Healthcare People podcast, brought to you by NHS Professionals

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Nurses and midwives: retaining the current workforce and recruiting a new generation

Hello, I'm Jamie Garnett from NHS Professionals, and welcome to Healthcare People. This is the podcast where we talk about everything health and care workforce: the challenges, the opportunities, and the future. In this series, we'll discuss the workforce pressure points for NHS trusts and integrated care systems and look at where positive change is possible.

Today I'll be talking to Juliette Cosgrove, Chief Nurse and Director of Clinical Governance at NHS Professionals. We'll be taking a closer look at retention of nurses and midwives, the recruitment of non-registered staff and the role of education and training.

Welcome and introduction

JG: Juliette, welcome to the Healthcare People podcast, I hope you've had a good journey here today.

JC: Yes, it's been great. I've seen the sights of St Albans and Harpenden, so new for me.

JG: That's lovely, we're in sunny Hertfordshire for this podcast. So, Juliette, we're going to be talking about three key issues today affecting the nursing and midwifery workforce. We're going to talk about retention and recruitment of the non-registered workforce. And finally, we're going to look at education and training. Before we go into those issues, I'd like to give listeners a bit of a perspective on you and your professional career, so could you just give a very brief overview of your career as a nurse?

Nursing career and influence on leadership style

JC: I decided I wanted to be a nurse when I was in hospital having my appendix removed. I was 18, I was looking around seeing the work of nurses, seeing how they worked as teams, seeing the impact that they had on patients around them and families. It was quite interesting. The work was diverse. And also you could work shifts, which kind of suited my lifestyle. So I started to train to be a nurse. Most of my clinical career, I was working in either neurosurgery or critical care. So very fast paced, very intense work. I really loved the intensity of the work, but I also liked speaking to families about the impact of illness…is having on them. I then ended up doing quite a lot of specialist training and became a nurse consultant, which was a highlight of my clinical career, but I was 20 years working in clinical practice. I loved it all.

JG: So the kind of specialties you were in there, there's a very intense emotional level to that, isn't there? You're in a leadership role now…how do you think your experience as a nurse on the front line has influenced your leadership style?

JC: Such a good question. There's one way in which people around me would say; it's quite hard to get me into a flap, because I've been in situations where terrible things are happening. And all that's important as you focus on what you need to do, how well the team are doing, how clear is the instruction, and we all know the role that we've got to play. So as long as I know that there's a team around me, whatever I encounter, as long as they are clear what we're trying to do, it's fine, because that's what teamwork does for you with a kind of clear vision. I hope that when I'm working with the teams that I do work with that I try and create that clarity of vision and that sense of purpose, but also engender the fact that [when] these teams get things done, it's very rarely the heroic acts of a leader or an individual that gets it done. It's kind of solid teamwork that gets you to where you want to be.

Retention challenges in the nursing and midwifery workforce

JG: Yes, it's that collective effort, and being unflappable as well. You have to perhaps share your secrets to me off air because I still haven't cracked that one yet. Okay, so let's turn to the first area we're going to look at today, which is retention of the nursing and midwifery workforce. Retention has arguably become a key point of concern for Trusts in the wake of the pandemic. And it's now the focus of a lot of conversations at local and national level. So, Juliette, I guess my first question on this would be do you agree with that statement that retention has now become a major focus for trusts? And if so, why has it become so important?

JC: I think it has always been important. If you think I trained three years to be a nurse, invested a lot of my time and a lot of time was invested in me to train to be a nurse. I came out of my training period wanting to do a job, wanting to work in an environment that allowed me to do that role. And if that wasn't available to me, then I was probably not going to be able to stay in that environment. Fortunately for me, for years and years and years, the environment was right for me. The role was right for me. The teams that I was working with were right for me, so it's always been important. I do think a lot of people coming into working in healthcare, not just in nursing and midwifery, but in other areas as well, would like to stay doing that job for a long time. There's a lot invested in getting there.

JG: What do you think the current key challenges are for trusts on this issue? What kind of feedback are you getting from the Trusts that you work with around the country?

JC: Probably two big features really: one was obviously COVID. Nobody really saw that coming. I think a lot of people did things which were very difficult for them personally and professionally during that time, and possibly stayed longer in their roles than they would have done, thinking about people that towards the end of their careers. We've been talking about this…there are opportunities that can be created with that workforce. Some are obviously going to leave, but there are some people who get towards the end of their careers who might want a different way of exiting. We've been having conversations about how you might get a get a better bank offering for people who are towards that end of their careers, how we might really respect the knowledge and skills and experience that they have in creating the right roles within the bank.

With people earlier on in their careers, there's a concern that if the right environments aren't created…I think there's a different social agreement with younger people about how they want their work to be, how they want their working hours to be constructed, do they want to work full time? Some people do want to have the option of working more flexibly, working less hours, perhaps having more than one role. I think that's more common. It's working with the organisations to understand what that flexibility looks like for people at their earliest stages of their career as well. These are a couple of conversations we've been having recently, about particular groups where we really try and retain those skills within the workplace.

JG: It's really interesting that idea, that maybe there's wider social changes and trends happening such as younger people wanting different things from the world of work. Do you think flexibility is one of the key things that they're looking for?

JC: It’s a combination of flexibility and control, so wanting to have more control of the hours that they work and where they work and who they work with, and flexibility is a feature of having that control. So the two things kind of go together. When I started my nursing career, I had very, very little control of the hours that was I was working. I was just rostered and if I could find somebody to swap, that was fine, and that worked. But I don't think that's what people want to do now and we have to respect that. That's their choice and they should be allowed to have that.

JG: That's interesting, you mentioned the roster there, because I think we'll come back to that as a potential opportunity to change the system as it is because I've certainly heard feedback, and there's an increasing feeling, that the roster could be looked at. Again, we know from our own research don't we, that control is one of the biggest points for nurses?

JC: Absolutely, and it's for different reasons for the different age groups that we see work in the workplace. Some of it is the opportunity to have more than one role, to have some flexibility, some of it is towards the middle of [people’s] careers, where they may have childcare responsibilities or caring for other people within their families. That control is really important. And I think there are ways of using our insights better into what that might look like for people to help better plan. I don't know to talk about AI because I don't know enough about it, but you know, the opportunities that we might create which look at people's working patterns, and how you might then create the shifts that work for them. I think it will be different to the traditional shift patterns that we've seen since I was a girl.

What nurses and midwives need to stay in the NHS

JG: I guess you've started into an answer to this but in the current climate, what do [nurses and midwives] really need as professionals and people to stay in the NHS, which is what we all want them to do, but particularly not just stay in the NHS, but stay in the NHS feeling healthy and engaged?

JC: We've talked about some of the things about having control of the hours that you work. I think we see some of this in particularly in our bank workforce, knowing where you're going to work and who you're going to work with, really obvious things to say. If that's not available to you, or you're worried about that, it’s that kind of psychological safety created by understanding the team that you're working with, understanding the environment you're working in, and understanding your role within it are really important, really important. They are kind of personal and professional issues, because you don't do a good job if you don't really understand exactly what your role is.

Also, I don't think it's necessarily about discrimination, but it could be felt that where sometimes as you're moved around, and you have less confidence, that you're perceived to be less able. And that that also can have an impact on how you feel about yourself, and how you feel about your ability to do a good job…What we've found is quite important for people is the ability to develop knowledge and skills throughout their career. I talked about me being an intensive care nurse - that took quite a lot of time, quite a lot of skills development, time in university, acquiring knowledge, applying that knowledge into practice, and having those skills assessed. So I think the more that we can offer really high-quality training to people, which provides them with a real sound knowledge base, but then can work in practice with supervision, and with feedback about how they're developing their skills, is another really important feature. And some of the research we've done about the personas of our bank members, particularly those who are in their mid to late careers, they've developed a huge range of skills, and do want to be able to utilize those in practice. That's one of the risks of losing some of those people later in their careers. It's taken years for them to get there and

we do need to keep them and keep developing them. I don't think it's as you get to a certain age, that you don't have the desire to learn more or to be able to do more.

JG: On the idea of psychological safety and confidence, if I've heard you right, you're talking about confidence on a kind of almost academic level, where you have specific technical skills, knowledge and skills, but there's also quite small details such as I'd like to know who I'm working with, what kind of environment I'm in, you know, where the showers are, all that kind of thing.

JC: Yes. At the start of the pandemic I was in the privileged position of being involved in setting up the Nightingale Hospital in Manchester. A significant part of the planning of building a new hospital was, can we make sure that people can get food during their shift, that there are showers, there are toilets they can use, there's a safe space for them to go to when the actual burden of the work on people psychologically…you do need to take some time out. I think about my time as an intensive care nurse, you do encounter some really, really difficult things which make you feel sad. If you're empathizing, sometimes it's really quite difficult, and it can bring up issues within your own personal life. You know, we're all people and professionals at the same time, and you can't always separate the person from the profession. Some things are quite triggering when you're at work, so paying attention to those needs, and not just paying attention to it, but actively encouraging people to be themselves and to be able to respond safely to issues that they encounter makes them much, much better at their job. You'll be a much better nurse if you're allowed to empathize.

JG: Yes, it's about activating your whole professional self, but also bringing parts of your personal self as well into the mix. Because that clearly is a really major part of nurse and midwifery practice is that empathy, those human qualities, they're a really important part of the job, aren't they?

JC: People talk about nurses as caring, and sometimes that can be perceived to be quite a simple concept, and it's about being nice, but it's far, far more than that. It's about truly trying to understand what the needs and wants of another individual are and bring in whatever it is, whether it's your technical skill, whether it's your experience, whether it's the fact that you are also a mother, you're also a daughter, all the things that you are, which allow you to deeply understand what those needs are. If you think about something as straightforward as managing to get people comfortable or managing pain, you know, there are technical elements to that but there also psychological elements to get people to trust that you understand them. There's a lot of privilege in that role, and if we don't create the conditions where people are absolutely able to bring all of themselves to work, then we do nurses and midwives a disservice but also the patients and the populations that they're looking after a disservice.

Differences in approach for international nurses and midwives

JG: As we know, there's been quite strong recruitment of international nurses and midwives over the past three to four years particularly, and I'm interested to know what you think the best ways are to retain these staff, and all the skills, diversity and passion that they bring?

JC: We've got some fantastic colleagues. Obviously there's a lot of international recruitment at the moment, but you know, for all my career there have been people who have come from different parts of the world, who've come here to take a job and stayed here to create their lives. So it's always been a feature, and the working population of the NHS is very diverse and all the better for it. But it is important that we recognize there are sometimes some cultural differences. And some of those are really important about things like places of worship, communities that people want to be involved in, the food that's available. So there

are some elements of the pastoral care that are really important when we think about recruiting people from different countries.

I think the way we retain them is think about what their needs are in advance of bringing them, so work really hard to make sure they are met. We've got some great societies…the Philippine nurses society, the British Indian Nurses Association, some organizations that help us with that real specialist insight into what the right conditions would be to bring over people from different countries. Some of the people the nurses and midwives that come over are very, very experienced, and so it's making sure we bring them into the roles which best utilize their knowledge and skills, both for the people that they're looking after, but also that they have good career pathways once they're over, because they can obviously add value in a whole lot of different roles. It's not just necessarily coming over and working with a staff nurse role.

Opportunities for change to improve nurse and midwife retention rates

JG: Let's turn to some of the opportunities for change, in the short term for positive change to increase retention. Are there any quick fixes or quickish fixes that you can think of?

JC: The management of rosters…it's not just about the work, but it's about maximizing the total opportunity that each bank member has got available. And not just people that just work on the bank, but the substantive staff who want to do more hours. The earlier the roster is available, the more likely they are to be able to manage their lives around maximizing the amount of hours they do have available. We do know, from speaking to our bank members that often say, for example, they might be able to work 20 hours, but the 20 hours they've got can only be a certain 20 hours. And if that work isn't available, then they may only work 10 hours. It's getting better rostering, early rosters, but it's also prioritizing flexible workers into those spaces. I think we could turn it on its head a little bit by perhaps having a much more open roster available to the bank members, but it's not just people who work on the bank we know that a lot of substantive staff want to do extra hours as well.

JG: What about when nurses come towards the end of their career? What about the idea of flexible retirement, those kinds of options? What are your thoughts on that?

JC: I think what we know is that people coming towards the end of their career don't want to kind of have a full stop, they want to have a pause. Sometimes people do actually want to have a pause button to finish their substantive role and then come back into a job which makes use of their skills and makes use of the time they've got available. But I think I would like to see a much greater emphasis on that part of management of workforce and workforce planning, rather than leaving it up to the individuals to try and find their way through that. I think that's about creating different roles for people towards the end of their careers, and managing that workforce in a different way, because it's not just that we've got a shortage of people, we've got a shortage of skills in some areas, so understanding the skills that different people may have and where we might use them, but in a much more managed way.

When we were involved in recruiting the clinical workforce for Test and Trace, [there was] a huge interest in that from a lot of registered professions, not just nurses, but because the some of the work was remote working, which is really appealing to some people. What are the opportunities for the kind of telemedicine and other remote working and not just necessarily in direct delivery of care, but perhaps in the supervision of other workers, supervision of international nurses into their socialization. People were bringing in healthcare support workers, and we know that they really value having some support and supervision that's not always available to them at the time that they're working. So I think there are skills

that we can use in different ways, but it's got to be a big part of workforce planning and not just left to chance.

Legacy nursing and the value of experience

JG: And it's so important to do that, isn't it, because a nurse or midwife towards the end of their career has got so much knowledge, so many skills, so much experience, and experience is such a great teacher, along with the books and the websites, and the idea of mentoring someone with less experience, that kind of legacy nursing? Is that something you think…it sounds like you would really support that idea?

JC: In my in my roles, prior to coming to NHS Professionals, I've worked with a lot of people towards the end of their careers who have desperately tried to find ways they can use their skills and still feel valued, but don't necessarily want to be working in a band 5 role in a busy heavy ward, because it's physically quite tiring and it's not a bad thing to admit that you find that work hard. So we've got to create the opportunities for them which utilize those skills.

JG: I think in the current climate, in any climate, I think it's really important to retain people with experience for as long as they want. I certainly think with something like nursing and midwifery, you know, once a nurse or midwife, always a nurse or midwife, and this idea of I want to still be valuable.

JC: Yes, and that's where I'd like to see some more creative thinking in banks because I think we typically view a bank as being band 5 nurses filling band 5 gaps, which of course is really important. But there are other skills that are required to keep a well-managed workforce, to keep a workforce that has the skills it needs to keep them motivated and supervised. I think we there are opportunities of creating different layers within banks of different skill sets that can be drawn down when they're required. You think about seasonal vaccination programs as a really good example of retaining a specific skill set. Now, if you keep that in the bank, you know, that could be somebody like me, for example, if I was still working in clinical practice. I like the idea of being on the bank over winter as part of a vaccination team. But over summer, I might be interested in having a cohort of international recruited nurses to provide clinical supervision for, I might be interested in taking a workforce role that would help people develop skills in rostering, for example. It's understanding that while nursing is a kind of a role that's perceived to be quite well defined, within it there are so many different skills that are actually part of your professional, clinical nursing skill set, but also your role as a manager, supervisor, educator and friend. There's all of those opportunities and we could think differently about the management of the workforce, but that's got to be part of a longer-term workforce plan.

Opportunities to grow the non-registered nursing and midwifery workforce

JG: It's all about understanding what you have, and then really using that to the best ability to benefit the system and patients, isn't it? Now let's move on to the non-registered workforce, which is something we at NHS Professionals have been growing in recent years with our Healthcare Support Worker Development Programme. These roles can offer big opportunities to grow the healthcare workforce at entry level and attract what's known as net new staff into health and care roles. For clarity, Juliette, I wondered if you could start by describing the kind of roles that we're talking about here?

JC: This is such an exciting area for us. We know that unregistered workforce working as healthcare support worker roles are the kind of backbone of delivering health and social care, and actually there is a real interest for people to still come in to work in healthcare as well. There are plenty of routes into becoming a nurse, but they're not always available to

everybody. What we've found with those people who've got a real interest in working in healthcare but don't have any recognised qualifications, that we've been trying to identify the kind of the core values and behaviours we really want to have for people working in health care, recruiting people who have those, and then putting them through a fairly concise development programme, a very targeted development programme, that's localized to the area they want to work in. We've found that approach is really reaping rewards. We're getting people who, because they've had that support and development and supervision and then working in teams who want them to be there, they are staying within healthcare for a longer period of time than perhaps those that we've sometimes recruited on to the bank who might not have had that opportunity of support and supervision within the area that they work in. Those people who might have had a qualification, but actually, when they arrive, they don't feel that they're inducted as well, they don't feel they are part of the team, they don't think that they're valued. So it's a really good way of bringing in the knowledge and skills but also creating the team environment people want to work in.

We've found that again, it's the same as when I talked about registered nurses, you've got this description of what a nurse is, but actually underneath it all, there's a whole load of other things… We've had a really good programme developing what we've called patient safety support worker roles. They are people who have identified to have training specifically in the care in support of people with cognitive difficulties, dementia or delirium. We know that was one area where there were a lot of requests for one-to-one supervision, so extra bank members required, but going to do quite a specialist role. Now we think if we can recruit people who we can then develop into that specialist role, they can be rostered in. It's another great way of meeting a skills gap within the workforce, but also using a managed workforce, rather than perhaps, for example, an agency workforce to come in and provide that service. And then I guess the really exciting bit of it for me is getting people in and getting them develop a skill set which is really required in the workplace, and then just keep on developing them, keeping them in the workforce by offering them other opportunities to diversify within their role, things which might be a little bit more interesting to them. I've definitely moved around lots of different roles in my clinical practice, just for some more experience. There's a real major opportunity there in recruiting, developing and then retaining through development.

Benefits of agile roles and skills to integrated care

JG: Yes, and I think what you're talking about there, to me, is agility. The agility benefits the individual because they get to diversify, they get to build their skills base, they get to try all sorts of things, which is a really healthy thing to do professionally, providing someone is comfortable doing that. But also, from a system point of view, it strikes me that it's a potentially a huge benefit to integration, isn't it? Because the integrated system will identify, right, in this area over here, or this place over here, or this neighbourhood here, we've got specific issues. If you have that bank of people who have that agility, that's surely got to benefit the system too, don't you think?

JC: Completely. I think part of that is keeping it within the system, and you can really think about that in the kind of health and social care system as well, you can look at that quite broadly. So how do you create that flexibility across sectors? There always has been a lot of intention about moving care closer to home. You can develop a skill set, perhaps working in a hospital with a certain patient population, and you can easily then take that out into a community environment and provide that that same care but in a different environment. Of course, that creates a different working opportunities for people as well. I think really making sure you combine the need to move the skill around with the kind of employment status of

people, with how that work looks like to them, because working individually out in the communities feels very different than if you're working in a hospital team. I think as well it's about developing and making sure we develop the skills that are agile, that we develop the ability of people to be able to move out of different sorts of working environments with agility as well. We know that within that unregistered workforce, people do stay in the system for a long time, but sometimes maybe for different reasons, maybe economic reasons, maybe reasons of work availability, they can move out with the sector. So I think trying to keep hold of some of those people or, making sure that those people know there's another entry route back in, and it might be using an already established skill set, but you could come back in and we can develop another skill set in you because the thing that was really important was your values and behaviours and the way that you're committed to working in health.

Entry routes in and 'back in' to nursing and midwifery

JG: That's a really interesting idea that I've never really thought of, is providing great entry routes in but also entry routes back in.

JC: Yes, we're talking about the unregistered workforce, but I think it's the same with a registered workforce. It's the idea, isn't it, that you might have lost your skills. I've had two children, I've had nine months out of work with both of them, I was really scared coming back to work after nine months thinking am I not going be as good as I was when I left? So creating the support for people to come back in…that was only nine months, but it felt like a lifetime to me. It's about making sure that when people are expressing an interest in the roles that we have, that we don't put barriers in front of them which require a skill set that we could easily develop within that workforce if we wanted to.

JG: That's a really interesting example you just gave from your life, and I'm quite keen to know, when you went back after that nine months off - I say off, not a holiday, I don't wish to imply it was! - what was that transition like?

JC: "No one's ever asked me that question. There's two elements to it. There's the thing that you most worry about, from a professional point of view, is are you as quick? Are people going to be able to rely upon you as they could before? I was deliberately brought back into sort of a lower level of intensity patient so I could gain that speed that I felt was needed in that role. I was really supported to come back into the workplace from that point of view, but I know that's not the same experience for everybody, that some people wouldn't have had that. And, you know, we did talk about the psychological safety, the anxiety that creates if you don't think you're going to be able to do what it is that a patient needs you to do, or the team needs you to do, is very dispiriting.

When you when you enter into healthcare, you know that you could be required to work anytime of the day, any day of the week, and it doesn't really matter when that is, it could be Christmas Day, 10 o'clock Christmas Day, someone's going to have to be working. I think if people have not been working in that sort of environment, where there is an expectation of availability, then that's also taken into account, because the time that I was off with my child and I never had to think about what was going to happen to my child when I wasn't there. So it's the two bits of it, the personal and professional, the bits that will bring you safely back in and keep you there.

Community nursing and supporting healthcare prevention

JG: Just to jump back to the idea of nurses going into different contexts with the right kind of support, and taking their skills across different areas, out into the community back into acute, maybe over to the care sector, and back again, and having that agility. It strikes me that's

also a potential benefit for the prevention agenda as well, because I remember talking to an expert who helped to create a new system in New York, and he told me about one of the key things they did…they achieved some really great results there, they lowered rates of readmission into hospital and admission as well…but one of the things they did was that they created this army of community workers, and the community workers, one of their main jobs was not necessarily clinical. It was more about being by the community's side and being part of that community and often recruited directly from that community. But it's that idea of holistic care, and looking after people as people, not necessarily when they're ill. That idea of perhaps a more agile nursing and midwifery model and playing into people's desire for flexibility is really quite interesting, isn't it? As you say, it's really exciting.

JC: Yes, so many nurses that I've known that have worked in highly acute environments - because they like looking after one or two people and doing everything for them - that transition really well into community because they're thinking the same way…when they enter into that day's work they're looking at the needs of one person, one person at a time. So some of those, they're places where you wouldn't necessarily think, oh yeah, we're going to come out of intensive care, I'm going to go straight into working in as a community nurse, but the kind of the mindset that you have is the bit that's transferable, and then some of the technical skills are easier to develop. It's that helping people transition through the acquirement of skills, but also the fact that their working environment will adapt. I certainly know some people for whom going to work in a community environment where you don't have to work night shifts and evenings would be a very attractive proposition.

Challenges around education and training for nurses and midwives

JG: The last topic we're going to talk about today is education and training, which, of course, has always been central to the nursing and midwifery workforce, but it's now arguably even more important in the context of recruitment and retention. To start with, Juliette, what are the current challenges in this area of education and training for nurses and midwives? And how do these actually affect nurses and midwives themselves and the trusts they work in?

JC: One of the key barriers at the moment and probably always has been, but I think it's being felt particularly at the moment, is the time available to take out of direct care delivery into accessing training and education. I think the challenge is to bring as much of that either into a virtual environment, so you can access that training and education in a way that's works around your own work-life balance, but also for as much of it to be done in practice as possible. So the things that we're doing around healthcare support workers is a very small amount of time in the classroom, a necessary amount of time in a classroom but small, and then a lot of time out in practice with supervision. Obviously, in order to do that you need enough people to supervise people in practice, but I think that's a really important way of developing skills in the workforce. But you have to have commitment for everyone to do that. How we're going to rise to that I think will be through a lot more simulation, a lot more virtual learning. I think there's a major massive opportunity to do things to do things differently, but that won't take away from the requirement to still do some face-to-face learning and hands-on training where that's needed.

JG: Yes, because each one will have its upsides and downsides, but it's about providing that choice and that breadth of learning to cater for different learning styles.

JC: It is that, and I think there's probably some significant investment required into harnessing the potential for virtual learning in all its ways. I think we've got a long way to go about think that's definitely one of the areas where we could overcome that barrier of that

kind of very rigid classroom-based approach where it happens nine to five, Monday to Friday, which we know can be a major barrier to access.

Challenges and benefits of education and training for flexible staff

JG: Are there any specific challenges for the flexible nursing workforce? Do they have access to the same education and training opportunities and pathways as substantive staff?

JC: I'd say in my experience that it's really variable. If I was going to give a binary yes or no answer, I'd have to say no. We definitely see a lot of areas where the bank staff are fully integrated into the team that they're working with. When opportunities arise, they do have access to it. But we're doing quite a lot of work now developing the NHS Professionals Academy to see what else we can either offer directly to bank members to help them be more competent in the role that they do or to offer them other opportunities. And I think if you're not part of a team or a community consistently, then you probably don't necessarily have access, because you don't get involved in the conversations where someone says, oh, have you seen this course? This is really good, this has really helped me. We are building a better community, within NHS Professionals, of the bank workers. We've got a great bank member engagement team, so we're all working together on how you build that community and how that community then lends itself to the sharing of knowledge and skills and resources.

JG: What impact do you think these improvements could have for staff and the organizations and the systems they work in, and then perhaps, more distantly, the patients themselves, which is obviously the most important thing of all?

JC: If you looked more into patient safety science, you would see that standardization is a real key feature of improving safety. I think if we can standardize training so that it delivers similar outcomes, so that whoever has the training, whether they're working for us or whether they're working in a care home, whether they're working in acute hospital somewhere, that their knowledge and skills around a certain area are standardized, then that will bring patient safety benefits. That's definitely quite a lot of work we're doing now to try and standardize that and consolidate the amount of training that people have to really focus on in a targeted way around skills development. We haven't talked about it but a big issue for people who do work flexibly is passporting. [There are] some technical things, but from the passporting of evidence of skills, that's another area we think that would be a good outcome of standardization, so wherever you go, your employer and you can be confident the skills that you have are the skills that are required. I think those two things, standardization for safety, but also standardization for passport-able skills would have a big benefit.

JG: You're right, we haven't talked about passporting. Unfortunately, we're almost out of time, actually, but the good news for listeners is that if you want to find out more about our views on passporting and that issue generally, we do have two other podcasts available, one from Mike Ruddle and one from Dave Callow that talk specifically in more detail about passporting.

Ignore the noise and join the tribe: the value of being a nurse or midwife

Juliette, it's been fantastic talking to you and like I say, we are a bit out of time now, but before you head off, I'd just like to ask you one final question. Nurses and midwives are perhaps some of the most loved and admired people and, quite rightly, what they do is seen as an incredibly worthwhile career. However, the profession is under pressure and some

might be put off choosing it as a career because of all the negative noise and particularly headlines. What would you say to those people?

JC: I've spent my life being a nurse. I started to my nurse training when I was 19. I'm 56 now, I've had an incredibly diverse career, and it's given me everything that I want for my own personal and professional development. But the most important thing is all of the opportunities that I've had to be with people when they've really needed something. The skills and knowledge that I've developed that would have really had an impact on people's lives, is really, really rewarding. All of the other things are just things to work around. If you're really interested in people and you really do want to spend your life on something which is really worthwhile, then I wouldn't worry about the noise. I would just know that actually, you're going to go in there and work with some brilliant people who've got the same values and are committed to same outcomes, and will probably be able to work through any anything that gets in your way. So I think you're going to come and meet an amazing tribe of people who would really welcome anybody.

JG: Come and join the tribe, that's the message. Juliette, it has been lovely talking to you, thank you very much for your time today.

JC: Thanks.

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