Raising the Bar: the Report of the Shape of Caring Review of Education for Nurses and Care Assistants

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<tr>
<th>Paper Author</th>
<th>Sean Farran</th>
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<tbody>
<tr>
<td>Lead Director</td>
<td>Sean Farran, Deputy Director</td>
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**Paper Summary**
This paper describes the key findings of the Shape of Caring review and its recommendations, identifies relevant work already underway or planned locally, highlights the recommendations that may not attract universal support and suggests where further work may be required. HEE is planning a series of events and opportunities to contribute to the debate over the next six months and this paper offers an opportunity for us to begin to formulate a HESL position on these issues.

**Purpose**
For discussion

**Recommendation**
(a) The board is asked to note the content of Raising the Bar, the work already done locally and the potential challenges ahead.
(b) The board is asked to agree the proposed HESL position as a starting point for our contribution to the national debate.
(c) Board members are asked to encourage their colleagues to participate in the HEE consultation events over the next six months.
(d) The board is asked to consider an updated version of the HESL position prior to its formal submission.

**Date paper completed:**
12 April 2015

**Strategic Objective Links**
The report touches on all three strands of HESL’s five year strategy – workforce at the forefront of change, lifelong learning and recruitment and retention.

**Identified risks and risk management actions**
N/A

**Resource implications**
Not yet clear. Dependent on implementation plan agreed nationally and locally and availability of national resources.

**Support to NHS Constitution**
Primary link through the ‘6 Cs’

**Legal implications including equality and diversity assessment**
N/A
1. Introduction
The Shape of Caring review was commissioned by Health Education England in partnership with the Nursing and Midwifery Council and chaired by Lord Willis. Its brief was to consider if current education and training for care assistants and registered nurses is fit for purpose in light of recent reports such as Francis (2013), Berwick (2013) and Keogh (2013). The timing meant it was also able to consider the implications of the Five Year Forward View.

The review engaged with key stakeholders and sought evidence in a number of different ways:
- analysis of key reports
- direct engagement with nurses, care assistants and members of the public
- a commissioned policy review regarding postgraduate ongoing
- a formal ‘call for evidence’.

The review team heard the views of over 400 registered nurses and care assistants from a broad range of clinical settings, a number of healthcare organisations, 85 patients via 2 patient focus groups, and 13 LETBs and their local organisations. The call for evidence resulted in over 160 submissions, many of which included examples of good practice being undertaken at a local level.

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

The review's report, Raising the Bar, was published in March 2015.

2. Nature of the recommendations
The report does not present an overarching vision of how education and training should be developed. Instead, Lord Willis is explicit in his hope that the recommendations will stimulate debate. He describes the report as serving two functions – to celebrate and help disseminate good practice and to provide the foundations to make change happen. The recommendations should be viewed as suggestions that require detailed examination, consultation and further research before implementation.

This paper describes the key findings of the review and its recommendations, identifies relevant work already underway or planned locally, highlights the recommendations that may not attract universal support and suggests where further work may be required. HEE is planning a series of events and opportunities to
contribute to the debate over the next six months and this paper offers an opportunity for us to begin to formulate a HESL position on these issues.

3. Themes
The report’s 34 recommendations are grouped into eight themes and are shown in full in the appendix.

This paper considers the recommendations in four groupings,

- Care assistants
- Pre-registration education for nurses
- Nursing post-qualification
- Associated activities.

It focuses on those that are either aimed specifically at LETBs or where the LETB appears well-placed to take action.

4. Care Assistants
The report acknowledges the positive work done by HEE in developing and implementing the Talent for Care strategy for the support workforce. It reinforces elements of the strategy by recommending the care certificate should become mandatory, that the higher care certificate should be implemented and that the career development framework about to be published is supported by national job titles and job descriptions.

In addition, there are recommendations about developing a defined career structure for care assistants at bands 3 and 4, based on standardised competencies, which would allow for progression of people who do not want to enter professional training.

For those that do want to train as nurses (or other professionals), the report recommends that accreditation of prior learning should be expanded to account for up to 50% of a nursing degree and that more work-based routes to registration should be developed.

The local picture
- We are progressing well with the roll-out of the care certificate across south London.
- We have an active support workforce steering group.
- We are one of few LETBs to ring-fence a proportion of CPPD expenditure for staff at bands 1-4.
- HR Directors across London have expressed a desire to develop a skills passport for healthcare assistants.
• We have supported hospices to work with Skills for Health to develop an assistant practitioner role, which is being rolled out across London.
• Some trusts already have a structured progression framework between bands 2, 3 and 4 but there is variability.

**Challenges**

• Many of the recommendations are aimed at national bodies (HEE, NHSE) and we have done little locally that would add to the discussion, for example, to the development of an e-portfolio or a ‘bridging’ role at band 3.
• Current options to achieve exemption from parts of nurse degree programmes have not proved popular because students have preferred to follow the same path as their peers.
• Local Directors of Nursing have not been enthusiastic about work-based routes to registration so soon after the establishment of nursing as a graduate profession.

5. **Pre-registration Nursing Education**

There are some relatively radical recommendations about changing the way nurses are educated, although most could only be implemented by the NMC and some have received a mixed response from the nursing community.

The report highlights the need to equip nurses with the skills to care for people holistically, for parity of esteem between physical and mental health, the importance of understanding the needs of people with learning disabilities and the different skills needed to work in the community.

It proposes consultation on a new model of nurse education comprising two years of ‘whole person’ core training plus one year focused on a chosen specialism and a year supported and supervised preceptorship post-qualification (known as the 2+1+1 model) with some advanced skills training included in years three and four. It also suggests that community nursing should be established as a separate field in addition to the existing four – adult, child, mental health and learning disabilities.

The importance of assuring the quality of the 50% of training that takes place in clinical practice experience is discussed with recommendations aimed at improving the quality of mentorship, establishing a national student nurses’ survey and a developing national assessment framework.

The report also recommends that all employers should move to a ‘grow your own’ model, whereby employment of new graduates is guaranteed when they register.

**The local picture**
• We have some local innovative approaches to developing mental health skills in adult nurses and vice versa (e.g. the St George’s diploma) but the position is variable between parts of the patch and between HEIs. The majority of student nurses have very little exposure to fields other than their own and this has been identified with HEIs as something that needs attention.
• We are one of few LETBs that offer targeted financial support for post-qualifying preceptorship.
• Our HEIs have a history of embracing new models of nurse education (Project 2000, BSc nursing, Common Foundation Programme) and leading innovation.
• Our work on assuring the quality of clinical placements informed some of the recommendations.
• We are about to commence a project to improve the quality of mentorship in south London.
• The pan-London Practice Assessment Document informed the recommendation about a national assessment framework.
• Two of our acute trusts already offer guaranteed employment to new registrants they have hosted as students and a third is about to implement it.

Challenges
• The 2+1+1 model has received criticism from some groups – particularly children’s nurses and mental health nurses – who cite the previous Common Foundation Programme as being dominated by adult nursing and failing to provide a broad knowledge base. There is a risk that, without robust central oversight, a future ‘whole person’ core training would likewise be dominated by adult physical health purely because of the disproportionate number of adult nurses in training.
• The recommendation to make community nursing a specialty field is not in keeping with our focus (and that of our neighbours), which has been on facilitating the movement of nurses between hospital and community settings. There is a risk that reinforcing the difference will make it more difficult for the current workforce to work flexibly in the future.
• Incorporating four existing post-registration specialist qualifications (district nursing, GP practice nursing, school nursing and health visiting) into one year of pre-registration education will require the withdrawal of substantial parts of the current curricula. There is a risk that this will leave qualified nurses without some core skills and knowledge that current graduates have.

6. Nursing Post-qualification
Willis acknowledges that the future workforce will be made up, in large part, of the current workforce, that a newly registered nurse is not a finished product and that the evidence shows a direct link between better educated nurses and better patient outcomes. He recommends the development of a national career framework
organised around the four ‘pillars’ associated with advanced practice – leadership, facilitation of learning, research and development, and clinical practice – coupled with a scheme whereby “national organisations such as the Royal Colleges and other notable institutions” award ‘Membership’ and ‘Fellowship’ as individual nurses progress through the framework.

He also recommends that the level of educational attainment of the current workforce is determined to establish a baseline from which to raise the bar. This is in response to feedback from nurses who trained in previous systems, feel intimidated by new graduate nurses and feel they have limited opportunities to engage in their professional development.

The report discusses the variable approaches to continuous personal and professional development across the country and recommends that funding arrangements are made more transparent.

**The local picture**

- The three LETBs in London have a well-established, effective system for allocating CPPD funding, both as cash (direct allocations) and pre-contracted activity (indirect allocations). Funding methodologies are transparent and agreed by boards. A re-tendering exercise for contracted CPPD has recently been completed, which has resulted in four new education providers being included in the contract.
- Although we do not yet have an agreed career progression framework, the majority of CPPD on offer for nurses is built around structured development pathways, usually leading to BSc or MSc qualifications.
- We have identified funding for structured advanced practice programmes and are consulting with colleagues about how they will be defined.
- We have established an internship programme to facilitate access to structured clinical academic programmes offered by NIHR and HEE.
- Although we have not undertaken a baseline assessment of the educational attainment of the current nursing workforce, CPPD is offered at various academic levels to offer opportunities for those who trained in previous systems.

**Challenges**

- While there is a growing consensus about the need to provide a more structured approach to post-qualifying education for nurses, experience in medical education suggests that such direct involvement of Royal Colleges and other national bodies may present its own challenges.
- The cost of providing such a programme to all new graduates may be prohibitive, applying it selectively would lead to inequalities.
• HESL’s workforce development budget has been cut for the last two years and will be cut again next year as part of a national redistribution of funding.
• As the RCN has a very different function to the medical Royal Colleges, there is no obvious candidate for a national body to award membership and fellowship status in the way recommended. It could be argued that this recognition is already offered through academic awards such as MSc, ProfDoc, MRes etc.

7. Associated Activities
The final grouping includes recommendations aimed at enabling research, innovation and evidence-based practice and making best use of the commissioning levers at our disposal. It includes recommendations that LETBs and AHSNs should work closely together, that postgraduate doctoral centres should be developed and that HEE should examine the potential of ‘Magnet’ hospitals.

The report acknowledges the multi-professional and multi-agency nature of the workforce, recommending closer working with the voluntary and independent sectors and local government to provide more integrated education and workforce planning.

It also recommends that HEE should develop a standard exit tool to improve our understanding of why students leave pre-registration programmes.

The local picture
• HESL already works very closely with our AHSN (HIN). We have a joint Membership Council, regular joint Executive meetings, are represented on each other’s boards and are engaged in various joint workstreams.
• Our CEPN model is based on a multi-professional, population-based approach to education.
• We have started workstreams to engage more effectively with the voluntary and independent sectors providing mental health and learning disability services.
• Attrition rates in south London are relatively low compared to those in other parts of the country. Attrition is a key part of our quality assurance process and our contracts include financial incentives to keep it low.

Challenges
• Our approach to developing clinical academic careers has been variable and largely led by national programmes (such as the internships scheme commenced in 2014). We do not have a postgraduate doctoral centre in our patch, although all of our HEIs do offer PhD level programmes.
• Our engagement with the voluntary and independent sectors is currently minimal. We have limited capacity to include them in workforce and education
planning as a matter of routine and limited knowledge of which organisations work with which of our CCGs.

- Although we have a lot of data about where new graduates take up employment, our understanding of why students leave courses is limited and we need to do some work in this area.

8. Suggested HESL Position

We support and are actively engaged in the implementation of the Talent for Care strategy but have some reservations about developing new work-based routes to registration for nursing.

We strongly support the need for nurses to have the skills to care for people holistically across the physical and mental health domains and are keen to participate in the development of new models of education that address this. We are, however, keen to ensure that any core training element includes an appropriately broad mix of subject matter representative of our population’s needs.

We have reservations about the proposal to make community nursing a specialty field in its own right because (a) we are not convinced that sufficient specialised knowledge can be incorporated into the pre-registration curriculum and (b) this model may limit the flexibility of future nurses to work across a range of settings.

We support the development of structured career progression pathways and associated education programmes for nurses and would welcome a nationally recognised framework in which this could operate.

We welcome the recommendation for a baseline assessment of the education of existing staff and the proposal to raise the bar across the whole workforce. We would be concerned, however, about an assumption that this could be delivered within existing resources and the impact that would have on supporting service transformation.

We acknowledge the value of external recognition of learning but are not convinced the Membership/Fellowship/Royal College model is the best way of providing this.

We strongly support joint working with AHSNs and closer working with the voluntary and independent sectors and with local government.

Even though we have been successful in reducing attrition rates in our area, we are keen to improve our understanding of why students leave and would be keen to participate in the development of new tools and surveys to achieve this.
9. Next Steps
It is envisaged that work will take place at national, geography and LETB level to debate, research and test the recommendations. HEE has announced that it will lead a national consultation before developing a national implementation plan. Two nursing-focused ‘summits’ have already been held by NHSE (London) and the three London LETBs, we are currently discussing other forums where the Raising the Bar report can be discussed. We are planning a joint event with the south London Area Team to bring nurses together locally to consider the implications of both Raising the Bar and the Five Year Forward View.

10. Recommendations
(a) The board is asked to note the content of Raising the Bar, the work already done locally and the potential challenges ahead.

(b) The board is asked to agree the proposed HESL position as a starting point for our contribution to the national debate.

(c) Board members are asked to encourage their colleagues to participate in the HEE consultation events over the next six months.

(d) The board is asked to consider an updated version of the HESL position prior to its formal submission.
APPENDIX

The recommendations of Raising the Bar: the Report of the Shape of Caring Review

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

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

**Theme 3: Widening access for care assistants who wish to enter nursing**
11. HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.
12. HEE, in collaboration with employers and HEIs, should support the development of more innovative work-based learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.

Theme 4: Developing a flexible model
13. NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing ‘four fields’ model is fit for the future.
14. NMC should explore and consult on the introduction of additional fields of practice such as community nursing.
15. HEE should expect its LETBs to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.

Theme 5: Assuring a high-quality learning environment for pre-registration nurses
16. Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.
17. NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.
18. Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.
19. NMC should explore the development of a national assessment framework.

Theme 6: Assuring high-quality, ongoing learning for registered nurses
20. Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.
21. HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in order to develop appropriate and effective learning standards and raise the bar across the workforce.
22. HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.
23. HEE should develop and consult on the integrated ‘pillars’ model of self-care, shared managed care and restorative care, and commission appropriate
organisations to develop a career framework (in conjunction with the other three nations).

24. HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.
   - The member would be responsible for renewing their registration with NMC through revalidation.
   - Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.

25. HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.

Theme 7: Assuring sustainable research and innovation

26. HEE should forge greater links with the Academic Health Science Networks (AHSNs) to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.

27. HEE should accredit Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs.

28. There should be greater development of postgraduate doctoral centres in LETB areas to drive up clinical research in practice and increase the number of academics in practice.

29. HEE should establish an expert group to examine the potential and implications of developing and implementing Magnet principles to improve the education of the workforce and patient outcomes.

Theme 8: Assuring high-quality funding and commissioning

30. HEE should review current commissioning and funding mechanisms to explore whether a more multi-professional skill mix/population-based approach should be taken forward for education and training.

31. HEE should ensure that the funding for ongoing learning (and ongoing learning and career pathway qualifications in speciality learning) for care assistants and nurses becomes more transparent across the system.

32. HEE should work closely with the voluntary and independent sectors, and local government, and seek lay input to provide more integrated education and workforce planning across the system.

33. HEE, working with HEIs, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at HEI, local and national levels.

34. HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the pre-registration programme. Such data
should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.