Raising the Bar:
Nurse Education Programme

End of Year Report
April 2016—March 2017
Foreword

I am delighted to introduce this annual report, which sets out the achievements of the work programme of Shape of Caring: Raising the Bar for the reporting period from April 1, 2016 until March 2017.

The report also provides a look ahead to the plans and key milestones we have agreed for 2017/18.

Acknowledgements
The achievements of this ambitious programme are due not only to the collective efforts of the Shape of Caring implementation group, but also to the support and encouragement of colleagues in Health Education England (HEE) as a whole and key partners and stakeholders.

In particular, I would like to extend my warmest thanks to Lord Willis, whose review started us on this journey, to HEE Chair Sir Keith Pearson, Chief Executive Ian Cumming and the Board; to Sir Stephen Moss who, as chair of the Nursing & Midwifery Assurance Committee, provides us with constructive challenge and invaluable advice; and Maggie Stubbs of HEE’s Patient Advisory Forum for always ensuring the patient perspective.

Key partners in the wider system who also have been instrumental in this programme include Jackie Smith of the Nursing & Midwifery Council, which has taken on the vital task of regulating the new Nursing Associate role; King’s College London who are running the Older Persons’ Nursing Fellowship programme; and Professor Alison Richardson of the University of Southampton for her work on clinical academic careers.

Overview of the Programme
In response to the Shape of Caring\(^1\) Review by Lord Willis in 2015, HEE recognised the need to transform the education and development of the nursing and care workforce. In December 2015, the HEE Board accepted all 34 recommendations set out in the Review, and allocated a budget of £1.39 million to implement them. HEE is leading on the implementation of 29 of these. The others fall within the remit of The Nursing and Midwifery Council and NHS England. We are working closely with these partners and supporting them to deliver these recommendations.

In the last year, the Programme has moved from recommendation to implementing its key priorities. Through listening to, and engaging with, stakeholders, the nursing and policy team has garnered support for the programme’s objectives and developed strong partnerships both inside HEE and across the country, which has enabled delivery of the key elements of the programme.

The work of Raising The Bar has been guided by five interlinked themes which together will help us achieve our ambition of nursing excellence across the England workforce. These five themes align with the ‘10 Commitments’ of NHS England’s Leading Change, Adding Value (LCAV) Nursing Framework. This Report shows how the programme supports the ambitions of this Framework and how it is delivering key parts of HEE’s Mandate.

The ultimate aim of achieving nursing excellence across the workforce is, of course, to benefit patients, both in their experience and outcomes, and this Report also evidences where the programme is already having an impact.

Professor Lisa Bayliss-Pratt
Director of Nursing and Deputy Director of Education and Quality Health Education England

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1. Raising the Bar: Shape of Caring: A Review of the Future Education of Registered Nurses and Care Assistants in England (referred to in this Report as Raising the Bar).
Making the ambition of Leading Change, Adding Value a reality

Leading Change Adding Value is the framework for nursing, midwifery and care staff — whatever their role and wherever they work.

HEE has been a key partner in developing and supporting the Framework’s triple aim of better outcomes, good experience of care and value for money.

So I’m delighted to see the progress being made in implementing the Shape of Caring recommendations and making the ambition of LCAV a reality; the focus is rightly on supporting and developing our workforce who will, in turn, enable the best possible care for patients, their families and carers.

PROFESSOR JANE CUMMINGS
CHIEF NURSING OFFICER FOR ENGLAND

The 10 commitments of Leading Change, Adding Value

We will

1. promote a culture where improving the population’s health is a core component of the practice of all nursing, midwifery and care staff
2. increase the visibility of nursing and midwifery leadership and input in prevention
3. work with individuals, families and communities to equip them to make informed choices and manage their own health
4. be centred on individuals experiencing high-value care
5. work in partnership with individuals, their families, carers and others important to them
6. actively respond to what matters most to our staff and colleagues
7. lead and drive research to evidence the impact of what we do
8. have the right education, training and development to enhance our skills, knowledge and understanding
9. have the right staff in the right places and at the right time
10. champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes

End of Year Report
The five themes of Raising the Bar are set in their organisational and national context.

The graphic shows how the themes link to key objectives in Health Education England’s Mandate.

The themes also support the 10 commitments of Leading Change, Adding Value—NHS England’s framework for nursing, midwifery and care staff.
Overview of key achievements

✓ Widespread engagement and awareness-raising of the HEE response to Raising the Bar to build solid support across the nursing community

✓ Establishing robust governance across the programme

✓ Valuing the Care Assistant through consulting and developing the new Nursing Associate role supported by a national programme of engagement events

✓ Widening access to pre-registration education through the development of apprenticeships standards for both the Nursing Associate and Registered Nurse roles

✓ Building excellence in post-registration education with the establishment of a cadre of expert nurses in the field of older people’s nursing to develop evidence, leadership and expertise in this area

✓ Developing a suite of tools to support best practice in patient and public involvement within nursing education

✓ Pursuing excellence in nursing through an evaluation of the Magnet principles to assess transferability to the English NHS; joint working and leadership with NHSE and the CNO on the CNO framework and safer staffing guidance; co-chairing work on production of the single national learning survey as part of the HEE Quality Framework

✓ Integration through developing the 4Cs, culture, care co-ordination, capacity and capability that underpins the joint working with Skills for Care

✓ Working across national programmes to strengthen the nursing voice within implementation plans and to raise the profile of Raising the Bar programme’s initiatives to ensure a seamless delivery.
The five themes of Raising the Bar

The 34 recommendations within Raising the Bar are grouped into five themes and work programmes:

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

HEE identified a budget of £1.39 million for the Shape of Caring Programme. The Nursing Associate role development has had a separate budget in 2016/2017 of £200,000, of which £198,778k has been spent to date. The Programme budget has been closely monitored on a monthly basis and reported bi-monthly.

Assessing excellence in nursing

Magnet® Accreditation developed by the American Nurses Credentialing Centre is a system of assessing excellence in nursing across organisations. HEE is supporting a UK Magnet Alliance which brings together NHS providers who are currently working towards Magnet® accreditation, (including Oxford University Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust) together with those looking at this for the future or considering the Pathways to Excellence Programmes.

The aim of the group is to provide support and shared learning with a focus on enabling high-quality care through empowering nursing teams.

In May 2016, HEE commissioned the Florence Nightingale Foundation (FNF) to undertake a ‘proof of concept’ project, and established an Expert Reference Group chaired by Sir Stephen Moss to define and oversee this work.

Theme 1

The pursuit of nursing excellence is the underpinning principle across the programme and which will sustain the other Shape of Caring transformations. The three pillars of this part of the programme are the consideration of the principles of Magnet Accreditation, the development of an overarching career and education framework and increasing access to Clinical Academic Careers.
Through 2016/17 a review of the evidence base was conducted along with an analysis of nursing accreditation programmes internationally to consider the transferability of the Magnet concept in England. The resulting report is being considered by the Expert Reference Group to determine the next steps through 2017/18.

Career and Education Framework

The Shape of Caring Review recommends developing an architecture for current and future nursing roles that will demonstrate to potential nurses why they should become Registered Nurses, and, once they are, persuade them that there is an exciting life-long career that encourages them to stay in the profession.

An overarching career and education framework would also help employers to plan their workforce structure and support education providers.

With HEE local teams as key partners, plans have been developed to design an overarching career framework for nursing and care staff from education levels 1-9. This work is still in its early stages with a draft framework available to test expected by Autumn 2017.

To ensure the developing framework complements the work of key partners, we have established links with The Royal College of Nursing, the Royal College of Midwives and NHS Scotland who are carrying out similar pieces of work.

Clinical Academic Careers

*Raising The Bar* Recommendation 28 is based on the premise that research plays a fundamental part in the delivery of excellent education and training; and that nursing practice needs to be underpinned by the evidence base.

There were three main workstreams relating to clinical academic careers as part of *Raising the Bar*:

- holding a ThinkTank, chaired by Lord Willis, to explore the contribution of doctoral training centres (DTCs) to increasing the number of clinical academic non-medical health professionals. There was consensus at this event that the concept could make a significant contribution.
- commissioning a survey of factors that enable and inhibit career progression of applicants for an NIHR training award (doctoral and post-doctoral, clinical and traditional fellowships).
The findings from this research, led by Professor Alison Richardson of the University of Southampton, will be available in the autumn of 2017 and feed into a cross-funder review to address career pathways for academic non-medical clinicians, a recommendation of the strategic review conducted by the NIHR’s Trainees Co-ordinating Centre.

Data collection for the NIHR survey is now complete (response rate 25.7%) and a highlight report of preliminary findings submitted to HEE for consideration and from which recommendations will be developed.

A second phase is being planned, to survey nurses, midwives and allied health professionals who made a doctoral or post-doctoral fellowship application to relevant schemes offered by the Medical Research Council, Arthritis Research UK, Diabetes UK, Alzheimer’s Society, Kidney Research UK, Stroke Research and the Higher Education Funding Council for England (HEFCE schemes).

- contributing to the launch of the AUKUH Toolkit to support NHS organisations in introducing and embedding clinical academic roles.

**Moving research nearer the bedside**

High-quality clinical care and high-quality research go hand in hand.

Clinical academic nurses are uniquely well-placed to lead research and ensure that advances in healthcare are patient-centred for two key reasons:

- regular clinical contact with patients means they are able to observe patterns and identify questions that really need to be answered, making a difference to patient care.
- understanding of what might translate into day-to-day practice enables findings to be implemented in ways that can make an impact on health care.

Supporting growth in the number of nurse clinical academics is an important priority of HEE, and will help move research nearer to the bedside.

**Professor Alison Richardson**

**University of Southampton**
Theme 2

i. Consultation on the new nursing role

Work on developing the new Nursing Associate role over the past 12 months has been shaped by responses to the consultation which HEE launched in January 2016. Key themes emerging from the consultation included

- the potential impact on patients
- the potential impact on Registered Nurses
- impact on care assistants and assistant or associate practitioners;
- support for a national curriculum framework to ensure consistency and sustainability.

Overall, respondents to the consultation felt that there are benefits for all concerned in developing the Nursing Associate role, whilst recognising that patient safety was a priority. There is also recognition of the advantages of providing a clear career pathway and progression for care assistants, something that is currently not available, and will support care quality and retention within this valuable group of staff.

It was felt that registered nurses can be ‘liberated to lead’ as this intermediate role would provide them with valuable support by taking on some fundamental care.

The new role will be focussed on direct care delivery, under the supervision of the Registered Nurse.

Consultation and engagement showed that there is strong support for regulating the new role.
with 19% from education providers. Many more provided input through social media and email.

In the autumn of 2016, HEE held a series of roundtable events in partnership with the Nursing Times. These events brought together groups of nurse leaders, academics and practitioners who engaged in lively debate on the new role, exploring the potential benefits and risks. Nursing Times has since developed a microsite on its main news website, based on the discussions and includes videos of the events.

This widespread engagement activity and communication, including systematic and planned use of social media, helped to develop acceptance and support for the initiative, particular amongst nurses.

ii. A two-year Nursing Associate pilot programme

Through successful application of the grant funding mechanism, a key objective to recruit Nursing Associate test sites was achieved within the projected timescales while attracting high-quality applications.

The objective of the two-year programme, with the focus on patient safety, is to produce highly-trained, outstanding Nursing Associates with skills and competences equivalent to a level 5 qualification.

Test site partnerships provide practice placements in a variety of health and care settings and provide exposure to different patient groups and care pathways, in patients’ homes, close to home and in hospital. This will ensure the trainees develop skills and competences to allow them to work in different care environments, with a portable skill set.
In October 2016, there were 11 successful applications identified to become test sites starting in January 2017, supported by funding to recruit 1,000 trainee Nursing Associates; and HEE embarked on a formal procurement process to appoint an external supplier to carry out an independent evaluation of the two-year programme.

An excellent response to the invitation for test site applications – with far greater numbers of high-quality applications than expected – led to further funding allocated for an additional 1,000 trainee places across a further 24 test sites. This second wave began their training programme in April 2017.

**Regulation of the new role**

Following a request from the Secretary of State, in January 2017 the Nursing and Midwifery Council agreed to regulate the new role.

**Feedback**

Since the first 1,000 trainee cohort began, there has been positive feedback from the trainees themselves, their employers and the education providers. The recruitment identified that there are numeracy and literacy issues among potential applicants and consideration is being given to how we may support those potential applicants for the future.

In February 2017, HEE hosted a national workshop for the 35 test sites. The 11 sites in the first cohort shared their learning and early experiences with the 24 ‘fast follower’ second wave sites. Examples were shared of challenges and successes and brought groups together as a supportive community of practice.

**iv. Skills passport (E-portfolio)**

Recommendation 9 of *Shape of Caring* advises that ‘HEE should work with the care sector to develop or use an existing e-portfolio tool that will allow signed-off competencies to be recorded electronically on a national database for care assistants, in both health and social care sectors.’

All competencies on the database will be achieved at nationally accepted standards (which are quality-assured on a regular basis) so that they are truly transferable and accepted by all health and social care organisations; reducing unnecessary duplication of education and training.

The programme team explored the potential of piloting such a tool, and introducing an e-portfolio initially with the trainee Nursing Associate cohort. However, it became clear that many organisations already have similar systems and the consensus was that introducing a new system alongside such a large cohort of new trainees would have caused confusion and unnecessary complexity at this stage.

HEE’s Trainee Information System (TIS) team was involved and consulted on all decisions. The TIS team is in the Discovery phase of work for e-portfolios and its priorities are for HEE-funded learners (such as healthcare scientists, doctors and pharmacists), who all use different portfolios, some of which are coming to an end on their contract.

HEE is therefore encouraging HEIs with existing e-portfolios to share their resources with other education providers.
Theme 3

Recommendation One in *Raising the Bar* is that: “HEE should commission research to identify the forms of patient and public involvement that best support learning, and to ensure that patients and the public are utilised as a valuable resource”.

The overarching aim is to empower patients, carers and families, and, in doing so, enable high-quality care delivered in true partnership. The programme therefore committed to developing a model for education that supports patient, service user and carer involvement in designing, delivering and assessing nursing education.

In May 2016, a project was set up in close partnership with the membership of the HEE Patient Advisory Forum, to develop a resource to support learning and ensure that patients and public are recognised as a valuable resource in nurse education as well as actively involved in teaching, assessing and recruiting learners.

The project explored good practice nationally and internationally and used the evidence base to develop a set of principles and good practice guidelines. The draft online interactive toolkit was presented to the Patient Advisory Forum for ratification in April 2017 and is now being finalised for publication.

This ‘How To’ guide aims to illustrate the potential and is designed to spur people on to further development of these principles, rather than insisting on compliance.

The draft guidance was tested out with key stakeholders and the findings and recommendations will be incorporated into clinical education and quality assurance processes.

The project has considered all four fields of nursing practice – Child, Adult, Mental Health and Learning Disability – from pre-registration to some aspects of post-qualification continuous professional development.

The ‘How To’ Guide is designed to support a range of stakeholders, including:

- service users and carers who offer their personal experience of illness or disability to support nurse education
- students and staff who are engaged in learning
- university lecturers and training department staff in healthcare organisations
- clinical supervisors who are providing learning experiences for students and staff undertaking professional development.
Ensuring the patient voice is at the centre of programme development

Theme 3 of Raising the Bar Theme3 seeks to ensure meaningful Patient and Public Involvement. This programme has established a close working partnership with the HEE Patient Advisory Forum (PAF) to ensure that the patient’s voice is at the centre of programme development from design to implementation.

The Patient Advisory Forum holds to account, challenges and supports programmes to ensure that patients and public are recognised as a valuable partner in the quality of training and development and new ways of working. The aim is to build a workforce fit for purpose and for future needs, taking into account the NHS Constitution and the Nolan Principles.

Maggie Stubbs
PATIENT ADVISORY FORUM

The new PPI toolkit: ensuring patients and public are actively involved in teaching, assessing and recruiting learners
Recommendation 12 of Shape of Caring advises that: “HEE, in collaboration with employers and HEIs, should support the development of more innovative work-based learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and Registered Nurse status.”

Over the past year, work has been under way with the Nursing and Midwifery Council and the Department for Education to create wider access to pre-registration education by developing apprenticeships standards for the Nursing Associate role and an apprenticeship route to degree-led nurse registration.

Such programmes can support people into caring roles and enable them to earn while they learn.

Development of nursing degree apprenticeships

Developing the nursing degree apprenticeship standard is a crucial element of flexible routes into nursing for the health and care workforce.

A nursing degree apprentice will work and study towards a Level 6 nursing degree and will need to complete the same nursing degree as full-time university students. This will ensure that all nurses are being educated and trained to the same high-quality standards. Students on the apprenticeship route will need to meet the same NMC standards as other nursing students and – as part of their apprenticeships – they will undertake a variety of placements.

A Nursing Degree Apprenticeship Trailblazer Group, co-chaired by Dr Terry Tucker from Hallmark Care and Professor Lisa Bayliss-Pratt, successfully worked in partnership with the Nursing and Midwifery Council, the Department for Education, the Department of Health, employers and education providers to develop the standards.

In May, the apprenticeship standard was approved by the Department for Education and is now ready for delivery, with the first apprentice nurse programme expected to be available later this year at several English universities.

Participants will spend part of their time at university and the other part with their employer.

Apprenticeships are funded through an employer levy (on organisations which have a paybill of over £3million) which came into force in April this year.

The Registered Nurse Degree Apprenticeship will be one of the first professionally-registered Level 6 apprenticeships to be developed and accepted.
Apprenticeship Standard for nursing associates

In March 2017, a six-week public consultation opened on the draft apprenticeship standard for the nursing associate role.

The draft standard was developed by the Nursing Associate Trailblazer Group, which includes employers from health and social care, and wider stakeholders including Health Education England (HEE), the Nursing and Midwifery Council (NMC) and trade unions.

Set at a Level 5 apprenticeship, the Standard provides a high-level description of the skills, knowledge and understanding that will be required to carry out the roles which are aligned to the Nursing Associate Curriculum Framework (February 2017).

It also outlines the professional values and behaviours expected and the qualification the apprentices will gain. The standard is expected to be ready by September 2017.

A clear progression route is being developed for those who may choose to progress from Nursing Associate to becoming a Registered Nurse.

“HEE in collaboration with employers and HEIs should support the development of more innovative, work-based learning routes”

RAISING THE BAR RECOMMENDATION 12

The key milestones in the second 12 months of Raising the Bar
The current NHS changes urgently require a healthcare workforce that can meet the challenges of the ageing population and escalating numbers of patients with complex health needs.

This has motivated many organisations to drive forward the development of Advanced Clinical Practitioner (ACP) roles. They recognise that these roles can positively contribute to workforce solutions with many examples of ACPs now benefitting patients through the provision of safe and effective high-quality patient care across all health settings, but who also benefit the multi-disciplinary team and wider healthcare community.

These successes have now also enabled improvements to medical training with pilots such as Improving Surgical Training (IST) that will indirectly benefit patients through the ability to spend more time learning to be expert surgeons by increased periods of release from service delivery.

The ACP workforce, when properly trained, can care for patients safely and also enhance the patient journey through their contribution to inter –professional learning and working .

The result is that the demand for ACP roles has never been greater than it is today and with this the requirement for investment in their training.
A flexible, cost-effective clinical model, to improve outcomes and safety

NHS Improvement has been collaborating with HEE over 18 months to develop a standardised model of Advanced Clinical Practice (ACP), building upon best practice examples in the regions. Successful example are in place in many provider organisations and have been used to support specialities with challenges to medical recruitment such as ED, Acute Medicine and Gerontology or in areas where junior doctor rotation gaps exist or training numbers reduced, such as neonatology.

ACPs are a flexible and cost-effective clinical model and Increase productivity (cases seen), improved outcomes and are safe.

MARK RADFORD
DIRECTOR OF NURSING FOR IMPROVEMENT
NHS IMPROVEMENT

and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.

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

✓ outcomes are enhanced
✓ waiting times are reduced
✓ healthcare is delivered

Advanced clinical practice (ACP) across the workforce has been used effectively to enhance service capacity and capability within teams as part of the continuing drive to provide safe, accessible and high-quality care.

Although there has been an increase in the number of advanced level roles, a lack of clarity remains on definitions, scope, education and delivery models. For example, there are many different titles used for ACP roles, and there is therefore a need for an agreed common definition which can be used across professional boundaries and in a range of clinical contexts.

Health Education England, in partnership with NHS Improvement and NHS England, is developing a Multi-Professional Framework for Advanced Clinical Practice in England, which will include a definition and standards to underpin multi-professional ACP. The work will develop standards and learning outcomes for the four pillars of practice.
This Framework will provide employers, educators and health and social care professionals with guidance for agreed standards across England. Embedding ACP into organisations will enable workforce transformation in services, practice-based learning opportunities, multi-professional understanding, further role enhancement and workforce flexibility. Together, these transformative changes will help improve the quality of care and experience for patients, while clarity of governance arrangements will enhance patient safety.

The Framework offers a consistent approach, recognising and supporting the ACP role and contributing to future cost efficiencies by providing a multi-professional workforce.

**Safe Staffing Learning Tools**

Following publication of the National Quality Board’s revised guidelines on safe, sustainable and productive staffing in July 2016, HEE worked with NHS Improvement and the Chief Nursing Officer to develop e-learning tools that will support nurses responsible for rostering and planning.

Stakeholder engagement in the autumn of 2016 provided rich data to support the commissioning and development of the materials. A four-module education package aimed at ward sisters and charge nurses is currently being tested.

**Decision-making to support patient and staff wellbeing**

A range of support to providers is now available, including the refresh of the NQB safe staffing guidance in July 2016. Aligned to *Leading Change: Adding Value* Commitment 9, this safe staffing improvement resource is designed to support NHS providers and commissioners in making local decisions to support the delivery of high-quality care for patients and communities within the available staffing resource. It:

- sets out the key principles and tools providers should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services, including introducing the care hours per patient day (CHPPD) metric;
- identifies three updated NQB expectations that form a ‘triangulated’ approach (‘Right Staff, Right Skills, Right Place and Time’) to staffing decisions;
- offers guidance for local providers and others to use other measures of quality, alongside CHPPD, to understand how staff capacity may affect the quality of care.

Alongside this we have published a range of best practice case studies for providers that align with the NQB guidance. Eight sector-specific improvement resources have been developed by system leaders supported by academic teams. These include Adult Inpatient; Learning Disability, Community–District Nursing and Mental Health. Maternity is out for engagement while Children and Young People, Emergency Care, and Neonates will be out for engagement this autumn.

The Safe Staffing e-learning resource when finalised will be available on the e-Learning for Health site; it will offer additional and easily accessible support to nurses in making decisions that impact both on patient care and on the wellbeing of colleagues.

**Ruth May**  
Executive Director of Nursing  
NHS Improvement
The Older Person’s Fellowship (OPNF) programme

Recognising the specialist knowledge and skills required by nurses caring for older people, HEE commissioned King’s College London to develop and implement an Older Person’s Nurse Fellowship programme (OPNF) which began in 2014.

The OPNF programme aims to develop a cadre of nurse leaders who are recognised experts in the care of older people and who have the skills and influence to lead change so that the care of older people is compassionate and of the highest possible quality.

Making a difference to the lives of older people

It’s clear how this programme has a direct impact on patient care. The Fellowship has so far been a fantastic experience and has exceeded my expectations. I knew it would provide a unique opportunity for high-quality learning and developing leadership skills.

But what I did not realise was quite how empowering it would be to work and learn with such a wonderful group of professionals, who are so all so dedicated and passionate about making a difference to the lives of older people.

I’m developing a falls prevention strategy for my quality improvement project with two key two aims: to increase resident safety and wellbeing and to enhance staff knowledge and understanding about reducing risk of falls. The measurable outcomes will be numbers of falls and numbers of falls with fractures.

LINDSAY REES
OLDER PERSON’S NURSING FELLOW
The programme draws together senior nurses from around the country working in different clinical settings including community, hospital and mental health services.

These nurses enhance their knowledge of the holistic care of older adults while being supported to work on a change management project in their local area and champion innovation in their work settings.

Funding was secured in 2016/17 for a further cohort of Fellows; this time the programme opened to Allied Health Professionals.

In March 2017, a new cohort of 30 senior clinicians embarked on the Fellowship programme at King’s College London, with a rich mix of professionals which includes nursing, physiotherapy, dietetics and pharmacy.

An evaluation carried out by King’s College London reported in November 2016 that the programme has already shown positive changes in nursing practice and in the leadership development of the participants.

The evaluation is continuing and will build an evidence base on the impact on the care of older people made by the Fellows.

The Nurse Fellowship was viewed as a positive indicator of a change in culture and attitude to older persons’ nursing. The association with King’s College London and the level of funding from HEE were perceived as an external and high-level endorsement of older persons’ nursing.

**SIX-MONTH EVALUATION OF THE OLDER PERSONS’ NURSE FELLOWSHIP**

**FLORENCE NIGHTINGALE FACULTY OF NURSING & MIDWIFERY**

**KING’S COLLEGE LONDON**
Next steps for 2017-2018

The work plan to continue to Raise the Bar in nursing education has been agreed, together with a budget, to ensure that we build on the positive work to date while ensuring this becomes embedded as business as usual.

The team will continue to work with the Nursing & Midwifery Council (NMC) and the DH to shape proposals for apprenticeships and the nursing associate. We are also co-ordinating the corporate response to the NMC’s consultation on the Future Nurse this summer.

Agreement will be sought on the next steps for supporting clinical academic careers, including consideration of the doctoral training centres route; we are also exploring how to align the proposed overarching career and education framework with the clinical academic pathway.

A formal evaluation of the Nursing Associate two-year pilot programme has been commissioned by HEE and is now under way. To support the workstream on nursing excellence, we are establishing an expert reference group to consider the report from Florence Nightingale Foundation exploring the principle of the Magnet concept.

Professor Lisa Bayliss-Pratt
Director of Nursing and Deputy Director of Education and Quality Health Education England

September 2017
Delivering the first successful phase of *Shape of Caring/Raising the Bar* has been a real team effort.

Grateful thanks are due to:

Lord Willis of Knaresborough, Chair, *Shape of Caring* Review
Sir Stephen Moss, Chair, Nursing & Midwifery Assurance Committee
Professor Lisa Bayliss-Pratt, Chief Nurse and Interim Regional Director for London and the South East, Health Education England
Liz Fenton, Nurse Professional Advisor, Health Education England
Pat Saunders, Senior Education and Training Policy Manager, Health Education England
Professor Alison Richardson, University of Southampton
Jackie Smith, Chief Executive, Nursing & Midwifery Council
Sam Donahue, Senior Nurse, Transformation, Health Education England
Judy Gillow, Senior Nurse Advisor, Health Education England
Beverley Ingram, Chief Nurse/AHP Lead, Midlands and East Region, Health Education England
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Ruth Wilson, Policy Officer, Health Education England
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Jean Hayles, Nursing Workforce Development Lead, Health Education England
Katherine Jones, Dean of Healthcare Education, Health Education England
Tracy Draper, Project Support Officer, Health Education England
Fran Kilbride, Project Manager, Health Education England
Annex 1: The 34 recommendations of Shape of Caring

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

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

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

Theme 4: Developing a flexible model
13. *NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing ‘four fields’ model is fit for the future.
14. *NMC should explore and consult on the introduction of additional fields of practice such as community nursing.

15. HEE should expect its Local Education Training Boards (LETBs) to explore a model of guaranteed employment for nursing graduates that includes robust preceptorship.

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

16. *Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.

17. *NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.

18. *Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.

19. *NMC should explore the development of a national assessment framework.

20. *Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly-qualified Registered Nurses, which will meet requirements for revalidation.

21. HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in order to develop appropriate and effective learning standards and raise the bar across the workforce.

22. HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.

23. HEE should develop and consult on the integrated ‘pillars’ model of self-care, shared managed care and restorative care, and commission appropriate organisations to develop a career framework (in conjunction with the other three nations).

24. HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.

The member would be responsible for renewing their registration with NMC through revalidation. Any member who is peer-reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes.

25. HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for Registered Nurses should be made more transparent across the system.
Theme 7: Assuring sustainable research and innovation

26. HEE should forge greater links with the Academic Health Science latest research to inform and provide better patient care.

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

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

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

Theme 8: Assuring high-quality funding and commissioning

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

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

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

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

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

As of March 2017

Nursing Associate Test Sites in England

1. North East Nursing Associate Test Site Partnership
2. North Yorkshire, York and East Coast Partnership
3. Lancashire and South Cumbria Partnership
4. North Mersey Partnership
5. Cheshire and Wirral Partnership
6. Greater Manchester Partnership
7. CKW Partnership (Calderdale, Kirklees, Wakefield)
8. West Yorkshire Pilot Partnership
9. Barnsley and Rotherham Partnership
10. Humber Partnership

11. Surrey and Heartlands Nursing Associate Consortium
12. East Kent Partnership
13. North Central London Partnership
14. Royal Marsden Nursing Associate Partners Programme
15. Hammersmith and Fulham Partnership
16. Imperial and Central London Community Healthcare Partnership
17. Children and Young People Partnership
18. North East London Partnership
19. South West London Partnership
20. South East London and Kent Partnership

As of February 2017
First Wave
Region: London and KSS

This test site offers diverse mental and physical healthcare experience including working with children and adults of all ages and stages of life, with vulnerable groups such as the homeless and refugees, and with a range of community and specialist services. The area covered is South West London and Surrey and Borders.

<table>
<thead>
<tr>
<th>Lead Partner 1</th>
<th>St George’s University Hospitals NHS Foundation Trust</th>
</tr>
</thead>
</table>
| Education Partners | Kingston University
St George’s Hospital University of London |
| Employment Partners | Epsom and St Helier University Hospitals NHS Trust
Croydon Health Services NHS Trust
Kingston Hospital NHS Foundation Trust
South West London & St George’s Mental Health Trust
Surrey and Borders Partnership NHS Foundation Trust |
| Placement Partners | Central London Community Healthcare NHS Trust
Queens Court Care Home
Eothen Homes
Royal Star and Garter Homes |

This well-established partnership is planning a test site that will give trainee Nursing Associates a rounded experience, including mental health, community health and acute secondary care, with a focus on public health as well as illness.

<table>
<thead>
<tr>
<th>Lead Partner 2</th>
<th>Whittington Health NHS Trust</th>
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<tbody>
<tr>
<td>Education Partner</td>
<td>Middlesex University</td>
</tr>
</tbody>
</table>
| Employment Partners | Royal Free London NHS Foundation Trust
Haverstock Healthcare
Camden and Islington NHS Foundation Trust
Barnet, Enfield and Haringey Mental Health Trust (BEH)
Central London Community Healthcare Trust |

Placement Partners
Haringey CEPN
UCL Hospital NHS Foundation Trust
Islington CEPN
One Housing Group Ltd
Barnet CEPN
Marie Curie
Camden CEPN
Stacey Street Nursing Home
Enfield CEPN
North Middlesex University Hospital
Noah’s Ark Children’s Hospital
### Region: Midlands and East

A large and diverse area with a population of 4.5 million is covered by this test site, covering Derbyshire, Lincolnshire, Northamptonshire, Nottinghamshire and Leicestershire and Rutland. The large partnership will enable a considerable variety of experience, including health care and social care, adult mental health, offender health, public health and more, in primary, community and acute settings, including hospices and care homes.

<table>
<thead>
<tr>
<th>Lead Partner 4</th>
<th>Nottingham University Hospitals NHS Trust</th>
</tr>
</thead>
</table>
| Education Partners | The University of Northampton  
The University of Lincoln  
The University of Derby  
De Montfort University  
The University of Nottingham  
Open University |
| Employment Partners | Northampton General Hospital NHS Trust  
United Lincolnshire Hospitals NHS Trust  
Nottingham University Hospitals NHS Trust  
Derby Teaching Hospitals NHS Foundation Trust  
University Hospitals of Leicester NHS Foundation Trust  
Kettering General Hospital NHS Trust  
Lincolnshire Partnership NHS Foundation Trust  
Lincolnshire Care Association  
Lincolnshire Community Health Services NHS Trust  
Derbyshire Community Health Services NHS Foundation Trust  
Sherwood Forest Hospitals NHS Foundation Trust  
Nottinghamshire Healthcare NHS Foundation Trust  
General Practice Rushcliffe CCG  
Leicestershire Partnership NHS Foundation Trust  
East Leicestershire and Rutland Clinical Commissioning Group  
West Leicestershire CCG  
Leicester City Clinical Commissioning Group  
Chesterfield Royal Hospital NHS Foundation Trust |

### Region: North

Building on an existing partnership, this large test site provides opportunities for placements within primary and acute care, and NHS, voluntary and third sector organisations including the prison service, across an area that includes Manchester, Salford, Bolton and Ashton under Lyne.

<table>
<thead>
<tr>
<th>Lead Partner 5</th>
<th>Central Manchester University Hospitals Trust</th>
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</thead>
</table>
| Education Partners | Manchester Metropolitan University  
University of Bolton  
University of Salford |
| Employment Partners | UHSM  
Pennine Care NHS FT  
Pennine Acute Hospital NHS Trust  
Salford Royal NHS Trust  
Royal Bolton Hospital  
The Christie  
Tameside General Hospital  
Wrightington Wigan & Leigh NHS FT  
Greater Manchester West Mental Health Trust  
Stockport NHSFT  
Trafford CCGs |

This experienced partnership already supports a range of relevant education programmes including Registered Nursing and Social Work. It will provide experience for the Nursing Associates across acute, community and primary care for urban, rural and coastal communities, with a strong emphasis on learning disability and mental health services.

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<tr>
<th>Lead Partner 6</th>
<th>Cheshire and Wirral Partnership NHS FT</th>
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<tbody>
<tr>
<td>Education Partner</td>
<td>University of Chester</td>
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</tbody>
</table>
Employment Partners
Cheshire and Wirral Partnership NHS Trust
Wirral University Teaching Hospital NHS Trust
5 Boroughs Partnership NHS Foundation Trust
Wirral Community NHS Foundation Trust
East Cheshire NHS Trust
Warrington and Halton Hospitals NHS Trust
Warrington Clinical Commissioning Group (CCG)

Placement Partners
North West Ambulance Service NHS Trust
Countess of Chester Hospital NHS Trust
Clatterbridge Cancer Centre NHS Foundation Trust
Mid Cheshire Hospitals NHS Trust
Bridgewater Community Healthcare NHS Foundation Trust

Region: Midlands and East
This established partnership spans a wide area including Wolverhampton, Dudley, Sandwell and West Birmingham, Walsall, Burton, Shrewsbury and Telford, Staffordshire and Stoke on Trent, with diverse and multi-cultural rural and urban populations. The trainee Nursing Associates will experience a wide range of traditional and non-traditional healthcare settings including a variety of specialist areas.

Lead Partner 7
Walsall Healthcare NHS Trust
Education Partner
University of Wolverhampton

Employment Partners
Burton Hospitals NHS Foundation Trust
Dudley Group of Hospitals NHS Foundation Trust
Sandwell & West Birmingham Hospitals NHS Trust
South Staffordshire & Shropshire Healthcare NHS Foundation
Staffordshire & Stoke-on-Trent Partnership NHS Trust
The Royal Wolverhampton NHS Trust
The Shrewsbury & Telford Hospital NHS Trust
Dudley Clinical Commissioning Group
Wolverhampton Clinical Commissioning Group

Placement Partners
Compton Hospice
Walsall Community Education Provider Network (CEPN)

Region: London and KSS
The smallest of the Nursing Associate test sites, this initiative focuses on children and young people and their families, and spans North, Central and East London with placements in Chelsea and Westminster: in addition, the services are accessed by children and young people nationwide.

Lead Partner 8
Great Ormond Street Hospital for Children Foundation Trust

Education Partner
London South Bank University

Employment Partners
Bart’s Health NHS Trust
Central London Community Healthcare NHS Trust
East and North Hertfordshire NHS Trust
The Whittington Hospital NHS Trust

Placement Partners
University College London Hospitals NHS Foundation Trust
Chelsea and Westminster Hospital NHS Foundation Trust

Region: North
This test site covers Leeds, Bradford and Airedale, serving inner city and urban populations and dispersed rural environments. Trainee Nursing Associates will work with neonates, children, adult and elderly patients in hospital, and will also be placed in primary and community care, in mental health services and care home.

Lead Partner 9
Leeds Teaching Hospitals NHS Trust

Education Partners
Leeds Beckett University
University of Bradford
University of Leeds

Employment Partners
Leeds Community Healthcare
Leeds and York Partnership Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Airedale NHS Foundation Trust
Leeds Care Association

Placement Partners
Wheatfields Hospice
St.Gemma’s Hospice
Bradford District Care Trust
Leeds North CCG
### Region: Midlands and East

Acute and community trusts are working together in this test site to provide experience across the full range of acute, primary, community, public health, mental health and integrated health and social care services, in an area that includes an affluent university city as well as other urban areas and market towns, isolated rural communities and a large migrant population.

<table>
<thead>
<tr>
<th>Lead Partner 10</th>
<th>Cambridgeshire and Peterborough NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Education Partner</td>
<td>Anglia Ruskin University</td>
</tr>
<tr>
<td>Employment Partners</td>
<td>Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, Papworth Hospital NHS Foundation Trust, Peterborough and Stamford Hospitals NHS Foundation Trust, Hinchinbrooke Healthcare NHS Trust, Peterborough Care</td>
</tr>
<tr>
<td>Placement Partners</td>
<td>Cambridgeshire Clinical Commissioning Group, West Cambridgeshire Community Education Provider Network (CEPN), Greater Peterborough Network Ltd</td>
</tr>
</tbody>
</table>

### Region: North

This test site brings together organisations across Devon. It is a new partnership of established NHS providers (including GP practices and the ambulance service) and care homes and social care providers, across rural and urban settings and covering many types of service.

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<thead>
<tr>
<th>Lead Partner 11</th>
<th>Royal Devon and Exeter NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Education Partners</td>
<td>Plymouth University, South Devon College, Petroc College</td>
</tr>
<tr>
<td>Employment Partners</td>
<td>Northern Devon Healthcare Trust, Torbay and South Devon Foundation Trust, Plymouth Hospitals NHS trust, Livewell South West Plymouth, Cann House</td>
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### Second Wave

**Region: North**

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<tr>
<th>Lead Partner 1</th>
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<tr>
<td>Education Partner</td>
<td>University of Sheffield</td>
</tr>
<tr>
<td>Employment Partners</td>
<td>The Rotherham Foundation Trust, Barnsley Healthcare Federation, South West Yorkshire Partnership Foundation Trust</td>
</tr>
<tr>
<td>Lead Partner 3</td>
<td>Hull and East Yorkshire Hospitals</td>
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<tr>
<td>Education Partners</td>
<td>University of Hull</td>
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</tbody>
</table>
| Employment Partners | Humber Foundation Trust  
City Healthcare Partnership  
Care Plus Group  
Navigo  
St Hugh’s Hospital |
| Placement Partners | Northern Lincolnshire and Goole NHS  
Foundation Trust  
East Riding and Hull CCG  
Freshney Green ATP  
Dove House Hospice |

| Lead Partner 4 | York Teaching Hospitals, including York,  
Scarborough, Bridlington, Malton, Selby and  
Easingwold communities |
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<th>South Tees Hospitals NHS Foundation Trust</th>
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</table>
| Education Partners | Teesside University  
Northumbria University  
Sunderland University  
Open University |

| Employment Partners | Tees Esk and Wear Valleys NHS Foundation Trust  
Newcastle upon Tyne Hospital NHS Foundation Trust  
North Tees and Hartlepool NHS Foundation Trust  
Gateshead Health NHS Foundation Trust  
Northumberland Tyne and Wear NHS Foundation Trust  
County Durham and Darlington NHS Foundation Trust  
Northumbria Healthcare NHS Foundation Trust  
Oxford Terrace Medical Group |
| Placement Partners | North East Ambulance Service NHS FT  
Darlington CCG  
South Tyneside NHS FT  
South Tyneside CCG  
City Hospitals Sunderland NHS FT  
Northumberland CCG  
Hartlepool and Stockton CCG  
South Tees CCG  
North Durham CCG  
Sunderland CCG  
Durham Dales, Easington and Sedgefield CCG  
NHS England  
Newcastle and Gateshead CCG  
North Tyneside CCG  
Northumberland Care Alliance  
Tyne & Wear Care Alliance  
Tees Valley Care Alliance  
St Oswald’s Hospice  
St Cuthbert’s Hospice  
Teeside Hospice  
St Benedict’s Hospice  
Hartlepool & District Hospice  
Haven Court Integrated Care Centre |
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<th>Lead Partner 6</th>
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<td>Education Partner</td>
<td>University of Central Lancashire (UCLan)</td>
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</table>
| Employment Partners | East Lancashire Hospitals NHS Trust  
Blackburn Teaching Hospitals NHS Foundation Trust in Partnership with Fylde and Wyre CCG Vanguard |
| Placement Partners | NHS East Lancashire CCG |

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<tr>
<th>Lead Partner 7</th>
<th>The Walton Centre NHS Foundation Trust</th>
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</table>
| Education Partners | Edge Hill University  
Liverpool John Moores University  
University of Liverpool |
| Employment Partners | Aintree University Hospital NHS Foundation Trust  
Liverpool Heart and Chest Hospital NHS Foundation Trust  
Royal Liverpool and Broadgreen University Hospitals NHS Trust  
Mersey Care NHS Foundation Trust  
Alder Hey NHS Foundation Trust  
5 Boroughs Partnership NHS Trust  
The Clatterbridge Cancer Centre NHS Foundation Trust  
Liverpool Women’s Hospital Foundation Trust  
Southport and Ormskirk Bridgewater Community Healthcare |
| Placement Partners | NHS South Sefton CCG  
Walsall Community Education Provider Network (CEPN) |

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<th>Region: Midlands and East</th>
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<td>Lead Partner 8</td>
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<tr>
<td>Education Partner</td>
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| Employment Partners | Heart of England NHS Foundation Trust  
University Hospitals Birmingham  
Birmingham Community Healthcare NHS Foundation Trust  
Birmingham and Solihull Mental Health NHS Foundation Trust  
Royal Orthopaedic NHS Foundation Trust  
Solihull CCG  
Cross City CCG  
South Central CCG  
Birmingham Children’s Hospital |
| Placement Partners | Spire Parkway  
Care England  
Community Education Provider Networks |

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<th>Lead Partner 9</th>
<th>Birmingham Community Healthcare NHS Foundation Trust</th>
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| Education Partners | Birmingham City University  
University of Wolverhampton |
| Employment Partners | Black Country Partnership NHS Foundation Trust  
Dudley and Walsall Mental Health Tryst |
| Placement Partners | St Mary’s Hospice  
Birmingham South Central CCG |

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<th>Lead Partner 10</th>
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<td>University of Worcester</td>
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| Employment Partners | Worcestershire Acute Hospitals NHS Trust  
Worcestershire Health & Care Trust  
2gether NHS Foundation Trust |
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<th>South Warwickshire NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Education Partners</td>
<td>Coventry University</td>
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</tbody>
</table>
| Employment Partners | University Hospitals Coventry and Warwickshire NHS Trust  
| | Coventry & Warwickshire Partnership Trust  
| | George Eliot Hospital NHS Trust  
| | South Warwickshire GP Federation  
| | Coventry & Rugby GP Alliance  
| | Ben Town Thorns Care Centre |
| Placement Partners | University Hospitals Coventry and Warwickshire NHS Trust  
| | Coventry & Warwickshire Partnership Trust  
| | George Eliot Hospital NHS Trust  
| | South Warwickshire GP Federation  
| | Coventry & Rugby GP Alliance  
| | Ben Town Thorns Care Centre  
| | Warwickshire County Council  
| | Myton Hospice  
| | NHS South Warwickshire CCG  
| | Coventry and Rugby CCG  
| | Warwickshire North CCG |

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<tr>
<th>Lead Partner 12</th>
<th>Hertfordshire Partnership University NHS Foundation Trust</th>
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</table>
| Education Partners | Anglia Ruskin University  
| | Hertfordshire University |
| Employment Partners | West Hertfordshire Hospitals NHS Trust  
| | Hertfordshire Partnership University NHS Foundation Trust  
| | Hertfordshire Community NHS Trust  
| | Princess Alexandra Hospital NHS Trust |
| Placement Partners | Healthwatch  
| | Bedfordshire CCG |

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<tbody>
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<td>Education Partner</td>
<td>University of Bedfordshire</td>
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</table>
| Employment Partners | Luton & Dunstable NHS Foundation Trust  
| | East London Foundation Trust  
| | South Essex Partnership Trust  
| | Bedford Borough Council |
| Placement Partners | Healthwatch  
| | Bedford CCG |

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<th>Region: London and KSS</th>
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<tr>
<td>Lead Partner 14</td>
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<tr>
<td>Education Partner</td>
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| Employment Partners | The Royal Marsden NHS Foundation Trust  
| | Sutton Care Home Vanguard  
| | St Christopher’s Hospice |
| Placement Partners | St Raphael’s Hospice  
| | Sutton CCG  
| | London Borough of Sutton |

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<tr>
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<tbody>
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| Employment Partners | Central North West London NHS Foundation Trust  
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| Placement Partners | Imperial College Healthcare NHS Trust |</p>
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<th>Lead Partner 16</th>
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<tbody>
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<td>Education Partner</td>
<td>Buckinghamshire New University</td>
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</table>
| Employment Partners | Imperial College Healthcare NHS Trust  
Central London Community Healthcare NHS Trust |
| Placement Partners | Chelsea and Westminster NHS Trust  
Central and North West London NHS Foundation Trust  
Hammersmith and Fulham and West London CCG partners |

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<tbody>
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<td>Education Partner</td>
<td>University of Greenwich</td>
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</table>
| Employment Partners | King’s College Hospital  
Bromley Healthcare  
Dysart Surgery  
Greenwich & Bexley Community Hospice  
Kent and Medway NHS & Social Care Partnership Trust  
Lewisham Community Education Provider Network |
| Placement Partners | Clover Health Centre  
Dartford and Gravesham NHS Trust  
Lewisham & Greenwich NHS Trust  
Royal Borough of Greenwich  
Valentine Health Partnership |

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<thead>
<tr>
<th>Lead Partner 18</th>
<th>East Kent Hospitals University NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Education Partner</td>
<td>Canterbury Christ Church University</td>
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</table>
| Employment Partners | Kent Community Health NHS Foundation Trust  
Thanet CCG  
South Kent Coast CCG |
| Placement Partners | None |

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<th>Lead Partner 19</th>
<th>CSH Surrey</th>
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</table>
| Education Partner | University of Surrey  
Dynamic Training Ltd |
| Employment Partners | Ashford & St Peters Hospital NHS Foundation Trust  
Surrey Downs CCG  
Surrey Skills for Care network  
Queen Elizabeth Foundation for Disabled People  
North West Surrey |
| Placement Partner | None |

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<tr>
<th>Lead Partner 20</th>
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<tbody>
<tr>
<td>Education Partner</td>
<td>Southampton Solent University</td>
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| Employment Partners | Portsmouth Hospital NHS Trust  
Solent NHS Trust  
Salisbury NHS Foundation Trust  
Hampshire Hospitals NHS Foundation Trust  
University Hospitals Southampton NHS Foundation Trust  
Queen Alexandra Hospital  
Salisbury District Hospital |
| Placement Partners | Portsmouth CCG  
Fareham CCG  
Gosport CCG  
South Eastern Hampshire CCG  
Portsmouth City Council  
Southampton City Council |
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<tr>
<td>Employment Partners</td>
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<td></td>
<td>Bristol Community Health</td>
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<td></td>
<td>Sirona Care &amp; Health</td>
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<td></td>
<td>Weston Area Health Trust</td>
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<tr>
<td>Placement Partners</td>
<td>Avon Local Medical Committee</td>
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<td>St Monica Trust</td>
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</table>

| **Lead Partner 22**  | Somerset Partnership NHS Foundation Trust  |
| Education Partners  | University West of England |
|  | Yeovil College |
|  | Bridgwater College |
| Employment Partners  | Yeovil District Hospital |
|  | Taunton and Somerset NHS Foundation Trust |
| Placement Partners  | Symphony Health Services |
|  | Somerset Care |
|  | Somerset CCG |

| **Lead Partner 23**  | Berkshire Healthcare Foundation Trust  |
| Education Partners  | Oxford Brookes University |
|  | University of West London |
|  | University of Bedfordshire |
|  | Buckinghamshire New University |

| Employment Partners  | Royal Berkshire NHS Foundation Trust |
|  | Frimley Park Hospital NHS Foundation Trust |
|  | Berkshire Care Association |
|  | Berkshire West CCG |
|  | Berkshire East CCG |
|  | Priority Group |
|  | Oxford University Hospitals NHS Trust |
|  | North Training Hub in Primary Care |
|  | Buckinghamshire Healthcare NHS Trust Milton |
|  | Keynes Hospital NHS Foundation Trust |
|  | Broadmoor Prison Hospital |

| Placement Partners  | Peverel Court |
|  | Banbury Heights Nursing Home |

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<tr>
<th>Region: South</th>
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<td><strong>Lead Partner 24</strong></td>
<td>NHS Gloucestershire CCG</td>
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<td>Education Partners</td>
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<td>Employment Partners</td>
<td>2Gether NHS Foundation Trust</td>
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<td>Gloucestershire Hospitals NHS Foundation Trust</td>
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<td>Gloucestershire Care Services</td>
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</tbody>
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| Placement Partners  | Millbrook Lodge The Order of St John Care Trust |
|  | Sue Ryder, Leckhampton Court Hospice |
|  | South West Ambulance Service Trust |
Useful links

Shape of Caring Review
Raising the Bar: HEE Response to Shape of Caring Review
Post-graduate education and career pathways in nursing: a policy brief
Routes into Nursing Infographic
Health Education England and Nursing Times microsite on the Trainee Nursing Associate Programme
Full listing of First and Second Wave Trainee Nursing Associate Test Sites