

# ‘Raising the Bar: Shape of Caring’: Health Education England’s response

Health Education England’s response to A Review of the Future Education and Training of Registered Nurses and Care Assistants in England



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## Foreword

Our care and nursing workforce is the driving force behind the delivery of high-quality and safe person-centred care in all healthcare settings. No healthcare system can be better than the quality of its workforce: our care and nursing teams are an indispensable asset to the NHS, social care and other healthcare providers. Compassion, dedication and guidance are the hallmarks of caring and nursing practice.

Worldwide, it is clear that high quality education is the key enabler of high quality care. The education and training that care assistants and Registered Nurses receive is fundamental to securing high quality care outcomes for service users and to empowering these professionals to have a fulfilling and rewarding career. The care and nursing workforce is in the midst of significant change: service redesign, higher patient expectations and new technology are just some of the features of a paradigm shift towards locally-based, flexible, integrated and accessible healthcare provision, seven days a week. Care assistants and Registered Nurses are powerful agents of change to enable this shift.

Health Education England (HEE) commissioned the Shape of Caring review, which made 34 recommendations for HEE and the Nursing and Midwifery Council (NMC) on how nurse and care assistant education and training can be improved given their expanding and changing roles against the backdrop of service transformation. In principle, HEE accepts all 34 recommendations and is now working on plans for the 26 recommendations that are within its remit.

The learning from the review and HEE engagement exercise on its recommendations has highlighted that there is a wealth of excellent practice in the education and training of care assistants and Registered Nurses today. However this is not universal and there is much variability. Also, the current landscape does not give the care and nursing workforce time to reflect and refine their craft, despite the widespread call for accessible, innovative and relevant continuing learning and development.

HEE has listened to the views of patients and people who use healthcare services, care assistants, Assistant Practitioners, Registered Nurses, organisations and many others throughout the review and subsequent HEE engagement exercise. We heard from many participants that they want high-quality education, placements and lifelong learning to support them to provide bespoke, safe, person-centred care and to meet future pressures and requirements. They want education to be co-produced with patients and services users, from curriculum design

and delivery to assessing competence. They also want meaningful roles that recognise the value of diverse members of the health and social care workforce.

In response to the review's recommendations, the NMC has already embarked on a fundamental review of the skills and competencies that future nurses will be expected to meet for pre-registration, with the consultation phase commencing later in 2016. The review aims to ensure that future training reflects the changing health and care landscape, the blurring of professional boundaries and the increased expectations of nurses' capabilities.

This is a once-in-a-generation opportunity to deliver real change for the care and nursing professions and to give recognition to the status that care and nursing roles rightly command.

We would like to thank all the individuals and organisations who took the time to engage with this vital debate about the Shape of Caring now and in the future. Our response to those views in this report marks a clear commitment to a programme of action that will empower and equip the care assistant and nursing professions to continue to be world class and a highly valued part of the health and social care workforce.



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Chief Executive and  
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# 1. Introduction

## 1.1 Background

Together, care assistants and Registered Nurses are the largest healthcare workforce<sup>1</sup> and provide the majority of fundamental patient care. They have huge potential to transform health and care outcomes and are ideally placed to improve the experiences of service users and families in a wide range of health, social care and community settings.

Evidence from around the world consistently arrives at the same conclusion: the quality of care is one of the most important factors in determining healthcare outcomes<sup>2</sup>. By high-quality care we mean care that is clinically effective, safe and responsive, provides a positive experience for patients, and contributes to the health and wellbeing of the population.

To achieve high-quality care, it is essential that the current workforce's skills and skills mix are supported by a robust, responsive and quality-assured education and training system. We have already made considerable progress towards that vision through a number of initiatives, including our HEE Quality Framework, being launched in 2016.

Excellence in practice and building capacity and capability across the workforce is at the heart of our response. This means that quality must be the watchword in everything that we do to care and support patients, their families and local populations. It means a workforce held in

high esteem – one that is confident and filled with professionals who can build rewarding careers. It means a workforce that is well led and made up of people willing and able to work effectively in an integrated way across settings, flexibly within multidisciplinary teams and in partnership with other agencies. It means a workforce that is itself diverse and able to work with service users from diverse cultural, religious and ethnic backgrounds and with different healthcare needs.

It is for these reasons that, from June 2015 to October 2015, we held an extensive England-wide engagement exercise – online and in different locations – to hear views on the recommendations of the Shape of Caring review<sup>3</sup>. The exercise revealed a wealth of opinions, comments, experiences and best practice on delivering care across health and social care, now and in the future. Many care assistants and Registered Nurses are already working across disciplines, sharing responsibility for people's health and providing holistic treatments for care.

This evident use of diverse skills and flexibility should be nurtured, developed and supported across the English education and training system; this is at the core of HEE's response, informed by the participants' views and rich feedback to the engagement exercise to implement the 26 review recommendations within its remit.

This document provides a summary of the responses we received and outlines the steps HEE proposes to take.

1. There are over 1.5 million unregistered care assistants and support staff (Skills for Care website [www.skillsforcare.org.uk/About-us](http://www.skillsforcare.org.uk/About-us)) and 630,000 Registered Nurses (Nursing and Midwifery Council, February 2014: [www.nmc-uk.org](http://www.nmc-uk.org))

2. [http://ec.europa.eu/health/reports/docs/health\\_glance\\_2014\\_en.pdf](http://ec.europa.eu/health/reports/docs/health_glance_2014_en.pdf)

3. 'Raising the Bar – Shape of Caring: A Review on the Future Education and Training of Registered Nurses and Care assistants', HEE 2015

## The Shape of Caring review

The Shape of Caring review was published in March 2015 and sought to answer to a key question about future healthcare:

**“How can we ensure that the education and training of Registered Nurses and care assistants is fit for purpose to support them in delivering high-quality care over the next 10–15 years?”**

The review was led by an independent chair, Lord Willis of Knaresborough. It was overseen by a Sponsoring Board, co-chaired by Professor Lisa Bayliss-Pratt, HEE Director of Nursing, and Jackie Smith, Chief Executive Officer of the Nursing and Midwifery Council (NMC). The Board was assisted by, and received expert advice from, the HEE Nursing and Midwifery Advisory Group and HEE Patient Advisory Forum. It drew on engagement with and submissions from stakeholders across England, and research and exploration of interesting practice.

The Shape of Caring review was evidenced-based, showcased best practice and made 34 recommendations under eight themes:

- 1. Enhancing co-production and the voice of the patient**
- 2. Valuing care assistants**
- 3. Widening access for care assistants who wish to enter nursing**
- 4. Assuring flexibility in nursing**
- 5. Assuring a high-quality learning environment in undergraduate nursing education**
- 6. Assuring predictable and sustainable access to ongoing learning and development for registered nurses**
- 7. Supporting and enabling research, innovation and evidence-based practice**
- 8. Funding and commissioning levers to support future education and training**

See Appendix 1 for the full list of recommendations.

## 1.2 Health Education England's response to the Shape of Caring review

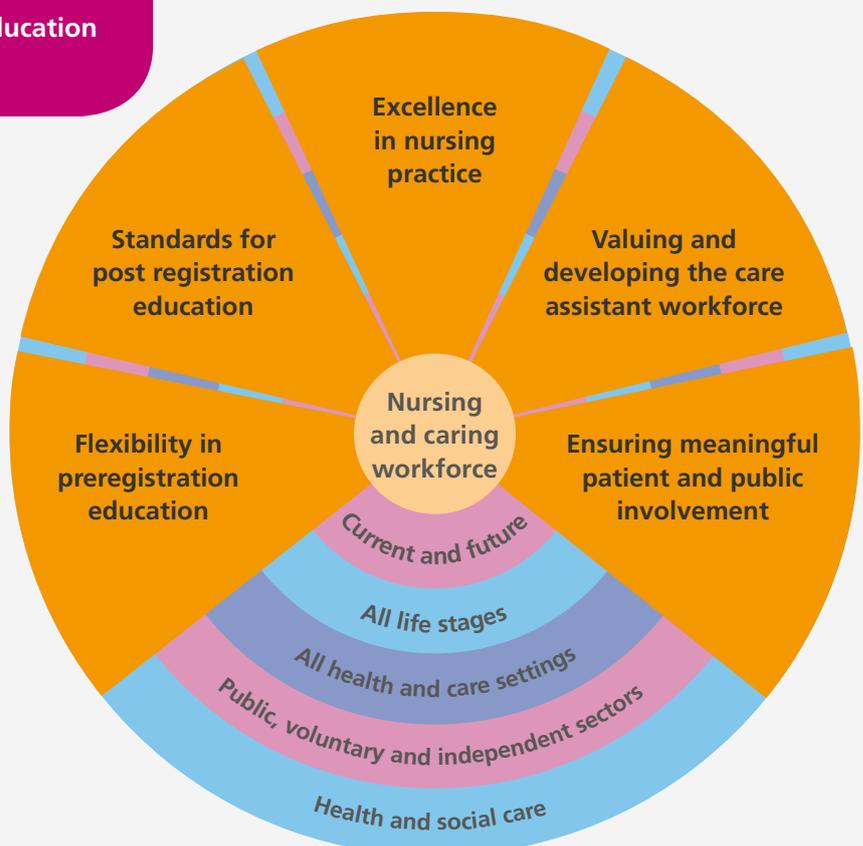
The engagement phase revealed overall endorsement of the Review's findings (see Section 2.2 Main findings and 2.3 What we learned).

In the light of this, the HEE Board accepted in principle all 34 recommendations in the Review report at its meeting in December 2015. (The full set of recommendations is set out in Appendix 1.)

In response to the recommendations of the Shape of Caring review and the engagement activity summarised in this report we have initiated action across five priority areas. The five areas are:

1. Excellence in nursing practice
2. Valuing and developing the care assistant workforce
3. Ensuring meaningful patient and public involvement
4. Flexibility in preregistration education
5. Standards for post registration education

### HEE's five strategic areas and the wider context:



**These five priority areas will define HEE's programme of work over the next two years to drive improvement in the quality of education and training of care assistants and Registered Nurses.**

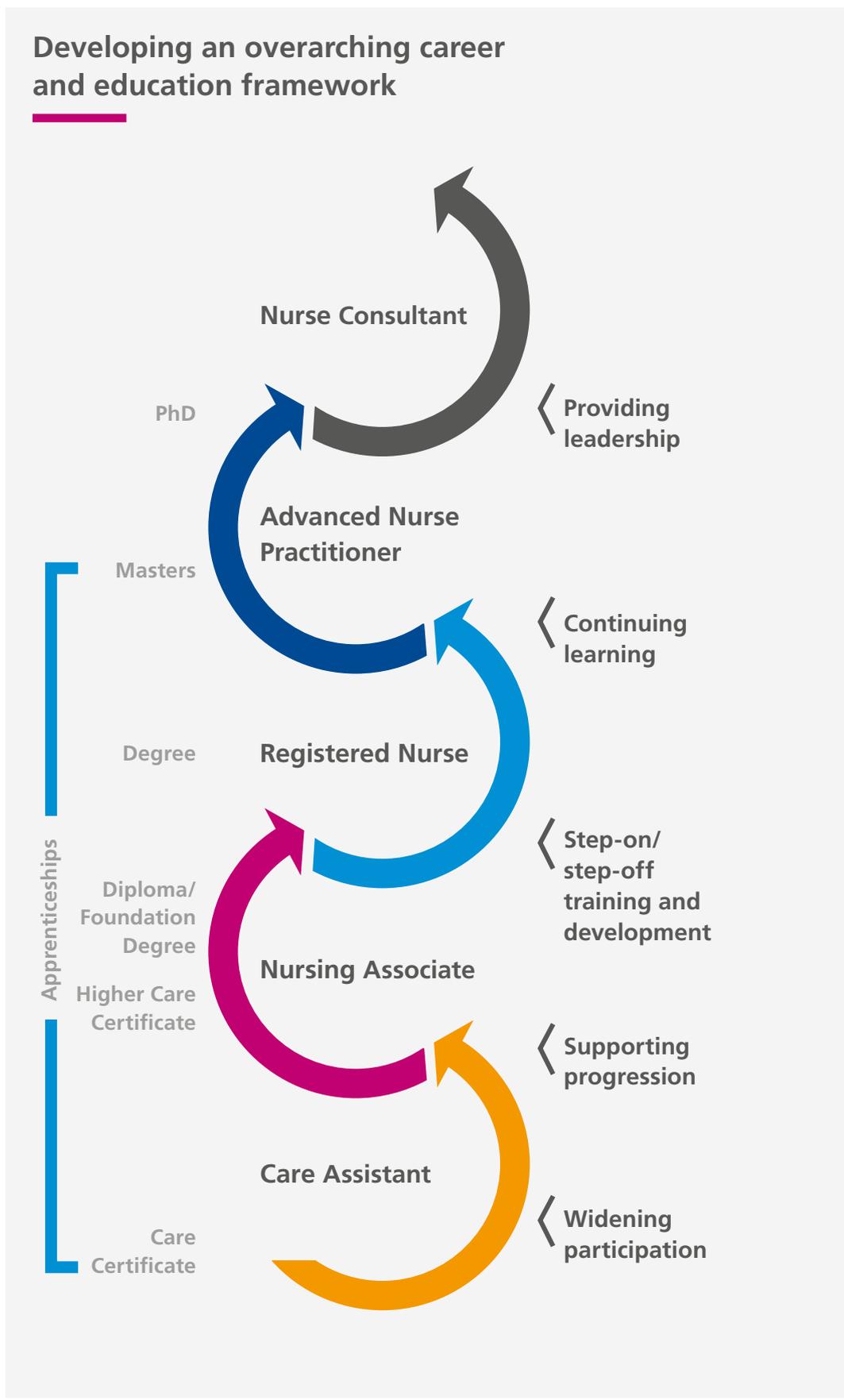
The landscape we operate in is England-wide and includes both health and social care and primary, community, secondary and tertiary health and care settings. We will work with key partners and stakeholders across different sectors to ensure that the offer to care assistants and Registered Nurses is rooted in excellence.

### 1.3 An overarching framework and vision

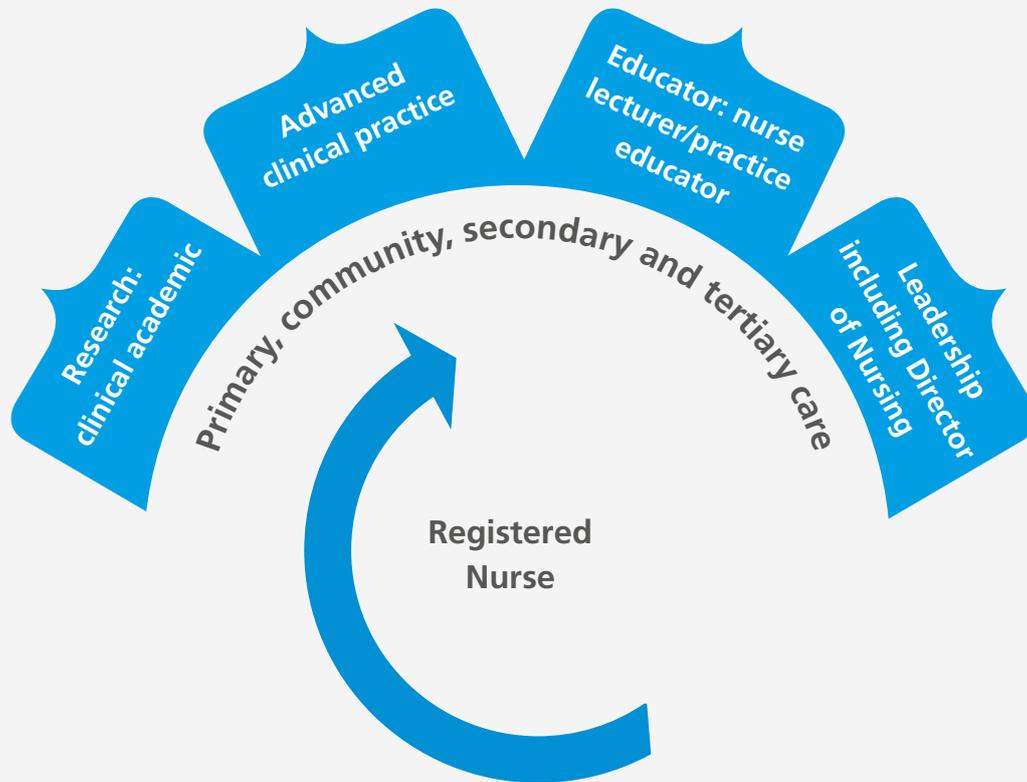
For our work to have real impact across the five areas identified above, we will work with our partners to develop a shared vision and framework for career progression that can bring coherence to the often fragmented pathways and multiplicity of roles that currently feature across the caring and nursing workforce in different parts of the country.

Our aim, in the light of the Shape of Caring recommendations and the feedback we have received, is to support and advance the quality and standards of education from Care Certificate level to PhD and beyond, including clinical academic careers. This gradual transformation will provide a career and education structure that enables the unleashing of potential. Our Registered Nursing workforce, for instance, will be able to work at graduate level and aspire realistically to further progression. This is cost-effective and of real value to patients and the public. It is also what a motivated and skilled workforce wants and deserves.

We know that many of those we have heard from over the last two years will welcome this, across health and social care, and that many have valuable experience and insight on which we can build. We are therefore committed to developing an overarching framework as a focal point that can bring stakeholders together and to create shared understanding and co-ordinated action.



## Progression into advanced and leadership roles



## Progression into advanced nursing careers

### 1.4 Strategic approach

The scope of implementation of each of HEE's five priority areas is as follows:

#### 1. Excellence in nursing practice

HEE is committed to providing the national leadership framework that promotes learning in the context of compassion and excellence in health and care practice. This is why it is working with the Florence Nightingale Foundation to explore how the nursing excellence standards developed by the American Nurses Credentialing Center (ANCC) can be applied in England.

HEE will also work with the education and training system through establishment of an expert resource – an 'Academy of Care' to promote, support and champion excellence by:

- **Acting as the guardian** ensuring that all health professionals are enabled to deliver evidenced-based care with compassion, discretion and integrity.
- Ensuring that healthcare education is **delivered within a culture of compassion and learning**.
- **Promoting the development of educational leadership** through the creation of development programmes for healthcare educators.
- Ensuring **excellence in education across service delivery and research is developed** using the international evidence and best practice.
- **Promoting team working** through the delivery of inter-professional learning that promotes self-care, advocacy and shared decision-making.
- **Developing a co-ordinated and coherent career and education framework** for nursing and caring.

## 2. Valuing and developing the care assistant workforce

There is significant agreement on the importance and contribution of the care workforce. This is twofold: carers offer a vital service to the patients, communities and public they serve. They are also at the starting point on a career framework: the skills and potential they bring underpin the future development of the nursing and caring workforce. The implementation of the Care Certificate in April 2015 is the start of a long journey. To build quality and opportunity, HEE will drive forward plans to strengthen the recruitment, standards and development of the care workforce. Our areas of action are to:

- **Develop a new nursing support role by 2016:** We consulted on proposals for the introduction of an intermediate care role which sits between a care assistant with a Care Certificate and a graduate Registered Nurse. The role will work within defined principles of practice and have a competency framework. We will work with key partners to develop the competencies and pilot the role to 1,000 trainees by January 2017.
- **Develop apprenticeship standards and framework for the new role:** We will work with the Trailblazer Group to develop an apprenticeship standard for the new support role. This will widen entry into the care and nursing professions, create greater transparency in the demarcation of roles and responsibilities within the care and nursing workforce, and standardise competencies acquired through the Care Certificate with higher level competencies at Level 5 and above.
- **Explore the feasibility of a skills passport or e-portfolio to validate and verify education and training:** HEE will identify best practice across its local offices ways to establish models similar to a skills passport and explore how these can best be developed and adapted to a skills portfolio for care assistants so that core training can be standardised and staff have a record of training to progress to new roles or develop new skills.

## 3. Ensuring meaningful patient and public involvement

The voice of patients and the public will underpin the implementation of the five areas outlined here to ensure that the future education and training infrastructure is intuitive and responsive to the needs and expectations of people who use services, their families and carers. The basis for an effective patient and public voice is in being a responsive organisation: having systems and a culture that reach out to the populations the workforce serves and drives improvements in education, training and learning to meet their needs.

There was overwhelming agreement during the engagement phase on adopting and developing innovative practice to engage and involve patients and the public in almost every stage of the nursing education and training journey. To this end, HEE will:

- **Research the patient and public voice (PPV) in education/curricula design, delivery and assessment.**
- **Consult on draft PPV principles.**
- **Work with NMC to incorporate findings into education standards.**
- **Work with stakeholders to embed agreed principles.**

## 4. Flexibility in preregistration education

The HEE engagement exercise shows there is a debate about whether the current model and composition of Registered Nurse education '2+1+1' equips nurses with the breadth, balance and coverage of generic and specialist skills and knowledge to care for patients. Views varied and were dependent on the specialism and field of nursing, with diverging views about whether the four fields of nursing were relevant in today's healthcare system. While most of the recommendations are for the NMC, HEE will:

- **Work in partnership with the NMC to review the 2+1+1 model.** The NMC announced a review of preregistration standards and a consultation on these standards by the end of 2016. HEE will support this important piece of work through linkage with the workforce development programme.
- **Develop an apprenticeship standard for registered nursing.** We will work with the Trailblazer Group to develop an apprenticeship standard for Registered Nursing.

- **Use the forthcoming HEE Quality Strategy and HEE Quality Framework** to move to a consistent, data-driven and risk-based approach to quality management and quality improvement across the healthcare workforce. The intention is that the HEE Quality Framework can be applied to any professional placement learning environment. This will provide the basis for improving learning environments for the care and nursing professions.

### 5. Standards for post registration education

The Shape of Caring review and the HEE engagement exercise highlighted a range of issues existing within current post registration nursing education and structure that need to be addressed urgently to transform the workforce. Issues include: the variation in the level and degree of investment in continuing professional development, and the lack of a career framework to provide structure and incentive.

Our areas of action are to:

- **Establish a virtual hub of excellence to transform the quality of learning environments:** HEE will explore the best model for establishing a membership and fellowship-based resource for care and nursing – a virtual ‘Academy of Care’<sup>4</sup> – which will work to transform the quality of learning environments to an innovative and world class level.
  - o **Work in partnership** with the American Nurses Credentialing Center to develop and test an English model of Magnet accreditation to explore the concept’s transferability with the aim of developing nursing standards aligned to international best practice.
  - o **Strengthen the current education and training commissioning landscape** by working with our local offices, employers and providers to help build a more transparent funding environment for post registration training for nurses. This will include supporting Registered Nurses to advance their nursing practice, in line with the opportunities afforded by the changing healthcare landscape. We recognise that well-educated and prepared nurses through high quality postgraduate education can work at a level well beyond initial registration, using their existing knowledge and skills to inform and further develop their practice.



4. Working title.

## 1.5 Commitment to action

Our immediate actions include the following:

Objective	Key partners include:
<b>1. Excellence in Nursing</b>	
<ul style="list-style-type: none"> <li>• Develop an HEE delivery model for Shape of Caring that supports excellence in nursing practice and ensures the implementation and sustainability of the recommendations made within the report.</li> <li>• Develop and test an English model of Magnet accreditation to test the concept's transferability with the aim of developing nursing standards aligned to international best practice.</li> <li>• Initiate the collaborative development of an overarching career and education framework across Levels 1–9.</li> </ul>	<p>American Nurses            Credentialing Center</p> <p>Florence Nightingale Foundation</p> <p>Advanced Clinical Practice Steering            Group</p> <p>HEE Local Teams</p>
<b>2. Valuing and developing the care assistant workforce</b>	
<ul style="list-style-type: none"> <li>• Value and develop the care assistant role by taking account of responses to the formal HEE consultation in developing the nursing associate role and implementation plan.</li> </ul>	<p>Apprenticeship Expert            Oversight Group</p> <p>Trailblazer Group for Health            and Social Care</p> <p>Talent for Care Programme</p> <p>HEE Local Teams</p>
<b>3. Ensure meaningful patient and public involvement through the co-production of guidelines, principles and toolkit</b>	
<ul style="list-style-type: none"> <li>• Develop a model for educators to ensure that people who use our services, their families and carers are engaged and involved with nurse education design, delivery and assessment.</li> </ul>	<p>HEE Patient Advisory Forum</p> <p>NMC</p> <p>NHS England</p> <p>Council of Deans</p> <p>Further and higher            education institutions</p> <p>Public Health England</p> <p>Student nurse representation</p> <p>Care assistant representation</p> <p>HEE Local Teams</p>

Objective	Key partners include:
<b>4. Flexibility in preregistration education</b>	
<ul style="list-style-type: none"> <li>• HEE will commission the Queen’s Nursing Institute (QNI) to share and showcase best practice in preparing for and supporting students in primary and community care-based placements. HEE will also promote both these nursing fields as viable career options for preregistration nurses inspiring the next generation of nurses to work in community and primary care.</li> <li>• Develop HEE Preceptorship Standards and commissioning outcomes as resources to support the commissioning of related education and training in line with Shape of Caring recommendations.</li> <li>• Work with the Apprenticeship Expert Oversight Group and Trailblazer Group to provide direction and leadership for the development of the Nursing Degree Apprenticeship.</li> </ul>	<p>NMC</p> <p>Professional bodies</p> <p>Royal Colleges</p> <p>Public Health England</p> <p>Arm’s Length Bodies</p> <p>Further and higher education institutions</p> <p>Third sector healthcare providers</p> <p>HEE Local Teams</p> <p>Queens Nursing Institute</p>
<b>5. Standards for post registration education</b>	
<ul style="list-style-type: none"> <li>• Initiating the development of a strategy for clinical academic careers.</li> <li>• Development and delivery of masterclasses to support the implementation of safe staffing e-learning for Sisters/Charge Nurses; and a safe staffing education and training package for Directors of Nursing</li> </ul>	<p>Academic Health Science Networks</p> <p>Trade Unions</p> <p>NHS Trusts</p> <p>Advanced Clinical Practice Steering Group</p> <p>HEE Local Teams</p>

“

The Shape of Caring review has been welcomed as a chance to think differently about how we recruit, train and develop our nursing and care workforce...



## Shape of Caring – illustrating the vision

The Shape of Caring review has been welcomed as a chance to think differently about how we recruit, train and develop our nursing and care workforce, across health and social care in England. HEE has therefore developed some short animated films to showcase our response to the Shape of Caring review.

HEE has worked with regional colleagues to identify key messages that set out how some recommendations in the Shape of Caring review and engagement activity have been brought to life. This has resulted in animations that tell a story and bring colour and vision to our current and prospective learners, employers, educators, people who use our services, their families and carers.

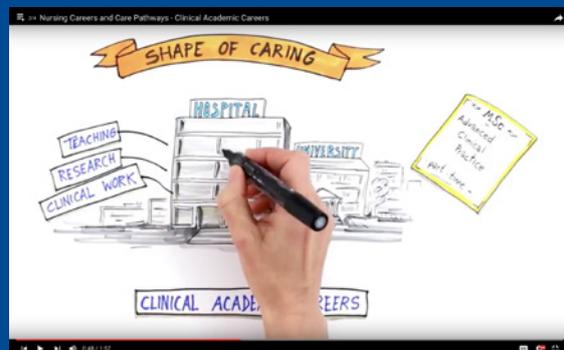
You can view the four animated films on the HEE YouTube channel:

[https://youtu.be/\\_vrR7SzgTNs?list=PLrVQaAxyJE3dxWTFXig6dPaOrRWLQlq06](https://youtu.be/_vrR7SzgTNs?list=PLrVQaAxyJE3dxWTFXig6dPaOrRWLQlq06)

### Patient and Public Involvement



### Clinical Academic Careers



### Care Assistant Career Pathway



### Primary and Community Roles for Newly Qualified Nurses



## 2. Health Education England engagement exercise

For HEE, it was vital that care assistants, Registered Nurses and all health and social care stakeholders had an opportunity to engage with the vital debate about the future of the care and nursing workforce. We also wanted all stakeholders to help inform HEE's response to the Shape of Caring review. HEE therefore ran an England-wide engagement exercise from June to November 2015 on the Shape of Caring review recommendations.

The primary goal of the engagement exercise was to encourage as much freedom and creativity as possible for participants in response to the Shape of Caring review findings and recommendations. There were no yes/no answers, no formal methods to frame responses or guided 'tick-box' choices. Instead, the engagement exercise was an open invitation to all individuals and organisations to be part of a conversation to elicit views on the eight themes in the review.

The engagement generated extensive material in a variety of forms, much of it rich and detailed feedback. It enabled us to hear the many perspectives on the education and training of care assistants and Registered Nurses and their role in providing high-quality, person-centred care today and in the future. It has also helped HEE identify its priorities in its response to the review.

### 2.1 Channels of engagement

We engaged a broad audience across England through:

- **HEE engagement events:** Twelve half-day events across six locations in England supported by HEE local offices.
- **Five Twitter chats:** Held across September and October 2015.
- **Written responses:** A few organisations and individuals chose to engage by submitting written responses, either as formal submissions or in the form of email or written correspondence to HEE on the review's recommendations. These submissions included letters, meeting reports, research findings and survey results.

Many participants commented on particular themes and questions, but some gave cross-cutting information and that covered several grouped questions. The summary therefore reflects this by capturing the key issues raised under the questions posed to minimise repetition.

See Appendix 2 for more information on the engagement activities and levels of participation.

### 2.2 Main findings

We heard many common themes throughout the engagement activities. There was a shared perception that the challenges and areas of change outlined in the Shape of Caring report are real and pressing.

Patient and public safety and health were a priority for all respondents and there was a widespread commitment to improvement and innovation to enable the health and care workforce to meet future service requirements. While the detail of this was sometimes the focus of difference and debate, there was overall endorsement of the review: its recommendations were seen as timely, appropriate and useful.

The main findings for each theme were:

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

- Patient voice and public engagement conducted in a variety of ways can make a valuable contribution to all areas of commissioning and delivery of education and training and the recruitment of learners.
- Such engagement requires time, training and skilled management to ensure it is impactful.

#### Theme 2: Valuing care assistants

- Strong support to value, standardise and clarify the role of care assistants to strengthen their skills, contribution to person-centred care and their capacity to support Registered Nurses.
- Clear consensus for better career progression for care assistants with work-based learning viewed as an essential component of their training.
- Interest in a potential new role with greater responsibility.

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

- A single, national career pathway with clear and consistent entry requirements and progression routes, including the Accreditation of Prior Experiential Learning (APEL).
- Work-based learning, secondments, placements and apprenticeships viewed as integral to widening access to nursing.

### **Theme 4: Assuring flexibility in nursing**

- Agreement that a flexible model for nurse education is needed.
- Differing views over length and composition of nursing degree and the point at which the split between generalist and specialist skills should occur within the degree programme.

### **Theme 5: Assuring a high-quality learning environment in undergraduate nursing education**

- A national assessment framework with robust quality assurance process informed by student and patient voice and effective mentorship models across a range of settings was seen as key to improve quality.
- The need for refreshed preceptorship standards.

### **Theme 6: Assuring predictable and sustainable access to ongoing learning and development for Registered Nurses**

- A shared view that education and training (particularly multi-professional training in different care settings throughout the career of Registered Nurses) was crucial within the context of integrated care.
- Employers should make funding available for such ongoing learning.

### **Theme 7: Supporting and enabling research, innovation and evidence-based practice**

- Recognition that research and innovation are key to supporting reflective and excellent nursing practice and that resources and partnership working are required to enable this.
- Better dissemination and application of research.

### **Theme 8: Funding and commissioning levers to support future education and training**

- The current system must shift to joint, strategic commissioning, which should be standardised, based on robust data and underpinned by sustained funding to enable flexible service provision and care models.

### **Cross-cutting findings**

Across all eight themes we heard examples of good practice and innovation. These experiences are key to building on a strong evidence base. At the same time, there has sometimes been a multiplicity of similar initiatives: while this can be helpful in the early stages of innovation, it is often the case that such initiatives need to synchronise so there can be greater consistency and dissemination. There were a number of cross-cutting findings across all eight themes. These included the need for:

- multiprofessional and flexible team working
- using education and training as a scaffold for career development for care assistants and Registered Nurses
- integration and joined-up services
- recognition of the central and expanding role of Registered Nurses and care assistants
- alignment of national strategies
- standardisation of roles, qualifications, pathways, competencies and data
- leadership as key to achieving change

## 2.3 What we learned

The responses to the Shape of Caring review and the subsequent views heard throughout the HEE engagement exercise shows how passionate the care and nursing workforce is about the quality, consistency and sustainability of education, training and lifelong learning as part of a robust career framework.

There is clear consensus that skilling, reskilling and upskilling the workforce can drive improvements in the delivery and quality of person-centred care. This is particularly the case in the context of changes to the population, technology and medicine, and how and where health and social care services are delivered. How change and improvement of this kind can be achieved generates different views and perspectives, but there is a shared ambition to reshape care for the benefit of users and the different professions that comprise the care and nursing workforce.

Quality is seen as the collective responsibility of staff of all levels – not just front-line staff but also management, employers, providers and commissioners of education and training. Patient engagement and public involvement were viewed as crucial to cultivating understanding across the healthcare workforce of what quality looks like from a patient's perspective.

The review findings and recommendations on valuing the care assistant role received widespread and strong support. There were different views about how the sector should do this but the overarching message was to build on current best practice to widen access to career progression, improve learning opportunities and standardise roles to better define the unique and important contribution care assistant's make to person-centred care in health and social care settings. This was seen as crucial as many local healthcare systems across

the country were moving towards community-based provision where care assistants provided invaluable care and support to help people live independently. There was interest in exploring further the potential for a new healthcare role as set out in the review.

Many emphasised the importance of attaining excellence in their respective roles through innovative, evidence-based, flexible, relevant education and training programmes linked to service and user needs. This should be supported by work-based learning, quality mentoring by experienced professionals and underpinned by a well-resourced infrastructure. Behaviour and culture change were also viewed as prerequisites to realise the transformation to workforce education and training.

Collection and scrutiny of data, together with information management was perceived as a weakness of the current workforce planning system and needed to be addressed to develop and sustain an education and training system that is responsive and intuitive to the needs of the service and users.

There was recognition that achieving the vision to shape the care of the future may require shifting resources across the health and care system. This was particularly so in the move towards integrated care models with different organisations working together to change the pattern of demand and costs for care and support. In this context, we heard that support staff and nurses are working in different ways and their roles in delivering care are expanding beyond their job descriptions and traditional roles.

Real change can only happen through partnership and collaboration. HEE welcomes the opportunity to work with all those involved in the care and nursing workforce to improve the current system so that they are equipped with the skills they need to deliver care now and in the future.

### 3. Summary of responses by theme

In November and December 2015, HEE reviewed and summarised the breadth of responses from all engagement channels (the 12 events, Twitter chats and written responses as set out in Appendix 2) to identify main trends and key points within each of the eight themes.

It is not possible to encapsulate all the views in detail. Throughout this report, our focus is to record the responses to the 34 recommendations made in the Shape of Caring review. We aim to include recurring themes emerging from responses while noting significant minority views. HEE has not applied any weighting to the different types of participant, and we recognise that, despite the wealth of comments and variety of people taking part, we are not assessing a statistically representative sample of the population.

It is important to note that some of the Shape of Caring themes did not receive specific comments from the written submissions and the five Twitter chats held by HEE only covered themes 1, 2, 4, 6 and 7. A number of verbatim comments are included to illustrate and highlight key issues raised.

This section sets out the Shape of Caring review themes and the recommendations relevant for each one. Under each theme, we provide a summary of the feedback received through our engagement events, Twitter and written submissions.

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

##### Shape of Caring Review Recommendations

No 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.”
No 2	“The NMC and HEE must incorporate the findings of recommendation one into future standard and quality assurance processes.”

#### Theme 1: Engagement events

Across England there are examples of innovative and localised models of patient engagement and interesting, effective and inspiring patient and carer involvement in diverse health and care settings. Delegates at our events voiced a strong commitment to engagement and co-production, though with the proviso that it requires time, training and skilled management to ensure that it is both meaningful and realistic. Participants welcomed the inclusion of this in the Shape of Caring review report and in general supported these recommendations.

We also heard clearly that there are a multiplicity of contexts, methods and objectives for patient and carer engagement, and that this can contribute to all areas of

training and service planning, delivery and evaluation, including commissioning. HEE was advised at the events to keep this broad perspective in any future initiatives.

Participants identified cultural and capacity challenges to achieving successful patient and public involvement. They stressed that valuing and sustaining such involvement requires inclusive, creative methods and consistency in standards.

The hallmarks of success in this area were seen as consistent engagement, using technology and evidenced-based methods of involving users, patients and carers in the design of recruitment, education and training programmes for students and nursing staff.



Comments from participants included:

**“Keep the patient/client at the centre of changes.”**

**“Commissioning must be done in partnership with people.”**

**“Let’s develop a curriculum that responds to patients and the public, and includes teaching engagement skills.”**

**“There’s some great work in the area of learning disabilities and mental health: let’s use it!”**

**“We want reduced interventions as a result of listening to patients.”**

**“Use technology to its fullest for information sharing by carers and patients.”**

**Working well: using learning disabilities nurses to facilitate the voice of learning difficulties patients.**

**Working well: using real life patients in complaints, training and recruitment.**

### Theme 1: Twitter Chat

We heard that meaningful patient, carer and family engagement were seen as having many benefits, and a number of ways of involving people were identified. Overall, a multifaceted approach to engagement was advocated, with scope for patients to be involved in commissioning; recruitment (of students, staff, leadership); appraisal, assessment and review; mentoring and support. People felt that nurse involvement in patient engagement should be counted towards revalidation. To be effective, patients needed to be involved in the design of the engagement from the start of the process and creative ways should be considered to engage a broad range of patients. Such engagement should be balanced against resources and staff time.



**“Involve them at the beginning in a meaningful way #shapeofcaring ask them how they would like to be involved.”**



**“Be creative in involvement; go beyond questionnaires + feedback forms – use the power of narrative, involve children + young people too!”**



**“We must have an understanding that cost matters – that that drug/treatment isn’t always affordable in NHS.”**



**“True patient engagement takes proper staffing – you need time to discuss matters.”**



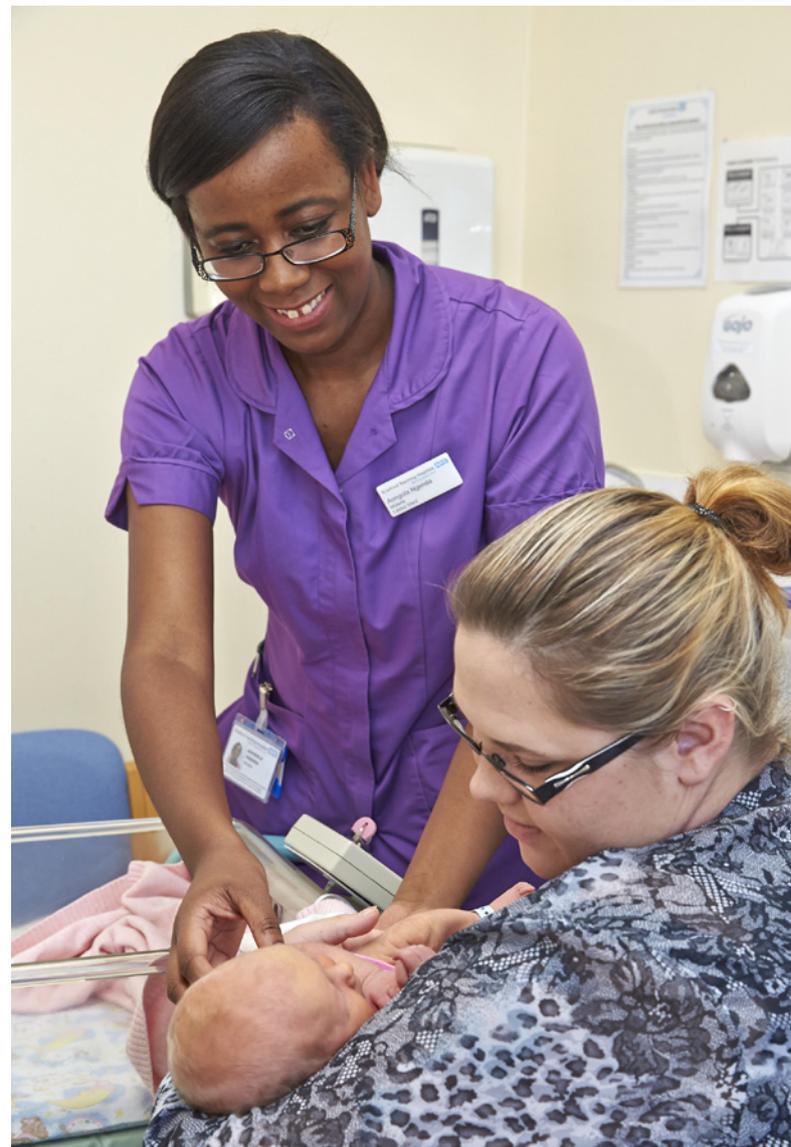
**“Any balance should be equal, not just tokenism or tick boxitis!”**

### Theme 1: Written responses

All respondents agreed that the voice of the patient and public should be enhanced, with research to learn about good practice and evaluate work. (This was also mentioned informally.)

There was agreement that effective patient and public involvement should be with patients, service users and their families, carers and advocates (especially for children and young people). Patient and public involvement should be seen as ‘business as usual’, embedded into all elements of work and in the training of care assistants and nurses.

To achieve the above, investment and resources are needed from stakeholders at local and national level.



## Theme 2: Valuing care assistants

Shape of Caring Review Recommendations	
<b>No 3</b>	“HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.”
<b>No 4</b>	“Subject to the outcome of recommendation one, any future government should ensure that the Care Certificate is a mandatory requirement.”
<b>No 5</b>	“HEE should implement the Higher Care Certificate”
<b>No 6</b>	“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.”
<b>No 7</b>	“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.”
<b>No 8</b>	“HEE should explore with others the need to develop a defined care role (NHS bands 3–4) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.”
<b>No 9</b>	“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”
<b>No 10</b>	“Following implementation of recommendation nine, a standardised portfolio skills passport should be developed for nurses.”

### Theme 2: Engagement events

There is a strong groundswell of support for initiatives that standardise and clarify the role of band 1–4 roles across England in health and social care, and that strengthen the capacity of Registered Nurses and the teams they are part of to delegate responsibility appropriately. The latter was seen as key to enable Registered Nurses to focus on the function of skilled nursing including more advanced practice. There was general support for making the Care Certificate mandatory.

The majority of participants expressed concern that health and social care assistants need to be valued more highly as vital members of services and teams. While many people wanted to see increased opportunities for progression, there was also awareness of the importance of supporting and respecting those health and social care workers who choose not to progress beyond a given level. In summary, all the review recommendations received considerable support.

While there were distinct perspectives, employers, managers and staff in health and social care expressed support for a new band 4 role that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce. We heard from employers and individuals already working with Assistant Practitioners and others in ways that provide a useful model for the future. Participants also viewed work-based learning as an essential component of the training on offer to care assistants and related roles.

Comments from participants included:

**“We need to find appropriate ways of keeping people out of hospital, and helping them out when they are in.”**

**“Clear pathways, clear principles, clear values and behaviours.”**

**“We need to draw in young people to careers that begin in caring.”**

**“Step on, step off training pathway with recognition/value at every point.”**

**“We must aim for lower attrition rates among care assistants.”**

**Working well: Electronic process for completing the Care Certificate (e-portfolio).**

**Working well: Integrated apprenticeships in health and social care.**

## Theme 2: Twitter chats

There was widespread praise for care assistants in the Twitter chat in context of the recommendations relating to this theme. Most participants were interested in finding ways of strengthening the care assistant role and enabling career progression for those who want it.



**“Should be highly valued. Progression in ‘band’ should be offered within departments to progress HCA [care assistants] & department.”**



**“We need to recognise the leaders in our bands 1–4 with title and consistent standards.”**



**“We need more bridges into preregistration: we need to think about Assistant Practitioner roles/Foundation Degrees.”**



**“In mental health services HCAs [care assistants] are the backbone of ward teams: definitely should be involved in assessment.”**



**“Please remember care assistants operate in settings across the system and need to be the backbone of future integrated care.”**

Foundation degrees, foundation entry and Assistant Practitioner roles were seen as bridges to progression. Some people were interested in enabling care assistants to settle at a particular level if they wished, commenting that the ‘step-on, step-off’ approach to training and development should not be seen as failing.

## Theme 2: Written responses

Views were received on all eight recommendations in this theme and have been grouped accordingly.

### Care Certificate:

- A need for quality assurance of the Care Certificate.
- Alignment of the Care Certificate to National Vocational Qualifications and apprenticeship programmes.
- Clarification of the education level of a Higher Care Certificate.
- Embedding the Higher Care Certificate in pre-registration education.

### Competency standards for the care assistant workforce:

- Standards should not be too prescriptive and employers should be involved in setting competency standards.

### Job titles and job descriptions standardised

- A few respondents expressed the need for clarity in the roles and responsibilities of those working at bands 1–4.
- Suggestions for a national curriculum and competency framework includes consistency in job titles.
- Employers had mixed views about consistency in roles and job titles.

### Bridging role

- Feedback on the bridging role was limited and the central point of most responses was to ensure the effective delivery of fundamental care.
- Employers raised concern over a bridging role and how the role would align with existing Assistant Practitioner roles.

### e-portfolio

- Some respondents endorsed the concept of the e-portfolio, arguing that there is a need to provide evidence of skills and competency levels within the role of the care assistant to enable them to move across services and organisations.

### Skills passport

- No clear view emerged about the introduction of a skills passport.
- One respondent referred to existing resources that could be built upon to fulfil a similar need.

### Regulation

- Although outside the scope and remit of the Review and HEE, the majority view strongly favoured the regulation of care assistants to protect the public and provide role clarity within the workforce.



“

We need to find appropriate ways of keeping people out of hospital, and helping them out when they are in.

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

Shape of Caring Review Recommendations	
No 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 Accreditation of Prior Experiential Learning that could account for up to 50% of the undergraduate nursing degree.”
No 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 3: Engagement events

There was overall support for a single, national career pathway as proposed by the review. Participants made it clear that this requires clarity and consistency with regard to entry requirements and progression routes, including the Accreditation of Prior Experiential Learning. Work-based learning, secondments and placements are integral to this.

There was concern at a lack of consistency across England: standardisation of the career framework should serve to create shared definitions of roles, responsibilities, job titles and progression routes. It was envisaged that this would enable more consistent commissioning, easier transferability for those changing jobs, and would also contribute to improved awareness and access for care assistants. There was interest in the possibility of a standardised e-portfolio as part of this.

Employers and universities were well represented at our events, and there is a need to ensure that further education colleges are encouraged to have a greater part in any future consultation. There is debate and discussion about changes to the undergraduate training and education on offer to nurses (see Theme 4), but our engagement activities found general endorsement for initiatives that enabled care assistants to progress into undergraduate programmes and, where appropriate, enter onto the second year of the Registered Nursing degree.

At several events, a small number of people drew attention to the need for flexibility, enabling care assistants to progress not only into registered nursing but also into other healthcare professions.



Comments from participants included:

“Acceptance of apprenticeships as a method of training.”

“The Care Certificate needs to be quality assured, transferrable and mandated.

Need more entry points to widen participation.”

“Work-based learning needs national definition and recognition.”

“Accreditation of prior experience and learning must be joined up nationally, recognised and funded.”

“Don’t set people up to fail: give them time to change knowledge, skills and attitude.”

“Need a nationally agreed pathway for bands 1–4, with entry into new role and the potential for progression to nurse consultant.”

Working well: Apprenticeships.

Working well: Innovative models of flexible nursing pathways.

**Theme 3: Twitter chat**

No Twitter chat was hosted on this theme.

**Theme 3:**

**Written responses**

No written responses were received on this theme

## Theme 4: Assuring flexibility in nursing

Shape of Caring Review Recommendations	
<b>No 13</b>	“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.”
<b>No 14</b>	“NMC should explore and consult on the introduction of additional fields of practice such as community nursing.”
<b>No 15</b>	“HEE should expect its Local Education and Training Boards to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.”

### Theme 4: Engagement events

There was widespread endorsement of the need for core skills across all four fields of nursing. There was also recognition of the considerable overlap of specialisms, with mental health (for instance) seen as a cross-cutting care area in all branches of nursing.

There was some strong advocacy for continuing with the three-year specialist degree model, particularly with regard to nursing in mental health, learning disabilities and for children and young people.

A different view proposed a one-year generalist education on the degree course followed by a two-year specialism (rather than the 2+1+1 model suggested by the review). The Royal College of Nursing (RCN) Survey, for instance, with more than 4,700 member responses, expressed support for a change to the current degree model.

There was also debate as to whether ‘community’ constituted a valid area of specialisation. Across the events and Twitter discussions there was considerable support for flexibility. Participants were aware that nursing and healthcare teams face increasing diversity in the demands of their roles and the settings they operate in. To this extent, many saw the distinction between ‘acute’ and ‘community’ as artificial and not necessarily helpful. For many, in the light of the Shape of Caring review, there is a need to break away from organisational boundaries to provide a more joined-up and flexible service, where teams and individual team members assume new roles and responsibilities. Work-based learning, including placements, preceptorship and mentoring are key to this.



Comments from participants included:

“Evidence base is needed – for all aspects of the change.”

“We want feedback from employers that new registrants are prepared for practice – and feedback from registrants that they feel the same way too.”

“Shift the focus from disease to person-centred, building community capacity and wellbeing.”

“Introduce occupational standards for mentors.”

“Make public health explicit from year 1 and onwards.”

“All students should have a population view of health.”

“Parity of esteem between mental and physical health.”

Working well: Flexible, work-based learning routes.

Working well: Various routes into education programmes: further education and Open University routes.

Working well: Partnership working across placement providers (with Clinical Commissioning Groups, universities and others) to influence and support curriculum development for healthcare delivery.

#### Theme 4: Twitter chat

The majority of views tended towards ensuring that core skills were a component in all branches of nursing to enable care across all settings. The distinction between 'community' and 'acute' was seen as artificial and not reflective of the current nursing experience. On the issue of when student nurses should specialise, there was openness to change and a strong interest in building up core skills:



**"Nursing education and standards must respond and be predictive of changing healthcare and population needs."**



**"I think future students need a mix of all four fields and especially for work in general practice."**



**"Skill acquisition is fairly easy if the underlying knowledge and theory is embedded in curricula – we need to get that right."**



**"Mental health and public health knowledge and skills should be fundamental to all – no matter what field."**



**"Future of understanding health and care is to understand life course approach."**

A few people stressed the value of specialist nurses, and their benefit to the teams they are part of. A number of tweets expressed concern about variation in standards and experience across the country: in the curriculum, in placements, mentoring and preceptorship. There was concern about the impact of this on student attrition. One tweeter said: "We need to develop greater opportunities for careers guidance/coaching for nurses, integral to lifelong CPD [continuing professional development]".

#### Theme 4: Written responses

No written responses were received on this theme.



## Theme 5: Assuring a high-quality learning environment in undergraduate nursing education

### Shape of Caring Review Recommendations

No 16	"Universities, the RCN, HEE and NMC should work together to bring forward into preregistration education and preceptorship the advanced skills that will support the delivery of future patient care."
No 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."
No 18	"Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, using results to inform local and national improvement in care practice and education delivery."
No 19	"NMC should explore the development of a national assessment framework."

### Theme 5: Engagement events

There was broad agreement on the need for a national assessment framework with a robust quality assurance process, informed by student and patient voices. Effective mentorship models across a range of settings were called for, along with high-calibre placements including in community services. This would enable students to experience the diverse roles nurses can have and would encompass interprofessional and interdisciplinary learning.

Numerous instances of good practice were shared, including 'hub and spoke' placement models, and the involvement of nursing professionals as teachers at undergraduate level. The nurse mentor role was seen as crucial and in need of support and development alongside a quality based system for commissioning and delivering placements.

Delegates welcomed the recommendation that the NMC, in conjunction with HEE, should develop an undergraduate student nursing survey, using the results to inform local and national improvement in care practice and education delivery.





Comments from participants included:

**“The term ‘mentor’ needs to be redefined.”**

**“Mentorship needs – standardisation; quality assurance; protected time; staff buy-in; a consistency plan (to deal with turnover).”**

**“Every nurse should be able to supervise and teach.”**

**“Can we have a standardised practice assessment document across England?”**

**“Research new models of education using mobile devices and technology.”**

**“Improve the numbers completing courses.”**

**Working well: Values-based recruitment.**

**Working well: The use of simulation involving carers, service users, practitioners and educators.**

**Working well: Students supported in practice weeks as well as theory by HEI staff.**

**Working well: Using bands 2, 3 and 4 to allow Registered Nurses to mentor.**

**Theme 5: Twitter chat**

No Twitter chat was hosted on this theme.

**Theme 5: Written responses**

No written responses were received on this theme.

## Theme 6: Assuring predictable and sustainable access to ongoing learning and development for registered nurses

Shape of Caring Review Recommendations	
No 20	"Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards to explore the development and implementation of a year-long preceptorship programme for newly qualified Registered Nurses, which will meet requirements for revalidation."
No 21	"HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline to develop appropriate and effective learning standards and raise the bar across the workforce."
No 22	"HEE should set the standards and selectively commission from other organisations the ability to accredit and deliver ongoing learning, including authorisation to permit Local Education and Training Boards to recognise and commission Higher Education Institutions as centres of excellence."
No 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)."
No 24	<p>"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 Higher Education Institutions where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.</p> <ul style="list-style-type: none"> <li>• The member would be responsible for renewing their registration with NMC through revalidation;</li> <li>• Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes."</li> </ul>
No 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 6: engagement events

Overall, participants agreed on the importance of education and training throughout Registered Nurses' careers. As well as being essential across all roles in health and care, there was a general shared view that multiprofessional training is necessary to enable adaptable, flexible and multiskilled services and to support the integration of health and social care. Multiprofessional training can also help open up career pathways across health and care professions.

Funding was an issue for many, with discussions about the role of the employer and the responsibility of individual nurses and care assistants. There was widespread advocacy for a defined career framework recognising the specialism and expertise of nurses. Partnership working was also seen as key, between higher and further education providers and services, and across sectors, organisations and services.

Many respondents acknowledged the potential of programmes such as Magnet Accreditation in recognising the contribution of the professional and enabling a culture that values high quality and ongoing learning.

Comments from participants included:

“We need recruitment and retention of good quality staff.”

“Quality preceptorship must be embedded and valued.”

“Organisations must sign up to implementing  
National Preceptorship Standards.”

“Success is standardised, nationalised career  
frameworks, from band 2, through preregistration  
and preceptorship and beyond.”

“We need to define and implement  
standards for advanced practice.”

Working well: Specialist nurses with in-depth knowledge.

Working well: Rotational posts and transfer opportunities.

Working well: Health Visitors’ documents:  
resilience, induction and preceptorship.

### Theme 6: Twitter chat

Overall, participants in the Twitter chat ascribed great importance to continuing training and learning throughout a career. They underlined its role in the continual assurance and improvement of patient care and safety, and in building competence and skills.

Professional learning and development was seen to include a wide range of types and levels of training, from coaching and work-based learning to academic study including PhDs.

The Twitter chat included a discussion of preceptorship, and some queries as to whether this should begin in the student nurse's final degree year. A few people pointed to the need for at least induction and possibly further preceptorship at points of transition in a Registered Nurse's career. Some viewed preceptorship as key to developing strong and continuing learning and development. Many thought that ongoing learning should be for staff working in all types of care settings (not just acute) and that it should be a requirement within the nursing career framework.

There was particular interest in team-wide continuing learning, with nurses delivering or taking part in training alongside colleagues from many different disciplines.

Funding and resources were an issue for many people, linked to the role of the employer in supporting lifelong learning and ensuring that nurses have the time and cover to take part. The value of ongoing training to the employer was emphasised by several people.

A few people said that the Magnet principles could be used to enable high-quality, ongoing learning as education is key to success in the programme. Many people also acknowledged the pressures on employers, and the increasing importance of nurses taking the initiative for at least some aspects of their training and education:



**"Maybe employer should fund mandatory and job essential CPD [continuing professional development], Nurse contribute to personal education?"**

The NMC posted a tweet towards the end of the chat to summarise one of the main themes:



**"CPD = registrant responsibility with employer support + don't let's stifle personal & professional development."**

### Theme 6: Written responses

No written responses were received on this theme.



## Theme 7: Supporting and enabling research, innovation and evidence-based practice

Shape of Caring Review Recommendations	
No 26	“HEE should forge greater links with the Academic Health Science Networks to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.”
No 27	“HEE should accredit Academic Health Science Networks and Collaborations for Leadership in Applied Health Research and Care to work with Local Education and Training Boards.”
No 28	“There should be greater development of postgraduate doctoral centres in Local Education and Training Board areas to drive up clinical research in practice and increase the number of academics in practice.”
No 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 7: Engagement events

The majority of participants welcomed the inclusion of research and innovation and some very interesting examples were shared where nurses play an active and applied role in leading research or as part of research projects. These included some strong and productive relationships between universities and trusts. While it was generally acknowledged that not all staff are keen to be involved in research, there was agreement that staff should be able to reflect critically on service provision, and understand the importance of evidence-based planning and practice.

Most participants who addressed this issue felt that more needed to be done to: provide resource, build partnerships, enable innovation and strengthen research skills among nurses and care assistants. The dissemination and application of research findings was also named as an area for further development.

Comments from participants included:

**“Research must inform and improve practice.”**

**“Links with higher and further education must be strengthened.”**

**“Reduction of the theory/practice gap.”**

**“Research that helps solve workforce issues.”**

**“How can I do research?”**

**“Where do the time and money come from?”**

**“How could I get mentoring by a research professional?”**

**Working well: Research as part of preceptorship.**

**Working well: Service improvement projects.**

## Theme 7: Twitter chat

Participants identified many benefits: solving local and wider problems; improving experience and outcomes for patients; understanding disease; benchmarking; providing an evidence base for care, treatment and the organisation of services.



**“Research informs policy and practice. Gives critical/analytical training. Supports professional credibility.”**



**“Improved outcomes, increased staff participation, motivation and understanding, critical analysis of a service too.”**

One person advised the session that there is evidence to suggest that trusts active in research provide better overall care to patients, and therefore research should be encouraged more widely. Another added: “patients have improved health outcomes in research active organisations”. There was discussion about how to achieve this, namely making research part of professional and organisational culture and showcasing of research through better communication methods.

The conversation moved on to the importance of demystifying and using research to innovate and improve. There was strong advocacy for libraries, librarians and building critical reading skills. There was general agreement that students and staff at all levels have the potential to play a valuable role in research:



**“Underutilised resource with massive expertise to offer enthusiasm/commitment to staff development.”**



**“Research for all is not essential but need to make sure staff can challenge practice, use evidence and have rationale.”**

However, it was also noted that research must be rigorous to be credible:



**“Preparation for research is important! Need knowledge, skills, team approach, supervision.”**

There was also an emphasis on the importance of clinical academic careers for nurses.



**“We need to work with chief professional officers to promote clinical academic careers to ensure we get it right.”**



**“HEE has developed a multiprofessional clinical academic career framework for patient benefit. How do we embed & promote?”**

Universities were seen as key partners, with several academics taking part in the debate. A number of people shared models of joint working, where students and nurses were given roles in research projects, where nurses took on formal research responsibilities with a university, or university researchers worked closely with service providers to design, deliver and promote the application of research. “Reflective practitioners/workforce that work in an evidence-based culture is our aim”, said an HEE participant.

## Theme 7 Written responses

Diverse views were expressed in the written responses but there was a common thread of approval for a system which supports, recognises and nurtures evidence-based practice, rooted in academic research and innovation. Some views articulated the need for nursing to have a similar postgraduate learning and development infrastructure to doctors. Some cited barriers in the system to participation in research such as funding, culture, training, mentoring and the fear of job security. For some fields of nursing there was strong advocacy for intensive post qualification training to tailor skills to other health agendas such as public health.

Employers felt that there will need to be a long-term view to support this idea and consideration given to how it can proceed in an environment where finances will be tight in the NHS for the foreseeable future.

One respondent recommended that existing centres of excellence should be strengthened through adequate resourcing and funding in the longer term and through regular evaluation.

## Theme 8: Funding and commissioning levers to support future education and training

Shape of Caring Review Recommendations	
No 30	“HEE should review current commissioning and funding mechanisms to explore whether a more multiprofessional skills mix/population-based approach should be taken forward for education and training.”
No 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.”
No 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.”
No 33	“HEE, working with Higher Education Institutions, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at Higher Education, local and national levels.”
No 34	“HEE should work with Higher Education Institutions to develop a standardised exit tool to explore in greater depth the causes for leaving the preregistration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.”

### Theme 8: Engagement events

No comprehensive and detailed views emerged about how to assure high-quality funding and commissioning. The majority of participants emphasised the importance of joint, standardised and strategic commissioning based on sound student and workforce data. This often related to discussions on other themes, where the career and qualification framework and pathway for care assistants and nurses was debated. Some people drew attention to areas that are currently emerging, such as personalised social care budgets and greater integration between health and social care.

Funding and commissioning were widely seen as key drivers in a shift towards the development of greater flexibility in service delivery, the increase in overlap between acute and community provision, the integration of research, innovation, high-quality placements and preceptorship. There was reference to taking a multiprofessional approach, based on population-based approaches, and a ‘lifetime’ or ‘patient journey’ perspective.

The image and profile of caring and nursing were raised across the various themes, but sometimes gained particular prominence in Theme 8 discussions. This was both to attract people in to these professions, but also to improve retention and build public understanding and respect.

Comments from participants included:

**“We need adequate and flexible funding of integration (social, community and health care).”**

**“Standardised exit data, centrally collected, should underpin commissioning.”**

**“Standardisation of commissioning of bands 1–4 with clear career pathways will lead to more consistent and effective commissioning.”**



**“Good commissioning needs strong partnership working including education providers and Public Health England to support future-proofing.”**

**“Parity of funding for different roles and professional disciplines.”**  
**Working well: Joint Strategic Needs Assessment encourages good partnerships and informs the workforce of the future.**

**Theme 8: Twitter chat**  
 No Twitter chat was hosted on this theme.

**Theme 8: Written responses**  
 The majority of responses were focused on improving the current infrastructure and system to support specialist skills, particularly in children’s nursing. Key points which emerged were:

- The need for a sustainable children’s healthcare workforce.
- The need to address gaps in staffing.
- Workforce planning issues and demographics, particularly in relation to the lack of middle grade nurses.
- The impact of the drive to recruit more health visitors.
- The increasing complex care requisite skills needed by children’s nurses.
- The need for flexibility and transparency in commissioning processes and funding.
- Services for children and young people need to be provided inside and outside the hospital, closer to home or at home.



“

We will build on the good practice and shared commitment that we know is widespread across England.

## 4. Next steps

HEE considers the publication of the Shape of Caring review as a defining and seminal moment for the nursing and care workforce, at a time of significant change across the health and social care system.

Now is the time to seize the momentous opportunities that the review has identified; and to work with care assistants and Registered Nurses to achieve this across health and social care settings. Piece by piece, across the Shape of Caring recommendations, our aim is to support and advance the quality and standards of education from Care Certificate to PhD and beyond. In doing so, we are committed to working in partnership with the NMC, co-sponsor of the review, and with the wide range of stakeholders who are integral to service development and delivery.

### 4.1 Implementing the recommendations in a changing landscape

HEE's response to the recommendations has also been shaped by recent policy announcements affecting the NHS education and training landscape. The most significant is the Comprehensive Spending Review announcement in November 2015 that reforms the funding for non-medical healthcare students by replacing student grants with student loans from August 2017<sup>5</sup>. This will mean HEE no longer commissions nurse education, but we will support the education and training system to transition to the new funding arrangements safely. HEE will also continue to focus on quality in all aspects of workforce education and training through our placement funding.

The Five Year Forward View is moving towards a critical phase of planning for local care models and NHS England has asked each local health and care system to submit Sustainability and Transformation Plans which will result in locally-based care models based on employer, provider and multiagency assessment of the needs of their local health populations.

Finally, the apprenticeship programme led by the Department for Business, Innovation and Skills is the most ambitious and comprehensive programme for entry routes into a variety of professions. HEE has a role to ensure that apprenticeship models for healthcare professions are robust, have rigorous standards and provide the right framework for employers and providers to deliver them. We have established an Apprenticeship Expert Oversight Group to ensure the Shape of Caring interface with apprenticeships is effective and complementary to other initiatives.

### 4.2 Conclusion

The Shape of Caring review and subsequent HEE engagement exercise has stimulated a rich and wide-ranging discussion about the future shape of the care and nursing workforce, their development and identifying a wide range of innovative and good practice across England.

Our aim is to continue to work closely with all our stakeholders across the care and nursing landscape in the design and delivery of the implementation phase outlined in Section 2 of this report. We will build on the good practice and shared commitment that we know is widespread across England. We are also committed to working in partnership with the devolved administrations to share experience and to explore whether our approach would suit their particular circumstances and need.

Given the scale of implementation, HEE will establish a Shape of Caring Taskforce to ensure robust governance of the implementation process and appraisal of options to implement recommendations effectively. Implementation began in April 2016 and we expect to achieve our objectives by April 2018.

Our key aim is to ensure that these proposals bring about a real and positive change in the opportunities that the care and nursing workforce has to continue developing and improving alongside the very best in the world. This is not about 'dumbing down' this incredibly flexible workforce, but rather about supporting and developing it from top to bottom and bottom to top – aptly referred to as 'Raising the Bar'.

5. The government has proposed that from 1 August 2017, all new nursing, midwifery and allied health professional students on preregistration undergraduate and postgraduate courses will receive their tuition funding and financial support through the standard student support system, rather than NHS bursaries and tuition funded by Health Education England.

## Appendix 1: Shape of Caring: 34 recommendations

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

1	1.1	"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	1.2	"The NMC and HEE must incorporate the findings of recommendation one into future standard and quality assurance processes."

### Theme 2: Valuing care assistants

3	2.1	"HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience."
4	2.2	"Subject to the outcome of recommendation one, any future government should ensure that the Care Certificate is a mandatory requirement."
5	2.3	"HEE should implement the Higher Care Certificate."
6	2.4	"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."
7	2.5	"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."
8	2.6	"HEE should explore with others the need to develop a defined care role (NHS bands 3–4) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce."
9	2.7	"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"
10	2.8	"Following implementation of recommendation seven, a standardised portfolio skills passport should be developed for nurses."

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

11	3.1	<p>“HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence.</p> <p>Care assistants should be offered APEL that could account for up to 50% of the undergraduate nursing degree.”</p>
12	3.2	<p>“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.”</p>

### Theme 4: Assuring flexibility in nursing

13	4.1	<p>“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.”</p>
14	4.2	<p>“NMC should explore and consult on the introduction of additional fields of practice such as community nursing.”</p>
15	4.3	<p>“HEE should expect its Local Education and Training Boards (LETBs) to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.”</p>

### Theme 5: Assuring a high-quality learning environment in undergraduate nursing education

16	5.1	<p>“Universities, the RCN, HEE and NMC should work together to bring forward into preregistration education and preceptorship the advanced skills that will support the delivery of future patient care.”</p>
17	5.2	<p>“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.”</p>
18	5.3	<p>“Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, using results to inform local and national improvement in care practice and education delivery.”</p>
19	5.4	<p>“NMC should explore the development of a national assessment framework.”</p>

## Theme 6: Assuring predictable and sustainable access to ongoing learning and development for registered nurses

20	6.1	<p>“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.”</p>
21	6.2	<p>“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.”</p>
22	6.3	<p>“HEE should set the standards and selectively commission from other organisations the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.”</p>
23	6.4	<p>“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).”</p>
24	6.5	<p>“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.</p> <p>The member would be responsible for renewing their registration with NMC through revalidation;</p> <p>Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.”</p>
25	6.6	<p>“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.”</p>

## Theme 7: Supporting and enabling research, innovation and evidence-based practice

26	7.1	"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."
27	7.2	"HEE should accredit AHSNs and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs."
28	7.3	"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."
29	7.4	"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."

## Theme 8: Funding and commissioning levers to support future education and training

30	8.1	"HEE should review current commissioning and funding mechanisms to explore whether a more multiprofessional skills mix/population-based approach should be taken forward for education and training."
31	8.2	"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."
32	8.3	"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."
33	8.4	"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."
34	8.5	"HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the preregistration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes."

## Appendix 2: Health Education England engagement overview

The 12 engagement events were framed around an agenda and a physical space design that encouraged wide-ranging, high-value, high-energy conversations leading to participants sharing learning from which we could then record and distil the key outputs.

Groups worked on the 'Design Rules' for implementation – articulating the design principles from the perspective of individuals likely to be closely affected by the implementation of the Shape of Caring review. Groups then moved on to examine each of the themes of Shape of Caring using a modified 'World Cafe' format. Three questions were asked for each theme:

- Hallmarks of success: How would we recognise good progress on this theme in five years' time?
- What is currently working well that we should be building on to achieve the success described?
- What are the challenges that we need to resolve to achieve the success described?

Participants began by exploring one topic in a group. They were then free to move around, contributing individually to any other topics and discussions that interested them (known as the 'Law of Two Feet'). After this, they returned to their original topic and group to synthesise and summarise the ongoing discussion onto a structured poster template.

'Graffiti Walls' allowed the opportunity for individual voices to be heard and provided a space where participants could share personal insights. During some events we ran a 'Back to the Future' space that allowed participants to speculate what the future might look like in 20 years' time. Feedback during the event was limited to headline feedback so that the maximum amount of time was available for group work.

This approach was designed to ensure that:

- All delegates had the opportunity to comment on different aspects of the review.
- All the themes were available for comment.
- Delegates had the opportunity to mix with each other, and could see and respond to comments being made.
- Comment was captured in writing (through sticky notes) across all themes.
- There was opportunity to comment outside of the eight themes.
- Thinking about the future was encouraged.

### Responses from the engagement events

A wide range of views and insights were generated through this process and new examples of interesting and relevant practice came to light. To synthesise this material, HEE convened a two-day meeting of its Shape of Caring policy team. Team members first reviewed the responses to the three questions for each of the eight themes across all 12 events, identifying the key points and comments in note form. The group then collectively discussed all the key points and comments written down by reviewers, clustering them to produce a summary of responses to each theme.

## Overview of attendance at engagement events

Table 1 below shows the number of attendees at each event by location and type of delegate.

**Table 1: Attendance at engagement events**

	ALB & GOVERNMENT	Commissioners	Educators	Employer/Provider	HEE	Social Care	Special Interest Group	Academic/Education Staff	Care assistant	Nurse	Practice Educator	Learner	Management	NMC Rep	Patient	Administrator	Unknown	Support Worker	Policy/Management	Total
Leicester	4	7	1	16	25	6		20		4	22	1	5			1	3		1	116
London	8	9	2	15	12	8	1	22		4	11	1	8				4	1	2	108
Manchester	2	4	4	11	13	1	2	17		7	9		4				1		3	78
Newcastle		1	3	6	9			5		11	18		6	1		1	1	6	1	69
Sheffield	4	4	3	12	12			7	4	2	6	5		1					2	62
Taunton	4		2	9	10	2	5	10	8	2	9	8	9		1		4	4	2	89
<b>Total</b>	<b>22</b>	<b>25</b>	<b>15</b>	<b>69</b>	<b>81</b>	<b>17</b>	<b>8</b>	<b>81</b>	<b>12</b>	<b>30</b>	<b>75</b>	<b>15</b>	<b>32</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>522</b>

## Twitter chats

HEE co-hosted five one-hour Twitter chats, inviting stakeholders to exchange opinions and ideas on the review, with a focus on themes 1, 2, 4, 6 and 7. Nearly 1,000 people took part in these conversations which generated almost 5,000 tweets under the hashtag [#shapeofcaring](#), with a total reach of just over a million people.

The Twitter chats followed a more simple structure: each chat had a single theme, with some key questions agreed in advance, and additional questions added during each chat in response to what people were saying. A breakdown of the Twitter chats is:

Total tweets using the hashtag [#shapeofcaring](#)



4,678

Total number of tweeters/retweeters

952

80%  
female



Nearly all  
based in UK

Table 2 shows the approximate number of known relevant tweets at the time of each chat.

**Table 2: Twitter chat participation numbers**



Approx number of tweets during or close to the Twitter hour

1.	800
2.	50
3.	1100
4.	600
5.	750

Many of the Twitter chats can be viewed by following the links listed in Appendix 3.

## Written responses

Between March 2015 and November 2015, HEE received written responses from 15 respondents in a range of formats. The correspondence came from expert organisations, groups or committees, and some reflected the findings of surveys or consultations conducted to determine a membership response to the Shape of Caring report. A significant number expressed views relating to the nursing of children and young people. One communication was from an individual. All correspondents are thanked for their input. Written responses raised points under specific themes and therefore some themes did not receive any responses.

## **Appendix 3: Links to Twitter chats**

**10 September 2015:**

### **Exploring Theme 4: Developing a flexible model.**

View the discussion on Storify:

[https://storify.com/NHS\\_HealthEdEng/shape-of-caring-theme-4-developing-a-flexible](https://storify.com/NHS_HealthEdEng/shape-of-caring-theme-4-developing-a-flexible)

**14 September 2015:**

### **Exploring Theme 6: Ongoing learning for Registered Nurses.**

View the discussion on Storify:

[https://storify.com/NHS\\_HealthEdEng/shape#publicize](https://storify.com/NHS_HealthEdEng/shape#publicize)

**17 September 2015:**

### **Engaging with student nurses.**

View the discussion on Storify:

Not available.

**24 September 2015:**

### **Exploring Theme 7: Research and innovation (with @wenurses)**

View the discussion on Storify:

[https://storify.com/NHS\\_HealthEdEng/shape-of-caring-twitterchat-24-9-15](https://storify.com/NHS_HealthEdEng/shape-of-caring-twitterchat-24-9-15)

**30 September 2015:**

### **Exploring Themes 1 and 2: 'Enhancing co-production and the voice of the patient' and 'Valuing care assistants'.**

View the discussion on Storify:

[https://storify.com/NHS\\_HealthEdEng/shape-of-caring-twitterchat?utm\\_content=storify-pingback&awesm=sfy.co\\_t0xXS&utm\\_medium=sfy.co-twitter&utm\\_campaign=&utm\\_source=t.co](https://storify.com/NHS_HealthEdEng/shape-of-caring-twitterchat?utm_content=storify-pingback&awesm=sfy.co_t0xXS&utm_medium=sfy.co-twitter&utm_campaign=&utm_source=t.co)

## Appendix 4: Summary of written submissions

<b>1</b>	A joint letter from: Lullaby Trust; Brook; Royal College of Paediatrics and Child Health; Children's Nurses' Forum, Wales; Bliss; WellChild; Association of British Paediatric Nurses	Formal letter
<b>2</b>	London South Bank University	Summary of event, 15 May 2015 (30 delegates)
<b>3</b>	Lecturer, University of the West of Scotland, School of Health, Nursing and Midwifery	Email correspondence
<b>4</b>	Children's Hospital Alliance	Formal letter
<b>5</b>	Children's Nursing Team, University of Nottingham	Team submission
<b>6</b>	NHS Employers	Letter submitting formal account of workshop
<b>7</b>	The Association of Chief Children's Nurses	Submission of formal report and survey findings
<b>8</b>	Mental Health Nurse Academics UK	Email correspondence and subsequent meeting with HEE officials
<b>9</b>	Royal College of Paediatrics and Child Health	Formal letter
<b>10</b>	University and College Union (UCU)	Summary of response enclosing survey results
<b>11</b>	Cheshire and Merseyside Directors of Nursing	Formal summary response
<b>12</b>	Royal College of Nursing (RCN) survey	Formal report on consultation with RCN members
<b>13</b>	Institute of Health Visiting (IHV)	Position paper
<b>14</b>	RCN Children and Young People's Professional Issues Forum	Formal letter of response
<b>15</b>	Unite the Union	Response based on range of consultation methods with members



Health Education England

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