Nursing Education: Implementation of Project 2000 in England

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Comptroller and Auditor General
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18 November 1992

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Summary and conclusions

1 The National Health Service in England employ a nursing workforce of 400,000 at a cost of £5 billion a year. They recruit about 20,000 nurses a year to replace those who retire or leave for other reasons. Traditionally, female school leavers have been the main source of recruitment into the nursing profession. There are currently some 50,000 student nurses undergoing pre-registration education at an estimated annual cost in excess of £500 million.

2 Nursing education is undergoing radical change. A new education programme, Project 2000, was launched in 1989. It differs from the previous programme by placing more emphasis on wider aspects of health education, on the prevention of ill-health and on community care. Students are college-based and gain practical experience throughout the course on placements in hospital and community settings. The aim of the programme is to produce qualified nurses equipped to meet the future needs of the National Health Service. It is also expected to assist recruitment and retention at a time when demographic trends have reduced the supply of potential recruits.

3 This report, based on a National Audit Office examination in three regions, examines how the new programme has been planned and implemented in England.

Planning at the national level (Part 2)

4 The United Kingdom Central Council for Nursing, Midwifery and Health Visiting, in association with the four National Boards for Nursing, Midwifery and Health Visiting, developed Project 2000. The Department of Health estimated that the additional cost of the new programme would amount to £580 million over 14 years. The salary costs of extra staff who would be needed to undertake work previously carried out on wards by student nurses represented a major element of those additional costs. In accepting the proposals, the Department recognised that implementation would need to be phased in over a long period, depending on the availability of funds.

5 The Department established an Implementation Group with representatives from the National Health Service and the statutory nursing bodies to advise them on the implementation of Project 2000. The constraints of the public expenditure planning process meant that the Group were unable to establish a firm timetable for introducing the new programme in each college of nursing and midwifery. Each year since 1988 they have invited regional health authorities to put forward submissions for funding. The proportion of submissions recommended for approval by the Group each year has varied, depending on the availability of funds and the size and cost of the schemes. By May 1992, the Department had allocated £207 million to support the introduction of Project 2000 in 64 colleges, leaving 17 colleges operating the traditional programme.
Although the Implementation Group asked health authorities to bid for funds for the first five years of each scheme, the Department allocated funds only for the first three. The initial allocations to the 13 schemes which started in 1989 ran to 31 March 1992. The Department did not formally notify regions of their 1992–93 allocations until May 1992.

The Department have also been unable to provide regions with firm advice on whether their initial allocations would be increased to take account of inflation, as the Implementation Group consider this on an annual basis. In most years they have chosen to go for speedier implementation rather than recommend increased support for existing schemes, but in 1991 they advised the Department to provide £5 million to meet the cost of inflation and other locally identified needs.

Conclusions

The constraints of the public expenditure planning process have made it difficult for the Department to establish a firm implementation timetable. As a result, health authorities and colleges have faced uncertainty about when schemes could start. There have been further uncertainties since the Implementation Group have not adopted a consistent policy on funding additional costs arising from inflation; and those health authorities and colleges which started Project 2000 in 1989 entered the 1992–93 financial year without knowing precisely how much Departmental funding they would receive.

Recent proposals to add Project 2000 funds into regions’ general allocations once all schemes are fully implemented should help remove some of the uncertainties at regional and local level. However, the colleges providing the traditional programme still do not know when they will be allowed to convert to Project 2000. The National Audit Office suggest that the Department should prioritise the remaining schemes to give local managers and college staff an indication of their position.

Regions planning the introduction of Project 2000 had to decide which colleges to put forward. Colleges and health authorities had to work up detailed submissions, including costings, and develop courses to meet the new educational requirements. Key aspects included the number of student nurses required and the number of replacement staff needed for work previously undertaken by student nurses.

Fundamental to these manpower estimates is an up-to-date evaluation of the number and type of staff required to meet defined service needs. However, none of the health authorities visited had undertaken a comprehensive review of the mix of staff they required before preparing their Project 2000 submissions. Most have now started such exercises following the introduction of the National Health Service reforms.

Having established what mix of staff they require, health authorities forecast how many qualified nurses they need in the years ahead, taking account of initiatives to improve retention and service developments. They can meet this demand by recruiting and educating student nurses, encouraging qualified nurses to return to work or by assisting enrolled nurses to convert
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to first-level status. While the health authorities visited had given consideration to increasing the number of enrolled nurse conversions and qualified nurse returners, the latter group were seen as a lower priority. In most cases Project 2000 student nurse requirements were set at similar levels to previous student nurse intakes.

13 Health authorities also have to match the supply of newly-qualified nurses, enrolled nurses converting to first-level status, and qualified nurse returners with overall demand for qualified nursing staff. In two of the three regions visited there were indications of a current excess supply of newly-qualified nurses. The regions attributed this to a fall in wastage rates since student numbers were planned, and changing service requirements.

14 The Department's examination of submissions on behalf of the Implementation Group focused on matters such as manpower forecasts and the cost of replacement staff. The English National Board for Nursing, Midwifery and Health Visiting considered the educational viability of the proposals. There were difficulties in making meaningful cost comparisons because there were fundamental differences between the schemes. The Group adopted the approach of examining key aspects of each scheme in depth. As a result, they had secured considerable reductions in bids. The Department were confident that funding had been no more than adequate to fulfil the objective of implementing Project 2000 in each college.

Conclusions

15 The National Audit Office were impressed with the commitment to Project 2000 shown by staff at demonstration sites and the hard work put in to deliver submissions to the Department in a short time. However, in the absence of an up-to-date comprehensive evaluation of the mix of staff required to meet service needs, there is a risk that health authorities' manpower estimates and bids for Project 2000 funding may have been based on inappropriate staffing patterns. Managers in units and trusts still to convert to Project 2000 need to ensure that their staffing requirements are based on an up-to-date assessment of the appropriate skill mix. This should help to ensure that Project 2000 resources are used efficiently.

16 The current surplus of newly-qualified nurses in some regions underlines the importance of employers giving careful consideration to forecasting the likely future demand for qualified nurses and how best to meet it in terms of the balance between student nurses, qualified nurse returners and enrolled nurse conversions. Health authorities could reduce education costs for Project 2000 students by giving greater priority to increasing the proportion of potential future vacancies filled by qualified nurse returners.

Implementing Project 2000 (Part 4) 17 The implementation of Project 2000 is a complex exercise requiring good communication between staff in colleges, hospitals, the community health service, and the primary healthcare sector. For some schemes the complexities increase because colleges serve several health authorities. In addition to developing a new education programme requiring a much wider range of placements, managers have had to introduce and train support workers and provide opportunities for enrolled nurses to attend
conversion courses. At the same time they have had to tackle issues arising from the National Health Service reforms.

18 In general, colleges appear to be having little difficulty in recruiting student nurses, although the Mental Handicap and Mental Health branches are less popular than the Adult and Child branches. The colleges visited were making attempts to widen the recruitment field; the degree of effort and initiative being taken to attract applications from ethnic minorities varied.

19 Managers implementing Project 2000 have faced several difficulties. For example, while staff in the schemes visited had made great efforts to obtain suitable placements for the student nurses, some hospital wards were unsuitable because the existing mix of staff was inappropriate. In most cases Project 2000 had also put a considerable strain on the community health service which had not previously had a significant student nurse presence.

20 On a national basis, approximately one in twenty student nurses leaves the National Health Service each year. Some of the colleges visited had lost a much higher proportion of their initial Project 2000 intakes. Because the Department were able to give colleges only limited notice of approval to convert to the new programme, many students on these intakes had been recruited for the traditional programme. Some had left because they were unhappy with the more academic and college-based approach of Project 2000, where less time was spent looking after patients. The Department have recently released a video to help college recruitment staff explain the nature of the new programme.

21 The Department have taken a number of initiatives to assist later schemes. The English National Board have initiated region-wide education forums to provide opportunities for staff to share Project 2000 experiences and the Board's staff have provided helpful guidance on validation and other educational matters. Regions have also provided advice and practical guidance.

Conclusions

22 While there have been difficulties in getting Project 2000 off the ground, the determined efforts of staff in colleges and health authorities have ensured that, in general, implementation has gone relatively smoothly. Managers in health authorities and colleges yet to implement Project 2000 should ensure that they are fully briefed on all aspects of implementation and regions should provide them with practical support as they tackle the many challenges associated with introducing the new programme.

23 Student nurse wastage from some of the initial intakes of Project 2000 has been significantly higher than the national average. College managers need to monitor wastage rates closely and, where practicable, take action to stem high wastage levels. Where colleges are planning to convert to Project 2000, recruitment staff should emphasise the different nature of the new programme and stress its positive attributes.
Current developments affecting the financing and organisation of nursing education (Part 5)

24 Colleges of nursing and midwifery in England have traditionally been managed by district health authorities. Under the National Health Service reforms, the main role of districts is to establish health care needs and purchase services. The Department have reviewed the status and management of colleges and consider it likely that closer links with the higher education sector will be developed.

25 The Department are also simplifying the current arrangements for financing nursing education. From April 1993, regions will have sole responsibility for financing nursing education, instead of sharing this responsibility with the English National Board. Regions will estimate their student nurse requirements in consultation with employers and purchase training from colleges under contracts. They drew up initial training proposals for 1991-92 and were confident that they would develop and refine the process in future years to deliver more robust plans.

Conclusions

26 These developments offer opportunities to secure better value for money from the estimated £600 million spent on pre-registration nursing education each year. They should help focus units' attention on how best to meet demand for qualified nursing staff and encourage them to look more closely at their requirement for student nurses. They should also act to clarify management responsibilities and training costs. Regions should use contracts to set out what they expect colleges to deliver and require regular reports on progress.

Overall conclusions

27 Project 2000 represents a radical and costly change in nursing education. The objective of the new programme is to produce qualified nurses equipped to meet the future needs of the National Health Service. There is some concern that, on qualification, Project 2000 nurses' practical skills may be less well developed than those of the traditional nurse, but early indications suggest that the new programme is making a positive impact on the service. The commitment shown by National Health Service and college staff augurs well for the programme's success.

28 The National Audit Office's examination of the introduction of Project 2000 has highlighted the following matters. These require consideration if the National Health Service are to achieve value for money in nursing education.

- Employers and colleges providing the traditional training course would benefit from having a clearer idea of when they are likely to convert to the new programme so that they can plan its introduction well in advance.

- Before estimating qualified nurse requirements, employers should ensure that they have undertaken a comprehensive review of the mix of staff they require to meet service needs.

- Skill-mix reviews should be updated on a regular basis to reflect changes in service needs, and staffing forecasts adjusted to reflect any new requirements.
Employers need to consider actively how best to meet forecast qualified nurse requirements in terms of the balance between qualified nurse returners and student nurses and purchase training accordingly.

College recruitment staff should monitor the student nurse labour market actively. They should consider how to encourage applications from ethnic minorities and, if necessary, be prepared to widen the recruitment field, for example by targeting male and older applicants.

Colleges and employers should prepare for placements well in advance, focusing on the community sector and the number of wards able to take Project 2000 students.

Colleges need to monitor Project 2000 student nurse wastage rates closely and, where practicable, take action to stem high wastage levels.

Managers in provider units and colleges yet to convert to Project 2000 should ensure that they are aware of likely problem areas so that they can address them before introducing the new programme.

The current developments in the financing and organisation of nursing education should provide a better framework for achieving value for money. The National Audit Office suggest that positive action on the issues above would assist the National Health Service to maximise the return on the substantial investment in nursing education.
Part 1: Background

Introduction

1.1 Nurses are the main providers of direct patient care in the National Health Service. The National Health Service nursing workforce in England, including midwives, health visitors, auxiliaries and students, contains over 400,000 staff. Their wage bill amounts to over £5 billion a year representing about one fifth of total current expenditure on the health programme.

1.2 Each year the National Health Service need to recruit about 20,000 registered nurses to replace those who retire or leave the service for other reasons. Traditionally, female school leavers have been the main source of recruitment into the nursing profession. At present there are around 50,000 student nurses undertaking pre-registration education in the National Health Service at an estimated cost of over £600 million per year.

1.3 Nursing education is currently undergoing radical change. In 1989, the National Health Service began to implement a new programme of nursing education known as Project 2000. The aim of the programme is to secure a more appropriately prepared profession to meet nursing care needs in both hospital and community settings. The Department of Health considered that Project 2000 would also be a key factor assisting nurse recruitment and retention. They expect that the new programme will be introduced in all colleges of nursing and midwifery by the mid-1990s.

Responsibilities for nursing education

1.4 The United Kingdom Central Council for Nursing, Midwifery and Health Visiting, the English National Board for Nursing, Midwifery and Health Visiting and the National Health Service are responsible for nursing education in England. The United Kingdom Central Council set educational standards; the English National Board approve educational institutions and courses and pay the salaries of over 5,000 college staff; and the National Health Service owns and manages most colleges and fun students' salaries or bursaries and other running costs.

1.5 Following a routine review of the statutory bodies responsible for nursing education and in the light of the National Health Service reforms, in February 1991 the Department announced proposals to revise the financing and organisation of nursing education. From April 1993 the English National Board will cease to fund the salaries of college staff and the resources will be transferred to regional health authorities. Regions will then reimburse the costs of nursing education in accordance with contracts agreed with individual colleges. In addition, the Department have reviewed the status of colleges in the reformed National Health Service and how they should be managed. Under Project 2000, colleges have begun to develop links with the higher education sector; these links are likely to become closer following the Department's review.

Project 2000

1.6 After wide consultation within the National Health Service and the professions, the United Kingdom Central Council, in association with the four National Boards for Nursing, Midwifery and Health Visiting in the United Kingdom, put forward firm proposals for pre-registration nursing education in February 1987. They considered that the following factors called for radical change:

- Departmental policy envisaged a shift towards greater provision of health care in the community and increased emphasis on the prevention of ill-health;

- the number of young people available for recruitment to the nursing profession would reduce markedly as a result of demographic changes (see Figure 1);
The Council considered that the new education programme, known as Project 2000, would help the National Health Service address these issues. The Department accepted the Council's proposals, with some modifications, in 1988.

Project 2000 differs from traditional nursing education by placing more emphasis on wider aspects of health education, the prevention of ill-health, and on community care, and by changing the status of the student nurse. Under the traditional programme students are National Health Service employees and part of the nursing complement, making a direct contribution to patient care on hospital wards. By contrast, Project 2000 students are college-based to gain a better educational foundation and are financed by bursaries. They gain practical experience throughout the course on placements in both hospital and community settings. The students are largely supernumerary, making a rostered contribution to patient care later in the course. The new programme leads to both registration as a nurse and the award of a Diploma in Higher Education.

The Department estimated that the additional education and service costs associated with Project 2000 would amount to £580 million over 14 years, assuming the programme was introduced over a ten-year period. One of the main reasons why Project 2000 costs more than traditional nursing education is because health authorities need to employ staff to undertake work previously carried out by student nurses.
Each year health authorities have been invited to submit proposals for converting colleges of nursing to Project 2000, including bids for funding to meet the additional costs of the new programme. The first colleges introduced Project 2000 in September 1989. By May 1992, the Department had allocated £207 million to support the introduction of Project 2000 in 64 colleges; the remaining 17 colleges continue to recruit student nurses for the traditional programme.

Previous examinations

My predecessor reported on the control of nursing manpower in July 1985 (HC 558, 1984–85). In their 14th Report, Session 1985–86, (HC98, 1985–86) the Committee of Public Accounts drew attention to high wastage rates during training and the threat of a future shortage of nurses because of demographic trends. In reply, the Treasury Minute (Cmnd 9808) stated that these issues were important factors to be taken into account in considering proposals to change nursing education.

Scope of the National Audit Office examination

The National Audit Office examined progress on implementing Project 2000 in England. The study focused on:

- how the Department and health authorities have planned the implementation of Project 2000;
- the introduction of Project 2000 at the local level, and its initial impact.

In undertaking the study, the National Audit Office took account of developments arising from the National Health Service reforms, including the proposed changes in the financing and organisation of nursing education.

The National Audit Office examined the introduction of ten Project 2000 schemes within Northern, North West Thames and West Midlands Regions. The study team visited regional and district health authorities, colleges, and selected units and trusts involved in the ten schemes (see Appendix 1). The National Audit Office also visited appropriate branches of the Department of Health, the United Kingdom Central Council and the English National Board. In addition, they consulted professional bodies and other organisations (see Appendix 2).
Part 2: Planning at the national level

Introduction

2.1 In May 1988, the Department announced that they had accepted the broad thrust of the Project 2000 proposals put forward by the United Kingdom Central Council. The key features of the new nursing education programme are shown in Figure 2.

Figure 2: Key features of the Project 2000 education programme

- Nursing education would consist of an 18 month common foundation programme with a further 18 months in one of four branch programmes: adult, child, mental health, and mental handicap nursing.
- The new course would place greater emphasis on health promotion.
- Student nurses would have student status with non means-tested bursaries, instead of salaries.
- The amount of time student nurses were rostered for duty on wards would be substantially reduced, although their education would remain practical and patient oriented.
- There would be a wider range of placements with more emphasis on experience of health care in community settings.
- Nursing education would be more closely linked with higher education and successful completion of the course would lead to a qualification of, at minimum, a Diploma in Higher Education.

Source: United Kingdom Central Council

Figure 2 shows the change in emphasis of nursing education under Project 2000.

2.2 As part of the Project 2000 proposals, the Council also recommended that nursing education should lead to only one level of registered nurse. Traditionally, colleges of nursing were able to offer two-year courses leading to enrolled nurse status (second-level registration) in addition to three-year courses leading to registered nurse status (first-level registration). With the introduction of Project 2000 the two-year courses leading to enrolled nurse status would be discontinued.

Cost and benefits

2.3 In drawing up Project 2000, the Council recognised that in the long term the new programme would be more costly than traditional nursing education. And during the implementation phase the additional annual costs would be higher due to non-recurring costs associated with developing the new course and the provision of conversion courses to enable enrolled nurses to obtain a first-level nursing qualification.

2.4 Potential benefits included a rationalisation of the pre and post registration education programmes leading to reduced costs, lower wastage rates among student and qualified nurses, and greater productivity from nurses educated under Project 2000. They also considered that there were other significant unquantifiable benefits. These included improvements in the quality of care, higher morale — which would encourage recruitment and retention — and a flexible workforce capable of adapting quickly to changes in the National Health Service. The estimated net additional costs were necessarily subject to numerous assumptions about matters such as future recruitment policies, wastage rates, and extra teaching costs. The Council published sensitivity analyses which showed the effect on total costs of varying these assumptions.

2.5 In considering the Council’s proposals, the Department undertook their own examination of the likely costs, in consultation with the Treasury. They estimated that the additional costs would amount to £580 million over 14 years, at 1987 prices, assuming that Project 2000 was introduced over a ten year period. A major element of the additional cost related to the salaries of staff required to carry out work on wards previously undertaken by student nurses on the traditional programme. In May 1988 the Treasury gave their approval to the introduction of Project 2000; the pace of implementation would be subject to the Department’s success in bidding for funds each year.

Implementation

Policy

2.6 The Department set up two groups to oversee the implementation of Project 2000 — a Steering Group and an Implementation Group. The role of the Steering Group was to agree
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2.7 In accepting the proposals for Project 2000 the Department recognised that a change of this magnitude could not happen overnight and that implementation would need to be phased in over a long period — possibly as much as ten years — depending on the availability of funds. The constraints of the public expenditure planning process meant that the Implementation Group would be unable to recommend a firm timetable for introducing the new programme in each college; the programme would be implemented as funds allowed. The Group also recommended that, for the time being, they should retain control over the funds allocated for Project 2000 and the implementation of the scheme at local level, rather than devolve this responsibility, plus the associated funds, to regions. They considered that this course of action would ensure that the programme was introduced with the minimum of delay.

2.8 The first colleges began to implement Project 2000 in September 1989. The Department told the National Audit Office that they considered that an early start was essential because of the potential impact of demographic changes on the supply of student nurses. In addition, enough colleges were sufficiently well advanced to make a 1989 start feasible. Scotland and Wales chose to have a longer planning period following the 1988 decision to introduce the new programme. The first Project 2000 course in Scotland commenced in August 1992 and by October 1992 all colleges had received their first intakes. In Wales all four newly-constituted colleges of nursing and midwifery had started Project 2000 by April 1992.

Selection of schemes

2.9 Each year, the Implementation Group have invited regions to submit bids from colleges for funds to support the introduction of Project 2000. They examine the submissions with the assistance of Departmental staff and, in the light of the funds available, recommend schemes to Ministers for approval. Departmental funding is conditional on schemes achieving educational validation. The Department have allocated £207 million towards the cost of the new programme (see Table 1) and by May 1992, they had approved the introduction of Project 2000 in 64 colleges (see Appendix 4).

Table 1: Departmental funds allocated to Project 2000

<table>
<thead>
<tr>
<th>Financial year</th>
<th>Funds (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989-90</td>
<td>8</td>
</tr>
<tr>
<td>1990-91</td>
<td>30</td>
</tr>
<tr>
<td>1991-92</td>
<td>71</td>
</tr>
<tr>
<td>1992-93</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>£207 million</td>
</tr>
</tbody>
</table>

Source: Department of Health

Table 1 shows funds allocated to Project 2000.

2.10 In the first year of implementation — 1989 — the Group aimed to achieve a geographical spread by ensuring that at least one scheme per region was approved, subject to educational viability and availability of funds. In subsequent years they had no specific aim regarding geographical spread; decisions have been taken on an annual basis. The National Audit Office asked the Department whether, in view of the fact that one of the objectives of Project 2000 was to help address potential recruitment and retention problems, the Group had considered introducing the programme in areas where these difficulties were most evident, such as in London and the south-east. The Department told the National Audit Office that the Group had balanced this with the need to maintain the momentum of Project 2000 across the country.

2.11 There is an uneven distribution of student nurse places between regions. The Group’s initial approach to selecting schemes led to marked regional inequalities in the proportion of student nurse places converted to Project 2000. For example, by April 1991, Oxford Region had been given approval to introduce...
Project 2000 in all three of its colleges whereas only 32 per cent of North-East Thames Region’s student nurse places had been approved for conversion. The Group began to address these inequalities in 1990–91, and by May 1992 the Department had approved the introduction of Project 2000 in all colleges in four regions, and had approved the conversion of at least 71 per cent of places in the other ten regions (see Table 2).

Proportion of submissions approved

2.12 The proportion of submissions approved by the Department varied over the first three years of Project 2000. In the first year, 1989, health authorities had about five months to work up submissions. The English National Board considered that 13 of the 23 submissions were educationally viable and there were sufficient funds available for the Group to recommend them all for approval.

2.13 By the second year, 1990, health authorities were more advanced in their plans for amalgamating colleges. Initially, health authorities were told that up to two schemes per region might be approved for a 1990 start, subject to the availability of funds. In response, regions submitted 33 bids. Some of these were for large, complex and costly multi-district schemes. Of the 33 bids, 24 were judged educationally viable, but the Group found that the cost of implementing them in 1990–91 would have exceeded the £7 million budget for new starts by £9.5 million. They therefore recommended 17 for approval, selecting the least costly scheme in each region likely to obtain educational validation, even though this meant that in three regions they would be recommending a scheme other than the region’s first choice. In the third year, 1991, the Department were able to approve a much higher proportion of bids submitted.

Schemes awaiting approval

2.14 By November 1991, the Department had allocated funding to support the introduction of Project 2000 in 51 colleges, including one scheme due to start in 1992–93. At this stage, they decided that it was time to review progress and to assess what was left to be done. They asked regions to submit bids for all remaining schemes. They also announced that implementation in 1992–93 was likely to follow the pattern of previous years, with central funding for some new schemes, but emphasised that there was no prospect of sufficient funds being available to enable all outstanding schemes to start during 1992–93.

2.15 In response, regions provided details of 30 schemes, covering approximately 19,500 student nurse places, still to be converted to Project 2000. Of these, 22 were interested in a 1992 start. The regions’ estimates of the launching costs of the 30 schemes amounted to some £200 million over five years. In May 1992, the Department accepted the Implementation Group’s recommendation to fund 13 new schemes in 1992–93, plus one scheme previously approved (see Appendix 4), leaving 17 colleges operating the traditional programme.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of student nurse places</th>
<th>Number approved for conversion to Project 2000</th>
<th>Percentage approved for conversion to Project 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Anglian</td>
<td>2,200</td>
<td>2,200</td>
<td>100</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,500</td>
<td>1,500</td>
<td>100</td>
</tr>
<tr>
<td>South Western</td>
<td>2,900</td>
<td>2,900</td>
<td>100</td>
</tr>
<tr>
<td>Wessex</td>
<td>2,600</td>
<td>2,600</td>
<td>100</td>
</tr>
<tr>
<td>Trent</td>
<td>4,500</td>
<td>4,500</td>
<td>100</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>4,000</td>
<td>4,000</td>
<td>100</td>
</tr>
<tr>
<td>Mersey</td>
<td>2,700</td>
<td>2,700</td>
<td>100</td>
</tr>
<tr>
<td>South East Thames</td>
<td>4,700</td>
<td>4,700</td>
<td>100</td>
</tr>
<tr>
<td>North Western</td>
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<td>5,000</td>
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<td>Northern</td>
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<tr>
<td>North West Thames</td>
<td>4,100</td>
<td>4,100</td>
<td>100</td>
</tr>
<tr>
<td>South West Thames</td>
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<td>3,100</td>
<td>100</td>
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<td>5,700</td>
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<tr>
<td>England</td>
<td>51,000</td>
<td>40,800</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: Implementation Group

Table 2 shows that by May 1992 at least 71 per cent of student nurse places in each region had been approved for conversion to Project 2000.
Although the Department originally envisaged that implementation of Project 2000 would take ten years, they now aim to have all schemes underway by the mid 1990s. However, due to the uncertainty over the availability of resources mentioned at paragraph 2.5 above, they are unable to provide a firm indication of when they will be able to approve the 17 remaining bids (see Appendix 5).

Some of the organisations consulted by the National Audit Office and managers and staff in the authorities and colleges visited commented that it would have been helpful to have a firmer idea about when colleges could convert to Project 2000. Most schemes approved had received less than six months notice. They added that this uncertainty made strategic planning for education, as well as service delivery, very difficult indeed. The Department told the National Audit Office that they recognised these concerns but had to balance the needs of Project 2000 with those of the National Health Service as a whole.

Allocation of funds

The Implementation Group invited regions to estimate the additional costs of introducing Project 2000 over the first five years of each scheme. On approving schemes, the Department allocate funds for the first three years only. The Group make recommendations on allocations for subsequent years at a later date. The initial allocations to the thirteen demonstration sites which started Project 2000 in 1989 ran to 31 March 1992. However, at that date the Department had not told regions what level of funding they would allocate for 1992–93, and thus the thirteen schemes began the new financial year without knowing precisely how much funding was available. In May 1992, the Department allocated funding for 1992–93 broadly in line with the original cost projections.

Guidance on preparing bids stated that no account should be taken of likely changes in pay and prices. In response to requests for clarification the Department advised regions that because they were providing top-up funding to meet the incremental cost of introducing Project 2000 they could not assess the effect of movements in pay or prices on the original bids with any degree of accuracy without undertaking a major recosting exercise each year. Furthermore they would have had to keep a part of the overall provision in reserve to cover any net increase in costs that might have resulted.

Nevertheless, the Implementation Group did consider each year whether to increase allocations to take account of inflation. In most years they had chosen to go for speedier implementation rather than try to assess and meet the cost of inflation increases. However, in July 1991, they advised the Department to make a one-off payment of £5 million, distributed pro-rata to previous allocations, to help schemes meet the effects of inflation, bursary increases and other locally identified needs such as library additions.

In some cases, authorities have subsequently discovered errors or omissions in their submissions. For example, both North and South Bedfordshire Districts failed to include provision for staff to replace enrolled nurse trainees who would no longer be recruited. As a general rule, once allocations have been made, the Implementation Group have rejected bids for additional funding, except for fundamental changes to the original scheme (eg a delayed start). Health authorities have had to meet the cost of errors and omissions in their original submissions from their own resources.

The Implementation Group have recently reviewed the funding arrangements. In August 1992, they recommended that the Department should add Project 2000 funds into regions’ general allocations as soon as all schemes are fully implemented. Until then the Group would continue to advise the Department how the funds available each year should be allocated, including when each of the remaining 17 schemes should be given approval to convert to Project 2000.

Conclusions

In practice, the constraints of the public expenditure planning process have made it difficult for the Department to provide health authorities and colleges with a firm timetable for introducing Project 2000 locally. Decisions have been taken on an annual basis within the resources available, giving local management as little as three months firm notice before their first intake of students.
2.24 Following approval there have been uncertainties over funding since the Implementation Group have not adopted a consistent policy in making recommendations to the Department on meeting additional costs arising from inflation. Further uncertainties arose for the 13 schemes which started Project 2000 in 1989. At 31 March 1992 they were still waiting to hear how much they would be allocated for 1992–93. These uncertainties have affected budgeting and financial management at local level.

2.25 The Implementation Group's proposals to add Project 2000 funds into regions' general allocations should help remove some of the present uncertainty at regional and local level. However the proposals will not remove the uncertainty facing the 17 schemes still waiting to hear when they will be allowed to convert to the new programme. The National Audit Office suggest that the Department should rank the remaining schemes in priority order to give local managers and college staff an indication of their position relative to other schemes.
Part 3: Planning at the local level

Introduction

3.1 The National Audit Office examined how health authorities drew up plans for the introduction of Project 2000 at local level within the guidelines set by the implementation Group and the English National Board. The examination focused on the selection of schemes and the preparation of submissions, including bids for funding.

Selection of demonstration sites

3.2 In October 1988, the Department asked regional health authorities to submit initial plans for implementing Project 2000. Regions were to identify up to two colleges which could introduce the new programme in autumn 1989 as “demonstration sites”. In selecting demonstration sites, regions had to bear in mind English National Board guidance, issued in 1988, on rationalising colleges. The guidance stated that colleges should have a minimum student population of 300 and offer at least two branch programmes. Although some colleges had amalgamated, in many cases further rationalisation would be necessary to meet the requirement. This ruled several colleges out of the reckoning for an autumn 1989 start.

3.3 The fourteen regions submitted 23 colleges for consideration as demonstration sites. The three regions visited by the National Audit Office had adopted similar approaches to selecting the colleges (see Figure 3). Northern Region nominated Newcastle as the only college able to make a start in 1989. West Midlands Region proposed two colleges, Hereford & Worcester and North Staffordshire, with the latter as their front runner. North West Thames Region put forward both Bedfordshire and Parkside Colleges.

Preparation of submissions

3.4 Once the three regions had decided which colleges to put forward as demonstration sites, districts and colleges had to:

(i) prepare submissions, including bids for funds to cover the additional costs of introducing Project 2000;

(ii) develop new courses to meet Project 2000 educational requirements.

As the Department had asked for submissions by February 1989, the demonstration sites had five months to draw up their proposals.

3.5 The National Audit Office visited four colleges which were approved in the first tranche (see Appendix 4). To ensure progress was achieved within the tight timetable, districts and colleges established implementation teams and working groups to cover areas such as manpower and curriculum planning. Action plans were established to ensure that target dates were met. The National Audit Office were impressed with the commitment to Project 2000 and the hard work staff put in to deliver submissions to the Department in a short time.
3.6 Figure 4 summarises the main elements of the bids for funding and shows the additional costs identified for one of the schemes. Key calculations underlying each bid were the number of Project 2000 student nurses required and the number of replacement staff needed to carry out work previously undertaken by student nurses on the traditional training programme.

**Figure 4: Composition of regional bids for funds to support the introduction of a Project 2000 scheme**

<table>
<thead>
<tr>
<th>Cost of introducing Project 2000</th>
<th>£3000 (5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-registration education costs</td>
<td>£5,050</td>
</tr>
<tr>
<td>Current nursing education costs met by ENB</td>
<td>£400</td>
</tr>
<tr>
<td>Links with higher education</td>
<td>150</td>
</tr>
<tr>
<td>Other educational costs</td>
<td>5,600</td>
</tr>
<tr>
<td><strong>Total cost of introducing Project 2000</strong></td>
<td>£23,350</td>
</tr>
<tr>
<td>Less existing costs</td>
<td>£26,950</td>
</tr>
<tr>
<td>Student/pupil training allowances/salaries</td>
<td>£18,100</td>
</tr>
<tr>
<td>ENB current funding level</td>
<td>£5,050</td>
</tr>
<tr>
<td>Enrolled nurse conversion costs</td>
<td>£200</td>
</tr>
<tr>
<td>Travel and subsistence</td>
<td>100</td>
</tr>
<tr>
<td><strong>Existing Nursing Education cost</strong></td>
<td>£23,450</td>
</tr>
<tr>
<td>Additional cost requiring Departmental funding over 5 years</td>
<td>£5,500</td>
</tr>
</tbody>
</table>

**Source:** Department of Health

Note: The estimated costs shown are derived from one of the bids and are included for illustrative purposes only. In practice, the size and composition of individual bids varied considerably.

Figure 4 shows the main elements of regional bids for Project 2000 funding.

**Figure 5: Estimating student numbers**

<table>
<thead>
<tr>
<th>Qualified nurse requirement</th>
<th>less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified nurses returning to work</td>
<td>less</td>
</tr>
<tr>
<td>Enrolled nurses converting to first-level registered nurse status</td>
<td>equals</td>
</tr>
<tr>
<td>Student nurse requirement</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** National Audit Office

Figure 5 shows how health authorities should arrive at student nurse requirements.

3.8 Fundamental to all these manpower estimates is an up-to-date review of the mix of staff—qualified and unqualified, trained and untrained, supervisory and operative—required to meet defined service needs. Skill mix reviews need to be comprehensive, focusing on the needs of patients, and covering all related staff groups providing patient care, not simply those within the nursing profession. And they should be updated on a regular basis to reflect changes in service needs.

3.9 The Committee of Public Accounts, in their 14th Report, Session 1985–86, considered that there was significant scope within the National Health Service for the more efficient and effective deployment of nurses. They noted that a scrutiny in one authority had revealed a considerable variation between hospitals in the ratio of qualified to unqualified nursing staff and also in the mix of grades within the qualified staff establishment. Separate investigations by statutory auditors also identified scope for economies in grade mix. The Committee recommended that the Department should ensure that local managers were made aware of the possibilities for improved efficiency. In reply, the Department agreed to remind health authorities of the need to keep these matters under review. In July 1988, they wrote to regions calling for a "rigorous assessment of supply, demand, and skill-mix".

3.10 The Audit Commission noted in their report "The Virtue of Patients" that, based on a 1991 examination of 39 wards in 10 hospitals, there were still wide variations in skill-mix. For example, the proportion of qualified nursing staff ranged from 36 per cent to 72 per cent. The Commission found that whilst it was generally accepted that ward establishments should be regularly reviewed, in practice this
happened infrequently and staffing was changed incrementally.

3.11 Staff at demonstration sites visited by the National Audit Office had carried out workforce planning exercises to forecast their likely future demand for qualified nursing staff, the number of student nurses needed, and the number and grade of replacement staff required to carry out work previously undertaken by student nurses on the traditional programme. However, none of the four sites visited had undertaken a more comprehensive skill-mix review to establish whether they had the appropriate number and type of staff in place to meet overall service needs prior to making these forecasts.

3.12 The National Audit Office recognise that the short timescale may have prevented health authorities from considering this fully in the earlier schemes, but there was also no evidence of comprehensive skill-mix reviews in the six schemes visited which introduced Project 2000 in 1990-91 and 1991-92 (see Appendix 4). Following the introduction of the National Health Service reforms in April 1991, most of the units visited had now started undertaking such exercises.

3.13 Without up-to-date evaluations of skill-mix, there is a risk that the National Health Service may not be providing patient care as efficiently or as effectively as possible. For example, paragraph 2.10 of my 1991 Report on National Health Service Administrative and Clerical Manpower (HC276, 1990-91) stated that a number of recent studies had found that nurses were spending time on duties appropriate to other staff, such as cleaning, making beds, and paperwork associated with admissions.

3.14 In the absence of comprehensive skill-mix reviews prior to introducing Project 2000 there is a risk that manpower forecasts and bids for funding may be based on existing staffing patterns which are inappropriate. Managers in units and trusts still to convert to Project 2000 therefore need to ensure that their staffing requirements are based on an up-to-date assessment of the appropriate skill-mix to meet both hospital and community service needs. This should help to ensure that resources invested in nursing education are used efficiently.

Meeting the requirement for qualified nursing staff

Sources of qualified nursing staff

3.15 Having established the mix of staff required to meet service needs, health authorities should forecast their future demand for first-level qualified nurses taking into account the number of existing staff likely to retire, resign, or leave for other reasons. The Department have encouraged health authorities to do more to retain existing staff to counter the impact of demographic trends on the supply of student nurses, and specifically asked authorities to consider this matter when preparing their Project 2000 submissions.

3.16 Having considered ways to improve retention of existing staff, the National Health Service can meet demand for first-level nurses by:

(i) recruiting and training student nurses;

(ii) encouraging qualified nurses back into the profession; or

(iii) by assisting enrolled nurses to convert to first-level registered nurse status (see Figure 5).

Traditionally, student nurses have been the main source of National Health Service qualified nursing staff, but following concern expressed by the Committee of Public Accounts in 1986, the Department asked health authorities to examine the scope for encouraging more qualified nurses back into the profession. They also asked health authorities to include details of action taken or proposed in this area in their bids for Project 2000 support.

3.17 Health authorities need to establish an appropriate balance between the three categories. Increasing the number of qualified nurses returning to the profession would reduce the requirement for student nurses and lead to lower education costs. While the health authorities visited had considered increasing both the number of enrolled nurse conversions and qualified nurse returners, the latter group were seen as a lower priority. In practice, bids were generally based on existing patterns of recruitment and, as a consequence, Project 2000 student requirements in most schemes were similar to previous student nurse intakes.
3.18 Although some of the health authorities visited had taken measures to encourage qualified nurses to return to work, none considered this a priority in the current economic climate. In North West Thames and West Midlands Regions, districts had taken various initiatives such as the provision of creche facilities, holiday play facilities and job sharing schemes. In Northern Region none of the units visited was taking active measures in this area. The Region told the National Audit Office that in considering the balance between the potential sources of supply of qualified nurses, they had to ensure that student nurse intakes were sufficient to maintain a viable training capability.

Matching supply and demand

3.19 Health authorities also need to match the total numbers in the three categories to their likely demand for qualified nurses. In attempting to match supply and demand health authorities also need to make assumptions about likely wastage rates for both qualified staff and student nurses over the three year course. If these assumptions prove wrong, they run the risk of training too many—or too few—nurses to meet service needs.

3.20 There are no national statistics showing the number of student nurses who secure permanent posts in the National Health Service on qualifying. Within two of the three regions visited there were indications that some newly-qualified nurses were finding difficulty in securing employment. For example, Northern Region's 1991-92 Training Investment Report noted that there was evidence in the Region of students not being able to secure permanent employment on qualification. North West Thames Region acknowledged that there was an excess of newly-qualified nurses in most care areas. Within the Region, Luton and Dunstable Hospital were unable to provide employment for any of the student nurses who sat their final examinations in February 1992 at Luton College. The regions attributed the position to a fall in wastage rates since student numbers were planned, and changing service needs.

3.21 Enrolled nurses converting to first-level status and qualified nurses interested in returning to practice may face similar difficulties. A 1991 report by the National Union of Public Employees noted that, in 52 per cent of health authorities responding to a survey, enrolled nurses successfully completing conversion courses were not guaranteed a higher grade nursing post.

3.22 Most colleges provide “return to nursing” courses for qualified nurses wishing to return to work. The English National Board wrote to regions to seek information for the National Audit Office on whether qualified nurses completing these courses subsequently obtained employment. Based on responses from ten regions, 52 per cent of the 2,100 nurses successfully completing courses in 1990 and 1991 were known to have found work in the National Health Service or the private sector. Information on the remaining 48 per cent was incomplete; whilst some had probably chosen not to find work, regions acknowledged that others had been unable to secure employment in the nursing profession locally. These findings underline the importance of employers matching the supply of student nurses and alternative sources of first-level nursing staff with likely overall demand.

Conclusions

3.23 National Health Service employers need to give careful consideration to forecasting the likely demand for qualified nurses and how best to meet it. Forecasting demand is a complex exercise requiring workforce planners to make assumptions about future service needs and likely wastage rates over the years ahead. An unforeseen combination of changing service requirements and lower wastage rates since 1989 has reduced the number of expected vacancies for qualified nursing staff, with the result that in some regions there is a current excess supply of newly qualified nurses.

3.24 Employers also need to achieve a balance between recruiting and educating student nurses, giving enrolled nurses the opportunity to convert to first-level status, and encouraging nurses to return to work. Whilst health authorities had considered the balance in preparing their Project 2000 submissions, the National Audit Office suggest that they could give a higher priority to increasing the proportion of vacancies filled by qualified nurses returning to the profession. This, in turn, would reduce education costs.
Replacement staff

3.25 Project 2000 student nurses are rostered for service for some 20 per cent (1,000 hours) of their three year course, compared with up to 60 per cent for student nurses on the traditional programme. Health authorities therefore needed to work out how many replacement staff they would require to fill the gap created by the disappearance of the traditional student nurse.

3.26 In December 1988, the Department provided a manpower planning model to assist demonstration sites in determining their manpower needs. Workforce planners at the demonstration sites told the National Audit Office that they had found the model helpful in providing a broad indication of requirements. Two of the demonstration sites visited had calculated replacement staff requirements on a ward by ward basis. As a result of this work health authority staff considered that the actual level of service contribution from traditional students was higher than that assumed by the Implementation Group.

3.27 Additionally, in examining the bids, the Group considered that a downward adjustment was necessary to reflect the fact that replacement staff would be permanent employees which would lower staff turnover and increase efficiency. This would reduce the requirement for replacement staff and the Group therefore asked demonstration sites to recalculate their bids assuming a 20 per cent "efficiency factor". The Group subsequently allowed some districts to reduce the efficiency factor in the light of local evidence, for example high turnover of qualified staff. Managers in all the schemes visited by the National Audit Office expressed reservations about its application, and the adjustments made.

Departmental scrutiny

3.28 Departmental staff examined each submission against criteria agreed by the Implementation Group, focusing on such matters as manpower estimates, the cost of replacement staff, and service contribution levels from traditional and Project 2000 nurses. The English National Board considered the educational viability of the proposals. Some aspects of the submission were more difficult to assess such as staff preparation costs and the costs of links with higher education. The Implementation Group held detailed discussions with each demonstration site and health authorities revised their submissions accordingly.

3.29 The approved costs over the first five years of demonstration schemes ranged from £1.9 million to £12.8 million, reflecting the size of individual schemes. The distribution of costs over individual expenditure heads (see Figure 4) varied considerably between the schemes. It was difficult for the Implementation Group to make meaningful cost comparisons between submissions because of the fundamental differences between schemes (eg preparedness to take Project 2000 students, number of districts involved, differing higher education links, varying enrolled nurse conversion requirements). The Department told the National Audit Office that consultants had advised the Group that the cost per student of introducing Project 2000 could justifiably vary by a factor of up to 60 per cent as each scheme was starting from a different funding base.

3.30 The Department told the National Audit Office that although undertaking a comparison of bids may have proved useful as a check, the Implementation Group considered the approach of examining the key aspects of each submission in depth the best way to ensure value for money was obtained. As a result of careful scrutiny they had secured considerable reductions in the original bids. They were confident that funding had been no more than adequate to fulfil the objective of implementing Project 2000 in each college, especially since the Implementation Group had (with the exception of 1991) recommended that priority should be given to funding new schemes rather than meeting the inflation costs of existing ones.
Part 4: Implementing Project 2000

Introduction

4.1 The National Audit Office examined how colleges and health authorities had implemented Project 2000 after they had received Departmental approval. The study focused on the introduction of the new programme, including the provision of enrolled nurse conversion courses, and on the initial effects of Project 2000 on recruitment and wastage.

Management of Project 2000

Management structures

4.2 The introduction of Project 2000 is a complex exercise involving the co-operation of many different parties. It is complex for schemes involving a single district and the complexities increase for schemes such as Lakeland in Northern Region involving four district health authorities, including one in North Western Region.

4.3 The colleges visited by the National Audit Office had necessarily adopted different approaches to organising implementation to reflect local circumstances. There was generally a steering group—in most schemes the college management board—on which individuals from each district were represented, supported by specific groups set up to deal with particular issues. In one scheme, units had established service advisory groups to ensure educational and service issues were given sufficient weight and to aid communication between the many parties involved.

4.4 In one case, poor communications with health service managers on student nurse placements contributed to the postponement of the autumn 1992 intake at one of the demonstration sites, the Frances Harrison College of Healthcare at Guildford. The College have delayed the next intake until spring 1993 to allow time to plan the flow of students through hospital and community settings over the three year course and to enable them to make other improvements. They have offered to help the 80 students affected by the decision find alternative places.

4.5 In their report the “Virtue of Patients” the Audit Commission stressed the need for good communication between colleges, those with responsibility for personnel and finance at unit level, and ward sisters and their managers. The National Audit Office endorse this view and consider that firm direction, clearly defined responsibilities and good communications are essential in this complex area.

Allocation of funds

4.6 Once schemes have achieved educational validation, the Department allocate the Project 2000 funds recommended by the Implementation Group to the regional health authority to cover the additional service costs, and to the English National Board to cover the additional educational costs. Figure 6 shows the main funding flows.

Figure 6: Project 2000 funding flows for an approved scheme

Source: National Audit Office

Figure 6 shows that the bulk of Project 2000 funds are allocated via the regional health authority concerned
4.7 The allocation of funds within regions may vary. In general, regions allocate funds to district health authorities in line with the approved bid. Districts, in turn, allocate funds to the colleges, units and trusts involved in the scheme to meet their extra costs. Where a scheme involved several districts, the regions visited had adopted different approaches to financial management. In Northern and North West Thames Regions each district allocated its own share of the funds. In one scheme within West Midlands Region the districts appointed one district as financial agent; the lead district could vary from year to year.

4.8 Difficulties can arise where districts using the same college wish to adopt different approaches or cannot give equal priority to college requirements. For example, in the case of Shropshire and Mid-Staffordshire College, one district allowed the college to administer student bursaries whereas the other administered bursaries themselves. Where districts allocate their own share of funds, problems may occur if all parties cannot reach agreement on priorities. The introduction of training contracts between regions and colleges should help to clarify responsibilities for financial management and eliminate these types of difficulty.

Allocation of additional funds

4.9 In July 1991, following advice from the Implementation Group, the Department released an additional £5 million to regions for Project 2000 schemes (see paragraph 2.20). As the Group considered that any specific needs were best evaluated locally, they recommended the Department to allocate funds pro-rata to existing allocations. By November 1991, only one of the three regions visited by the National Audit Office, West Midlands, had allocated the additional funds to schemes.

4.10 West Midlands Region asked the districts to prepare bids, including evidence of spend, before allocating the funds. Northern and North West Thames Regions waited until late March 1992 to allocate the additional funding. Northern Region distributed their £327,000 pro-rata to bursary increases. North West Thames Region allocated their £350,000 pro-rata to the original Departmental allocations. This resulted in North Bedfordshire receiving £65,000 even though they had underspent their allocation, while South Bedfordshire—

4.11 The National Audit Office consider that the approach adopted by West Midlands Region is most likely to result in the best use of these additional resources at regional level by relating allocations to specific need.

Student nurse recruitment

4.12 The introduction of Project 2000 was considered to be crucial to the future recruitment and retention of the nursing workforce. However, the employment opportunities for school-leavers have reduced in recent years and the effect of demographic changes on the supply of student nurses has thus been less than expected. In giving evidence to the Nurses, Midwives and Professions Allied to Medicine Pay Review Body in 1992, the Department noted that there was no general shortage of nurses, midwives or health visitors.

Recruitment at the national level

4.13 In recent years, the Department have run a publicity campaign designed to act as a backdrop against which employers and colleges can organise their own recruitment activities. This campaign aims to stimulate interest in nursing as a career amongst all groups including males and mature people. The most recent phase of the campaign was based on market research which had identified misconceptions held by the public about the role of the nurse. It included a television commercial designed to provide positive information about the work nurses do and their responsibilities and an associated national press campaign to assist the recruitment of student nurses in the Mental Health branch.

4.14 Individuals apply for a nursing course through the Nurses and Midwives Central Clearing House, run by the English National Board on behalf of regions, stating their choice of colleges. Colleges shortlist applicants and invite them for interview before deciding whether to offer them a place. The English National Board informed the National Audit Office that at December 1991 there were sufficient eligible applicants to fill available Project 2000 places. However, some branches were more popular than others. The
Adult and Child branches were easier to fill than the Mental Handicap and Mental Health branches.

**Recruitment at the local level**

4.15 Table 3 illustrates the extent to which the schemes visited by the National Audit Office had met their recruitment targets. Reflecting the national picture, targets had generally been met for the Adult and Child branches, but if difficulties were experienced they tended to be in the Mental Health and Mental Handicap branches. Health authority staff suggested that places in the Mental Health branch were difficult to fill because they were less attractive than those in the Adult and Child branches. Vigorous recruitment efforts were necessary to fill them. The difficulty in recruitment to the Mental Handicap branch related to uncertainty arising from changes in the approach to caring for people with a learning disability.

**Widening the recruitment field**

(i) Male and mature applicants

4.16 In 1986, the Committee of Public Accounts were concerned about the prospect of a future shortage of nurses. In response, the Department stated that there might be scope for increasing the proportion of male and mature student nurses. There are no national statistics showing the proportion of male and mature student nurse recruits. However, the overall proportion of males in the nursing workforce has increased from 10 per cent to 11 per cent between 1981 and 1990. The colleges visited were making attempts to attract these groups, although they had not set specific targets.

(ii) Ethnic minorities

4.17 In 1990, the Kings Fund Task Force issued a report which noted that ethnic minorities tended to be under-represented among student nurse applicants, and suggested that more could be done to capitalise on their talents. This, in turn, could encourage ethnic minorities to make more use of the National Health Service.

4.18 The United Kingdom Central Council told the National Audit Office that they had undertaken a wide-ranging review of their policies following publication of the report and had issued a circular on equal opportunities in July 1991. The English National Board took action to ensure that all colleges had effective equal opportunities policies and that these were reflected in regional contracts for training.

4.19 Some health authorities and colleges visited had taken positive action to attract applications from ethnic groups represented in the local population (see Figure 7). Following a request from some colleges for assistance in this area the Department are preparing a series of leaflets to promote recruitment from ethnic groups. The first

<table>
<thead>
<tr>
<th>Table 3: Achievement of recruitment targets in colleges visited by the National Audit Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of</strong></td>
</tr>
<tr>
<td><strong>intakes</strong></td>
</tr>
<tr>
<td>Tranche 1 (1989–90 start)</td>
</tr>
<tr>
<td>Bedfordshire</td>
</tr>
<tr>
<td>Newcastle</td>
</tr>
<tr>
<td>North Staffordshire</td>
</tr>
<tr>
<td>Parkside (North West London)</td>
</tr>
<tr>
<td>Tranche 2 (1990–91 start)</td>
</tr>
<tr>
<td>Hereford &amp; Worcester</td>
</tr>
<tr>
<td>Hillington</td>
</tr>
<tr>
<td>Lakeland</td>
</tr>
<tr>
<td>Tranche 3 (1991–92 start)</td>
</tr>
<tr>
<td>Larnet</td>
</tr>
<tr>
<td>Durham</td>
</tr>
<tr>
<td>Shropshire &amp; Staffordshire</td>
</tr>
</tbody>
</table>

*Source: National Audit Office fieldwork*
leaflet is targeted at influencers within Asian
groups.

Figure 7: Action being taken to attract student nurse applications from ethnic groups

In Northern Region, at Newcastle College, less than 2 per cent of student nurses are from ethnic groups represented in the local population and no specific initiatives are undertaken. The St. Nicholas Mental Health Trust were concerned about the lack of representation of ethnic minorities in the workforce. They consider it will be difficult to encourage the local Asian and Chinese community to use their services unless this situation changes.

In North West Thames Region, Luton College consider that recruitment of students from local ethnic minorities, running at approximately 5 per cent, remains disappointing. In consequence, health authority staff have met leaders of local ethnic groups to try and identify the reasons for low recruitment and to encourage applications from these groups.

North West London College (Parkside) covers a population which includes significant numbers of Asian, black and Irish people. However, this is not reflected in the student nurse population. The College have responded by developing a health care assistant training programme, on successful completion of which staff are given the opportunity to apply for a Project 2000 place subject to satisfying the entry requirements. The College consider that this should encourage interest from a wider range of applicants.

Hillingdon have adopted a positive marketing strategy targeted at schools which has produced good results.

In West Midlands Region, the local ethnic population was not represented in Project 2000 intakes at North Staffordshire College but recruitment staff had no specific plans to address the situation.

Source: National Audit Office fieldwork

Figure 7 shows that action to attract student nurse applications from ethnic groups varied in the colleges visited by the National Audit Office.

Conclusions

4.20 Colleges, regions and units need to work together to agree recruitment strategies to ensure that the composition of student nurse intakes reflects employers' needs and wishes. They should also consider whether these strategies should include measures to widen the range of applicants and, in particular, how they can encourage applications from ethnic minorities. Such measures would not only make a contribution to reducing the risk of a future shortage of student nurses, but also encourage ethnic minority groups to make greater use of the National Health Service.

4.21 The current economic climate has reduced the effect of demographic change on the supply of student nurses and has made it difficult to assess the effect of Project 2000 on recruitment. With the exception of the Mental Handicap and Mental Health branches, colleges appear to have had few difficulties in recruiting sufficient student nurses. This has reduced the need to target specific groups such as male and mature applicants.

4.22 However, the number of school-leavers will continue to fall until 1993 and will remain low for the rest of the decade. An improvement in the economic climate could materially affect student nurse recruitment. The National Audit Office suggest that college recruitment staff should monitor the student nurse labour market actively and be prepared to take action to widen the field if applications start to fall.

Placements

4.23 Project 2000 differs from traditional nursing education by placing more emphasis on health education, the prevention of ill-health, and on community care. As a result, students initially spend time observing the behaviour of healthy people before moving on to learn about caring for those who are ill. They gain their initial practical experience through placements in both hospital and community settings rather than being rostered for duty on hospital wards. Project 2000 has therefore resulted in a significant increase in the number and type of placements to be organised, in most cases resulting in a full-time post for a member of staff at each college.

4.24 Staff in all the schemes visited had made great efforts to identify and arrange suitable placements. The more innovative colleges had established good relationships with local authorities and the private and voluntary sectors. In the Common Foundation Programme, they had arranged short placements in a variety of settings such as department stores, supermarkets, schools, railway stations, offices and factories. Some placements had been more successful than others. For example, some students placed at department stores and supermarkets had been mistaken for shop assistants or asked to fill shelves. In subsequent student intakes, these difficulties had been addressed by better preparation, communication and supervision.

4.25 Student nurses need to gain experience on a wide range of wards; wards can also benefit from the presence of students. The new programme requires colleges and hospitals to review the suitability of hospital wards for placements. In many cases placements were
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arranged on wards which had not previously taken student nurses. In some hospitals, wards were unsuitable because the existing mix of staff was inappropriate. For example, where there was a high proportion of enrolled nurses and auxiliaries and a low proportion of first-level nurses, the latter would have had insufficient time to attend to their ward duties and act as mentors to Project 2000 student nurses. This limited the range of practical experience available to student nurses.

4.26 Under Project 2000, large numbers of student nurses now spend time on placements in the community health service. Managers told the National Audit Office that the increased supervision requirements were placing a great strain on existing staff.

4.27 In the ten schemes visited by the National Audit Office, no provision had been made in the Project 2000 submissions for the additional costs falling on the community health service. Hillingdon Community Unit estimated that the additional annual cost during the Common Foundation Programme amounted to £130,000 on a budget of £4 million. North Staffordshire Community Unit managers told the National Audit Office that, in order to stay within budget, they had been required to release registered nurses from the Community Sector to compensate for the service contribution made by Project 2000 student nurses. The Department told the National Audit Office that funds had been allocated in some cases where schemes had clearly demonstrated the additional costs arising from Project 2000 in the community.

4.28 Identifying suitable placements in a wide range of settings has proved to be a major challenge in the colleges visited by the National Audit Office. Their experience underlines the need, in colleges and provider units yet to convert to Project 2000, for managers to consider such matters well in advance of implementation. Hospital managers need to examine the mix of staff on wards to enable placements to be spread across as wide a range of wards as possible. Community health service managers should give careful consideration to the impact of placements to minimise any potential disruption to the service. And college placement managers should ensure that employers in the private sector who are willing to accept short-term student nurse placements are fully aware of the objectives of the scheme, and that such placements are properly supervised.

Student nurse wastage rates

4.29 The Committee of Public Accounts expressed concern in 1986 at the high student nurse wastage rates. In the past seven years the percentage of student nurses discontinuing their training has varied between 5.0 and 5.7 per cent per year (see Table 4). The figures may overstate true wastage rates from nursing education since discontinuations may include

Table 4: Wastage during pre-registration nursing education 1986 to 1992

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of student nurses at 31 March</td>
<td>49,485</td>
<td>50,813</td>
<td>51,456</td>
<td>47,741</td>
<td>48,600</td>
<td>43,113</td>
<td>37,537</td>
</tr>
<tr>
<td>Number discontinuing in year</td>
<td>2,470</td>
<td>2,882</td>
<td>2,597</td>
<td>2,546</td>
<td>2,653</td>
<td>2,286</td>
<td>1,778</td>
</tr>
<tr>
<td>Percentage discontinuing</td>
<td>5.0%</td>
<td>5.7%</td>
<td>5.0%</td>
<td>5.3%</td>
<td>5.4%</td>
<td>5.3%</td>
<td>4.7%</td>
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<tr>
<td>Project 2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of student nurses at 31 March</td>
<td>1,051</td>
<td>5,554</td>
<td>14,142</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number discontinuing in year</td>
<td>14</td>
<td>290</td>
<td>784</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage discontinuing</td>
<td>1.3%</td>
<td>5.2%</td>
<td>5.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall wastage</td>
<td>5.0%</td>
<td>5.7%</td>
<td>5.0%</td>
<td>5.3%</td>
<td>5.3%</td>
<td>5.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Source: English National Board for Nursing, Midwifery, and Health Visiting.

Table 4 shows that overall student nurse wastage rates have remained at around 5 per cent a year over recent years.
students who, for example, drop out of their course because of illness, but re-join a subsequent intake at a later date.

4.30 The English National Board's statistics shown in Table 4 distinguish between student nurses undertaking the traditional programme and those taking Project 2000. However, it is not possible to draw valid conclusions from comparing wastage on the two programmes because the first tranche of Project 2000 student nurses had not completed their courses at 31 March 1992. The wastage pattern over Project 2000 may be different from the traditional programme as the students' rostered service contribution arises only towards the end of the course. The distribution of the student nurse population also differs materially between the two programmes. Project 2000 student numbers are growing as colleges convert to the new programme and therefore contain a high proportion of first year students.

4.31 Table 5 shows the wastage rates for the first five intakes at the demonstration sites visited. Colleges maintain records showing why students leave. Reasons for leaving included failure to achieve the required standard, and personal reasons, for example, pregnancy and illness. Because the Department were able to give colleges only limited notice of approval to convert to Project 2000, many students on the initial intakes were originally recruited for a traditional course. In some cases students had left because they were unhappy with the more academic approach or the more college-based nature of Project 2000, where less time was spent looking after patients.

Although the most recent national statistics show that the National Health Service are losing approximately one in twenty of their student nurses per year, some of the colleges visited are losing a much higher proportion of their Project 2000 intakes, increasing costs per student place. Colleges need to monitor wastage rates closely and, where practicable, take action to stem high wastage levels. The National Audit Office suggest that where colleges are planning to convert to Project 2000, recruitment staff should make it clear to applicants that the nature of the course is radically different from the traditional programme and stress its attractions and relevance to the future of the nursing profession. The Department have recently launched a new Project 2000 video and leaflet to illustrate these points.

<table>
<thead>
<tr>
<th>College</th>
<th>Intake</th>
<th>Wastage rates (per cent)</th>
<th>Intake</th>
<th>Wastage rates (per cent)</th>
<th>Intake</th>
<th>Wastage rates (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedfordshire</td>
<td>22</td>
<td>22</td>
<td>37</td>
<td>24</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Newcastle</td>
<td>10</td>
<td>5</td>
<td>18</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>M Staffordshire</td>
<td>28</td>
<td>14</td>
<td>14</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Parksise</td>
<td>22</td>
<td>19</td>
<td>8</td>
<td>22</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Source: National Audit Office fieldwork
Notes: (1) Wastage rates are expressed as a percentage of the number of students in each intake.
(2) The starting dates of intakes vary between colleges.

Table 5 shows that some of the colleges of nursing visited by the National Audit Office have experienced considerable wastage from Project 2000 courses.

Enrolled nurse conversion courses

4.33 Many health authorities have discontinued enrolled nurse training with the introduction of Project 2000. The Department have stated that existing enrolled nurses should have the opportunity to convert to first-level registered nurse status if they wish, and if they have the ability to do so. The costs of an agreed number of additional conversion courses are covered by Project 2000 allocations. In drawing up their bids for funding, nine of the ten schemes visited by the National Audit Office had determined potential demand after consulting their enrolled nurse workforce; in the tenth, Durham, local managers had decided against consultation because they did not want to raise false hopes about the number of conversion course places that would be available.

4.34 There are three main types of conversion course currently available:
- one year (full-time)
- two year (part-time)
- open learning

The English National Board may grant exemptions from parts of a conversion course in recognition of an enrolled nurse's previous nursing experience and other relevant qualifications.

4.35 On a national basis, between autumn 1989 and March 1991, the English National Board approved over 240 conversion courses with
4.36 Several local managers commented that it was sometimes difficult to release enrolled nurses for conversion courses. In their report "The Virtue of Patients", the Audit Commission also noted that hospitals were experiencing difficulty in providing cover for enrolled nurses while they were attending conversion courses. To address the problem of releasing enrolled nurses, the English National Board have developed the use of flexible open/distance learning materials. In April 1991, the Nursing Times launched its Open Learning Programme. It takes two years, divided into three ten week terms per year, and can be undertaken in the individual's own time, as part of a college programme approved by the Board.

4.37 In November 1991, the Department asked regions to provide information on their timetables for enrolled nurse conversion. The ten regions which provided full replies estimated that 55 per cent of the 41,000 enrolled nurses they currently employed wished to convert to first-level registered status and were eligible to do so. On current plans, over 5 per cent of eligible enrolled nurses may still be waiting for a conversion course place in the year 2000 (see Table 6).

Table 6: Number of enrolled nurses and timetable for conversion as at November 1991 in ten regions

<table>
<thead>
<tr>
<th>Total number of enrolled nurses employed (excluding those already converted)</th>
<th>40,900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of eligible enrolled nurses wanting to convert to first-level status</td>
<td>22,800</td>
</tr>
<tr>
<td>Number of planned conversion places from 1992-93 to 2000</td>
<td>21,500</td>
</tr>
</tbody>
</table>

Source: Department of Health questionnaire
Notes: Figures for Mersey, North Western, South Western and Wessex Regions not available

Table 6 shows that, on current plans, over 1,000 enrolled nurses in ten regions may still be waiting for a conversion course place in the year 2000.

4.38 The National Audit Office recognise that practical difficulties may prevent health authorities from achieving a faster rate of progress. They suggest that employers should explore opportunities such as open learning programmes to increase the rate at which enrolled nurses convert to registered status.

Monitoring Project 2000 progress

Effect of Project 2000 on the nursing profession

4.39 The aim of the new programme is to produce qualified nurses equipped to meet the future needs of the National Health Service. The first intakes of Project 2000 student nurses have recently completed their courses and are now eligible to start work as qualified practitioners. The Department and the English National Board have commissioned a number of studies to evaluate the new programme, and the English National Board undertake annual monitoring visits to all educational institutions to review progress.

4.40 Nurse managers in hospitals visited by the National Audit Office stated that they had noticed a difference on the introduction of Project 2000 education. They considered that student nurses were more prepared and able to ask searching questions as a result of their wider education. This had a positive effect on ward staff. However, there were widely expressed concerns from all levels of management that, on qualification, Project 2000 nurses' practical skills would be less well-developed than those of the traditional nurse, leading to doubts whether they would be able to contribute as much to the ward team.

4.41 The United Kingdom Central Council's proposals for Project 2000 included a recommendation that they should go on to review post-registration nursing education and practice. Following this review, in November 1991, the Council announced proposals for the maintenance and development of professional knowledge and competence. They also recommended that all newly qualified nurses—both traditional and Project 2000—should receive a four month period of support from a preceptor following registration to assist with the transition from student to practitioner.

4.42 In July 1992 the Department announced their support for the principles underlying the Council's proposals. From April 1993 all National Health Service employers will be
encouraged to provide preceptors for new practitioners and courses for those returning to practice after a break of five years or more.

Expenditure compared with Departmental allocations

4.43 Departmental Project 2000 funding is ring-fenced. Although health authorities can vire funds between Project 2000 expenditure heads, they may not spend the funds on other activities. If funding remains unspent at the end of the year it must be carried forward for use in a subsequent year. In allocating funds, the Department have not asked regions to provide them with reports on the use of Project 2000 monies. The English National Board have, however, required regions to report on the use of Departmental Project 2000 funds for which they are accountable (see Figure 6).

4.44 At local level, finance staff complete monthly returns showing the additional education costs met by Project 2000 funding in accordance with the monitoring system established by the Board for their mainstream Project 2000 funding. Only one of the four demonstration sites visited had attempted to establish a system for monitoring expenditure on the additional service costs financed by the Departmental funds channelled through regions. Finance staff told the National Audit Office that it would be very difficult and time-consuming to maintain separate records of how the Department’s funds had actually been spent.

4.45 Consequently, the four demonstration schemes visited by the National Audit Office were unable to provide a precise statement of the actual additional cost of introducing Project 2000 compared with their bids and Departmental funding. However, they were able to provide a broad estimate of the position as at 31 March 1992 (see Figure 8).

4.46 The Department have no information on overall expenditure compared with bids for funding. The National Audit Office accept that it may be impracticable for health authorities to provide detailed information on expenditure on all aspects of the scheme. However, a broad indication of the actual costs compared with bids at demonstration sites would have provided some assurance to the Department and the Implementation Group that their financial allocations for subsequent tranches of Project 2000 were soundly based. The Department told the National Audit Office that they were satisfied that the detailed examination of submissions by the Implementation Group provided sufficient assurance.

Figure 8: Estimated use of Departmental Project 2000 allocations up to 31 March 1992

In Northern Region, Newcastle had allocated all the £4.1 million awarded by the Department and estimated that they had spent approximately £250,000 more than their total budget over the three years, not taking into account additional costs incurred by units in replacing student service.

In North West Thames Region, North Bedfordshire had not used all the funds allocated for training support workers, existing staff and enrolled nurse conversion courses, and estimated that they were £70,000 underspent on their allocation of £1.5 million. By contrast South Bedfordshire had allocated all their funds (£1.0 million) and estimated that they had spent £500,000 additional to their budget. Parkside estimated that they have £250,000 left out of their allocation of £1.1 million because they had not filled all their student intakes.

In West Midlands Region, North Staffordshire placed their £5.1 million allocation in a reserve and units were required to bid for Project 2000 funds. They estimated that they were £300,000 underspent against their total Project 2000 budget of £10.5 million.

Source: National Audit Office fieldwork

Figure 8 shows the estimated extent to which Project 2000 monies had been spent in the demonstration sites visited by the National Audit Office.

Dissemination of experience

The Department have taken a number of initiatives to assist later schemes, such as arranging and contributing to seminars. Figure 9 gives some examples.

Figure 9: Examples of Departmental action to assist schemes

Departmental seminar for possible second tranche schemes, based on the experience of the first tranche.

One-day visits to Project 2000 schemes by nursing and administrative staff culminating in a report to Regional Nursing Officers.

Guidance letters on bursaries, dependency additions, terms and conditions of service, taking account of practical difficulties experienced.

Telephone advice in response to queries.

Contributions to regional road-shows.

Project 2000 information Package 1991, circulated to regions and colleges.

Source: Department of Health

Figure 9 shows examples of action taken by the Department to provide feedback to schemes.

27
They have also commissioned the National Foundation for Educational Research to conduct a study of the demonstration sites at a cost of £440,000 over four years. The aim of the research, which is mainly based on semi-structured interviews with students, teachers, lecturers, managers and practitioners, is to provide an opportunity to learn from the experience of the demonstration sites in implementing Project 2000.

The study team issued an interim report in February 1992 containing a considerable volume of oral and written evidence from the different groups involved and they aim to produce a final report summarising their main findings and conclusions in late 1993. The Department have circulated the interim report to regions and colleges. While the report is not intended to be a guide to good implementation practice, its comprehensive description and analysis of the educational and other issues associated with Project 2000 should, nevertheless, prove to be a useful source of information on implementing the new programme.

The English National Board prepared open learning materials to help college staff develop and introduce the new curricula required by Project 2000 and implement the necessary organisational changes. The schemes visited had also benefited from the assistance of the Board's Education Officers who had provided helpful advice on validation and other educational matters. The Board told the National Audit Office that they had also initiated region-wide forums to provide opportunities for staff to share experience gained through developing and implementing Project 2000 curricula. Subsequently these forums had declined, possibly due to the more competitive atmosphere under the National Health Service reforms.

The regions visited had also provided practical guidance to staff implementing Project 2000 by using established communication networks, and staff in demonstration sites had also assisted later schemes. At the time of the National Audit Office fieldwork, regions were concentrating on preparing the groundwork for the introduction of training contracts and had less time to devote to Project 2000 issues.

Managers and college staff face many challenges on introducing Project 2000. In addition to the aspects mentioned in the paragraphs above, they have had to address several other issues during implementation. These include:

- preparation for academic validation at the higher education level;
- the interpretation of rules for the payment of bursaries, particularly those for existing National Health Service employees and those with dependants;
- extra travelling time required by students and tutors arising from the amalgamation of colleges and the increase in multi-district schemes;
- the provision of suitable teaching accommodation for the larger student intakes associated with Project 2000;
- ensuring that library facilities meet the wider educational requirements of the new programme;
- the impact on the service of large numbers of newly-qualified nurses seeking employment once or twice a year compared with the frequent output of smaller numbers from traditional courses;
- the preparation of appropriate training courses for support workers and whether to participate in the national vocational qualifications scheme.

Colleges and employers yet to convert to Project 2000 need to be aware of these matters so that they can make appropriate plans to address them. There is a risk that in the more competitive atmosphere of the reformed National Health Service, units, trusts and colleges will be less willing to pass on helpful advice. Managers involved in local schemes should ensure that they are fully briefed on all aspects of implementation and regions should provide them with practical support as they tackle the many challenges associated with managing the introduction of Project 2000 both educationally and at service level.
Part 5: Current developments affecting the financing and organisation of Nursing Education

5.1 In parallel with the introduction of Project 2000, staff in the United Kingdom Central Council, English National Board and the National Health Service have had to deal with other significant developments affecting nursing education. In addition to the organisational changes arising from the National Health Service reforms and the introduction of service contracts, changes in the financing of nursing education will be introduced from April 1993. The status of colleges of nursing and midwifery in the reformed National Health Service has also been reviewed. The National Audit Office consider that these developments offer opportunities to improve value for money.

Financing nursing education

5.2 As part of the regular programme of reviews of non-departmental public bodies, in 1988 the Health Departments commissioned a review of the statutory nursing bodies. The report, published in August 1989, identified overlaps in the roles and responsibilities of the statutory bodies and made proposals for rationalising them. It also recommended that the National Boards should assume full responsibility for the financing and management of colleges of nursing and midwifery rather than sharing these responsibilities with regional health authorities.

5.3 In October 1989, during the consultation period on the report, the Department issued Working Paper 10 on the White Paper "Working for Patients" (Cm 555). The Working Paper examined ways in which non-medical education and training could be managed in the reformed National Health Service and considered how training costs could be met without distorting hospital pricing structures. Unless training costs were excluded from pricing calculations, there would be a disincentive for hospitals to take on students.

5.4 In February 1991, the Health Departments in Great Britain rejected the proposal that colleges of nursing and midwifery should be directly managed by the National Boards. The Department of Health considered that central funding of nursing education by the English National Board did not accord with the principle that decisions governing the supply of nurses should be taken as close as possible to the point of service delivery. The Department decided that regional health authorities should have the main responsibility for funding pre-registration nursing education rather than sharing responsibility with the English National Board. Regions, in consultation with employers, would be responsible for identifying the demand for qualified nurses and for deciding the number of students to be recruited and trained. This would ensure that decisions were responsive to local needs and to the changing requirements of employers. Regions would then contract with colleges for the provision of training.

5.5 The Nurses, Midwives and Health Visitors Act 1992 removed the duty of the National Boards to provide or arrange for others to provide education and training. The Act therefore allows the Department to allocate funds for nursing education to regional health authorities instead of to the English National Board. The changes are planned to take effect from April 1993. The continuing role of the English National Board will be to approve educational institutions and courses, within the framework of the United Kingdom Central Council's standards of professional education.

5.6 In the meantime, the Department had asked regions to proceed with the groundwork required to implement Working Paper 10. In June 1990, the Department invited regions to develop draft plans for 1991–92 including:

- numbers to be trained
- training costs
arrangements for funding

possible contractors and contract specifications.

For pre-registration education this required the region to identify the cost of running courses and the training element of student nurse bursaries and salaries. The Department expect each region to arrange to train sufficient staff to meet its own needs. This should ensure that each bears its fair share of training costs.

As part of the planning process, the regions visited had consulted provider units about training requirements for 1991–92. Some units within the three regions had undertaken skill-mix reviews prior to forecasting trainee requirements. In preparing the plans the regions had not given retention and returner strategies a high priority, nor had they consulted family health services authorities, local authorities, or the private and voluntary sectors about their potential requirements. Northern Region's training investment report recommended a ten per cent reduction in pre-registration student places compared with 1989–90, but in the other two regions reported demand appeared to be based largely on existing numbers. Regions had sent out questionnaires to employers and colleges to establish basic information on training costs and were analysing this information at the time of the National Audit Office fieldwork.

Table 7 shows that regional ratios of student nurse places to qualified nurses vary from 13 to 26 per cent. Northern Region told the National Audit Office that the introduction of Working Paper 10 had proved to be a powerful engine for change in service attitudes towards educational investment and the need for skill-mix reviews. Provider units and trusts were now looking very carefully at future student nurse intakes. The Department considered that the further general experience of service contracts in 1992–93 would also focus provider units' attention on issues such as skill-mix.

The three regions visited by the National Audit Office were putting a great deal of effort into Working Paper 10 issues. However, in many respects they were at an early stage in establishing firm training plans. The regions accepted that they had some way to go before they had complete and reliable information on which to base contracts. They were now formalising links with education providers and establishing new links with other employers such as family health service authorities, local authority social services departments and education authorities. However they acknowledged that relationships with the private sector were generally less well developed. They were confident that they would develop a more robust approach to forecasting student numbers and would improve their contracting arrangements following their experiences in 1991–92.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of student nurse places</th>
<th>Number of qualified nurses (W.T.E at 30 September 1990)</th>
<th>Ratio of student nurse places to qualified nurses (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East Thames</td>
<td>5,200</td>
<td>20,000</td>
<td>26</td>
</tr>
<tr>
<td>North West Thames</td>
<td>6,100</td>
<td>15,190</td>
<td>25</td>
</tr>
<tr>
<td>South East Thames</td>
<td>4,700</td>
<td>18,840</td>
<td>25</td>
</tr>
<tr>
<td>East Anglian</td>
<td>2,260</td>
<td>9,780</td>
<td>22</td>
</tr>
<tr>
<td>North Western</td>
<td>5,000</td>
<td>22,950</td>
<td>22</td>
</tr>
<tr>
<td>South West Thames</td>
<td>3,100</td>
<td>13,850</td>
<td>22</td>
</tr>
<tr>
<td>Yorkshire</td>
<td>4,000</td>
<td>16,580</td>
<td>22</td>
</tr>
<tr>
<td>Mersey</td>
<td>3,700</td>
<td>12,970</td>
<td>21</td>
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<tr>
<td>Yorkshire</td>
<td>3,240</td>
<td>17,000</td>
<td>20</td>
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<tr>
<td>West Midlands</td>
<td>5,190</td>
<td>25,540</td>
<td>20</td>
</tr>
<tr>
<td>Trent</td>
<td>4,500</td>
<td>23,250</td>
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<tr>
<td>Wessex</td>
<td>2,660</td>
<td>14,000</td>
<td>19</td>
</tr>
<tr>
<td>South Western</td>
<td>2,900</td>
<td>16,370</td>
<td>16</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,500</td>
<td>11,120</td>
<td>13</td>
</tr>
<tr>
<td>England</td>
<td>51,000</td>
<td>240,450</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: National Audit Office analysis

Note: (1) Latest available statistics

Table 7 shows that regional ratios of student nurse places to qualified nurses vary from 13 to 26 per cent.
closely at their requirement for student nurses. Regions, as purchasers of training, should take advantage of the introduction of contracts to specify standards, recruitment policies, including targets for male and mature applicants, examination success rates, and wastage rates. They should also require regular reports on progress.

Management of colleges of nursing

5.12 Traditionally, colleges of nursing and midwifery have been closely linked with district health authorities, which provided premises and funded student nurse salaries. They also provided personnel and financial management support. With the separation of purchasers and providers in the reformed National Health Service, the prime role of districts is to identify health needs and purchase health care to meet those needs. The management of training institutions is now peripheral to district responsibilities. Under Project 2000 colleges have had to establish links with higher education institutions. The strength of these links varies. Some colleges have merged with higher education institutions on converting to Project 2000 but others have remained within the National Health Service.

5.13 The status of these colleges therefore needed reconsideration in the light of the National Health Service reforms. The Department established a "Colleges of Health" Working Party to consider options for devolved management of National Health Service-based educational provision. The Working Party concluded in summer 1991 that, in the short term, direct management by health authorities should continue but with colleges having the same managerial freedoms as other directly managed units. In the longer term, the only forms of management which were robust and fitted the current environment in the National Health Service were educational trust status or integration with higher education. The Department told the National Audit Office that it was likely that closer links with the higher education sector would be developed.

5.14 The cost of higher education links varies considerably between schemes. In some cases, colleges had decided to buy teaching and accommodation from their associated higher education institution in addition to meeting basic charges relating to validation, examination fees and library facilities. Staff in several colleges visited commented that they felt unclear about how to secure maximum benefit from their higher education links and what level of costs was appropriate.

5.15 The Working Party identified several key issues which needed to be addressed where colleges were planning to move into the higher education sector and stressed that these needed careful consideration (see Figure 10). The National Audit Office consider that colleges would also find it helpful to have a broad indication of the level of costs appropriate to the various types of links.

Figure 10: Factors to be considered when transferring responsibility for college management to the higher education sector.

| Comparative costs and benefits of options available. |
| Communication with existing users on proposals. |
| Number of staff to be transferred to higher education and position of those who remain. |
| Pension rights of transferred staff and pension costs. |
| Transfer/disposal of college assets including land and buildings. |
| Maintaining the health service input into nursing education. |
| Ability to influence student recruitment policies. |
| Determination of quality and performance standards. |
| Reporting arrangements. |

Source: National Health Service "Colleges of Health" Working Party/National Audit Office

Figure 10 shows factors which health authorities should take into account if they are planning to transfer colleges of nursing to the higher education sector.
Appendix 1
Health authorities and other National Health Service organisations visited by the National Audit Office

Northern Regional Health Authority
Newcastle College of Health Studies
Newcastle Polytechnic*
Newcastle Health Authority
The Freeman Group of Hospitals NHS Trust
The Newcastle Mental Health NHS Trust

Lakeland College of Nursing and Midwifery
St Martin's College, Lancaster*
East Cumbria Health Authority
Cumberland Infirmary
Garlands Hospital
Penrith Hospital Community Unit*
South Cumbria Health Authority
Furness General Hospital
Kendal Hospital*

County Durham College of Nursing and Midwifery
University of Durham*
South West Durham Health Authority*

North West Thames Regional Health Authority
North West London College of Nursing and Midwifery
South Bank Polytechnic*
Parkside Health Authority
Central Middlesex Hospital Trust*
Parke'side Community Unit
St Mary's Hospital, Paddington
Harrow Health Authority
Northwick Park Hospital

Luton College of Higher Education Incorporating Bedfordshire College of Nursing and Midwifery
North Bedfordshire Health Authority
South Bedfordshire Health Authority
Fairfield Hospital
Luton and Dunstable Hospital
South Bedfordshire Community Unit

Buckinghamshire College of Higher Education
Hillingdon Health Authority
Harefield Hospital
Hillingdon Community Services
The Hillingdon Hospital NHS Trust
The Mount Vernon Hospital NHS Trust
NURSING EDUCATION: IMPLEMENTATION OF PROJECT 2000 IN ENGLAND

Barnet College of Nursing and Midwifery
Barnet Health Authority
Edgware General Hospital*

West Midlands Regional Health Authority
North Staffordshire College of Nursing and Midwifery
Keele University*
North Staffordshire Health Authority
City General Hospital
The Community Unit, North Staffordshire Health Authority*

Hereford and Worcester College of Nursing and Midwifery
Worcester College of Higher Education
Herefordshire Health Authority
Hereford County Hospital
Worcester and District Health Authority
Worcester Royal Infirmary, Newtown Branch

Shropshire and Mid Staffordshire College of Nursing and Midwifery
Wolverhampton Polytechnic*
Mid Staffordshire Health Authority*
Shropshire Health Authority*

* The National Audit Office saw representatives of these organisations but did not visit them on site.

Note: Since the National Audit Office visit some educational institutions have gained university status.
Appendix 2
Organisations and professional bodies consulted by the National Audit Office

Confederation of Health Service Employees
Health Visitors Association
National Foundation for Educational Research
National Union of Public Employees
National Union of Students
Royal College of Nursing
Appendix 3
Constitutions of Project 2000 Steering Group and Implementation Group

Constitution of Project 2000 Steering Group

Chairman: Chief Executive, National Health Service Management Executive
Vice Chairman: Chief Nursing Officer, National Health Service Management Executive
Representatives from:
- Department of Health
- English National Board
- National Health Service (Manager)
- National Health Service (Nurse)
- National Health Service Training Authority
- United Kingdom Central Council
Secretariat: Department of Health

Constitution of Project 2000 Implementation Group

Chairman: Grade 3, Department of Health
Representatives from:
- Department of Education and Science*
- Department of Health
- English National Board
- National Health Service (General Manager)
- National Health Service (Nurse)
- National Health Service (Treasurer—first year only)
- National Health Service Training Authority
- United Kingdom Central Council*
Secretariat: Department of Health

* Observer status
Appendix 4
Project 2000—Approved schemes

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(1) Visited by the National Audit Office
(2) Implementation started in 1990-91
### Tranche 3 1991–92—20 Schemes approved

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(4) Implementation started in 1992-93
Appendix 5
Schemes awaiting conversion to Project 2000

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*Note: The total estimated cost of converting these schemes, covering 10,000 student nurse places, amounts to some £100 million.*
Bibliography

Part 1: Background


National Health Service: Control of Nursing Manpower, National Audit Office, HC 558, July 1985.


Treasury Minute, Cmnd 9808, June 1986.

Part 2: Planning at the national level


Part 3: Planning at the local level


English National Board, Changes in the organisational arrangements, within or between health authorities and centres of higher and advanced further education, February 1988.

Department of Health, Dear Regional General Manager, EL(88) MB/113, July 1988.

The Virtue of Patients, Audit Commission, December 1991.

National Health Service Administrative and Clerical Manpower, National Audit Office, HC276, March 1991.


Part 4: Implementing Project 2000


Part 5: Current developments affecting the financing and organisation of nursing education
