Healthcare Assistant Experience for Pre-registration Nursing Students in England

Council of Deans of Health Working Paper

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Contents

Executive Summary.......................................................................................................................................... 3

1. Right answer to the right question? Testing the assumptions behind the proposal........ 4
   1.1 Should students be the focus in addressing failings in care? ................................. 4
   1.2 Are students recruited for academic strength rather than values?....................... 5
   1.3 Do nursing students usually enter programmes without care experience?........... 6
   1.4 Does prior care experience make better nurses? ................................................. 6
   1.5 Do nursing students get insufficient experience of fundamental care? ............. 8
   1.6 Conclusions ............................................................................................................ 9

2. Would it work? Practical considerations and unintended consequences .................. 10
   2.1 Costs......................................................................................................................... 10
   2.2 Patient safety: destabilising skill mix and pressure on existing healthcare staff .... 11
   2.3 Pressure on mentorship of existing students .......................................................... 11
   2.4 Disavantaging students from lower socio-economic groups ............................... 12
   2.5 Devaluing support worker roles ............................................................................ 12
   2.6 Conclusions ............................................................................................................ 12

3. What Next? Suggestions for future discussion ................................................................. 13
   3.1 Working with the proposals .................................................................................. 13
   3.2 Conclusions: Transforming the agenda................................................................. 14
Executive Summary

As part of its response to the catastrophic failings of care at Mid-Staffordshire NHS Foundation Trust, the Government has proposed that 'starting with pilots, every student who seeks NHS funding for nursing degrees should first work up to a year as a healthcare assistant, to promote frontline caring experience and values, as well as academic strength'.\(^1\) This has provoked vociferous debate: from whether this is an appropriate response to a report focused largely on organisational culture and system failure, to how it will be funded and whether it will be workable.

This paper takes a detailed look at the proposals. The first section analyses the assumptions about nursing education that sit behind the idea, testing them against current practice and some of the available research evidence. We show that student nurses usually have previous care experience and that they are already recruited in ways that test their values and attitudes. Evidence shows that prior care experience has value in giving prospective students an insight into the reality of clinical environments but that there is no firm evidence base to suggest that it makes better health professionals, indeed if prospective students are socialised into poor practice, quite the reverse.

The second section moves to consider practical implications. It highlights the potential costs of the proposals and raises a number of serious questions about potential unintended consequences: most significantly, risks to patient safety but also problems for widening participation and implications for the provision of placements and mentors for pre-registration students.

Finally, we propose some next steps and areas for discussion. We suggest that there is a case to make previous care experience a mandatory requirement for students going on to pre-registration courses but that this should be interpreted flexibly, to include social care and other types of relevant experience. As part of this, Health Education England has a crucial role in supporting work experience opportunities for prospective students through NHS Careers. There is also important work to be done around recruitment processes that will provide a firmer evidence base and stronger quality assurance.

In conclusion however, this paper advocates for a bold agenda for nursing education: for a focus on excellence in practice placements; for seeing students as a positive catalyst for change; and for an emphasis on the year after a nurse qualifies. Taken together, there is a strong case that this will be a more effective way to really put patients first and foremost.

1. Right answer to the right question? Testing the assumptions behind the proposal

1.1 Should students be the focus in addressing failings in care?

Although the proposals for prior care experience for pre-registration nursing students form only one part of the Government response to the Francis Inquiry (and are an interpretation of only one of the 290 recommendations), they were front and centre in the media coverage. This reflects a persistent assumption that students and their education lie at the heart of current care failings: sort this out and all will be well. But is this right?

The specific question of pre-registration education and its quality has been addressed in a number of recent reports and will not be rehearsed in detail here. Most recently, the Willis Commission concluded that with new UK-wide standards for pre-registration nursing education implemented by the NMC in 2010 (after the events at Mid-Staffordshire) the foundations of high quality modern nursing education ‘are already in place’.² In short, there is no evidence that it is students or new registrants who are primarily responsible for poor care. The Francis Inquiry’s final report itself is focused on the wholesale failure of an organisation preoccupied with performance rather than people and of the external systems that should have diagnosed it.

This is not to suggest that the Francis Inquiry should provoke anything other than serious reflection from those who educate and train nurses (and indeed other health professionals): about professionalism, about the value placed on fundamental care, about leadership, about relationships between registered staff and support workers, and about how education and training must adapt to prepare its students for a world where most nursing will be of older people and take place outside hospitals. However, to avoid dealing with the question of poor quality of care provided by a long-qualified, multi-professional workforce within a powerful organisational context is a huge missed opportunity.

Students and new registrants also make up only a small proportion of the NHS workforce. The total NMC register is over 660,000.³ The total number of nurses, midwives and health visitors working in the NHS in England in October 2012 was over 307,000 full time equivalents: by head count this figure would be significantly higher.⁴ The approximately 55,000 nursing and midwifery students in England therefore represent at most 18 per cent of the workforce (and realistically closer to 10 per cent, given that the

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³ NMC website, www.nmc-uk.org
⁴ Monthly NHS hospital and community health service workforce statistics in England, October 2012, from the Health and Social Care Information Centre
NHS figures consider full time equivalent not head count and do not take into account nurses or midwives working in the independent or social care sectors). At present rates, around 17,000 nurses a year finish their pre-registration courses in England, not all of whom will go on to work in the NHS. Focusing on the future workforce means any change in practice will therefore also be subject to a significant time lag. In the case of the current proposals, it will be at least four years at the earliest before any staff are working as registered health professionals.

1.2 Are students recruited for academic strength rather than values?

The proposals are also rooted in a set of assumptions about student recruitment that in themselves need to be examined, in particular that (nursing) students are recruited for academic strength rather than values.

Nursing student recruitment is a partnership between service providers and universities and also engages service users and carers. This is designed specifically to ensure that candidates are assessed from a range of perspectives. The 2010 NMC Standards for Education state in Standard 3 (Processes for selection, admission, progression and completion must be open and fair) that universities ‘must ensure that the selection process includes representatives from practice learning providers’ and in the guidance notes that ‘where possible and appropriate, the selection process also includes nurses in current practice, service users, carers, nursing students and people with disabilities’ (3.7). This is assessed during annual monitoring visits from the NMC.

It is therefore mandated that service providers will be involved in assessment of prospective nursing students and it is routine that service users and carers are also engaged in these processes. It is important however to acknowledge that this has costs associated with it, and that it is sometimes a challenge for clinical staff to be released to participate in selection days. An unpublished survey in 2012 found that levels of engagement from service providers varied: although all universities invited service providers to be part of the recruitment process, participation in interview days at a given institution ranged from 30 to 100 per cent. There is clearly work to be done to ensure that all service providers are working effectively in partnership with universities, that the best is the norm. However, to assume that students are currently recruited for academic strength in isolation from service providers or the perspective of those who use services is wrong.

Second, the recruitment process involves a variety of methods to test the values and attitudes of candidates. This may include situational judgement tests, interviews (both

5 http://standards.nmc-uk.org/PreRegNursing/statutory/Standards/Pages/Standards.aspx

HCA Experience for Pre-Registration Nursing Students
standard and multiple mini interview formats) or use of scenarios. The NMC Standards set a mandate for face-to-face assessment.

At the moment, universities use a variety of processes and tests to assess values and attitudes. In part this reflects a situation in which local HEIs can work with employers to develop processes that reflect their needs, within the overarching framework of the NMC Standards. But in large part this is because evidence is weak on the predictive validity of these tools. A recent review undertaken for the Department of Health in England found that ‘the evidence for what works best, in terms of tools for measuring values at the point of entry and in face-to-face selection events, is weak overall, especially in terms of predicting the suitability of the applicant’.7 There is therefore a clear need for careful further research to allow the development of a sufficient evidence base that will support more consistent standards. However, the question of assurance on the best processes and tools to use when assessing students is very different to the assumption that students are not recruited for their values or attitudes: this is already happening.

1.3 Do nursing students usually enter programmes without care experience?

The proposals assume that most pre-registration nursing students do not have prior care experience before entering their programmes. This, too, is a misconception.

Nursing is no exception to the competition for places for health professional programmes. In 2012 UCAS received 212,572 applications for nursing, of which 18,980 were accepted in England. The recruitment process therefore looks at a number of elements, including prior care experience, to distinguish between candidates. For many universities, previous care experience is a pre-requisite for progressing to a face-to-face assessment phase. For some applicants, this prior experience will be because they have worked as healthcare support workers over a long period of time and then have sought to progress into a registered role (the Open University, for example, has developed its model of pre-registration nurse education specifically for support workers wanting to become nurses). For others, gaining experience as a support worker (in health or social care) will be a way of strengthening their application and gaining a better understanding of health and social care environments.

1.4 Does prior care experience make better nurses?

The core assumption of the proposal is that frontline care experience prior to pre-registration education makes better nurses, with the implication that this is linked to the ‘values’ that students need.

The evidence around prior care experience, selection and future performance is complex. As a recent GMC-commissioned study on medical student recruitment observed, the ultimate intention of selection is to predict who will be the best health professionals but this is ‘a somewhat indeterminate and distal criterion’; in medicine, performance at medical school is often used as ‘a clearer and proximal criterion’. However, the relationship between performance in a pre-registration course and future performance as a health professional is poorly defined and researched.

This problem is also reflected in the literature on nursing student selection. Although there is an extensive literature on selection processes, its relationship to attrition and predictors of successful completion of courses, there is limited evidence specifically on the relationship between prior care experience and performance on a pre-registration programme and even less on subsequent performance as a health professional.

On attrition, there is some evidence that previous nursing-related experience has a positive impact. A study carried out in Australia, for example, found that previous nursing-related experience and knowing someone who was a nurse were important factors in lower attrition from courses. The study concluded that a lack of realistic expectations regarding nursing as a profession is an important factor in attrition. However, this is a very limited proxy for the question of whether previous care experience makes better health professionals – whether people are more likely to stay the course is not the same as whether or not they are likely to have better ‘values’ or deliver better care. Evidence also suggests that the most significant factors behind attrition lay in student nurses’ experiences on practice placements. The Readiness for Work research programme, commissioned and funded by NHS London, found that ‘clinical placements and the clinical nurse mentors who support student learning and assessment, have the greatest impact on a student’s decision to stay or leave, and where to apply for a job’. Other studies have highlighted the key role of clinical placements as a ‘tipping point’ for attrition and the crucial role that the quality of those placements, including the culture of care and attitude towards students plays.

A second lens through which to consider the question is to look at the evidence from studies on healthcare support workers who have progressed to pre-registration nursing programmes. A recent study carried out in Northern Ireland found qualitative evidence that students with experience of working as a HCA were more aware of the reality of nursing practice, such as ‘staff shortages, the division of labour and the hierarchy of

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10 Salvage, J (2013) Tomorrow’s nurses, ready to work, Readiness for Work communications document, unpublished, p.3.
Students without HCA experience reported being shocked in their initial clinical placements, particularly at the lack of contact that nurses had with patients, something more accepted by those with experience as an HCA. However, this in itself is an interesting finding: if students are to develop into nurses who value patient contact, then previous HCA experience that may have socialised them into accepting particular norms of practice may not be an advantage. The study in Northern Ireland concluded: ‘Although it may be a given that people who have work experience will adapt more readily than traditional nursing recruits, findings of this study suggest that role transition was a challenge. It led to confusion and inhibited the development of the professional mindset’. The assumption that experience as a HCA will necessarily lead to students having the right values as a nurse is incorrect: if HCAs have witnessed poor models of nursing care then they may come into nursing education with attitudes and assumptions that need to be challenged.

1.5 Do nursing students get insufficient experience of fundamental care?

It is also assumed that nursing students do not have sufficient experience of carrying out fundamental care within their education. Although it is often observed that nursing students spend 50 per cent of their programme, or 2300 hours, in clinical placements, it is also important to understand what these placements contain and the kind of hands-on practical experience students gain.

In order to meet the NMC Standards for Education all students spend a significant amount of time on fundamental care. The criteria for students to meet the first progression point on a course include the following three points:

- Demonstrates safe, basic, person-centred care, under supervision, for people who are unable to meet their own physical and emotional needs.
- Meets people’s essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times.
- Seeks help where people’s needs are not being met, or they are at risk.

These are mandatory standards: it is not possible for students to progress further into their pre-registration programmes without having met these requirements in the practice setting. The NMC Standards are also very clear on the value of care and compassion – one of the essential skills clusters around which the programmes are structured is entitled Care, Compassion and Communication. It includes the following criteria:

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13 Ibid, p. 5.
14 http://standards.nmc-uk.org/Documents/Annexe2_progression_criteria_20100916.pdf p. 2
As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.

People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.

People can trust the newly registered graduate nurse to respect them as individuals and strive to help them the preserve their dignity at all times.

People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.

People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.

People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.¹⁵

1.6 Conclusions

The proposals for HCA experience prior to joining a pre-registration nursing programme are underpinned by a set of assumptions about nursing education and selection of prospective students that is deeply flawed. It paints a picture of students who have never had experience of caring and little interest in patient care, picked out for their grades by a group of academics in total isolation from staff working in clinical services. The message from current practices and the NMC Standards that govern them is that this mental picture needs to change. In particular, the assumption that students are not recruited for their values and that students do not have prior care experience are incorrect.

What about the nub of the proposal: that exposure to the clinical frontline as a HCA will create better nurses? The evidence here is equivocal at best. What care experience does seem to do is give prospective students exposure to the reality of working in healthcare and so it may reduce attrition from programmes. But there is also evidence that working as a HCA can socialise prospective students into poor practice and inhibit their development as nurses. Unless the evidence is looked at carefully, these proposals could therefore embed rather than challenge poor patient care. As the pilots of the proposals are developed, care must be taken both to recognise existing practice and carefully test assumptions against the evidence.

¹⁵ http://standards.nmc-uk.org/Documents/Annexe3_%20ESCs_16092010.pdf pp. 3-10
2. Would it work? Practical considerations and unintended consequences

2.1 Costs

The Government response to the Francis Inquiry states that the proposals should be cost-neutral. Within the context of a challenging financial climate this is a laudable ambition. No financial model for the proposals has so far been published but the basic costs of the proposals are likely to be substantial.

Salary costs

- The number of students accepted to nursing courses in 2012 in England was 18,980. There were over 200,000 applications made and 44,670 individual applicants.
- If every student applying to become a nurse had to demonstrate they had worked as a healthcare assistant for a year, the NHS would need to administer and fund around 44,500 additional HCA posts.
- If these posts are salaried at the bottom of Band 1 (£14,294 per annum plus on costs at an estimated 20 per cent) this would equate to a cost pressure of £766.2 million per year.
- Funding posts at an apprenticeship rate would lower costs but given the size of the applicant pool would still create costs in excess of £400 million per year.
- If posts were not salaried this would have serious implications for widening participation and would nonetheless incur significant administrative and supervision costs.

CRB checks

- Enhanced CRB checks cost £44 per check.
- If 44,500 checks were processed for prospective students this would amount to £1.96 million in additional spending to be absorbed by the NHS, in addition to the staff time required to administer this.

Staff time

- Staff in practice would need to manage and supervise an additional 44,500 student applicants in addition to the students on practice placements for whom they are already responsible.
- Even for the relatively small number of students planned for the pilots this represents a significant opportunity cost. In the context of increasing difficulties in finding placements and mentors for students, care must be taken to ensure that
this does not adversely impact on the number of placements available for students. The opportunity costs that this represents are significant.

Under 18s
- There are particular practical issues to be thought through for any candidates who would be expected to complete the year as an HCA before they are 18. This could have the effect of shifting the entry to nursing programmes to 19 years and above.

2.2 Patient safety: destabilising skill mix and pressure on existing healthcare staff

There is consistent international evidence, including from the UK, that having more fully qualified nurses on hospital wards is associated with better quality care. This includes better patient experience and lower mortality.\textsuperscript{16,17} This research evidence chimes with the Francis Inquiry’s spotlight on the skill mix in a clinical environment, particularly the balance between registered and non-registered staff, and its role as a vital indicator of potential patient safety problems. In some of the wards at Mid-Staffordshire the skill mix was 40 registered to 60 non-registered staff. Mandating that applicants spend a year as an HCA risks injecting more than 44,500 additional non-qualified, non-registered staff into clinical environments. This has significant risks for patient safety and quality of care, both through the annual churn of untrained HCAs with limited supervision providing care to patients and more broadly through the dilution of skill mix.

2.3 Pressure on mentorship of existing students

High quality pre-registration education is at its heart a partnership between healthcare providers and higher education. This means that the mentors of students in clinical practice play a central role in their development. There is evidence that mentorship is under significant pressure; one of the central recommendations of the Willis Commission was to invest in practice learning opportunities and mentorship for nursing students.\textsuperscript{18}

Health Education England has echoed this ambition on a multi-professional basis with the intention that being a ‘trainer’ should be seen as a badge of honour.\textsuperscript{19} In this context, putting over 44,500 new prospective applicants into the system is likely to put enormous pressure on clinical staff who are already undertaking mentorship of students. It is also

\textsuperscript{17} Kane, R.L., et al., The Association of Registered Nurse Staffing Levels and Patient Outcomes: Systematic Review and Meta-Analysis. Medical Care, 2007. 45(12): p. 1195-1204
\textsuperscript{18} E.g. Willis Commission (2012), Quality with Compassion: the future of nursing education, p. 45, recs 3.1, 3.4, 3.5.
\textsuperscript{19} Health Education England (2013) Strategic Intent Document, p. 4
likely that engaging in such a scheme would cause service providers to withdraw placement opportunities for pre-registration students in order to manage the additional workload. This could create major problems for the provision of pre-registration education at a time when the practice placement experience for pre-registration students is already acknowledged to need greater attention.

2.4 Disadvantaging students from lower socio-economic groups

Nursing education has a particularly strong track record in widening participation in healthcare professions: 37 per cent of students on nursing courses came from lower socio-economic backgrounds, according to the latest figures from the Higher Education Statistics Agency. Nursing also attracts applicants with more life experience: the average age of students entering adult nursing pre-registration programmes is currently over 25 (for other university courses the average age is 20). Requiring work as a healthcare assistant for a year before starting a pre-registration programme may have a highly detrimental impact on widening participation, with excellent candidates unable to apply because of their financial situation. At a time when other health professions have been challenged to improve the socio-economic mix of successful applicants to undergraduate courses, to unintentionally undermine widening participation in nursing would have perverse consequences for other government policies, such as social mobility.

2.5 Devaluing support worker roles

Support workers carry out some of the most important roles in the NHS and are often not given the recognition and development opportunities they deserve. Creating a situation where working as a healthcare assistant for a year is seen as a stepping stone to becoming a student nurse may unwittingly further undermine their work. At a time when the Cavendish Review is specifically looking at the value of education and training for healthcare support workers in their own right, it is crucial that the proposals for HCA experience do not cut across this work.

2.6 Conclusions

The practical implications of the proposals for HCA experience raise myriad questions. With potentially serious unintended consequences for widening participation, the role of support workers and mentorship for students, as well as the potential patient safety implications of a significant injection of non-registered and non-qualified staff into clinical environments, these proposals should come with a serious health warning for the NHS and the higher education sector.
3. What Next? Suggestions for future discussion

3.1 Working with the proposals

The Government has said that it is committed to piloting the HCA proposals. However, the Francis recommendation to which this proposal responds (recommendation 187) is far from clear: for example it is not obvious that the recommendation refers to experience before a prospective nurse starts a pre-registration programme (it could refer to experience within the pre-registration programme).\(^{20}\) HCA experience is mentioned only as an alternative to a three month period of experience of fundamental care. In light of this, the lack of evidence base for the proposals and the potential for unintended consequences, the case for flexibility in how the proposals are enacted is strong. There are a number of ways in which the intent behind the proposal could be implemented.

(a) Requiring care experience

The evidence suggests that there is value for prospective health professionals about to undertake a pre-registration programme to have had care experience, particularly around supporting development of realistic expectations of clinical environments. One option would therefore be to stipulate a national requirement for caring experience prior to starting a pre-registration programme in England (supported by an evaluation of the relationship between prior care experience and successful programme completion).\(^{21}\) The fact that many recruitment processes currently in place use this as a criterion suggests that formalising this would be a codification of existing practice. This could be accompanied by national guidance setting out what sorts of care experience would be appropriate. This might include not only HCA roles but also roles working in social care or caring for a relative.

To support a requirement for care experience, consideration should be given to ways in which appropriate work experience opportunities can be increased, so that candidates with the potential to become excellent health professionals are not disadvantaged by being unable to find appropriate work experience. Given that many prospective health professional students struggle to access care experience without personal networks, Health Education England can play a central role in tackling barriers to care experience and providing stronger guidance and support to prospective healthcare students through NHS Careers.


(b) Building in a “probationary period”

Since the Francis Inquiry recommendation is ambiguous, another possibility would be to create a short “probationary period” at the start of pre-registration courses. This period, perhaps a month long, would be focused on giving immediate experience of clinical environments and fundamental care. Candidates with prior care experience would be exempt. This period would happen after recruitment processes and CRB checks had been completed. This would facilitate exposure to clinical environments before a student started their pre-registration programme proper. However, a two-tier approach across multiple intakes could be difficult to administer and would require significant investment of time from service providers to ensure that prospective students were appropriately supported. The patient safety implications of large numbers of people with training or education being allowed into clinical environments would also have to be carefully considered.

(c) Developing assurance on current recruitment processes

Alongside these, there is a need to develop greater assurance of the current recruitment processes for health professional students. Although there is no evidence of significant problems with the values or attitudes of students coming on to pre-registration programmes, the variation in methods used to select students within the NMC (and HCPC) standards is such that greater transparency at national level may be required. There are a number of potential routes here. It would be possible, for example, to seek greater uniformity of process, insisting that all universities adhere to a particular test or tool, although much work is still to be done to ensure consistency and reliability. Alternatively, it may be possible to focus on setting clear outcomes and requiring greater transparency.

In the absence of strong predictive validity from existing tools and tests, there is an argument to be made for defining outcomes of recruitment but allowing institutions flexibility in processes while the evidence base develops. However, it is clear that careful research needs to be done to develop this evidence base in such a way that will give both service providers and higher education confidence in the validity of approaches. Universities and service providers must also work together to ensure strong engagement from clinical staff in recruitment, strengthening the partnership between service and education that underpins all excellent education by ensuring that student recruitment is given the priority it deserves.

3.2 Conclusions: Transforming the agenda

But what if we think boldly? If the argument is accepted that there is little evidence that problems in care stem from student nurses and indeed that students can be a catalyst for
high quality patient care, the question then becomes how we can use the current focus on fundamental care and on care experience to add real benefit, to the experience of students but ultimately to patients and the public.

First, the evidence from both the academic literature and recent reports such as the Willis Commission strongly suggests that the primary focus for work on pre-registration nursing education should be the experience of students on their practice placements. There is much to do here: to better develop the partnerships between higher education and service providers, to support mentorship and to pay serious attention to the ward leadership that is central to excellent education in practice.

As part of this, we need to see students as a positive catalyst for change: part of the solution not the problem. There is much about quality of care that lies outside the influence of students. However, they should be seen as ‘fresh pairs of eyes’ in the clinical environment for innovation and improvement in patient care. The Francis Inquiry itself considered in some detail the importance of education and training as a source of safety information (recommendations 158-161), suggesting that ‘surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provider to patients’. There is no reason why this rationale and approach could not be used with nursing, midwifery and allied health professional students. There is therefore significant work to be done to ensure that all students’ feedback on clinical placements is used effectively to shape both higher education and clinical practice and to ensure that all students raising concerns have the appropriate support.

Third, numerous reports have highlighted the importance of the transition from pre-registration education to employment and the strength of the socialisation that occurs when newly qualified health professionals join an established culture. Newly qualified nurses will need support and development that will guard the positive culture of care that Robert Francis so clearly called for. Focusing on the year after a newly qualified nurse joins the professional register may be far more significant than on the year before a student joins a pre-registration programme.

Taken together, there is a strong case that action on these three areas would be a more effective way to really put patients first and foremost.

For more information on this paper and the work of the Council of Deans of Health:
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23 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013), Executive Summary, p. 102