise to support this activity and, if assessment is undertaken, certificates of achievement could be awarded to participants which they could use as portfolio evidence during the recruitment process .

Employers advertise student HV posts in partnership with Universities

Key Actions: **Design advert for NHS jobs**
Localise Job Description and Person spec to include with advert
Book venues and people for shortlisting and interview dates
Plan for Practice Teacher capacity

Based on workforce plans and HV student places that are agreed with education commissioners, employer groups should advertise their HV student posts on NHS jobs. This should be undertaken in collaboration with their University partners to ensure that timelines between all partners are aligned. The Y&H examples of the HV student job description and person specification should be used as a basis to accompany the advert. These are embedded here:

Y&H HV student person spec.doc

Y&H Student HV Job description.doc

N.B. These documents can be adapted locally as required, although any change to the person specification will need to be followed through in the shortlisting and interview scoring sheets. E.g. for Masters level programmes the qualification criteria is likely to need change.

The posts should be advertised as fixed term student contracts at AfC Band 5 but it should be made clear that the maximum salary will be at mid-point salary in line with education commissioner funding. This will ensure that any reduction in salary that an applicant may need to consider is made clear at the outset.

The current Y&H funding guide is available at: http://www.yorksandhumber.nhs.uk/document.php?o=7867

In cases where existing community services employees wish to apply for a HV student post, negotiations about their individual contractual arrangements should be undertaken at this stage.

Shortlisting and interview dates should be pre-arranged by the person who has the co-ordinating responsibility. These dates should be included in the advert so that applicants are aware of timelines and can keep dates free.

N.B. Employers should ensure at this stage that their HV Practice Teacher numbers line up with their student numbers. Plans for any further training of Practice Teachers should be made.

Employers and University partners shortlist, interview and allocate

Key actions:
Design feedback and correspondence process
Undertake shortlisting
Implement feedback process for unsuccessful candidates
Invite successful shortlisters for interview
Undertake interviews
Allocate successful candidates to employers
Implement feedback and correspondence process for all

These activities are normal components of the recruitment process but working in employer groups will prevent the duplication of these steps by individual employers in cases where candidates submit multiple applications. The task of individual employers or Universities sending numerous letters and offering repeated feedback and advice (which could potentially be inconsistent) would also be eliminated. The overall costs of the recruitment process is therefore likely to be reduced.

The main advantage of holding joint interviews with University partners in this way is that successful aplicants can be offered University course places and employer placements simultaneously, ensuring that the student is clear about both aspects of the programme.

The shortlisting panels should consist of employer and University representatives. The University involved in the central recruitment process was happy to leave employers to shortlist without their representation but agreed to be available for advice and support on academic issues if required. The important aspect from their viewpoint was to be involved when it came to the interview stage.

Shortlisting documentation should be based on the Y&H recording and scoring example embedded here:

Shortlist scoring sheet (V2) for HV stu

N.B. remember that any changes that were made to the person specification (e.g. qualification requirements for Masters programmes rather than degree progranmmes) are reflected in the shortlist scoring sheet.

Following shortlisting, unsuccessful applicants should be offered feedback and advice to assist them in any future applications. It should be made clear to candidates from the outset what process is in place for feedback and advice.

Following shortlisting, successful applicants should be invited for interview. They should be asked to complete a University application form to bring with them to the interview.

The interview panels that are convened should consist of of employer reps and a University rep.

Applicants who are invited for interview should be grouped into smaller geographical areas so that they can be seen by an appropriate interview panel. E.g. An applicant from Sheffield could be interviewed by a Sheffield Service rep, a Rotherham service rep and a Sheffield Hallam University rep so they can be offered places with either of those employers on completion of the recruitment process. An applicant from Leeds could be interviewed by a Leeds Service rep, a Bradford Service rep and a Leeds Met Uni rep for the same reason.

These are only two examples of how the panels could be mixed, and employers groups who are more familiar with their area will know how it would be best to mix them. The mix of panel reps is, however, a key component to reaping the benefits from this approach. In particular, the benefits of getting the best people into Health Visiting practice, preventing duplication of applications and achieving consistency.

The invitation letter should contain clear instructions about interview expectations i.e. time and venue, the presentation they will need to prepare and the news article that they will need to read. The applicants should be encouraged to make notes about the news article that they should bring with them to

interview. They should be told that questioning about the article will be about their thoughts and feelings, the cultural issues that they can identify within it and what they can learn from it.

The reason for revealing the areas of questioning is that the cultural issues tended to be avoided by many candidates during the central recruitment process. This made assessment against that criteria difficult to judge.

Applicants should also be asked in the invitation letter to complete University applications to bring along with them to interview. Additionally, they should be asked to bring the necessary documentation to validate their right to work in the UK.

An example interview letter is offered below which can be adapted for local use as required:


Interview invitation letter.doc

It is important to ensure that interviews run smoothly. The following flowchart is the one that was used for the central recruitment process for March 2012. This can be adapted as required for local use:


Interview process guidance.doc

The documentation should be based on the Y&H recording and scoring examples embedded here:


Interview note sheet.doc


Interview record (2) for central recruitmer

N.B. remember that any changes that are made to the person specification (e.g. qualification requirements for Masters programmes rather than degree progranmmes) are reflected in the interview record sheet.

Following the interviews, unsuccessful applicants should be offered feedback and advice.

The importance of keeping good interview records cannot be stressed enough. One of the unsuccessful aplicants in the central recruitment process was aggrieved at not being selected and instigated the complaints procedure. Central to cases like this will be the quality of the interview records.

Successful applicants should be offered HV student posts with a specified employer at a specified University. The offer should be subject to satisfactory references, occupational health and CRB checks.

Employers undertake routine employment checks

Key actions: **Gather references**
Undertake CRB checks
Arrange Occupational Health checks as required

Individual employers should commence the collection of references and make arrangements for Occupational Health and CRB checks (for their allocated candidates) immediately following interviews. This employer lead approach should enable the subsequent employment of HV students to be free from any repeated checks.

When all checks are complete applicants should have their place confirmed and student contracts should be drawn up.

It is important that confirmation of the awarded places should be in sufficient time for applicants to submit their resignation to their existing employer.

Tuition fee payment and salary funding is available from the education commissioner. The current Y&H Multi Professional Training & Education Funding Guide provides more detail. Please click here.

Student offers are issued

Key Action: **Send out offer letters**

The timing of the recruitment process will be crucial for candidates who need to give notice to their existing employers. This is usually one months notice although this may be longer for some candidates.

As previously highlighted, successful candidates require their places confirmed in sufficient time for them to resign from existing employment.

In cases where an applicant is already in a post with the employer who will host them during their training, arrangements for the changes to employment conditions can be negotiated as appropriate.

An example terms of contract letter is offered below which can be adapted for local use as required:

Terms of contract letter.doc

HV Courses commence

Key Action: **Commence education programmes**

HV students commence their learning programme over 1 year full time or 2 years part time. The aim is that they should commence their programme following a positive recruitment experience.

Staggering intake dates at different University partners or having twice yearly intakes at some Universities should be considered to maximise on student fill rates. I.e. any last minute failures to take up offered places and/or any attrition could be rebalanced in a more timely way.

Recruitment to Health Visitor vacancies begins

Key Actions: **Advertise HV vacancies**
Invite existing students for interview

Unless there are exceptional circumstances, it should be normal practice for HV vacancies to be advertised and recruited to approximately two months prior to course completion dates. Existing students should be offered an interview for those posts.

Employers may want to consider maintaining the employer group approach in advertising and recruiting to their posts for similar reasons to those that have been outlined in this process.

The appropriate timing of the HV recruitment process should help to allay student anxiety as their course end date nears.

Conclusion

The recruitment process described in this paper was tested at regional level for the March 2012 intake at Sheffield Hallam University. The process did not include an open day but recommendations for the use of these is included due to learning from the central process.

By necessity, the timescales were greatly reduced in the central process. This created pressure that need not form part of future processes. The recruitment timeline should cover around 8 months.

The documents produced through the central process have been provided for employers and university partner groups to adapt for local purposes, although it is recommended that the major aspects of the documentation e.g. the detail within the person specification and the scoring and recording sheets that match up with them should not be altered significantly until at least one test of this process is done at a local level.

Once an initial test of the process at employer group level has been done, the learning from this should be discussed and any potential changes could be agreed . It is important, however, that any changes that are made include a check that all of the criteria in the person specification are still being assessed at some point in the process.

It is recommended that employer and university partners use any regional groups to discuss their proposals for change so that new ideas and best practice can be widely shared.

Given the benefits that this approach can achieve, employer and University partners may wish to explore how the recruitment of other Community Specialist Practice students could be brought in line with the process for HV students.

APPENDIX 6

Health Visiting
Yorkshire and the Humber

Practice Teacher Framework

Good Practice Guidance

NHS
Yorkshire and the Humber

Contents

Introduction

As part of the work to drive the delivery of the Professional Mobilisation agenda of the Health Visitor Implementation Plan, NHS Yorkshire and Humber held an event in July 2011 which was focussed on engaging, energising and motivating nominated health visitors from across the region. As a result a number of workstreams were identified to enable the progress of the work to support the increase in capacity and delivery of the four tier model.

The development of a Regional Practice Teacher Framework was an area of work identified by all to promote high quality practice learning for Specialist Community Public Health Nursing Students (SCPHN, HV) receiving practice education within the Yorkshire and Humber Region. It is envisaged that this framework will support NMC guidance (NMC 2008) and should be used in conjunction with all recent, relevant information about the crucial role of Practice Teachers (PT) to support the national agenda. This will also provide a simple guide for commissioners, providers and practitioners to support the delivery of education in practice enhancing the student's experience and inform organisations of their responsibilities when supporting Practice Teachers, Mentors and students.

Yorkshire and Humber recognise the crucial role that our Practice Teachers have in driving the national policy agenda for Health Visiting alongside supporting high quality learning and education within the practice setting. The group also acknowledges the NMC standard which states that "Practice Teachers should support only one SCPHN student at any one point in time" (NMC 2008). This framework makes recommendations where there is a need to support more than one student at a time.

The framework supports a range of models put forward by the NMC to enable the increased number of individuals accessing SCPHN HV programmes as part of the Health Visitor Implementation Plan ' Call to Action' (DH, 2011) and where there are insufficient numbers of Practice Teachers available. This includes the safe and efficient use of SCPHN HV mentors to support SCPHN HV students, ensuring that they receive the best possible learning experience to produce health visitors that are fit for the future.

Throughout the framework we will use the term SCPHN Mentor to describe any individual supporting a SCPHN HV student other than a PT.

Purpose of the Framework

The purpose of this framework is to:

- Define the role and responsibility of the Practice Teacher and SCPHN mentor in delivering the new service vision and developing the quality of the future workforce.
- Define the attributes of an effective Practice Teacher and SCPHN mentor.
- To inform organisations of their responsibilities in supporting Practice Teachers and SCPHN mentors.
- Make recommendations to support high quality, safe and effective practice placements.
- Identify the CPD needs of Practice Teachers and SCPHN mentors to deliver the transformed service and make recommendations.

The Role and Responsibilities of the Practice Teacher

Practice Teachers are crucial to leading, educating and developing a quality workforce; this includes the development of mentors and future Practice Teachers. This document provides further detail regarding how the Practice Teacher can effectively fulfil the current requirements to support the expansion of the health visiting workforce in line with the Health Visitor Implementation Plan (DH 2011).

The NMC require that the Practice Teacher is a registrant who normally would have fulfilled the NMC requirements to become a mentor and who received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a Practice Teacher. It is a requirement of the NMC that all students undertaking a programme leading to registration as a Specialist Community Public Health Nurse to have a named Practice Teacher" (NMC 2008b).

Practice Teachers are subject to triennial reviews in order to meet NMC requirements. Through this process Practice Teachers are required to evidence how they have maintained and developed their knowledge, skill and competence in both professional practice and education. This could be through a range of educational activities both credited and non-credited study including annual Practice Teacher update.

Current demands within HV have created a number of difficulties for organisations where there are insufficient numbers of Practice Teachers available and are considering the use of mentors to support learning. Where SCPHN HV students have a mentor the NMC have provided guidance to recommend that within their practice placement they are "long-armed" by a Practice Teacher. This does not mean there is a "hands-off" approach. In order to ensure high quality practice placement SCPHN mentors

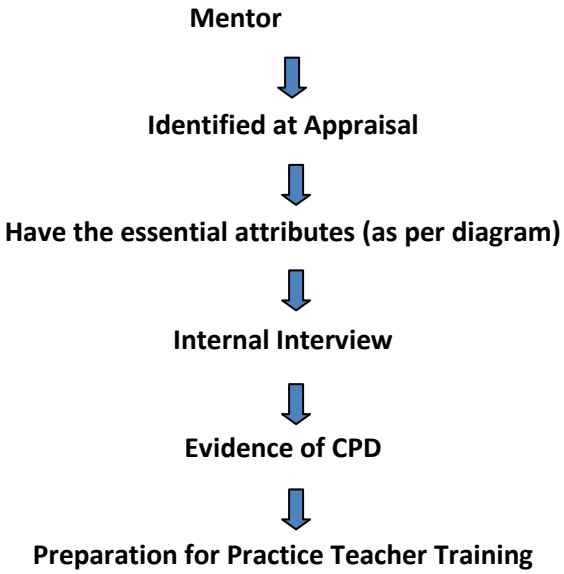
work under the supervision of the named Practice Teacher and it is necessary for the student, mentor and Practice Teacher to meet regularly to discuss progress and map this against the competency framework. The Practice Teacher should be readily contactable for both the SCPHN mentor and SCPHN HV student and cover arrangements put in place should the Practice Teacher be unavailable for a period of time. The Practice Teacher assesses clinical practice and supporting evidence provided through the portfolio and is responsible for signing-off the student as fit to practice at the end of the programme.

The sign off Practice Teacher (SOPT) carries the responsibility for assessing the student as competent or not and the responsibility for identifying students who are not competent (Gainsbury S, 2010). With increase in Health Visitor student numbers there might be pressure on the sign off Practice Teacher to pass students. However, the responsibility of the sign off Practice Teacher is to identify those who are not competent to practice and is equally accountable for not passing those who are not able to attain standards.

The Role and Responsibilities of the SCPHN Mentor

An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an HEI as meeting the NMC requirements, and have achieved the knowledge, skills and competence required to meet the defined outcomes" (NMC 2008b). It is also a requirement by the NMC that mentors are entered on a live register (normally held by employers who provides the practice placement), and are then subject to triennial review. Mentors are also required to attend annual updates.

Ideally, SCPHN mentors who are identified to support the learning of a SCPHN HV student should have the appropriate requirements as above and have gone through a process which demonstrates their commitment to practice learning i.e.



All registered practitioners have a responsibility to support learners and in the case of SCPHN registered nurses this support extends to SCPHN HV students. It is a rewarding experience and one of the best ways of keeping professional practice up-to-date and of high standard. A good mentor who is an excellent role model helps to shape the future of the profession and will support the national agenda.

In the case of SCPHN mentorship it is recommended that a preparation programme for this role is put in place by employers in partnership with HEIs and Practice Teachers. This would include information about the SCPHN pre-registration programme, the role of the SCPHN mentor, the supervisory and assessment aspect of practice teaching and meeting the needs of SCPHN HV students when concerns arise. There is also an expectation that practitioners undertaking the SCPHN mentor roles are aware of the requirement to undertake necessary continuing professional development i.e. assessor update, HEI programme meetings and access regular supervision.

SCPHN mentors should facilitate the practice experience needs of SCPHN HV students under the advice and guidance of a Practice Teacher who assesses and marks the practice portfolios. The SCPHN mentor, Practice Teacher and SCPHN HV student should meet regularly to discuss progress against the competency framework and ensure that practice experience needs are met.

Attributes of a Good Practice Teacher and SCPHN Mentor

The diagram below demonstrates the essential attributes required of the PT and SCPHN Mentor:

Practice Teacher Role in Supporting the SCPHN Mentor

All SCPHN mentors must have a supervising Practice Teacher who they can discuss any issues relating to the students learning and assessment and as such the Practice Teacher should retain accountability for supervising the SCPHN mentor and SCPHN HV student and signing off the SCPHN HV student at the end of their programme. It is recommended that SCPHN mentors and their supporting Practice Teacher's are co-located where possible. Where the Practice Teacher and SCPHN mentor are not co- located careful consideration should be undertaken by employers to ensure that the good practice guidance can be implemented. It is recommended that a risk assessment should be undertaken to ensure a safe and effective learning environment is identified. All Practice Teachers involved in long arming mentors should access supervision specifically in relation to this new role on a monthly basis.

Where concerns are raised these should be treated as confidential to the student, mentor and Practice Teacher unless unsafe practice or significant inappropriate behaviour has been identified. It is best practice to inform students of any discussions taking place about them but sometimes SCPHN mentors may require prior advice before raising difficult issues in order to approach them in a sensitive and appropriate manner.

SCPHN HV students will be made aware that their mentor will seek advice and guidance from the Practice Teacher in order to support learning; this will include ensuring that students are made aware of the good practice guidance document.

Good Practice Recommendations

Role of the Practice Teacher in supporting the SCPHN mentor

- Mentors work under the supervision of the Practice Teacher
- Meet with the mentor weekly for 1 hour
- Meet with mentor and the student 2-4 weekly for 1 hour
- Meet with the SCPHN student in the 1st semester of the programme once a month and then as required
- Work directly with the SCPHN student
- Work directly with the SCPHN student and the mentor whilst teaching, learning and assessing
- Maintain accurate records of meetings i.e. formal record of discussion and action plan (see template)
- Full time Practice Teachers should 'long arm' no more than 3 mentors. This should be reduced pro-rata for part time Practice Teachers
- Plans should be put in place to cover annual leave and sickness

> *In Barnsley the Practice Teachers are currently supporting aspiring Practice Teacher's who are undertaking the 6 month Practice Teacher preparation at Sheffield Hallam University. These aspiring Practice Teachers are supporting SCPHN HV students whilst undertaking their programme of learning. Each student Practice Teacher has a named 'sign off' Practice Teacher who supports their learning and the students learning in practice.*

The purpose of the PT meeting with the SCPHN mentor

- To support the mentor in creating a suitable learning environment
- Support the planning of teaching learning and assessment
- Coach SCPHN mentor i.e. giving feedback, how to challenge & question student
- Reflection and pastoral support

> *In the East Riding of Yorkshire an experienced Health Visitor and Mentor was approached to provide a placement for a SCPHN Student and undertake day to day advice and support for that Student. An experienced Practice Teacher provides support for both mentor and his/her student by undertaking regular triangulation meetings. In addition to this the Practice Teacher also spends a day per week undertaking home visits and sessions in the student's placement area to gain an understanding of the student's learning environment.*

The purpose of the PT meeting with the SCPHN HV student and the SCPHN Mentor

- Discuss the students learning, experiences, observations and reflections
- Review and formulate learning contracts
- Discuss how to generate evidence and relate it to theory/ NMC competencies
- Generate ideas to facilitate learning in practice
- Assess and sign off student as scheduled

The purpose of the PT meeting with the SCPHN HV student

- General wellbeing and opportunity to update and reflect on experiences in practice
- Opportunity to identify and address challenges or concerns in practice and build on successes
- Relationship building

The role of the SCPHN Mentor in Supporting the Student

- Facilitate and plan a range of learning opportunities
- Day to day management of the learning environment
- Act as a role model to demonstrate the knowledge and skills required to deliver the new service vision (DH 2011)
- Contribute to the assessment process in partnership with the Practice Teacher
- Maintain records of student progress
- To meet with the Practice Teacher (as above)
- Spend at least one hour a week to reflect on practice with the student and when required
- Support the student in generating evidence to demonstrate learning outcomes
- Review portfolio weekly

Recommendations for service providers

- All Practice Teacher's should have undertaken an NMC approved Practice Teacher preparation programme and be recorded on a local register.
- NMC 2008 stipulates that all Practice Teacher's should participate in triennial review. It is recommended that this is facilitated by an individual with teaching expertise.

- All new Practice Teacher's should have a preceptor until they have achieved sign off status (normally a year).
- Newly qualified Practice Teacher's should not provide long arm supervision to SCPHN mentors during their preceptorship period
- Practice Teachers and SCPHN mentors should have protected time to enable them to effectively undertake their role. Caseloads should be reviewed to ensure there is both adequate time and opportunity to support the students learning.
- SCPHN mentors need to be supported in maintaining and developing their knowledge of the SCPHN programme by attending annual updates and relevant continuing professional development.
- SCPHN mentors should demonstrate commitment towards supporting and developing students and have current experience of supporting other types of students.
- SCPHN mentors supporting SCPHN and Return to Practice students should be working towards or have achieved 'sign off' status and should be overseen by a Practice Teacher.

Employer Responsibility

- Protected time for Practice Teacher's and SCPHN mentors
- Reduced caseloads actively supported and agreed for Practice Teachers
- Expectations of Practice Teacher's role when they haven't got a student i.e. banding changes
- To have a named person within the organisation with a lead for managing current Practice Teacher's and SCPHN mentors and future recruitment of practitioners and links with HEI.
- To develop an education strategy within their own organisation
- Career pathways for Practice Teacher's i.e. to take lead areas, secondments to look at professional development subjects i.e. Healthy Child Programme, involvement in revalidating courses to include topics of the day i.e. coaching skills
- Ensure that both clinical and safeguarding supervision are made available and accessed

Responsibility of HEI's

- To provide Practice Teacher refresher days to ensure the Practice Teacher and SCPHN mentors have the opportunity to update on a variety of knowledge and skills
- Develop flexible CPD arrangements to meet the individual need of Practice Teacher's that have been identified to include Practice Teacher's in the designing/revalidating courses

- To link closely with service providers to ensure programmes of learning are sufficiently meeting the needs of the service and practitioners
- Provide a SCPHN mentor induction programme to support their development, learning and awareness of the SCPHN HV programme.

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And thanks also to the CPHVA Education Sub Committee.

Appendix 7

Indicative student allocations per trust

Our ref:
Your ref:
Please ask for:
Direct Line: (0113) 295
E-mail:

NHS
Yorkshire and the Humber

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West One
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Leeds
LS1 4PL

Tel: 0113 295 2000

To: PCT Cluster Directors of Nursing

19th March 2012

Dear Colleagues,

Subject: Health Visiting Commitment within the PCT Cluster Plans/ Health Visitor Trainees 2012/13

Thank you for recently revising and resubmitting your PCT economy health visitor plans to Geraldine Sands and Gulshan Hussain. I am writing to clarify that a PCT Cluster level version of these must feature within your integrated PCT Cluster Plan which will be submitted to the SHA on Friday 23rd March. Previous versions of PCT Cluster Plans included insufficient information about the health visitor commitment and your delivery against it in terms of FTE growth,delivery of the service model and training of student health visitors.

Secondly, I am writing to clarify the indicative health visitor practice placement targets for your commissioned providers during 2012/13. It is extremely important that we fill our target health visitor training commissions to ensure there will be a pool of qualified health visitors to take up new posts within expanded services in 2013/14. Your contribution to this is to ensure that your provider services recruit to the right number of health visitor practice placements during 2012/13.

These targets are attached for your information and we will be performance managing PCT clusters against delivery of these. The targets were calculated using data from your health economy's recent workforce modelling tool submission and total 221 across the region, 236 when a further 15 rtp commissions are added on which we have not apportioned out to individual health economies. If you require further information on this please contact Gulshan Hussain (Gulshan.hussain@yorksandhumber.nhs.uk).

At the same time the SHA's education commissioners are agreeing health visitor training commissions with the four universities in Yorkshire and the Humber which provide these courses (Sheffield Hallam, Leeds Metropolitan, Huddersfield and Hull). The detail of how the 236 commissions will be apportioned across the four universities will be shared with you in due course but you will be pleased to hear that two universities; Sheffield Hallam and Leeds Metropolitan will be providing two training intakes during 2012/13.

Finally, we are just completing a regional pathway into and through health visitor training which will be made available via Directors of Nursing in the next few weeks. We will need you to work with us to support the implementation of this. The aim is to streamline and simplify recruitment of students so that we can swiftly and efficiently fill commissioned training places in a way which is fair and accessible to our nurses and midwives. However, as recruitment to September HV student posts should now be

well underway, I wanted to draw your attention to some important aspects of it, which you will need to discuss with your service providers and local universities:

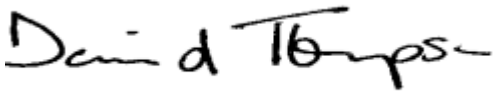
Service Providers should lead recruitment into health visitor training posts, awarding student contracts to students. Training posts should be advertised on NHS Jobs to ensure principles of equal opportunities apply. Service providers should aim to offer interviews to their students at the end of the training course with a view to recruiting them into permanent health visitor posts if possible.

Service providers might want to work together with their neighbours to recruit student health visitors. This will simplify processes for local universities and for students who otherwise often apply to many different service providers.

Universities should be engaged in recruitment processes but applications to universities should ideally only be completed when students have been shortlisted jointly by the university and service provider following the NHS Jobs application process. Please link with your local universities to ensure they do not close their application processes before your service providers have recruited to their student HV posts.

Thanks you for your ongoing support with this challenging agenda. If you have any specific questions about the detail of this letter please contact Geraldine Sands; Associate Director Safeguarding and Children's Services (Geraldine.sands@yorksandhumber.nhs.uk)

Yours sincerely



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Deputy Director of Nursing
NHS Yorkshire and the Humber

CC Jane Cummings
Geraldine Sands
Sharon Oliver
Gulshan Hussain
Jonathan Brown
Planning Leads; PCT Clusters

Practice Placement Target for each area

Practice Placement Targets by PCT		
Organisation	**Required FTE at March 2015**	*** Student Placement Target 2012/13**
NHS Bradford	160	46
NHS Leeds	166	29
Airedale, Bradford and Leeds Cluster	**326**	**76**
NHS Calderdale	59	9
NHS Kirklees	102	14
NHS Wakefield	106	27
Calderdale, Kirklees and Wakefield	**267**	**50**
NHS North Yorkshire and York	128	7
North Yorkshire and York	**128**	**7**
NHS East Riding of Yorkshire	60	13
NHS Hull	79	12
NHS North Lincs	36	3
North East Lincs Council	40	7
Humber Cluster	**216**	**36**
NHS Sheffield	125	14
NHS Barnsley	74	16
NHS Doncaster	85	4
NHS Rotherham	60	13
NHS Bassetlaw	22	6
South Yorkshire Cluster	**367**	**52**
Total	**1303**	**221**

** Not including RTP*