**Report**

**Piloting of the Care Certificate in the North West**

1. **Purpose**

This paper sets out how Health Education North West (HENW) has engaged with stakeholders to assess the potential value and relevance of the Care Certificate in a variety of learning environments. Recommendations and risk management issues have been identified for consideration by the national project team to inform the next stage development of and implementation requirements for the wider roll out of the Care Certificate from April 2015.

1. **Aim of the local piloting of the Care Certificate**

The aim of the Care Certificate pilot was to:

* field test the implementation of the Care Certificate
* ensure wide representation from all health and care settings through the inclusion of all organisations who expressed an interest in taking part
* share ‘lessons learned’ as the implementation progressed
* provide data and results on the measurement of success
* inform the design of further guidance or activities that might support the final implementation approach and materials
* act as buddies/mentors to other organisations not involved in the pilot in the roll out phase.

1. **Approach to supporting the Piloting of the Care Certificate**

Within the North West 50% of organisations were involved in reacting or testing the Care Certificate. Appendix 1 identifies the organisations that have contributed to the piloting of the Care Certificate through a variety of approaches including:

* reviewing and testing the documentation for its applicability and ease of use
* mapping existing internal training and education developments for healthcare support workers and training provision to the Care Certificate
* involvement in a focus group to explore implications for adoption and award of the Care Certificate specifically in primary and social care
* piloting the Care Certificate standards and suggested processes with a broad range of roles including those on pre-employment programmes i.e. cadets plus volunteers

The direction and progress of the pilot was steered by representatives comprising of senior members of HENW Transformation and Education Team, Local Area Teams and project leads from the participating organisations who made up the membership of the North West Steering Group. Overall accountability for the project was held by Professor Ged Byrne, the Director for Education and Quality at HENW.

1. **Key Messages**

***Lesson Learned:*** Appendix 2 identifies the detailed queries as ‘lessons learned’ that review and piloting by organisations has generated during testing. Some of these lessons learned are captured in the next section and recommendations, but the national project team is also asked to note the detail in Appendix 2 as they have implications for specific amendment of Care Certificate guidance.

***Relevance of the Care Certificate:*** The Care Certificate has been very much welcomed across organisations stating that a national standard that is portable across all health care settings is very much needed by patients, staff and Health Care Support Workers (HCSW). The Care Certificate strengthens recognition of the value and contribution of HCSW, and supports the quality of care being delivered.

The links to other initiatives e.g. 6Cs is very much welcomed and recognised that the Care Certificate will assist in the integration of care across health and social care and help raise awareness of roles where training is integrated.

While the relevance of the Care Certificate standards in all areas is supported, currently the Care Certificate guidance is too acute-care focused (Appendix 2 and 3), and more examples of how the guidance might apply and be demonstrated in the context of HCSW roles in different settings is needed. For example, HCSWs within a child health setting being able to demonstrate the achievement of all elements of the Dementia and Cognitive issues standards and similarly those working in a primary care setting demonstrating achievement of fluid and nutrition requirements. The Care Certificate guidance needs to enable less rigid application, give a wider range of examples of how the indicated elements might be applied and understood by HCSWs within the context of different types of care settings.

In addition, a common finding reported by organisations is that the Care Certificate is predominantly focused on knowledge and understanding, more balance is needed including the required actions that a HCSW might undertake to demonstrate appropriate application of the standards. For example, the Dementia standard sets significant expectation for understanding the organic causes of Dementia but fails to include any expectations around management of the condition.

***Implementation burden:*** While overall the aims of the Care Certificate and the proposed standards were welcomed and supported there are as indicated in the local Summary of Assessment of Burden Questionnaire (Appendix 4) concerns that the implementation of the Care Certificate will generate extra costs and monitoring burden to organisations. Furthermore, flexible approaches will be required to support implementation in different care settings and geographical areas.

***Expected timeframe for completion of the Care Certificate:*** There was common agreement that the expected period for completion of the Care Certificate needs to be more flexible with the majority of organisations indicating achievement within 12 weeks will not be possible for all without risking the value of the Care Certificate. The completion of the Care Certificate within the expected period will need to be particularly considered for:

* new staff who might be commencing employment, whilst they can demonstrate the required values and behaviours may, because of a lack of previous exposure, have low knowledge and skills which require further development time before they can fully meet the expectations of their role and the demands for completing the Care Certificate.
* part-time staff and those staff working in roles across different providers.
* implications of any sickness and or other personnel issues which might impact upon an individual’s ability to progress the achievement of the Care Certificate within the expected timeframes.

***Recognition of prior learning:*** Further clarity is needed within the Care Certificate guidance for recognising the relevance and value of prior learning that any new HCSW may already have as they commence a new post. For example, we have found through a review that some of the curricula for Cadet programmes could map well to the knowledge requirements of the Care Certificate. We need to understand how this can be recognised as programmes like this could be utilized as a way to commence working towards a Care Certificate, and also prevent risk of unnecessary duplication.

***Mapping to local training developments for HCSW:*** The North West Care Certificate Mapping Dashboard (Appendix 5) maps how some internal training developments for HCSW currently supported by the identified organisations maps to the requirements of the Care Certificate Standards. This dashboard demonstrates how achievement of the Care Certificate can be directly linked to internal developments and promotes how a reduction in duplication of education, training and assessment in practice can be achieved.

***Further development of quality assurance guidance***: The Care Certificate indicates that healthcare employers will need to be confident and assure themselves that the required quality assurance systems and process are in place to enable them to award the Care Certificate to staff. There was common agreement that the guidance on these aspects needs to be considerably strengthened. Based upon local discussion, we have suggested quality assurance elements, as depicted in Figure 1, which could be expanded further and included in national guidance (Appendix 6).

High

|  |  |
| --- | --- |
| Low  System Confidence  Quality Assurance  Low |  |
| Organisational Board Review and Active Monitoring |
| Organisational Board Level Sign Off |
| Mentorship Support, Preparation and Review |
| Minimum Data Set |
| Named Responsible Officer |
| Care Certificate Review, Mapping and Ratification |

**Figure 1: Suggested elements for Care Certificate Quality Assurance**

***The need for a minimum data set (MDS):*** In support of the mapping work, the ability to capture and record the evidence needed to demonstrate completion of the Care Certificate to enable portability as HCSW’s move to new roles or employers and prevent duplication of training is being progressed. The local pilot organisations have specifically explored the required MDS that would need to be held to support data capture, enable reporting and support transferability of data and ensure consistent reporting across a variety of systems. A briefing paper detailing the proposed MDS that organisations should collect for recording the completion of the Care Certificate is included in Appendix 7. The MDS is recommended for adoption at national level. This has also been used to inform a discussion with the National Electronic Staff Record Team who could undertake some development work to aid recording of the Care Certificate. The national project team is asked to support the contents of this paper so ESR can commence the necessary development.

***Development of a national Care Certificate toolkit:*** Within the NW, there is strong support for the development of a national toolkit, which includes a standardised but adaptable suite of documents, which should be available at the formal launch of the Care Certificate. This is needed to aid efficiency (preventing organisations having to spend time to redevelop the materials for use at local level), promote standardisation but also allow organisations the ability to customise materials in order to enable local identity and integration within existing relevant developments. This toolkit should include as a minimum:

* Organisation mapping and declaration of alignment template.
* Board briefing implementation template (see suggested content outline, Appendix 8).
* Guidance on the required quality assurance processes which must be demonstrated if the Care Certificate is to have system and organisational confidence (see suggested elements as highlighted in Figure 1 and detailed in Appendix 6).
* Care certificate technical document, including assessment guidelines.
* Learner’s handbook (including guidance, log and portfolio).
* Minimum data set (see suggested MDS as outlined in Appendix 7).
* Relevant case studies showing how the Care Certificate might be appropriately applied in a range of different settings.
* Mapping and information on any available national education materials that can be accessed by organisations to support the delivery of aspects of the Care Certificate.

***Need for proportionality and promote the relevance of standards for other support roles***: Organisations could recognise that the adoption of some of the standards might have relevance for other non-front-line support roles, including those working towards a career in the sector and volunteers. Thus, further guidance which sets out how organisations might apply the adoption of the Care Certificate by mapping the relevance of the standards to other specific roles and setting expectations for their achievement could be helpful. This will help promote the aims and wider value of the Care Certificate, whilst also enabling progression potential by recognising any achievements of standards completed prior to a move to a different role. It is therefore recommended that a principle and recognition of proportionality is introduced within the Care Certificate guidance.

1. **Risks**

One of the key risks that North West organisations considers needs more attention is the implication of the Care Certificate on recruitment and HR practice. A rigid expectation for the completion of the Care Certificate within an identified induction period may mean that an Organisation will need to assess at recruitment the ability of candidate’s to achieve completion of the Care Certificate within the expected time frame. If they are uncertain that a candidate will be able to achieve completion within the expected period, despite displaying desirable values and behaviours, they may be reluctant to employ the person because of the risk that non-completion might have for organisational compliance and monitoring required with the implementation of the Care Certificate.

In addition, specific attention is needed to set out and understand the potential HR and employment implications that non-completion of the Care Certificate may have.

1. **Recommendations**

Following extensive consultation across a variety of health care organisations, the following recommendations are made for consideration by the national project team:

* Development of a simplified, standardised toolkit that includes an easy to use learner’s portfolio. This toolkit needs to make sure that some identified and reported inconsistencies in the Care Certificate guidance are corrected.
* Include in the guidance more examples about how the standards might be applied and understood within the context of role and different settings. Currently, the guidance is too focused on roles that might be more evident within acute care settings.
* Include a statement on proportionality, indicating how some Care Certificate standards might have relevance for other support worker groups but where full completion is not needed.
* Further guidance on the required quality assurance mechanisms that organisations will need to put in place to ensure internal and system wide confidence in the use and value of the Care Certificate.
* Production of educational support materials, including eLearning materials and case studies which can be used by organisations to support the delivery of the educational content required by the Care Certificate.
* For the national project team to commission an equality impact and HR assessment to understand the implications that might be triggered by the implementation of the Care Certificate and provide best practice guidance.
* A review of the expected timescales for achievement of the Care Certificate which is more appropriate to the level of effort and scrutiny required. These timescales need to allow for the impact of individual circumstances for example, part time staff, sickness absence and those with identified additional development needs. Feedback from the North West would suggest achievement within a maximum period of six months is a more realistic timeframe for completion, seeking to ensure the value and integrity of the Care Certificate whilst appreciating organisational development capacity.

* Support the principle of accreditation to provide recognition of any relevant prior learning undertaken at the start of a ‘lifelong learning journey’.
* The identification and national adoption of a MDS to enable recording and reporting of Care Certificate activity.
* Given organisational requirements, the multitude of different information systems being used to track training activity and the overarching need for safety, the national project group should consider more actively whether there is a case for a National Care Certificate register to enable central recording of Care Certificate completion.

1. **Next Steps**

* HENW has been encouraged by the response of organisations to the purpose and potential of the Care Certificate. Local review and pilot work asserts though that further specific guidance will be required to support the implementation of the Care Certificate and it will be important for Health Education England and other support organisations to ensure the required development is undertaken to enable successful implementation.
* HENW will share this report with other local stakeholders and continue to prepare and promote through briefings, engagement and links with other activity such as the Talent for Care Strategy Framework, organisational readiness for the implementation of the Care Certificate from April 2015.
* HENW will seek to anticipate and maximise any local training developments which might support the implementation of the Care Certificate such as the Core Skills Resources.
* HENW and organisations supporting the Care Certificate are keen to help support the national project team to further inform the development of the Care Certificate to ensure its relevance.

**Acknowledgements**

HENW wishes to sincerely thank and acknowledge the efforts and contributions made by local organisations in their readiness to support the review and the testing of the Care Certificate. Particular thanks are expressed to Southport and Ormskirk NHS Hospitals Trust who, on behalf of the North West, participated in the national evaluation of the Care Certificate project.

**Care Certificate Appendices**

|  |  |  |
| --- | --- | --- |
| **Number** | **Title** | **File** |
| 1. | Profile of Organisations supporting the care certificate and range of activities undertaken/supported. |  |
| 2. | North West Lessons Learned Report |  |
| 3. | Summary of Primary Care Focus Group |  |
| 4. | Summary of Assessment of Burden |  |
| 5. | NW Care Certificate Mapping Dashboard |  |
| 6. | Suggested Elements for including in Quality Assurance Guidance |  |
| 7. | Proposed Care Certificate Minimum Data Set and Capturing Evidence of achievement on ESR / OLM |  |
| 8. | Suggested content outline for Board briefing paper related to the implementation of the Care Certificate |  |