### Title
Update on The Oxford School of Nursing and Midwifery

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<th>Status</th>
<th>For approval</th>
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<td>History</td>
<td>Discussed at AHSC Board November 2016</td>
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<th>Board Lead</th>
<th>Catherine Stoddart, Chief Nurse</th>
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<td>Key purpose</td>
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Executive Summary

1. From September 2017 there will be significant changes in the bursary arrangements for nursing and midwifery, along with a significant reduction in the clinical placement levy. Three key partners under the auspices of the AHSC have developed a proposal for creating an education, research and clinical placement model within Oxfordshire that attracts potential students at national level by reflecting the elements of the Oxford brand that students and nursing staff expect delivered.

2. The proposed Oxford School of Nursing and Midwifery includes pre-registration (undergraduate and postgraduate) students. The School (OXSONM) will include all branches of Nursing and Midwifery i.e. paediatrics, adult, mental health and learning disabilities along with agreed post-graduate qualifications. For OUHFT The School forms a part of a multidisciplinary Education and Learning program as the OUH Health Care Academy.

3. This proposal aims for an initial focus on these professions, increasing the overall activity to approx. 250 students per annum in nursing by 2017-18. The volume of students in the Trust at any one time is therefore expected to be closer to 750 within three years.

4. The benefit to OUHFT is the creation of a sense of belonging and loyalty to the Trust with the School being embedded within the Trust from the beginning of their academic journey. Significant elements of teaching, clinical practice, clinical supervision, action learning etc. will be physically located close to the clinical interface.

5. The Trust is developing OXSONM as part of the AHSC and as part of the proposal will ensure an environment that supports and embeds clinical learning, and that integrates students into the OUHFT early in their academic pathway. This requires clinical education support at the ward, service level.

6. Recommendation

The Trust Board is asked to endorse the principles of the Oxford School of Nursing and Midwifery and monitor implementation.
THE OXFORD SCHOOL OF NURSING AND MIDWIFERY

*Integrating education, research and clinical practice*

1 Background

a) In November 2016 the partners within the Academic Health Science Centre (AHSC), who are responsible for employing or educating registered nurses and midwives, identified an opportunity to partner and change the model of nursing education and research. The changes in bursary and fee funding for student nurses and midwives in line with other HEFCE funded courses creates a sense of urgency given the step change in requirements for nurses and midwives in parallel with these funding changes. This is a unique period in nursing and midwifery to create a model of education, research and ongoing professional development that attracts and retains the volume and calibre we aspire to.

b) Other key changes at a national level in education models include the introduction of the apprenticeship levy from April 2017, the embryonic development of the nursing associate role and the 41% decrease in professional development funding. Currently the tariff for clinical placement is under review and could affect the availability of clinical education support for students.

c) Against this background three key partners have developed a proposal for creating an education, research and clinical placement model within Oxfordshire that attracts potential students at national level by reflecting the elements of the Oxford brand that students and nursing staff expect delivered.

d) Similar partnership models have been successful in the USA; University of Pennsylvania, John Hopkins and Boston College rank in the top 5 schools with similar models of partnership, co design etc.

This is a unique opportunity to consider the role of the AHSC in having some oversight of this model in order that all partners have some involvement in the future as part of the Oxfordshire Health and Education Economy. The Partners involved in the proposal are Oxford Brookes University, Oxford University Hospitals Foundation Trust and Oxford Health Foundation Trust with some involvement from University of Oxford under the auspices of the Oxford Academic Health Science Centre. The partners identified the following model for the establishment of the Oxford School of Nursing and Midwifery (OXSONM). For OUHFT this forms apart of the broader multidisciplinary education and Learning endeavour through the OUH Health Care Academy ( appendix 1).

2 The Vision for OXSONM

a) Our vision is to be the exemplar model for Nursing and Midwifery that integrates education, research and clinical practice within the UK because it will take all three of these aspects to attract and retain our nurses and midwives.

b) Therefore we expect to be ranked in the appropriate league tables within the top 10 Schools of Nursing and Midwifery in UK within 5 years, and internationally within 10 years.
c) For students and our staff we would aim to create an environment that reflects a feeling of a personalised journey of learning, initially as students and then through career development for qualified staff.

3 Purpose

a) The purpose of the Oxford School of Nursing and Midwifery (OXSONM) is to create a joint University and Trust environment that builds a sense of belonging to Oxford. This will be founded on the highest quality educational experience, creating excellent clinical practice experience, lifelong learning and career development, and establishing an environment of strong clinical research in these disciplines.

b) The intent is that students and staff within the School of Nursing and Midwifery develop careers that improve retention with the health economy and build the expertise and reputation of the University and the Trusts as employers of choice.

4 Scope within the partnership

a) The proposed School of Nursing and Midwifery includes pre-registration (undergraduate and postgraduate) students. The School will include all branches of Nursing and Midwifery i.e. paediatrics, adult, mental health and learning disabilities along with agreed post-graduate qualifications.

b) The School aspires to co-location on clinical and university sites in a campus model similar to that established by University of Oxford, School of Medicine. The unique selling point is the integration of all three aspects of education, research and clinical practice in a way that has not been developed across these professions in the UK to date.

c) The Oxford Institute of Nursing, Midwifery and Allied Health Research will be incorporated into the School and further developed to support the much needed research endeavour in these professions.

5 What would the Oxford School Nursing and Midwifery look like in 5 years/10 years?

- Joint School of Nursing and Midwifery on university and clinical sites with a visible brand in all clinical locations (hospital and community based) as well Headington campus.
- First choice for nursing and midwifery education and post graduate experience in UK.
- Explicit career ladders for qualified staff linked to education and career development across the spectrum of community and acute care.
- Focus will be across the spectrum of care from community to acute care supporting future care models.
- Integrated decision making including multiple joint clinical education and research appointments.
- Strong research profile in the UK and internationally with joint high impact publications and significant external grant income.
- Strong REF development over time with clear goals for REF2021 and beyond.
- Multiple international collaborations in research and education.
- BRC theme within existing Oxford BRC(s)
- Senior staff appointments including Professors of Midwifery, MH, LD, Children’s (including funded appointments from charitable/philanthropic funding).
- Nurse Consultant positions for appropriate University staff and clinical doctorate.
• Multiple kite marks linked to the School.
• WHO collaborating centre for Nursing and Midwifery.
• Apprenticeships – higher and lower flourishing for all disciplines.
• Athena SWAN Gold.
• Magnet recognition for nursing excellence with focus on the Foundation program receiving recognition within 12 months.
• Strong innovative models of community participation i.e. volunteering.

Key elements agreed for development as partners

**BRAND**

a) To develop a shared brand for The Oxford School of Nursing and Midwifery based on previous brand from JR/RI and current brand for OBU Dept. of Nursing. The new brand to reflect a contemporary vision for the School and align with the Oxford institute of Nursing, Midwifery and Allied Health Research (OXINMAHR). This will be developed in all communications, and marketing.

b) Recognise and launch the new model and ensure that the sense of belonging is enhanced within the clinical areas.

c) Build recognition program for excellence in education and clinical learning environments i.e. accreditation.

d) Set up kite marks for the branding i.e. baby friendly, Athena SWAN and diversity panel etc., linking into existing structures within University and Clinical settings where appropriate (e.g. OBU Athena SWAN Silver at Dept. level).

**VOLUME**

a) Current commissioned places for Adult nursing students is approximately 177 new commissions per annum at OBU. This proposal aims for an initial focus on adult nurses to increase these commissions to up to 250 students from the 2017/18 academic year. This will be regularly reassessed based on the number of applications, attrition rates from courses and achievement of a stable pathway of graduates within the Trust.

b) At any one time within the Trust the volume of Adult nurse students will be in the vicinity of 750 students within 3 years. Currently each student must have 2300 clinical placement hours so careful monitoring of the impact will be required.

c) Other groups will remain relatively stable with, 45 Return to Practice student nurses, 90 student Child nurses and 105 student midwives at any one time. This brings the total of nurses and midwives on clinical placements at any time, at three years to approximately 900.

**GOVERNANCE**

a) Build a governance model that includes partners under the AHSC within initial programme board meeting late 2016.

b) Ensure there is a transparent and agreed funding model to support sustainability of the education models.

c) Create joint appointments including a jointly funded Head of School to exemplify the new model.

**RESEARCH**
a) Rapidly develop increased research endeavour to support aim in higher rankings, build for future REF and support the goals of the BRC, AHSC etc.
b) Establish evaluation and research of the proposed model quickly to support ongoing recruitment endeavours.
c) Rapidly develop further the international collaborations with recognised key university and clinical partners.

EDUCATION MODEL

a) Build strong clinical education and placement support given this is the one of key factors in deciding future employment within the Trusts for students.
b) Establish joint clinical and academic roles with current teams to ensure the change in culture that supports a partnership model.
c) Build Professorial practice units that maximise clinical education support in specific areas of research and education expertise that form part of the School. This will focus on areas that have non-medical focus i.e. midwifery lead units, areas of need, neglected and underserved groups but create partnerships the BRC, AHSC goals.
d) Creating multidisciplinary hubs for training and education embedded within clinical space to support Interprofessional education and strong application of skills to practice.

OUTCOME MEASURES – HOW WILL WE KNOW?

a) Improved national and international ranking year on year.
b) Assessment of ongoing KPI’s such as student satisfaction, staff retention rates at 12 and 24 months post-graduation.
c) Assessment of student destination employer.
d) Review of staff and student measures.
e) Increase in revenue from research and education activities.
f) REF 2021 and beyond (5-10 year) step change in quantity and quality of outputs, impact and other key metrics such as grant income and PhD completions.

Specific One Year Outcomes

• Additional students up to 250 for Sept 2017.
• Establish local Trust financial support for students for example, OUHFT support by student loan pay back.
• 20 Joint appointments within 6 months.
• Blend OXINMAHR into the school.
• Appointmen tof Professor of Midwifery in April 2017 to support research and clinical practice focussing on midwifery led care.
• Appoint a Head of Operations for OXINMAHR to support local collaborations and partnerships to increase grant and other income.
• Build a Case for Support for Philanthropic fund raising.
• Rebuild the clinical tutor- educator role with strong clinical practice education environments including recognition that where practice is good, teaching is good. This will support innovative practice areas, using nursing science research , journal clubs on every ward; teaching ward rounds.
• Agree a way forward for co-location of School within University and Clinical spaces.

Context of Learning and Education for OUHFT
The School (OXSONM) fits within the broader context of the range of activities of the Education and Learning Framework for the Trust. The education activities spans band 2 to 4 clinical and non-clinical apprenticeships through to foundation programs for clinical disciplines, skills and training as continuing professional development through to post graduate and doctoral programs.

The commitment within the partnership is targeted at pre-registration nurses and midwives at this stage and therefore the Trust retains the ability to partner with other Universities and accredited bodies for clinical training, post graduate and continuing professional development courses based on approved processes. This framework is currently being revised to outline the significant development and potential opportunities within the Trust and will be submitted to TME for approval in Spring 2017.

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An outline of where the OXSONM fits within the overall framework along is attached.

**Benefits for OUHFT**

The key driver for OUHFT is to ensure a sustainable long term workforce supply of early career nurses and midwives who are committed to employment in the Trust following completion of their education. This will be achieved by creating a sense of belonging to the Trust. This to be achieved by embedding an individual’s university journey more visibly within the Trust by ensuring significant elements of teaching, clinical practice, clinical supervision, action learning etc. are physically located close to the clinical interface.

There is significant evidence that clinical practice environments are a key factor in the student experience and intention for post clinical employments. Therefore this can determine retention of students and recruitment to the Trust.

The major benefits for OUHFT are,

1. Additional student and supply of Registered Nurses and Midwives as graduates of approximately 250 per year (double the intake). This will support a stable supply of newly qualified foundation (FP1) nurses that can have a career at OUHFT.
2. Anticipated reduction in the supernumerary time for this group of staff who will be more familiar with the environment, and have undertaken some of the core competencies within the Trust. This will be further reinforced through the Foundation Program for year 1 graduates which will consolidate their learning and has seen a reduction in turnover rates for this group.
3. A reduced turnover for early career band 5’s through two programs
   a. The recently approved career progression model which links rapid career progression to clinical competencies and specialised training.
   b. Exploration of a proposed “retention linked student loan support” program. This concept effectively encourages retention of graduate band 5 nurses by offsetting some
of their student loan repayments for an agreed period of time of employment (approx. £300 per year). This proposal will be submitted for consideration as part of the implementation plan when evaluation of financial benefit is concluded.

4. Vacancy rates of substantive staff will be reduced due to an increased supply of nurses and midwives at band 5.

5. The band 4 Nursing Associate level apprenticeships are being piloted by the Trust in 2017 and will support transition whilst employed to band 5 degree Nurses. This pathway provides a key plank of the OXSONM which will encourage local students to take up apprenticeships that will lead to registered nurse roles. Part of the development will include creating opportunity for students within OXSONM to be employed as band 2 nursing assistants whilst being educated as appropriate.

6. OUHFT has recommended to the newly formed OXSONM Board that the numbers of students are doubled from September 2017 with an incremental increase to achieve a stable workforce. This will be subject to receiving and appropriate number of applications for the course and OUHFT organisational capacity to support the students.

Commitment of OUHFT

OUHFT has provided in principle agreement to support OXSONM through the AHSC. This involved as a commitment to create a partnership to meet the goals outlined above. Specific commitments of all partners are;

a) The trust will ensure an environment that supports and embed clinical learning that integrates students into the OUHFT early in their academic pathway. This requires clinical education support at the ward, service level. Clinical placement funds are currently used to support this infrastructure and will need to be reviewed in light of the substantial increase in numbers proposed.

b) Development of suitable training and education infrastructure with partners to provide clinical learning support for case based and simulated learning.

c) The trust will commit to creating an environment that supports and fast tracks clinical learning in order that students are integrated early into OUHFT. This includes providing clinical education support at the ward, service level by utilising clinical placement funds effectively and providing the infrastructure to provide clinical learning support for case based and simulated learning with OXSONM partners.

d) Support the appointment of a Director for OXSONM in a shared arrangement (40% OBU, 40% OUHFT, 20% OH). This will equate to approximately £45k per year. It is essential that OUHFT is a financial partner in the appointment of this role in order to provide influence across the education, clinical model that is developed into the future.

e) Appointment of Clinical Professor of Midwifery as joint appointment to support student placements, academic and research endeavour within Midwifery Led Units.

f) Develop an implementation plan with partners which include,

   o development of a sustainable model for clinical education and mentorship.
   o establishment of a sustainable model for “retention linked student loan support” that supports band 5 nurses to stay employed within the Trust for significant periods post education. This will be developed over the first 2 years of the program.
   o Building pathways for band 2-4 apprenticeships that support transition to RN roles through OXSONM.
   o Undertake an international review of the best in breed models for similar concepts such as Boston College and University of Pennsylvania.

Conclusion
The School is a unique opportunity to have influence on building a sustainable pathway for band 5 nurses and midwives in the Trust within our local partners and to shape the skills and expertise of this future workforce for OUHFT. The partnership is under the auspices of the AHSC and the three key partners are committed to driving this program forward. The benefit of integrating students into the Trust will be the building of a sense of loyalty and belonging that will have significant impact on attraction and retention. The Trust is committed to providing clinical education as a teaching hospital and this School builds on that commitment.

**Recommendation**

The Trust Board asked to endorse the principles of the Oxford School of Nursing and Midwifery and monitor implementation.

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**Catherine Stoddart**  
**Chief Nurse**  
**8 March 2017**