



# Raising the Bar

Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants

Lord Willis, Independent Chair - Shape of Caring review  
Health Education England

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# Content

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Introduction from Lord Willis.....	3
Education journey for care assistants and nurses .....	6
Who we are and what we do.....	9
Introduction: Why the Shape of Caring review? .....	12
Planning for the future: healthcare development.....	12
The current nursing and care assistant workforce .....	13
The changing role of registered nurses and care assistants.....	14
Why the Shape of Caring review? .....	15
The needs of the future workforce .....	16
How did we listen – gathering of evidence? .....	30

## Themes

<b>Theme 1:</b> Enhancing co-production and the voice of the patient.....	34
<b>Theme 2:</b> Valuing care assistants .....	36
<b>Theme 3:</b> Widening access for care assistants to enter the nursing profession .....	40
<b>Theme 4:</b> Assuring flexibility in nursing .....	42
<b>Theme 5:</b> Assuring a high-quality learning environment in undergraduate nursing education ..	46
<b>Theme 6:</b> Assuring predictable and sustainable access to ongoing learning and development for registered nurses .....	50
<b>Theme 7:</b> Supporting and enabling research, innovation and evidence-based practice .....	57
<b>Theme 8:</b> Funding and commissioning levers to support future education and training .....	59
Next steps.....	62
Recommendations .....	63
Notes.....	67
Appendix.....	68

# Introduction from Lord Willis

The establishment of Health Education England (HEE) as a Special Health Authority and its immediate future as a non-departmental public body with responsibility for the education and training of the health workforce has afforded a unique opportunity to look beyond the current mandate to the needs of a workforce some 10 or 15 years from now. Whilst the future is clouded with uncertainty – new technology, pharmaceutical advances, genetic engineering and emergent evidence based medical and nursing practice requires us to develop new ways of working with an aging population, that will have more complex co-morbidities, be more aware of their care needs and have growing expectations of what the care system should deliver with them and for them.

Against the backdrop of recent high-profile national reports such as Willis (2012), Francis (2013), Berwick (2013), Keogh (2013) and Bubb (2014) – all of which emphasised the need for care to be patient-centred, compassionate and well informed – HEE invited me to act as an independent chair of the Shape of Caring review, which focuses on care staff and registered nurses to determine if current education and training is fit for purpose.

It was an exciting time to undertake this review, given the abundance of recent reports and recommendations (which I was anxious to build on rather than duplicate), and particularly as it coincided with the publication of the NHS England Five Year Forward View which sets out the short-term challenges faced by the NHS and the steps needed to develop a workforce which is more community and public health-focused.<sup>1</sup>

Inevitably, issues of staff shortages, use of agency staff, bank staff and overseas nurses, and in particular shortages of appropriately trained care staff were constantly brought to my attention. I fully recognise that these issues do impact on high-quality care, as does pay and conditions of service but so does having the right patient focused education and training, appropriate career structures and crucially the shape and nature of the culture within which our registered nurses and care staff deploy their skills and practice. Together these shape the nature of our health and social care services.

Ten months to review the current education and training system was clearly insufficient, and not enough time for me to become an expert or cover every aspect, though I saw little that contradicted my views when I wrote the review of pre-registration nurse education and training for the Royal College of Nursing (RCN). The majority

of my time has been spent observing good practice and speaking with care assistants, registered nurses, organisations, patients and the public, and I have tried my best to identify key areas needing attention.

Recommendations should therefore be viewed as open suggestions, as many require detailed examination, consultation and further research before implementation. My hope is that they will raise debate amongst those who are charged with educating future generations of registered nurses and care staff – and also among front line staff themselves, who possess most of the solutions already!

I have met so many people who are raising the bar and are committed to a career in nursing or caring. I have learnt so much through our call for evidence and, whilst we have tried to include a myriad of examples of good practice, I only wish this report had more space to include everything I've witnessed and read.

My recommendations have been guided by two principles: to celebrate existing good practice, which needs to be widely disseminated to stimulate a debate around areas with less evidence and to generate a research culture; and the need to provide the appropriate foundation architecture to make change necessary. In both cases, the public must be at the heart of what we do, both as patients and as taxpayers and the NHS Constitution must be the guiding framework.

This review does not seek to apportion blame or criticism; indeed, the fact that we have in place such a strong foundation of regulation, education and commitment must be recognised as a huge strength. However, to meet the challenges that lie ahead, every individual or organisation providing healthcare must ask how can they raise the bar to continue to provide a world-class health and care workforce.



## Recommendations

Care assistants, be they in health or social care settings, are a vital part of delivering frontline compassionate care. They currently provide approximately over 60 per cent of hands-on care, yet often have little access to training or personal development. They must be a significant focus for investment because they are so important to patient safety and wellbeing. In the future, as we move to a more integrated and co-produced model of care where the registered professional, care assistant and patient become inter-reliant, it is essential for patient safety and professional confidence that care assistants are working to high, consistent standards wherever they work.

For those experienced care assistants who wish to enter nursing, the system needs to recognise the benefits they can bring to the nursing profession. This is not to undermine the quality or the academic achievement of the graduate nurses, but to say that as long as care assistants meet the standards of entry and follow a clear education and career pathway, there are ways to develop a local 'home-grown' workforce. Developing an additional role for care assistants, targeted at Agenda for Change band 3 and with a clear training pathway and distinct qualification, will allow registered nurses to be confident in delegating and patients confident in receiving care.

Flexibility is a core theme of this review; flexibility for training, such as work-based routes, or increasing flexibility within pre-registration, which can often be perceived as a rigid system. The current four-strand pre-registration training route has served us well but has continued to marginalise mental health (other than in the specialised strand, where equally significant aspects of physical health can be marginalised). I would like to encourage a wider debate around current provision to see whether we can achieve greater parity between physical and mental health nursing and a more consistent holistic approach should be taken, with a focus on developing more general practice, district and community nurses.

The pre-registration pathways are not the only areas that need to be debated in education, but let me emphasise just how crucial it is to get pre-registration education and training right. It is a vital element in producing tomorrow's nurses and I am therefore a little disappointed that many of the comments I made around pre-registration remain as they did when I first embarked on the Willis Commission, in 2012, that is, developing high-quality mentorship and improving practical learning experiences, so students have more hands-on experience working with patients.

More needs to be expected from the graduate nurse of the future to meet a population-based and integrated community approach. Greater acquisition of skills that were previously considered advanced or post-registration should be included in the pre-registration programme. Equally, the emphasis on developing greater decision-making skills and share-decision making and the routine application of research and innovation should be included.

However, the current workforce is just as important as the future workforce and we must not forget that the majority of our current registered nurses and care assistants will remain in, and impact upon, the future workforce. So far, there has been insufficient attention and investment given to improving their skills or developing a career model that is flexible enough to enable movement between environments. **Registered nurses need to be valued throughout their career and should understand that, like other professions such as medicine, there is commitment to them as a valuable member of the team.**

Increasingly numbers of registered nurses are engaging with research and, more importantly, seeking to implement research findings to underpin daily work. However, this is not seen as the norm and applies particularly to early career nurses. **The ability to research, engage in critical inquiry and implement research findings that imbue everyday practice is imperative and there are many examples of where this makes a significant difference to care experience and clinical effectiveness.** Both registered nurses and care assistants need to acquire a strong grounding to develop a questioning approach to care that encourages them to question inappropriate care practice and to adopt an adaptive and innovative approach to care that seeks to impact positively on patient care experience.

## Conclusion

The full list of recommendations is presented on **page 63**.

I am acutely aware that many of the recommendations in this review are not novel, nor will they (in isolation) bring about the changes that are necessary to meet the enormous workforce challenges of the future. I am, however, equally convinced that by creating a more robust framework to shape the caring workforce, encourage individuals and organisations to constantly seek better solutions to the problems they see and disseminate their ideas more widely, much can be achieved.

Over the past two decades there has been an emphasis on central planning, of education by directive rather than encouraging the spirit of nursing pioneers who made change from what they saw when they interacted with patients and their families. The post-Francis drive for safe and compassionate nursing and care will drive innovation and change, but only if the nursing profession, higher education institutes (HEIs), employers and those leading the new generations of care staff work with patients and the public to seize the moment.

HEE is ideally placed, alongside the local education and training boards (LETBs), to recognise and encourage change by intelligent and courageous commissioning, and the Nursing and Midwifery Council (NMC) as a vital partner can act as a catalyst for change. The relationship between HEE and NMC will be key in taking many of the ideas contained in this report forward. Both organisations have demonstrated to me a level of commitment far beyond what I could have expected, and I am truly grateful. Indeed, the developing relationship between HEE and NMC has been one of the most tangible benefits of this review. I understand that some of the recommendations may have implications for the other UK nations, so I hope this report will foster debate.

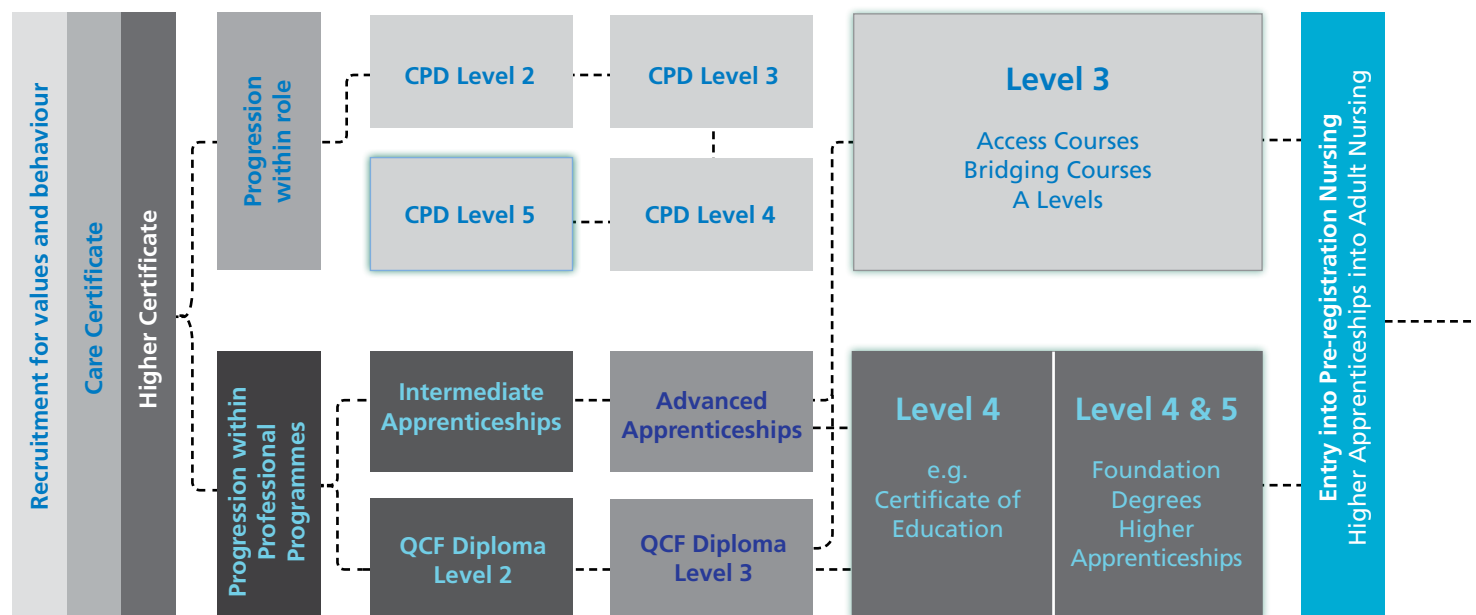
Finally, I would like to thank Professor Lisa Bayliss-Pratt, the Director of Nursing at HEE, and Jackie Smith, the Chief Executive of the NMC, for their support and for allowing me the freedom to follow my own path. Also the Sponsorship Board, who have been a remarkable source of information, ideas, support and critical guidance during this brief process.



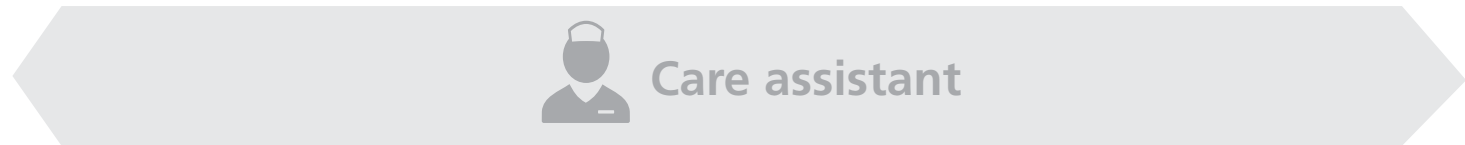
# Education journey for care assistants and nurses

## Education & training progression

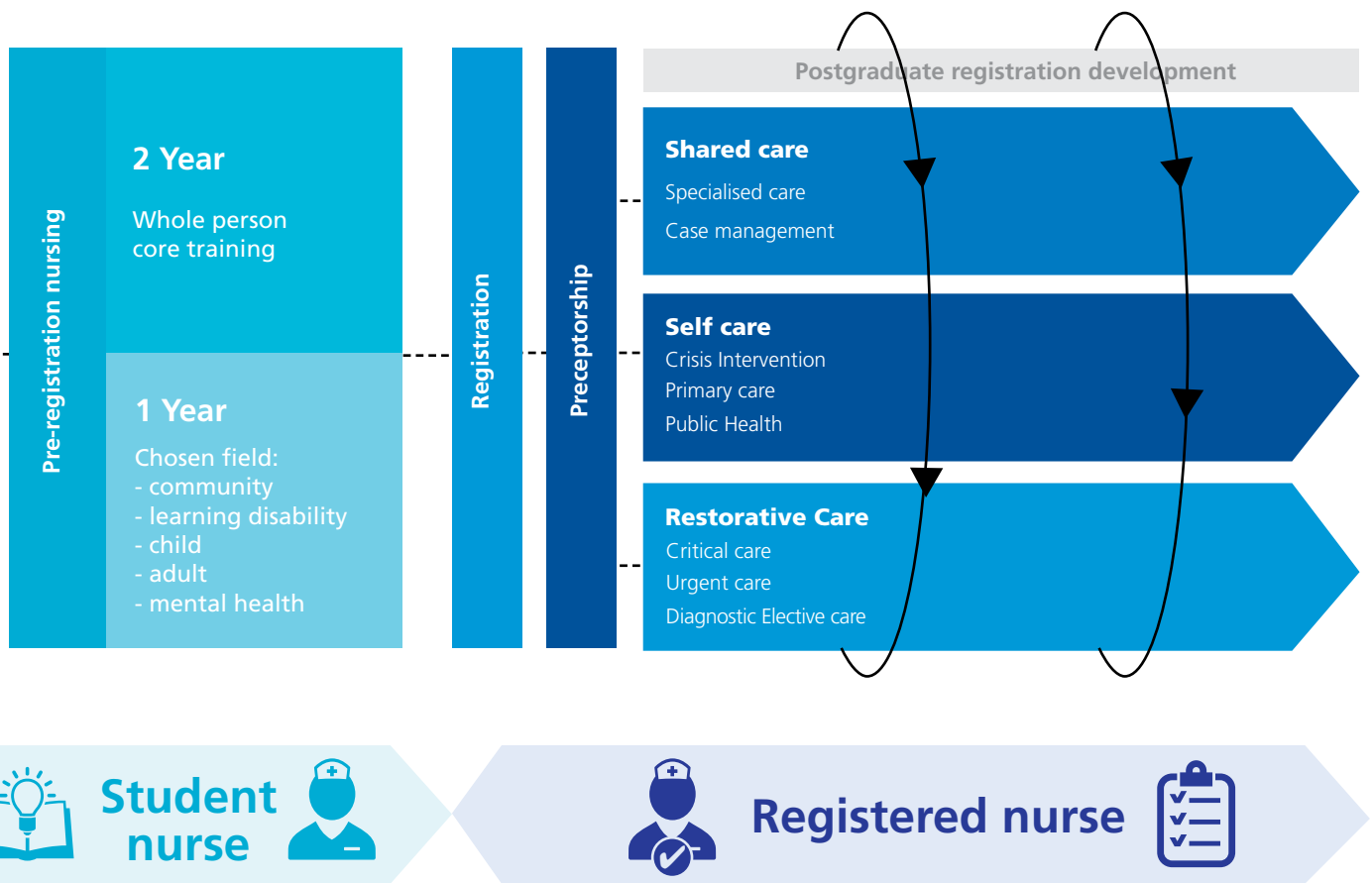
— — Patient Centred Care — — — — —



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\*other components of this pathway/journey are good appraisals, career guidance and the development of literacy and numeracy







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## Who we are and what we do

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“ The nursing profession today is very different from when I commenced my career as a registered nurse, the role is much more complex due to changing patient need and informed expectations. Nurses need to work effectively side-by-side with patients and carers, and with the care assistants who support them as part of the wider multi-professional team. I am delighted that HEE is undertaking this excellent work; it creates a real opportunity to make significant progress in the education and training of this vital section of the healthcare workforce, both within and outside of hospital.”

**Lisa Bayliss-Pratt, HEE**

“ The nursing role is changing and the Nursing and Midwifery Council must do its part in not only ensuring patient safety but also driving up quality.”

**Jackie Smith, NMC**



## What we do and why: HEE

HEE is not the only body concerned with the education and training of healthcare staff. The regulators have an important part to play, as do providers who are ultimately responsible for employing, maintaining and developing their staff and the quality of care they provide. HEE serves the wider healthcare system (including private and third sector providers) but has no remit over social care. HEE has five levers that we use to achieve our shared purpose of improving the quality of patient care:



### Workforce planning

Each year we identify the numbers, skills, values and behaviours that employers tell us they need for the future.



### Attracting and recruiting the right people to the education and training programmes we plan to commission

using mechanisms such as NHS Careers, Oriel and Return to Practice



### Corporate enablers

within HEE to support the above, including finance and governance.



### Commissioning excellent education and training programmes for students

using our commissioning levers to best effect so that students can provide high quality care for patients in a safe environment.



### Lifelong investment in people

encouraging employers to continue to provide high-quality care for patients through on-going training.

## What we do and why: NMC

NMC is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. Its primary purpose is to protect patients and the public in the UK through effective and proportionate regulation of nurses and midwives. The Nursing and Midwifery Order 2001 defines its role in the education and training of nurses and midwives. The organisation sets standards of education, training, conduct and performance and maintains a register of those who meet those standards so that registered nurses and midwives can deliver high-quality healthcare consistently throughout their careers. NMC has a clear and transparent processes to investigate and take action against registered nurses and midwives who fall short of its standards. By doing this well, it promotes public confidence in registered nurses and midwives.

As NMC works across the four countries of the UK, it has a responsibility to understand and interpret the strategic context in all of these countries to set standards according to the education and practice within each jurisdiction.

### Standards for education and conduct

NMC sets standards for education, to make sure nurses and midwives have the right skills and qualities when they start work. NMC also sets standards for education throughout nurses' and midwives' careers, after they initially qualify. Nurses and midwives must continually train and take part in learning activities to show that their skills and knowledge are up to date.



### Keeping a register

NMC keeps a register of all nurses and midwives in the UK. It is illegal to work as a nurse or midwife without being on the NMC register. In order to be on the register, nurses and midwives must pay a yearly fee and prove that they fulfil the requirements for keeping their skills and knowledge up to date.



### Dealing with concerns and allegations

If an allegation is made about a nurse or midwife that they do not meet the set standards for skills, education and behaviour, or that there is a problem with their work, the NMC will investigate and, if necessary, act by removing them from the register permanently, or for a set period of time.



## Introduction: why the Shape of Caring review?

### Planning for the future: healthcare development

Registered nurses and care assistants play a vital role in enabling our healthcare service to meet the complex health challenges of today and tomorrow; providing compassionate care and support in times of illness and distress while simultaneously helping people stay healthy. The education and training that we provide for this key workforce is a matter of great importance. Successful innovation in healthcare requires the right people with the right skills in the right locations, and it is important that registered nurses and care assistants are actively engaged as part of the revolutionary solution that is necessary to bring about change while ensuring compassionate care.

There is a tendency for policymakers to address registered nurses and care assistants separately but, in practice, these frontline roles are interlinked, with each requiring the other to display the correct skills, behaviours and values in order to function effectively and deliver high-quality care. The future health service will be constantly challenged; requiring a workforce to be built around the actual needs of the population and their multi-disciplinary care. As such, it will be these frontline staff providing direct and indirect patient contact who will be the most tested.

Although this review focuses on registered nurses and care assistants, they are part of a multi-disciplinary team; the scope of this review could be expanded even further to include other members of the healthcare profession. It is hoped that many of the points raised in this report will be helpful in provoking the debate in a wider context.



## The current nursing and care assistant workforce

Table 1 provides information about the current registered nurse and care assistant workforce.

**Table 1: The 2014 registered nurse and care assistant workforce**

Registered nurse 2014	Care assistant workforce 2014
The term 'registered nurse' refers exclusively to people who are registered as nurses with the NMC <sup>2</sup>	No registration or fixed title, but the term 'care assistant' covers the workforce as a whole.  The term refers to workers who occupy a multitude of roles and provide face-to-face care or support. This can be of a personal or intimate nature, taking place across clinical, therapeutic, community or domestic settings in both health and social care.
Within NHS bands 5-8. <sup>3</sup>	Within NHS bands 1-4.
Currently <b>630,000</b> registered nurses. <sup>4</sup>	<b>1.5 million</b> care assistants in social care alone, <sup>5</sup> in addition to <b>1 million</b> care assistants and assistant practitioners within healthcare. <sup>6</sup>
Currently <b>323,486</b> registered nurses working in NHS hospitals and community health services. <sup>7</sup>	Currently <b>271,890</b> care assistants supporting doctors and nurses in the NHS.
There are four fields of nursing practice: adult, children, learning disability and mental health.	There is a wide breadth of roles and settings across health and social care, such as hospital, domiciliary, community and so on.
The minimum pre-registration education threshold is an undergraduate degree, usually completed over three years. This programme must meet requirements set by NMC.	Care assistants have a wide range of training. From March 2015, a values-based Care Certificate is being rolled out across health and social care.
The average age of a registered nurse is 45 years; the average age of entry is 29 years. <sup>8</sup>	The average age of a care assistant is 45 years old in healthcare and 35 years old in social care. <sup>9</sup>
All registered nurses should undergo a year of supported preceptorship after graduation. The purpose of preceptorship is to guide and support all newly qualified practitioners to make the transition from student to developing their practice further. <sup>10</sup>	National Minimum Training Standards have been put in place, which should be completed within 12 weeks of starting work. <sup>11</sup> The standards currently provide guidance but are not mandatory or enforced by a regulator. <sup>12</sup>
Nurses must renew their registration every three years by confirming that they have met NMC's practice and continuing professional development (CPD) standards. <sup>13</sup> Revalidation for registered nurses and midwives will be introduced by 2016.	The National Minimum Training Standards include a personal development plan but this is not enforced.

## The changing role of registered nurses and care assistants

During its long and distinguished history, the nursing and support workforce has successfully met and risen to the policy challenges of successive governments and the changing needs of patients and society. However, the role of the registered nurse is constantly under scrutiny and there is wide opinion and perceptions regarding what the role entails. This is informed by a rich evidence base charting and informing the role of registered nurses and, to a lesser extent, care assistants.

Today's population has more complex clinical needs and higher expectations than ever before, therefore today's registered nurses need to work in a different – but no less caring – way. The increasing level of vulnerability associated with complex needs and an aging population requires a particular focus on compassionate care. With the increase of graduates entering the workforce and more registered nurses undertaking roles that include more advanced practice and clinical decision-making skills,<sup>14</sup> expectations of the role are changing. Nurses must be educated to deliver excellent standards of evidence-based clinical care themselves; they must think critically in order to make decisions and provide judgement while also delegating fundamental aspects of care to others who are sufficiently trained and who operate under their supervision.

There are strong feelings, within the nursing profession and externally, about the current and future role of registered nurses, and the range of skills that they possess and deploy within teams. In the future, registered nurses will continue to be considered as expert clinicians, change agents, entrepreneurs, champions and leaders of multi-disciplinary teams. Care assistants will also demonstrate excellent caring skills, act as local team leaders and patient advocates, and practise their acquired skills with insight, compassion and proficiency. Any debate on the future role of both the care assistant and nursing workforce needs to focus on the best interests of patients and the public, ensuring that registered nurses, carers and care assistants are adhering to the '6Cs' – the values and behaviours outlined by the chief nursing officer's *Compassion in Practice* report (care, compassion, commitment, courage, competence and communication),<sup>15</sup> and in the HEE values-based recruitment framework.<sup>16</sup>

“ We need to change mindsets, so that nurses follow patients and not the other way round.”

**Bristol Focus Group**

“ Any new ideas for the future need to change and be clearly integrated into inter-professional working and the needs of patients.”

**Bristol Focus Group**

“ We need to change and ensure adaptability and fluidity for a changing context – streamlining care provision to follow the patient.”

**Newcastle Focus Group**

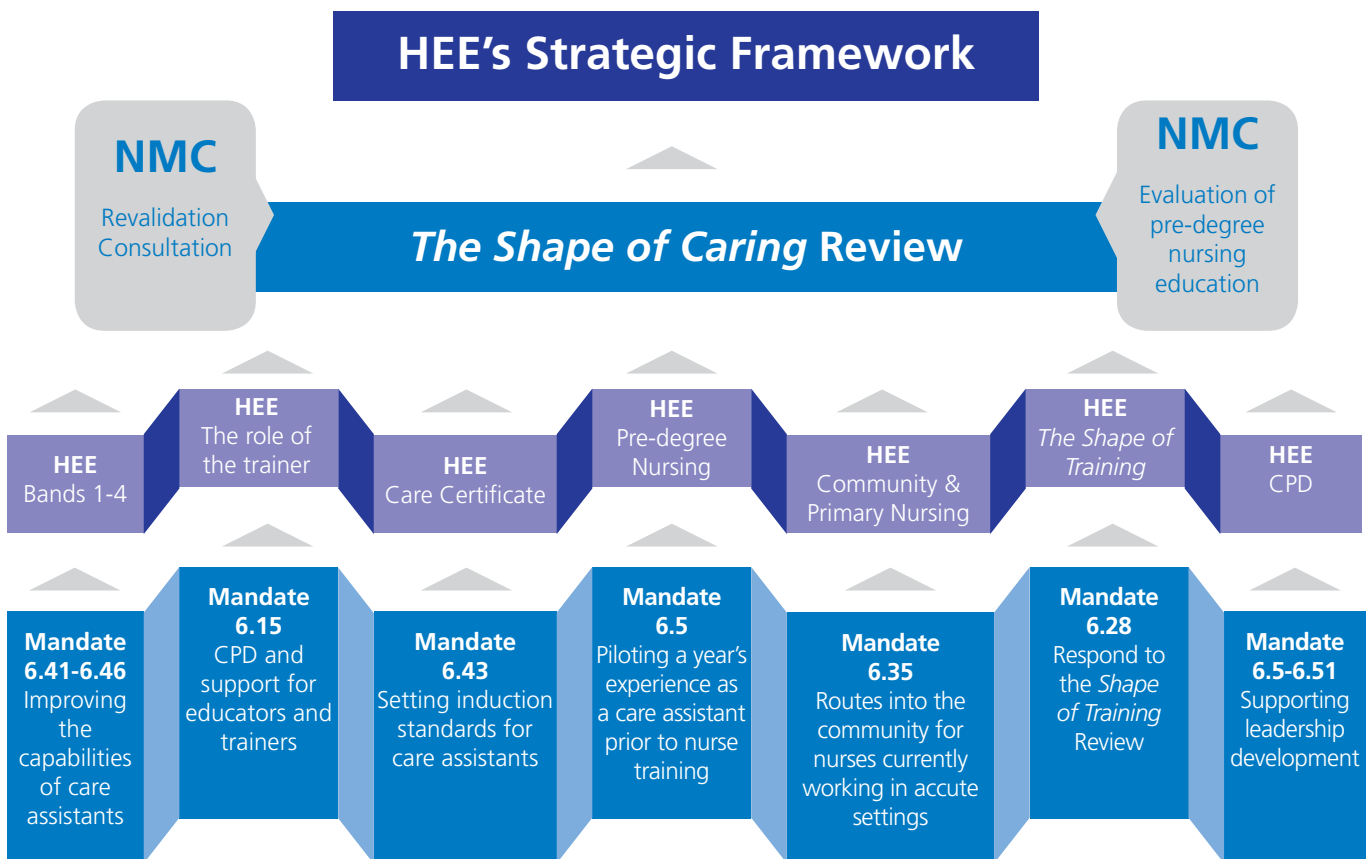
## Why the Shape of Caring review?

### To highlight existing work

There has been a range of major evidence-based reports, including many on patient safety (Francis<sup>17</sup>, Cavendish<sup>18</sup>, Willis<sup>19</sup> and Keogh<sup>20</sup>), and also the Prime Minister's Commission on the future of nursing and midwifery,<sup>21</sup> that all cite recommendations for improving the education and training of registered nurses and care assistants. Many have been incorporated into HEE's day-to-day business activity and annual Mandate, but other recommendations have not received such attention.

This review intends to demonstrate how some of the earlier recommendations integrate within a coherent framework for positive action, showing how HEE can offer real potential to develop and implement some of those former recommendations. The successful collaboration between NMC (as the nursing and midwifery regulator) and HEE (as the education commissioner) provides a strong platform to take forward many of these recommendations and offer significant scope for change.

Figure 1: How existing NMC and HEE work fits under the Shape of Caring review



Innovation is best led locally and this review also intends to promote the excellent work going on across the country, enabling others to adopt ideas to enhance the patient care that they deliver.

## To Provoke Discussion

Healthcare needs to change from an illness-based, provider-led system towards a future vision of one that is patient-led, preventative in focus and offers care based closer to home.<sup>22</sup> Registered nurses and care assistants are a vital part of delivering this vision and have made tremendous strides towards achieving this in certain areas. However, this must become more widespread if we are to witness the sustained impact that is required. We must ensure that the workforce is equipped with the skills, behaviours and knowledge to deliver this vision and to meet the future needs of patients and the public.

The following sections examine each area of education and training individually but they are all interconnected and interdependent, and changing any one aspect of education will have an impact on another. The review covers a broad area and our intention is to provoke debate, making some recommendations that will need to be supported for national implementation.

This review is not the start of this conversation; it is clear that much necessary work is already happening across the country. However, progress is sporadic and variable, and if we are to achieve this vision, we must ensure that the best ways of working become embedded and far more widespread. This review presents an opportunity to continue the debate and to encourage wider dissemination of best practice.

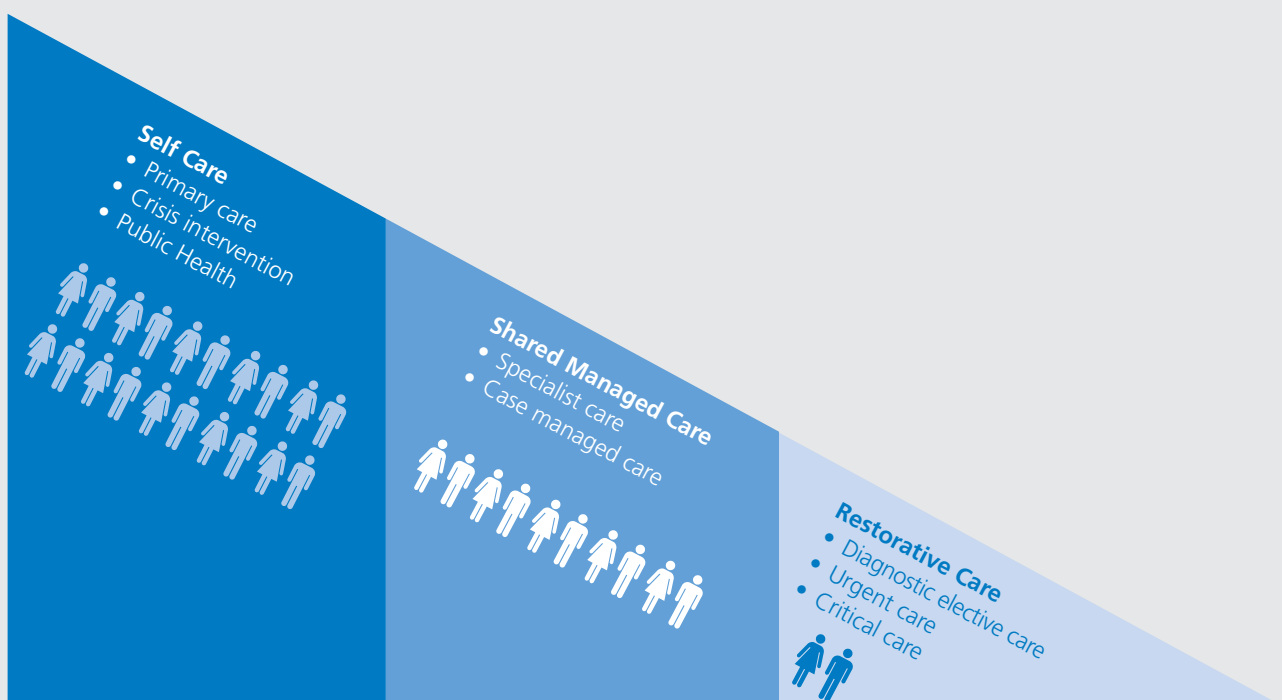
## The needs of the future workforce

Planning for the future will always be uncertain but there are likely drivers that will shape the needs of the future population, which will in turn drive and shape the nature of the demands placed upon health and social care services, and the associated workforce. HEE's National Strategic Framework 15<sup>23</sup> has already identified these drivers in detail, which, when considered alongside the national workforce and social data, help us to envisage the radical changes we can expect over the next 10 to 20 years.

“The only thing we know about the future is that it will be different.”

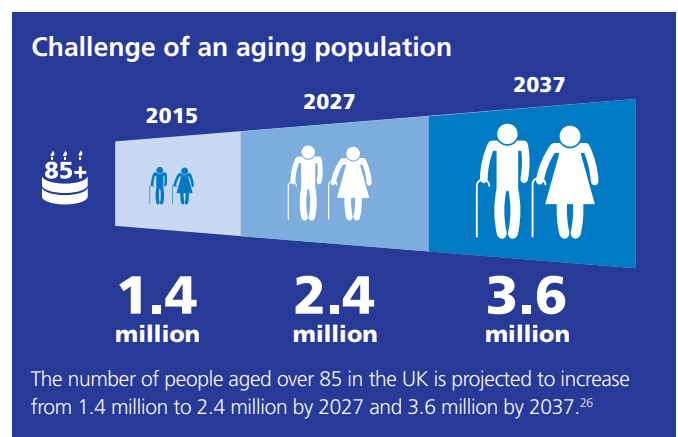
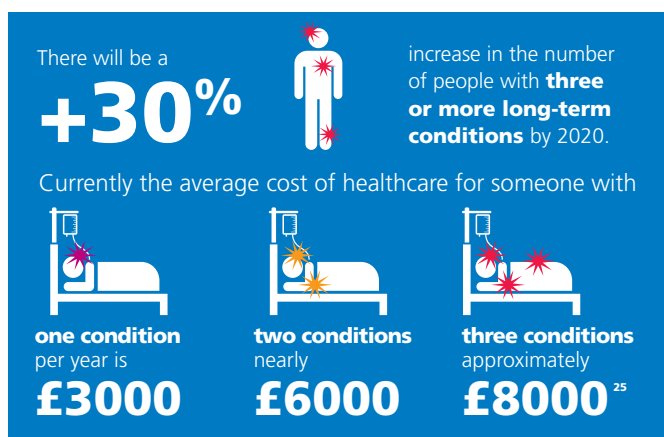
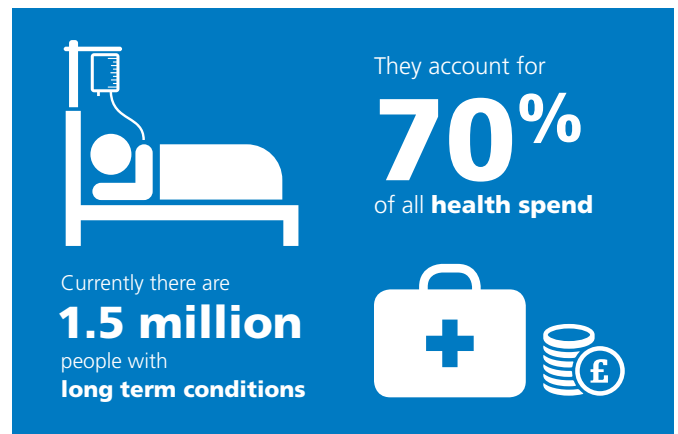
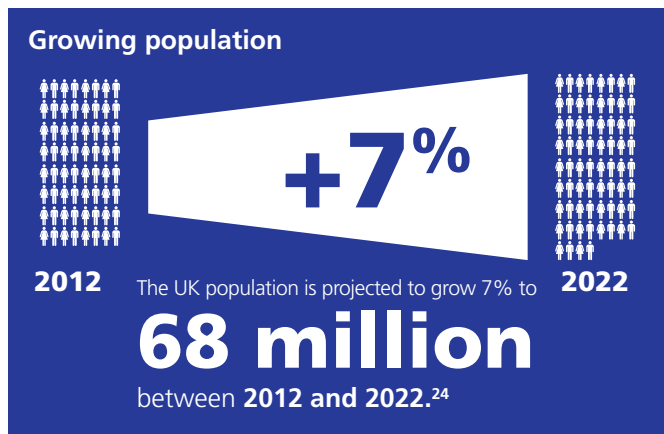
**Peter Drucker,**  
author and educator

### Future workforce planning based on population need





## Statistics



## Challenges of long-term chronic disease management

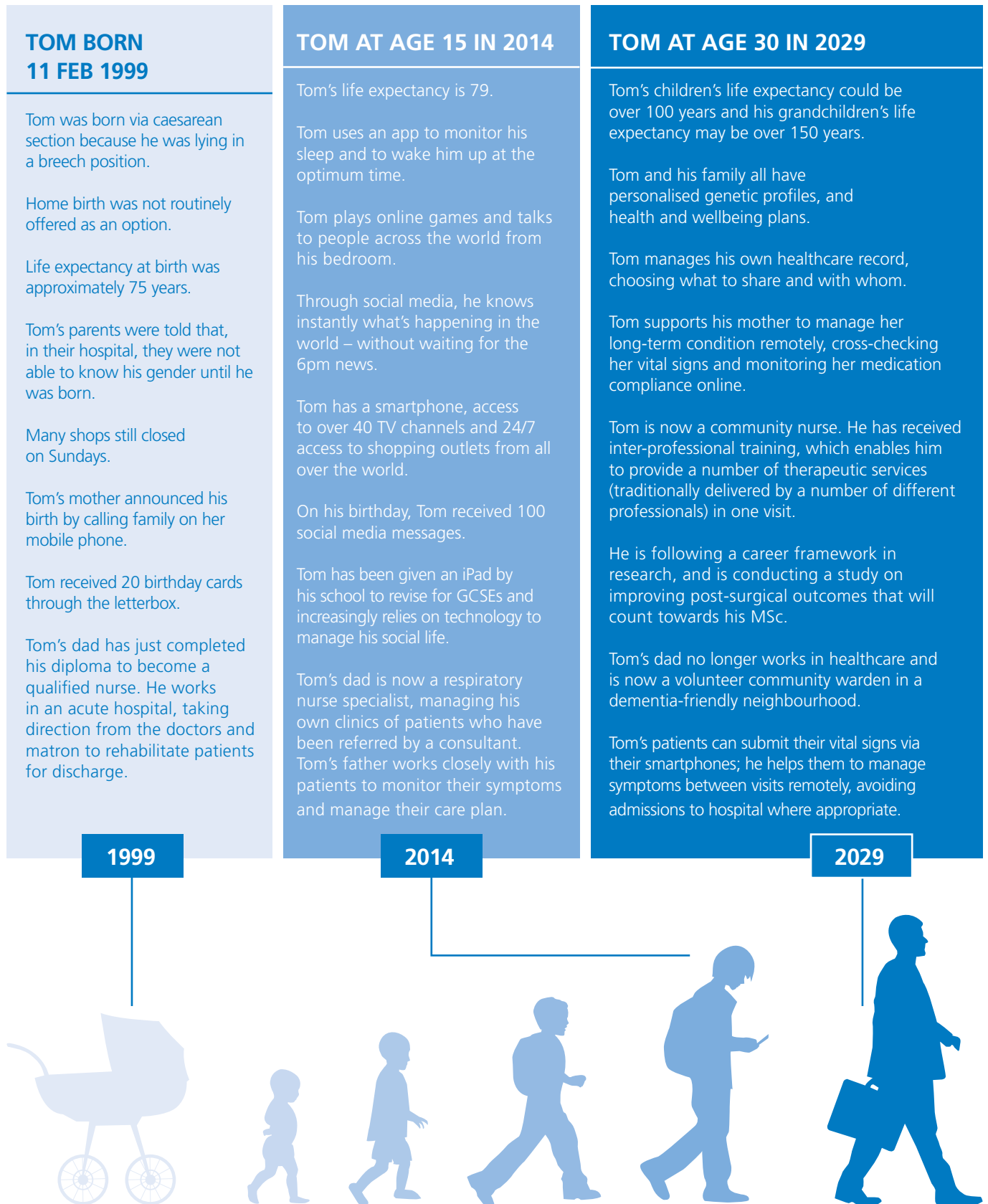
<h3>Diabetes</h3> <p>If current trends continue <b>4 million</b> adults in England will be diagnosed with diabetes by 2030.<sup>27</sup></p>	<h3>Kidney disease</h3> <p>Chronic Kidney disease is projected to rise to <b>4.2 million</b>, between 2011 and 2036, in people aged over 16 years: a rise of <b>8.3%</b>.<sup>28</sup></p>	<h3>Dementia</h3> <p>Projected to increase by <b>40%</b> over the next 12 years, and <b>156%</b> in the next 38 years.<sup>29</sup></p>	<h3>Obesity</h3> <p>By 2035, it is estimated that <b>46% of men</b> and <b>40% of women</b> will be obese.<sup>30</sup></p>
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<h3>Chronic care management</h3> <p><b>45 - 75%</b> increase expected in NHS service costs.<sup>31</sup></p>	<h3>Technology is growing at an exponential rate</h3> <p>In 2020 technology will have improved <b>1 million times</b> since the year 2000.<sup>32</sup></p> <h3>People are adopting new technologies at a rapid rate</h3> <p>Internet access is likely to grow globally by <b>2-3 billion</b> by 2025, and in a global ranking of countries best placed to take advantage of information technology, the UK was <b>7th</b>.<sup>33</sup></p>
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## People and patients of the future

Although we expect significant change to the roles of registered nurses and care assistants, people will always require locally provided healthcare that responds effectively to their identified needs. To illustrate this, Figure 2 charts the progress of a fictional character – Tom – and his family, showing the expected changes to their lives over time.

**Figure 2: Tom’s story**



In the future, the interaction of healthcare staff and patients is likely to shift due to changing demographic, better availability of information and health patterns. Education and training of our future workforce will need to ensure that all patients feel empowered to participate or lead their own care, to varying extents.

### The future service model

NHS England recently published the *Five Year Forward View*,<sup>34</sup> setting out the challenges faced by the NHS and the steps needed to address them. This was developed in partnership with a number of organisations at national and local level, including HEE, to ensure that the principles and approaches to developing new care models are aligned, and are clearly owned by all those who engage with the NHS.

The *Five Year Forward View* challenges everyone to think differently; it is not about new structures, systems or names but about focusing on prevention and working across cultural and organisational divisions with patients, communities and other healthcare professionals.

This review looks further ahead, covering the next 10 to 15 years, because the workforce of tomorrow needs to be planned today. Beyond five years, there needs to be a greater emphasis on building health around populations rather than buildings or professions. Although overused as a policy term, 'integration' is defined to mean 'person-centred and coordinated'.<sup>35</sup> Greater integration is needed between health and social care, and between physical and mental health; the most important component and driver of integrated care is patient empowerment.

Some organisations are already developing integrated care locally, such as NHS North West London, which is transforming acute services into the community across eight local boroughs and breaking boundaries by encouraging a social movement based on the principle of local population health. This movement is led by service users – patients and their families – and by the health and social care workforce that provides care within the NHS, local authority, private or voluntary sectors.

## NHS North West London, Whole Systems Integrated Care programme

The Whole Systems Integrated Care programme seeks to provide patients with high-quality, joined-up support by tackling fragmented, inefficient care and breaking down rigid organisational boundaries. Within this system, individuals, local community groups, charities, local organisations and statutory services are integrated into one care production model.

The system is supported by three key principles:

- 1. To empower people to direct their own care and support, and receive the care they need at home or in their community (and in hospital when their clinical needs dictate)**
- 2. For GPs to be at the centre of organising and coordinating people's care**
- 3. For systems to enable and not hinder the provision of inter-sectoral integrated care**

Developing the workforce is essential to support these changes; if integrated care is to be delivered, education and training must also be integrated, with learning taking place in the working environment. The eight clinical commissioning groups (CCGs) in North West London are therefore implementing community learning networks, which will provide the infrastructure for integrated education and training in and out of a hospital setting. This will support integrated care that will include members of the primary care, community care, social care and secondary care workforce. Local GP networks will drive this process, in partnership with higher education and other training providers, with the aim of seeking to develop new roles and new ways of working that focus on the needs of the local population. Inter-professional learning needs have been promoted and commissioned by the local education and training board (LETB) (HE North West London), which is responsible for designing and commissioning innovative practice and knowledge-based learning across a range of patient-led care pathways.

## The future workforce

The Shape of Caring review supports HEE's national strategic framework in all aspects of workforce planning, education and training across health and care provision.<sup>36</sup>

Framework 15 sets out:

- our understanding of the way health and healthcare is changing
- how this will affect people and patients in the future
- the characteristics of a future workforce to meet these needs.



### The future workforce will...



... include the informal support that helps people prevent ill health and manage their own care as appropriate.



... have the skills, values and behaviours required to provide co-productive and traditional models of care as appropriate.



... have adaptable skills responsive to evidence and innovation to enable 'whole person' care, with specialisation driven by patient rather than professional needs.



... have the skills, values, behaviours and support to provide safe, high quality care wherever and whenever the patient is, at all times and in all settings.



... deliver the NHS Constitution: be able to bring the highest levels of knowledge and skill at times of basic human need when care and compassion are what matters most.

## Future vision for the nursing and care assistant workforce

Based on the predictions from HEE’s Strategic Framework 15 the future registered nurse and care assistant workforce is likely to perform a number of expanded and innovative roles in range of health and social care settings:



### The future nurse and care assistant workforce will perform a number of roles:

Leadership and confidence

#### Play an enhanced role in the community

There will need to be an increase in the number of registered nurses and care assistants supporting a local community through the provision of an integrated service model that is flexible enough in order to meet the anticipated changes in service demand and to deliver the majority of safe and effective care outside hospitals.

#### Enable healthy lives and support patients and their families to self-care

Registered nurses will play an increased role in preventative health and social care, supporting and educating patients to be self-caring and motivated to meet their own health and wellbeing goals.

#### Deliver and coordinate more holistic care

As patients reflect the aging population, and present with more complex needs, registered nurses and care assistants must view the patient as a whole person and coordinate complex care needs accordingly across agency boundaries.

#### Have flexibility in roles and in pathways

Successful whole-person care requires an appropriate balance between specialisation and generalism, and an increased flexibility within roles and career paths across organisational boundaries.

#### Enhance leadership research and innovation

Registered nurses and care assistants are required at all levels to adapt, support and lead research and innovation to deliver high-quality care.

**Care**  
Care is our core business and that of our organisations and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

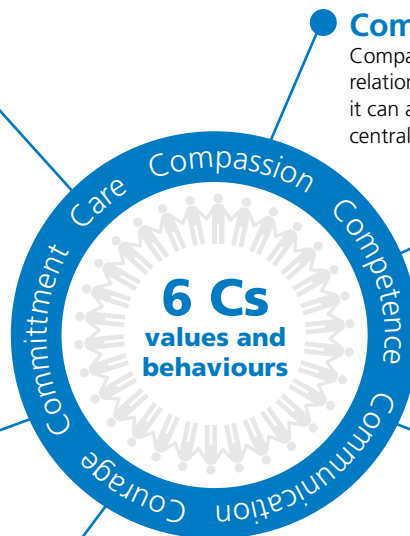
**Commitment**  
A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

**Courage**  
Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

**Compassion**  
Compassion is how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care.

**Competence**  
Competence means all those in caring roles must have the ability to understand an individual’s health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

**Communication**  
Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for “no decision about me without me” Communication is the key to a good workplace with benefits for those in our care and staff alike.



## Play an enhanced role in the community

### Future skills, behaviours and values

The community nursing workforce (excluding health visiting) has grown by over 30 per cent in the past 10 years. However, within this, there have been dramatic shifts between the numbers of staff employed as district nurses versus other registered community nurses who are now operating in community settings.<sup>37</sup> At the same time, the practice nursing workforce has also grown by over 20 per cent to 23,833, but in real terms has only seen 1.6 per cent growth across England since 2013, although the geographical distribution is not evenly spread.<sup>38</sup>

We need to ensure that our future registered nurses and care assistants have the skills, knowledge, resilience and support structures necessary to work in complex, demanding and occasionally isolated conditions outside of hospital. Access to a flexible and skilled community and primary care nursing workforce is increasingly important as the focus of care shifts from hospital to primary care and the community.

More registered nurses in particular will need to acquire advanced knowledge and practice skills, such as prescribing, diagnostic and clinical decision-making skills, undertaking diagnostic tests, administration of intravenous fluids, enteral-feeding and complex pain relief interventions, whilst working within the patient's home. Registered nurses and care assistants will also need to be involved in planning and delivering end-of-life care, and registered nurses will require skills and knowledge in complex case management, including assessment and diagnosis, and coordination across professional boundaries. They will also require advanced specialist practice knowledge in delivering care for people living with co-morbidities such as heart failure, stroke, diabetes, cancer and respiratory disease, as well as mental health and dementia challenges. Many registered nurses already have these skills but this needs to increase, along with their confidence to practise with greater independence, to meet the needs of a changing population.

## Ridge Medical Practice, Bradford GP Practice Placements

The Ridge Medical Practice is one of 120 Advanced Training Practices in Yorkshire and the Humber providing pre-registration nursing students with a minimum of a six week placements under the supervision of GP practice nurses within GP surgeries. The scheme promotes GP surgeries as high-quality, inter-professional practice learning environments, and participating students and newly qualified nurses have commended the experience and support received in placement. Consistent one-to-one mentorship is a key focus.

Health Education Yorkshire & Humber (HEY&H) has played a significant role in encouraging higher education institutes to participate in the GP Practice Placement programme. Seven HEI's have signed up to the scheme so far, with discussions underway to build a community module into the third year of nurse training. HEY&H now reports that 70-80 per cent of students placed would consider working as a Practice Nurse in a GP Practice on qualification, up from just 30 per cent before the scheme was introduced.

## Community Education Provider Networks

In areas of London, Kent, Surrey and Sussex, Community Education Provider Networks have been developed with the support of the local LETBs. A broad range of community and primary care providers work with HEIs to assess workforce training needs, expand training capacity and deliver multi-professional education and innovative models of care outside hospitals.

The network provides a level of leadership and infrastructure that individual services would be unable to manage and sustain alone, and allows learning to take place in a range of settings, enabling shared learning and the dissemination of best practice.

## Enabling healthy lives and managing self-care

### Future skills, behaviours and values

Along with other major national drivers the Health and Social Care Act (2012), the Marmot Review (2010), Living Well for Longer (2014), the Public Health Outcomes Framework (2012), and the Five Year Forward View (2014) supports the need for professionals to prevent illness and support patients to self-care.<sup>39</sup> Health conditions (rather than illnesses that respond to a one-off cure) now take up 70 per cent of the health service budget,<sup>40</sup> and as more registered nurses move into the community, both registered nurses and care assistants will play an increasingly important role in promoting positive health and social wellbeing through prevention and self-care.

In general, many people wish to manage their health issues themselves as far as possible without professional healthcare interventions.<sup>41</sup> Even those who use healthcare services will spend a relatively small proportion of their time in contact with those services, and 83 per cent of patients with long-term conditions say that they play an active role in managing their own health all or most of the time.<sup>42</sup> A growing body of evidence suggests that equipping patients and carers with the skills, knowledge and confidence to self-manage their long-term conditions delivers improved outcomes and reduced costs.<sup>43</sup>

### Enabling healthy lives and self-care The Your Healthcare physio neuro rehab team

'No decision without me or about me' is the mantra of Your Healthcare, a community interest company based in Surbiton. Their philosophy is to promote self-management, empowering people and their carers to take responsibility for their illnesses. Being a part of a mutual organisation gives staff the responsibility and empowerment to make the best decisions for their patients.

The neuro rehab department supports people with neurological disabilities to return to their normal routine. The team are piloting a self-management therapy workbook, which was launched following focus groups, to determine what patients wanted. Focus group participants have also assumed management of their own MS support group, which had been run by the service for the previous 15 years. As a result, patients are no longer passive and have the autonomy to spend any remaining money as they wish; they do things for themselves, which helps improve their quality of life.

Registered nurses and care assistants need to understand local population needs and look at trends linked to demographics and wider determinants of health. All healthcare professionals should 'make every contact count': use every contact with an individual to maintain or improve mental and physical health and wellbeing where possible, whatever their specialty or the purpose of the contact.<sup>44</sup> To do this effectively, both care assistants and registered nurses will need greater confidence and the ability to understand when it is appropriate to intervene. They will also need enhanced communication and interaction skills to be able to explain the intervention, to educate the patient and to instil in them the confidence to self-care.

This view represents the shared view of the NHS' national leadership and demonstrates that large-scale system change can only be achieved in collaboration with other key NHS players. HEE recognises the importance of working across the health and social care system, and is working closely with Public Health England to deliver the Department of Health's Mandate.<sup>45</sup>

### Public Health England

#### *From Evidence to Action: Opportunities to Protect and Improve the Nation's Health*<sup>46</sup>

In October 2014, Public Health England published seven priorities for the next five years, based on the areas where it can most effectively focus its efforts. The document acknowledges that our health is shaped by where and how we live – by our jobs, families and homes – but also recognises the power of individuals to change their lifestyles, especially if they get the right support at the right time.

#### *A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals*<sup>47</sup>

This framework underpins the national programme to maximise the impact of registered nurses, midwives, health visitors and allied health professionals on improving health outcomes and reducing inequalities. It aims to support and shape 'health promoting practice' that encompasses both personalised care and population health across all ages and care settings, as well as with individuals, families and communities.

## Enabling whole-person coordinated care

### **Bob is 60 and has diabetes and chronic obstructive pulmonary disease (COPD), but has an active and healthy lifestyle. He acts as a carer for his wife, Mary, who has dementia.**

When Bob was diagnosed with Type 2 diabetes, he chose to manage it through healthy lifestyle changes. He completed a course that taught him how to do this and monitors his blood glucose regularly, sharing the results with his GP surgery via his smartphone. If the surgery has concerns regarding his blood results, they will contact him directly to help him manage his blood sugar appropriately.

Bob had his DNA analysed (genomics) and, as a result, knew that he had a genetic risk of skin cancer. He regularly self-checks and has identified a strange-looking mole. He looked it up on the internet and went to the regular nurse-led clinic at his local pharmacy, which confirmed it was a form of skin cancer. He was treated there and then, and subsequently supported by regular follow-up appointments.

Bob has taken the opportunity to attend carers' training in a multi-specialty care centre to understand how to better respond to Mary's needs and to provide the highest level of care, drawing on the expertise of face-to-face consultations with care staff. In addition, Bob has the ability to link in with the specialist nurse practitioners based at his local hospital via a video link type facility, using a tablet computer lent to him by his local GP service. He uses this whenever he has problems managing Mary's dementia or feels that his COPD is escalating to a level where he can't manage it himself. This facility allows him, from his home, to talk face-to-face with a specialist nurse practitioner, who will advise him about the treatment or care he or Mary requires. In most cases, this will reduce the need for hospital admission.

It is clear that Bob has highly complicated and individual care needs, including being a full-time carer, and requires a health professional to understand these needs and help him navigate through the system.

By 2029, registered nurses and care assistants will be treating 2.9 million patients with multiple conditions, 18 million with long-term conditions and 2 million with dementia.<sup>48</sup> This requires a greater understanding of the patient as an individual, including their home circumstances, lifestyle, views and preferences, confidence to care for themselves and manage their condition(s), as well as their health status and symptoms. To be able to coordinate effectively, registered nurses will also need knowledge of the relevant condition(s) and all the options to treat, manage and minimise them, including knowledge of all available support services.

As registered nurses take on increasing multi-agency assessment and care roles, and responsibilities for leading and managing inter-professional teams, it is important that their education and training is inter-professional wherever possible. Each team will need to determine the methods and models that best reflect the particular needs of their patient and their carers. The leadership and care coordination role should be assigned to the most appropriate person to lead and deliver optimal care for each patient, as well as to recognise educational training and its application.

### **Integrated, holistic care Guy's and St Thomas' degree placements and NQT preceptorship**

At Guy's and St Thomas' Trust, pre-registration and preceptorship practice rotation have been designed with this need in mind. Guy's Orthopaedic Outreach Team, comprising of nursing, physiotherapy and occupational therapy professionals, demonstrates the inter-professional learning opportunities offered by the Trust. As a result of working together and sharing their skills, any member of the team is able to visit an elective orthopaedic patient at home and support their needs within a single visit.



## Flexible roles and career pathway

The current way in which we plan, commission, deliver and regulate our education and training can encourage very fixed careers, often favouring the existing narrow, specialist fields of interest over new, innovative roles and career pathways.

Our future nursing workforce must maintain a degree of generalism and adaptability to deal with whatever the future holds – adopting new research and innovations that will benefit patients and offer more rewarding and flexible careers. The Shape of Training review has already acknowledged the need within medical education for a balance between generalist and specialist skills; a similar change in emphasis is recommended for the nursing profession.<sup>49</sup>

A more flexible, generic skillset will allow registered nurses and care assistants to work confidently across a range of settings, responding better to the needs of patients whilst simultaneously enjoying a fulfilling, life-long career.

### **Michael is a newly qualified registered nurse. Currently the skills required of him depend on the setting in which he works:**

In a hospital setting, Michael will be working in a professional environment helping to care for a ward full of vulnerable older people with support and challenge from his nursing colleagues, other professions and staff groups such as allied health professionals, doctors and pharmacists. His work is structured and monitored, and coaching is readily available.

In a home setting, Michael is working in a private, domestic space looking after a vulnerable older person with the support of their immediate carer. His work may be less structured, with supervision, mentoring and support from other professions less readily available and distributed across different employers. Access to excellent communication and IT is vital to enable him to work effectively and safely outside the hospital setting.

## Flexible roles and pathway

### **North Tees & Hartlepool NHS Foundation Trust, with Teesside University**

At Teesside University, the pre-registration programme has been structured to develop skills, behaviours and values that are transferrable in both acute and community settings.

The university employs a 'hub and spoke' model, in partnership with North Tees & Hartlepool Trust, integrating acute and community settings in all placements. The model offers a wide variety of long and short placements to cover all specialties and settings, providing the student with access to a wide range of skills and knowledge.

Shorter 'spoke' placements provide learning opportunities linked to the patient's journey, allowing the student to experience a more comprehensive view of care. The student also works with a range of different nursing professionals in their spoke placements, increasing their knowledge and awareness of different generalist and specialist career paths.

## Adapt, support and lead research and innovation

“ As a research nurse, I feel like I have been empowered to change a patient’s journey.”

**Hull Research Nurse Focus Group**

The generation of research evidence and use of evidenced-based enquiry by nurses has developed over significantly over the past two decades; in the 2014 UK-wide Research Excellence Framework, many research studies led by nurses were recognised as world-leading (4\*) or internationally excellent (3\*) However, there is still much work to do and nurses and care assistants will need to become more curious about the care they deliver. Nurses and care assistants should seek at all times to use research to inform their practice. Their frontline role puts them in a unique position to reflect the needs and concerns of patients, and to ensure that research activity is patient-focused, clinically based and will make a difference to care. As the Willis Commission emphasised, more nurse-led research will ensure evidence-based practice is more embedded, which will improve the quality of care given directly to patients and increase public confidence.<sup>50</sup> To do this, registered nurses will need the knowledge and analytical skills to make informed decisions and contribute effectively to new innovations, taking a more proactive role in service improvement change and change management.

Service improvements are also dependent on telehealth and healthcare technology solutions that enable registered nurses to support patients to live meaningful and fulfilled lives in their own homes. For example, North Devon Healthcare Trust delivers efficient community healthcare by enabling its registered nurses and therapists to access and update information remotely, thus reducing travel time and freeing up frontline nurses to spend more time with patients. This has improved care quality and delivered large cost savings.<sup>51</sup>

Technology will also play an increased role in the education and training of our workforce, as well as the education and empowerment of patients and their carers. E-learning, apps and simulators are currently assisting nursing and care support staff to access education and training outside the classroom, enabling regular updates of skills and knowledge. This results in a more educated and competent workforce that is able to deliver harm-free and clinically effective care.

Information literacy is a fundamental life skill; currently, 83 per cent of householders have internet access and this figure is expected to increase.<sup>52</sup> Nurses and care assistants must receive appropriate training to ensure that they and their patients can access the best evidence and information available, in order to underpin their practice through the use of up-to-date prescribing practice, technology and treatment interventions, enabling excellent self-care and professional care.

## Technological innovation in practice Airedale Foundation Trust telehealth hub

“Taking the care to the patient is where we need to be.”

Airedale NHS Foundation Trust's Telehealth service has harnessed technology to support patients at home and drive up quality and efficiency in care. Senior nurses provide a 24/7 secure video consultation service to 200 care homes from Kent to Cumbria, supporting around 6,000 patients, and 100 patients in their own homes, as well as carrying out 750 to 800 prison outpatient and emergency consultations a year.

A key purpose of Telehealth is to prevent unnecessary trips to A&E, reduce acute admissions and relieve pressure on other services. Two years after deployment, Airedale NHS Foundation Trust can boast the following outcomes:

- Acute admissions down by 37 per cent
- A&E attendances down by 45 per cent
- For 26 patients with chronic obstructive pulmonary disease and 24-hour access to teleconsultations:
  - > 45 per cent fewer admissions
  - > 50 per cent fewer bed days

The system's main focus, however, is on patients care closer to home' is a cornerstone of its approach. Positive patient feedback:

“Telemedicine became our lifeline – what a wonderful piece of equipment!”

“It's very easy to use, you just press a button, a screen comes up, you press a 'calls' sign and it rings just like a telephone, then when the nurse answers a screen comes up and you can see each other.”

## Leadership and confidence

“Nurses and care assistants need to be confident and feel empowered to lead on behalf of their patients.”

**Director of Nursing**

Combining all these roles and attributes to provide people-centred care will only be successful when accompanied by strong leadership and confidence – also essential requirements for the delivery of successful future healthcare.

There is strong evidence that better leadership leads to better patient care. Francis, Berwick and Keogh all make the link between good leadership and making a positive difference to patient care, care outcomes and the experience of care.

Leadership is a key skill for nurses and care assistants at all levels of the career trajectory, and is not just restricted to those with direct managerial responsibility. To truly be the patient's advocate, all healthcare professionals need the confidence and skills to be able to offer leadership to a group of patients, students and other colleagues within the context of a multi-disciplinary team.

The concept of collective leadership – as opposed to command-and-control structures – provides the optimum basis for a caring culture.<sup>53</sup> Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. All staff must be empowered with the confidence to challenge when appropriate and to exercise their duty of candour whenever they believe the standard of care is compromised.

### Leadership Academy<sup>54</sup>

The Leadership Frontline programme aims to reach 5,000 registered nurses and midwives between April 2014 and May 2015. It represents a significant investment in England's frontline nursing. Targeted at registered nurses and midwives delivering hands-on care, this programme aims to help participants:

- learn about what they do well, and think about what they can do better
- have time and space to reflect on the environment and culture they work in, and how they, together with others, can deliver even better care
- realise the collective power of their profession to become even stronger leaders in the healthcare system.

Leadership and enterprise often combine to create conditions within which innovation thrives; an example of this is the development and expansion of nurse-led clinics and care pathways. Many registered nurses already own and run care homes for elderly people, while a growing minority are setting up innovative organisations such as social enterprises, and tendering for services in community health. We have also witnessed examples of enterprise in general practice, with an increasing number of practice nurses becoming practice partners and leading their own nurse-led general practices.

Our future registered nurses and care assistants must be confident and effective leaders, agents of change and champions of care, with a powerful voice at all levels of the healthcare system. To support this, senior management staff must be accountable for championing quality throughout their organisations, from point-of-care to the executive management board.

“Nurses and carers need to continue to develop their competencies to build confidence. Knowledge leads to confidence.”

**Newcastle Nurse and Care Assistant Focus Group**

## How we went about our work

### The Shape of Caring review: how did we listen?

We engaged with key stakeholders and sought evidence in a number of different ways:

- We analysed key reports to identify common themes.
- We sought to engage with nurses, care assistants and members of the public from across the country.
- We commissioned Kings College National Nursing Research Unit to carry out a policy review regarding postgraduate ongoing learning to inform the ongoing theme.
- We went out for a formal 'call for evidence'.

Each of these areas is presented in more detail here:

### Identifying themes for the review

Existing recommendations regarding education and training (from Berwick, Cavendish, Francis, Keogh, Willis and the Prime Minister's Commission) were analysed, and eight common themes were identified and agreed to form the basis of this review. Under each theme, we sought evidence and examples of good practice.

Themes for the review	Examples of good practice and evidence sought:
<b>Theme 1: Increasing patient/carer voice and service-user involvement across education and training</b>	Where the patient and carer has been involved in the development of education and training.
<b>Theme 2: Valuing the role of the care assistant</b>	On how to make care assistants feel valued, which included identifying opportunities for learning and development.
<b>Theme 3: Widening opportunities for care assistants' career progression, which may include entry to nursing education</b>	On widening opportunities for existing care assistants to develop their career – this may have included entry to nursing degrees.
<b>Theme 4: Assuring flexibility in future education and training for nurses and care assistants</b>	Supports the development of a future model of education and training for both pre-and post-registration registered nurses. This would be flexible at all levels and produce more care assistants and registered nurses with transferable skills, allowing them to move from one clinical context to another (such as from a hospital into a community setting).
<b>Theme 5: Assuring high-quality practice learning environments that support the development of the future workforce</b>	Focusing on high-quality clinical learning, high-quality mentorship and increased opportunities for students to develop autonomy and confidence within their role.
<b>Theme 6: Assuring predictable and sustainable access to ongoing learning and development for registered nurses</b>	Relating to high-quality preceptorship, ongoing supervision, peer review, and opportunities for learning and development – that were linked to the role and possible future revalidation.
<b>Theme 7: Supporting and enabling research, innovation and evidence-based practice</b>	Relating to the development of a greater practice-based research foundation (where the researcher is based in clinical practice) and innovation, including increasing the number of people undertaking clinical academic careers
<b>Theme 8: Funding and commissioning levers to support future education and training</b>	How resources and commissioning can be used innovatively within education and training to achieve high-quality workforce and healthcare outcomes.

## How did we listen – gathering of evidence?

“ To steal ideas from one person is plagiarism; to steal from many is research.” **Steven Wright**

The Shape of Caring review is the result of wide collaboration across the country, where we travelled from south-west England up to Edinburgh in Scotland. We have listened to the views of over 400 registered nurses and care assistants from a broad range of clinical settings, a number of healthcare organisations, 85 patients via 2 patient focus groups, and 13 LETBs and their local organisations.

Our call for evidence resulted in over 160 submissions, many of which were keen to share in the vision of the future of caring and included examples of good practice being undertaken at a local level.

A popular Shape of Caring Twitter led by Jackie Smith, Professor Lisa Bayliss-Pratt and Lord Willis also took place and reached which reached over 160,000 accounts and received nearly 1.5 million impressions.



**NHS Health Ed Eng** @NHS\_HealthEdEng  
@beckykidfit @JFecitt challenging poor standards must always be high on your agenda (LW) #shapeofcaring



**prophylaxis** @prophylaxis\_  
RT @suehaines1: @NHS\_HealthEdEng valuing good mentorship skills&abilities essential. So often undervalued in nursing, not everyone can mentor...



**@Prof\_jeuan Ellis**  
All the best companies invest in their people



**Mark Purvis** @purmj  
patients have been my best teachers, good clinical educators facilitate the learning.

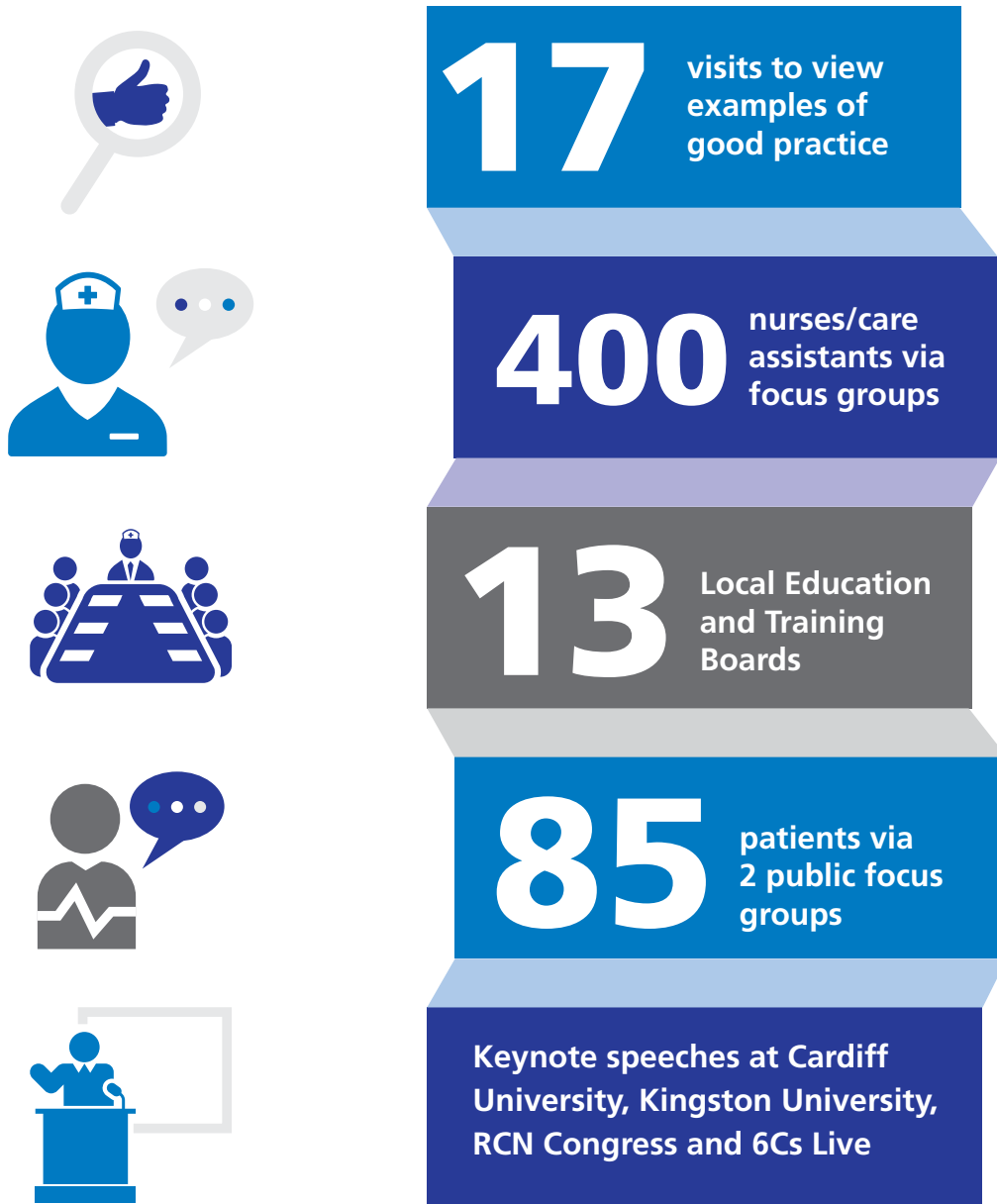


**@NHS\_HealthEdEng** to have patients involved in delivering education as experts by experience. Active participation #shapeofcaring



**Finola Ryan** @finniejax  
**BronaghScottt** @Bonagh.Scott  
Agree some of the safest and compassionate carers I know are HCAs they know their level of competence

How the evidence was collected...



## Learning from the rest of the UK

Although HEE's remit is limited to England, we recognise that there is much that we can learn from the rest of the UK. Here, we take a look at work taking place throughout the UK to develop nursing education and training.

### Scotland: Setting the Direction, and the development of a career framework

Scotland have led the way in setting the standard for the future vision of nursing education and training in *Setting the Direction*, their strategy for nursing and midwifery education up to 2020 and beyond.

The development of a sustainable postgraduate educational and career framework has attracted particular recognition. The strategic aim is to develop a national infrastructure in which education provision is responsive to workforce and population needs. Safe, effective and person-centred care will remain as the central tenet of all education and development, and nurses will be supported to advance their skills and knowledge from the earliest stages of their career.

### Wales: Career framework skills

NHS Wales has established their Workforce Education and Development Services (WEDS), which provide a number of workforce tools to support the development of both care assistants and registered nurses.

In June 2014 WEDs developed the, NHS Wales Skills and Career Development Framework for Clinical Health Care Support Workers, and have supported a number of innovative projects linked to the Credit and Qualifications Framework. WEDS financially support nurses and allied health professionals to attend advanced practice modules if the development of this role is supported by the local organisation's workforce plan. The introduction of advanced practice guidelines has enabled frameworks for local governance, as well as developing a more robust understanding of advanced practitioners' roles at a senior management level.

### Northern Ireland: Transforming the future workforce

In 2011, the Northern Ireland Practice & Education Council published *Transforming Your Care (TYC)*, setting out the strategic direction for patient and client care over the next five-year period. *TYC* represents a move towards a preventative, patient-centred model with home as the hub, and individuals are provided with the necessary support and nursing care to remain independent and within their own communities. This is underpinned by the three components of safety, effectiveness and patient/client focus.

Northern Ireland's health services have recognised that, in response to the changing context set out in *TYC*, registered nurses and support staff will need to develop different skills and new ways of working.

Edinburgh

Bradford Hull

Manchester

Liverpool

Grimsby

Birmingham

Norwich

Oxford Cambridge

Cardiff

London

Bristol

Southampton



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# Themes

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As previously outlined, our review explored eight themes:

- 1. Enhancing co-production and the voice of the patient**
- 2. Valuing the care assistant role**
- 3. Widening access for care assistants who wish to enter nursing**
- 4. Developing a flexible model**
- 5. Assuring a high-quality learning environment for registered nurses**
- 6. Assuring high-quality, ongoing learning for registered nurses**
- 7. Assuring sustainable research and innovation**
- 8. Assuring high-quality funding and commissioning**

Following a discussion of each theme, we have made recommendations for different organisations to enable the realisation of our future vision for registered nurses and care assistants.



## Theme 1: Enhancing co-production and the voice of the patient

The best healthcare is focused on the specific needs of patients and their families. In the future, patients are likely to be much more knowledgeable about their medical conditions and how to stay healthy, as well as wanting to become more involved in care planning and decision-making. At the same time, many patients will become more vulnerable and carers will need to be more involved in the care planning process.

The 2010 NMC pre-registration nursing education standards took the important step of requiring that education providers must clearly evidence how users and carers contribute to programme design and delivery.<sup>55</sup> This can take many forms, including:

- recruitment and selection
- co-production of curricula
- delivery of some sessions, especially when teaching communication and compassion issues
- practice learning, such as experiences and simulations
- student assessment
- policy development.

One of the most popular themes within the evidence submitted was integrating the patient voice into education and training. The review learned of excellent initiatives where patient groups are embedded in the process, and these patient/carer voices have enriched curriculum development, implementation and delivery.

### Canterbury Christ Church University: Patient-centred care

Canterbury Christ Church University's collaborative teaching team facilitate simulated practice in partnership with people with learning disabilities for pre-registration adult nursing students. Topics include: admitting a person with a learning disability; how to gain consent; enhancing communication and the 2005 Mental Capacity Act 2005.

The overall objective is to ensure that the care workforce is mindful of the experiences of people with learning disabilities. In addition, service users indicate that repeated visits to the simulated hospital environment reduces anxieties for many people with a learning disability, who may find attendance at hospital difficult.



### Northumbria University: Patient-centred care

Northumbria University has developed a teaching and learning strategy that includes directed learning and simulation, employing actors with an intellectual disability to educate non-learning disability specialist staff to work effectively and ethically with people with an intellectual disability.

The university is also running a pilot study, using survey methods to understand the experiences of parents receiving a diagnosis of Down's syndrome in their child. This will aid the development of a best-practice toolkit and a learning package for all appropriate health professions, helping them to consider their own language and behaviour, and its effects on patients and their families.

There is still more that should be done, especially involving members of hard-to-reach groups, to ensure that engagement is not just with expert patients who understand how the system works. Stephen Bubb was clear in his report on Winterbourne View (2014) that the system needs to improve on listening to what people with learning disabilities and autism have to say.<sup>56</sup> There is evidence to suggest that people with learning difficulties often have poor health and die younger, on average, than their peers, due to poor diagnostic skills amongst staff or failure of staff to make reasonable adjustments.<sup>57</sup>

The great majority of submissions we received involved the inclusion of patients on recruitment and curriculum development panels. Although this is commendable, education and training needs to go further by involving all patients, their families and carers systematically as a resource within education. It is key that education and training is co-produced between patients and trainees, and that both nurses and care assistants have an individual understanding of their patients and their personal health journey. Many education providers already address this, but there must be greater encouragement to do more in practice.

### Surrey University: Understanding dementia

Surrey University will introduce a new initiative in 2015 to link all student nurses with a person who is living with dementia for the duration of their undergraduate programme. The contact between the student and the person with dementia will be enabled through regular visits and conversations with the person and their family/carer, and will allow the student to understand fully the issues experienced by that person and their carer, and the support and interaction received through health and social care.

The Alzheimer's Society has worked in partnership with Surrey University, assisting in setting up the programme and with individual patient engagement. There is also an opportunity for multi-disciplinary working, as the initiative is being introduced for paramedic students.

## Recommendations

1. HEE should commission research to identify the forms of patient and public involvement that best support learning, and to ensure that patients and the public are utilised as a valuable resource.
2. NMC and HEE must incorporate the findings of recommendation one into future standard and quality assurance processes.

## Theme 2: Valuing care assistants

“ There needs to be clarity around job roles and a clear career path, preferably common to both sectors, that makes caring feel more like a career with real value.”

**Camilla Cavendish, Cavendish Review (2013)**

If patients and the public value high-quality, fundamental hands-on care, then the system needs to value those that deliver this care. Over 1.3 million frontline staff, who are non-registered care workers, deliver almost 60 per cent of hands-on care in hospitals, care homes and the homes of individuals.<sup>58</sup> Care assistants make up around a third of the caring workforce in hospitals, but research suggests that they now spend more time than nurses at the bedside.<sup>59</sup> To improve patient care, the NHS should see care assistants as a critical, strategic resource, yet many care assistants feel undervalued and overlooked.

Care assistants, unlike the previous state-enrolled nurses, have no compulsory or consistent training and operate with a profusion of job titles. As the Cavendish review found, this confuses patients, who often assume that everyone is a nurse; and it can make life difficult for nurses, who are not always confident that they can delegate tasks effectively.<sup>60</sup>

This review does not intend to duplicate the excellent work already nearing completion via HEE's Talent for Care programme, which is setting a national strategic framework for the development of the support workforce across the NHS.<sup>61</sup> This heavily consulted work programme is driven by the failure of the Mid Staffordshire NHS Foundation Trust (the Francis Report, 2010), the subsequent review of care assistants (the Cavendish Review, 2012) and the Department of Health's Mandate for HEE (2013 and 2014).

“ To meet the healthcare requirements of 10-15 years' time, health services need to appreciate the ability, skills and the role of the care assistant as crucial in care delivery and insight. Support for care assistant education is as important as for every other learner.”

**HCA Focus Group, South West region**

Part of the Talent for Care strategy is to assist people to 'Get On'<sup>62</sup>:

- Simplify career progression for those who want it, with innovative new roles and pathways to promotion, including more part-time higher education as a route into nursing and other registered professions.
- Agree with employers and education providers a universal acceptance of prior learning, vocational training and qualifications.
- Support talent development that identifies and nurtures people with the potential to 'Go Further', especially for those wanting to move into professional and registered roles.

This review supports the work that HEE is undertaking to increase apprenticeships. Organisations are already benefiting from being able to use funded apprenticeship schemes to attract excellent people from their local community; however, apprenticeships can also bring new knowledge and skills to people of all ages, even after they have been in a job for some time. Employers receive support with costs and a return on their investment through the co-production of well-trained, motivated staff that can learn directly from patients and service users, whilst remaining within their own workplace.

It is expected that the majority of frontline healthcare support workers will have the Care Certificate<sup>63</sup> – a certificate that demonstrates fundamental levels of care for new entrants to the workforce – within five years of its introduction in April 2015. The development of the Care Certificate and Higher Care Certificate will increase confidence in frontline support staff and standardise their training, which in turn will support patients as they go through care and recovery. For the first time, care assistants will be assessed through observation of the care they deliver to patients.

## Standardisation

There has been much debate around regulation, as the UK is one of only three European countries (along with Switzerland and the Republic of Ireland) that do not currently regulate the care assistant role. While there are strong arguments and views regarding regulation, clear and consistent standards of education, training and quality improvement processes must be in place before regulation can be considered further.

HEE could build on and adopt the best of the excellent standards already in place, created by organisations such as Skills for Care and Skills for Health, which would create the conditions to ensure that employers work within these standards across England.

## The Care Certificate<sup>64</sup>

HEE, Skills for Care and Skills for Health have worked together to develop the Care Certificate, which has been designed to meet the requirements set out in the Cavendish review. It should:

- Be applicable across health and social care
- Be portable between roles and transferable between employers
- Build upon the existing and tested Common Induction Standards (CIS) and National Minimum Training Standards (NMTS)
- Encourage quality and consistency of delivery by being prescriptive about observation and assessment in the workplace
- Work with, and as part of, existing qualifications
- Equip people with the skills and knowledge to be able to provide quality care, and test their capacity to be caring.

### Higher Care Certificate

HEE, in partnership with Skills for Health, is developing a Higher Care Certificate as a progression from the Care Certificate for frontline support staff who want to develop their skills further.

If agreed – and this is recommended – this will provide a nationally consistent standard that will recognise skills, competencies and any relevant formal qualifications attained. One of the main benefits is that the Higher Care Certificate would bring together the various existing standards, including those developed in local training programmes, into one common standard.

During the course of this review it was identified that many care assistants need to feel that their role is part of a wider career structure in its own right and not just a route towards entry into qualified nursing. Some may also wish to progress into other professions, such as physiotherapy. There is a need to define the roles and standards at appropriate levels, using appropriate generic titles. HEE has already developed a career pathway to support care assistants progressing to become registered nurses and this is now ready for wider consultation, prior to formal approval by HEE. Such standardisation across England and in all areas of practice would enable patients to determine who is caring for them, and the generic skills and standards of competence that person should possess.

## Developing the care assistant role

Many employers have invested in developing assistant practitioner posts, rated as NHS Agenda for Change band 4. In some cases, these roles are expensive and have the disadvantage of not being able to perform as a registered nurse. However, in other cases where they are fully utilised, they can act as a bridge between the registered and non-registered workforce. Further review is urgently needed to identify and develop the most appropriate skill mix within teams; and the optimal scope of practice for these roles. Creating a new role with a generic title or using the 'assistant practitioner' title supported by a new structure, with a new intermediate qualification at a slightly lower level than an assistant practitioner (band 3 rather than band 4), which would sit between care assistant and registered nurse (band 5), would provide more traditional 'hands-on' care.

Employers need to invest in their staff if they are going to achieve the highest standards of care for their patients. There is evidence to suggest that, where organisations have invested in their staff, they experience higher morale, lower staff turnover and higher quality care delivery. Barchester Healthcare has achieved a place in the Sunday Times 25 Best Companies to Work for five consecutive years. The company's commitment to, and investment in, training and career development pathways is a key influencing factor in encouraging employees to vote for them as a premier employer. Barchester feels that investing in the education and training of all staff, including care assistants, impacts on morale and turnover; only 8 per cent of staff undergoing voluntary training programmes leave, as opposed to 25.5 per cent of those who simply meet minimum employment requirements.<sup>65</sup>

Evidence suggests that training care assistants to National Vocational Qualification (NVQ) Level 3 has led to care assistants assuming more responsibility within an accepted/standardised competency framework, thus freeing up nursing time, giving nurses more confidence to delegate and to engage meaningfully with patients.<sup>66</sup>

Feedback also suggests that care assistants and registered nurses who move between organisations have to repeat employer-based training that they have already completed.

“ I moved Trust as a healthcare assistant and had to repeat training on how to take a patient to the toilet. I've been a healthcare assistant for five years and have already undertaken this training at my previous Trust.”

**Member of the Shape of Caring South West region HCA focus group**

This can be undermining. As long as the training is suitably accredited, then there is scope for a skills passport to be developed nationally that would allow staff to demonstrate education competencies, signed off by registered staff via an online tool wherever they worked across the country.

Just as patients and the public should be involved in education and training, and decisions about their own care, so should care staff be and feel valued. We have been delighted to receive examples where care assistants are clearly listened to and used as a vital resource within the education of nurses, such a mentor or a coach.

## University of Nottingham: Care assistant mentors

University of Nottingham pre-registration students are often delegated to work alongside a care assistant who will facilitate the development of the student's essential care skills, feeding back to the student and mentor on their progress.

Care assistants can help students to develop a sense of belonging to the placement, which encourages them to learn and progress, as well as supporting more senior students to develop their leadership skills.

Care assistants, in both health and social care, are a valuable resource; they are – and must continue to be – a powerful advocate of the patient. HEE is already taking forward Camilla Cavendish's recommendations and developing, via the Talent for Care strategy, an education framework for support staff. The recommendations in this review aim to support these positive developments and to ensure that all care assistants receive consistent, high-quality education in order to provide compassionate care.

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## Recommendations

1. HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.
  2. Subject to the outcome of Recommendation one, any future government should ensure that the Care Certificate is a mandatory requirement.
  3. HEE should implement the Higher Care Certificate.
  4. HEE should set the competency standards for care assistants (NHS bands 1-4) in both health and social care, and work with employers to ensure the workforce is trained to meet those standards.
  5. NHS England should agree titles and job descriptions that align with HEE's development of a career and education framework for care assistants, as part of HEE's Talent for Care strategy for developing the health and social care support workforce.
  6. HEE should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.
  7. HEE should work with the care sector to develop or use an existing e-portfolio tool that will allow signed-off competencies to be recorded electronically on a national database for care assistants, across both the health and social care sectors. All competencies held within the database will be achieved at nationally accepted standards (which are quality assured on a regular basis) so that they are truly transferable and accepted by all health and social care organisations; reducing the duplication of unnecessary education and training.
  8. Following implementation of recommendation seven above, a standardised portfolio skills passport should be developed for nurses.
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## Theme 3: Widening access for care assistants to enter the nursing profession

Care assistants who become nurses bring a wealth of experience and knowledge to the profession. Although not all care assistants want to become nurses (only 35 per cent shown in a recent HEE survey wish to make this move), we need to reduce barriers and inspire employers to understand the strong benefits of developing a 'grow your own' model of nurses.

HEE is leading the widening participating agenda and this review applauds those universities that are already bridging the gap by offering accreditation of prior experiential learning (APEL) to experienced care assistants. HEE has commissioned Skills for Health, as part of the Talent for Care programme, to develop bridging programmes that support those without academic qualifications to develop the study skills needed to progress and succeed in higher education health professional programmes.

The plethora of qualifications open to care assistants makes it difficult for HEIs to understand their real equivalence for entry to pre-registration, and many HEIs have concerns around standards of literacy and numeracy. Implementing the recommendations in Theme 2, and continuing HEE's work in setting goals to ensure that all staff reach adequate numeracy and literacy standards, will reassure HEIs that they can confidently credit prior experience. Going forward, there must be seamless progression from vocational qualifications into professional education and training across the country, and greater consistency of entry requirements by HEIs.

Employers benefit from developing nurses who are employed as care assistants because they already have an understanding of their local health system and the needs of the local population. Attrition rates on some pre-registration programmes can be as much as 25 per cent. Whilst the evidence is currently limited, we can assume that those who have hands-on experience may find it easier to adjust to the pressures of becoming a registered nurse, and are more likely to remain within the role.

Successful organisations will benefit from strong partnerships with education providers to deliver training that is closely matched to service requirements. This should enable care assistants and support staff to access part-time professional training and earn a salary at the same time.

There are also alternatives within the current system, such as distance learning, which enable care assistants to remain in employment and maintain family commitments. It is possible to commission distance learning programmes from HEIs, but the Open University is an example where this is already happening with successful outcomes.

### University of Essex: Flexible nursing pathway

Essex University offers an 18-month, full-time nursing degree to applicants who already possess a foundation degree. These students can be fast-tracked to degree level and a full nursing qualification, as their previous experience is recognised as APEL. The programme is work-based, which allows students to retain their employment status and salary for the duration of the programme. This approach is being rolled out across Health Education East of England (HEEoE).



Where possible, new undergraduate approaches should encourage care assistants to enter nursing by widening access and removing barriers, such as finance and travel. Without undermining the standard of pre-registration, the system needs to recognise the skills and experience that support staff can bring to the nursing profession.

Organisations that feature career progression within their personal development plans will benefit by growing their workforce from their local talent pool, which would improve job satisfaction and offer greater flexibility to work across organisational boundaries when delivering care programmes for individuals.

### Open University: Part-time nursing courses

The Open University provides part-time adult and mental health nursing courses, designed specifically for care assistants who remain employed part-time for the duration of the programme. This means that organisations can grow their own qualified nursing workforce. The course is delivered by supported distance learning over four years. Delivery of learning in partnership with employers is crucial to the programme's success, ensuring that students receive a robust support structure in both theory and practice.

The course has achieved high retention and progression, with attrition at just 11.34 per cent across the UK. Crucially, students' previous care experience and qualifications can account for up to 50 per cent of the programme through APEL, and they can also join or leave the programme with no repetition or duplication of learning.



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## Recommendations

1. HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.
  2. HEE, in collaboration with employers and HEIs, should support the development of more innovative work-based learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.
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## Theme 4: Assuring flexibility in nursing

“ My nursing course, which I think was excellent, contained no more than three days’ structured education on caring for patients with mental health problems.”  
**Adult nurse**

### The four fields of nursing practice – starting the debate

HEE is committed to developing whole-person care for all healthcare professions, with the aim of ensuring any future workforce can adapt, respond to and adopt the latest research and innovation that could benefit patients as well as promote more rewarding careers. Nursing roles need to be defined and commissioned around the needs of patients rather than the traditional model of specialising.

There have been many debates around the adequacy and appropriateness of four fields of nursing practice (adult, mental health, children and learning disabilities). When planning for the future, we need to develop registered nurses who can deliver whole-person care in flexible environments with patients who are often elderly and have multiple conditions. To do this, we must radically rethink whether the current model is fit for the future, and whether it provides the necessary flexibility to meet emergent patient need.

Discussions with students have raised concerns that the four fields do not lead to parity of esteem between mental health and physical health, or provide the experience required to promote care being transferred to the community. Evidence from HEEoE<sup>67</sup> has shown overwhelmingly that education should develop registered nurses who can provide person-centred care in a range of settings based on patient needs and pathways.

Considering that a quarter of the population will experience some form of mental health issue during their lives, adult registered nurse training does not focus enough on mental health issues, other than dementia. Registered nurses often provide a constant presence to patients and need to be trained equally in both mental and physical support. In a similar way, mental health nursing programmes have insufficient focus on physical care, despite the fact that many mental health clients have both physical and mental health issues. We need to ensure parity of esteem across both physical and mental healthcare.

There also needs to be parity of esteem with the 1.5 million people living with learning disabilities.<sup>68</sup> This number is likely to grow by 14 per cent between 2001 and 2021, as advances in science and care mean many more children and adults with learning disabilities live longer, more fulfilled lives than ever before.<sup>69</sup> The Council of Deans of Health has rightly emphasised within its recent report, *Learning Disabilities: Meeting Education Needs of Nursing Students*, that there is a concern that many staff working in general health and social care settings have limited knowledge of working with people with learning disabilities, or access to training. Although pre-registration training is not the only piece in the jigsaw, it does lay the foundation of a health practitioner’s practice, and any future education model must ensure that meeting the needs of people with learning disabilities is also prioritised.

### A model for the future

“ Whole-person care is a vision for a truly integrated service, not just battling disease and infirmity, but able to aspire to give all people a complete state of physical, mental and social wellbeing. A people-centred service, which starts with people’s lives, their hopes and dreams, and builds out from there, strengthening the NHS in the 21st century.”<sup>70</sup>

**2 years whole-person core training**  
**+ 1 year chosen specialism**  
**+ 1 year preceptorship**

## Two years whole-person core education

This model would allow students to work in a wide range of environments – both acute and community-based – and develop an understanding of public health principles, older-person health, physical and mental health, leadership and self-care from the outset of their induction to their programme. This programme needs to ensure that students acquire the right skills, through hands-on learning, to develop into registered nurses that can make interventions and manage cases and care. The whole-person, two-year training model would deliver a strong foundation from which to enter their elected field, having first ensured that all students had previously acquired knowledge and skills that were appropriate to all fields during those first two years.

This would provide the opportunity for the development of a centrally based, whole-person core curriculum for all students, that could be amended annually to accommodate requisite changes in patient need and evidence-based practice – similar to the way postgraduate medical curricula are updated and approved by the medical regulator.

This core training should be focused and designed around the care needs of patients, and will require registered nurses who are able to empower, drive and manage self-care, shared care, managed care and restorative care. At the heart of this process must be patient-driven, multi-disciplinary care plans, supported by an integrated approach to multi-agency care delivery.

## One year chosen specialism

During their second year, pre-registration nurses would choose a specialist field of application for their third year. The third year will build on the whole-person, two-year training programme and provide core training and preparation for the final year.

## Additional field - community care

There has been a strong call for the review to consider recommending the introduction of a new field relating to community nursing. It is acknowledged that there needs to be more nurses who are equipped and proficient to work the community. There must also be further debate to determine whether adding a community care field would encourage more nurses to see specialised community care as a future career. This potential field could include district nurses, GP practice nurses, health visitors and school nurses.

Currently, most nurses enter GP practice nursing towards the end of their career, and over 30 per cent are estimated to retire in the next five to ten years. There seems to be an expectation amongst students that their first post-qualifying post will be undertaken within an acute hospital setting. It is reported that a culture of gatekeeping continues to exist around where newly registered nurses continue their careers; they report being expected to consolidate their skills in acute hospital settings prior to applying to the community or to areas considered to be highly technical, such as critical care, surgery and general medicine.

Introducing a new community care field would ensure that GP practice nurses are sufficiently trained prior to commencing their careers in general practice, thereby not relying on the GP practice for initial training, which is currently the case. In addition, health visitors would not need to undertake three years of training in a specialist field before undertaking one year in specialist health visitor training. Instead, they would enter their three-year training programme as a student health visitor, which would have implications for the NMC registration process. Promoting positive health needs to be an important part of all education programmes but it will need to be an essential and major component of any new community field.

Encouraging nurses to begin a life-long career in community nursing will impact on the ability to provide high-quality placements in the community. There are reports that providing community placements for students can be challenging in many areas. HEIs are already tackling challenges by being innovative in placement coordination and equipping students to deliver care across traditional locational barriers. There needs to be more emphasis on providing students with community places, including placements within the independent sector, and particularly in general practice. Solutions are needed to remove barriers, ensuring that a fully trained and proficient out-of-hospital nursing workforce is developed for the future.

## Public health

Enabling healthy lives and encouraging patients to self-care will be an integral role of the future registered nurse. Given that pre-registration education is the foundation of life-long learning; public health needs to be embedded within pre-registration education from the outset. Competence standards already exist that require all nurses to acknowledge and understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities.<sup>71</sup> HEIs need to use these standards as a baseline from which to rebase their curriculum as they introduce greater emphasis on the promotion of positive health and wellbeing, and the prevention of sickness and ill health.

### Prospect of employment after pre-registration nursing degree.

This review would encourage employers to employ their registered nurses as they leave their third year of training, and incentivise them with the prospect of employment once they register. This is not limited to acute care; there are options for care homes, social enterprises, GP practices and community organisations and so on to employ registered nurses, and also to 'grow their own' registered nurses, in a way that is tailored to the individual needs of their patient and carer population. This will need to be encouraged through robust preceptorship programmes so that students can continue their learning journey in a secure and vibrant learning environment.

### University of Greenwich: Patient pathway placements

The University of Greenwich's pre-registration adult nursing programme sets out to equip its students with the knowledge and attitudes to deliver care across traditional locational boundaries. The programme has been developed in conjunction with clinical partners and patients to meet the needs of the local community and the health requirements of the local population, focusing on integrated patient pathways of care. Students follow the patient's journey from initial symptom recognition to accessing care in the primary sector, referral to secondary care and, finally, discharge to community or palliative care. Placements are undertaken within the primary, community and acute sector, allowing the development of transferable skills and an interlinked understanding of various care settings.

### University of Surrey: Overcoming barriers for community placements

Within community locality areas, students are allocated to placement 'circuits' that enable them to experience different specialities, such as working with community nursing teams, with health visitors in community hospitals, in hospices, with specialist community nurses and practice nurses, and gaining insights into learning disability provision as well as voluntary and charitable organisation provision. Through these experiences, they gain insight into the wide variety of community based care. This 'locality' approach also enables the students to experience integrated care by witnessing and engaging directly with close working partnerships within one community area.



**Preceptorship**

Following registration, nurses should continue to work in their chosen specialism, supported and supervised by a designated preceptor who will provide both informal and formal education and training to encourage the development of additional skills, knowledge, competence and confidence (see Theme 6 for further details on this).

**Conclusion**

Overall, this model provides sufficient levels of flexibility without dismantling the current system, and it is understood that some universities can already deliver a version of this within the existing NMC standards.

However, this model, although strongly advocated, is just one possibility; it is not definitive and requires further work and consideration, and we anticipate that it will provoke debate. Any future system will need to provide registered nurses with a sufficiently broad understanding of the different aspects of patients' needs, alongside the ability to coordinate and communicate these within a multi-professional team and across integrated service delivery sites. In essence, all education and training, including pre-registration, will need to be more person centred and tailored to meet the multi-variant needs of our patients and service users.

### **Birmingham Children's Hospital: Prospect of employment after nursing degree**

Birmingham Children's Hospital NHS Trust currently recruits all students six months prior to the end of their course. The Trust encourages students to join their nursing staff and, four months before qualifying, they run and support additional study days for their students that help them to 'hit the ground running' when they do qualify.

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## **Recommendations**

- 1. NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing 'four fields' model is fit for the future.**
  - 2. NMC should explore and consult on the introduction of additional fields of practice such as community nursing.**
  - 3. HEE should expect its LETBs to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.**
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## Theme 5: Assuring a high-quality learning environment in undergraduate nursing education

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In 2012, the Willis Commission reviewed undergraduate registered nurse education and training through gathering evidence on the best methods of delivering pre-registration nursing education across the UK. Some progress has since been made in implementing the resulting recommendations but many have not progressed far enough. For example, inconsistencies continue to exist regarding the quality of practice learning environments. At least half of the undergraduate curriculum is delivered in practice, so this must be addressed as a matter of urgency. To ensure that the nurses of the future are truly patient-centred and preventative in focus, practice-based education should be delivered and assessed against clear standards and within a supportive infrastructure.

### Future graduate workforce

Given the capabilities of a graduate workforce, it is right to have high expectations. However, to support this, universities and professional bodies must explore how undergraduate education and preceptorship can raise the bar to deliver the advanced skills and knowledge needed by future registered nurses.

By bringing certain skills forward as part of practice experience during pre-registration education, they will already be mastered with confidence at the point of graduation and registration:

- Skills and the underpinning theoretical knowledge to take a structured history and assessment of patients presenting with complex needs, deteriorating condition or psychological crisis
- Diagnostic skills to identify and commence treatment such as venepuncture, cannulation, administration of intravenous additive, diabetes management and chest/lung assessment or utilise psychological solution focused therapies
- Communication skills for bereavement

Working together with universities and professional bodies, NMC should also consider whether independent prescribing could be included within pre-registration education and the preceptorship year. Success in bringing forward advanced skills will also depend on capacity within the current workforce to assess these in practice. This work must therefore be integrated with this review's recommendations on CPD and up-skilling the current workforce.

### Mentorship

HEEoE has carried out work to review local delivery models of pre-registration education, and this review acknowledges their efforts in leading the way with potential solutions to enhance the effectiveness of practice-based education. Their work on mentorship has shown that, while students greatly value the support of their mentor, significant variation exists in the quality of mentorship. Good mentorship was seen to include clarity about learning outcomes, the opportunity to practice clinical skills under supervision and a welcoming approach to questions and evidence-based enquiry.

Registered nurses (in HEEoE) reported that to act as a mentor was not always seen as a 'badge of honour', as they often felt obliged to do this because of the increasing number of registered nurses being trained. Furthermore, registered nurses reported varying infrastructural support for practice-based learning and a lack of acknowledgement of the importance of the mentor role within the education process.

It is clear from the HEEoE work and other evidence that high-quality, practice-based education is central to the preparation of future registered nurses. The degree to which the mentor and the practice environment value learning appears to impact significantly upon student outcomes, both in terms of learning and the desire to complete the course.

There is extensive debate as to whether all registered nurses should be mentors, with many nursing job descriptions including this as a clear role expectation. Due to the high numbers of registered nurses being trained, most registered nurses who are suitably qualified are encouraged to be a mentor, regardless of whether they function as informed role models or are motivated to fulfil this role. In order to address the issues of both capacity and quality in practice education, many local services across England are exploring innovative ways of coaching and supporting student nurses in practice. One such alternative approach to the provision of traditional one-to-one mentorship is the Collaborative Learning in Practice model, which has been piloted by HEEoE.

## University of East Anglia & Health Education England East of England: Collaborative Learning in Practice model

An example of one such approach is the 'Real Life Learning Ward', which has been established to support day-to-day learning in practice. Their approach is intensely student-centred and based on coaching principles, with typically up to 20 students placed together in one learning environment. The model is being piloted in a range of environments, including acute, mental health, community, midwifery and paediatric settings.

The series of roles below work together to facilitate this learning environment:

### Clinical educator

This pivotal new role will directly influence the quality of the learning environment. Clinical educators are experienced mentors with strong facilitation skills, who oversee a maximum of two wards or practice areas and provide on-site support and guidance to coaches, mentors and students. Evidence shows that providers are already employing people in a similar role and are benefiting greatly from their skills and expertise. HEEoE has recognised the value of this role and provided shared funding to each of its local trusts, encouraging them to adopt this approach.

### Named mentor and sign-off mentor

The role of the sign-off mentor (SOM) mirrors that set out in the NMC Standards to support learning and assessment in practice (SLAIP) Standards (2006, 2008), whereby students must spend a minimum of one hour per week protected time with their SOM. The SOM is responsible for assessing and ratifying the student's practice competencies that contribute to ensuring their standards of proficiency and fitness to enter the NMC register.

### Coach

On each 'shift', a coach supports two to three students to provide total care to a group of patients. The coach, who is a registered nurse and qualified mentor, will be released

from their clinical responsibilities on that day to support the students in planning and providing care, and will provide feedback on the student's progress. The learning is attuned to the student's level of experience, resulting in the transaction of valuable learning experience. Patient involvement and feedback is key to developing the learning experience and students value the increase in time they have to spend caring.

### Day coach

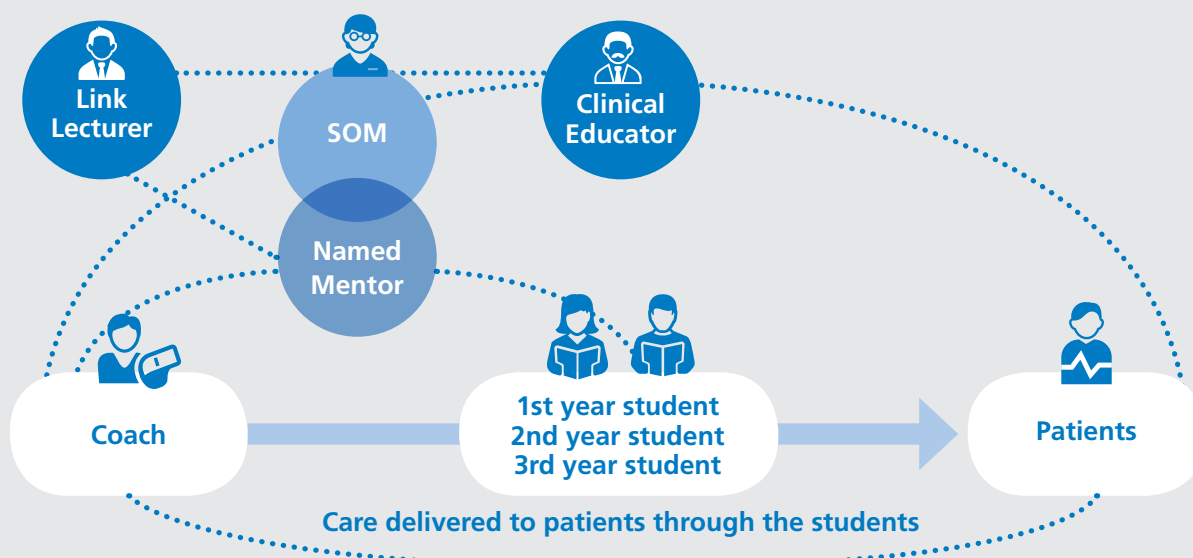
This new role is suitable for any registered nurse who works within the practice area, and who is keen to support student learning and willing to take on the responsibility associated with this role. They do not need to be a qualified mentor and should be a regular, ward-based staff member. In order to perform this role satisfactorily, day coaches do not have any other responsibilities during that particular shift and will support a maximum of three students per day, with no more than nine patients to care for at any one time.

### Students

The model is underpinned by a philosophy of student-led and peer learning. Students will normally have no more than three patients allocated to them; these would be linked to their developmental stage, their level of competency and the complexity of the patient's needs. The role allows some flexibility in order for students to achieve management and leadership learning outcomes, and second- and third-year students will be involved in supporting and facilitating learning for more junior students.

This model is currently being formally evaluated but feedback from students is positive, advising that they are learning to become more confident and autonomous in practice, in a supported and safe environment. More importantly, patients have noted that they are enjoying being partners in educating students. Experienced staff have the opportunity to reflect on care and to develop their resilience skills.

## Collaborative Learning in Practice (CLiP)



The Royal College of Nursing is currently undertaking a review of mentorship. The result of this work should inform whether we need to radically rethink our mentorship philosophy, and whether the current model is fit to support student learning in high-quality learning environments.

There is still a lack of sustainable funding to ensure the provision of good mentorship. Any further review of the educational tariff paid in support of practice learning should consider future funding arrangements to provide better financial support to mentors.

### Listening to the student voice

Patient safety is the first priority for everyone involved in the provision of health and care; the Francis report has elevated the profile of patient safety and highlighted the role that learners have in raising concerns about the standards of care.<sup>72</sup> Learners may witness or be made aware of an unsatisfactory situation, or believe someone is being put at risk of harm, and are in a position to provide a key whistle-blowing function to alert providers and commissioners to poor practice. Therefore, placement and education providers must foster a culture and environment where learners feel that their views are respected, acknowledged and acted upon; where they are encouraged to ask questions and inspired to act with honesty, integrity and compassion.

As the Francis report has already strongly suggested, students and trainees are 'invaluable eyes and ears in hospital settings'.<sup>73</sup> Feedback on placement is a routine part of pre-registration, but there is more work to be done to ensure that student feedback is universally used at a national level to enhance quality standards and inform service improvements. Other regulators such as the General Medical Council have an annual mandatory survey for all postgraduate doctors, which provides them with vital information that helps local education providers such as hospitals and general practices improve their training practices.

### Encouraging students to speak up

Health Education North West (HENW) has developed guidance for healthcare learners to enable them to 'speak up', and advises to those supervising and supporting learners to ensure a safe and supportive environment within which concerns can be raised. The guidance also offers a framework whereby placement and education providers can assure themselves and others that there are clear processes in place to support a cohesive and inclusive approach to quality surveillance and improvement in learning and care.

### Consistency

Student focus groups consistently advised that they would welcome greater standardisation. HEIs are keen to interpret the NMC and HEE commissioning standards flexibly, but the output standards and threshold standards of proficiency should be consistent across the UK. Standardisation is also supported by employers, who require equity from their employees.

Focus group work suggests that varying interpretations of NMC standards and requirements have led to some students being 'allowed' to perform routine clinical tasks in some placements and not in others. HEIs and healthcare providers need to work together to ensure that successful evidence-based education and training practices are adopted across the board, and not just in one centre of excellence.

Assessment is a key component of undergraduate nursing and medical education. The GMC are consulting on the need to introduce a licencing assessment at medical school level to set clear, consistent outputs for medicine. NMC should follow a similar approach, identifying whether standardised assessments should be introduced at some point during the pre-qualifying education period with the aim of enhancing the consistency of output standards of student proficiency



## University of East Anglia & New Pan-London Practice Assessment Document

The three London LETBs commission almost 10,000 nursing students on pre-registration programmes from 9 HEIs. Each student spends 50 per cent of their education on clinical placements, developing their experiences in acute and community settings. This activity is monitored and evaluated through Practice Assessment Documents (PADs).

Previously each of the nine HEIs had a different PAD and would also share clinical placement providers. This put pressure on clinical areas as mentors had to manage the subtle differences in assessment that students from different HEIs have to complete.

The new Pan-London Practice Assessment Document (PLPAD) creates consistency across the training environments, and has been well received by students.

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## Recommendations

- 1. Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.**
  - 2. NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.**
  - 3. Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.**
  - 4. NMC should explore the development of a national assessment framework.**
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## Theme 6: Assuring predictable and sustainable access to ongoing learning and development for registered nurses

“ Many of tomorrow’s workforce are here today. Much greater priority needs to be given to developing the skills and competences of the current workforce to better meet the needs of patients today and tomorrow. Without building capacities and capabilities in our workforce for a world of continuous change and emergence of new roles and possibilities, we risk being perpetually out of step and continually rebuilding our workforce to do yesterday’s, not tomorrow’s, healthcare work.”

**King’s Fund<sup>74</sup>**

The future workforce is, in large part, the current workforce. Maximising its potential and ensuring that it can meet future patient needs means investing in education and training throughout each registered nurse’s career. The newly registered nurse, at the point of registration, is not the finished product – investment in the development of all registered nurses throughout their career is important to ensure safe and quality care, to retain high-calibre staff and to educate the future workforce.

The vast majority of the current workforce has limited opportunity to engage in post-registration education within their contracted work time – there has been significant variation in the level and degree of investment in the qualified workforce, leading to variation in the level of post-qualification attainment. From our focus group sessions, some registered nurses stated that they can feel very threatened by the thought of the ‘future nurse’, and expressed anxiety about their ability to engage in further study in support of their own progression, and also about their ability to support new registered nurses currently entering the workforce.

There is growing evidence from across Europe and the USA that a better-educated nursing workforce delivers better patient outcomes, in terms of morbidity and mortality.<sup>75</sup> In the UK, from September 2014, all new registrants will enter the workforce at graduate level, however, by 2029, it is anticipated that over half of the current workforce will still be non-graduates.

The introduction of a graduate education policy has a series of effects and implications for transitioning the current workforce and building capacity within the clinical/academic workforce to meet future demands for the skilled nurse in different settings. A transition and investment plan is required to facilitate the complex set of policy manoeuvres necessary to achieve this. The introduction of such a fundamental change must also offer adequate support to the current workforce, so that they experience no disadvantage in adapting to the future. Because the future workforce is influenced by the current workforce and their attitudes, behaviours and values, it is important to invest and provide the necessary support structure if we are to realise the full potential of a graduate workforce.

### Supporting new registrations

Preceptorship experience plays an important role in the socialisation of newly qualified nurses, assisting them in the transition from student status to registered professional. Many students tell us that being newly qualified is exciting but often unnerving. Patients and other healthcare professionals are often unaware of their level of experience, which puts additional pressure on new registrants.

Further focused reviews are needed on the purpose of preceptorship and whether, in addition to being provided during the transition period, it should also be offered as a formalised follow-on programme, integrated as part of pre- and post-registration training. In this way, newly qualified registered nurses would be encouraged by preceptors to consider their future career pathway and create an appropriate foundation for this in their personal development plan.

Preceptorship will be taken more seriously if it is included as part of the overall training model and better linked to more formal systems. Including preceptorship within the context of the NMC's proposed revalidation framework should position it as a key component of the ongoing education system. The preceptorship programme would serve to improve the depth of knowledge within the student's chosen field and could lead to the achievement of a formal qualification, such as credit towards a postgraduate degree. New registrants could potentially develop a research-based thesis or work with others in quality improvement projects, which would be a step towards postgraduate education. This proposal will require support from HEIs, which could act as centres of excellence for research based care, as well as support from HEE and local employers.

Employers need to invest in the newly registered workforce while they are new to the profession and likely to be enthused, in order to reduce the attrition rate of newly qualified registered nurses.<sup>76</sup> As part of the transition plan, an evidence review is needed to analyse whether the current purpose and provision of preceptorship is adequate to meet the demands of newly qualified entrants to the profession, and how we can deliver consistency and overcome barriers to its implementation.

### **NHS Scotland's Flying Start**

NHS Scotland has introduced a structured learning programme supporting all newly qualified nurses, midwives and allied health professionals in their first year of practice.

The programme consists of ten learning units designed to develop confident, capable practitioners through activities and mentor support. Practice Education Facilitators (PEFs) conduct supported sessions to provide guidance. These allow for peer group discussions and enable nurses to raise concerns in a supportive environment. The programme provides a structure of support that identifies learning outcomes and opportunities for review and reflection.

### **Revalidation for registered nurses and midwives**

By the end of 2015 the NMC will be launching revalidation for registered nurses and midwives. The purpose of revalidation is to improve public protection ensuring nurses and midwives continue to remain fit to practise throughout their careers. Revalidation is designed to build upon existing arrangements, revalidation adds elements which encourage nurses and midwives to seek feedback from patients and colleagues, reflect upon how they meet the Code having had a professional discussion with another nurse/midwife and, importantly, seek confirmation by a manager and/or fellow registrant.

The NMC believes that this will give even greater confidence to the public, employers and fellow professionals that nurses and midwives are up to date with their practice. Revalidation will not be about addressing bad practice amongst a few but about promoting good practice across the whole population of nurses and midwives.

### **Health Education North, Central and East London: Preceptorship**

Health Education North, Central and East London are currently developing a '3+1' integrated master's programme.

Adult or mental health nurses will qualify, as usual, after three years of pre-registration training. This would be followed by a fourth year where the student would be employed and work clinically part-time to consolidate and achieve their preceptorship requirements, as well as undertaking additional study to achieve their master's qualification at the end of year four.

In the fourth year, adult registered nurses would focus on enhanced skills in primary and community care, working outside of the hospital setting, whilst mental health registered nurses would focus on physical health skills and some psychological therapy skills.

## Ongoing learning

The government has committed to provide all staff with personal development plans, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential. This highlights the importance of CPD; it is a pre-requisite to patient safety and is crucial for maintaining personal reflection, care, quality and safety standards.

A number of submissions to this review have cited the complexity and inconsistent nature of the CPD system. There were many suggestions to establish a body within HEE (or for HEE to delegate authority to an existing body) to authorise and monitor standards nationally for post-registration, postgraduate nursing education, and to support role development within an overall career/role framework. This would include working with expert organisations and groups, such as Royal Medical Colleges and RCN, who would offer sets of standards for specific aspects of applied nursing practice.

## Advanced practice

Many registered nurses are now achieving advanced-level practice (at master's level). A systematic review of the research literature commissioned by the Canadian Institute for Health, and further study by the Office for Economic Cooperation and Development (OECD) (2010), concluded that, for patients cared for by clinical nurse specialists (CNS) and nurse practitioners, educated at master's level with associated advanced competence:<sup>77</sup>

- Outcomes are enhanced
- Waiting times are reduced
- Healthcare is delivered to the same quality as that delivered by doctors.

The patient outcomes of this group of autonomous nurses compare favourably to those of senior medical practitioners. There is also evidence from the UK in the areas of cancer (such as Macmillan cancer patient experience work) and other patient groups (such as multiple sclerosis groups) that patient experience is enhanced when patients have a CNS allocated to their care.



## National career framework

The Willis (2012) review issues a clear challenge to the UK governments.<sup>78</sup>

“ A national nursing career framework must be implemented urgently by all partners and properly resourced. It should be based on the four governments’ existing policies of building career frameworks and pathways that support movement between, and synthesis of, practice, management, education and research that value and reward different career paths... ”

The desire to establish a satisfactory career was the second most commonly reported reason for registered nurses to leave the profession, after the desire for a better-paid occupation.<sup>79</sup> Nurses with a degree were more likely to report that nursing did not live up to their career development expectations, compared with registered nurses without a degree. It has been argued that the limited focus on registered nurses’ career management may be because their career progression in the UK has long been typified as a simple linear advancement, from staff nurse to ward sister to matron, with a subsequent move to senior management for a selected few.<sup>80</sup>

This review recognises that nursing careers take different forms: while some choose increasing responsibility, many choose a more lateral career journey, moving within and between care groups and settings. Many nurses often progress serendipitously, with the result left to the support of individual line managers or their own determination.

Significant support was received, especially from students, for the development of structured career pathways. Any future national framework needs to:

- Provide the blueprint/architecture for current and future nursing roles and their development, to help build the future
- Demonstrate to potential nurses why they should become registered nurses and, once they are, persuade them that there is an exciting life-long career that would lead them to stay within the profession
- Help employers to plan their workforce structure, allowing them to build in sufficient flexibility but also plan for the level of expertise they need their registered nurses to have in a sustained way
- Enable education providers to decide whether it is worth moving into delivering different aspects of nurse education and training based on market need, faculty requirements, research programme and so on, and also help them to understand what the curricula need to include
- Enable workforce planners and education commissioners to make decisions on local and national numbers of commissions, and to make judgments about quality of provision.

Before a career framework can be fully developed, a clear postgraduate development pathway must be put in place to provide the flexibility required to enable sustainability over time, as patients and service-user needs change along with the services provided.

There are many examples of existing career frameworks both within and outside the nursing profession. Postgraduate pathways need to draw on models of good practice and future-proof the profession, whilst enabling flexibility and inter-professional working.

In the rapidly changing healthcare context, challenges exist to expand the scope of practice. As the scope and nature of nursing practice evolves, service providers, educators and commissioners need to redefine standards of practice. In response to such demand, education and training providers will need to design and deliver new and innovative programmes that support workforce redesign and service improvement. This will include scope to equip the workforce with the new knowledge, skills and competencies in support of new models of care that have been designed around patient care, rather than focusing on traditional roles or tasks.

## Career and Development Plan for General Practice Nursing

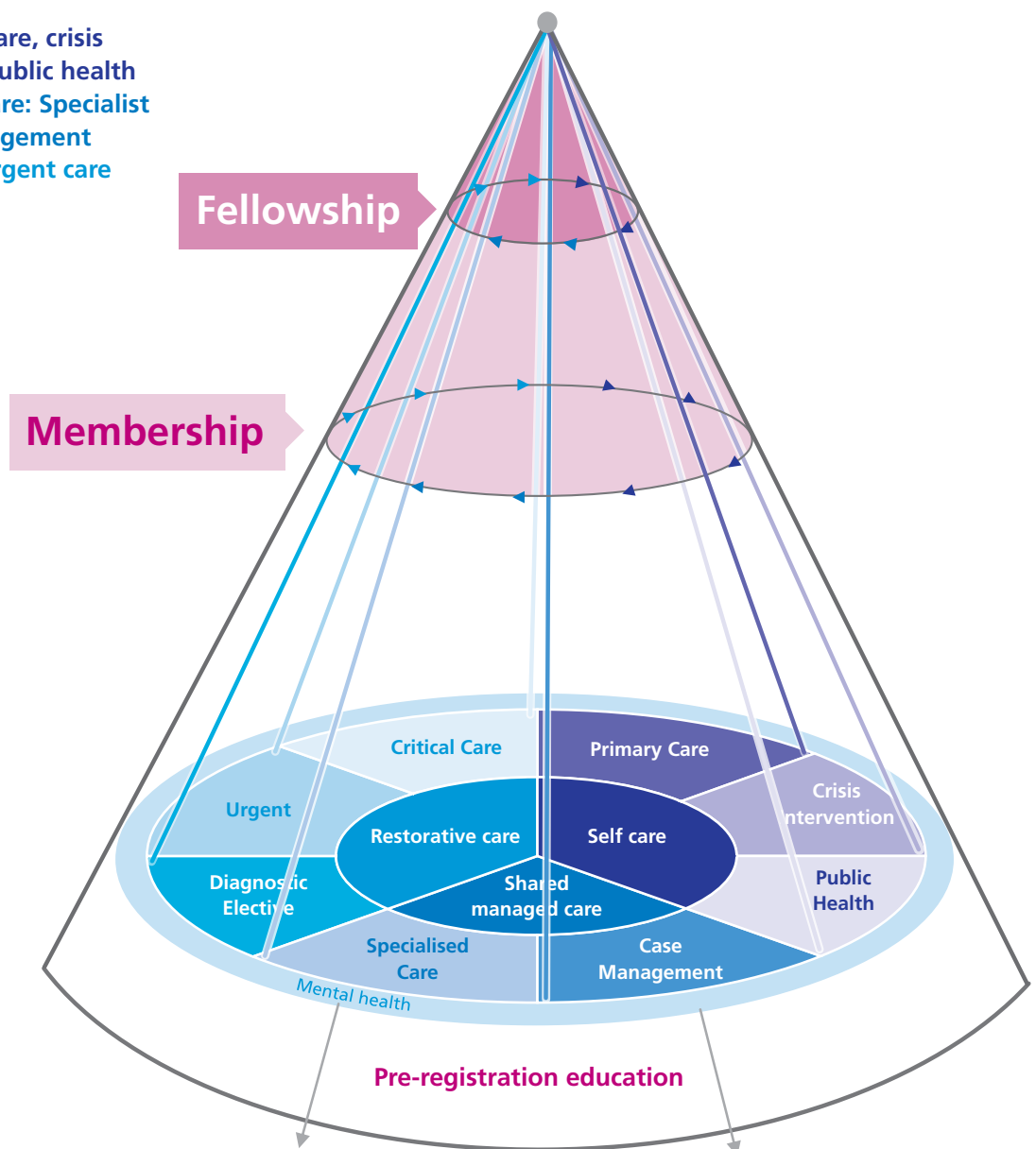
HEE is developing a Career and Development Plan for General Practice Nursing, as part of the Transforming Nursing for Community and Primary Care programme. This Career and Development Framework will assist general practice employers, senior general practice nurses and national organisations in identifying the practice and skills required to provide high-quality care and benchmark existing roles. It aims to attract new nurses and retain into a life-long career in general practice. The framework will be organised around the four central pillars of practice described in the Advanced Practice toolkit:

- Leadership
- Facilitation of Learning: Evidence
- Research and Development
- Clinical Practice

To align with the Career and Development Plan, HEE is developing an education commissioning service specification, as there are currently no national descriptions of practice nursing roles.

### A possible future model of postgraduate pathways

- **Self-care: Primary care, crisis intervention, and public health**
- **Shared managed care: Specialist care and case management**
- **Restorative care: Urgent care and critical care**



Each of these pillars could be adapted to fit with a range of different care pathways, which should complement different fields of practice. Emphasis should be placed on the actual needs of patients, informed by local population health data. This model would still allow for continuation of the current four fields of practice, complemented by a new field of community nursing that would incorporate district nursing, GP practice nursing, school nursing and health visiting.

Within each of the broad pathways, there should be options to develop a career pathway that takes the registered nurse into more senior clinical practice, research practice, teaching and educating practice (in university or in the clinical setting), policy development or management/leadership – or any combination of these. Within any pathway developed, the integration of mental health must be a key principle. It should also be possible to move between these and combine them in different ways over a career span.

This postgraduate model is presented to stimulate debate, and would need to be fully developed and opened up for consultation. It presents a more population centred approach, built around pathways of care, and recognises the need for the development of a new careers framework for nursing.

### **Membership and fellowship model within career framework**

In most professions there are levels of professional achievement to attain and work towards. The medical postgraduate model has such levels to act as goals, and becoming a member of a Royal College is seen as a milestone of achievement within a career. Therefore, in the design and development of any overarching career framework, benchmark standards for career progression and academic advancement should be set. This will benefit the workforce and provide independent endorsement and recognition, forming a clear goal-orientated development pathway. Patients and the public can be assured that the nurse providing their care has achieved a requisite 'badge of achievement' within a specific area of expertise.

We propose the creation of a new approach to 'credentials', and recognise the achievement of advance practice-based learning through the establishment of new, nationally agreed, 'membership' and 'fellowship' categories. These could be awarded to members of the nursing profession who achieve postgraduate standards of proficiency in their elected speciality. Such advanced categories of recognition could be developed and awarded by national organisations such as the Royal Colleges and other notable institutions.

Proposals for the introduction of membership and fellowship status are presented below.

#### **Membership**

This review proposes that any registered nurse who completes training as part of a recognised postgraduate pathway (with the minimum standard achievement of a postgraduate diploma), which combines additional learning in each of the pathway domains and meets the curriculum standards for membership prescribed by the awarding organisation, and who can demonstrate that they meet the agreed national outcome standards for membership, could then apply for membership through the accrediting body.

Membership would need to be renewed through submission of evidence of continuing practice and development as part of the process of revalidation. Membership would not be compulsory for all registered nurses but it would be a requirement for career development into a more senior role.

HEE would own the 'scaffolding' and different organisations could use this to create a framework for the development of the pillars, which would be adapted and changed over time depending on changing health needs and requirements of the service. The membership award would also be awarded by the appropriate, approved organisation.

#### **Fellowship**

The awarding body approving membership would also be responsible for reviewing qualified practitioners for the purpose of revalidation. The member's practice would be peer reviewed by a relevant expert or registered nurse with the greatest expertise in that field (such as a senior clinical academic, consultant practitioner or clinical leader), who would have achieved the status of 'fellow'. Fellowships would be awarded by the same organisation as the membership awarding body on the basis of merit, informed by a peer review process, and reviewed regularly in the same way. Fellows would be expected to engage in the delivery of the education programme, and in setting and reviewing standards for education and practice.

Registered nurses should be able to transfer easily and fluidly between all pillars of practice to ensure transferability. If an appropriate organisation such as RCN, Queen's Nursing Institute or Medical Royal College developed these pillars and were commissioned to design an accredited programme framework, engagement would need to be assured from all professions and members

of inter-disciplinary teams to avoid professional silos. Guidance and standards for postgraduate development, membership and fellowship should be built into service specifications to guide those commissioning services and reviewing the quality of services and education processes. It would also guide workforce planning and service development, both locally and nationally.

One of the barriers to pursuing any pillar of learning is the opportunity for registered nurses to undertake postgraduate training whilst in post. It may be that HEE should seek to provide equitable funding for postgraduate training across the entire health workforce, and whether there is a future need is to commission post-graduate training posts to ensure that registered nurses have sufficient time to follow these pathways.

The graduates of the future should be encouraged to seek additional learning, while employers need to seize the benefit of having a highly skilled workforce that can deliver high-quality patient care. The current lack of standardised training and development for those wishing to take advanced practice forward will be addressed by the setting of educational standards for postgraduate clinical development, and by having a clear pathway with membership and fellowship categories. A national nursing career framework will be useful in attracting and retaining registered nurses by demonstrating the opportunities available for career progression; as a service development tool to create a business case; as an incentive tool to recruit and train an appropriately skill-mixed workforce to deliver quality careers; and as a source of information for curriculum development by HEIs to enable effective role development.

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## Recommendations

- 1. Universities, employers, regulators, professional bodies and commissioners should to work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.**
  - 2. HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in order to develop appropriate and effective learning standards and raise the bar across the workforce.**
  - 3. HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.**
  - 4. HEE should develop and consult on the integrated 'pillars' model of self-care, shared managed care and restorative care, presented above, and commission appropriate organisations to develop a career framework (in conjunction with the other three nations).**
  - 5. HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.**
    - The member would be responsible for renewing their registration with NMC through revalidation.**
    - Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.**
  - 6. HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.**
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## Theme 7: Supporting and enabling research, innovation and evidence-based practice

Central to the production of a flexible workforce that can adapt to changing patient needs and to the adoption of new technology and models of care is the translation of research into practice and the dissemination of knowledge between a cadre of academics/educators and practitioners. Broad research awareness and the ability to engage in critical inquiry and the ability to adopt 'curiosity' in all that we do are essential features of our future workforce and underpin our ability to advance patient care safely and effectively.

HEE has already published a Research and Innovation Strategy for all healthcare staff, which the recommendations within this report aim to build on.<sup>81</sup> The strategy sets out how HEE will create an education and training system that is evidence-based and underpinned by research and innovation, seeking always to build the capacity and capability of our current and future workforce with the aim to encourage them to embrace and actively engage with research, evidence-based practice and innovation.

### Developing an academic workforce

Employers need to recognise that there is powerful evidence regarding the benefits and return on investment of registered nurse leaders who successfully combine practical clinical and academic work.<sup>82</sup> Transforming the partnership between health, higher education and students' experiences in practice requires a commitment to growing and developing clinical academic practice from within the current workforce.

It is currently estimated that 0.1 per cent of the nursing workforce in England are professors of nursing: an indication that there are simply inadequate numbers for the task of leading research and evidence-based practice. Many of these academics will retire in the next 10 to 15 years. HEE is driving forward this agenda in partnership with others, such as the Association of UK University Hospitals (AUKUH) and the Shelford Group. HEE is also making recommendations to progress clinical academic careers; developing a strategy to secure cross-party support for significant nursing, midwife and allied health professional (NMAHP) posts to be clinical-academic (that is, requiring research training or being actively engaged in research training) across the UK by 2020.

To meet this objective, HEE is developing an inclusive, overarching framework for clinical academic careers for all professions, to ensure that all staff are research aware. Building on the current academic training programmes administered by the National Institute for Health Research (NIHR), the framework will streamline existing schemes, co-ordinate their development and enable all partners to be clear about the strategic approach to developing the clinical academic workforce for patient benefit. Whilst introducing a planned and co-ordinated approach, the framework will offer the flexibility required to ensure that the needs of different professional groups and individuals can be met.

The development of Doctoral Training Centres (DTCs), which support clinical registered nurses academically, should encourage an increase in active 'on-the-ground' research within a sound support structure whilst providing a clear academic pathway. Registered nurses who choose to complete a thesis or Quality Improvement Project as part of their post-qualification preceptorship programme could regard these as an initial stage of research training that could later enable them to apply to study for a postgraduate research degree (such as an MSc or PhD), in an area that makes a direct difference to frontline patient care, such as wound care management, medicines management or dementia care.

### Faculty of Health Sciences, University of Southampton Clinical Academic Careers Programme

Dedicated facilities opened in 2013 by Jane Cumming, Chief Nursing Officer, NHS England, at University Hospital Southampton and Portsmouth Hospitals NHS Trusts, provide a supportive environment for a unique programme that aims to develop a cadre of NMAHP clinical academics. Fellows divide their time equally between clinical practice and research, while undertaking research that will underpin quality and safety of care.

Integration of research and innovation across the whole healthcare workforce will enable and encourage quality improvement, service transformation and patient benefit. The adoption of a whole systems approach to the implementation of a research culture should result in a workforce that has the capability to question and challenge existing unacceptable standards of practice, and implement innovation and change that results in quantifiable improvements in patient experience and outcomes.

The system should approach innovation in training and education by adopting quality improvement science principles, relying on the creation of an audit culture that leads to service improvements and by encouraging employees to engage in life-long learning education and training. The system needs to incorporate research methodology and more longitudinal outcome measures to ensure that there is more evidence and data available with which to measure the impact of education and training on the workforce, and therefore the impact that education has on patient care and service user satisfaction.

Successful development, expansion and implementation of clinical academic careers will require nationally coordinated investment as well as local organisation. The latter is most important, since roles and opportunities will need to be developed for clinical-academic practitioners to fill. Within the current educational academic commissioning arrangements, some registered nurses are not supported to undertake masters, PhD or post-doctoral programmes. Commissioning and funding levers and incentives will be required to correct these supply side inefficiencies.

### Introducing an accreditation system in England using Magnet principles

The US uses the Magnet system, overseen and managed by the American Nurses Credentialing Centre, which recognises healthcare organisations that provide excellence in nursing. It provides an avenue to disseminate successful nursing practice (which is based on research conducted in the clinical environment) and strategies. Research demonstrates that Magnet hospitals have higher percentages of satisfied nurses, lower turnover and vacancy rates, improved clinical outcomes and improved patient satisfaction. This work has now been extended to hospital care in Europe.<sup>83</sup>

While the Magnet hospital notion has been successful in changing culture and standards in nursing care in the US, its potential has not been fully realised in the UK, despite the fact that evidence exists to confirm the advantages of its adoption and application in both hospital and community-based settings.

Academic Health Science Networks (AHSNs) were established by the Department of Health in 2013 in England to improve the quality of care for patients within the NHS, and to provide a catalyst to encourage intellectual growth within local health and social care economies. AHSNs present a unique opportunity to align education, clinical research, innovation and healthcare delivery in an integrated way across the health ecosystem by adopting approaches such as those advocated by Magnet. This presents an opportunity to introduce an accreditation system that aims to enhance the quality of nursing care, clinical outcomes, patient experience and education outcomes in a different way, that is, embedded within the patient pathway and across a system of care delivery, rather than in the context of traditional linear, employer-led organisational units of practice-based learning.

The overall purpose of introducing such 'Magnet approaches' has been to accelerate the adoption of 'collaborative advantage' and potential that exists within our LETBs, AHSNs, universities and primary care networks, which all seek to collaborate to:

- Develop system-level strategies and enablers that align nursing workforce development with clinical outcomes, patient experience and education outcomes in the context of a patient care system
- Promote greater alignment of education, clinical research, innovation and healthcare delivery
- Leverage change in organisational and workforce behaviour on recruitment and retention
- Enable the generation of integrated models of nursing workforce development that are appropriate for contemporary health ecosystems.

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## Recommendations

1. HEE should forge greater links with the Academic Health Science Networks (AHSNs) to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.
  2. HEE should accredit Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs.
  3. There should be greater development of postgraduate doctoral centres in LETB areas to drive up clinical research in practice and increase the number of academics in practice.
  4. HEE should establish an expert group to examine the potential and implications of developing and implementing Magnet principles to improve the education of the workforce and patient outcomes
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## Theme 8: Funding and commissioning levers to support future education and training

Investment in the education and training of registered nurses and care assistants is more than an investment in individuals – it is an investment in quality patient care. This requires everyone, particularly employers, to recognise how to value the ‘cost’ of education and training, and the benefits that might be realised from investing in their workforce in support of improved patient outcomes.

### Planning the future workforce<sup>84</sup>

HEE exists for one reason only: to help improve the quality of health and healthcare by ensuring that our workforce has the right numbers, with the right skills, values and behaviours to support the delivery of excellent healthcare and drive improvements and safety. For the first time ever, responsibility for all workforce planning and the commissioning of training and education for the next generation of health professionals has been placed within one organisation – HEE.

HEE’s plans are built upon the needs of the 13 LETBs, which are employer-led and informed by the professional expertise of our advisory groups and other stakeholders. Our first ever Workforce Plan for England brings together our 13 local plans and sets out in one place the investments we will make for 2014/15 on behalf of the system. HEE workforce plans inform our investment plans and the education that we commission.

Traditionally, the approach to workforce planning has been based on existing NHS professions. In the future, radical rethinking will be required to decide whether to move towards a model that commissions training and education around the needs of patient populations; this may include new roles such as the higher level care assistant role or more specialist registered nurses.

### Commissioning education

Intelligent commissioning is crucial to delivering a skilled workforce to meet the changing needs of the population. At its simplest level, education commissioning involves three key functions:

- Planning and analysis, as above
- Specification, design and procurement
- Deliver and improve

The specification and design of innovative education that meets future healthcare needs requires system leadership at a number of levels. With greater integration between health and social care, further consideration is needed to enable HEE, NHSE and the local government, independent and voluntary sectors to work more closely together to plan and design a more flexible workforce. HEE acknowledges the need to incorporate the workforce planning requirements of both the private sector and voluntary sector, in order to inform the shape and subsequent commissioning of nursing education and training.

High-quality service commissioning that meets the needs of local populations is key to the provision of improved health outcomes. Greater integration and partnership working between service and education commissioners can lead to the development of workforce solutions and enablers that can improve patient outcomes and staff wellbeing. Examples of innovative commissioning can already be seen, particularly at CCG level, such as NHS London’s population-based model that has invested in education to enable local care provision. Many examples of collaborative partnerships also exist, supporting the education of the future workforce and determining together how practitioners will be developed and encouraged to meet the future needs of the local patient population. These examples confirm that there must be more encouragement of local-based innovations, rather than the imposition of top-down workforce solutions.

## University of Bolton and Lancashire Teaching Hospitals NHS Foundation Trust: Non-commissioned programme

The University of Bolton has written an BSc Nursing (Adult) programme which is innovative because the programme sits outside of the normal HENW commissioning process. This has been developed in partnership with Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) in a bid to help address their growing workforce needs.

Students will access student loans to cover their tuition fees. These fees are then utilised by both the HEI and the Trust to ensure a high level of support and provision throughout the programme. This enables the Trust to employ a team of clinical tutors to provide more individualised support to both students and mentors during their clinical placements. The costings have assumed no additional funding from HENW, nor access to any infrastructure provided through HENW funding, such as PEFs or placement tariff.

The programme has a cohort of 25, which started in February 2015, and a further 25 will start in September 2015. The University of Bolton reports that the programme is oversubscribed. Evaluation of the programme, which will include attrition, will take place on a yearly basis and a more detailed longitudinal study will take place.

## Delivering and improving education

The current system of education funding and allocation is inconsistent and opaque, giving rise to significant complexity and challenge. While this issue remains beyond the scope of the present review, we are of the opinion that the development of a consistent commissioning framework, with clear funding mechanisms and improvement process, is required. Whilst we recognise that the bulk of the education budget appears to be allocated to educating other professions, this is too simplistic an analysis. This review should undertake as soon as possible a full analysis of the current budget, which should determine whether current funding systems enable the development of integrated and effective, community-focused, patient-centred care. Commissioning levers should be developed within a clear framework, which promotes the commissioning of excellent education.

It is crucial that HEE explores how best to plan and fund post-qualifying graduate learning opportunities for all healthcare professions, and to assess how access to future learning opportunities might be provided more equitably within the system. Consideration is needed in order to promote shared learning opportunities for all members of the health and social care system. Greater utilisation of such inter-professional learning opportunities would improve patient care, generate cost savings, reduce duplication and deliver a more multi-disciplinary and generalist workforce.

Registered nurses and care assistants experience particular barriers in pursuing training and career progression opportunities, particularly in accessing the time required to attend training courses. HEE must encourage employers to support care assistants and registered nurses to remain within their employment by providing them with opportunities to advance their careers and to engage in life-long learning. The following section discusses attrition from education programmes, however there is also significant wastage of experienced healthcare staff, and in some cases this can be linked to the lack of development and career opportunities.

## Attrition

Non-completion rates within pre-registration nursing programmes have been raised as a longstanding issue for many decades. While there is some variation in recorded rates of attrition, HEE projects that the overall attrition rate for nursing undergraduates is, on average, in excess of 20 per cent. Sector data from HEFCE shows that retention on nursing programme.

Attrition is an issue the government would like to address, and is cited as a key performance standard in the HEE Mandate. Educating people who fail to enter the nursing profession represents a financial burden, and reduces the potential supply which in times of shortage creates problems in service delivery. Currently, it costs the taxpayer approximately £78,000 to train a nurse over three years.

This is a challenging and complex issue to address, and even more difficult to tackle; obtaining accurate baseline attrition figures is challenging because each local area chooses to calculate the attrition formula differently, making comparisons difficult. As the commissioner, HEE is obliged to understand attrition rates at both local and national level, and to make commissioning judgements based on that data.

Research exploring attrition from nursing has cited a wide range of self-reported reasons given by students who withdraw, ranging from personal reasons, family difficulties, academic issues, lack of support from tutors/mentors and financial problems. It is likely that a student's decision to withdraw is complex and involves multiple issues, but the underlying causes and motivations around why student nurses start and do not finish need to be further explored with greater rigour.<sup>85</sup>

Misconceptions of nursing and nursing education as a career are commonly cited grounds for attrition. Making the 'wrong career choice' is among the top five reasons for attrition. It will be interesting to see the eventual evaluation of the HEE pre-degree care experience pilot programme, to see if undertaking a period of care experience prior to entering pre-qualifying nursing will have an impact on attrition.<sup>86</sup>

Universities are already working hard to reduce attrition and many have developed a selection process to identify those unsuited to nursing. HEE needs to acquire greater understanding of the data, and of the rationale for attrition, in order to make changes and effectively support universities, providers and students to maximise student retention.

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## Recommendations

1. HEE should review current commissioning and funding mechanisms to explore whether a more multi-professional skill mix/population-based approach should be taken forward for education and training.
  2. HEE should ensure that the funding for ongoing learning (and ongoing learning and career pathway qualifications in speciality learning) for care assistants and nurses becomes more transparent across the system.
  3. HEE should work closely with the voluntary and independent sectors, and local government, and seek lay input to provide more integrated education and workforce planning across the system.
  4. HEE, working with HEIs, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at HEI, local and national levels.
  5. HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the pre-registration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.
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## Next steps

The health system cannot afford to continue as it is without adopting a radically different approach. Nurses and care assistants are the largest workforce groups within the system, providing frontline care across the age spectrum. They need to be part of this radical solution.

Both groups are working in difficult and pressured circumstances; this review is not about undermining the excellent work that they deliver but about ensuring that support is provided to make caring a fulfilling career, either as a nurse or a care assistant. It is heartening that many of the examples of best practice cited within this review are already taking place on the ground, led by those that understand our future challenges first hand.

We are delighted that HEE is leading with NHS England to ensure the entire workforce and service system can successfully deliver on the *Five Year Forward View*, and even beyond. We hope that the Shape of Caring findings will contribute significantly to inform and nurture these discussions.

These recommendations are broad, supporting existing thinking whilst identifying the need for more radical work in some areas. The next immediate step must be an action plan that will take forward this work and translate our recommendations into short, medium and long-term achievement objectives. Some recommendations will need to be implemented incrementally before others can follow, and will need to be led and sponsored by partner organisations.

We recognise that some of the changes we propose in this review are radical – particularly the review of the four fields of practice, mentorship and ongoing learning – and will require significant further debate and consultation in order to be implemented. Our proposals are purely recommendations at this stage; and significantly, there has not been scope to consider the financial implications of these recommendations.

Much work has already taken place, both national and locally, and particularly relating to the care assistant workforce, in the context of HEE's Talent for Care strategy. We are of the firm opinion that this review will promote this work and highlight the need for greater measures to be undertaken to ensure it is embedded for the future.

Finally, we recognise that there are many human factor issues underpinning our proposals that will demand a significant shift in culture and behaviour if these radical changes to our workforce are to be delivered, with the aim of creating a flexible, multi-disciplinary workforce that is able and prepared to work with patients and carers closer to home and in a more collaborative way. Any development of these recommendations will also require consultation with other multi-professional groups to ensure that all professions are working together for the benefit of the whole population.



# Recommendations

## Theme 1: Enhancing the voice of the patient and the public

1. HEE should commission research to identify the forms of patient and public involvement that best support learning, and to ensure that patients and the public are utilised as a valuable resource.
2. NMC and HEE must incorporate the findings of recommendation one into future standard and quality assurance processes.

## Theme 2: Valuing the care assistant role

3. HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.
4. Subject to the outcome of recommendation three, any future government should ensure that the Care Certificate is a mandatory requirement.
5. HEE should implement the Higher Care Certificate.
6. HEE should set the competency standards for care assistants (NHS bands 1-4) in both health and social care, and work with employers to ensure the workforce is trained to meet those standards.
7. NHS England should agree titles and job descriptions that align with HEE's development of a career and education framework for care assistants, as part of HEE's Talent for Care strategy for developing the health and social care support workforce.
8. HEE should explore with others the need to develop a defined care role (NHS Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.
9. HEE should work with the care sector to develop or use an existing e-portfolio tool that will allow signed-off competencies to be recorded electronically on a national database for care assistants, across both the health and social care sectors. All competencies held within the database will be achieved at nationally accepted standards (which are quality assured on a regular basis) so that they are truly transferable and accepted by all health and social care organisations; reducing the duplication of unnecessary education and training.
10. Following implementation of recommendation nine, a standardised portfolio skills passport should be developed for nurses.

## Theme 3: Widening access for care assistants who wish to enter nursing

11. HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.
12. HEE, in collaboration with employers and HEIs, should support the development of more innovative work-based learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.

## Theme 4: Developing a flexible model

13. NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing 'four fields' model is fit for the future.
14. NMC should explore and consult on the introduction of additional fields of practice such as community nursing.
15. HEE should expect its LETBs to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.

## Theme 5: Assuring a high-quality learning environment for pre-registration nurses

16. Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.
17. NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.
18. Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.
19. NMC should explore the development of a national assessment framework.

### Theme 6: Assuring high-quality, ongoing learning for registered nurses

20. Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.
21. HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in order to develop appropriate and effective learning standards and raise the bar across the workforce.
22. HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.
23. HEE should develop and consult on the integrated 'pillars' model of self-care, shared managed care and restorative care, and commission appropriate organisations to develop a career framework (in conjunction with the other three nations).
24. HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.
  - The member would be responsible for renewing their registration with NMC through revalidation.
  - Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.
25. HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.

### Theme 7: Assuring sustainable research and innovation

26. HEE should forge greater links with the Academic Health Science Networks (AHSNs) to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.
27. HEE should accredit Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs.
28. There should be greater development of postgraduate doctoral centres in LETB areas to drive up clinical research in practice and increase the number of academics in practice.
29. HEE should establish an expert group to examine the potential and implications of developing and implementing Magnet principles to improve the education of the workforce and patient outcomes

### Theme 8: Assuring high-quality funding and commissioning

30. HEE should review current commissioning and funding mechanisms to explore whether a more multi-professional skill mix/population-based approach should be taken forward for education and training.
31. HEE should ensure that the funding for ongoing learning (and ongoing learning and career pathway qualifications in speciality learning) for care assistants and nurses becomes more transparent across the system.
32. HEE should work closely with the voluntary and independent sectors, and local government, and seek lay input to provide more integrated education and workforce planning across the system.
33. HEE, working with HEIs, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at HEI, local and national levels.
34. HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the pre-registration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.



# Notes

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# Appendix

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