

A position statement for development of Assistant Practitioner Roles and a Flexible Framework for Learning and Development in Health and Social Care

Introduction

This paper provides information to support West Yorkshire Lifelong Learning Network (WYLLN) education partners and employers in making a business case for developing the role of Assistant Practitioners within their organisation and the subsequent education and training required to support employees to be effective in the role. The paper provides a brief background to the development of the new role within a local, regional and national context, the extent of changes required to support this workforce development and the benefits to be achieved from developing the role, both for the service providers and the education providers. The content attempts to address the issues that commissioners have raised as important in developing Assistant Practitioner roles.

The development of more Assistant Practitioner (AP) roles, ie health care support workers working at Agenda for Change (AfC) Band 4, will support the achievement of a number of healthcare workforce development objectives for Trusts. The development of a common role and competence framework underpinned by a Flexible Framework of learning and development at Higher Education Levels 4-5 will assist with increasing the number of workers with the relevant skills to perform these roles.

The paper highlights the issues to address for developing a collective understanding of the role of AP within the region and how appropriate learning and development will provide new roles within Trusts that can enhance efficiency and effectiveness of care delivery. A common framework of appropriate learning and competence development delivered both in the workplace and through education institutions (HE or FE) will provide an opportunity for designing a standardised approach, and will provide flexible, accredited learning provision that gives learners/employees' achievements that are accessible, portable, commonly recognised and transferable across the region. The learning and experience in the role will be more consistent and of higher quality, supporting career pathways and lifelong learning and, importantly, meeting the needs of the service and patients/service users.

Throughout this paper, reference is made to the Assistant Practitioner (AP) role as defined by Skills for Health:

'An assistant practitioner is a worker who competently delivers health and/or 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. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner

*may transcend professional boundaries. They are accountable to themselves, their employer, and more importantly, the people they serve. The job description of the assistant practitioner should equate to Level 4 on the career framework*¹ (www.skillsforhealth.org.uk, 2010)

The AP role was introduced as part of the NHS modernisation programme to complement the work of registered professionals in hospital and community based care. As Spilsbury et al (2009)² observe, the initial policy vision was that APs will have a remit to deliver protocol based care that includes work previously undertaken by registered practitioners such as catheterisation and venepuncture, and that this be undertaken under the direction and supervision of a registered practitioner. The aim of this new post is to be supportive and assistive of registered professionals (nursing and allied health professionals) enabling them to focus on achieving better patient outcomes through for example, care-planning and supervisory activities. A mapping exercise by Spilsbury has identified that the role varies across different regions.

Background

The requirement to develop more Assistant Practitioner roles in the Yorkshire and Humber Region reflects changes happening in NHS Trusts nationally and locally. The AP role is not new to the NHS. The recent scoping carried out by Spilsbury et al (2008) identified that nearly 50% of NHS Trusts have introduced Assistant Practitioner roles over the last decade with a further quarter currently planning the introduction of such roles. Spilsbury's research however identified that only 3 out of 14 (25%) Trusts in Yorkshire and Humber reported they had AP roles (at that time) and this compares with, for example, 84% in the North West and 43% in East Midlands.

The role of the AP has come under recent focus with respect to issues of regulation (see Griffiths and Robinson, 2010³) and job title, role and definition (see Wakefield et al, 2009⁴)

¹ Skills for Health: Proven role templates for skilled and flexible workforce: Assistant Practitioner <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/competence-based-workforce-design/national-transferable-roles/assistant-practitioner.aspx>

² Spilsbury K. , Stuttard L. , Adamson J . , Atkin K., Borglin G., Mccaughan D. , Mckenna H. , Wakefield A. & Carr-Hill R. (2009) *Mapping The Introduction Of Assistant Practitioner Roles In Acute NHS (Hospital) Trusts In England*, Journal Of Nursing Management 17, 615–626

³ Griffiths P, Robinson, S (2010) Moving forward with healthcare support workforce regulation. A scoping review: evidence, questions, risks and options, Kings college London, NNRU <http://www.nmcuk.org/Documents/Research%20papers/NNRU%20report%20into%20the%20regulation%20of%20HCSWs%20July%202010.PDF>

⁴ Wakefield A, et al, (2009) *Assistant or substitute: Exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions*, Journal of Health Policy, 90 (2009) 286–295, Elsevier publications

and overall evaluation of the AP role nationally appears to be ongoing (eg the NIHR project lead by Spilsbury⁵). Skills for Health also undertook a development for new Nationally Transferable Roles and currently evidence of impact of the AP roles developed as part of that project on productivity is not available.⁶ However a newly published working paper for Skills for Health on productivity and skills development provides some evidence and case studies of links between skills utilisation, up-skilling of staff and productivity.⁷ Some of the lessons learnt from these reports can be drawn on to contribute to a business case for AP roles.

There is substantial evidence within policy documents, reports and commentaries on workforce planning that the role of Assistant Practitioners is seen as a key development opportunity within Trusts to

- introduce more flexible roles to provide changing service demands
- improve the quality of services by developing a client led service with personalised care provision and responding to new care pathways
- provide more productive service delivery
- manage the impact of demographic changes and on recruitment and retention of staff
- provide a financially effective service in time of economic pressures and financial cuts.

The original impetus for changing workforce practices was the need to plug gaps in workforce deficits. These changes have included skill mix changes, delegation of roles, job widening and substitution, job deepening and enhancement, and the implementation of new roles, including APs. (Spilsbury et al, 2008)

Local NHS Trusts are faced with a realistic option for developing new roles and providing innovative practice that assists the service to address these issues.

⁵ National Institute for Health Research SDO programme: *Evaluation of the development and impact of assistant practitioners supporting the work of ward-based registered nurses in acute NHS (hospital) trusts in England* <http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1619-159>

⁶ Skills for Health (2010) *Impact of Nationally Transferable Roles on Productivity –Building an Evidence Base* <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/competence-based-workforce-design/~media/Resource-Library/PDF/Impact-of-Nationally-Transferable-Roles-on-Productivity.ashx>

⁷ Skills for Health (2010) Working Paper *Understanding the contribution of Skills to productivity in the UK Health Sector*, Developed by: Kate Crosswaite, Nicola Hall and Gary Lawson, ECOTECH Research and Consulting; With Ian Wheeler, Fionnuala Palmer, Skills for Health <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence/~media/Resource-Library/PDF/Understanding-the-Productivity-Debate.ashx>

Drivers for change

There are a substantial range of UK and international drivers for this change in the structure of the workforce. (Spilsbury et al, 2009) These drivers are in constant flux and have had variable impact on current service delivery and include:

- **Employment policies:**
 - Improving working lives 2000
 - EU working time directive 2009
 - Age diversity legislation 2006
- **Restructuring workforce:**
 - Gershon report 2002
 - Quality, Innovation, Productivity and Prevention (QIPP) initiative
- **Regulatory frameworks:**
 - Professional regulation - plans for all graduate nursing profession may have impact on job roles (DH 2006; DH 2009)
 - Support worker regulation - safeguarding checks, education and training, CRB checks, the Independent Safeguarding Authority covering England, Northern Ireland and Wales and the Scottish Protection of Vulnerable Groups Act (DH 2009b).
- **Workforce preparation:**
 - Modernising medical careers framework
 - Knowledge and Skills framework
 - Lifelong learning and skills development
 - Local workforce issues e.g, recruitment and retention, diversity and widening participation, career development for non-registered employees
- **HR management, workforce pay and rewards:**
 - Agenda for change
 - Workforce changes, e.g. ageing workforce and retirement trends, Workforce shortages, temporary workforce costs
- **Commissioning of services:**
 - The proposed changes in the NHS as a result of new White Paper (2010) and changes to commissioning practices within the context of reduced financial growth for the NHS
 - Growth of the independent sector as a provider of NHS services
 - Current financial pressures within healthcare
- **Patient populations:**
 - Demographic changes- increasing elderly population
 - Chronic disease management
 - National service frameworks
 - Clinical effectiveness and clinical governance
 - Frontline Care report (2010) noted changes in demographics and demands for services will impact on staff.

Policy requirements

A number of key national policy reports can be drawn on to understand the political drivers influencing workforce changes. For example, the White Paper *Our Health, Our Care, Our Say* (DoH 2006)⁸. Also of importance are the reports from the Darzi review including *High Quality Care for All - NHS Next State Review Final Report*. (DOH 2008)⁹ The latter report included a section on workforce development *A High Quality Workforce NHS Next Stage Review* (DH 2009)¹⁰ which referred to the developing requirement for assistant workers. The report highlighted the importance of the wider healthcare team as essential both to the modernisation of professional career frameworks and to the quality of patient experience. The strength of these practitioners in delivering contact with patients and support to multi-professional teams was noted as well as the requirement for appropriate training and progression pathways for such health care assistants. (p.20)

The workforce review also adopted the recommendations which emerged from the national engagement exercises during the initial work of 'Modernising Nursing Careers' (DH, 2006)¹¹. This included the suggestion for pre-registration nursing programmes to become degree-level by September 2013. This development has led to a review of nursing standards and competences for pre-registration nurse education recently approved will influence the education and training programmes for nurses.¹² It may be helpful to take account of these changes in any designs for AP roles particularly where learning is developed at HE Levels 4-5 and where future opportunities to Accredited Prior Experiential Learning (APEL) to support progression of APs onto pre-registered programmes is considered desirable.ⁱ Similar issues could be taken into account where AP roles are designed to support Professional Allied Health worker roles.

The more recent Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England, (2010) *Front Line Care: the future of nursing and midwifery in*

⁸ DoH (2006) *Our Health, Our Care, Our say*, White Paper

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/ourhealthourcareoursay/index.htm>

⁹ DoH (2008). *High quality care for all*. NHS Next Stage Review final report. CM7432. London, The Stationery Office
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

¹⁰ DoH (2008) *A High Quality Workforce NHS Next Stage Review*,
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840

¹¹ DH (2006) *Modernising nursing careers - setting the direction*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138756

¹² NMC (2010) Library of Standards: Standards for pre-registration nursing <http://standards.nmc-uk.org/Pages/Welcome.aspx>

England¹³ has made some pertinent comments on the requirements for regulated support workers and the need to further develop the role of APs within a common framework. The report provides some useful commentary for understanding the value of the AP role in working to support nurses and midwives, in particular the possible future impact on the health service as a result of demographic changes and the shifts required to deliver both health and social care services within local communities.

The report suggests future health care should provide individual care packages delivered by teams of practitioners who work flexibly in response to the needs of service users, families and the community. The team should carry out a wider range of functions and roles, coordinated by a lead provider who will often be a nurse but *'rigid professional and organisational boundaries will vanish, and these interdependent, multidisciplinary, multi-agency teams will value mutual respect, co-production of health, and commitment to outcome and innovation. ...Teams will have a balanced mix of skills, knowledge and attributes relevant to the communities they care for. (p31)*

The new government has quickly produced a White Paper, *Equity and Excellence: Liberating the NHS* (2010)¹⁴ outlining future potential changes to Health and Social Care education and training commissioning. Healthcare employers and their staff will agree plans and funding for workforce development and training; their decisions will determine education commissioning plans. A changing focus on the development of new approaches to commissioning health and care services especially those provided by the independent and third sectors may influence future approaches to this staffing and skill mix. The existing QIPP initiative (NHS Quality, Innovation, Productivity and Prevention) will continue but with a stronger focus on general practice leadership. The QIPP initiative is identifying how efficiencies can be driven and services redesigned to achieve the twin aims of improved quality and efficiency. New flexible roles based on patient need and the competences of staff will become more important and so will flexibility of staff to move across service provision in order to meet needs and demand.

Regionally the policy agenda has influenced service delivery. For example the regional response to Darzi - the Yorkshire and Humber Strategic Health Authority report *'Healthy Ambitions'* - outlined the regional aim to ensure services are locally "fit for purpose" and accountable.¹⁵ An aspect of the review considered the workforce requirements to meet new ambitions for local health improvement. This included:

- Changes at regional or national level to curriculum of training programmes

¹³ DH (2010) *Front-line care: the future of nursing and midwifery in England 2010* Published by the Prime Minister's Commission on the Future of Nursing and Midwifery in England 2010 <http://www.nhshistory.net/nursing%20commission.pdf>

¹⁴ DH (2010) *Equity and Excellence: Liberating the NHS*, White paper, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

¹⁵ Yorkshire and Humber SHA Healthy Ambitions <http://www.healthyambitions.co.uk/HealthyAmbitions/>

- Changes in leadership and management for service improvement and change
- Investments in education and training and continuous workforce development and learning.
- Effective workforce planning at organisational, health community and regional level
- In particular the need to extend hours, develop new/different patterns of work and align skills to deliver pathways across organisational boundaries will require increasing flexibility.

A strand of Healthy Ambitions was to consider how the regional services could be delivered more efficiently *Delivering Healthy Ambitions – Better for Less* and the review of workforce mix is an element of this.

Drawing on the evidence

On a national and local level service provision can be reviewed in relation to the makeup of the workforce delivering services in the Agenda for Change pay bands 1-9 and the Skills and Knowledge Framework. These provide evidence of the 'shape' of a workforce. In making a business case for the development of AP roles individual service providers are encouraged to consider the needs of their patient populations mapped against the competences required to provide services to meet patient needs and measured against the existing 'shape' of their workforce. A competence framework is suggested as a useful tool for identifying skills gaps, duplication and possibilities of new role development to deliver services more effectively.

Regionally the QIPP in Yorkshire and Humber has provided evidence for addressing many of the aims of Healthy Ambitions and a recently produced Resource Pack (Nov 2009)¹⁶ provides some evidence of the way Trusts could review their workforce structures to consider more efficient ways of working. There is evidence here that many Trusts have substantial levels of staff working at Bands 2-3 and 5, with smaller numbers working at Band 4. In considering cost savings and opportunities for more flexible learning it is suggested that reviewing roles across the Bands 3-5 may provide evidence of how and where AP role development could be beneficial.

With regard to current and future population health needs Trusts will draw on their latest population health trends. Skills for Health provides annual reports on Local Labour Market Information in the health sector and the most recent report identifies the importance of the projected demographic changes that should be considered in workforce and service planning:

- The health sector workforce across Yorkshire and The Humber was predicted to grow by 19,000 people between 2007 and 2017 (these estimates were created prior to the economic downturn and tighter public spending and should therefore be treated with extreme caution)

¹⁶ Yorkshire and the Humber Quality Observatory, QIPP Resource Pack, Nov 2009
<http://www.yhpho.org.uk/resource/view.aspx?RID=64442>

- 78,000 people are predicted to retire from the sector between 2007 and 2017, this represents an opportunity for employers to reshape their workforce
- These clearly show that there is anticipated to be significant shifts in the proportion of the population of Yorkshire and the Humber aged 60 years and over and decreases in the proportion of the population aged under 60.¹⁷

Trusts can also draw on the nationally collated *Better Care, Better Value indicators*¹⁸ for generic information on ways to improve productivity but with closer inspection of individual Trust indicators. (see <http://www.productivity.nhs.uk/RenderReport.aspx>)

Skills and Education Drivers

Nationally there are other policy drivers that can influence partners to consider requirements for the AP roles. The development of higher level skills within the UK workforce as a whole is considered important to the general prosperity of the country. As identified in the Skills for Health LMI briefing paper there is less training and education for workers functioning at lower levels and although this may be financially beneficial to individual organisations in the short term there could be a case made for the benefits of a workforce with higher levels skills. Of relevance are the key factors in raising productivity among health workers. The recent SfH report on productivity in the NHS noted earlier references the work of Buchan (2005), in his review of the literature, who found that there are five different factors that play a role in raising productivity among health workers as follows:

- *Being there*: Addressing staff absence and leave entitlements
- *In the Right Place*: Issues of geographical location
- *At the Right Time*: Matching staffing with workload
- *Doing the Right Thing*: Being more responsive to patient needs and making the best use of skills and competencies
- *Doing things different/doing different things*: Improved training, management, enhanced roles etc¹⁹

Buchan suggests that individual workers may be less productive because they are not focussing on their core competencies and activities, and that health teams may be less

¹⁷ Skills for Health (2010) 2010 England Regional Skills and Labour Market Intelligence Briefings <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence/-/media/Resource-Library/PDF/LMI-Yorkshire-and-The-Humber-Skills-and-LMI-Briefing-2010.ashx>

¹⁸ NHS institute for Innovation and Improvement: *Better Care Better Value indicators* <http://www.productivity.nhs.uk/Default.aspx>

¹⁹ Buchan, James (2005) *Scaling up health and education workers: increasing the performance and productivity of an existing stock of health workers*. Literature Review. DFID Health Systems Resource Centre, London. http://www.dfidhealthrc.org/publications/health_service_delivery/05HRScalingUp02.pdf

productive if their mix of skills is less than optimum. In a Commentary paper on recent research into higher level skills workforce development, Brown (2009) identified some key elements relevant for higher level skills development which reinforce the Buchan suggestions for improving motivation and commitment in the workplace including the need for:

- Engagement with challenging work
- Enhanced Interactions at work
- Improved and developed knowledge at work
- Self-directed learning at work
- Recognised Identities at work-
- Supporting the learning of others²⁰

Other policy documents relating to skills development and also for increasing diversity and widening participation include:

- The Leitch report *Prosperity for all in the global economy - world class skills* (2006)
- A recent UK Commission for Employment and Skills report *Towards ambition 2020: Skills, Jobs, Growth* (UKCES, 2009)
- The White Paper outlining the National Skills Strategy, *Skills for Growth* (BIS 2009)
- The new framework for higher education, *Higher Ambitions* (BIS, 2009), Methodology
- Fair Access to HE -*Unleashing Aspiration* (Cabinet Office 2009)

Benefits of developing the AP competence, learning and development framework

The development of a flexible framework for learning and development will ensure:

- Consistency through shared learning outcomes- a recognised core of higher level skills across learning providers
- Common approach to modes of learning, improving the learning environment including roles of mentors and supervisors
- Essential and key skills addressed including ICT
- Core units available from range of providers
- Additional specialist units can easily be developed to provide a flexible skill mix amongst staff

²⁰ Brown, A. (2009) *Higher skills development at work: A Commentary by the Teaching and Learning Research Programme*. London: ESRC,TLRP <http://www.tlrp.org/pub/documents/HigherSkillsComm.pdf>

- Learners only learn what they need to do the job and learning is accessible and flexible
- Curriculum content addresses professional values, attitudes and legislative requirements
- Recording learning and reflective learning for improved competence in the workplace
- Learners can earn credit towards longer term goals that fit within national HE credit framework
- Progression pathways through all levels to support career development linked to the KSF and National Occupational Standards
- Higher quality staff/services because learning is quality assured
- Portable skills are developed, transferable across units and services
- More efficient use of education resources
- Developments reflect national policies and approaches and contributes to the national agenda

The development of AP roles in services will ensure:

- Compliance with policy directives
- Compliance with a commitment to Healthy Ambitions
- Improvements in efficiencies and QIPP requirements
- Patient benefits to support personalised care and improved first contact and direct care
- Improvements to flexibility of service provision with financial constraints and potential increasing competitiveness from private, independent and third sector
- Equality and diversity objectives for workforce and with respect to lifelong learning and career progression with staff fit for purpose, trained with the skill sets required for the new learner system
- Greater satisfaction and enhanced motivation of existing workforce, enhanced recruitment and retention and reductions in sickness
- Cost savings and elimination of waste
- Working differently, making best use of the skills of existing staff, productivity, efficiency, maximising potential
- A refocusing of education provision to reduce duplication in training including the use of APEL which enables stepping on and off the training pathway

Options

Options for Trusts and education partners would be to develop individualised programmes per provider in response to a local or national need. There are some existing examples of this type of development e.g Leeds Met development in Nutritional Health and Maternity Support Workers. However WYLLN working groups have identified possible common core competences and learning needs required to develop the role which would provide greater cohesion in role development and understanding of learning needs. This will be beneficial in

developing scaled-up provision and creating capacity and financially viable cohorts of learners.

Currently WYLLN is supporting the development of three demonstrator sites for new AP role development: Calderdale and Huddersfield Foundation Trust, Bradford District Care Trust, Bradford and Airedale Community Health Services. These demonstrators will identify some of the key issues to be addressed in developing the AP roles but provide an opportunity for ensuring some barriers are addressed. The 2007 House of Commons Health Select Committee report into workforce development in the NHS identified some key points with respect to developing skill mix and the WYLLN demonstrators can provide an example of how these can be addressed, namely:

- Skill mix changes are not ends in themselves and should have **clear and measurable goals** e.g. increasing productivity, addressing workforce shortages or improving quality;
- Changes should either be justified by an existing **evidence base** or be fully evaluated (preferably quantitatively) to assess their effectiveness (eg evidence of cost savings);
- Evaluation should not take place too early as skill mix changes can take some time to take full effect although evaluation should be written into a business case
- There should be **clinical involvement** in designing and implementing new and amended roles, rather than imposing them from the centre as this improves the likelihood of success;
- The impact of introducing new roles and extending roles on existing staff should be planned for; in particular, it is important that staff in new roles act as **substitutes not complements** and do not overlap with existing staff
- Planning for new and amended roles should **involve all interested parties** at an early stage, including employers, education providers and regulators where necessary;
- When new or amended roles have proven to be effective, there should be greater efforts to **disseminate** them across the health service²¹

Risks

There are risks associated with the initiative. Currently there are different approaches to developing assistant worker roles across Trusts and there is possible confusion for staff undertaking similar tasks but working at Bands 2, 3, or 4. It is therefore important to clarify the role and the competences required for such roles as part of a strategic planning exercise

²¹ House of Commons (2007) *Health Committee Workforce Planning Fourth Report of Session 2006–07 Volume I* <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/171/171i.pdf>

with service and education providers. Without this common approach there could be continuing problems for some Trusts around recruitment and retention to support worker roles and confusion for registered practitioners who have to work with support staff who have undefined job roles. Equally there are concerns for education providers with respect to the clarity of education and learning required for the role as well as associated issues around demand, capacity and funding of provision.

The recent report by NNUR (Griffiths and Robinson 2010) suggested that not clarifying the AP role clearly could be problematic, and developing the learning and education without the support of other members of the health team could contribute to further role overlap, confusion and tension, particularly since other members of the healthcare team lack understanding of these new roles. Whilst the NNUR report presents a strong case for regulation, which at this stage is not public policy, this current development will provide an opportunity for partners across Yorks and Humber to identify a common framework which will support future standards and regulation requirements and indeed contribute to any future policy development. Without some form of standardisation within individual Trusts there could be blending of roles, role confusion, conflict and exploitation. The NNUR report and the Spilsbury et al research both note that these confusions can manifest as role substitution, reassignment and delegation and thus create tensions across teams rather than enhance team working.

There are other possible risks that could influence any business case too:

- Time frame for development
- Changing policy issues
- White Paper proposals for abolition of SHAs and leading role they take with this
- New education and training commissioning to be announced soon
- Capacity and demand; changing priorities

Dependencies

The development of AP roles and the subsequent flexible framework for learning will rely on funding being available to support innovative approaches for workforce development but also clearly planned commissioning of learning provision. Education providers and the SHA will require time to consider how AP learning will be funded particularly in the context of replacement of existing training and education. Commitment of staff to develop the roles and learning provision is crucial

Affordability

Some of the key financial considerations which may effect this development include:

- WYLLN resource to support the partnership activity is limited until April 2011;

- Internal Trust staff availability to lead the work
- Funding for learning and development provision within SHA budgets

Analysis of costs and Phasing of expenditure

Individual Trusts will need to ascertain expenditure for this development. It will also be important that the possible development of new learning or adaptation and flexible delivery of learning will need to be considered as part of the commissioning cycle with education providers (by December 2010)

Stakeholder engagement

- Yorkshire and Humber Strategic Health Authority
- WYLLN partnership: Key FE and HE providers
- WYLLN HSC Flexible Framework Steering group
- Demonstrator projects
- Yorkshire and Humber higher education providers
- Other Yorks and Humber NHS Trusts
- Sector Skills Councils – Skills for Care, Skills for Health

Critical success factors

The Yorkshire and Humber Workforce Development Strategy for Support Staff 2007-2010 noted that there were some critical factors to ensure success in improving conditions for support staff development. Whilst the focus of this strategy was initially on Levels 1-3 there are principles that can make this current development successful:

- Staff will be key to making these changes happen through leading modernisation and improvements in the quality of care.
- The delivery of these improvements will require that staff are developed and trained in the necessary skills and qualifications.
- Retention of staff to reduce shortages.
- Staff shortages in some roles require recruitment from non-traditional and harder to reach groups.
- Sustained investment in training and development of all staff, including support staff, to achieve the improvements in productivity required to deliver the modernised service and patient-led health care.²²

²² NHS Yorkshire And The Humber SHA (2007) Workforce Development Strategy For Support Staff *“Working Towards A Fully Qualified Workforce”* APRIL 2007 – MARCH 2010 <http://www.yorksandhumber.nhs.uk/document.php?o=702>

- Utilise appropriate external funding and resources to support the delivery of effective education and skills development.

JS Sept 2010

ⁱ The WYLLN partnership have recently discussed the relevance of the pre-reg nursing 'competencies' to this development. To enable some understanding of the way the pre-registration nursing competences are developed the NMC has explained the terms used as noted below:

'The term **competence** refers to the overarching set of knowledge, skills and attitudes required to practise safely and effectively without direct supervision. It has been defined as 'the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions' (adapted from Queensland Nursing Council 2009). The NMC specifies competence as a requirement for entry to the NMC register. Both generic competence and field-specific competence are required to practise in a specific field.

The term **competencies** replaces the term 'proficiencies' that describe the criteria students must meet in order to complete their programme successfully and apply for registration. The various competencies are acquired in stages during the pre-registration nursing programme. Evidence that all competencies have been acquired is used to determine whether a nursing student is competent to practise as a nurse.'

<http://standards.nmc-uk.org/PreRegNursing/statutory/explanation/Pages/explanation-of-terms.aspx>