Background
In the 2015 Report ‘Raising the Bar: Shape of Caring’ (1) Lord Wills, who had been commissioned by Health Education England (HEE), published a Review of the Future Education and Training of Registered Nurses and Care Assistants.

Following a period of consultation in 2015/16, which was conducted across England but involved the three other counties of the UK, a new role emerged that embraced a new member of the nursing family that would sit between a health care assistant and a registered nurse. A new role emerged that embraced a new member of the nursing family that would sit between a health care assistant and a registered nurse. The overwhelming consensus from the consultation was that this role should work across different health and care settings and be regulated by the Nursing and Midwifery Council.

Further engagement was undertaken to explore this new role which addressed the educational attainment, regulation and registration of the role, scope of practice and career progression. The emerging themes led to the concept of the Nursing Associate being developed and in January 2017 the Nursing and Midwifery Council agreed to regulate the Nursing Associate.

At this time in England, as well as across the UK, nursing was facing a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree. Nursing concurrently was the governments drive to introduce new apprenticeships and increase the number of apprentices across the workforce. The introduction of a levy system for large employers in a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree.

Research illustrated that Canada has two levels of nurse in their workforce. The introduction of a levy system for large employers in a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree. At this time in England, as well as across the UK, nursing was facing a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree. The introduction of a levy system for large employers in a workforce crisis and nurse training changed from being a bursary commissioned degree education programme to a fee paying degree.

Themes led to the concept of the Nursing Associate being developed and in January 2017 the Nursing and Midwifery Council agreed to regulate the Nursing Associate.

Two of the 34 recommendations were:

- 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.
- And

- HEE should implement the Higher Care Certificate.

Career routes: Apprenticeships are now widely available across a range of professions and work areas (8) and offer a platform to enter the workplace arena and be supported to have on the job training with recognised education standards and outcomes. A career progression route can be illustrated to attract and retain individuals, with competencies used to develop individuals and teams to deliver quality care. A recommendation of Lord Wills, was the introduction of the Higher Care Certificate, which is the Care Certificate which was developed by Camilla Cavendish (9), and this is embedded in the induction for all new care assistants undertaking an apprenticeships (10).

The Nursing Associate role has been embraced at LOROS, with four of our care assistants currently in training and due to complete their training in January 2019. We have been working with our clinical teams and the trainees to explore where they will work in our service, the breadth of their role and how they will fit in with the multi-disciplinary teams. To support progressing this new role we are working with our local education providers to offer placements for trainee nurses across our county and exploring the apprenticeship model (11) for our succession planning and utilising our apprentice levy.

Workforce planning: As part of succession planning the use of functional mapping (12) supports organisations thinking ahead and considering what patients/services users need, letting this shape the design and skills of the future workforce.

Using the six step methodology for workforce planning is helping us at LOROS to develop our teams to meet the changing needs of our patients. This involves working with all professional groups involved in service delivery, including the support team members to plan for the future skills required. After completing this process we can then identify skills shortages and provide training to re-skill or up-skill our team members to better meet our patient’s needs.

Conclusion
To ensure that future hospice care meets the patients’ health and social care needs, there is a growing pressure to work in greater collaboration and have a dynamic and flexible workforce. Hospices need to work with partners in careers services, education providers, employment services (Department of Work and Pensions and charities helping people return to work), Sector Skills Councils, NHS (arms-length bodies, commissioners and providers).

We need to recognise that our workforce is our future: the care they provide will have a significant impact on our ability to prosper or fail. If our workforce is not supported, encouraged, nurtured to flourish and be the best they can, we are failing them as individuals and failing our patients.

We must recruit to values, train to values and dismiss for values, engaging with partners in careers services, education providers, employment services (Department of Work and Pensions and charities helping people return to work), Sector Skills Councils, NHS (arms-length bodies, commissioners and providers).

We need to recognise that our workforce is our future: the care they provide will have a significant impact on our ability to prosper or fail. If our workforce is not supported, encouraged, nurtured to flourish and be the best they can, we are failing them as individuals and failing our patients.

We must recruit to values, train to values and dismiss for values, engaging with partners in careers services, education providers, employment services (Department of Work and Pensions and charities helping people return to work), Sector Skills Councils, NHS (arms-length bodies, commissioners and providers).

References