Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Strategy and research mapping to support the development of a Nursing Workforce Plan: Technical Document

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
Prudent Healthcare	The principles of prudent healthcare are: • Achieve health and well-being with the public, patients and professionals as equal partners through co-production. • Care for those with the greatest health need first, making the most effective use of all skills and resources. • Do only what is needed, no more, no less; and do no harm. • Reduce inappropriate variation using evidence based practices consistently and transparently. Workforce specific - prudent healthcare concept of only-do-what-only-you-can-do – no professional routinely providing a service which does not require their level of ability or expertise remains a powerful one, especially in planning the prudent health and social care workforce for the future.	Prudent health care principles should be applied throughout and a focus on doing only what is needed and caring for those with the greatest need will help match supply with demand.

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House of Commons Health and Social Care Committee (2022) Workforce: recruitment, training and retention in health and social care	Key points from the paper are: - financial barriers to recruiting to nursing higher education and that these must be removed. - it was suggested to us that if nurses had better bursaries during their training, with a guarantee of graduating with little to no debt in exchange for "guaranteed work in the NHS", it would solve the problem of nurses graduating and moving straight into agency work - the NHS is dependent on the service of highly qualified and dedicated overseas staff. This level of international recruitment is not sustainable in the context of a global shortage of health professionals - more also needs to be done to make the NHS an attractive, welcoming, and supportive place for international healthcare staff - a radical review of working conditions is needed to reduce the intensity of work felt by many frontline professionals and boost retention - there needs to be a shift in focus, away from a single top-down target to a more sustainable, long-term approach. This should start with robust, independent projections of the future demand for and potential supply of nurses.	The key issues in recruitment and retention and priority solutions

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	To achieve the required increase in the number of new graduate nurses from domestic education, the UK needs to find solutions to the long-term bottleneck that makes expanding the numbers in training challenging. These solutions could include increasing the use of simulation-based clinical experience, or reducing the total clinical hours required to be on a par with undergraduate nursing courses in the USA and Australia. The UK ranks below the average of high-income OECD countries in terms of the number of practising nurses and the annual number of new nurse graduates relative to its population The gap between activity growth and nurse numbers has widened Vacancy rates are one measure of staff shortages as they highlight posts that the NHS is funding but cannot fill.	
The Topol Review	The combination of rapid technological advances and the changing healthcare needs of the UK will cause a degree of disruption, requiring the workforce to be agile. Roles will become more fluid and role boundaries may blur. The entry of millennials into the workforce has already resulted in changing expectations around work-life balance, flexible careers, rewards and incentives, relationships with employers and the use of technology.	The development of digital skills in the nursing workforce and the impact of technical advances

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	Most NHS staff will need a basic knowledge of change management for their own personal development and to contribute to the wider system. NHS organisations will need to recruit people with an appreciation of technological innovation and skills in implementing change while managing uncertainty. The meet the changing demand and new digital ways of delivering services the NHS needs to attract new talent and shape new career pathways. To ensure new staff have the right skills employers must ensure that support for staff to develop and enhance digital literacy is built into training programmes, career pathways and placements.	
A Healthier Wales & Health and Social Care Workforce Strategy	**Determinants of Health** - Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy **Engagement** - Promote understanding of A Healthier Wales within the health and social care workforce and provide practical examples to champion transformative, cross-cutting change. **Workforce** - Deliver an inclusive, flexible, multi-professional workforce able to work across sectors and traditional boundaries by ensuring the Workforce Strategy is implemented and underpinned by excellent workforce data	Contextual document / background and emphasis on value of workforce

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	and planning to attract, recruit and retain talented people to train, work and live in Wales Workforce - Make NHS Wales an exemplar employer for health and wellbeing at work with the intent to share this approach across the health and social care sector and the wider economy	
NHS Wales Planning Framework 2020/23	Ministerial key priorities remain present: - Prevention - Reducing Health Inequalities - The Primary Care Model for Wales - Timely Access to Care There is a need for a greater emphasis on well-being across pathways. The holistic approach to support early intervention/preventative approaches, complexities arising from co-morbid physical health conditions, co-occurring substance misuse and homelessness, are all areas for attention. IMTPs should demonstrate progress against the actions in the 3 year delivery plan. Individuals with complexities arising from co-morbidities with physical health conditions, must also receive appropriate and timely support.	planning the effective use of the multi professional workforce rebalance the use of workforce resources

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National Clinical Framework: A Learning Health and Care System	The Framework sits between A Heathier Wales as the overarching strategy and the clinical aspect of local plans that reflect the realities of their geography, population and workforce. The Framework describes how clinical services should be planned and developed in Wales based on an application of prudent and value based healthcare principles, which we refer to as 'prudent in practice'. In doing so, it recognises the need to continue to wellbeing shift focus from hospital based care to person centred, community based care. Care that can support people to stay well, self-manage their condition and when necessary provides seamless and appropriate specialist support. Central to this is the creation nationally and local adoption of higher value pathways that focus on the patient rather than the setting in which the service is delivered. National pathways may describe health and care journeys experienced by cohorts and groups of patients based on a particular defined condition or perhaps group of conditions. As recognition of multi-morbidity increases, there will be more need to develop these broadly based approaches. Such high level pathways encourage a system wide view starting with prevention before considering the details of diagnosis and treatment. The priority areas for pathway development flow from the population's burden of disease. They can be	Development of the plan will need to include reference to the framework. Will need to ensure alignment.

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	grouped under the following broad headings: cancer, cardiovascular disease and diabetes, musculoskeletal conditions, mental health, substance misuse, multi-morbidity and frailty, and infectious disease all of which require skilled nursing input Workforce - Make the most of all clinical disciplines to deliver more sustainable workforce models.	
NHS England Five Year Forward View (2014-2020)	Healthier workforce New funding pathways A modern workforce with the right numbers, skills, values and behaviours to deliver. The NHS must become a better employer, look after health and wellbeing of staff, safe inclusive and non-discriminatory opportunities Acknowledges focus on specialising the workforce when what patients need is more holistic approach Need for more flexibility in the workforce	The England plan mirrors many of the principles found in Welsh documents
Welsh Government (2021) Future Trends Report Wales 2021: Narrative summary S	Population growth - The population is predicted to grow from 3,138,631 in 2018 to 3,309,154 in 2043 Population composition - Wales has an ageing population: people are living longer and having fewer children. Trends of decreasing mortality and fertility look set to continue,	Increase in Demand for future supply of nursing workforce

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	resulting in an increasing proportion of older people in the Welsh population. Compared to the UK as a whole, Wales is projected to continue having a higher share of older people in its population, and its working age population is set to gradually decrease in the coming decades Healthy life expectancy - life expectancy increases in Wales look set to continue, although the rate of increase has slowed over the past decade. However, this increase in life expectancy has not translated in to a higher 'healthy life expectancy' (the years someone spends in good health), which has decreased slightly in the past decade. Ageing populations are also more associated with higher levels of chronic health conditions and ill health.	
Chief Nursing officer for Wales Key Priorities 2022-2024 (Welsh Government 2019)	Need to invest in Nursing leadership To close the vacancy gap and attract, recruit and train a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the populations, whilst working to their full potential The ambition is to inspire people to select nursing and midwifery professions the healthcare profession career of choice in Wales.	Plan will need to reflect CNO priorities

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The Nursing Workforce in Wales 2020 (RCN 2020))	Recommendations include • the need to create more Consultant Nursing posts • launching a national recruitment campaign for nurses in care homes. • extending Section 25B of the Nurse Staffing Levels (Wales) Act 2016. • publishing annual data on workforce vacancy rates in the NHS. • developing apprenticeship schemes for nursing students to increase access to nurse training	Issues to consider in the recruitment, retention and development of the nursing workforce links to T&F group
The Health Foundation (2020) Real Centre Workforce Pressure Points: Building the NHS Nursing Workforce in England.	Argues that there needs to be a shift in focus, away from a single top-down targets for recruitment to a more sustainable, long-term approach. This should start with robust, independent projections of the future demand for and potential supply of nurses. Need to find solutions to the long-term bottleneck that makes expanding the numbers in training challenging including increasing the use of simulation-based clinical experience, or reducing the total clinical hours required to be on a par with undergraduate nursing courses in the USA and Australia. The UK ranks below the average of high-income OECD countries in terms of the number of practising nurses and the	A proposed change in approach to recruitment/targets. Emphasis on demand modelling Consideration to changing training

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	annual number of new nurse graduates relative to its population. The gap between activity growth and nurse numbers has widened. Workload and burn out remain major concerns for the NHS workforce.	
The Kings Fund (2020) The Courage of Compassion: supporting nurses and midwives to deliver high quality care	The Report deals with the health and wellbeing of nurses and midwives which are essential to the quality of care they can provide for people and communities. The recommendations include an improvement in working conditions including physical resource and rostering, developing effective MDT working, recognising the importance of culture and compassionate leadership. There is a need to recognise the place of training and education in developing the nursing workforce and to tackle excessive workloads	Consideration should be given to wider agenda to support the nursing workforce including MDT (Team around the patient)
Chief Nursing Officer (2022) All-Wales Preceptorship and Clinical Supervision projects	To develop a nationally consistent direction and policy position around professional career-spanning support for the nursing workforce. This will be achieved through a preceptorship programme for newly qualified/ registered nurses supporting them through their transition phase from student to confident, competent registrant, and a framework for clinical supervision to continue supporting them throughout their careers. Work is currently in progress	Outcome of project will need to be monitored

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We are the NHS:NHS people plan 2020/21 action for us all	The plan is built around 4 key areas Looking after our people – with quality health and wellbeing support for everyone Belonging in the NHS – with a particular focus on tracking the discrimination that some staff face New ways of working and delivering care – making effective use of the full range of our people's skills and experience Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return The plan includes investing in on-line education for nurses to widen access, increasing to 3 intakes per year and building local hubs to support international recruitment.	Solutions to the challenges of recruitment and retention
An Integrated Health and Social Care Plan for Scotland (NHS Scotland 2018)	This Plan sets out: • the key workforce factors to be considered in assessing growing and changing demand. • the skills and size of the workforce needed to meet demand. • the actions that need to be taken to ensure a sustainable workforce The plan has promoted a shared recognition of how specific workforce challenges confront different employers and organisations, and what they can do to meet them - locally, regionally and nationally.	Monitor to find good practice which can be taken on board in Wales

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NHS Scotland Academy	Partnership development to: - provide an opportunity for staff to improve their skills in specific areas, using residential, distance and virtual reality learning. - offer training programmes linked to recruitment and career progression. - draw on the strengths of both parent organisations using both the state-of-the-art clinical and simulation facilities - support NHS Scotland to develop additional capacity and new capabilities. - add to existing educational programmes and respond to evolving and emerging workforce needs. - help ensure the health and social care workforce is prepared for future needs in Scotland by addressing recruitment gaps and training needs - promoting equality of opportunity for all and recognising and valuing diversity in employment and in the delivery of our services. Our Inclusive Education and Learning Policy [PDF] sets out our commitment to making education and learning more inclusive.	Monitor to establish successful developments

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A Workforce Plan for Nursing and Midwifery in Northern Ireland 2015-2025 (Department of Health 2016)	This Workforce Plan for Nursing and Midwifery: • Sets out clearly the education and training commissions NI intend to make between 2015 and 2025. • Explains the context and processes on which these decisions have been made. • Provides the aggregate number of commissions and the trend increases and decreases within and between key groups and specialties. • Highlights key trends and emerging themes from the wider health and social care system and other workforce plans that may have implications for service delivery in future years. • Identifies key challenges that will need to be addressed if we are to make improvements in the workforce planning processes next year and beyond so that the investments, we make better reflect the future needs of patients and clients. The recommendations for action contained within this Plan aim to lay the foundation for the development of a competent, confident, critical-thinking, and innovative nursing and midwifery workforce in Northern Ireland for the future.	Monitor for successful actions

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Hard truths on the current and future state of the nursing workforce Advisory Body Feb 2022	Describes some of the issues in the nursing workforce and the necessary mindset shift to address these. It's not just about numbers we are losing our most experienced staff and replacing with newly qualified registrants Nurses see bed-side nursing as a 'stepping stone' into other areas such as AP, ambulatory care (for more flexibility) Explore the use of virtual care e.g virtual expert care nurse model/ virtual sitter model Staff need flexibility and will not stay without it The support workforce are critical to team based care Overreliance on agency is unsustainable	Suggests considerations other than it being all about recruiting more staff
Building a flexible nursing workforce Advisory Board Jan 2021	3 issues in Nursing 1. A shortage of registrants 2. Complexity – experience gap is widening 3. The needs of the nursing workforce are changing 4 potential strategies to build a flexible workforce are: 1. Provide shorter shifts and non-traditional roles to keep experienced staff at the bedside. Allow staff who want to to move away from12 hour shifts	

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	2. Cross-specialize already employed nurses with similar technical skills so they can be redeployed to other units and care sites when needed. start by looking for synergies across units and care sites where at least 50% of the necessary technical skills align. 3. Use team-based approaches more regularly with an experienced nurse leading the team. 4. Create team based nursing where teams are led by experienced RNs and include other expert, novice, and support staff – experimenting with staffing models is key. (in Wales consider the nurse staff act staffing levels)	
How covid-19 will impact the nursing workforce Advisory Board Dec 2020	Covid-19 will have changed supply and demand, stress, burnout or the need to care for relatives has caused experienced staff to leave the professions causing a decrease in numbers and experience, these experienced nurses will most likely be replaced by inexperienced staff. Delays to routine procedures has increased demand. Potential actions to close the complexity-experience gap are: - Offering emotional support to retain nurses, this may mitigate the pandemic's impact on already high levels of stress and burnout. This should go further than publicising contact details for support programmes - Slow down the first year of practice – there should be a overhaul of the first year of practice to ensure new	

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	registrants are able to practice on their own. It is suggested that new qualified nurses can give better care if they have full mastery of a small set of skills rather than a weak grasp on a wide range of skill. (links to work on preceptorship WG) - Scale the impact of expert nurses. Expert nurses (with over 10 years of experience are rare) use them to lead teams of less experienced nurses rather than each nurse carrying a similar patient load.	
The Nursing Workforce in Wales 2020 (RCN 2020) Real Centre July 2022	The report considers three scenarios (current, optimistic, pessimistic) across two timelines – 23/24, and 30/31. All scenarios see an increase in the current deficit by 23/24 (range from 46,000 to 63,000) By 2030/31 the pessimistic scenario reaches a gap of 140,000, the current a gap of 30,000 However, by 2030/31 the optimistic scenario suggests that there is potential for nurse supply to match increases in demand in the HCHS by 2030/31 if there is A strong increasing trend in international nurse recruitment, Sustained improvements in nurse retention	

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	Sustained improvements in the numbers in training/ lower student nurse attrition rates. A comprehensive long-term focus	
Fixing the NHS Why we must stop normalising the unacceptable Academy of Medical Royal Colleges Sept 22	Gives a number of examples of unacceptable care. State a reformed system fir for the 21st century must centre the needs of the whole person and of the whole population, this requires Expanding workforce numbers: A sustained commitment to workforce growth across the system and across professions is required, with open, transparent and regular workforce planning involving all stakeholders Improving patient access to care across all settings: There is an immediate and pressing problem with patient access to services. The pandemic created havoc in increasing the backlog for elective treatment and access to primary care. Work on tackling waiting lists is underway but access remains a critical issue. Reforming social care: Reform of social care is imperative to delivering a comprehensive health and care strategy Embracing new ways of working: Team working across diverse multidisciplinary groups is increasingly recognised as the best way to deliver care, however. That means utilising the skills of all professionals in the most effective and	Current issues span all professions – the key areas that need addressing are across professions.

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	appropriate way while ensuring safe delivery of care. Clinicians working 'to the top of their licence', outside silos and across organisational boundaries, and fully utilising technology has to be the future way of working. Grasping the digital agenda: . A lack of information sharing between primary and secondary care due to different and incompatible systems is completely unacceptable in 2022. The digital agenda has the power to transform the experiences of patients and working lives of clinicians Valuing our staff: Many staff do not feel valued by the NHS or social care and have not had the time and space to recover from the exhaustion of the pandemic. The culture within health and care remains too hierarchical, closed and punitive and behaviours among and between professionals are often sub-standard. In too many places the NHS has been slow to adopt flexible working. There is clear recognition at national level of the need to value and treat staff properly, the challenge is turning good intentions into action at local level and ensuring positive actions are not negated by the pressures of workload and staff shortages Modernising the NHS estate. Revitalising primary care: There should be improved recruitment and retention, the removal of bureaucracy, improved IT systems, and greater use of new roles. As recognised by the Fuller Stocktake,37 there needs to be a	

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	comprehensive review of premises and significant investment to make practices fit for purpose, including to accommodate an expanding staff team Greater focus on prevention and tackling health disparities: We need a paradigm shift on health prevention Making better use of resources and ensuring there is adequate investment - Many of the changes that need to happen are down to the health system itself: changes in the way it operates and the way it behaves. If the population grows and people are ever more likely to develop ill health, it is logical that we will inevitably spend more on health and care	
Peak leaving? A spotlight on nurse leaver rates in the UK Nuffeld Trust Sept 22	In the year to June 2022 over 44,500 joined NHS England however this is balanced against 40,365 leaving active service. The trend on nurses leaving the NHS is perhaps even more stark in Scotland. For the most recent year available (to March 2022), some 7,470 nurses left, representing a leaver rate of 10.6%, or one in nine nurses. The report was unable to provide corresponding data for Wales. Within the data covering all staff, retirement is the most commonly given reason. But work-life balance is now the second most common reason for leaving a role (nearly 6,900 across all staff in the three months to June 2022) and numbers citing this reason are now nearly four times higher than a decade ago. The numbers leaving due to health	Reasons for leaving support other findings

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	reasons (around 1,800) have also nearly quadrupled, and those who left due to a promotion (over 5,600) or to undertake further training and education (nearly 1,000) have more than tripled in England	
A novel solution to the nursing workforce crisis: recruitment of overseas nurses living locally (Middleton et al 2018).	Aneurin Bevan University Health Board focused on recruiting nurses who had trained abroad but lived in the UK, they were unable to register with the NMC without financial and practical support. The individuals were settled locally and likely to stay post-registration. Many had been working as healthcare support workers and therefore familiar with UK health and social care provision, and their level of spoken English was generally good. The individuals were also highly motivated to achieve NMC registration. The selection processes used by ABUHB mirror the NMC English language and objective structured clinical examination requirements. The initiative offered a cost-effective approach to the recruitment and retention of high-calibre nurses seeking NMC registration. Sharing the processes used by ABUHB may enable other organisations to recruit and retain staff from a previously untapped pool of excellent nurses.	Internal recruitment is not sustainable – an alternative approach
Re-evaluating the assistant practitioner role in NHS England: survey findings	Evaluated the Assistant Practitioner role and demonstrated that the role has proved valuable to nurse managers in	Understanding the role of the Assistant practitioner as part

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Kessler and Nath (2018)	developing and designing services, and in establishing a career pathway for health care assistants. The study suggested that the AP and Nursing Associate are likely to be complementary rather than alternative roles.	of the nursing workforce
Maldistribution or scarcity of nurses?: the devil is in the detail Nwabuwe et al (2018)	Reported that the nursing workforce challenges are caused by a maldistribution of nurses and the scarcity of nurses in general. To implement appropriate policy responses to nursing workforce challenges, integrated health care workforce planning is necessary. Integrated workforce planning models could forecast the impact of health care transformation plans and guide national policy decisions on transitioning programmes. Effective transitioning programmes are required to address nursing shortages and to diminish maldistribution. In addition, increased recruitment and retention as well as new models of care are required to address the scarcity of nurses in general.	
Factors influencing nurses' willingness to lead Al Sabei et al	There is a concern about nursing leadership shortages in the next decade as nurses are not interested in pursuing leadership positions. The study examines why nurses are reluctant to take leadership roles. Reasons include burn out not being prepared adequately and renumeration Nurses need to be prepared earlier and conditions to lead need to be more favourable	Talent management Is paramount – considerations when identifying future leaders

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HEE Transfer schemes	Transfers schemes allow staff to move to a different role within a trust or across organisational boundaries usually on the same band and offer various benefits for nurses and trusts including: - Increasing the retention of valuable staff by streamlining the recruitment process and the time taken to fill posts. - Empowering nurses to gain new skills, map their own career pathways and benefit from the wide range of opportunities in-house or across organisation partnerships/boundaries. - Reducing recruitment costs and over reliance on bank/agency nurses	Case study on reducing turn-over in nurses and support retention
Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead Scheffler, Richard M. Arnold, Daniel R.	Planning and projections are needed to allow for the development of health workforce policies. This work describes a projection model for the demand of doctors and nurses by Organisation for Economic Co-operation and Development (OECD) countries in the year 2030. The model is based on a country's demand for health services, which includes - per capita income, - out-of-pocket health expenditures - the ageing of its population.	A projection of future nurse shortages in OECD countries with potential solutions

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	The supply of doctors and nurses is projected using country-specific autoregressive integrated moving average models. The work shows how dramatic imbalances in the number of doctors and nurses will be in OECD countries should current trends continue. There is a projected shortage of nearly 2.5 million nurses across 23 OECD countries in 2030. Policies to address the projected shortages are discussed.	
Turner L et al (2021) What is the relationship between midwifery staffing and outcomes? Nursing Times [online]; 117: 9, 35-36.	Abstract: Staffing levels have been implicated in cases of adverse maternity events, near misses and suboptimal outcomes, such as unwell newborns or still births. Care missed due to high workload can affect the detection of deterioration in mothers and babies and delay appropriate management. A national shortage of midwives has resulted in increased reliance on support workers but the possible effect of skill-mix changes on outcomes has not been assessed. This article describes a systematic scoping review to explore evidence on the association between inpatient midwifery staffing levels, skill mix and outcomes for mothers and babies. Researchers at the University of Southampton aimed to understand the amount and strength of the available evidence, as well as the direction of relationships established, and highlight gaps for future research	Seamless workforce models and MDT working

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Maben J et al (2023) Psychological impact of the Covid-19 pandemic on nurses and midwives. Nursing Times [online]; 119: 10	Abstract: In response to findings of the Impact of Covid-19 on Nurses survey study, conducted in 2020, a subsequent study explored nurses' qualitative experiences of the pandemic; this article discusses the results. Most participants struggled to transition to new working practices in altered care settings with more critically ill patients, and most experienced high levels of stress and psychological distress. Key themes included duty and fear, resilience and stigma, changing public responses, nurses' voices, and leaving the profession. There is an urgent need to support and restore nurses' psychological wellbeing, and to improve their working conditions to enhance retention rates.	Engaged and motivated workforce Retention Wellbeing
O'Connor S et al (2023) Artificial intelligence in nursing education 1: strengths and weaknesses. Nursing Times [online]; 119: 10.	Abstract: Artificial intelligence (AI) refers to the application of algorithms and computational models that enable machines to exhibit cognitive abilities – including learning, reasoning, pattern recognition and language processing – that are similar to those of humans. By analysing vast amounts of data (text, images, audio and video), sophisticated digital tools, such as ChatGPT, have surpassed previous forms of AI and are now being used by students and educators in universities worldwide.	Digitally ready workforce

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	Nurse educators could use these tools to support student learning, engagement and assessment. However, there are some drawbacks of which nurse educators and students should be aware, so they understand how to use AI tools appropriately in professional practice. This, the first of two articles on AI in nursing education, discusses the strengths and weaknesses of generative AI and gives recommendations for its use	
O'Connor, S et al (2023) Realising the benefits of artificial intelligence for nursing practice. Nursing Times [online]; 119: 10	Abstract: Artificial intelligence supports various technologies to think and behave similarly to humans. It does this by analysing large amounts of digital data to generate new insights and interact with humans. Technologies based on artificial intelligence are now used by nurses in clinical settings to support care and can help them understand and address complex health issues. However, artificial intelligence has limitations and risks, such as biased outputs and a lack of transparency in how some algorithms work, which could impact clinical accountability and patient safety. This article discusses the barriers and facilitators of artificial intelligence, and offers some recommendations for its use in nursing.	Digitally ready workforce
Cox S (2021) Using workforce transformation to embed the	Abstract: The nursing associate role was created to bridge the gap between healthcare support workers and registered nurses, and formalised by the Nursing and Midwifery Council in 2018.	Seamless workforce models education anfd training

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nursing associate role. Nursing Times [online]; 117: 9, 32-34.	Embedding the role into the clinical setting requires a comprehensive understanding of the scope of practice and benefits to the nursing workforce. This article discusses the use of workforce redesign and tabletop simulation to engage and develop local understanding and ownership in inpatient wards. This approach fostered the senior nursing support needed to embed the nursing associate role in a financially viable model, and gave nurses a much greater understanding of the role and how it would fit in their clinical teams.	
Cleaver CJ (2020) Experiences of nurses transitioning to the role of research nurse. Nursing Times [online]; 116: 2, 55-58.	Abstract: This article describes a single-centre qualitative study, which explores the challenges and barriers experienced by nurses transitioning to the role of research nurse and makes recommendations on how to smooth the transition. It found there is no single reason why nurses decide to become research nurses, but that the role is associated with increased job satisfaction, a greater sense of worth or value and an improved work-life balance. Barriers include the lack of a structured induction programme, poorly defined career paths and lack of understanding about what the role entails	Attraction and recruitment Enagaged and motviated workforce Seamless workforce models
BREAKING THE SILENCE Addressing Sexual Misconduct in Healthcare. (2023) AN INDEPENDENT REPORT ON SEXUAL MISCONDUCT BY	These recommendations have been reached as a result of the research of the WPSMS, opinions expressed at the Round Table and the contributions of other experts and the contributions of other experts whom we have consulted.	Retention Engaged and motivated workforce

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COLLEAGUES IN THE SURGICAL WORKFORCE	The recommendations follow the principles of recent work by the World Health Organisation (WHO) on Sexual Misconduct, encompassing zero tolerance, consequences for perpetrators and cultural change. We have tried to ensure that proposals will be workable in practice and will continue to work collaboratively with stakeholders to effectively address sexual misconduct in healthcare. The recommendations are themed to cover a national implementation and investigation strategy, policies and codes of conduct, education of the workforce, culture and performance of accountable organisations, and data collection. We ask the Department of Health and Social Care (DHSC) and accountable organisations to support: 1. A National Implementation Panel to oversee progress by organisations on the recommendations in this report. 2. Reform of reporting and investigation processes of sexual misconduct in healthcare, to improve safety and confidence in raising concerns and to ensure investigations are external, independent and fit for purpose.	Leadership

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	3. Every NHS Trust and healthcare provider to have an appropriate, specific and clear Sexual Violence/Sexual Safety Policy in place. 4. All healthcare educational bodies and professional associations to have an appropriate, specific and clear Code of Conduct which includes sexual behaviour. These codes should be signed up to by those who are employed by, study at, and belong to these entities, and should apply both within the workplace, and at work-related events such as conferences. 5. Accountable organisations and professional associations to support and enact relevant pledges and charters such as the BMA Sexism Pledge and the NHSE Sexual Safety Charter. 6. Integrate learning in recognising and taking appropriate action on sexual misconduct at all stages of a career in healthcare. 7. Ensure active bystander, unconscious bias and awareness-raising training for all members of the healthcare team, with specific reference to dealing with incidents of sexual misconduct. 8. Ensure all those involved in receiving reports of and/or investigating sexual misconduct have received specific validated education including learning from previous	

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	cases and have appropriate expertise, including critical competencies	
WG. 2023 .Speaking up Safely A Framework for the NHS in Wales Codi Llais Heb Ofn Speaking Up Safely Supporting people to speak up safely and with confidence.	This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits. Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.	Engaged and motivated workforce Retention
Cooper.M, McDowell.J. and Raeside.L. (2019) The similarities and differences between advanced nurse practitioners and clinical nurse specialists. British Journal of Nursing, 2019, Vol 28, No 20	Abstract: A lack of awareness exists within healthcare services on the differences between the roles of advanced nurse practitioner (ANP) and clinical nurse specialist (CNS). This may lead to ambiguity in relation to the development, scope of practice and impact of these roles. The aim of this review was to compare the similarities and differences between the ANP and CNS within the research literature. Databases (CINAHL, Medline and Embase) were searched using selected search	Seamless workforce models

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	terms. This resulted in 120 articles of potential interest being identified. Following a rigorous review process for content and relevance, this was reduced to 12. Both roles are valuable and effective, predominately being clinically based with education, leadership and research components. CNS roles are specialist, ANP are more likely to be generalist. Where there is regulation and governance the role of the ANP is clearly defined and structured; however, a lack of governance and regulation is evident in many countries. Key words - Clinical nurse specialist - Advanced nurse practitioner - Nursing roles	
Bevan Commission (2023) Executive Summary :What a Waste! Understanding how health and care can reduce inappropriate waste	Dealing with the issue of waste in health and care has been discussed by policy makers, politicians and healthcare professionals since the NHS was founded in 1948. This report calls for a focus on the problem of inappropriate waste in the delivery of health and social care in Wales and urgent action to address it. Reducing waste will play a crucial role in tackling the enormous challenges ahead and in developing more prudent	Seamless workforce models

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	and economically, socially, and sustainable services and support. There are already several good examples of how the 5 Rs' ('Reduce, Reuse, Reprocessed, Renewable, Recycle') are informing practices in the NHS but more needs to be done. It will need everyone to take responsibility and play a part. Waste occurs across a wide range of areas, some of which may be more evident and tractable than others. This paper provides an initial overview of the spectrum of waste in health and care, drawing upon wider evidence and particularly the work undertaken by Berwick and Hackbarth (2012) on healthcare waste in the USA. We build on their argument to suggest that the triple issue of climate change, austerity and the covid backlog has heightened the urgency for professionals, patients, and politicians alike, creating a unique opportunity to take concerted action to address this. We also maintain that any response should be underpinned by the principles of prudent healthcare.	
De-la-Calle-Durán, M.-C.; Rodríguez-Sánchez, J.-L. Employee Engagement and Wellbeing in Times of COVID-19: A Proposal of the 5Cs Model. Int. J. Environ. Res. Public Health	Abstract: The COVID-19 pandemic has had an unprecedented impact on the labour market. The psychological pressure and	Engaged motivated and healthy workforce

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
2021, 18, 5470. https://doi.org/10.3390/ijerph18105470	uncertainty caused by the current changing workplace environment have led to negative consequences for workers. Considering the predictive relationship between employee engagement and wellbeing and in light of this unprecedented situation that affects workers of all the industries worldwide, this study aims to identify the key main drivers of employee engagement that can lead to employee wellbeing in the current context. Through a literature review, a theoretical model to strengthen engagement in times of COVID-19 is proposed. The main factors are conciliation, cultivation, confidence, compensation, and communication. Whereas prior to the pandemic, firms had already understood the need to achieve this, it is now considered a vital tool for staff health and wellbeing. This article makes two main contributions. First, it provides a model for boosting employee engagement, and therefore, wellbeing. Second, managerial suggestions are made to apply the theoretical model.	
Quirk.H. et al (2018) Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders	Abstract: Background: The National Health Service (NHS) seems appropriately placed to be an exemplar employer in providing effective and	Engaged motivated and healthy workforce

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
and wellbeing practitioners: a qualitative study. BMC Public Health 18:1362	proactive workplace health and wellbeing services for its staff. However, NHS staff sickness absence costs an estimated £2.4 billion. Evidence suggests staff health and wellbeing services delivered in the NHS can improve health, productivity and sickness absence and yet the adoption of these services remains a challenge, with few examples nationally. This research aimed to explore the perceptions of NHS senior leaders and health and wellbeing practitioners regarding barriers and facilitators to implementing workplace health and wellbeing services for staff in the NHS. Methods: Semi-structured interviews were conducted with NHS staff, consisting of four senior leaders, four heads of department and three health and wellbeing practitioners in one region of the UK. Interviews were transcribed verbatim and analysed using thematic analysis. Results: Themes describe the experience of delivering workplace health and wellbeing services in the NHS, and barriers and facilitators to implementation from senior decision makers. Barriers to implementation of services include; a busy and pressurised environment, financial constraints and reluctance	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	to invest in staff health and wellbeing. Barriers to staff engagement were also reported and include difficulty of access to health and wellbeing services and lack of time. Initiating services were facilitated by financial incentives, a supportive organisational structure and culture that takes a preventative, rather than reactive, approach to staff health and wellbeing. Facilitators to implementing health and wellbeing services include a coherent, strategic approach to implementation, effective communication and advertisement, being creative and innovative with resources and conducting a needs analysis and evaluation before, during and after implementation Conclusions: Barriers to the successful initiation and implementation of health and wellbeing services in the NHS are numerous and range from front-line logistical issues with implementation to high-level strategic and financial constraints. Adopting a strategic and needs-led approach to implementation and ensuring thorough staff engagement are amongst a number of factors that facilitate implementation and help overcome barriers to initiation of wellbeing programmes in the NHS. There is a need for a culture that supports staff health and wellbeing in the NHS.	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
Kaisia.C. (2019).Well-Being Champion Impact on Employee Engagement, Staff Satisfaction, and Employee Well-Being. Mayo Clin Proc Inn Qual Out n June 2019;3(2):106-115 n	Objective: To evaluate the potential impact of a workplace well-being champion on employee and organizational measures of well-being. Patients and Methods: Baseline well-being measures were collected in October 2-20, 2017 and analyzed from January 1, 2018 through June 30, 2018 by incorporating a focused question set (addressing meaning in work, work-life integration, and physical, social, financial, emotional, and general well-being) into the biennial Mayo Clinic All-Staff Survey. Results: The survey was distributed to 64,059 employees, with a response rate of 73%. Employees with a work unit well-being champion had more favorable responses overall than did employees reporting no well-being champion. The percentage responding "favorably" to each well-being measure differed from 2 to 12 percentage points and were all highly statistically significant (P<.001). Measures with the greatest difference included questions associated with the well-being domains of physical (85% vs 73%), social (84% vs 72%), and financial (72% vs 63%), as well as general well-being (69% vs 60%). Those reporting having a well-being champion had more favorable responses to several questions regarding the immediate supervisor and the work environment being conducive to carry out organizational	Engaged motivated and healthy workforce

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	values, trust within the work unit, ability to speak freely, efforts to make everyone feel a part of the team, and accountability within the work unit. Conclusion: Having a work unit well-being champion, coupled with an organizational commitment to employee well-being, is associated with better employee engagement, satisfaction, and perception of personal well-being, as well as a more favorable perception of the organization, strongly supporting the multilevel benefits of a robust well-being champion program.	
Grabbe, L., Higgins, M.K., Baird, M., Craven, P.A., & San Fratello, S. (2020, May/June). The Community Resiliency Model to promote nurse well-being. Nurs Outlook, 68(3), 324336. https://doi.org/10.1016/j.outlook.2019.11.002.	Background: Rising rates of secondary traumatic stress and burnout among nurses signal a crisis in healthcare. There is a lack of evidence regarding effective interventions to improve nurse well-being and resiliency. Purpose: This study used a randomized controlled trial parallel design to test the effectiveness of a 3-hour Community Resiliency Model(CRM) training, a novel set of sensory awareness techniques to improve emotional balance. Methods: Registered nurses in two urban tertiary-care hospitals were invited to participate, which entailed attending a single 3-	Engaged and motivated,healthy workforce

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	hour "Nurse Wellness and Wellbeing" class; 196 nurses consented and were randomized into the CRM intervention or nutrition education control group to determine if the CRM group would demonstrate improvement in well-being and resiliency, secondary traumatic stress, burnout, and physical symptoms. Findings: Pre/post data were analyzed for 40 CRM and 37 nutrition group members. Moderate-to-large effect sizes were demonstrated in the CRM group for improved well-being, resiliency, secondary traumatic stress, and physical symptoms. Participants reported using CRM techniques for self-stabilization during stressful work events. Discussion: CRM shows promise as a brief resiliency training for hospital-based nurses	
Armstrong.P.et al (2020) Effect of simulation training on nurse leadership in a shared leadership model for cardiopulmonary resuscitation in the emergency department. Emergency Medicine Australasia (2021) 33, 255–261	Key findings - Simulation is an effective training tool for improving teamwork and senior nurse leadership skills in the novel setting of nurse and doctor shared leadership during CPR. - To allow shared leadership models for cardiac arrest management to be introduced into emergency medicine practice, a sustainable training programme will need to be developed to allow nurses and doctors	Leadership Excellent learning

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	time to practice the shared leadership roles within this model and regularly update their leadership skills. - This model could easily be replicated in other EDs with simulation scenarios used as the mechanism of training nurses in the shared leadership rol	
Murphy.M. et al (2015) What is the impact of multidisciplinary team simulation training on team performance and efficiency of patient care? An integrative review Australasian Emergency Nursing Journal, 2016-02-01, Volume 19, Issue 1, Pages 44-53, Copyright © 2015	Summary Background: In hospital emergencies require a structured team approach to facilitate simultaneous input into immediate resuscitation, stabilisation and prioritisation of care. Efforts to improve teamwork in the health care context include multidisciplinary simulation-based resuscitation team training, yet there is limited evidence demonstrating the value of these programmes.1 We aimed to determine the current state of knowledge about the key components and impacts of multidisciplinary simulation-based resuscitation team training by conducting an integrative review of the literature. Methods: A systematic search using electronic (three databases) and hand searching methods for primary research published between 1980 and 2014 was undertaken; followed by a rigorous screening and quality appraisal process. The included articles were assessed for similarities and differences; the content was grouped and synthesised to form three main categories of findings.	Seamless workforce models , education , leadership

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	Results: Eleven primary research articles representing a variety of simulation-based resuscitation team training were included. Five studies involved trauma teams; two described resuscitation teams in the context of intensive care and operating theatres and one focused on the anaesthetic team. Simulation is an effective method to train resuscitation teams in the management of crisis scenarios and has the potential to improve team performance in the areas of communication, teamwork and leadership. Conclusion: Team training improves the performance of the resuscitation team in simulated emergency scenarios. However, the transferability of educational outcomes to the clinical setting needs to be more clearly demonstrated	
Murphy.M.et al (2019) Facilitators and barriers to the clinical application of teamwork skills taught in multidisciplinary simulated Trauma Team Training. Injury, 2019-05-01, Volume 50, Issue 5, Pages 1147-1152, Copyright © 2019	Abstract: Background Efforts to improve teamwork in trauma include simulation-based team training with a non-technical skills (NTS) focus. However, there is a lack of evidence to inform the development of team training programs for maximum uptake of NTS in clinical practice. This descriptive paper aims to evaluate the extent NTS were practiced by the trauma team in a Level 1 trauma hospital after NTS training and to identify facilitators and barriers to use of NTS in clinical practice.	Seamless workforce models , education , leadership

	Method A 38-item questionnaire targeting clinicians who attended a simulation based multidisciplinary Trauma Team Training program was developed. The questionnaire was developed using the Theoretical Domains Framework, a validated tool to identify what practices need to change. It included questions on the current practice of NTS in real life trauma resuscitation. **Results** Eighty six of 235 eligible participants (rate 37%) responded to the questionnaire. All relevant professions and clinical services were represented. There were 15 facilitators and 12 barriers identified. Barriers and facilitators were allocated to categories of factors known to influence trauma team practices. These were: (1) organisational factors that influence the trauma team, (2) team factors that influence teamwork and (3) cognitive factors that influence team decision making. **Conclusion** NTS were being used by frontline clinicians in real world trauma resuscitations to varying degrees, depending on organisational, team and cognitive facilitators and barriers. Facilitators to the implementation of NTS skills during trauma emergencies included team composition, roles and responsibilities, procedural compliance and leadership. Barriers included decision making and communication. This study described team members experience of using NTS in 'real world trauma resuscitation' to inform future team training interventions.	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
Ellis.G. and Sevaldis.N. (2019) Understanding and improving multidisciplinary team working in geriatric medicine. Age and Ageing 2019; 48: 498–505	Key points - Effective multidisciplinary teams (MDTs) and coordinated team meetings are core to successful comprehensive geriatric assessment. - Creating and enhancing high performing teams should be a priority in healthcare for older people. - Training together as MDTs can improve team performance and outcomes for patients. - Training in the speciality should prioritise non-technical skills (NTS) (leadership, communication, team-working, etc). - NTS and team-working should be regularly evaluated throughout clinical practice.	Seamless workforce models , education , leadership
Ryan.A.et al (2023) Simulation Training Improves Resuscitation Team Leadership Skills of Nurse Practitioners.Journal of Pediatric healthcare. Volume 33 Number 3	Introduction: In the current era of limited physician trainee work hours, limited nurse practitioner orientation times, and highly specialized care settings, frontline providers have limited opportunities for mentored resuscitation training in emergency situations. We aimed to evaluate the effectiveness of a pilot program to improve resuscitation team leadership skills of nurse practitioners using simulation-based training. Methods: Seven nurse practitioners underwent a 4-hour simulation course in pediatric cardiac emergencies. Pre- and post-course	Seamless workforce models , education , leadership

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	surveys were conducted to evaluate previous emergency leadership experience and self-reported comfort in the team lead role. The time to verbalization of a shared mental model to the team was tracked during the simulations. Results: The increases in self-reported comfort level in team leading, sharing a mental model, and differential diagnosis were statistically significant. Average time to shared mental model significantly decreased between simulations. Discussion: Simulation can improve code leadership skills of nurse practitioners. These preliminary findings require confirmation in larger studies.	
Advisory Board (2023) Virtual nursing: What it is and why we need it.	Key takeaways - Virtual nursing refers to patient care that is delivered from a remote location with the help of technology. It is used to augment care provided by bedside nurses. - Virtual nursing can benefit patients, staff members, and organizations by decreasing RN workload, improving patient safety, reducing labor costs, and more. - Some potential challenges to implementing virtual nursing include a lack of organizational support or resources, technological difficulties, and legal and regulatory issues. Virtual nursing refers to the delivery of patient care and services from a remote location. It is used to supplement care	Digitally ready workforce , seamless workforce models

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	provided to patients and reduce the burden on bedside nurses. Virtual nursing is used in acute care, ED triage, home health/hospital-at-home, mental health services, chronic care management and more. Virtual nurses can be centralized to a healthcare facility, distributed across locations, or a hybrid situation. In addition, there is a growing experience-complexity gap as patient intricacy increases and more experienced nurses leave the workforce. Some reasons for nurses leaving include early retirement, frustration with compensation and benefits, and burnout. As more experienced nurses leave, they are often replaced by newly graduated nurses, who are less prepared to deliver complex care. Virtual nursing can help retain clinical expertise and effectively scale it across an organization. These issues, combined with other ongoing healthcare challenges, mean that the current nursing models need to transform. The status quo will no longer work. In the future, innovative care delivery models, augmented by virtual care, are needed to meet growing demands from both patients and staff.	
HFMA briefing (2023) The New York health system Lessons from across the pond	Despite the differences in structure and funding, many of the challenges, opportunities and aspirations we saw in New York are similar to those faced in the United Kingdom today.	Seamless workforce models

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	Many of the examples demonstrate what integrated care systems in England are aiming to achieve as they bring partner organisations together to: - improve outcomes in population health and healthcare - tackle inequalities in outcomes, experience and access - enhance productivity and value for money - help the NHS support broader social and economic development Common factors and observations of the visit to New York and similarities' ; Trust: One of the common themes from all those we talked to was the importance of building good relationships and trust within the community such as the Montefiore schools programme, the Staten Island faith groups and the encouragement to talk to a primary care physician when coming into the East New York Hub at a time of crisis. This also provided a renewed understanding of the importance connecting with school children now in order to engage the workforce and patients of the future. Integration: In terms of integration it is helpful to think about what level it is best to integrate at – for many of the examples we saw this was at a local neighbourhood level. Bi-directional integration	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	was also effective, particularly in communities with limited contact with a health or care provider. Proactive, community based screening of the social determinants of health in order to provide early intervention was a common feature with the work of Professor Michael Marmot and the Institute of Health Equity12 quoted several times. The holistic approach incorporated the full range of health factors such as social services, housing, education etc. Workforce: There were many examples that demonstrated the importance of teams uniting under a common goal alongside good relationships helping to make organisations a good place to work. There was evidence of people using different roles to tackle workforce shortages and achieve better outcomes such as the use of community peers. Investment in teams was also demonstrated, such as the use of data analysts, reflecting the recommendations set out in The Topol review13 . The need for 'whole person' training was emphasised, different to usual training in either residency, social work, nursing school etc. Quality: Since the pandemic, quality can be redefined to encompass access and equity. The accreditation metric, CMS, demonstrate the importance of aligning metrics and incentives around outcomes.	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	Leadership: Another common feature among those organisations we visited was the strength of leadership and the involvement of clinicians. In many cases long term relationships and the involvement of clinicians was integral. The leadership team in Staten Island recognised a key part of their role was 'to take obstacles away so everyone can do their job'. Information: Described by Montefiore as 'an information business', it was clear throughout our visit that the use of real time data that is easy to understand and use, is the aspiration. This includes sharing data between primary and secondary care to be used for population management and individual proactive patient management. Communication: The concept of the warm hand-off was referred to at both Staten Island and Montefiore, recognising the importance of communicating patient needs. This recognised that there is so much more information about a patient that that included on an electronic record and some of this is best shared quickly at the handover stage. There was a real focus on patient needs, such as the primary care centre focusing on behavioural health (Staten Island).	
Royal Pharmaceutical Society (2023) Workforce Wellbeing Roundtable Report.	Executive Summary - In keeping with other healthcare staff, pharmacy teams have reported high burnout rates impacting on psychological and physical wellbeing. Workplace issues	Engaged healthy and motivated workforce

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	and their relationship to personal wellbeing continue to be critical, complex issues across all practice settings. - The accessible nature of pharmacies in the community led to increased utilisation during the pandemic, with hospitals and communities tackling unprecedented demand all of which impacted the mental health and wellbeing of pharmacists and pharmacy teams. - Risk factors associated with burnout include working longer hours, less professional experience, increase in workload such as high prescription and patient volumes as well as voluminous administrative duties. Poor work life balance and access to management resources were also described as risk factors. During the Covid-19 pandemic, other risk factors such as confused government policy regarding lack of access to PPE also played a role in creating stress and burnout. - Despite burnout, community pharmacy continues to ensure supply is safe. Some international evidence from outside the UK suggests that wellbeing of staff is associated with a risk of an increase in dispensing errors, and as a result could represent a potential risk to patient safety. However, more research is needed in this area to prove causality. - Individuals have professional responsibility to assess their own competence and ability to work, and as such should seek to prioritise their wellbeing which could	

Reference	Key Reference Points, Actions and Priorities for Workforce Planning	Relevance
	possibly reduce their personal risk of burnout. However, many risk factors affecting wellbeing are created by the system in which people work and therefore, this also needs to be addressed at the systemic level rather than the onus being placed on individuals. Employers, Regulators, NHS, Unions, Charities and Pharmacy teams all have a role to play in supporting the wellbeing of individuals in pharmacy teams, and to mitigate any potential risks to patients. - Further research and collaborative working are required to understand the most effective measures that can seek to address workforce issues in pharmacy. - Lack of funding to support the work of pharmacists and their teams can impact on burnout. There needs to be fair remuneration for the services rendered to ensure a sustainable investment in staff and premises. - Community pharmacy, in particular, must be integrated into the healthcare system so that its' full potential can be realised.	