

Building Capacity to Care and Capability to Treat

A new team member for Health and Social Care in England



Health Education England's response to the
consultation conducted 28 January 2016 to 12 March 2016

Developing people
for health and
healthcare

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General information

Purpose

This report outlines Health Education England's (HEE) response to the feedback received on the public consultation "*Building capacity to care and capability to treat - a new team member for health and social care: Consultation*"¹ and identifies how HEE will take forward proposals to introduce a new nursing support role in England by Spring 2017 to support the Registered Nurse workforce in providing high quality care across health and social care settings.

Of Interest to:

- Care support staff of all grades
- Chief Nurses and Directors of Nursing
- Council of Deans of Health
- Department of Health
- Directors of Adult Social Care and Local Authorities
- Director of Human Resources and workforce leads
- Higher Education Institutes, Further Education Colleges and training providers
- NHS Arms Length Bodies (Care Quality Commission, Public Health England, NHS England, Monitor, Trust Development Authority)
- NHS Employers
- NHS England
- Nursing and Midwifery Council
- People who use health and social care services, their carers and representative groups
- Primary, secondary and community care employers,
- Providers of social care: residential and domiciliary services
- Registered Nurses across all fields, specialties and grades
- Regulators
- Royal College of Nursing and other professional bodies
- Sector Skills Councils
- Trade Unions

This is not an exhaustive list

Territorial extent: The proposals contained in the HEE response to the consultation apply to England only.

Contact point for further information

If you have any further questions about the contents of this consultation response document, please email associatenurseconsultation@hee.nhs.net

¹ <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/have-your-say-new-support-role-nursing>

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Part 1: Introduction

- 1.1. Following the announcement of a new nursing support role for England by the Under Secretary of State for Care Quality Ben Gummer MP on 17 December 2015, Health Education England (HEE) launched a six week public consultation on the proposal for introducing a new “Nursing Associate”² role to support the Registered Nurse workforce in providing high quality person centred care across health and social care settings.

Health Minister Ben Gummer said:

“This new role, and the opportunity it offers for those who want to progress to a registered nurse, will open up a career in nursing for thousands of people from all backgrounds. Hard-working NHS staff are the lifeblood of the NHS and with an ageing population and changing patient needs, it is vital that we look at new ways to help staff deliver high quality, safe care across the week.

“Along with the recent changes to student funding, which will enable universities to offer up to 10,000 additional training places over this parliament, we will ensure the profession is accessible for all those with the skills, values and ambition to choose nursing. We will consult widely in the new year as we want to ensure nursing apprenticeships and this new post are correctly formed.”

- 1.2. HEE believes a care role for England with a higher skillset will deliver fundamental high quality care to patients, people who use services and the public and will support the service and healthcare workforce by:
- supplementing, augmenting and complementing the care given by Registered Nurses
 - building the capacity and capability of the health and social care workforce to care for service users across different settings
 - widen access and entry to the nursing profession for Care Assistants³ and making caring a career
 - support career progression enabling a greater skill mix in the caring and nursing workforce to work flexibly and responsively
- 1.3. HEE sees the new role as a positive workforce development within the care and nursing professions. A greater staff and skill mix yields benefits for the patient, professions and employer if utilised in the right way.
- 1.4. The consultation has generated important perspectives on the skills, competencies, portability and deployment of the proposed role – we want to learn from these in order to develop a nurse support role which will work effectively with nurses and other health

² This is a working title for the proposed role.

³ HEE has used the term “Care Assistants” as a general term to describe a range of care support roles.

professionals to respond to patient and service user needs in any health and social care setting. This means working in way that is allied to patient care pathways rather than confined to traditional or professional boundaries, providing more consistency and continuity in care.

- 1.5. This consultation report sets out the main findings resulting from submissions made to the six week consultation conducted by HEE from 28th January – 12th March 2016. The number, breadth and richness of responses to the consultation will inform HEE's approach to the development of the new role in partnership with stakeholders across health and social care. Our response to the consultation sets out HEE's plans for the introduction of a new nursing support role by January 2017.
- 1.6. HEE would like to thank all of the individuals, groups and organisations that participated and contributed to the consultation.



Part 2: Overview of consultation findings

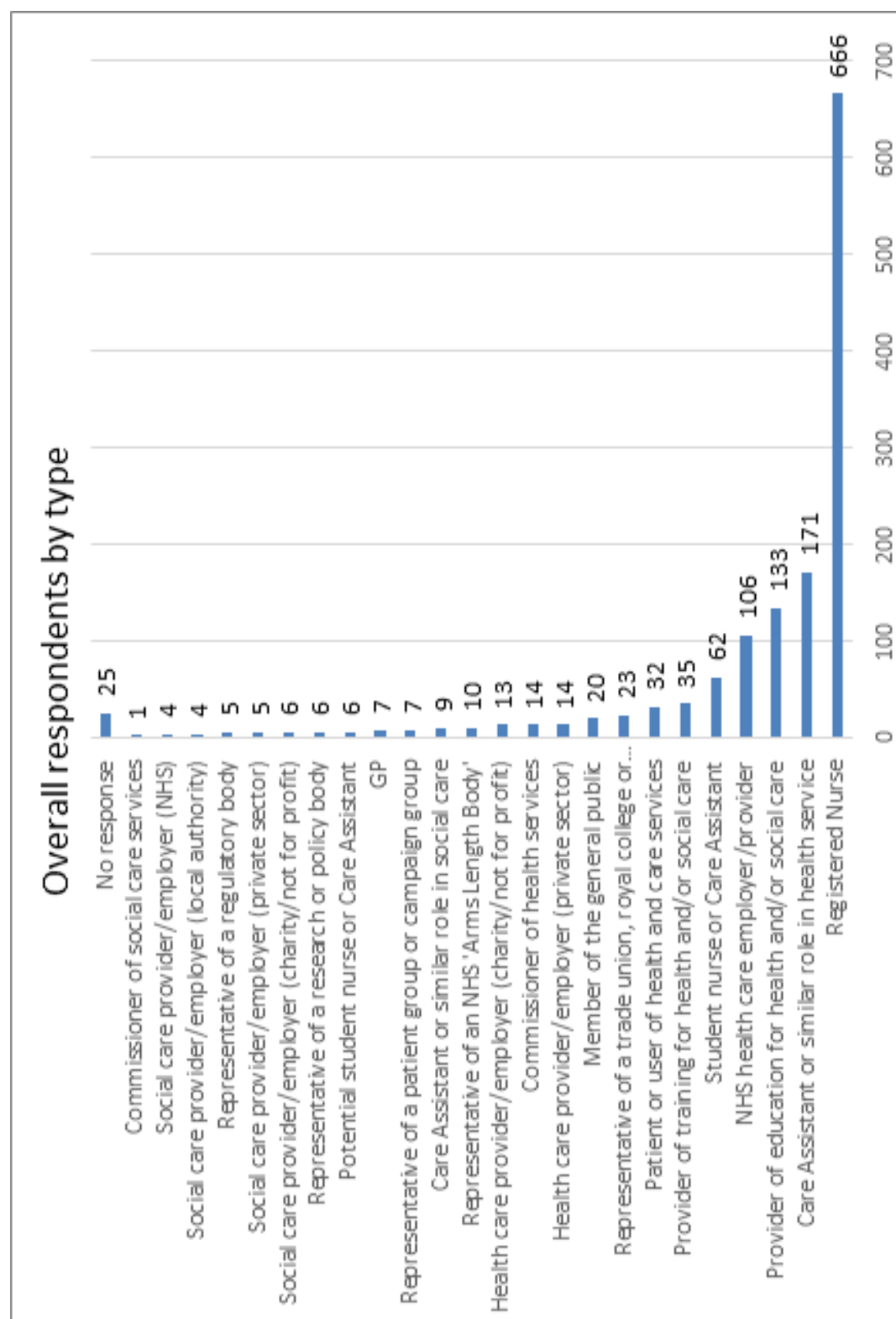
- 2.1. HEE received 1,384 responses to the consultation. Of these, 1,129 were individual responses (the majority from student and Registered Nurses but also from Care Assistants and Assistant Practitioners) and 255 responses were received from organisations. These included professional bodies, representative bodies, trade unions, health care and social care providers, health care and social care employers, commissioners of healthcare, NHS Arms Length Bodies, NHS Trusts and education providers. See Appendix B for a list of the participating organisations.
- 2.2. A total of 1,384 individuals and organisations submitted responses into the consultation. An overview of submissions is set out in the table below.

Table 1: Overview of respondents

	Total active responses	Responses from individuals	Responses from organisations	Confidentiality requests
Total	1,384	1,129	255	355

- 2.3. Respondents were asked to classify themselves according to a list of potential categories. Table 2 shows the profile of respondents by type:

Table 2: Overall respondents by type



- 2.4.** Responses were submitted primarily online (1,189 online) with some sent by email (192) and by post (3). Of these, 1,129 were from individual respondents (though in a few instances they spoke on behalf of a group of consultees), and 255 were submitted by organisations (again, a small number of these included the results of consultation with other stakeholders). Six organisations and individuals submitted relevant written submissions without however using the consultation template and without direct reference to the consultation questions. These have been included in the analysis.
- 2.5.** Given that the consultation asked eight open questions and invited free text responses, a range of opinion, views, statements and questions were submitted by respondents. HEE has identified key themes which emerged from analysis of the consultation responses. These themes are:
- 1) **Impact on patients:** Overall the role was perceived to be of potential benefit to patients and carers provided safety was prioritised in developing the role. A number of different benefits were noted, including fundamental care, contact time and communication with patients and their carers, general administration and signposting, support to Registered Nurses and other colleagues, and a range of additional competencies. A minority of respondents were concerned that adding an additional layer to the workforce would impact negatively on patient safety.
 - 2) **Impact on Registered Nurses:** There were some concerns that the new role might undermine or be a substitute for Registered Nurses, and possibly give them less contact time with patients. Other respondents saw the role as providing valuable support to Registered Nurses enabling them to focus on more advanced nursing skills.
 - 3) **Impact on Care Assistants and Assistant/Associate Practitioners (APs)⁴:** The role was seen to be of potential benefit to Care Assistants through enabling career progression. Nursing Associates might also potentially contribute to Care Assistant supervision. A request for clarification of role boundaries was a recurring theme, and some respondents were particularly concerned that APs not be disadvantaged. Some saw the AP role as a valuable model
 - 4) **A National Career Framework:** There was much support for a national curriculum to be in place to ensure consistency and sustainability. There was also support for the training to lead to a recognised national qualification with a defined scope of practice mapped to the pre-registration nursing standards: a national framework supported by England wide education standards set by a regulatory body. Some stated that the qualification/training must be transferable (for instance, from care home to community to acute setting). A general recommendation was that the

⁴ Skills for Health (2009) *Core Standards for Assistant Practitioners Skills for Health* "An Assistant Practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker."

training should be set at Level Five. There were suggestions that this be aligned with apprenticeships. (See Appendix F for the indicative scope of practice.)

- 5) **Career progression:** The role was seen by a number of respondents as a valuable opportunity for Care Assistants to progress into more advanced caring and nursing support roles. Issues relating to APEL (Accreditation of Prior Experiential Learning) were raised for potential Nursing Associates. Many respondents suggested that if a Nursing Associate wanted to continue to registration as a nurse, a shorter pathway could and should be created. A few respondents felt that progression routes already exist for Care Assistants, meaning the new role is unnecessary. Others noted the importance of valuing those Nursing Associates who choose not to progress to Registered Nurse.
- 6) **Principles of practice:** Many respondents agreed with principles set out in the consultation briefing paper. Others provided further definitions. A number of respondents observed that there is a need to ensure clear, connected and nationally consistent principles for Care Assistants and Registered Nurses and other related roles.
- 7) **Health and care settings:** Many respondents expressed a view that the Nursing Associate role had the potential to enhance patient care across a wide range of care settings. Settings mentioned included community, mental health, in-patient and out-patient settings. There were some voices of dissent from this view, from respondents who felt that Care Assistants and APs already provide an adequate and sufficient level of care.
- 8) **Boundaries of competence:** Many respondents emphasised the need to ensure a sound knowledge base, supported by appropriate training and competencies. It was considered important that the competencies enable effective working in diverse settings, including the community. Respondents also saw a potential to work across many disciplines, including mental health and learning disability, and with all ages and stages of health care including prevention and promotion. This raised questions regarding the balance of generalist and specialist competencies. While a few thought there will be “mission creep”, others saw gradual upskilling and expansion as necessary and useful.
- 9) **Management and accountability:** Suggestions and concerns relating to delegation, accountability and registration or regulation were raised within a number of responses. An underlying concern for some was that the aspects of service would require management time of Registered Nurses, seen as already under pressure. Linked to this were concerns about effective forms of supervision for staff working in independent settings.
- 10) **Role title:** A significant proportion of respondents favoured “Nursing Associate” or “Associate Nurse”. “Assistant Nurse” and “Nursing Assistant” also received substantial support. Overall, respondents showed support for the inclusion of a

“nursing” element in the title, with support as well for the words “associate” or “assistant”.

- 11) **Regulation:** Regulation emerged as a recurrent theme across all the consultation questions. In response to the open question on this issue, 761 respondents said the role should be regulated, and 241 (the next largest group of respondents) said it should be registered. Those advocating regulation identified a number of benefits, including patient safety, public reassurance, accountability, professional credibility and protection of the new professionals. The administration of medicines - seen as a key aspect of the role by many - was given as a further reason.



Part 3: Consultation background, process and methodology

Background

- 3.1. HEE is mandated to support the delivery of excellence in health and care by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours and available at the right time and in the right place.
- 3.2. As the largest group of health professionals providing the majority of direct care, the nursing and care workforce are central to the transformation of care enabling health and social care services to become increasingly person-centred. Health and care has changed significantly with a shift from single, episodic care to person centred care in primary, secondary or community settings by a range of professionals who deliver care to service users either to prevent, diagnose, treat or enable self-care as part of long term management of conditions. This development is a key component in the aims of the Five Year Forward View⁵.
- 3.3. The Shape of Caring Review proposed the need for a new support role with a Care Certificate and additional skills and knowledge that would work alongside Care Assistants and Registered Nurses to deliver compassionate care to patients and service users. This arose in part from the recommendations of the Cavendish Review⁶. The HEE engagement exercise on the Shape of Caring⁷ recommendations showed many participants wanted greater recognition of the Care Assistant role and bridges to progression into nursing pre-registration programmes.
- 3.4. We know that in making decisions on how to plan and deliver high quality care, employers are transforming how they educate and train their workforce to meet the increasing and changing needs of the population. Responses to the consultation revealed some are introducing a greater skill mix in primary, secondary and social care focused. This includes the significant role played by Assistant and Associate Practitioners (APs) in some parts of the country. The interdependent and interlinked relationship between care support workers and Registered Nurses is evident in the current practice of care across health and social care.
- 3.5. HEE's latest workforce planning data shows that services are increasing their commissions for support workers such as APs: usually in order to progress and expand the care delivered by nursing teams⁸. This suggests there is a real need to formalise a new role with nationally agreed skills and competencies which can function as part of the nursing family – with a clear, core focus of supporting services in the delivery of expert nursing care. The AP role provides valuable experience on which to build.

⁵ NHS England, *Five Year Forward View*, October 2014. Available at <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁶ The Cavendish Review, July 2013. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

⁷ Lord Willis, *Raising the Bar – Shape of Caring: A Review of the Future Education and training of Registered Nurses and Care Assistant*, March 2015. Available at <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

⁸ HEE Workforce Planning Data, October 2015

- 3.6. As Lord Willis states in the Shape of Caring Review, “*more needs to be expected from the graduate nurse of the future to meet a population-based and integrated community approach*”⁹. As such, the team around the Registered Nurse is crucial to enable them to deploy their skills and practice effectively.
- 3.7. HEE wants to unlock the potential of the proposed Nursing Associate role to supplement, augment and complement the care given by Registered Nurses and strengthen the nursing contribution to holistic, person centred care in all settings. They will help teams and services to meet rising demand and expectations of healthcare, new models of care, the people and populations they care for¹⁰.
- 3.8. In the light of these considerations, HEE consulted on proposals to introduce a new nursing support role to build capacity to care and capability to treat health populations.
- 3.9. A consistent title is believed necessary for this new role to reflect the skills, defined scope of practice and education pathway. For the purpose of this consultation, we used the working title “*Nursing Associate*” while seeking the views of stakeholders on what this should be (see responses to Question 6 of the consultation).

⁹ Lord Willis, *Raising the Bar – Shape of Caring: A Review of the Future Education and training of Registered Nurses and Care Assistant*, March 2015. Available at <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

¹⁰ *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*, <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Consultation Process

- 3.10. The consultation process was guided by the Cabinet Office Consultation Principles¹¹ and was open to any contributor over a six week period. Efforts were made to ensure widespread awareness of the opportunity to participate. The consultation was made available as an online questionnaire and as a downloadable word document, so respondents could post their responses, email or submit online. The consultation document provided a briefing on the proposals and set out all the consultation questions¹².
- 3.11. A communication plan to promote participation in the consultation was developed and implemented from the 28th January 2016. This was targeted at reaching individuals and groups identified as having an interest in the accessible information standard and / or who were anticipated to be affected by or expected to implement it.
- 3.12. See Appendix A for more information about the consultation process.

¹¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf

¹² Building capacity to care and capability to treat -a new team member for health and social care: Consultation, January 2016
<https://hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20consultation%20document.pdf>

Methodology

3.13. The response to every question was read and considered.

3.14. The responses were divided into two groupings:

- **Group A:** Responses to introductory background questions on name/confidentiality/type of respondent etc
- **Group B:** Responses to Q1-Q8 core consultation questions (open questions)

The first group of responses (A) lent itself to quantitative analysis, whilst the rich information provided by Group B lent itself to qualitative analysis.

3.15. With regard to Group B, key themes and recurring issues were identified through close reading of all responses by question, and through consideration of the issues set out in the initial consultation briefing document. There was measurement of word frequencies to help identify, code and explore further patterns and themes.

3.16. In analysis we sought to identify views held by many, and views held by a minority. We use the terminology of “majority”, “minority”, “many”, “some” and similar adjectives to provide a general indication as a precise summation was not possible. It should be noted that while responses were sought widely through a range of communications to diverse sectors, the individual respondents are not a statistically representative sample.

Part 4: Consultation findings

This chapter sets out the questions, the responses, a summary and HEE's response.

Question 1:

What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a Care Certificate and a Registered Nurse?

The following themes were identified:

- 4.1 Impact of the new role on patients
- 4.2 Impact of the new role on Registered Nurses
- 4.3 An over-arching career framework enabling progression
- 4.4 Relationship with other roles: APs and Care Assistants
- 4.5 Regulation and finance

4.1. Impact of the new role on patients

Many respondents welcomed the introduction of the new role because of its potential benefit to patients. However, patient safety was often cited as a key condition to introduction with many adding that clarity is needed so that patients understand the role.

"Care should be taken to ensure that patients are not confused by this new role and that they know who is caring for them. The central concern raised by our respondents was the need for the proposed role to be accountable...they should be bound by a Code of Conduct and answerable for their practice."

Representative of a patient group or campaign group

4.2. Impact of the new role on Registered Nurses

Many respondents asked for clarity regarding the purpose of the role, with some of these asking for clarity surrounding accountability and delegation: this was seen as having a direct bearing on Registered Nurses.

"Clarity in terms of defining the role and scope of practice. How they will support and not replace the Registered Nurse, and be taken into account in relation to skill mix."

Provider of education for health and/or social care

Some respondents wanted assurance that the role is being developed to support the delivery of safe nursing care and not as a substitute for Registered Nurses or as a cost-saving exercise. Alongside this, there was acknowledgement among some that the new role would help nurses because their scope of practice has evolved and at times they may spend time performing activities that do not reflect their level of training.

A number of respondents referred to the State Enrolled Nurse (SEN) role. They varied in their view of the SEN role: many were positive about the role but highlighted that whilst it had worked well in practice, SENs were often left without equal access to career

opportunities and further learning. Some felt that SEN role should be reviewed to enable lessons to be learned before the Nursing Associate is introduced.

4.3. An over-arching career framework enabling progression

A large number of submissions supported the potential role but noted that a robust, national career framework is essential, with training that includes extensive practical experience, good quality mentoring, and clear pathways into the role and progression opportunities into the Registered Nursing qualification.

“Requirement for nationally set essential skills/competence to ensure consistency and facilitate transition to a Registered Nurse education programme if desired. Need for consistency in role, competence and education. [We] agree the need to have a competency framework set nationally so that roles are truly transferable between care settings and care providers.”

NHS health care employer/provider

Many welcomed the opportunity presented by the new role. One representative of private care provider commented that at present Registered Nursing appears to be the only career progression choice for care staff, but it may be out of reach academically for some care assistants:

“The lack of different roles and qualifications is a major barrier to encouraging [nursing home] staff to undertake additional education and training to increase their level of competence in providing that direct care.”

Representative of a trade union, royal college or professional body

4.4. Relationship with other roles: AP and Care Assistant

A significant grouping of respondents expressed concern about the relationship between the new role with that of existing Care Assistants and APs.

“[There is a need] to establish how the role fits in with existing roles in health care e.g. Band 3 [Health Care Support Workers] HCSWs, Band 4 HCSWs, Assistant Practitioners etc.”

Registered Nurse

A call for clarity was voiced by various respondents.

“Employers believe there is the potential for this role to be confused (by staff, patients and employers) with the current Assistant Practitioner role as this group of staff have very similar principles of practice to the proposed Nursing Associate.”

NHS health care employer/provider

Some APs expressed anxiety about a possible negative impact on their role. (No such comments were made by Care Assistants.) There was a call to explore the barriers to the development and spread of the AP role in some organisations and services prior to

introducing a new tier of worker and also a request from a minority to ensure that the AP who provides nursing support can apply to move into the new role if they wish to do so, or continue in a meaningful AP role.

4.5. Regulation and Finance

An overwhelming majority of respondents called for regulation of the role. See Question 7 on the type regulation or oversight required for the proposed role provides better highlights of this issue.

Some respondents raised questions concerning the pay scales and funding for the role. The majority of respondents referred to Agenda for Change Band 4 as the appropriate banding for the role. Some were concerned that current financial restraints would mean the necessary funding for the role would not be available. Others described the proposed new role as a cost saving exercise rather than a process to enhance the delivery of patient care.

4.6. Summary of Question 1

Responses to Question 1 indicate that many respondents welcome the introduction of the new role. However this is contingent on key considerations of safety, clarity of role, scope of practice and responsibility, and a national career framework enabling progression. There was concern regarding the impact of the role on Registered Nurses and APs, and risks of duplication. A number of respondents said regulation would be necessary.

Health Education England's response to Question 1

- 4.7. HEE welcomes the broad endorsement of the proposed new role, and its potential to be of benefit to patients, to patient safety and to health care teams including Registered Nurses. As the largest group of health professionals at work in the England, Registered Nurses are central to the transformation of care, but they do not work in silos and they need dependable support.
- 4.8. HEE takes very seriously the priority given to patient safety and care, and will work to the legislation and guidance that is currently in place and will comply with any new guidance that is issued as we develop the role specification
- 4.9. HEE also appreciates the need for role definition and clarity. HEE will raise this in engagement sessions during the summer, where there will be work with stakeholders to define the role, taking into account other roles in health and care. Once the education and training has been defined, staff in roles such as APs and Care Assistants will be able to assess their equivalence, evidence their learning to date, and explore the steps and criteria for entry to the new role. An indicative scope of practice is set out in Appendix F.
- 4.10. HEE shares the recommendations made by respondents who suggested a national career framework that enables progression into the role, and further career progression into the Registered Nurse role. HEE is aware of the scale and value of the Care Assistant workforce, and their potential to progress. These considerations will be central to our work with partners to create a national and standardised career framework for the new role.
- 4.11. HEE is firmly of the view that the new role is to augment, supplement and complement the Registered Nurse. While the issue of pay scales is not within the HEE remit, HEE is aware of the importance of working closely with NHS Employers and social care providers to develop a national job profile and person specification.
- 4.12. HEE addresses the issue of regulation in our response to Question 7 of this report.

Question 2

What contribution to patient care do you think such a role would have across different care settings?

The following themes were identified:

- 4.13 Benefits to direct patient care
- 4.14 Defining the skill set
- 4.15 Career progression
- 4.16 Settings
- 4.17 Impact on other healthcare roles

4.13. Benefits to direct patient care

A significant proportion of the respondents said that the proposed role would have a major and positive impact on direct patient care. The role was seen as having the potential to:

- Provide fundamental “hands on” care.
- Build relationships and communication with patients and their carers, and strengthen engagement.
- Help ensure a more prompt response to patient and carer needs through increasing team capacity.
- Enable Registered Nurses to focus on more advanced areas of care and nursing.
- Help signpost patients and carers to support services.
- Deliver care across all care settings.

The following comment, for instance, was made by a member of the general public:

“Free up graduate (registered) nurse time for development/organisational management/complex interventions. Increased contact time for patients with informed health professionals.”

Member of the general public

Many respondents named specific roles and tasks the Nursing Associate could undertake: these are listed in Appendix E.

“Increase in evidenced based direct physical and mental health care. Improved observations and record keeping.”

Registered Nurse

“Planning basic care needs, doing risk assessments, administering medication. Responsibilities stipulated ranging from technical skills such as scrubbing in theatre to overseeing fundamental care delivered by HCAs in a Care Home or domiciliary care, working under supervision of a registered nurse.”

Health care provider/employer (private sector)

A minority were strongly of the view that Nursing Associates should not administer medicines.

4.14. Defining the skill set

Most respondents stated that the new role could provide the fundamental aspects of care and daily activities of the patients, noting that these would vary across different patient groups and care settings. Many said that greater clarity regarding the role and the competencies is needed. A wide range of potential competencies and skills were suggested, and are summarised in Appendix B.

It was highlighted that, as for Registered Nurses, an expectation of updating and development (within the scope of practice) should be set. Some concern was raised that the Nursing Associate role might potentially become “task” focussed rather than being grounded within a person centred care approach. Respondents who raised this said it would be important for the educational requirement to include knowledge and understanding of care provision, human behaviour and similar areas to distinguish the Nursing Associate role from a Care Assistant role. Some respondents said there needed to be clarity around regulation before any definitive decisions around this could be made.

4.15. Career progression

The role was seen by a number of respondents as a valuable opportunity for Care Assistants to progress:

“I see it as part of career and skill progression of a care assistant.”

General Practitioner

“It should improve patient care by providing further education and training to care assistants with the aptitude and aspiration to progress.”

Registered Nurse

Some said that consideration will need to be given to those Nursing Associates who wish to move across care settings, advising that the qualification/training must be transferable (for instance, from care home to community to acute setting). Many respondents suggested that if a Nursing Associate wanted to continue to registration as a nurse, a shorter pathway could and should be created so there is career progression for them.

“As a small independent organisation we have more flexibility in shaping what is and isn’t expected from our staff. The Nursing Associate role offers career progression for the Senior Health Care Support Worker. This qualification and hopefully regulation will help shape the future workforce.”

Health care provider/employer (charity/not for profit)

4.16. Settings

Many respondents expressed a view that the Nursing Associate role had the potential to enhance patient care across a wide range of care settings. Settings mentioned included community, mental health, in-patient and out-patient settings. Some said the role may

have a greater contribution in a particular sector such as the community sector. Others said the role would work best in the acute sector.

Some people linked this to work with particular categories of patient, such as the elderly.

"We believe this role would make a significant positive contribution to patient care in a number of areas. For example in social care settings eg Care Homes, the role of the Associate Nurse would be best placed to support people with complex care needs in their own environment. Potentially a Registered Nurse could co-ordinate care over a number of settings simultaneously, ensuring a person centred approach."

Registered Nurse (Clinical Commissioning Group)

Some respondents gave examples of similar roles already proving effective in some areas such as mental health.

"It would be important that they had transferable skills so they would be an asset to the workforce and flexible to be used in a variety of settings rather than skilled in specifics. The role in mental health would need generic skills relating to assessment and implementation of care and then some specific skills in relation to specific areas of work. There would be benefits to both inpatient and community areas."

Registered Nurse

"At present highly skilled support workers are essential to supporting young people with mental health issues, including doing graded exposure work, anxiety management, liaison with other agencies etc. This role would, I imagine, be similar?"

Registered Nurse

There were some voices of dissent from this view:

"I do not believe that they would contribute a higher level of care across settings than a HCA without specialist training."

Registered Nurse

4.17. Impact on other health care roles

A repeated view running through the responses to Question 2 was concern that the Nursing Associate role might serve as a substitute for Registered Nurses. For others, however, the role was welcome because it was seen as having the potential to play a part in addressing the shortage of Registered Nurses. The role was also seen by many as an asset to health care teams in diverse contexts.

"I think this role could make a massive impact on patient care - as it would be care focused and would enable the healthcare system to focus more on personalisation

and patient involvement which currently has a tendency to be missed due to time pressures and administrative duties.”

Commissioner of health services

“This role would provide patient care at a higher level than care assistants and provide support for Registered Nurses. The principles proposed by HEE are very appropriate and the role would be beneficial in many health care settings, with necessary training and completion of competencies, suitable for the individual environment but within the remit of the role.

NHS health care employer/provider

Some respondents cautioned that this needs careful management and involvement of workforce planning.

“It could increase the capacity of the nursing workforce to deliver care and enable the Registered Nurses to utilise their skills and expertise more effectively. Care would need to be taken that this new role doesn’t just comprise a collection of tasks, but does maintain the holistic nature and premise of nursing and also that it embraces the softer skills too.”

Health care provider/employer (charity/not for profit)

Many positive experiences of working with or providing training to APs were shared throughout the consultation. There was also reference to Care Assistants, with some welcoming the opportunity for them to progress to Nursing Associate, and some questioning if the new role is a duplication of what already exists:

“I cannot see the additional contribution they would make to patients that HCAs couldn’t give the necessary support.”

Provider of education for health and/or social care

4.18. Summary of Question 2

A significant proportion of the respondents said the proposed role would have a major and positive impact on direct patient care. Administration of medicines was seen as key by many, though a minority were opposed to this. Many said that greater clarity regarding the role and competencies is needed (see Appendix E) Many advised transferability across different settings and specialisms. There was concern that the role might serve as a substitute for Registered Nurses, and a minority were of the view that current Care Assistant and AP roles are sufficient. The role was seen by some as a valuable opportunity for Care Assistants to progress, including as a potential route into Registered Nurse training.

Health Education England's response to Question 2

- 4.19. HEE welcomes the view held by many respondents that the new role has the potential to be of direct benefit to patients and their care and we will consider the points raised in connection with this. HEE also welcomes the range of suggestions received in Question 2 regarding the range of skills and competencies this role might encompass (Appendix E).
- 4.20. HEE knows that in making decisions on how to plan and deliver safe, sustainable nursing workforce in the future, employers are transforming how they develop their nursing workforce to meet the increasing and changing needs of the population.
- 4.21. HEE will use the list in Appendix E, generated by the consultation, to assist with our work with stakeholders to define the role and ensure its viability, sustainability and relevance across different settings. An indicative scope of practice is set out in Appendix F.
- 4.22. HEE will ensure that issues of progression and accreditation of prior learning are central to the work with stakeholders to define the role and the wider career framework.
- 4.23. HEE has decided, in view of the prevalence and strength of views, that managing care needs will be a central focus of this proposed role across a range of settings and locations. In addition, in developing the role, HEE will address the issues of parity of esteem between mental and physical health.
- 4.24. HEE recognises the interdependent and interlinked relationship between Care Assistants, APs and Registered Nurses and other members of multi-professional health care teams and will take this into account moving forward.
- 4.25. HEE notes, with regard to the administration of medicines, that DH guidance makes clear that it is lawful for care assistants to administer medicines without being regulated or registered. These legal principles will apply to others¹³.
- 4.26. HEE considers it is necessary to define the role before deciding if it is appropriate to recommend regulating the role.

¹³ Administration of medicines in care homes (with nursing) for older people by care assistants, Department of Health and University of Leeds, April 2016 <https://www.gov.uk/government/publications/administration-of-medicine-in-care-homes>

Question 3

Do you have any comments on the proposed principles of practice?

The following themes were identified:

- 4.27 Principles of practice
- 4.28 Boundaries of competence
- 4.29 Clear career pathway and progression

4.27. Principles of practice

Many respondents agreed with the proposed principles of practice (see Appendix C for the list of principles). Comments included:

“All of these principles would enhance the skill mix of the nursing team and help retain staff, as well as giving HCAs a clear defined career pathway.”

Care Assistant or similar role in health service

“We agree with the proposed principles as set out in the consultation document. There has been a great emphasis in recent years on the move towards more effective multi-disciplinary team working which is able to provide more a more holistic and joined-up care for patients. Inquiries such as Francis and Morecambe Bay highlighted the importance of effective team working in providing safe, high quality care to patients. Any new care role must exist as part of a multi-disciplinary team structure.”

Representative of a regulatory body

Some respondents welcomed the principles as sufficiently broad to apply across care settings and areas of practice. However, many of those supporting the principles commented that they were not sufficiently clear and defined. A number of respondents observed that there is a need to ensure clear, connected and nationally consistent principles for Care Assistants and Registered Nurses and other related roles.

In general, respondents wanted more detail. The following points were made to help define the principles more clearly:

- transferability of skills
- grounded in direct care provision
- regulation is essential
- enable progression
- carry out treatment plans defined by Registered Nurses and other professionals
- manage and oversee less complex care interventions
- able to work with adults, children and young people
- parity of esteem with mental health
- able to respond to poor practice or safeguarding issues
- holistic approach
- user-led care

4.28. Boundaries of competence

Many respondents said it was essential that the principles are underpinned by a sound knowledge base, supported by appropriate training and competencies.

“The role needs to be clear cut and easily identifiable to Health Care Assistants and staff nurses. Clear competency and skills set identified and known to all staff.”

Student nurse or care assistant

“The role does need a national definition, and care needs to be taken about this being transferable across care settings.”

NHS health care employer/provider

It was felt to be important that the competencies enable effective working in diverse settings, including the community. This raised questions regarding the balance of generalist and specialist competencies:

“Depending on what level of care the associate nurses would provide, being uni-professional may create an artificial boundary between disciplines and perpetuate discipline specific parochialism.”

NHS health care employer/provider

There was particular feedback questioning the difference between this role and that of AP. There was concern also about the potential for substitution of Registered Nurses, and some respondents again referred back – both positively and negatively – to the State Enrolled Nurse. However, many respondents felt the Nursing Associate would be an asset:

“We need the right level of practitioner who is very capable and able to carry out care, adapt to changing situations, can prioritise, can transfer skills into more than one setting, who is caring and compassionate able to advocate for patients. The nursing associate needs to have some understanding of what they are doing, the evidence base for practice and why they are doing something. This is what I feel is missing from the Health Care Assistant role.” **Provider of education for health and/or social care**

4.29. Clear career pathway and progression

Many respondents welcomed the principles of progression and a clear career pathway. There were suggestions that this be aligned with apprenticeships. Issues relating to APEL (Accreditation of Prior Experiential Learning) were raised for potential Nursing Associates.

“The widening of the nursing career framework with opportunities to step off and on is particularly good - as long as a national, standard approach is taken.”

Registered Nurse

The range and quality of placements and mentorship were raised by some as key to enabling progression, and a few respondents queried whether there would be sufficient capacity to provide placements, particularly in small organisations.

A few respondents felt that progression routes already exist for Care Assistants, meaning the new role is unnecessary. Others noted the importance of valuing those Nursing Associates who choose not to progress to Registered Nurse.

4.30. Summary of Question 3

Many respondents agreed with the proposed principles of practice, though some wanted greater detail and definition. Many said it was essential that the principles are underpinned by a sound knowledge base, supported by appropriate training and competencies to enable effective working in diverse settings, including the community. This raised questions regarding the balance of generalist and specialist competencies. There were concerns regarding the impact of the role on Registered Nurses and APs. Many respondents welcomed the principles of progression and a clear career pathway with suggestions that this be aligned with apprenticeships.



Health Education England's response to Question 3

- 4.31. HEE is committed to identifying and implementing principles of care that enable flexibility across the nursing and care workforce in order to ensure safe, high quality care.
- 4.32. HEE understands the core principles, set out in the original consultation briefing, to be valid. However, HEE will review the additional proposals submitted and use these to enhance the principles subject to discussions with stakeholders.
- 4.33. HEE welcomes the diversity of suggestions put forward with regard to boundaries of competence, and is alert to the need to find the appropriate balance between generalist and specialist. HEE agrees with respondents who stressed the need for skilled and flexible staff, able to work across diverse settings. The challenge here for HEE is - in addition to addressing current needs - to look to the future to identify future workforce requirements and opportunities. In doing this HEE will work with stakeholders, review the comments submitted to this consultation, and look to other new care models in order to identify lessons learned and good practice.
- 4.34. HEE will ensure that issues of progression and accreditation of prior learning are central to HEE's work with stakeholders to define the role and the wider career framework. HEE welcomes the advice from those respondents who identify the need for accessibility and clarity with regard to progression into the role as well as potential progression into Registered Nurse training.
- 4.35. HEE's response regarding regulation is set out in Question 7.



Question 4:

Do you have any comments on the aspects of service the proposed role would cover?

The following themes emerged:

- 4.36 Clear role descriptions and definitions
- 4.37 Implications for nursing and staffing
- 4.38 Impact on patients and direct service delivery
- 4.39 Career progression and development

See Appendix D for the suggested aspects of service.

4.36. Clear role descriptions and definitions

In Question 4, as in previous questions, many respondents were in favour of the aspects of service of the new role, but emphasised the importance of clear role descriptions and definitions, partly for national standards and transferability, but also for clarity with regard to other closely related roles such as Registered Nurse, AP and Care Assistant.

A number of respondents linked this to a need to define the “gap” being filled. A concern articulated by a few respondents was to what extent a service gap exists, and whether there may be too much overlap with other roles such as AP.

Some said the role would need to have skills and responsibilities appropriate for their work setting, balanced with the curriculum being generic enough to create a flexible Nursing Associate able to work in different contexts. Some said the aspects of service should come together to ensure sufficient competence for a Nursing Associate to be able to have prior experiential learning accredited in order for them to train to be a Registered Nurse if they so wished. Respondents saw a potential to work across many disciplines, including mental health and learning disabilities, and with all ages and stages of health care including prevention and promotion. This is typified by a comment from one **NHS health care employer/provider**:

“Please can these cut across all disciplines i.e. physical health, learning difficulties, mental health, community and inpatients.”

Linked to this, a number of respondents queried whether the role would include administration of medicines. While some were strongly opposed to this, overall the trend was to endorse the need for the role to include the administration of medicines in order to provide real assistance to Registered Nurses.

While there were divergent views, with some feeling the role was unnecessary and others concerned it was already in place under other names, many respondents said that the Nursing Associate could make a real contribution to supporting Registered Nurses and enabling them to focus on more advanced nursing skills. Some qualified their responses, and typical comments included:

- the need for clear communication with common understanding of unique role in the team;
- requirement for a nationally accredited education, training and qualification;
- if the role is regulated to support aspects such as delegation, accountability, responsibility and roles (e.g. administration of medicines);
- on-going learning and development opportunities;
- clarity for career progression.

4.37. Implications for nursing and staffing

Suggestions and concerns relating to delegation, accountability and registration or regulation were raised within a number of responses. An underlying concern was that the new role would increase the workload of the Registered Nurses. There were concerns about the Nursing Associate working unsupervised in different settings.

“It would mean, as I assume that these staff would be managed by nurses, that nurses would be tasked with more organisational/managerial responsibilities taking them further away from clinical work.”

Provider of education for health and/or social care

While some respondents were concerned that adding an additional layer to the workforce would impact negatively on patient safety, others said it would improve services.

“[Our] experience indicates that [our] Support Worker roles are improving efficiency by enabling registered professionals to manage a bigger and more complex caseload and have supported change to patient follow-up models.”

Health care provider/employer (charity/not for profit)

In addition, a number of respondents mentioned the potential for the role to include the supervision of care assistants. One Registered Nurse expressed both concern about and welcome for the role:

“I am very concerned that this could be nursing on the cheap which is never beneficial for the patients. If the training is comprehensive enough for the new role, this could be a great benefit to the care we provide.”

Registered Nurse

4.38. Impact on patients and direct service delivery

In general, respondents addressing this theme had positive comments about the capacity of the aspects of service to enhance the delivery of health care. They said the role could have a wide variety of nursing and caring responsibilities (including clinical tasks), and could work with all ages, in diverse teams and settings, across different health and care services. This was often seen as contingent on various considerations such as appropriate role definition, training and supervision.

“Increasingly individuals with chronic health problems have complex ongoing health and social care needs and a key role of Nursing Assistants might be to address these needs in a holistic fashion. This would be particularly useful for those working in community and rehabilitation.”

Provider of education for health and/or social care

Some respondents voiced an opposing view:

“[This] will place additional pressures on already stretched workforce through extra supervision requirements. Pick[ing] up social aspects will again stretch workforce delivery.”

Provider of education for health and/or social care

4.39. Career progression and development

The majority of respondents who addressed this issue were positive about progression and development, including the role being a route into Registered Nurse training. A few thought there would be “mission creep” while others saw gradual upskilling and expansion as a positive development.

4.40. Summary of Question 4

Many respondents were in favour of the new role, seeing it as of value across a wide variety of settings. The following points were made:

- There is a need to articulate the role in context of career progression/pathway (linked to clear definition of role).
- Over-arching career and education frameworks need to take account of the impact on other roles.
- It is important that Nursing Associates are helped to progress to Registered Nurse.

There were suggestions and concerns relating to delegation, accountability and registration or regulation. Respondents said that the Nursing Associate could make a real contribution to supporting Registered Nurses, but some were concerned that the role would lead to substitution by lower grade staff.

Health Education England's response to Question 4

- 4.41. HEE understands the need for greater clarity for the role of Nursing Associate, with definitions that take into account the remit and role of other members of the team. HEE welcomes and agrees with the potential identified benefits the role will bring, subject to these clarifications, and sees them as complementing and adding to the benefits to the wider nursing and care workforce already put forward.
- 4.42. HEE notes the concerns around accountability and will address these within the next steps. HEE recognises that supervision is important in all situations, but will be delivered in different ways. As stated in the consultation document, the Nursing Associate will work under the leadership of the Registered Nurse.
- 4.43. HEE also will ensure that this role has clear career progression pathways.
- 4.44. HEE will work closely with stakeholders in defining a national role descriptor.



Question 5

Do you have any comments on the proposed list of knowledge this role requires?

The following themes emerged:

- 4.45 Entry requirements
- 4.46 Knowledge, competencies and skills
- 4.47 The level of training
- 4.48 Apprenticeships

4.45. Entry requirements

A small proportion of those responding to Question 5 addressed this issue. A few respondents suggested as a basic pre-requisite most or all of the following:

- GCSEs (or equivalent) in Maths, English and Science
- numeracy and literacy
- vocational level 3 care qualification or above
- the Care Certificate

However, many felt that there are people who will possess the values and aptitude to take part but who may lack the minimum academic qualifications and so need to be supported and enabled to progress. There was a general theme that knowledge, skills and experience need to be valued, as well as qualifications. Some respondents mentioned the importance of recruiting to the NHS Constitution, values and behaviours. Others emphasised the need to ensure that progression to Registered Nurse remained a viable option whatever the level of attainment on entry to Nursing Associate. Some said that APs should be able to enter the new role through Accreditation of Prior Experiential Learning (APEL).

4.46. Knowledge, competencies and skills

The majority of respondents addressing this area identified fundamental nursing tasks/skills, some of which can be tailored according to area of practice. However, a significant minority defined specific knowledge and competencies stating “academic” based subject themes.

An NHS healthcare employer/provider stated that there needs to be:

“... equal weighting to academic and practical training which should include simulation and in clinical practice”.

A list of recommendations put forward are set out in Appendix E, and an indicative scope of practice is included in Appendix F.

There was much support for a nationally mandated curriculum to be in place to ensure consistency and sustainability of the knowledge, skills and competencies to be acquired. There was wide support for the training to lead to a recognised national qualification with a defined and regulated scope of practice mapped to the pre-registration nursing standards: a national framework supported by England wide education standards set by a regulatory body.

A number of respondents were of the view that the role should not be confined to health and it ought to be integrated across health and social care and that it needs to be multi/inter-professional. There was much support for the Care and/or Higher Care Certificate being included in the training programme.

It was felt by some respondents that careful consideration needs to be given around the management of nursing care in certain settings, such as mental health, learning disabilities, primary and community care, prisons, paediatrics, midwifery and social care.

Some concerns were raised. A representative of another patient group or campaign group, for instance, observed:

“The proposal appears to focus on teaching technical skills whereas any nursing role should be far more than this....The expectation that nursing associates will represent a flexible workforce able to work across all care settings, risks spreading their knowledge too thinly and not adequately equipping them for any one area.”

4.47. The level of training

A significant number of respondents chose to comment on the level of training. The general recommendation from most was that the training should be at Level Five (such as Foundation Degree / Higher Education Diploma). A provider of training for health and/or social care supported Level 5 by saying:

“This would enable them to develop knowledge and critical thinking.”

A Care Assistant (‘or similar role in health service’) said:

“I think foundation degree level would be valuable because this will develop a deeper understanding of nursing processes and organisational needs.”

In terms of career progression, some respondents said that the initial training level needs to be part of a defined education pathway that leads to becoming a Registered Nurse should the person wish to through Accreditation of Prior Experiential Learning (APEL). A few raised issues relating to the Care and Higher Care Certificates, and whether they are recognised by higher education institutes.

It was also recognised by some respondents that the knowledge skills and competence gained through initial training need to be maintained and built upon through a lifelong learning approach.

4.48. Apprenticeships

In general, there was interest in and support for an apprenticeship route, though one respondent from a representative body (trade union/royal college/professional body) advised that this:

“...must not be viewed as a cheap solution to the issue of staffing levels”

Another representative body asked that there be no loss of pay for existing staff, quoting an AP who responded to their consultation survey:

“The assistant practitioner role is for healthcare assistants in paid employment while the new role is an apprenticeship so will be less pay.”

A provider of education for health and/or social care said:

“The apprenticeship route is one way of doing this, but can equally be time consuming and restrictive for some who would be more suited to other routes to accredit their skills and knowledge and/or help them progress to higher levels of learning. Therefore, flexible training routes should be maintained as there are already increasingly diverse ways of obtaining professional and other qualifications over different lengths of time but that still meet professional body standards and employer requirements.”

4.49. Summary of Question 5

Respondents welcomed progression opportunities, for people to become Nursing Associates, and for their progression into Registered Nurse training. Fundamental nursing skills were seen as key, with practical and academic Level 5 education and training in health and social care as part of a national curriculum. This was seen as leading to a qualification with a defined and regulated scope of practice mapped to the pre-registration nursing standards. The experience of AP and other support roles were seen as providing models for gaining clarity in the scope of practice, standardisation in educational requirements and consistency in role description and title. In general, there was support for an apprenticeship route.

Health Education England's response to Question 5

- 4.50. HEE has established an Oversight Group that will provide leadership and direction in the development of apprenticeships in nursing and nursing roles. The Oversight Group has wide representation across health, social care, education and employers.
- 4.51. HEE will seek a balance of enabling wide participation while ensuring candidates for the role are equipped to make a success of their studies. HEE agrees that values-based recruitment and accreditation of prior learning are both important.
- 4.52. HEE welcomes the many proposals put forward for the knowledge base for the proposed new role. These are set out in Appendix E of this report. This provides a rich resource for HEE's work with stakeholders going forward to define the role, competencies and knowledge to ensure parity of esteem. An indicative scope of practice is set out in Appendix F.
- 4.53. HEE acknowledges the suggestions put forward by many that the training should be set at Level 5. This is in line with developments across England. We will use this learning to build the education and training for Nursing Associate role. In considering the education and training of the new role we will take into account the concept of the Higher Care Certificate suggested in the Cavendish Review¹⁴.
- 4.54. HEE is fully committed to developing proposals to deliver training for the Nursing Associate through the apprenticeship route. Work will progress to support health and social care employers, to develop an apprenticeship standard through the Department for Business Innovation and Skills apprentice standard development process.

¹⁴ The Cavendish Review, July 2013. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

Question 6 What do you think the title of this role should be?

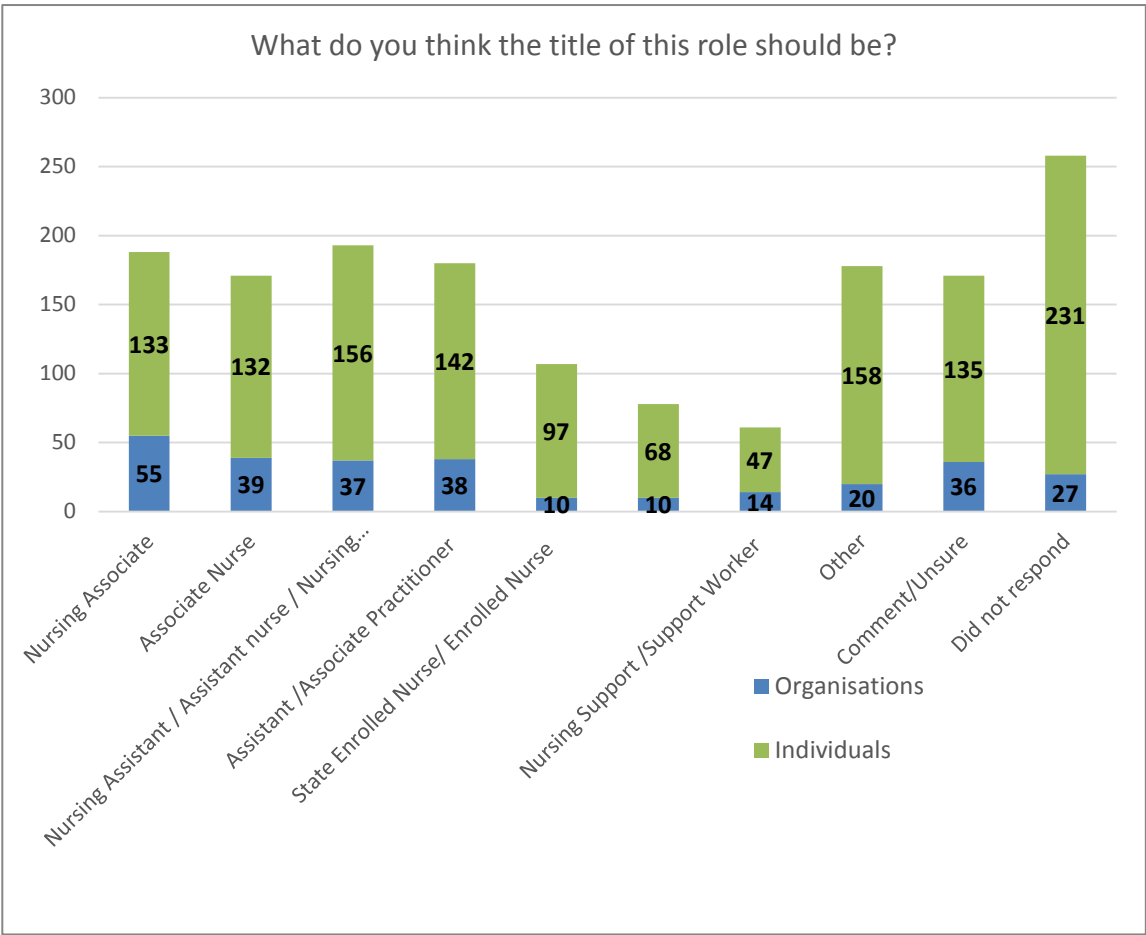
One theme emerged in this section:
4.54 Possible role titles

4.55. Possible role titles

Respondents to this question named a variety of possible titles for the role. The most frequent responses are identified below. It should be noted that the question did not present a set of options for people to choose from.

The table below shows the outcome of all submissions, differentiating between individual and organisational responses.

Table 3 Possible role titles



The table above shows the different names that organisational and individual respondents put forward. The section below, 4.11.2, explores this further.

4.56. Summary of responses

In total, out of 1,384 submissions to the consultation, there were 1,194 active responses to Question 6. Of the Question 6 respondents, 966 identified as individual respondents and 228 as representing organisations. The term “did not respond” is here used to record the number of respondents who made no comment at all with regard to Question 6. It should be noted that some respondents made more than one suggestion for role title (ie 966 individuals put forward 1,068 suggestions overall, and 228 organisations put forward 259 suggestions overall).

As the table above shows, a wide range of suggestions were made. Within this, a significant proportion of respondents favour “Nursing Associate” or “Associate Nurse”. “Assistant Nurse” and “Nursing Assistant” also receive substantial support.

Overall, respondents showed support for the inclusion of a “nursing” element in the title, with support as well for the words “associate” or “assistant”.

4.57. Comments on role titles

Those making general comments on the issue of title tended to say that clarity and simplicity are needed in order to distinguish it from existing care roles and to avoid confusion for patients and the general public. Some said there should be national consistency, with the same job title used across England.

The use of the term “nursing” within the title was broadly welcomed - and seen as essential by some given the likely scope of the role. Some noted that the inclusion of the term “nurse” or “nursing” was essential to differentiate the new role from existing Care Assistants. There was some concern that, while the title “Nursing Associate” might have benefit in NHS healthcare employment, it might also be restrictive and could limit the flexibility and ability to work across health and social care.

Others stated that having a nursing element in the title should be conditional on the registration or regulation of the role. In addition, it was held by some that the term “nurse” should only be used to designate Registered Nurses, who have a nursing degree.

4.58. Summary of Question 6

In summary, there is no absolute agreement on the title for the role. This question yielded an interesting response. Significantly, 258 respondents did not comment on this issue. The next significant finding was that the majority who did respond felt that the words nurse or nursing should be reflected in the title. Taken together, the key concern appears to be the competencies and scope of the role rather the title.

Health Education England's response to Question 6

- 4.59. HEE recognises that clarity is needed in respect of the title of the role. HEE notes the importance of words relating to nursing, and to associate or assistant, and proposes the title Nursing Associate.



Question 7

Please comment on what regulation or oversight is required for this role and which body should be responsible.

Respondents commented on:

- 4.59 The type of regulation or oversight
- 4.60 Regulation and potential regulatory body
- 4.61 Registration only

It should be noted that the question did not present a set of options for people to choose from: levels of oversight and names of relevant bodies have all been proposed by respondents.

4.60. Regulation and registration

In grouping respondents according to the level of oversight they recommend, we have used the following categories:

Regulation: this is regulation which is set up by “statute” (legislation) to protect members of the public by setting standards, protecting commonly recognised professional titles and providing a way in which complaints can be dealt with fairly and appropriately. Regulation requires those regulated to be on an accredited and recognised register.

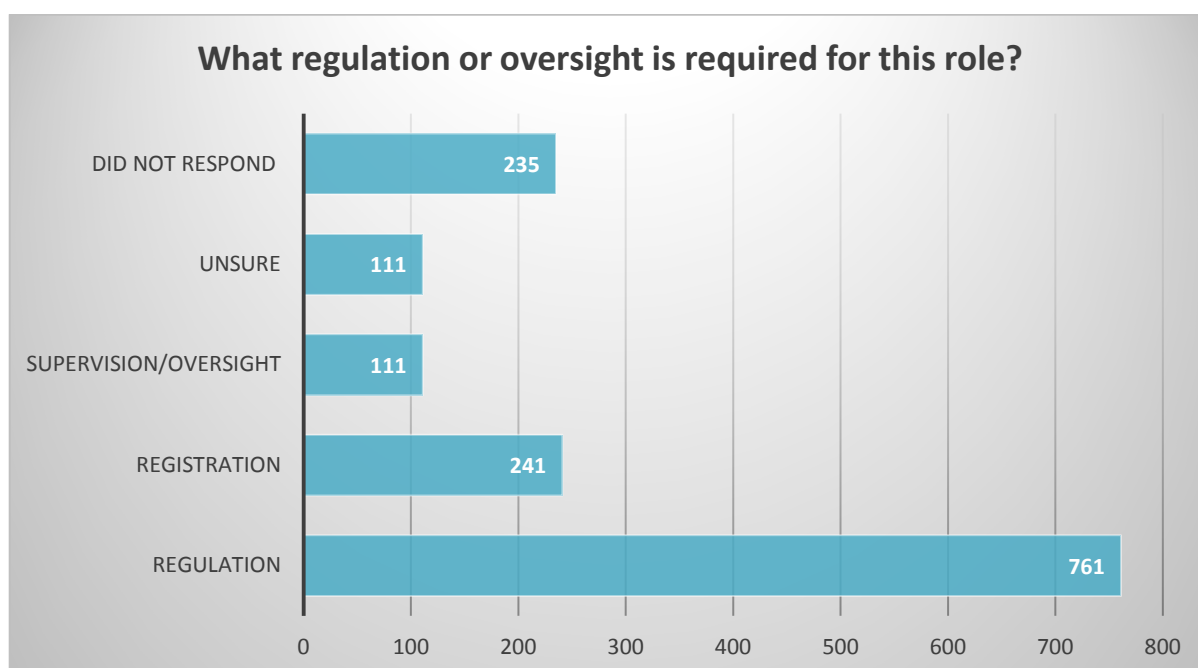
Registration: this may occur when groups self-organise to establish a register, or when an organisation sets up a register. Such registers usually identify standards for access, standards of conduct and competence for registrants, and complaints procedures. Such a register may be accredited by the Professional Standards Authority. Registration can be in place without the requirement for regulation.

4.61. The type of regulation or oversight

There were 1,216 respondents to Question 7, comprising 236 organisations and 980 individuals. Of these, only eight respondents submitted multiple suggestions to the issue of levels of regulation or oversight. With regard comments on the potential responsible body, 49 respondents named more than one organisation, indicating a degree of uncertainty, or that more than one organisation might be appropriate.

The most frequent responses are identified in the table below.

Table 4: What regulation or oversight is required?



The table above shows the forms of regulation and oversight proposed by respondents. It is explored in more detail in the section below (4.13.3).

4.62. Regulation and potential regulatory body

761 of respondents to this question said the role should be regulated. This is significantly ahead of the next category (registration: 241). Those advocating regulation identified a number of benefits, including patient safety, public reassurance, accountability, professional credibility and protection of the new professionals. Some were of the view that regulation is crucial to distinct Nursing Associates from Care Assistants, while a few stated that Care Assistants should be regulated too.

“HCA and support workers should be regulated as recommended by Robert Francis QC in the Public Enquiry into Mid Staffs Hospital.”

Registered Nurse

While supporting regulation, some respondents pointed out its limitations. An NHS health care employer/provider reported discussions with NHS employing organisations that revealed mixed views: some employers were favourable to regulation, while others were concerned that it could impede the role flexibility. Overall, respondents underlined the importance of considering costs and administrative burdens that regulation entails.

Many respondents named organisations that in their view could regulate the new role. Their responses are set out in Table 5 below.

Among the respondents answering this question, 581 of those in favour of regulation named the NMC as the potential responsible body; 45 named HCPC and 49 named 'another body'. Overall support for each body is detailed in the graph below. A further analysis was done to identify patterns of response among organisations as compared to

individual respondents. This revealed no significant variation, with both favouring overall regulation and the involvement of NMC.

Table 5 below brings together all responses, both those in favour of regulation, and those advising other forms of oversight.

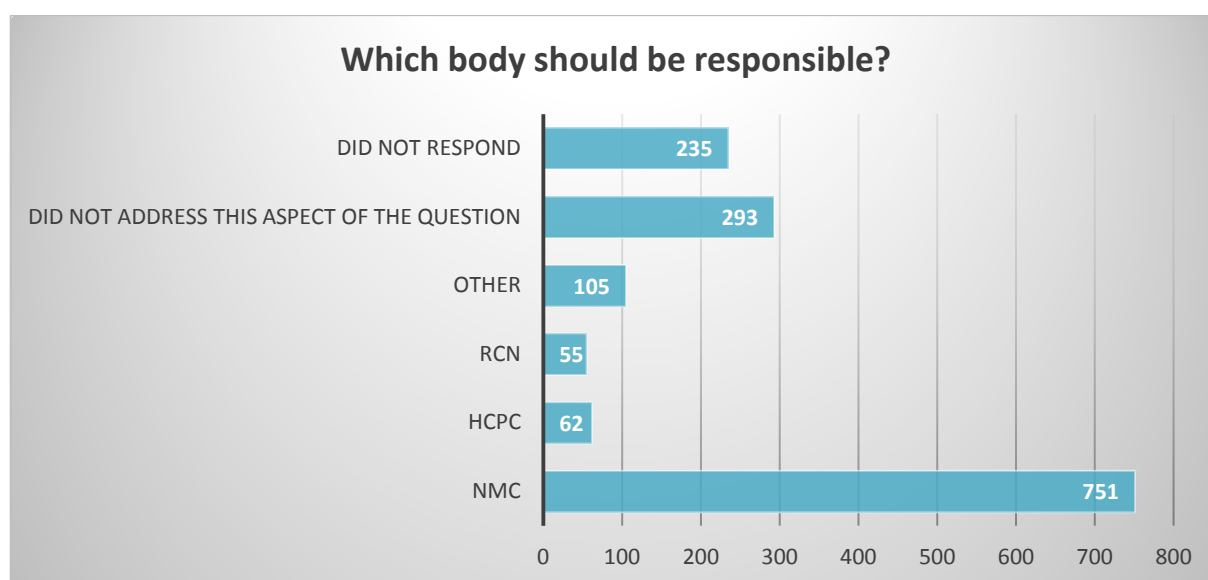
4.63. Registration only

Of respondents to Question 7, 241 expressed support for registration (see table 4). The relevant part of the NMC register for Registered Nurses was suggested by some as appropriate. Others favoured the creation of a separate register in the NMC. Some supported the establishment of a register outside the NMC. There were suggestions of local and national registers as well, with respondents underlining the need to develop and implement a strong code of conduct or guidelines ensuring the protection of service users.

Reasons stated in favour of registration are similar to those for regulation listed above. Amongst those proposing registration, 129 favour the NMC register and 26 the RCN.

The table below brings together all responses, both those in favour of regulation, and those advising other forms of oversight.

Table 5: Which body should be responsible for regulation and/or other forms of oversight



4.64. Summary of Question 7

The majority of respondents supported statutory regulation for the role.

Health Education England's response to Question 7

4.65 HEE notes the strength of views advocating statutory regulation of the proposed role. The decision as to whether to regulate the role must be made on the basis of the knowledge, skills and competencies required for the role and the scope of practice for the Nursing Associate. If once this is defined, NHS Improvement, NHS England, HEE and the NMC assess there are risks to patient safety, they will consider the appropriate level of regulation (if any) and HEE will work with the Department of Health to take this forward.

Question 8: The consultation would welcome any further views

This section of the consultation provided an opportunity for respondents to return to key issues or highlight other concerns. Much of this is already set out in earlier question responses. These are summarised below (4.65).

In addition, six organisations and individuals submitted written views to HEE with regard to the Nursing Associate consultation that did not use the consultation template or refer to the consultation questions. Their responses have therefore been considered as part of the analysis of Question 8, and are summarised in section 4.66.

4.65. Repeated themes

Of the respondents who were adding final comments to their submissions to the consultation, three themes in particular emerged as ones they wish to revisit or emphasise:

Training and progression

- a clear career pathway and progression routes
- build on the positive impact of the Care Certificate
- a national programme of education was emphasised as essential, along with ensuring recruitment to values
- relevant work based learning
- resolve issues of “Accreditation of Prior Experiential Learning” (APEL)

Roles, responsibilities, relationships

- clarity for the new role and others, particularly AP
- clarity of title for the new role
- clear lines of accountability and responsibility
- build on the AP example
- learn from the State Enrolled Nurse experience
- strong support for regulation
- maintain the Registered Nurse role in direct patient care

Workforce and financial issues

- concerns about “nurses on the cheap”, and “dumbing down” of the nursing profession
- the impact on the existing skill mix
- the substitution of Nursing Associates for Registered Nurses
- patient safety and patient confidence crucial
- questions regarding the percentage of time the trainee Nursing Associates be working in a supernumerary or student status during their training, and the funding for this

4.66. Extra submissions

A body speaking on behalf of commissioners was among submissions welcoming the new role.

“Overall our members welcome the impact that this role could have on the effective delivery of services to patients, and on supporting transformation of the way in which care could be delivered through the new care models.”

They shared a view that put forward by another representative body, which said:

“Our experts note that this role is badly needed in provision of good end of life care so that more people can remain at home, or be discharged from hospitals if that is their wish. It would also support other outreach services models from hospitals into the community and vice versa.”

An organisation representing community providers also welcomed the role:

“Local hospitals provide great employment opportunities for local people wishing to work within their own community and have a long history track of developing the skills of the unregistered workforce to enhance care. This brings a richness of understanding of local needs and services within a team and can make the care environment a less frightening place for patients and their families. [We welcome] such a role that can enhance the care team whilst providing career progression for this valuable but often neglected part of our workforce.”

One organisation expressed a number of concerns, advocating that safe and effective care would be better served by the full development of Band 3 roles, alongside the right number of qualified nurses and midwives. Another organisation also pointed to the range of roles already in place, saying that:

“Rather than introducing a new role further training and regulation of the Band 4 role may be more appropriate.”

One organisation said of GP practices that:

“Capacity needs to be expanded with professionals who can navigate boundaries and make decisions for patients as well as delegate to trained and supervised staff.”

They said this should be taken into account in ensuring the new role is not overly “un-professional”.

4.67. Summary of Question 8

Respondents were in general supportive of the introduction of the new role, highlighting

in particular issues relating to training and progression; roles, responsibilities and relationships and workforce and financial issues. Additional respondents pointed to the potential of the role to enhance services and serve communities, though some were of the view that Band 3 roles are sufficient for this purpose, especially if developed further.

Health Education England's response to Question 8

4.68. HEE acknowledges these contributions and will consider them as we develop the next steps.



Part 5: Health Education England: next steps

- 5.1. The majority of responses welcome the new role for many reasons including its potential benefit to patients but it is also clear that stakeholders want the role to be defined, have a clear scope of practice and a robust education and training framework.
- 5.2. HEE will now take forward a programme of work for developing the Nursing Associate role in partnership with stakeholders through a series of four geographical workshops and will:
 - develop the scope of practice so that it is applicable across health and social care settings (an indicative scope of practice is set out in Appendix F)
 - identify the knowledge, skills and competencies required for the role
 - develop a national curriculum
 - establish test sites across England in a range of health and social care settings.
 - support the test sites in the recruitment of 1,000 students for 2017 start
 - apply and embed lessons learned to the Nursing Associate Trailblazer apprenticeship standard
 - evaluate the role with key partners
- 5.3. In the light of these findings, HEE will now take forward a programme of work to take forward the Nursing Associate role.

Part 6: Appendices

Appendix A: Consultation process

- 6.1.** HEE identified a wide range of target audiences for the consultation, including:
- Registered Nurses, Care Assistants, Assistant and Associate Practitioners (APs)
 - Nursing and caring students and potential nurses or care assistants
 - Directors and managers of nursing and care services
 - Academics and faculty leads in higher and further education
 - Health and care commissioners
 - Employers and service providers (public, private and, community and voluntary sector)
 - Representatives of professional bodies, trades unions, royal colleges
 - Government departments
 - Patient Groups
- 6.2.** An invitation to participate in the consultation was sent directly to a wide range of individuals and organisations, with requests for response and/ or for onwards distribution as appropriate. All participants in earlier Shape of Caring Engagement events were also contacted. Communication teams at NHS partner organisations were also provided with information about the consultation so that this could be disseminated across their networks.
- 6.3.** A page was created on the [HEE website](#), providing access to the questionnaire, background and frequently asked questions. The press release also appeared as “latest news” on the HEE homepage on 28 January 2016. The consultation was also promoted on Twitter by HEE.
- 6.4.** There was widespread and repeat communication through diverse channels to encourage submissions. During the six week consultation period, there was coverage of the consultation in a range of media outlets and links to the consultation were posted on various organisation websites. Throughout the six weeks there was regular, use of social media led by HEE at both a national and local level. This gained considerable profile and reach, stimulating others to talk about and share the link to the consultation.

Appendix B: List of organisations responding

2gether NHS Foundation Trust
Action against Medical Accidents (AvMA)
Activate Enterprise
Airedale NHS Foundation Trust
Allied Health Professions Federation
Association of Directors of Adult Social Services (ADASS)
Association of District Nurse Educators
Association of Independent Healthcare Organisations (AIHO)
Association of UK University Hospitals (AUKUH)
Barnsley NHS Foundation Trust Hospital
Barts and the London School of Medicine and Dentistry, Queen Mary University of London
Barts Health NHS Trust
Bedford Hospital NHS Trust
Bedford On Call (Bedoc)
Birmingham Community Healthcare NHS Trust
Birmingham Women's NHS Foundation Trust
Black Country Partnership Foundation Trust
Blackpool Teaching Hospitals Foundation NHS Trust
Bournemouth University
Bradford District
British Dermatological Nursing Group
British Dietetic Association
British Geriatric Society - Nurse and AHP Section
Buckinghamshire New University
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
Cambridgeshire Community Services NHS Trust
Camden and Islington NHS Foundation Trust
Canterbury Christ Church University
Cardiomyopathy UK
Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups (CWHHE CCGs)
Central and North West London NHS Foundation Trust
Central London Community Healthcare NHS Trust
Central Manchester University Hospitals NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
City Health Care Partnership CIC
City Hospitals Sunderland

City of Liverpool College
City University London
Classic Care homes
Council of Deans of Health
County Durham and Darlington NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Trust
Community Hospitals Association
Department of Outreach, University of East Anglia
Derby Hospitals
Derby Teaching Hospitals NHS Foundation Trust
Derbyshire Community Health Service NHS Foundation Trust
Diabetes UK
Directorate of Nursing, University of Liverpool
Division of Nursing, School of Health Sciences, University of Nottingham
Doncaster and Bassetlaw NHS Trust
Dorothy House Hospice Care
Dorset Clinical Commissioning Group
EAM Care Group
East Kent Hospitals University NHS Foundation Trust
East Lancashire Clinical Commissioning Group
EPIC Workforce Development
Faculty of Health and Social Sciences at Bournemouth University
Faculty of Health, Social Care and Education
Faculty of Sexual and Reproductive Healthcare
Forensic and Specialist Service Line, Kent and Medway NHS and Social Care Partnership Trust
Four Seasons Health Care
Frimley Health NHS Trust
Gateshead Health NHS Trust
George Eliot Hospital NHS Trust
General Medical Council
Gloucestershire Care Services NHS Trust
Gloucestershire Hospitals NHSF Trust
Great Ormond Street Hospital NHS Foundation Trust
Guy's and St Thomas NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Health and Care Professions Council (HCPC)
Homerton University Hospital NHS Foundation Trust
Hospice UK
Imperial College Healthcare NHS Trust
Institute of Health Visiting
Keele University

King's College Hospital NHS Foundation Trust
Kingston University
Kingston University and St Georges University of London
Lancashire Care NHS Foundation Trust
Leicester NHS Trust
Lewisham and Greenwich NHS Trust
LifeLong Learning Centre University of Leeds
Lincolnshire Community Health Services
Liverpool John Moores University
London-wide LMCs (Local Medical Committees)
London South Bank University
Macmillan Cancer Support
Medway Community Healthcare CIC
Mental Health Nurse Academics UK (MHNAUK)
Mid Essex Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust
Monitor
Moulsham Lodge Surgery
National Care Forum
NCFE (previously Northern Council for Further Education)
NHS Blood and Transplant
NHS Castle Point and Rochford Clinical Commissioning Group
NHS Clinical Commissioners – Nurses Forum
NHS Employers
NHS European Office (NHS Confederation)
NHS Halton Clinical Commissioning Group
NHS Ipswich and East Suffolk Clinical Commissioning Group - Quality Team
NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups
Norfolk and Norwich University Hospitals NHS Foundation Trust
Norfolk and Suffolk Foundation Trust
North Bristol NHS Trust
North Kirklees Clinical Commissioning Group
North Staffordshire Combined Healthcare Trust
North Tees and Hartlepool NHS Foundation Trust
North West London Directors of Nursing Network
North West Neonatal Operational Delivery Network
Northern Lincolnshire and Goole NHS Foundation Trust
Northern School of Paediatrics
Northumbria Healthcare NHS Foundation Trust
Northumbria University
Nottingham City Clinical Commissioning Group Care Homes Vanguard
Nursing and Midwifery Council (NMC)

Nursing Group Leeds Beckett University
Ormskirk Neonatal Unit
Oxford Brookes University
Oxford University Hospitals NHS Foundation Trust
Oxleas NHS Foundation Trust
Parkinson's UK
Partnerships in Care
Pennine Care NHS Foundation Trust
Peterborough and Stamford NHS Foundation Trust (PSHFT)
Plymouth University
Portsmouth Hospitals NHS Trust
PPG Launceston Group
Prospect House (Malpas) Limited
Public Health England
Queen's Hospital
REMEO Healthcare Linde
Rennie Grove Hospice Care
Royal Brompton and Harefield NHS Foundation Trust
Royal College of Anaesthetists
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Physicians
Royal National Orthopaedic Hospital
Royal Orthopaedic Hospital NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Safe Staffing Alliance (SSA)
Salford Health Matters
Salisbury NHS Foundation Trust
Sanctuary Care
School of Health and Social Work, University of Hertfordshire
School of Health Sciences, University of East Anglia
School of Healthcare, Faculty of Medicine and Health, University of Leeds
School of Nursing, University of Bradford
Sheffield Hallam University
Sheffield Hallam University Nursing and Midwifery Department
Sheffield Teaching Hospitals NHS Foundation Trust
Shelford Group Chief Nurses
Sherburn House Charity
Sirona Care and Health CIC
Skills for Care
Skills for Health
Somerset Partnership NHS Foundation Trust
South Essex Partnership University NHS Trust
South Gloucestershire CCG Community Education Network

South Tees Hospitals NHS Foundation Trust
South Warwickshire NHS Foundation Trust
Southern Health NHS Foundation Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
St. Luke's Hospice
Stockport NHS Foundation Trust
Surrey and Sussex Healthcare NHS Trust
Taunton and Somerset NHS Foundation Trust
Teesside University School of Health and Social Care
The Christie NHS Foundation Trust
The Faculty of Intensive Care Medicine
The Great Western Hospital
The Institute of Vocational Learning and Workforce Research
The London Nursing Leadership Group
The Meath Epilepsy Charity
The Newcastle upon Tyne Hospitals NHS Foundation Trust
The Nuffield Trust
The Patients Association
The Queen's Nursing Institute (QNI)
The Registered Nursing Home Association
The Royal College of Midwives
The Royal College of Radiologists
The Royal Orthopaedic NHS Foundation Trust
The Society and College of Radiographers
The University of Sheffield
Tower Hamlets GP Care Group CIC
Turning Point
UK Public Health Register
UNISON
Unite
United Lincolnshire Hospitals NHS Trust
University College London Hospitals
University Hospital Birmingham NHS Foundation Trust
University Hospital South Manchester NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust
University Hospitals of North Midlands
University of Bradford
University of Cumbria
University of Derby
University of Gloucestershire
University of Hull
University of Sheffield
University of Sunderland
University of York

Varsity Training
Walsall Healthcare
Warrington Clinical Commissioning Group
West Hertfordshire Hospitals NHS Trust
Western Health and Social Care Trust
Weston Area Health NHS Trust
Whittington Health
Woking and Sam Beare Hospices
Worcestershire Acute Hospitals NHS Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
youthpathway Bury South IDT

Responses were received from 12 organisations and 29 individuals based outside England. The organisations are listed below (organisations outside England with an England remit and are included in the list above):

Belfast Health and Social Care Trust Northern Ireland
Betsi Cadwaladr University Health Board
Department of Health, Social Services and Public Safety, Northern Ireland
NHS Borders Nursing and Midwifery Advisory Committee
NHS Education for Scotland
NHS Wales Shared Services Partnership
Noble's Hospital, Isle of Man
Nursing Studies, University of Edinburgh
Public Health Wales
Royal College of Physicians of Edinburgh
Scotland's Executive Nurse Directors
Senior Nursing at NHS Greater Glasgow and Clyde, Scotland

Appendix C: Principles of practice

- 6.5. The principles of the proposed new role, as set out in the consultation document¹⁵, were as follows:
- 6.6. To enable flexibility across the nursing and care workforce in order to ensure safe, high quality care, the vision for the future sees the principles of the proposed new role being:
- Firmly grounded in direct care provision working with patients, families and carers within communities
 - Able to deliver care in a range of settings
 - Able to work across a range of population groups and conditions to a defined level of competence with a greater emphasis on community and public health perspectives
 - Aware of their boundaries of competence and expertise

¹⁵ *Building capacity to care and capability to treat -a new team member for health and social care: Consultation*, January 2016
<https://hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20consultation%20document.pdf>

Appendix D: Aspects of service

6.7. The aspects of service for the proposed new role, as set out in the consultation document¹⁶, were as follows:

6.8. **Parameters of the role**

It is anticipated that the proposed Nursing Associate will have core competencies and skills to support care delivery across health and social care settings. The proposed scope of practice is focused on the delivery of the fundamental aspects of direct care. Its purpose is to improve standards of care, offer a new route into nursing and provide a higher skilled worker to enhance the current workforce. The Nursing Associate will work under the leadership of the Registered Nurse.

The role **will not**:

- Independently review patient treatment plans, measure or evaluate progress to make decisions on patient care
- Lead or design the care planning process
- Manage or oversee care interventions

¹⁶ *Building capacity to care and capability to treat -a new team member for health and social care: Consultation*, January 2016
<https://hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20consultation%20document.pdf>

Appendix E: Knowledge, skills, competencies and tasks

- 6.9. The following suggestions have been put forward in response to several of the Consultation questions. They have been grouped together under different headings, and will be used as a resource by HEE and its partners. They are listed alphabetically. The item named most often was administration of medicines, here listed under tasks.

E.1 Underpinning knowledge and skills

- Accountability and levels of responsibility, safe practice, scope of practice, limitations, confidentiality; knowing when to seek advice
- Acting as a change agent
- Administration skills
- Advocacy
- Anatomy and physiology
- Anti-microbial resistance
- Care and compassion
- Communication skills
- Conduct and professionalism
- Co-production in partnership with people who use services and their carers
- Critical thinking skills
- Cultural diversity and spirituality
- Delegation
- Effective team working
- Empowerment
- Ethics
- Handling challenging situations
- Health Protection
- Infection Control
- Innovation in practice
- IT skills, use of technology
- Law in Nursing
- Leadership at team member level
- Living the NHS values
- Resilience
- Locating, reviewing and interpreting the evidence base
- Long term conditions and end of life care
- Mentoring skills
- Multi-disciplinary working
- Multi-disciplinary working and integrated care
- Nursing models, learning from our mistakes
- Organisational culture
- Organisation skills
- Parity of esteem
- Pathophysiology
- Person centred practice: focus on the nature of caring, the concept of unconditional positive regard, patience, intuition, emotional intelligence
- Personal development and development of others
- Pharmacokinetics
- Pharmacology
- Preventative interventions, health promotion and understanding of the wider determinants of health
- Psychology

- Psychosocial need
- Record keeping
- Reflective practice
- Responsibility and accountability
- Safeguarding; adult and child
- Self-awareness and reflection
- Signposting
- Social care / policy
- Teaching skills
- Time management and flexibility

E.2 Core skills and competencies according to the practice setting

- Common long term conditions and their management
- Day to day reviews, monitoring of planned care and providing feedback to a named Registered Nurse who maintains overall responsibility
- Implementation of physiotherapy, occupational therapy and speech and language led plans of care
- Infection control and prevention
- Making Every Contact Count: promoting preventative health and wellbeing;
- Managing smaller teams of care workers and coordinate care delivery to meet less complex health need
- Mental health and learning disability awareness;
- Motivational interviewing;
- Personal care: i.e. maintaining hygiene, nutrition ("food first" approach, hydration, elimination)
- Physical first aid interventions
- Promotion and supporting self-care
- Promotion of self-care
- Recognising and acting on signs of mental and physical distress
- Recognising the deteriorating patient
- Recovery, rehabilitation and enablement
- Routine admission and discharge planning/support
- Sign posting
- Understanding of home situation and what is required to enable patients to return home and minimise the length of time spent in hospital until it is safe to transfer and agreed by the MDT
- Undertaking and understanding of normal/irregular ranges of vital signs and physical health tests including: blood pressure, temperature, pulse, urinalysis, capillary blood sugar, oxygen saturation levels etc
- Work across organisational boundaries e.g hospital to home

E.3 Specific tasks according to the practice setting

- Administration of medicines (most frequently named task. Examples included: B12, insulin, enteral feeds and oxygen, phlebotomy/venepuncture & cannulation)
- Assistive technologies
- Catheterisation
- Cervical cytology

- Child development for chronic/acute patients with communication and development barriers e.g. tracheostomies, ventilation, brain injury
- Childhood immunisation
- Dialysis
- Doppler assessments
- Ear irrigation
- Electrocardiograph (not reading or interpretation)
- End of life care
- Family / carer support
- Flu injections
- Leg ulcer bandaging
- Passing of naso-gastric tubes
- Patient safety: falls assessment, Waterlow, tissue viability
- Phototherapy
- Post-operative recovery
- Prescribed bladder irrigation
- Scrub skills / theatre services
- Simple wound management
- Substance misuse care support
- Tracheostomy care

E.4 Enabling the learning of others

- Coaching
- Co-mentoring of student nurses
- Deliver resuscitation training
- Mentorship
- Supervision of Care Assistants
- Teaching of others

Appendix F: Indicative scope of practice

The following is indicative of the likely scope of practice of the role:

The Nursing Associate role has scope to practice across all fields of nursing and in all health and care settings, with parity of esteem for mental and physical health.

A Nursing Associate will:

- practice at a higher level than a care assistant or health care support worker.
- deliver care under the direction of a registered nurse but will not require direct supervision, delivering care at times independently in line with a prescribed or defined plan of care.
- recognise situations whereby they have reached their own parameters of practice and need to refer on to the registered nurse or other healthcare professional.

A Nursing Associate will be able to apply the knowledge, and skills developed during their education and training to a broad range of clinical and care situations. Key competencies include:

1. Proficient attitudes and behaviour (including acting in a manner that is kind, compassionate and non-discriminatory).
2. Communication and interpersonal skills (including demonstrating the ability to develop therapeutic relationships and to use different forms of communication to make reasonable adjustments for people with, for example, learning disabilities, maintain confidentiality and data protection, deal with challenging situations, emotional intelligence and resilience conflict and aggression, and demonstrating professional communication and record-keeping).
3. Delivery of person-centred (holistic care planned and evaluated via reflection in practice and in partnership with a clinical team).
4. As a member of a multidisciplinary team co-ordinate and oversee care interventions under the supervision of a senior professional.
5. Preventative interventions, health promotion, understanding of the wider determinants of health and the management of long term conditions including focused competencies on national and local public health initiatives such as wellbeing , obesity reduction, smoking cessation, prevention of coronary heart disease, substance misuse, sexually transmitted disease, including appropriate sign posting to step up agencies.
6. Recognising early signs/deterioration of illness including physiological assessments and observations.

7. Safety and risk management and knowing when to seek registered nurse / other advice.
8. Administration of prescribed medicines including pharmacokinetics and pharmacology.
9. Effective team working and leadership collaborative practice, multidisciplinary working and care navigation.
10. Prioritisation of workloads and caseloads including delegation, time management and flexibility.
11. IT skills and the use of technology in the future health and care sectors.
12. Personal development and the development of others including mentorship of health care assistants through lifelong learning teaching skills.
13. Work across organisational boundaries.
14. An understanding of health inequalities and a basic understanding legislation as it affects their care group (for example, the Mental Capacity Act and Deprivation of Liberty).