

# Introduction of Nursing Associates - Year 2 Evaluation Report

## Foreword to Executive Summary

In early 2017, Health Education England (HEE) commissioned OPM Group, now called Traverse, to conduct an independent evaluation of the Nursing Associate programme which began in January 2017.

It was important for us at HEE to ensure that we had a robust and reliable evidence base from which to address any emerging issues within the life of the programme, as well as to help adapt the programme if required for future cohorts.

I'm pleased therefore to welcome this evaluation report covering the two-year pilot of the Nursing Associate programme, and which includes a range of perspectives from the trainees themselves, supervisors, practice educators, HEI leads and senior stakeholders such as directors and assistant directors of nursing. I also want to take the opportunity to give a particular thank you to Lisa Bayliss-Pratt, who led on this work for HEE.

This new Trainee Nursing Associate (TNA) role was introduced in response to the Shape of Caring Review, by Lord Willis, in part to provide a clear career route from health care assistant to registered nurse and beyond; and in part to ensure that we were developing a future workforce with a portable skill set to support multi-disciplinary team working and better meet the care needs of patients.

It is especially welcome to see from these findings that trainees are making a greater contribution to service delivery and to patient care as they develop new skills and competencies. The report also indicates the high level of trainees' motivation to learn and develop and includes examples of how the role is already benefiting patient care.

The evaluation draws on three online surveys of Trainee Nursing Associates, which received 2,477 responses in total, and twelve deep dive enquiries. Line managers were also surveyed in the second year of the programme, with 531 responses received.

It also draws on the analysis of key programme data, information from the regular TNA Communities of Practice events and economic analysis of the programme and role.

The recommendations in the report are based on learning points emerging from the two years of the programme, some of which have already been addressed by HEE, for example, ensuring the quality and oversight of placements.



**Professor Mark Radford, PhD, RN**  
Chief Nurse, Health Education England, and Deputy Chief Nursing Officer for England

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**Chief Nurse (interim), Health Education England and Deputy Chief Nursing Officer for England at NHS England and NHS Improvement**



*Health Education England*

## **Introduction of Nursing Associates**

Year 2 Evaluation Report

October 2019



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## Executive Summary

The Nursing Associate is a new role within the nursing team which has been introduced in England. The Nursing Associate is a bridging role between healthcare support workers and graduate registered nurses. It aims to:

- support the career progression of care assistants;
- increase the supply of nurses; and
- enable nurses to undertake more advanced roles.

The two-year programme requires trainees to be exposed to multi-disciplinary working and is designed to give them the ability to work across a variety of settings with a range of population groups and conditions.

The first two waves of trainees were based at 35 test site partnerships who delivered a programme of education and training in academic and work-based settings. Each partnership is composed of at least one employer and one education provider (Higher Education Institution or HEI) and is aligned with an STP footprint. Beyond this, sites vary considerably in terms of the number and types of employer and education providers involved.

Health Education England (HEE) commissioned Traverse to conduct an independent evaluation of the introduction of Nursing Associates. The first phase of the evaluation has looked at the first two years of the programme which will run up to June 2019.

## Methodology

The independent evaluation aimed to generate learning and evidence, which can be shared with programme stakeholders and used within the life of the programme to improve and refine the delivery, as well as an overall assessment of the first two years of the programme.

The evaluation methodology focused on the first two waves of trainees who took part on the learning programme. It combined:

- 1. Early, mid-point and end-point online surveys** completed by trainees and a mid-point online survey of line managers.
- 2. Three rounds of deep dive visits** to test sites to speak to trainees, patients, supervisors and other local stakeholders.
- 3. Analysis of key programme data** such as recruitment and attrition data.
- 4. Attending and inputting at Communities of Practice meetings** that were attended by a representative nursing associate from each test site partnership.

## Key findings

### About the trainees

- 8,000 people applied for approximately 2,000 places.
- More than 7 out of 10 trainees who were surveyed applied to the



programme to progress their careers and to develop their skills and capabilities

- The programme is seen by trainees as a stepping stone to nursing/an opportunity to go to university that might otherwise not be possible due to family and financial circumstances.
- 7 out of 10 surveyed trainees felt that the new role would lead to improvements in the quality and safety of patient care, and close to half felt that the role would support and free up other professionals.

### **Trainees' progress over the programme**

- Approaching the end of the training programme, 85% of trainees surveyed, felt prepared to enter the workforce as a Nursing Associate.
- Four fifths or more were also satisfied with the progress they made across the academic, placement and home learning environments.
- Drawing on HEE data, the attrition rate across the first two waves of the programme as of September 2018 was 16%.
- The most common reasons for attrition were ill health, other personal reasons and not meeting the academic requirements.

### **Reflections on the academic settings**

- Some trainees were the first in their family to study in a university setting and initially some lacked confidence about participating in academic study.
- A period of initial orientation and a focus on the academic 'building blocks' has been crucial to helping trainees to settle in and build confidence. This has included study skills, academic writing, engaging with student support services, and completing the anatomy and physiology module.
- Trainees have shown high levels of enthusiasm and commitment to completing the programme. Passing and excelling in the academic assessments and showing resilience and determination in the face of a high workload were the biggest sources of pride for trainees.
- Trainees expressed high levels of satisfaction with the quality of teaching and support from HEIs, especially where interactive learning modes were used and where modules were delivered by staff who are close to nursing practice.
- The great majority are also clear how the learning content can be applied to their practice and agree that sessions are pitched at the right level.
- Trainees and their line managers tend to prefer academic learning delivered through the integrated 'day per week' model, rather than in 'blocks' of 4- or 5-days each month.

### **Reflections on work based learning**

- A key challenge throughout the programme has been limited

understanding and acceptance of the role amongst colleagues. Whilst this has improved over time, more action is needed to raise awareness and buy-in.

- Key success factors for progress in work based settings has been trainees and settings investing time in preparing for placements and providers giving trainees protected learning time and active support to learn and develop.
- Trainees value having a breadth of placement settings, including longer placements that allow for deeper and more immersive learning experiences. They also value appropriately sequenced placements (e.g. starting with placements in more familiar settings, before moving on to the less familiar).

### Emerging impacts

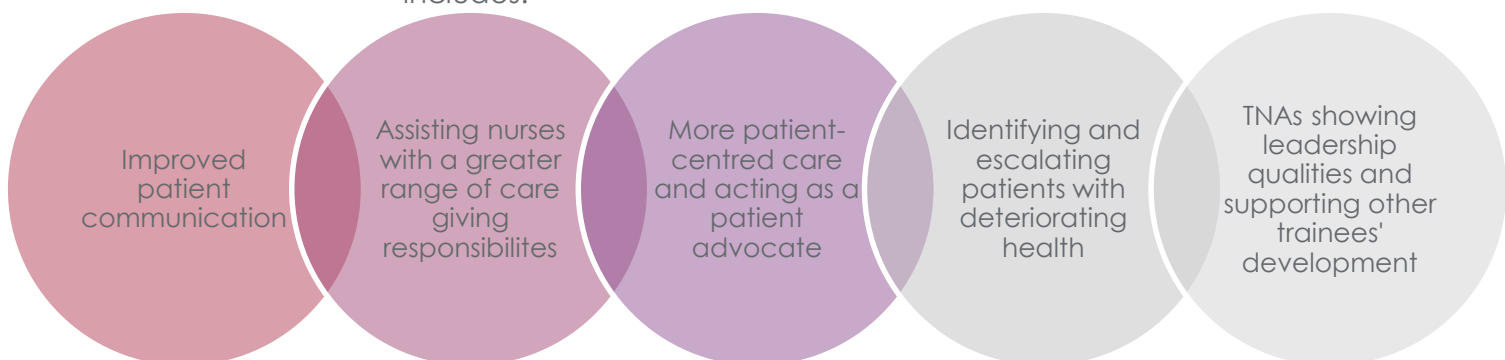
The evaluation identified a range of impacts associated with the training programme and introduction of the role, taking place at different levels.

At the **individual** level:

- Trainees have developed new skills and knowledge, as a result of the training programme.
- Trainees have become more confident and assertive learners and feel greater confidence and self-belief.
- There has been a shift in trainees' professional identifies, which has seen them become less focused on delivering tasks and more focused on delivering patient centred care.
- Trainees have formed support networks and friendships with their peers, which in some cases have endured after the programme.
- Trainees have struggled with the workload, which has impacted on their personal lives and work-life balance.
- Trainees have encountered negativity about the role from wider colleagues which has impacted on their morale and wellbeing.

At the **service** level:

- Trainees are making a greater contribution to service delivery and to patient care as they develop new skills and competencies. This includes:



- Trainees have exchanged skills, knowledge and good practice across





settings which is enhancing the quality of services.

- Placement settings have improved how they support trainees to learn and develop.

At the **systems** level:

- The Nursing Associate test site partnerships have strengthened relationships and joint working between providers and have provided a springboard for further action.
- Trainees have worked as ambassadors for the role and have engaged in awareness raising and strategic influencing.

### **Next steps and deployment**

- Trainees and managers were positive about NMC registration and regulation of the role. It was felt that this would give Nursing Associates greater professional status, and a clearer sense of responsibility and accountability for their practice.
- Surveyed trainees were asked to identify their next steps after qualifying:
  - Two thirds (65%) intend to continue working as a Nursing Associate in their current setting in the next year.
  - A fifth (19%) intend to move into a Nursing Associate role in an external setting within the test site partnership.
  - Close to half (47%) intend to enrol onto a pre-registration nursing degree programme within three years of qualification.
  - Half of surveyed trainees (49%) have been offered a preceptorship programme, which varied between 6-18 months in length depending on the employer.
- Many trainees are set to be deployed in their current base settings. Some anticipate being deployed to the settings where the roles are most needed, based on the skillsets they've developed.
- In terms of training and development commitments, surveyed trainees are focused on attending study days (90%), meeting revalidation requirements (86%), and undertaking further reading and study (81%).



## **Recommendations**

- 1.** To improve the perception of the nursing associate role in new and existing settings, HEE should commission a dynamic programme of effective communication to educate and inform existing colleagues of the scope and practice of the NA role. This should include consideration of a Nursing Associate ambassadors' scheme.
- 2.** HEE should continue to support the NMC in its role of quality assuring Nursing Associate education, which sees them approve programmes and monitor education and training standards, including access to protected learning time in line with the NMC standards. A commitment should be made to identify and embrace best practice elements of programme design and communications, some of which have been highlighted in this evaluation.
- 3.** HEE and partnerships should continue to listen to and work with the trainees, both at a local and national level as they are an important resource for identifying ways to improve the programme.
- 4.** Explore whether there is scope for HEIs to further streamline their curriculums and scheduling of activities and assessments, without compromising on the depth and breadth of the programmes.
- 5.** Explore the possibility of developing a part-time Trainee Nursing Associate programme to reduce the challenges associated with heavy workloads and competing priorities associated with the two-year programme.
- 6.** The current attrition rates need to be addressed, in particular the 4% across the first two waves of the programme who could not meet the academic standards. As numeracy is a key factor, HEE and key partners should explore whether pre-application numeracy programmes should be offered more routinely to help applicants secure the necessary competence to begin the course.
- 7.** Conduct robust research and evaluation about how qualified Nursing Associates are being recruited and deployed in different settings over time and feed this learning and evidence into activities aimed at further promoting and embedding the role.



# 1. Introduction

This section introduces the Trainee Nursing Associates programme and the evaluation. It describes the aims, scope and methods of the evaluation.

## *Trainee Nursing Associates Programme*

The Nursing Associate is a new role within the nursing team which has been introduced in England. It is a bridging role between healthcare support workers and graduate registered nurses. The Nursing Associate aims to:

- support the career progression of care assistants and provide a progression route into graduate-level nursing;
- increase the supply of nurses; and
- enable nurses and wider multi-disciplinary teams to focus on more complex clinical duties.

The role is regulated by the Nursing and Midwifery Council (NMC) and requires trainees to obtain a Nursing Associate Foundation Degree by completing two years of higher-level study with an NMC-approved provider.

The two-year programme exposes trainees to multi-disciplinary working across a range of health and social care settings. This is designed to give trainees the ability to work with people of all ages and in a variety of settings.

## *Programme evaluation*

Health Education England (HEE) commissioned Traverse, formerly OPM Group, to conduct an independent evaluation of the introduction of Nursing Associates. This evaluation covers February 2017 to February 2019 and tracks the progress of the 2000 trainees who made up the first two pilot cohorts referred to throughout this report as the first two waves.

The evaluation has aimed to produce formative learning and evidence which could be shared with programme stakeholders to improve and refine delivery; and summative learning and evidence of the overall impacts.

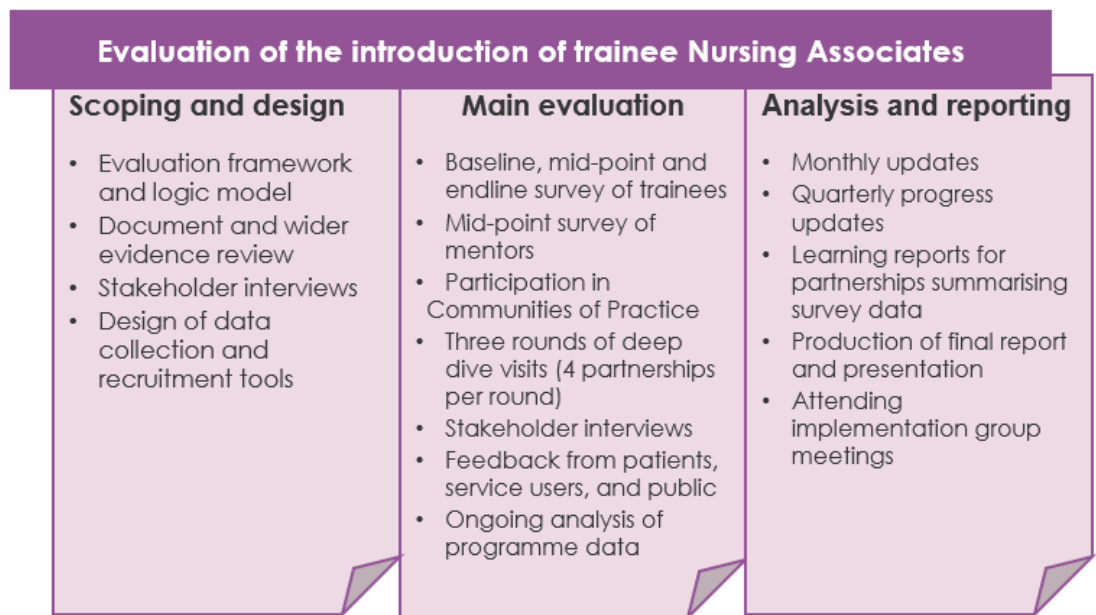
A mixed-method and participatory approach was used which could flexibly engage with a wide range of stakeholders across different health and care settings. The evaluation activities were:

- 1. Early, mid-point and end-point online surveys** completed by trainees and a mid-point online survey of line managers.
- 2. Three rounds of deep dive visits** to test sites to speak to trainees, patients, supervisors and other local stakeholders.
- 3. Analysis of key programme data** such as recruitment and attrition data.
- 4. Attending and inputting at Communities of Practice meetings** attended by a representative nursing associate from each test site partnership.

This approach is summarised below (Figure 1).



Figure 1: Overview of evaluation activities





## 2. About the programme

This section describes the main elements of the Trainee Nursing Associate programme and how it varies between test site partnerships across England. This provides context for those not familiar with the programme, with the findings from the evaluation starting in the next section.

### Programme overview

The Trainee Nursing Associates programme commenced in January 2017. It is a bridging role that sits between healthcare support workers and fully qualified registered nurses to deliver hands-on care for patients.

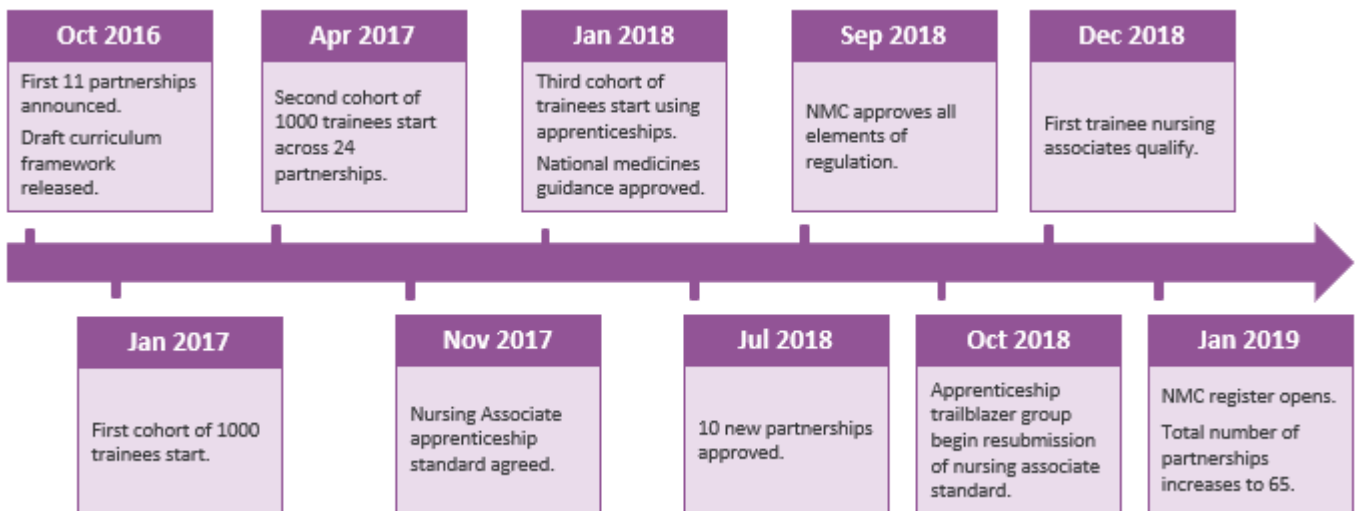
Nursing associates will be new members of the care team, who are trained to nursing foundation degree level. They will work with people of all ages and in a variety of settings in health and social care. The role also provides a progression route into graduate level nursing.

The role has been introduced to help build the capacity of the nursing workforce and support nurses and wider multidisciplinary teams to focus on more complex clinical duties. This and other planned long-term outcomes are presented in the programme logic model on the next page (Figure 3).

### Programme timeline

Since January 2019, more than 1000 Nursing Associates (TNAs) have joined the NMC register. Major milestones in the development of the programme are shown in Figure 2 below. This includes the NMC's regulation of the role from September 2018.

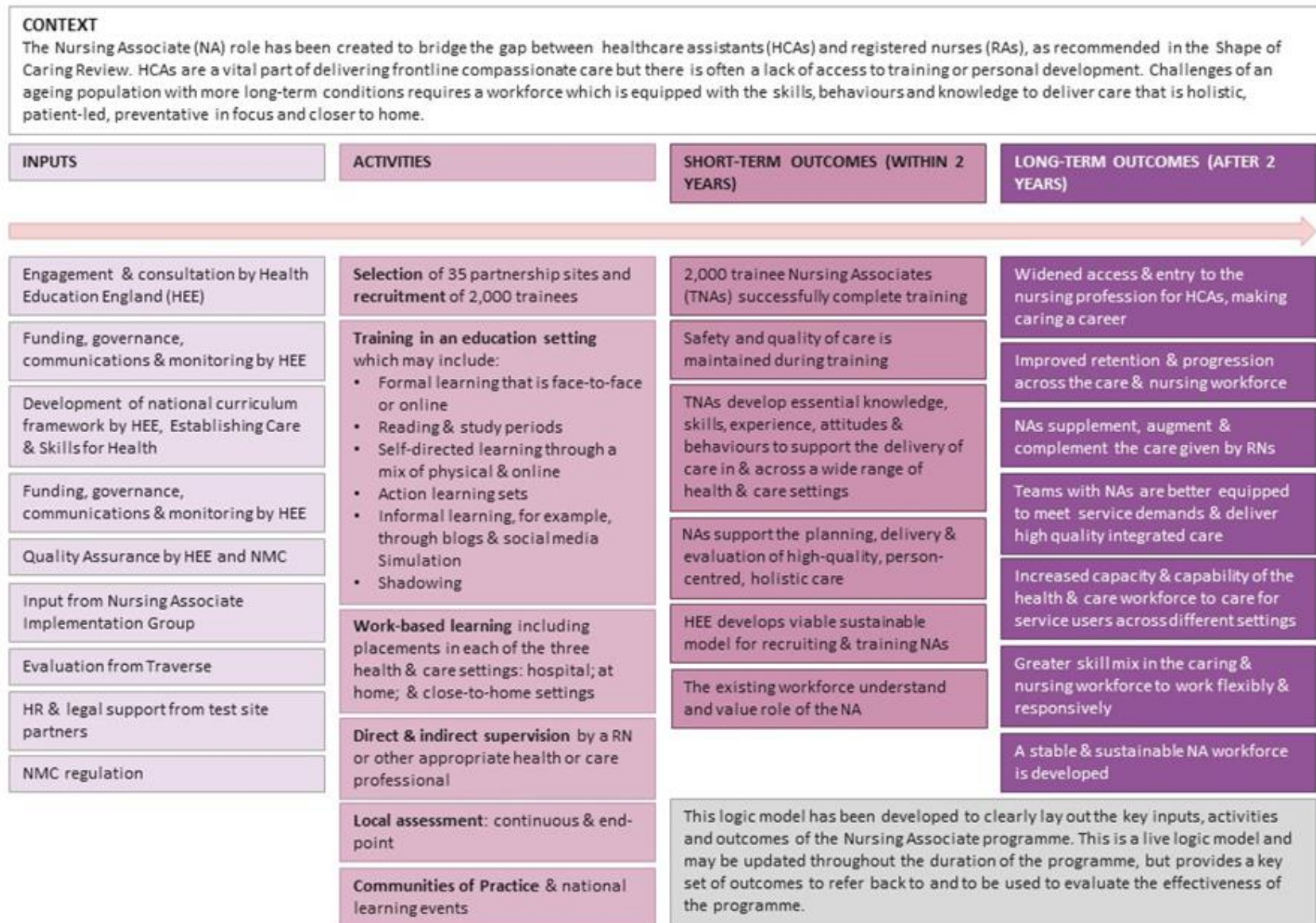
Figure 2: Timeline of development



On the next page, we set out the inputs, activities and short and long-term outcomes in a programme logic model.



Figure 3: Programme logic model



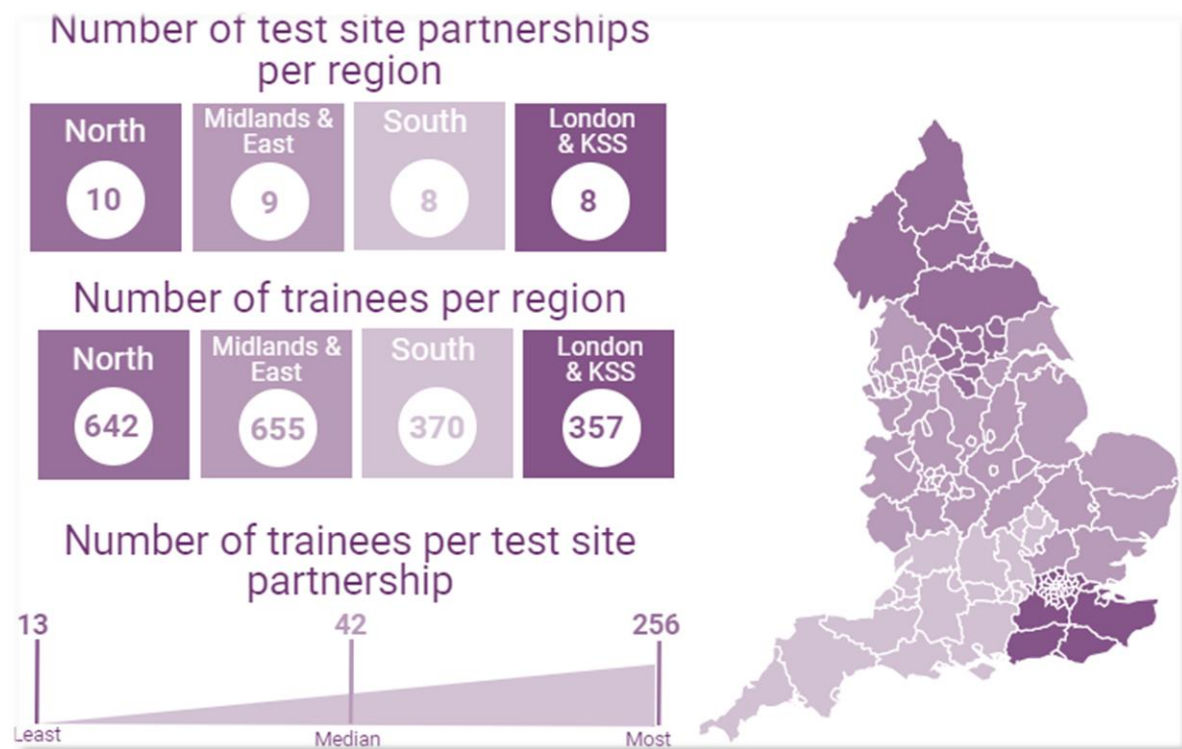
## Partnerships

Thirty-five test site partnerships were established across England who delivered the first two waves of the programme.

Each partnership has at least one employer and one education provider that deliver a work-based learning programme and are aligned with a local Sustainability and Transformation Partnership (STP) footprint.

As shown below in Figure 4, test site partnerships vary considerably in terms of the number and types of employer and education providers involved, the number of trainees involved, and the context in which they are employed.

**Figure 4: Overview of test site partnerships**



## Curriculum framework

The Trainee Nursing Associate programme aims to produce “compassionate, competent and confident Nursing Associates at academic Level 5 qualified to deliver a wide range of clinical, care and inter-personal skills underpinned by a systematic knowledge base”.

In February 2017, HEE published a Curriculum Framework for the Nursing Associate partnerships. This framework outlined the overall knowledge, skills, experience, attitudes and behaviour that Trainee Nursing Associates need to develop.

The framework is outcomes-based and is not prescriptive in terms of design, although there are a number of requirements:

- The programme is a two-year foundation degree that includes a total of 3000 hours of work based and academic learning.
- Trainees must complete a minimum of 675 hours in placements across



three health and care settings: hospital; at home; and close to home settings.

- The programme must emphasise the role that Nursing Associates can play in a life-course (preconception to end of life) approach to health and wellbeing and their active contribution to delivering holistic care.
- Successful completion of the programme is based on the achievement of all learning outcomes, which are assessed through appropriate assessments.

### **Quality Assurance of training and education programmes**

HEE and NMC conducted a quality assurance (QA) exercise to ensure that the training and education programmes developed by test site partnerships met key quality standards, so that trainees who completed the programme could enter the NMC register. The quality assurance exercise involved an initial progress check and follow up to ensure that any identified shortfalls had been addressed.

### **Curriculum design and development**

The timeframe for designing a curriculum was seen by test site partnership stakeholders as demanding, with several HEIs reporting that they had around three months to create something that can normally take 10-12 months. Most HEIs formed working groups to develop and refine their curricula. Rather than 'reinventing the wheel', some test site partnerships chose to draw on existing curricula and programmes (for e.g. the Assistant Practitioner foundation degree) as starting points. Others created new programmes.

Where there were multiple HEIs associated with a test site, curriculum development often involved them coming together to share the strongest elements of their approaches, for example, in the East Midlands Collaborative, a HEI shared their medicines module with other HEIs in their test site, as it was perceived to be particularly in-depth and effective.

Some HEIs reported that they had continued to refine their curricula several months into the programme and address any shortfalls or weaknesses in the design and delivery approach. This included updating learning tools such as the Practice Assessment Document to ensure that they were in line with the curriculum framework.

Some HEIs also made changes in response to feedback received from trainees. For example, Devon introduced college-based simulation into their curriculum, and several HEIs extended their anatomy and physiology modules after trainees requested this.

Test site partnerships also made changes to their curricula to bring them in line with the NMC's Nursing Associate standards of proficiency – especially in relation to the four fields of nursing and their guidelines surrounding medicines administration.





## Curriculum delivery

The approaches to delivering the curricula varied across partnerships. The variations were:

- **Choice of education partner.** Most test sites have partnered with local universities, though several sites opted for a joint delivery model with a HEI and Further Education College.
- **Block learning versus integrated learning:** Academic learning has been structured in either blocks (typically one week per month) or through an integrated approach (one day per week). Most test site partnerships opted for an integrated approach and this proved to be the most popular approach.
- **Approaches to learning:** The curriculum framework required sites to adopt a blended learning approach, which involves mixing both traditional classroom and online learning approaches and giving students some direction over their learning. Blended learning was identified as a key factor that had helped trainees to progress.
- **Placement models:** Trainees are required to complete a minimum of 675 hours of placements across three healthcare settings: in hospitals; close to home; and at home. However, many test site partnerships supported far more external placement hours than this minimum. Some test site partnerships planned to rotate trainees around placements as like-for-like replacements but found that this was not possible as trainees had different skills and experience levels and needed time to adjust to new roles and settings.
- **Placement organisation:** The administration behind organising placements varied across test site partnerships, from HEIs organising placements to employer partners or practice education teams coming together to oversee and plan. The way in which placements were planned and prepared was identified as a key factor that had affected how trainees progressed.
- **Placement length:** The length of placements varied between and within test site partnerships – this included 1 day and two-week placements, as well as those lasting six months. These were attended in blocks or a set number of days per week. Placement duration and type was often shaped by availability locally.
- **Supernumerary status and protected learning time:** The extent to which trainees have been given access to protected learning time and or supernumerary status has varied across home settings and placement settings<sup>1</sup>.

The above themes are further explored in Chapter 4.

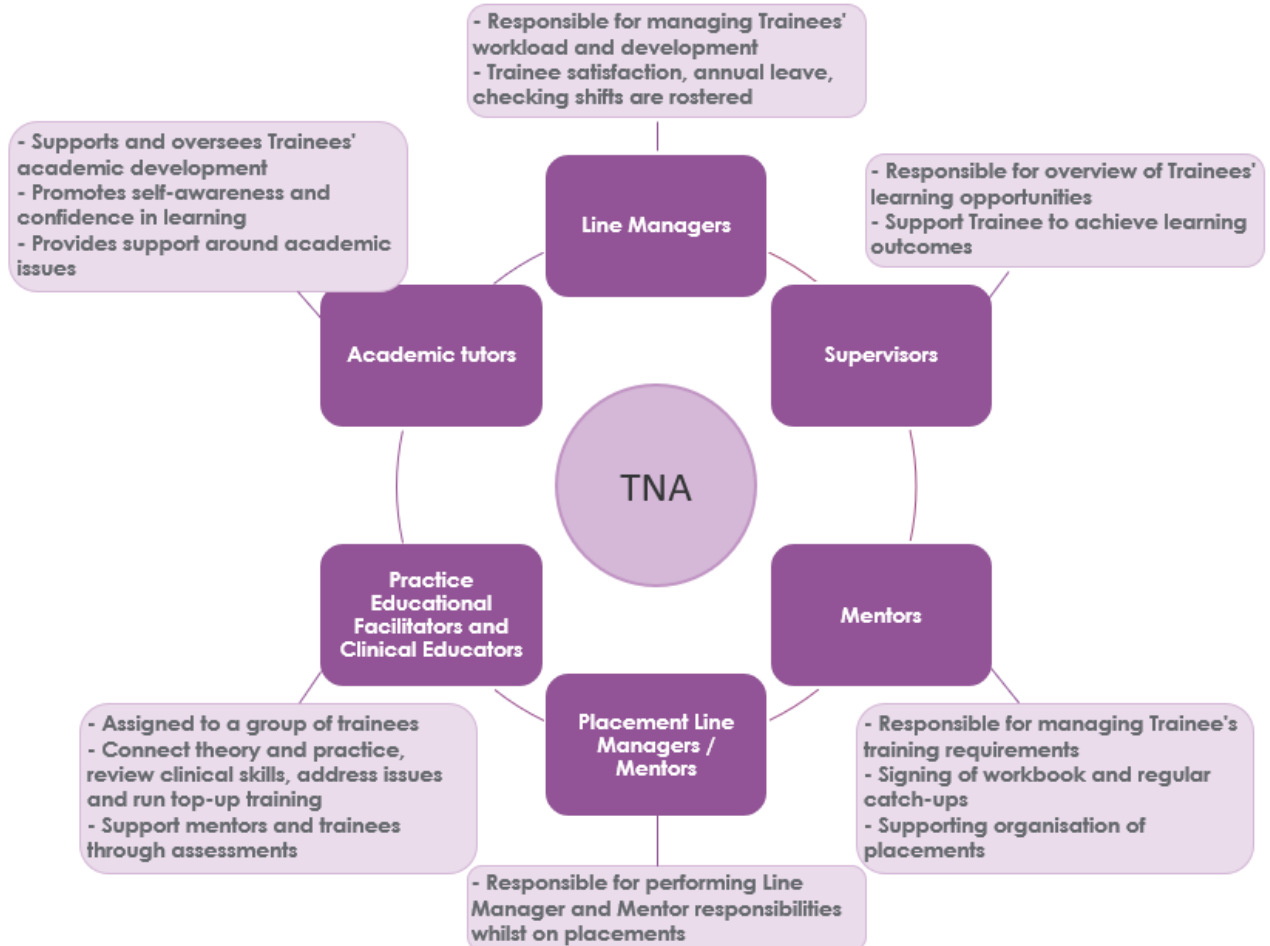
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<sup>1</sup> Supernumerary status is where students are additional to the minimum number of staff required for safe and effective care.

### Trainee supervision

Trainees have accessed a wide range of supervision and support across academic and work-based settings. The key sources are set out in Figure 5 below.

Figure 5: Trainee Nursing Associate support network



In addition to the above, trainees were supported on an ad hoc basis by colleagues they were working with in settings in addition to HEI pastoral and learning support (e.g. learning support teams, confidential support lines, and systems for extenuating circumstances). Support structures varied across test site partnerships, including examples where staff performed both the role of line manager and mentor.

### Service user involvement in the programme

Across test site partnerships, service users have been involved in three main ways in the design and delivery of the programme:

**Recruitment of trainees and programme design:** Service user representatives were involved in curriculum development and in course validation and often sat on the trainee interview panels.

**Patient feedback.** During the deep dive visits, we found that at most sites patient feedback was collated via trainees and logged in their portfolios of



evidence. Patients were also able to feedback on the care they had received through the friends and family patient feedback questionnaires. Where trainees were named, this was also added to portfolios.

One test site partnership reported that they had received direct feedback on trainees, examples of which are included below.

"[The trainee] was professional and understanding of my clinical depression which I have had for six years...she conducted my health check in a relaxed and comfortable manner explaining each stage clearly to me"

– Community setting

"Definitely a people person who showed empathy and a clear understanding of my condition"

– Acute setting

"I was very impressed with [the trainee's] calming approach and will say that the NHS needs more staff like her... she is a great asset."

– Primary care setting

"[The trainee] is always cheerful and pleasant... And I think she will be a good nurse, and wish her all the best"

– Acute setting

**Lived experience coordinators (LEC):** In Cheshire and Wirral, each trainee was assigned a Lived Experience Coordinator who had experience of using local mental health services. The LEC met the trainee during each work-based learning placement up to three times per year and worked with them to gain further insight.

LECs described their own experiences, emotions, feelings, fears, concerns and hopes, which helped the trainees to better understand patients and service users, reflect on their practice and build relational skills to give the best person-centred care. See the case study on the next page.



### **Lived Experience Connector case study – Cheshire and Wirral**

“I met Richard (my Trainee Nursing Associate) twice. At first, he was unsure of the role, a bit nervous and anxious, but we slowly got to know each other. The first meeting didn't last long, it was about understanding the basics and gaining trust. A concern about the Lived Experience Connector was that people would just meet and have a chat. But the forms from The University of Chester gave people a format to follow.

The second meeting was longer. We discussed how to challenge people when things aren't going right, I gave examples from my life - not being given the right diagnosis, not having nurses to talk to when I was an inpatient before, stories of a lack of support and care. The only people to talk to were patients to get insight into my own illness. Richard understood that. He talked about the challenge that patients can be seen as just a number in a bed. He realised that his own practice needed changing – the patient has a name and a life. That was good for us both. Richard had no idea I suffered with schizophrenia. With my insight I gave him that knowledge that that person may be having a bad episode and he can go in and support them.

We are giving them confidence, by helping them reflect. It is one of the most rewarding things I have done. You see them becoming different people. The Trainee Nursing Associate role has given me hope, because in the peer work I do on the low secure unit, I see trained nurses having to spend a lot of time at computers, which can take them away from supporting patients on the floor. So, I hope that with Nursing Associates, I will see trained professionals with competencies who will actually be with patients. That is what care is all about in the NHS. It's about being person-centred.”



### 3. About the trainees

What this chapter covers:

- How trainees were recruited and selected
- The profile of trainees who were selected on to the programme
- Attrition rates
- Trainees and providers motivations for joining the programme

#### **Recruitment and selection**

Recruitment to the programme took place in two waves, the first began in October 2016 and the second in January 2017. Partners within the test sites worked together to agree the marketing materials, job description and person specification, drawing on national guidelines where appropriate, including the Values Based Recruitment model used by HEE.

Test sites focused on recruiting people from their existing workforce as a means of supporting staff retention and career progression, alongside some external recruitment where employers had a specific need. Advertising and promoting the role has included the use of social media, marketing campaigns targeted at current staff, and community open days held across the test site partnerships.

Some test sites have mirrored the recruitment approach used on their assistant practitioner programmes and pre-registration nursing degrees, pointing to the good retention rates that these approaches have achieved. Despite having short timescales in which to design and recruit trainees, test sites strived to create rigorous and robust recruitment and selection processes.

*“The whole experience was pretty intense – we had a structured interview which was quite gruelling, and I had to do a lot of preparation. It was a challenging recruitment process, but it was good in helping them choose the right people. We had to act very quickly without much time to prepare.” – Trainee Nursing Associate*

The selection process typically involved shortlisting of applications, testing applicants' numeracy and literacy, running identity checks and getting character references, and then interviewing applicants. The selection process has been supported by the use of structured interview guides, and many test sites have included scenario-based assessments that were informed by the NHS Constitution values. Interview panels typically include employers, education providers, and service users.

*“We did an assessment centre approach, which was amazing. They had to think on their feet, present in an informal way what was important in their role, and when interviewed as a group, they were very supportive of each other. It was very successful. All of*



*them excelled and we did not want to say no.” - Employer partner*

Most test sites have made functional skills level 2 numeracy and literacy a key requirement of the programme and have found that it was in these areas that applicants most often fell short.

*“For us it was very smooth. We got twice the number of applicants than there were places. I would say the biggest hurdle for those that didn't make the grade was down to not having the numeracy. We've made numeracy and literacy a core requirement. Numeracy is a national challenge that we need to tackle.” – Test site board member*

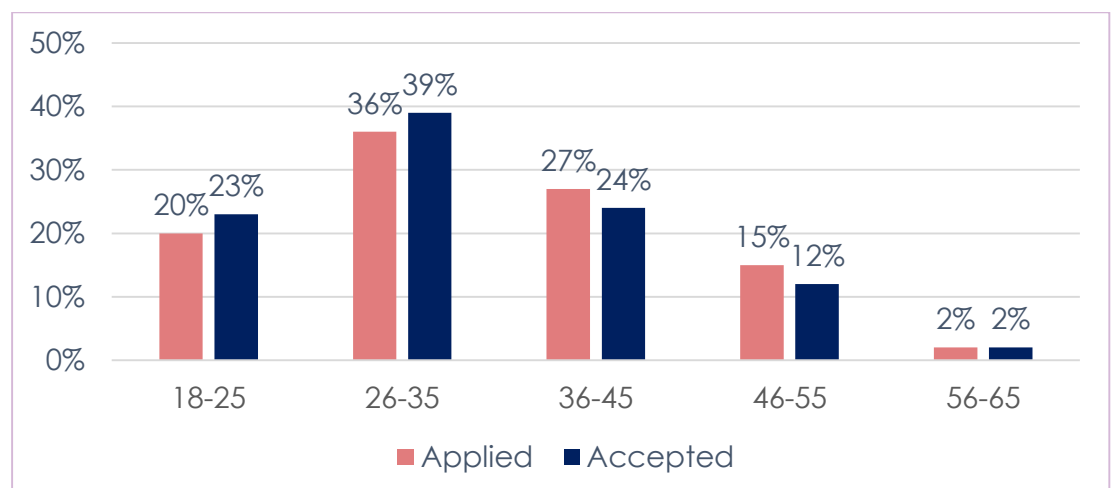
A small number of test sites accepted applicants on to the programme who have been required to gain the required Maths and English qualifications either before commencing the programme or in the first few months. Reflecting on this approach, test site partnerships reported that going forward they would make level 2 Maths and English minimum requirements as these are felt to be fundamental building blocks which trainees need to successfully complete the programme.

### **Profile of applicants and those accepted on the programme**

Over the two recruitment rounds, there was huge interest in the role, with 8,003 applying, and 2,021 being accepted on to the programme.

Drawing on programme data, in terms of the age profile, there is a spread of successful applicants aged between 18 and 55 (Figure 6). Successful applicants are most likely to be aged 26-35, while just 2% of applicants are aged 56-65.

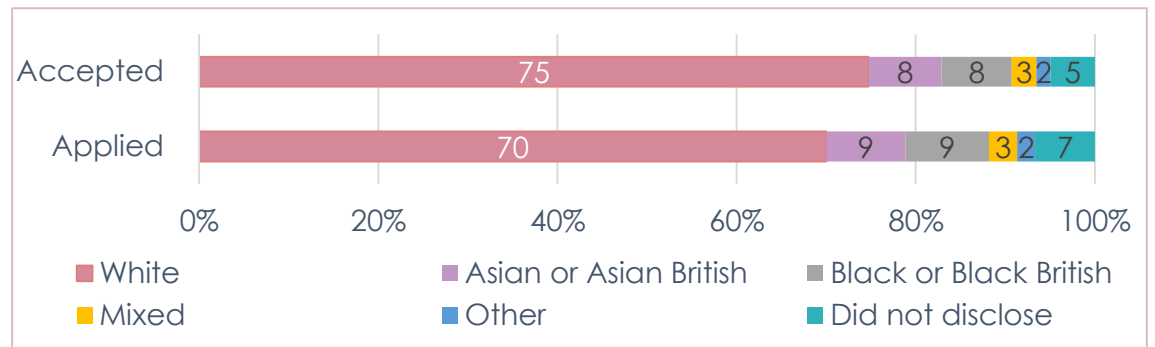
**Figure 6. HEE programme data: Age breakdown of those who applied, and those who were accepted over the second wave of recruitment (Base: applied 3,237, accepted 832)**



In terms of ethnicity, around three quarters of successful applicants were White, and around a quarter were not (Figure 7).

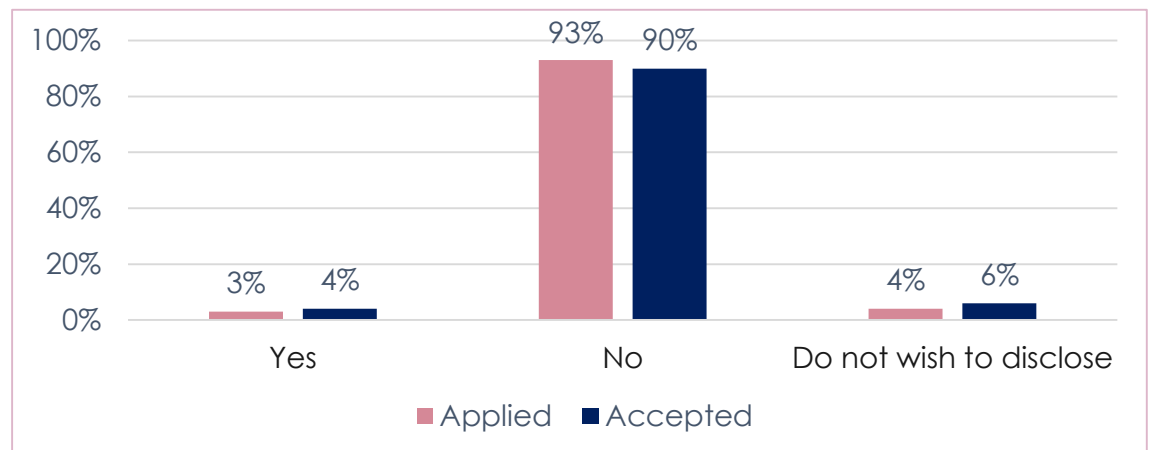


**Figure 7. HEE programme data: ethnicity breakdown of those who applied/ accepted (Base: applied 6,650, accepted 1,758)**



Close to one in twenty (4%) successful applicants indicated that they have a disability, which is slightly higher than proportion of all those who applied to the programme (Figure 8).

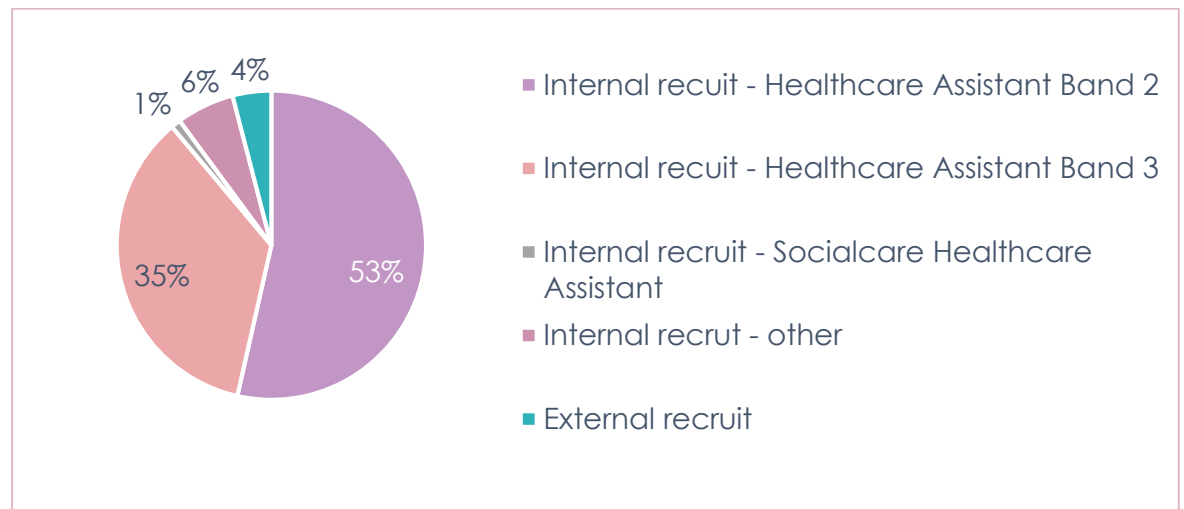
**Figure 8. HEE programme data: Disability status breakdown of those who applied/ accepted. Question: do you consider yourself to have a disability? (Base: applied 6,681, accepted 1,771)**



As shown in Figure 9 below, the great majority of successful applicants were internal applicants who came from a Band 2 or Band 3 HCA role. While just 4% of successful applicants were external recruits (Figure 9). This is in line with the programmes aim of supporting retention and offering career pathways for existing HCAs. Data is not available for unsuccessful applicants.



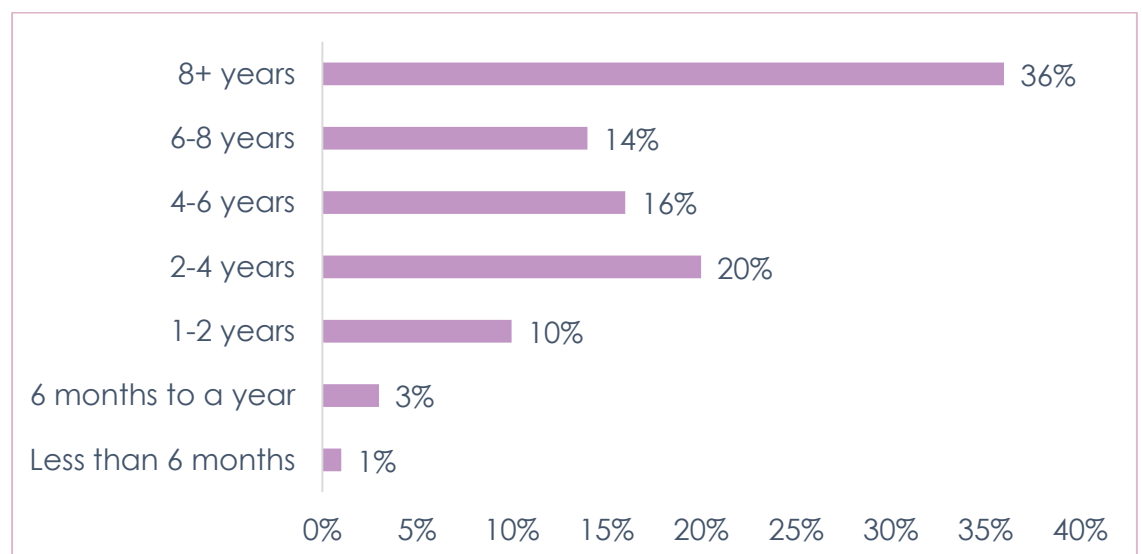
**Figure 9. First online survey: Employment background of those who were accepted (Base: 1,801)**



The great majority of successful applicants had significant experience of working in a health or care setting, with 50% indicating that they had six or more years of experience, as shown in Figure 10 below. This wealth of experience which applicants were drawing on was emphasised by several HEI leads and employer partners interviewed as part of the deep dives.

*“We did a count and found that in our cohort there was over 1,000 years of experience in total, and some had worked in a health setting for over 30 years, and some had been working in very independent roles before the programme; some of them were referring people or discharging people and lots already gave medicines, many I would say were performing at Band 4 or 5 in practice, but were employed at Band 2 or 3.” - Employer partner*

**Figure 10. First online survey: how many years successful applicants have worked in a health and care settings (Base: 1,030)**



More than two thirds of applicants came from a background of working in a hospital setting (68%), reflecting the most common employers in the test sites.





Most of the remaining applicants came from a community (14%) or mental health (12%) service with few recruited from general practice or social care settings.

### **Attrition rates**

The percentage of people who join a programme but drop out before completion is a useful indicator of how well the recruitment is targeted, and the extent to which a training programme is meeting expectations.

Drawing on HEE programme data, as of September 2018, the rates of attrition were 18% for the first cohort and 15% for the fast follower cohort, who commenced the programme three months after the first. **This is an overall attrition rate of 16%.** The table below compares the current attrition rate with the rate seven months ago.

	Feb '18	Sep '18
<b>Cohort 1</b>	10%	18%
<b>Cohort 2</b>	7%	15%

As in February '18, ill health' and other personal reasons remain some of the most common reasons for leaving the programme. These reasons are consistent with what is known about the trainees' backgrounds: many are juggling family commitments alongside the programme demands.

Alongside these, not passing the academic assessments was a common reason: with 23% of those who left the programme selecting this option. This represents 4% of the total number of people who started the programme across the first two waves.

### **Backgrounds and motivations of trainees**

Drawing on the first survey of trainees:

- More than 7 out of 10 applied to the programme to progress their careers and to develop their skills and capabilities.
- Around one in five identified: a desire to gain more recognition for the skills they already have; the ability to study and work at the same time and the ability work across health and care settings and taking greater responsibility.

Stakeholders delivering the programme pointed out that for many trainees wanting to take their next career step, pursuing a nursing degree was not a practical or financially viable option for them. It was also common for the trainees to come to the programme lacking academic confidence.

*“Many come from largely vocational backgrounds. They see the training programme as work-based learning and that is more accessible. That being said, they are very capable and committed, but I think this was more attractive to them because*



*they were going to be paid and have the course fees paid." -  
Employer partner*

HEI leads and employers reported that trainees were sometimes the first of their generation to undertake a higher education course and it was consistently emphasised that trainees on the programme have proven to be highly motivated and committed learners who were making the most of the opportunity.

*"I have been extremely impressed, they are highly motivated, there is little sickness from the Trainees, they do all the work, they're professional, during the session they are asking all the right questions, and they are out in practice promoting the role. I have been overall highly impressed with them." – HEI Lead*

Some of the trainees were qualified nurses in other countries and had been working as HCAs in the UK for some time. Others had trained as registered nurses but had not continued with their registration. But they were now ready to come back into education and training.

### **Provider's motivations for joining the programme**

Some clear messages emerged about providers' motivations for joining the programme and developing the new role.

- Creating an effective and financially sustainable education training programme, including successful models of supervision and support.
- Investing in the new role as part of wider workforce planning and skills mix transformation, which involved the creation of skilled and sustainable workforce who can support RNs, including with the delivery of medicines.
- Creating a role that can work across services boundaries, supporting the integration agenda.
- Provide recognised career pathway for bands 1-4 which widens the routes into nursing.
- Widening access into nursing, providing career progression opportunities, and ensuring the workforce reflects local populations.
- Reducing staff turnover (particularly those in Bands 2 and 3) and spending on agency staff.
- Improving the quality and safety of patient care.



## Trainee development

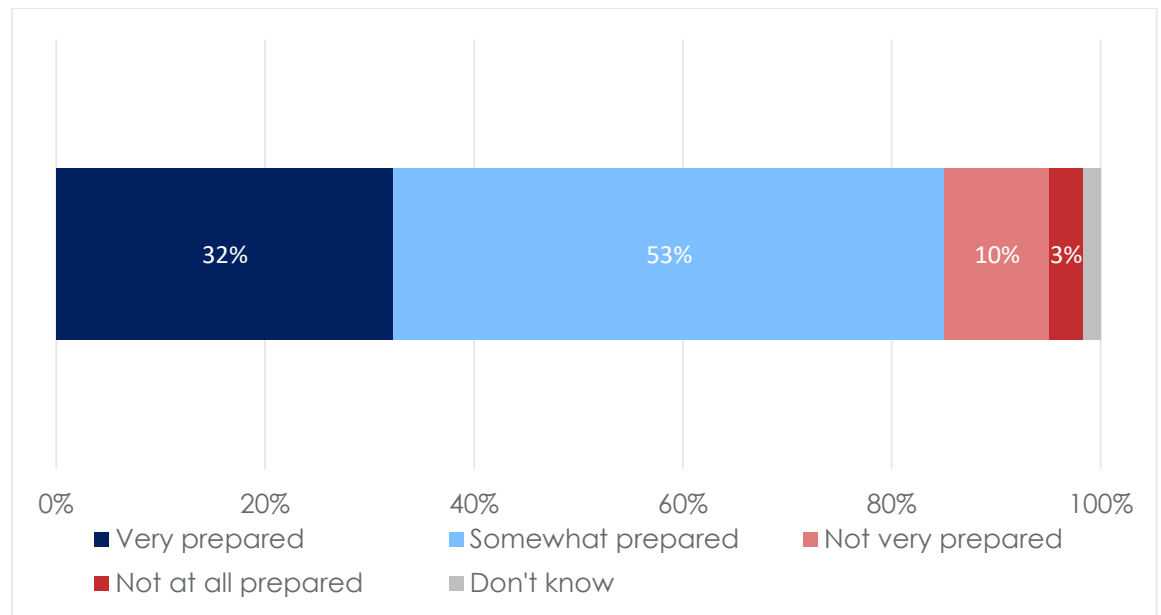
What this chapter covers:

- Trainees' reflections on their preparedness for the role and their progress.
- The factors that have helped and hindered their development.
- Case studies summarising individual trainees' journeys through the programme.
- Trainees' overall satisfaction with the programme.

### Preparedness for the role

Approaching the end of the training programme, 85% of trainees indicated that they felt prepared to enter the workforce as a Nursing Associate.

**Figure 11: Third online survey: how prepared do you feel to enter the workforce as a qualified Nursing Associate? (Base: 650)**



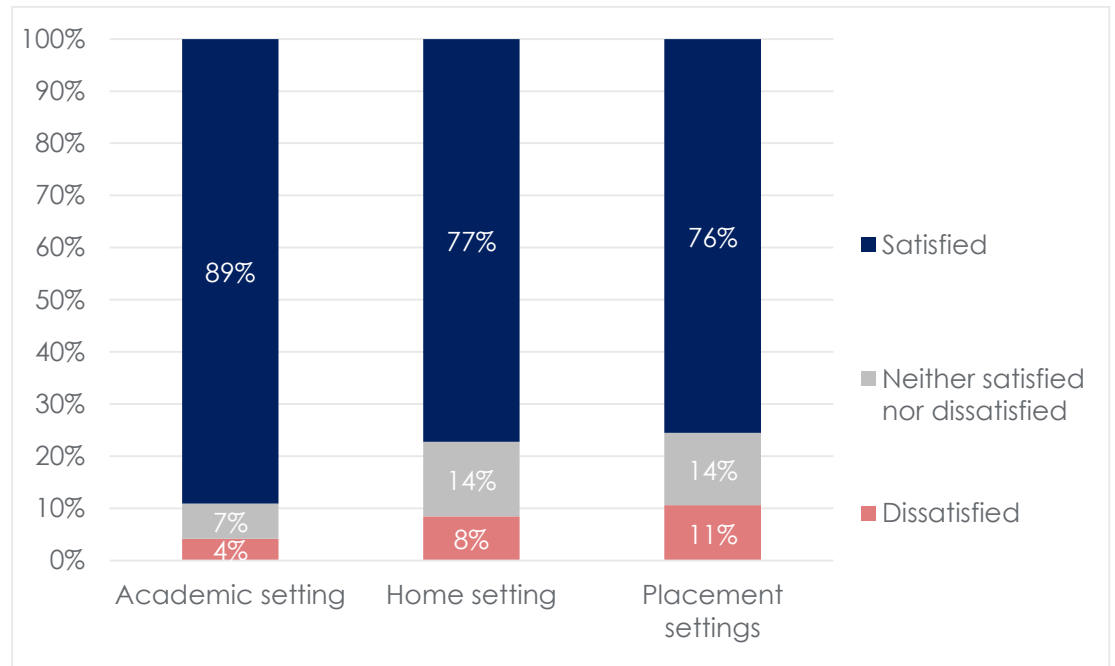
Respondents were asked to explain their response. Trainees:

- Reported that they had learnt enough on the programme to feel sufficiently prepared.  
*"I am very prepared as my knowledge and understanding have improved over the past two years."- TNA*
- Praised the quality of support that they had had on the programme, including in their workplaces.  
*"I have been given the support, training and learning opportunities that I need to obtain the skills." – TNA*
- Expressed excitement and optimism about the prospect of stepping up and supporting patients.  
*"Approaching the end of the course now and looking forward to making a difference to patients' lives."- TNA*



The third online survey also asked trainees to say how satisfied they felt with their level of progress across the different learning environments. Satisfaction levels were high across all three, but particularly in the academic setting, where 89% of trainees indicated that they were satisfied or very satisfied with their progress.

**Figure 12: Third online survey: trainees' level of satisfaction with their progress in programme settings (Base: 650)**



### ***The factors that helped and hindered progression***

As part of the third survey of trainees and third round of deep dives, respondents were asked to reflect on the factors that had helped and hindered their progress over the programme. These are summarised below across the three different learning environments (Figure 13).

Figure 13: Overview of factors that helped or hindered progression<sup>2</sup>

 <b>Academic</b>	 <b>Home</b>	 <b>Placement</b>
<ul style="list-style-type: none"> <li>✓ Integrated learning</li> <li>✓ Blended learning</li> <li>✓ Lecturers and teachers who are close to practice</li> <li>✓ Support from personal tutors</li> </ul>	<ul style="list-style-type: none"> <li>✓ Strong support networks</li> <li>✓ Supported learning opportunities within the numbers</li> <li>✓ Protected learning time</li> </ul>	<ul style="list-style-type: none"> <li>✓ Optimising the sequence of placements</li> <li>✓ Placement preparation and support</li> <li>✓ Exposure to breadth of experiences</li> </ul>
<ul style="list-style-type: none"> <li>✗ Heavy workload e.g. bottlenecks, duplication</li> <li>✗ Insufficient qualifications</li> </ul>	<ul style="list-style-type: none"> <li>✗ Lack of protected learning time</li> <li>✗ Limited support due to workforce challenges</li> <li>✗ Limited understanding of TNA role and remit</li> </ul>	<ul style="list-style-type: none"> <li>✗ Utilised as an HCA</li> <li>✗ Lack of protected learning time</li> <li>✗ Placement length too short</li> <li>✗ Limited understanding of TNA role and remit</li> </ul>

### Academic settings

The main factors that were felt to have helped trainees develop within academic settings are described below.

**Integrated learning.** 59% of trainees and 77% of line managers in the second online survey felt that it was better for academic learning to be delivered one day per week, as opposed to 'blocks' of one week per month. The day per week approach was felt to enable trainees to more easily apply theory to professional practice and vice versa, facilitated timely learning support through more regular interactions with academic staff, and helped to support a work-life balance. Compared with 'blocks', the day per week approach was also considered to be an easier model for employers to find cover for.

**Blended learning.** 77% of surveyed trainees were happy with the combination of activities and learning approaches used. Trainees felt that blended learning approaches – as required by the curriculum framework – had enabled them to develop their professional confidence in a safe environment.

*“The university has instilled confidence into us. I would've never read anything out in class, but now we all do presentations.” – TNA*

<sup>2</sup> Icons made by [Icon Pond](#), [Freepik](#), [inipagistudio](#) and [Maxim Basinski](#) from [www.flaticon.com](#).



The most highly praised learning activities included those that were interactive, discussion-based or focused on how to apply academic learning to everyday practice.

**Lecturers and teachers who are close to practice.** Trainees responded positively to lecturers/ teachers who had current or recent experience of working in a nursing or similar role. Staff who had this experience were better placed to bring academic content to life and help trainees to apply their learning to their day-to-day practice.

**Personal tutors.** 76% of trainees that responded to the third online survey were satisfied with the support that they had received from their academic tutor. Tutors were also identified by 59% of trainees in the first online survey as one of the key pillars of support that had helped them make initial progress with their learning. This was particularly important early on in the programme when many trainees were readjusting to the demands of higher education. Early stage support that helped progression included clear in-depth explanations of the course requirements, being easily contactable and connecting trainees to support such as welfare services.

### Challenges

Where trainees were dissatisfied with their progress in academic settings, most had struggled with the heavy workload. Only 59% of trainees who responded to the third online survey felt that the workload had been manageable, while 66% of trainees in the first online survey felt their academic learning had been affected by their workload. Many trainees highlighted how they had struggled to complete their studies alongside their full-time roles, particularly when assignments or deadlines coincided.

*"I feel very overwhelmed at times, we are full time students and full-time workers, the modules are seven weeks long and then you have an assignment to do, with no protected study time, this goes into your life outside of work and can feel too much at times." – TNA*

### Supporting learners from different backgrounds

We asked HEI leads how they go about meeting the needs of learners with different skills and backgrounds:

- Organising training and academic bridging programmes for those wanting to apply (e.g. numeracy, interviewing well).
- Setting the right minimum requirements in English and numeracy.
- Giving trainees numeracy tasks "little and often" to build confidence during the programme.
- Initial personal tutor interviews and assessments to identify learners needs, make reasonable adjustments, and signpost to support.
- Allowing trainees to take part in pre-registration nurse workshops (e.g. reflective writing)
- Strong communication lines between trainees and HEIs.



These challenges were further exacerbated within test site partnerships that had accepted trainees onto the course who did not have the desired qualifications as trainees had limited time to access further learning support around academic skills or modules such as Anatomy and Physiology. For example, where test site partnerships had accepted applicants without level two or certificates in numeracy and literacy.

### **Home settings**

The main factors that were felt to have helped trainees develop within home settings are described below.

**Support from colleagues.** Trainees have drawn on a wide range of formal and informal support from colleagues. 58% of trainees to the first online survey highlighted that support from their colleagues had helped with their work-based learning. Trainees across the three rounds of deep dives also emphasised that this support had been invaluable to their progression, opening up additional learning opportunities and helping them to cope with the demands of the programme.

The key sources of support are outlined in the table below.

**Table 1. Trainee sources of support**

<b>Role</b>	<b>How they helped trainees to progress</b>
<b>Clinical Educators</b>	Supported trainees to link academic learning with practice Identified skills gaps and provided additional training.
<b>Ward managers</b>	Increased understanding of trainee role among colleagues Supported trainees to access additional learning opportunities such as observing or assisting more senior staff. Created windows of protected learning time during quiet periods, which helped trainees to manage their workload.
<b>Mentors</b>	Provided a safe space to express concerns, check progress and set goals. Actively involved trainees in patient care around new elements of care, rather than solely observation. One-to-one support around challenging academic tasks.
<b>Trainee Nursing Associates</b>	Peer meetings and study sessions to share experiences, advice and encouragement – especially around academic tasks. Facebook groups formed at the partnership and national level to share and discuss challenges.
<b>Other healthcare professionals</b>	Involved trainees in informal team huddles, or formal reflection sessions to support reflective practice. Consultants and other senior healthcare professionals treating trainees as though they are qualified members of the team and actively consulting them during patient assessments, increasing confidence and knowledge.



### Line Manager support

Line managers were surveyed in the second year of the programme.

56% provided up to two hours of support to each trainee each week, though a significant minority provided over seven hours per week (22%). For most managers, this was in line with what they expected.

Tips and advice for establishing an effective system of support for Nursing Associates included:

- ✓ Develop a thorough understanding of the programme, its requirements and the impact on your service.
- ✓ Ensure that ward staff fully understand the role and programme, including what the trainee can and can't do, and highlight the long-term benefits associated with investing in the trainee.
- ✓ Establish a relationship with the academic partner so that they can be contacted when questions arise.
- ✓ Set clear expectations and learning outcomes for each placement and ensure these are understood by all involved.

**Supported learning opportunities when working within the numbers.** Trainees, mentors and line managers from several test site partnerships within the deep dives highlighted how trainees had taken on additional responsibilities within their home settings, with supervision from registered nurses. For example, trainees in Somerset took on a bay of patients under supervision, which was felt to have given trainees an insight into the registered nurse role and developed their organisation and prioritisation skills.

Community-based trainees in Cheshire and Wirral also spoke of the benefits of being given their own caseloads:

*"You get a list of patients for the day. You visit patients and then come back and write that up and report if anything needs reporting. In some placements you get responsibility; which forces you to think on your feet. If you are with your mentor all the time you may rely on them too much." TNA*

**Protected learning time.** Across most trusts, trainees were expected to be 'active learners' and work within the numbers in their home settings. The extent to which trainees had access to protected learning time varied across and even within test site partnerships, and was impacted by busy periods during the year, such as winter pressures.

Protected learning time was reported to give trainees greater scope to access learning opportunities and broaden knowledge and fulfil procedural elements of the programme, such as signing off skills and competencies. The value of protected learning time also varied between settings and was felt to





be more useful within acute settings, where there was a higher turnover of patients and therefore more frequent and varied learning opportunities.

### **Challenges**

Where trainees were dissatisfied with their lack of progress in their home settings this often related to a lack of protected learning time. This was an issue across the programme: 23% of trainees to the first online survey felt that not being supernumerary had limited their progress in the workplace. Being included within the numbers at times limited access to learning opportunities as well as opportunities to practice new skills.

*“Being a clinical support worker at same time... [there was no time to experience dressings etc. as I was too busy.” - TNA*

Some trainees also reported that their colleagues had struggled to provide them with learning support at times due to workforce challenges. This included irregular opportunities to work alongside their mentor due to staff shortages and shift patterns, delays in mentors signing off skills and competencies, and lack of support from line managers.

*“Due to staff shortages, I find I do not always have time to learn and gain the relevant knowledge.” - TNA*

Another challenge encountered by trainees included limited understanding of the role and its remit by other staff within their home settings. This was, in part, felt to be a product of shifting criteria around the role's remit and the initial absence of NMC standards during the first year of the programme.

Understanding of the role was better within teams that had worked alongside trainees. Where colleagues lacked understanding of the role, this was felt to have contributed to registered nurses utilising trainees as if they were HCAs, as well as negative attitudes towards trainees – especially amongst HCAs and Assistant Practitioners.

*“The challenges are the attitudes towards the role and the negative feedback about Nursing Associates; you try to stay positive when you're regularly faced with this.”*

### **Placement settings**

The main factors that were felt to have helped trainees develop within placement settings are set out below.

**Optimising the sequence of placements.** Cheshire and Wirral partnership structured the location of trainee placements to best support them in their learning journey. This included locating the first placement for all trainees outside their usual team, but within their employer organisation, to avoid creating the additional stress of going to a new organisation. The last placement on the circuit was planned for where trainee Nursing Associate's future jobs would be, to make the transition into the new role more manageable and supported.



**Placement preparation and support.** Test site partnerships reported that providing placement partners with support was essential to ensuring that trainees benefited from their placement experiences. Some sites employed practice education facilitators or training placement supervisors to help ensure that placement staff understood the trainees' role and their responsibilities to support them. Some placement partners offered inductions courses to help trainees to prepare for delivering patient care, assessments and in terms of specific systems or procedures.

#### **Test site partnership solutions to home setting challenges**

- Trust-instigated education programmes that clarified the role and its responsibilities, and set out the differences between bands three, four and five. This was typically undertaken via Clinical Educators during the training programme, student support teams as part of preparations for preceptorship programmes and hardcopy materials.
- Line managers and mentors, who tended to have a better understanding of the role and helped to ensure colleagues understood the role and its remit.
- Distinct Trainee Nursing Associate uniforms helped raise awareness of the role among doctors, other healthcare professionals and patients. This set Trainees apart from the lower banded roles, especially when they were performing HCA-level work.

**Exposure to a breadth of experiences.** Working across different health and care settings helped trainees to develop their skills and practice:

*"I was at the Royal London for three months in a community, physical health setting. I see a bigger picture now than before... I understand the difference between high and low blood pressure. Now I look a little bit deeper than before. Trying to make patients feel a bit better and looking at the connections between patient's physical and mental health. I can give better advice related to healthy lifestyles too." – TNA (mental health-based setting)*

Placements also helped trainees to better understand patient pathways and how to deliver holistic care. For example, where trainees from acute backgrounds worked in nursing home settings, this improved their understanding of where the patient had come from, their individual needs and how best to support them, and what support they might need on discharge.

#### **Challenges**

Where trainees were dissatisfied with their progress in placements, this often related to experiences where they felt they had been utilised within the numbers as an HCA, to fill rota gaps. Some trainees felt that this had limited their exposure to learning opportunities that could have further developed their skillsets. However, line managers were more likely to highlight the value



of undertaking HCA in different settings.

*“Some of the staff in the placements have treated them as HCAs – when you are a qualified TNA you will still do some of those sorts of tasks, but you will do them differently... it's about treating every experience as a learning experience.” – Line Manager*

Trainees answering the third online survey reported that they had struggled with a lack of understanding among placement staff as to their role and remit, which further underlines the importance of adequate placement preparation by employer partners. Trainees felt that this had contributed to limited learning opportunities and less relevant support, which was highlighted as a particular problem when trainees were working away from familiar settings.

Some trainees felt that a lack of supernumerary time limited their opportunities to develop and apply their knowledge and skills and to receive support from other staff members. Within the deep dives, this largely referred to acute settings, while varying degrees of supernumerary status were often provided within mental-health and community-based placements.

At the same time, supernumerary status sometimes had its downsides. For example, some trainees felt that they had learned more while working under the direct supervision of staff, whereas when they had been supernumerary there was less supervision and learning opportunities were harder to find.

Views about placement length also varied, with some feeling that the one day per week approach to placements limited their immersion within settings and therefore their skills development.

### **Partnership solutions to placement challenges**

- Meeting placement staff in advance to plan the visit and to set learning objectives.
- Provide placement preparation packs to outline roles and responsibilities, in addition to ensuring trainees utilise their Practice Assessment Documents.
- Support trainees to be proactive, independent learners, taking a lead in outlining their role and responsibilities on arrival at new placements.
- Encouraging trainees to be confident about seeking out learning opportunities and asking for explanations of or involvement in elements of care.



### ***Case studies capturing trainees' progress***

The following case studies are based on interviews with trainees undertaken as part of the deep dives. Each case study covers the trainees' motivations and background, their development on the programme, what helped and hindered their progression and their plans for the future. Fictional names have been used to protect trainees' identities.



### Case study 1: Sam

Before the programme I had been working in ambulatory care as a HCA. I'd only been in this role for seven months but this opportunity came up and my manager said that I'd be wasting my potential if I didn't go for it. My long-term goal was to become a nurse and this seemed like the perfect route. I have a mortgage to pay so I had to be able to continue with paid work alongside studying.

My development leap has been huge. I now have a much better understanding of acute medical conditions and how to manage situations where someone goes into arrest or has a seizure. Passing the anatomy and physiology was a real achievement as I didn't do well in science at school. Then I failed the mock exam and was absolutely heart broken. But I worked really hard and I ended up getting a first; I felt so proud of that. At university the quality of lecturers has been a bit mixed. Some have been phenomenal and enthusiastic, others less so. My main piece of feedback is that they need to pitch things in more simple terms than they do. I think they are used to teaching student nurses, which is not quite the same as Trainee Nursing Associates.

Staff across the placements have had a very minimal understanding of the role. This means that I've become really good at explaining it – I've honed my explanation down to just a couple of sentences. The support you get from staff can vary, but some have really gone the extra mile to help me to learn by showing you things during a shift. I'd never thought that I'd be able to remove sutras, but now I can do it! Staff invest that time in you and it really pays off. I was really impressed with the hospice placement. I was there for 15 weeks it was a challenging one for me, on an emotional and personal level. I was very fortunate that the team were understanding of that. That placement taught me so much about holistic and person-centred care that I can adapt when the same sorts of patients come into my service.

I really pride myself on my ability to empathise with patients. I've had six letters of thanks this year, from patients thanking me and the department for the standard of care and support we've provided. I really try to prioritise keeping patients informed, making sure they understand why they are waiting and how I can ease that waiting. And if I don't know I can go and find out for them.

In my base setting my colleagues really understand the role now, they're now realising how closely linked it is to the nursing degree and have a lot more respect for it and what I will be doing. They are really pushing me to fill those boots, with close supervision and support. Where I work, we have a flat team where I feel able to challenge consultants, and if I don't understand a decision I can ask, and they explain. I don't tend to have big structured catch-ups with my mentor as our team is small. The support is more informal and ad hoc.

In terms of where I'd like to go next, I want to develop as an NA in my base setting. Then I'd like to move into pediatrics or cardiology, as I really enjoyed both of those placements and I have an affinity with children and found cardiac care fascinating. They haven't yet developed the NA role in either of those settings, but I can see how the role could really enhance care it would be exciting to carve out roles there. In the longer term I'd like to become a registered nurse, and at some point, progress to a specialist nursing role.



### Case study 2: Nadia

Before joining the programme, I worked as a HCA on an acute stroke ward. I'd been in that role for three and half years and in that time I progressed from a band 2 role to a band 3 role. I applied for the programme because it seemed like the best way to become a registered nurse. I didn't want to be full time at university and I wanted to 'earn and learn'. The recruitment process was scary and difficult, I remember taking part in a group activity that was assessed, an English and maths test and an academic writing test.

I have progressed massively. I have always been confident in my role, but I have improved a huge amount. The anatomy and physiology and medicines management modules at university were really important, giving you that foundation of knowledge to build on. I think the course could have even more content on those two areas. I was at university one day and week, which for me didn't feel like quite enough. I also think that the workload could definitely be streamlined. For instance, we had to complete 24 assignments, which was a real struggle when you're working full time and have family commitments on top of that.

We had to move to a new setting every six months. The first placement was really daunting, you wonder "well they like me, will I fit in?". But over time you get used to moving and become more confident. I have learnt so much from working in community and acute settings. When you are on a stroke ward year after year, you can get really comfortable and stop learning new things. My stand-out placement was probably working in a urology ward where I got really in-depth knowledge of the service. This setting already had band 4 roles in it, so they were placed to support me. This wasn't the case on all placements.

In the urology ward I took on a bay of patients working alongside another band 4 member of the team. Taking on a bay was difficult at first but I had done something similar in the stroke ward, so that gave me a good foundation. A nurse oversaw my work and was someone I could fall back on whenever I needed to. I provided hands-on care to the patients, with the registered nurse providing the more complex care. I was also involved in discharging patients and in attending MDT meetings and doctor's rounds.

When it came to supervision and mentoring on the placements, you had to be flexible and had to work hard to get your competencies signed off. As a Trainee Nursing Associate you are not often supernumerary so you have to learn by doing; and you can't expect to have lots of in-depth training sessions. The majority of staff I met on the placements thought that the role was a good idea when I explained it to them and when they saw us in action. Some initially compared the role to the state enrolled nurse and I had to correct them. To help raise awareness about the role we attended regular meetings with staff that were organized by the chief nurse – these were a big help. Staff seeing us on the placements also helped a lot.

Having completed the training programme, I have started a nursing apprenticeship. Eight out of 14 of the trainees in my cohort did the same as me. We've formed a close study group, and I think I've met a group of friends for life. Because I trained as a Nursing Associate I've been able to enter year 2 of this three-year programme. In terms of my career goals, I just want to carry on progressing – to the role of a ward sister, a specialist nurse, or a ward matron. I could see myself doing one of these roles in an acute setting.



### Case study 3: Julia

I worked in a district nursing setting as a HCA when I applied for the trainee programme. In this role you work a lot independently across a range of settings, visiting people in their homes or going to residential settings. I love the role – the diversity of the role, the different patients. No two days are the same. I really like the fact that I could join the programme but continue earning. I have a family, so losing my income was not an option.

I've liked how the academic learning has been a constant throughout the programme. I can usually apply what I have learnt in the classroom to what I do in my workplace. There have been things we've learnt that I didn't think would be relevant, but it turns out they are. The academic sessions were a day per week at an FE colleague. Some of the modules have been great and the course tutor was the same person who designed the curriculum, she's been fantastic. In terms of improvement, I did want more want more clinical skills in our taught academic days, that was mostly done in the work setting. It would also be really helpful to cover certain illnesses that we all come across like diabetes and hypertension.

Developing within my base setting has been gradual. It took my colleagues a while to adjust to my role and to stop treating me like a HCA. Things got much better after I spoke to my manager and got assigned a new mentor and began working with a different team. What's really helped me develop has been having protected learning time to work alongside registered nurses – seeing how they assess situations and how they delivery care. I've also really valued the monthly sessions with our clinical educator. This was a safe place to bring topics that you don't feel confident to raise with a day to day colleague.

I have been gradually expanding what I can do in my service as I get my competencies signed-off. This is helping to ease the workload of registered nurses. Staff do come up to you and say can you do this or this? You have to know your role really well and be ready to pushback if you're not competent to do something. Equally staff who don't know much about the role can be quite hesitant about allocating tasks to you. I am always ready to introduce my role and reassure colleagues about what I can do and how I can help them.

I've passed everything and now I am just waiting for my PIN from the NMC. I don't anticipate any challenges with working as a Nursing Associate. I am lucky to have a really supportive team and to be honest I feel like am doing the Nursing Associate role already, as I have completed course and have had two years to complete the competencies.

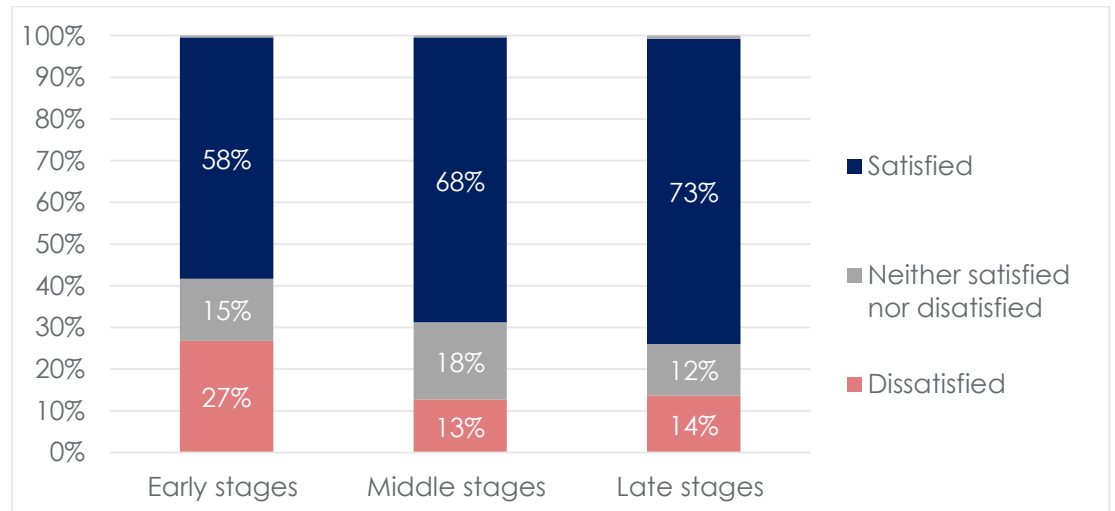
I want to become a registered nurse in the long run but for now I want to get confident in the Nursing Associate role and work to the standards of proficiency which have only recently been agreed. I also want to concentrate on my home life, which took a bit of a hit while I was on the programme, as I was studying most evenings after coming home from work.



## Satisfaction with the programme

At the end of the second year of the programme, the third online survey indicates that trainees' satisfaction with the support received has increased over the duration of the programme. Three quarters (73%) reflected positively on the late stages of the programme, compared to 58% for the early stages. This could be, in part, due to trainees overcoming challenges highlighted in the first year of the programme, such as adjusting to academic learning or increased clarity, understanding and awareness of the role.

**Figure 14: Third online survey: trainees' level of satisfaction with the received by programme (Base: 650)**

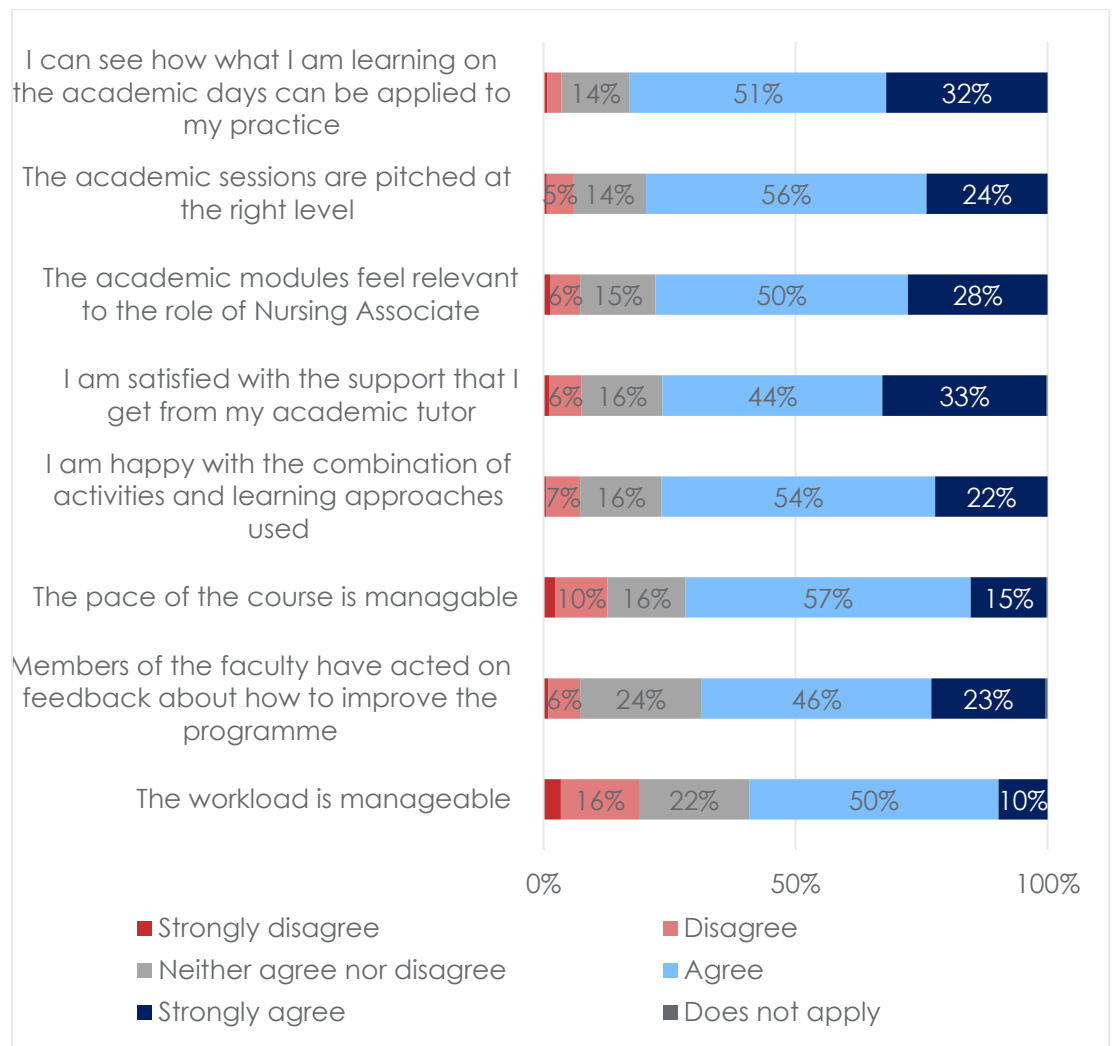


Trainees answering the online surveys were asked to rate the quality and effectiveness of the academic learning. Across the three surveys, they were consistently positive. This is seen in the third survey (see Figure 15 below), at the end of the second year, where nine out of ten agreed that they can see how content can be applied to their practice, that sessions were pitched at the right level and that the academic modules felt relevant to the role of Nursing Associate.





Figure 15: Third online survey: trainees rate the quality of the academic learning (Base: 650)

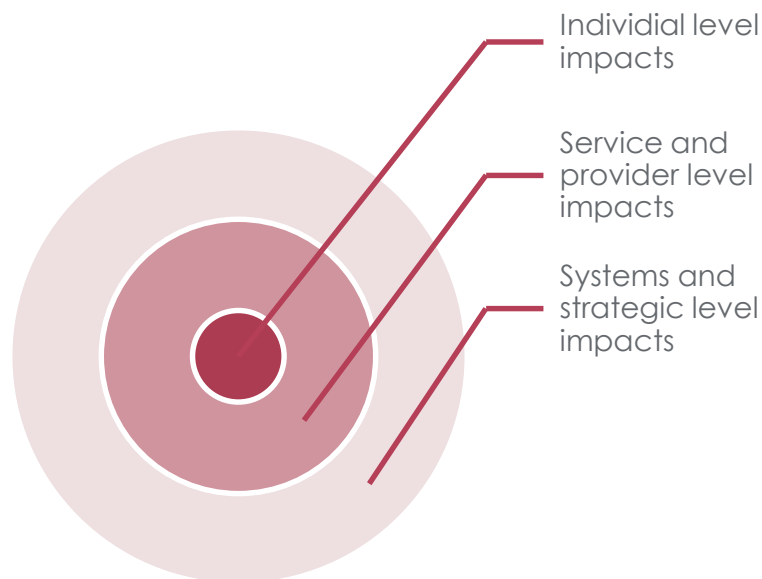


## 4. Impacts of the programme

This chapter describes the impacts of the training programme and introduction of the Nursing Associate role. Positive impacts use a **green** font heading and negative impacts a **red** font heading.

The evaluation found that the impacts associated with the role and programme are taking place at three levels, as shown in the figure below.

**Figure 16. Levels of impact associated with the training programme and the introduction of nursing associate role**



### **Individual level changes**

#### **Trainees have developed new skills and knowledge, as a result of the training programme**

Clinical educators and trainee mentors pointed to a step change in the knowledge, skills and confidence of trainees as they have progressed through the programme. Likewise, trainees themselves emphasised the significant leaps in their development brought about by the programme.

*"I am proud of the knowledge, skills and understanding that I have gained and my ability to relate theory to practice." - TNA*

When asked to reflect on what they were most proud of, as part of the third online survey, 32% highlighted their level of personal and professional development during the programme.

In the early stages, the focus was on giving trainees the building blocks that allowed them to grow and develop. This included a focus on study skills, academic writing, critical thinking and evidence-based practice.

*"I think the difference now is that they are really questioning what they are doing, they are looking at the research-based evidence for what they do, and are making efforts to relate practice to the*



*latest policies and standards, and in terms of risk management.” –  
Practice Education Facilitator*

The anatomy and physiology modules were also widely felt by trainees and their colleagues to have provided a foundation of knowledge which has underpinned the development of trainees' clinical skills. As the course has progressed, trainees interviewed as part of the deep dives pointed to the value of the different placements. This has provided them with insights into different patient pathways and service areas and has provided opportunities to learn new skills and competencies.

### **Trainees have become more confident and assertive learners and feel greater confidence and self-belief**

HEI leads and clinical educators interviewed as part of the deep dives reported improvements in trainees' time management skills and in the amount of preparation that they undertake before going on placements. As the programme has progressed, trainees have also more consistently set development objectives and have sought out learning opportunities.

*“Trainee Nursing Associates are starting to manage their time more effectively and are making more decisions about what they want to get out of placements.” – Academic tutor*

*“I have become confident enough to stand up for myself and asking for learning opportunities on the ward, even though this isn't easy.” – TNA*

### **There has been a shift in trainees' professional identifies and in their attitudes and behaviours**

Clinical educators and trainees' mentors reported that the programme has brought about a shift in trainees' professional identity. This has seen them move from a task-focused role, towards one more focused on understanding and meeting the needs of patients.

*“It's been an immense journey, we had Band 2 and Band 3s joining the programme. As HCAs they were very task focused; you complete tasks and then go away. With academic training and practice assessments and the one-to-one work, they can now assess patients holistically, they can go in now and question why they provide a certain type of care and how they can improve it, linking it to evidence based practice.” – HEI lead*

Trainees' supervisors and line managers also reported improvements in trainees' maturity and communication skills, and greater confidence in their ability to grow and progress.

*“At the start of the programme I would say around 5% saw this as an opportunity to go on and become a registered nurse. I think that's increased now as trainees have gone through the programme and have seen what they can do.” - Mentor*



### **Trainees have formed support networks and friendships with their peers**

Trainees highlighted the value of the friendships and support networks that they formed during the programme. Trainees valued the fact that they came from different professional backgrounds and so were well placed to exchange skills and experience and provide feedback and academic support to one another. Trainees also each other to travel to academic settings and placements, which sometimes involved long commutes.

*“The best part for me was making new friends, having their support helped me get through this programme.” – TNA*

*“Making new friends and sharing the knowledge between us has been one of the highlights of the programme.” – TNA*

### **Trainees have struggled with the workload which has impacted on their personal lives and work-life balance**

Across the online surveys and deep dives, trainees reported that over the two-year programme, the high workload has meant that their work-life balance has suffered. Trainees drew attention to the fact that much of the academic work and study had to take place during evenings and weekends and there were frequent bottlenecks in the workload. This was exacerbated by the lack of supernumerary and protected learning time.

*“The worst element of the course has been sacrificing time with loved ones, especially when an aunt passed away and I had not gone to see her due to work commitments.”*

*“Attending placements that were more than an hour away from home has been really difficult. At times I've felt totally overwhelmed by the demands of the different modules, which we had to learn almost all at the same time.”*

For some trainees the decision not to go straight into the nursing degree was because they were keen re-connect with their personal and family lives. Whilst trainees acknowledged that they had sacrificed a lot to progress through the programme, most felt that the payoff and benefits in terms of their careers and self-esteem had made this worthwhile.

The resilience and perseverance that they had shown in light of such challenges was also identified as one of the biggest achievements by a fifth of trainees when they were asked in the third online survey to say what they were most proud of as they approached the end of the programme.

### **Trainees have encountered negativity about the role from wider colleagues which has impacted on their morale and wellbeing**

As noted previously, negative attitudes from staff (e.g. HCAs, Assistant Practitioners and registered nurses) has been a major challenge over the programme. For example, some trainees reported being seen as “nurses on the cheap” and nurses seeing them as a threat to their jobs. This has at times impacted on trainees’ development and on their morale and wellbeing.



While trainees felt that perceptions and awareness were improving, areas remain where there are low levels of awareness and some negative attitudes, especially in settings that did not have trainee or qualified nursing associates.

*“The worst part is nurses thinking you are taking their jobs and being very unprofessional in their attitude towards us.”- TNA*

*“At the beginning of the programme I had to move to a different ward. I hated it and was going to quit. However, my organisation was very good and arranged for me to go to another area where I have been happy. Another bad experience was on a placement where I was treated badly by staff. I went off sick due to stress as I could not face going there.”- TNA*

### **Service and provider level changes**

#### **Trainees exchanging skills, knowledge and good practice across settings**

As trainees have moved across placement settings, they have been able to exchange skills, which is improving the quality of services. Trainees interviewed as part of the deep dives and those attending the Communities of Practice events frequently identified the value of skills being exchanged between mental health settings and physical health settings.

*“As I work in different settings I've been able to help to reduce the stigma of mental health – as a TNA I can share my skills, principles, values with the staff that I work with.” – TNA*

*“My ward is mental health, our TNA came back to the ward with experience in physical health. Our doctors love him because he's able to do bloods, ECGs, and he talks to patients about their diets. He's teaching our staff about wound care; we're listening. He's very excited about all the things he's learned and he's bringing that back. It's making our staff up their game.” – Ward Manager*

#### **Placement settings have improved how they support trainees to learn and develop**

Staff interviewed as part of the deep dives felt that placements had become more effective in hosting trainees and in supporting their learning. This was enabled by the increasing clarity about the nature of the role (e.g. NMC standards) trainees becoming more assertive and more prepared; and through efforts by directors and managers to raise awareness about the role (e.g. by organising staff meetings). While trainees and clinical educators reported improvements in the capability of settings to host and support trainees, it was felt that this was still too variable.

*“At the beginning when those in our placement areas were unsure on what to do with us and did not understand the job role. However, much has improved since then.” – TNA*

*“One of the challenges has been the absolute disinterest and lack*



*of support and development on some placements."- TNA*

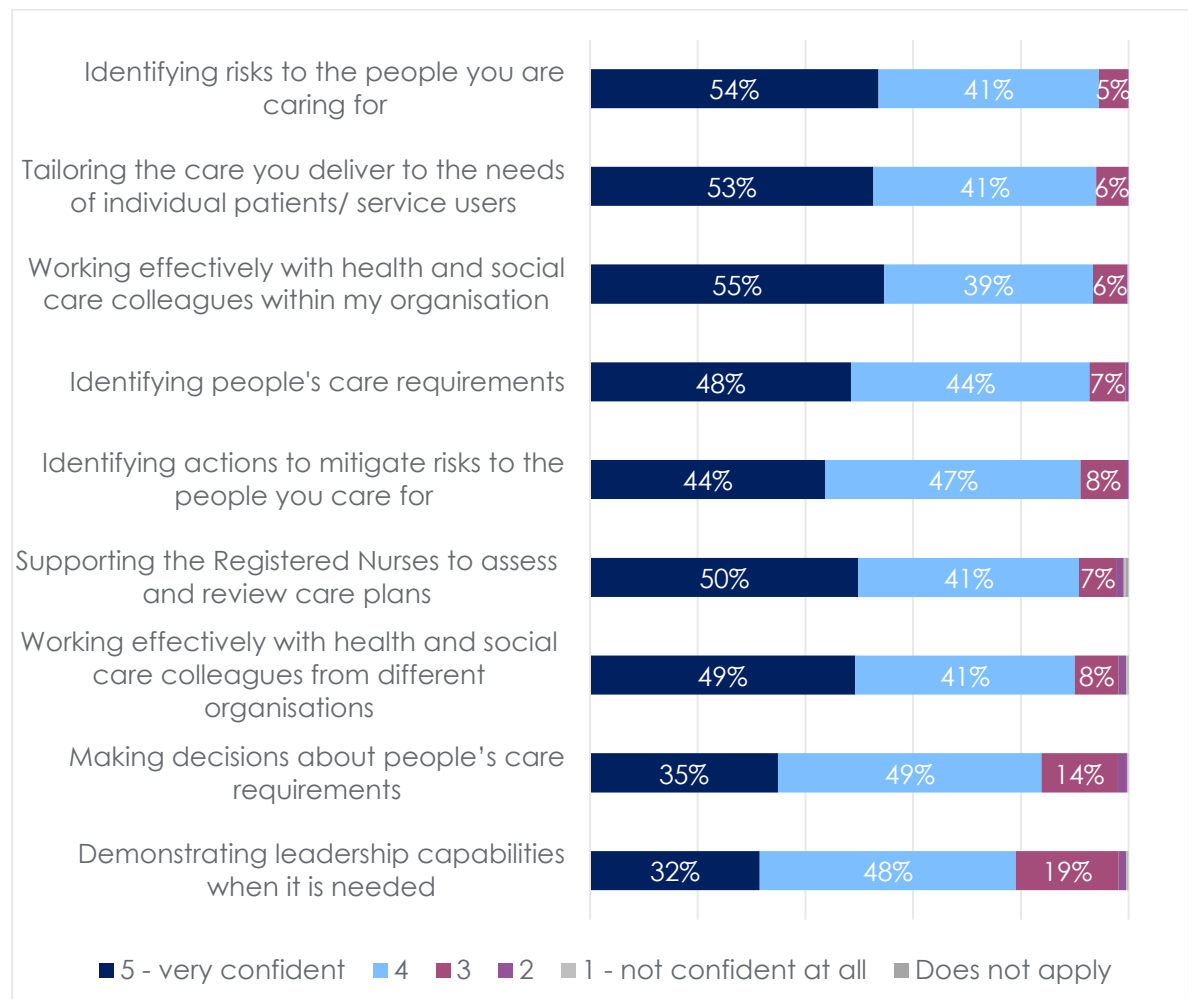
### **Trainees making a greater contribution to service delivery and patient care**

As trainees have developed and applied their skills and knowledge in their home and placement settings, and as the parameters of the role have become clearer, trainees are increasing their contribution to service delivery and to patient care.

*"Nursing Associates are working in new ways, they are more engaged not just in the patients care, but also in the running of the ward and in the supervision of some student nurses. What you find is that all staff on the ward start learning together and talking in a more proactive way about patient pathways and diseases, it's been a very positive experience." – Ward manager*

Across the three online surveys, trainees have shown consistently high and slightly increasing levels of confidence across different elements of care. This includes their ability to identify risks to the people they care for; tailor care to individual patients; and make decisions about people's care requirements (see Figure 17 below). Line managers were also asked to rate trainees' abilities in these areas and provided similarly high scores.

**Figure 17. Trainees rate their confidence levels across key areas of care giving (Base 650)**

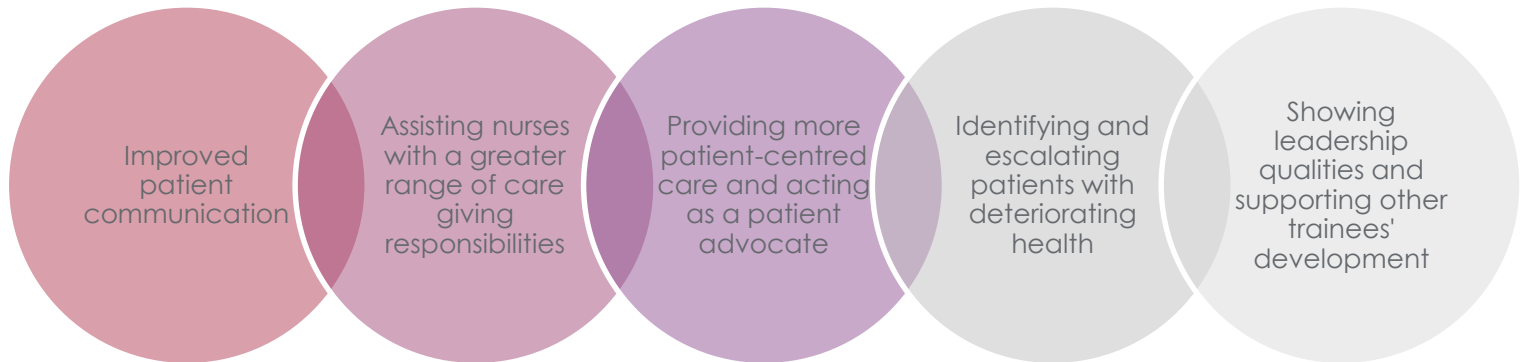


During the third online survey and in the deep dives we asked trainees to



provide to describe how the Nursing Associate role was contributing to patient care and service delivery. The following themes emerged:

**Figure 18. Third online survey: how trainees are contributing to patient care and service delivery**



**Improved patient communication.** This includes spending more time to understand patient's needs and ensuring they feel informed and looked after.

*"I spend more time talking to my patients and actually asking them how they are and what can I help with." - TNA*

*"One of the ways I've improved care is because I've had the time to talk to patients and families, giving compassion and empathy. A lot of the time many of the complaints from patients are about a lack of communication; we are bridging a gap to help prevent this." - TNA*

**Assisting nursing colleagues with a range of care giving responsibilities.** This is bringing additional capacity to services, is freeing nurses up to focus on more on complex tasks and is leading to faster and more responsive care.

*"By offering support to staff nurses and other health care professionals, they are able to provide more in-depth care to patients." - TNA*

*"I was able to aid in a discharge from a medical ward; utilising my community placement knowledge on the available voluntary services. This meant that the patient could be discharged home quicker, which is what she wanted." - TNA*

**Delivering more patient-centred and holistic care and acting as an advocate for the patient.**

*"I have had people identify that I have taken more time out to make them or their relative feel like their care is person centred rather than being task focused." - TNA*

*"When I am caring for the patient I am more observant, not just of the*



*physical aspects but of the patient as a whole. I am able to identify improvements and now feel confident to voice concerns or alert someone to any changes that I feel may impact negatively on patient care, which I was less good at prior to the training.” - TNA*

**Identifying and escalating cases where patients have deteriorating health or are presenting new symptoms which is resulting in improved patient outcomes.**

*“Through my education I now have the confidence to recognise a deteriorating patient, and have done on numerous occasions, this saves lives and makes me very proud to be part of the nursing family.” - TNA*

*“I’m clearer about the signs and symptoms of a deteriorating patient, this allows me to escalate and achieve the best patient outcome.”- TNA*

**Providing leadership, training and support to colleagues.** With up to date knowledge of current standards of care, trainees have been able to challenge and support colleagues where their practice falls short. They have also become a point contact and advice for HCAs and other support workers and have been able to support other trainee nurses and other in settings with their development.

*“I am proud of the role model that I have come to be for fellow TNA and student nurses.” - TNA*

*“I am able to speak up when I need to, where I think that care can be delivered better.”- TNA*

In the third online survey, trainees were asked to describe specific examples of how they had supported service delivery and patient care. Some of the responses are presented below.

**Table 2. Specific examples of how Trainee Nursing Associates are supporting patients**

<p>“I was able to help an end of life patient go outside one last time to eat ice-cream and have pictures with his family. The hospital I worked at had never done this for a patient before, but I managed to action this. He passed away days later and his family were extremely grateful and overwhelmed for the time I helped them get outside in the sun where their dad had always liked to be.”</p>	<p>“During placements I have recognised sepsis symptoms in patients which I have escalated straight away; leading to positive outcomes for the patient. I have also provided CPR to several patients whilst working in resus which had positive outcomes. Throughout my placements I have shared my knowledge with staff and patients about wound care and appropriate dressings. I received excellent feedback from the patients in my care on this.”</p>
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<p>"I visited a palliative patient and was able to recognise signs of deterioration in the patient and signs of worry and stress in the family. I was confident enough to explore solutions with the family, to ease their stress and to refer them to the appropriate services. This is something I would have contacted my clinical lead with before the course. The family later sent a thankyou card to me for making the time to talk and listen and for getting them this help."</p>	<p>"I recognised early on that a patient needed immediate medical attention when she was left on the corridor in A&amp;E without nurse supervision. A consultant listened to me, got the lady into resus and then sent her to emergency theatre for surgery on a ruptured ectopic pregnancy. I saved her life and I genuinely believe that if I hadn't have recognised her symptoms and escalated quickly, it would have had serious consequences."</p>
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## System and strategic level changes

### The test site partnerships have strengthened relationships and joint working between providers and have provided a springboard for further action

As the providers and HEIs that make up test site partnerships came together to design and deliver the Trainee Nursing Associate programme, this has helped to strengthen relationships and joint working.

*"We sat together as a project group, previously, we have never sat together as 20+ employers, so for me the key thing about this programme is that it has opened doors and forged connections we had previously never thought about. The whole system is working together 100% more" – Test site Programme Lead*

*"The relationships between partners has improved – and that bears through other approaches such as how we deploy and develop Assistant Practitioners or anything to do with the workforce. There has been a lot of practice sharing around all aspects of provision." – Lead employer*

As providers have worked together as test site partnerships, this has supported:

- The creation of communities of practice focused on workforce, training and education.

*"We have setup a community of practice for local providers, which in part came about as a result of the partnership – it's been good for sharing information as things have changed and changed quickly, we've been using them to share good practice around challenges where we needed a sounding board or solutions. Recently we've been discussing the recent release of more monies to support TNAs in practice and how we can use the apprenticeship levy to get the right clinical education in place." - Test site programme lead*



- The development of additional placements for trainee nurses.
- Providing employed staff access to further professional development opportunities, through placements.
- Sharing and improving practice relating to bank and flexible working.

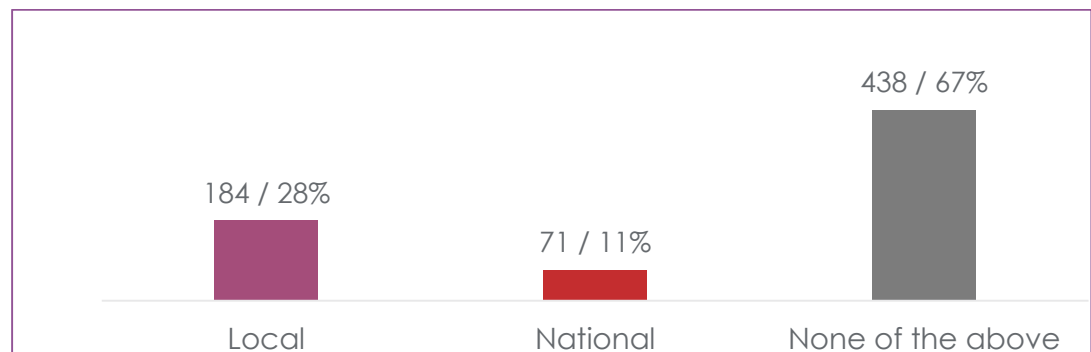
### Trainees have worked as ambassadors for the role and have engaged in awareness raising and strategic influencing

Trainees have worked at both a local and national level to represent and promote the Nursing Associate role. This has included trainees acting as representatives for their cohort and taking on ambassador roles to build awareness and buy-in:

*"My proudest moment was being awarded student of the year for my Trust out of the 90-people nominated from all levels of nursing. I am proud to represent the cohort of trainees in this way."- TNA*

The third online survey asked trainees whether they had been involved in any activities to increase understanding of the role. As shown in Figure 19 below, more than one in four have.

**Figure 19. Third online survey: have you been part of any national or local actions to increase understanding about the Nursing Associate role? (Base: 650)**



The same survey also asked trainees to provide examples of local, regional and national activities.

At a **national** level this has included Trainee Nursing Associates who have:

- Attended and presented at national and international workforce conferences, to promote the role and training pathway:

*"I took part in the Changeboard Future Talent conference - talking to 700 heads of industry on the modern NHS training alternatives that are available."*

*"I was involved in a group to promote awareness of the TNA role at the European Mental Health conference."*

- Participated in events and meeting held by the Nursing and Midwifery Council and the Royal College of Nursing, as well as wider NHS events, e.g. HEE Stakeholder conference for NHS70
- Featured in promotional videos produced by HEE about the role.



At the **local and regional**, Trainee Nursing Associates have:

- Delivered presentations and have taken part in Q&A sessions attended by staff, managers and boards.

*“I presented about the nursing associate role in front of over 50 staff in the hospital I work in and answered questions people had about the role.”*

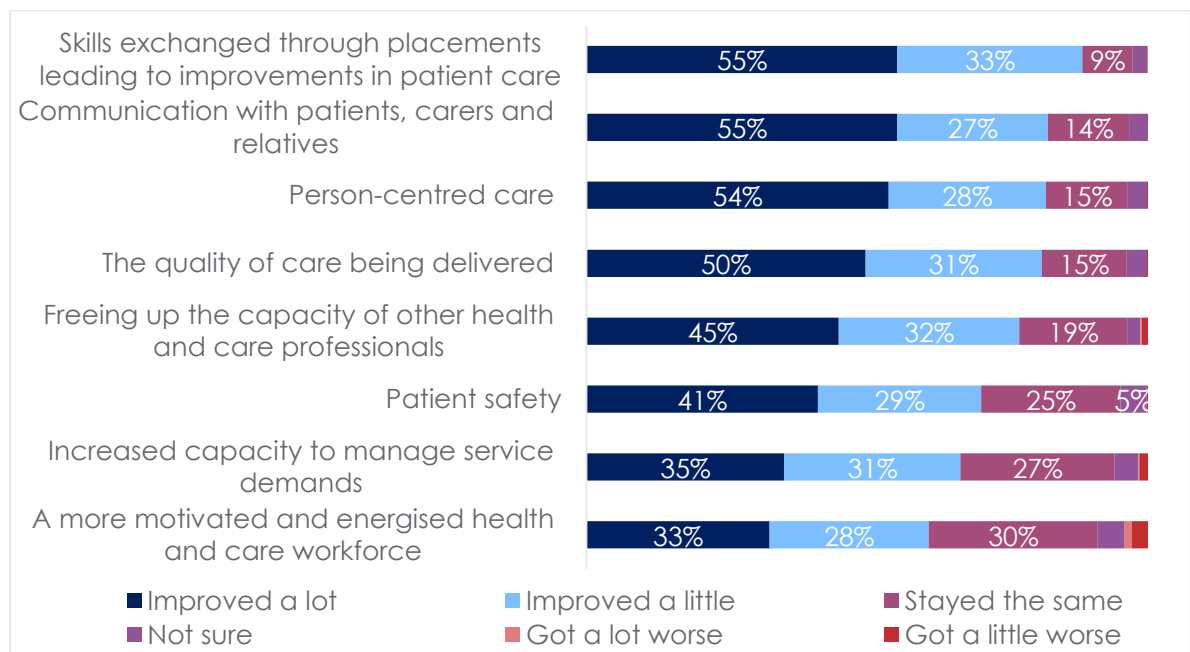
*“I have spoken at the Future Nurse Conference about our role, I helped out on the information stands to tell people about the role.”*

- Co-produced bulletins, case studies and newsletters about the role and featuring in promotional videos
- Taken part in conversations, meetings and sending emails to HCAs and other interested parties interested in applying for the role
- Embraced opportunities to speak about the role with patients, carers, and staff
- Delivered presentations and support sessions for new cohorts of trainees
- Attended careers events to promote working in the NHS and the Nursing Associate role

### Scale of the impacts being achieved

The online evaluation surveys completed by trainees and their line managers asked whether a range of improvements were coming about as a result of introduction of the role and the training programme. As shown in Figure 20, below, a majority of trainees across the test site partnership nearing the end of the programme felt that there had been improvements.

**Figure 20: Third online survey: changes reported as a result of the TNA role and training programme (Base: 650)**





Comparing the second and third online surveys, respondents reported greater levels of improvement in the third. In the second survey which went out to both trainees and their line managers, the responses were similar, although trainees gave more positive scores. This is summarised in the table below.

**Table 3. Proportion of respondents who cited improvements**

	Proportion of respondents who said it had improved 'a lot' or 'a little'...		
	Second online survey – trainees (Base: 797)	Second online survey – line managers (Base: 532)	Third online survey – trainees (Base: 650)
Skills exchanged through placements	77%	55%	88%
Communication with patients, carers and relatives	70%	46%	82%
The quality of care being delivered	65%	43%	81%
Increased capacity to manage service demands	53%	36%	67%



## 5. Reflections on the role going forward

What's covered in this chapter:

- How employers intend to deploy trainees on qualification
- How their transition to working as a registered Nursing Associate will be supported
- Trainees' longer-term plans for personal development.

### *Deployment of Nursing Associates*

Employer partners interviewed as part of the deep dives were asked to describe their plans for deploying qualified nursing associates. We identified the following approaches:

- **Deployment to base settings.** It was common to plan to deploy nursing associates within the base setting in which they had entered the programme. Some employers had planned this in advance as part of their workforce planning, others did so primarily to support their transition into the new role.
- **Deployment to settings where most needed.** Several employers had opted to deploy their Nursing Associates where they felt that could make the most difference based on the skillsets that they had developed. Some employers had identified this at the start of the programme and informed Trainee Nursing Associates, while others decided later in the programme – acknowledging that this may cause disappointment for those wanting to return to their base settings.
- **Deployment to areas that maximise personal development.** A few acute setting employers had selected settings that they felt would help trainees to build on their new skillsets. This included settings such as respiratory wards where nursing associates could lead on elements of care giving, such as tracheostomies under the supervision of registered nurses, or settings that required a technical skills base such as orthopaedic wards.
- **Deployment to settings to keep cohorts together.** A few employers had chosen to locate Trainee Nursing Associates within particular wards or settings where they could continue to work together and support one another.

### *Challenges to entering the workforce as a Nursing Associate*

During the deep dives, mentors and line managers were asked to describe the anticipated challenge Nursing Associates might face when entering the workforce. Three themes emerged:

- Negative attitudes and low levels of awareness of Nursing Associates may persist in some areas.
- Nursing Associates may struggle to adjust to the increased responsibility



and accountability associated with being registered.

- There is a risk that newly qualified Nursing Associates feel overloaded with new responsibilities, especially when based in new healthcare settings.

Trainees' line managers and mentors felt that preceptorship programmes had the potential to address all of the above challenges. The ongoing promotion of the Nursing Associate role would also help.

Other recommendations to support newly qualified Nursing Associates included, the need for

- The creation of formal job descriptions and accompanying scope of practice.
- Supported medicines administration procedures, including use of registered nurses as 'second checkers' in period following qualification.
- Directors, managers and Nursing Associates having joint discussions to discuss role and responsibilities.

### **Preceptorship programmes**

HEE developed best practice guidance on preceptorship for nursing associates in 2018. It emphasised that newly qualified nursing associates would benefit from a structured preceptorship programme, particularly as the role continues to embed into the health and care workforce.

Around half of trainees completing the third online survey had been offered a preceptorship programme (49%) which are planned to last for between 6-18 months depending on the employer<sup>3</sup>.

Interviewees felt that preceptorship programmes had several benefits for recently qualified Nursing Associates:

- ✓ An adjustment period to help them cope with increased responsibility and accountability.
- ✓ Opportunities to build further awareness of the role including by working with student support teams or clinical educators.
- ✓ Additional supernumerary time to support the transition from qualified to confident practitioners, including extra support and training to ensure they were meeting their professional standards.
- ✓ Extra time to ensure that Nursing Associates have good working knowledge of their roles and can reflect on how they can best integrate within their team/setting.
- ✓ Development of peer support networks, where preceptorship programmes were divided into specific cohorts.

### **Ongoing promotion of the Nursing Associate role**

Trainees and their colleagues interviewed as part of the deep dives felt that the publicity around the role needs to be continued so that people can see

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<sup>3</sup> Preceptorship is a period of support and guidance for new registrants.



how the role is working once they are qualified and are working in settings. Specific suggestions made by trainees, their mentors and managers are set out below.

### **Suggestions for promoting the Nursing Associate role**

- HEE should consider the case for having a standardised uniform to further raise the visibility of the role.
- Each area that will have a Nursing Associate working in it should have the role explained to all staff before they start the working.
- Employers should display posters and circulate a simple handout to all teams explaining what to expect when a Nursing Associate becomes a part of the team.
- Universities should be promoting the role to student nurses. This needs to be embedded into curriculums.
- There should be ongoing publicity from the NMC and RCN. This should include events and items in the registrant newsletters.
- Campaigns to educate the public and national media are required – to educate them on the robust training that Nursing Associates receive.
- Nursing associates need to act as ambassadors for the role grasping opportunities to explain it to colleagues, patients and the public.

### **Reflections on NMC regulation**

During the deep dives, trainees and their employers were asked to give their views on what it meant for the role to be regulated by the NMC. Both trainees and employers were positive:

- NMC registration and regulation was already felt to be helping to give trainees more professional status and respect amongst the health and care workforce and from patients and the public. It was also signalling that they are a part of the nursing workforce.
- With their own pin and their name on a register, trainees felt a greater sense of responsibility and accountability for their practice. They valued the clarity which regulation from the NMC provided about what was expected of them.

*“It’s a positive that the role is going to be a registered one. It becomes a whole different ball game; you feel more responsible and that reflects how you perform and it makes you more motivated... I feel like friends and family come to me more now as well now; they have a different view of me.” - TNA*

- Employers felt that NMC registration and regulation would help to ensure that the role was used as was intended. Without this there was a



risk that the role could “slip back” towards a “HCA-type” role.

*“This lets the TNAs know that they are here to stay, and that the role will go from strength to strength; they are part of a bigger picture. That gives them reassurance.” – TNA supervisor*

- Employers valued the consistent quality of training and education that came with the role being regulated by the NMC, supporting greater consistency across the country and public safety.

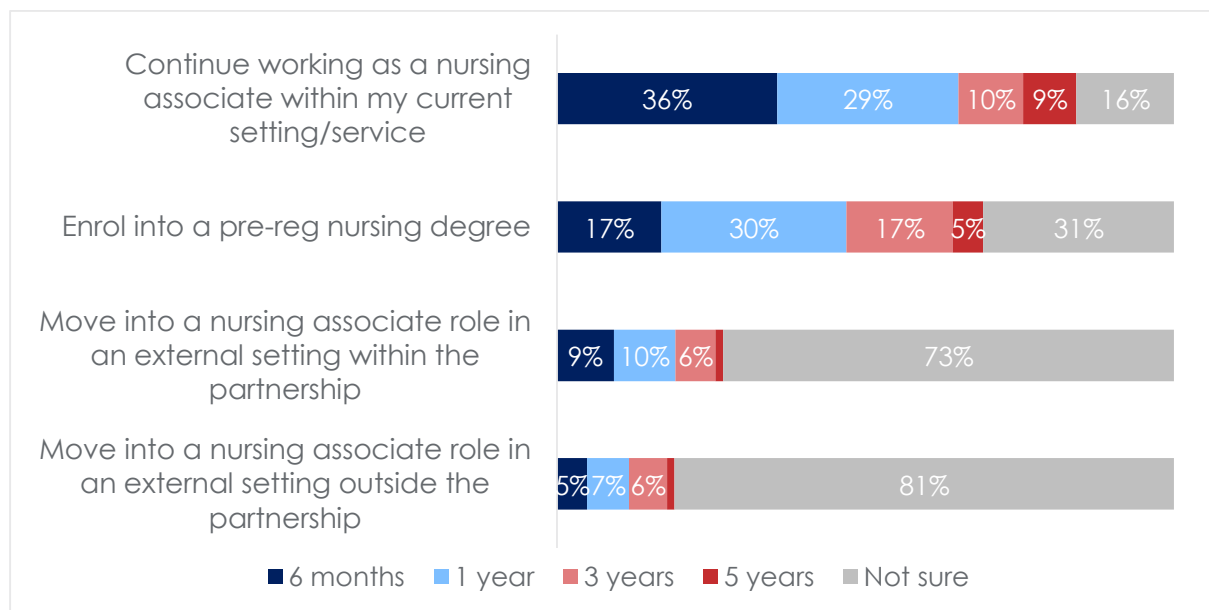
*“I think it’s a really good thing. It creates continuity throughout the country and quality assurance that everyone is getting the same training. It also gives people an information hub on the website – it’s always good to refer to, to make sure that we’re sticking by the same standards. It gives other people reassurance – both patients and registered nurses.” – TNA mentor*

### What trainees intend to do next

Towards the end of the second year of the programme, trainees were asked to say what they intend to do after their qualification from the programme through the online survey. As shown in the figure below, of those who responded to these questions:

- In the year following qualification, two thirds (65%) of surveyed trainees intend to continue working as a Nursing Associate within their current setting, while a fifth (19%) intend to move into a Nursing Associate role in an external setting within the test site partnership.
- Close to half (47%) intend to enrol onto a pre-registration nursing degree programme within three years of qualification.

**Figure 21: Over the following timeframes, do you intend to do any of the following? (Base 650)**



Some of the trainees and their colleagues interviewed as part of the deep dives explained that once they had qualified it was common to want to stay





in their current role and setting to see how it develops and to consolidate their learning.

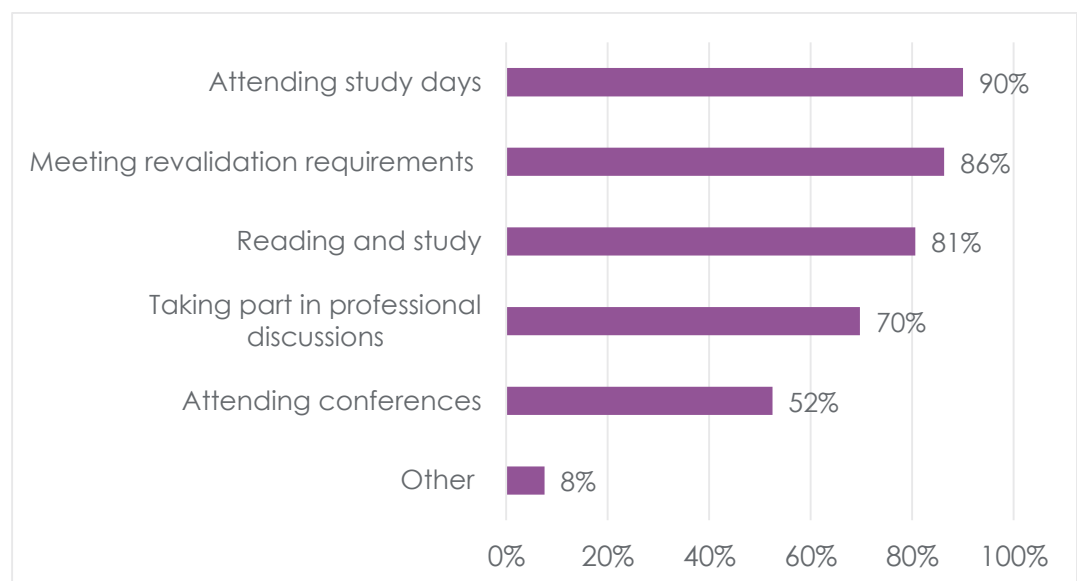
*“Most are quite happy to see how they fit in their role before they consider further progression. They also know that it's a pathway that they can pursue when they feel ready. They've also just finished two years of study, some don't want to do that again for a little while, they'd rather get to grips with the role and then move on.” – Clinical Practice Facilitator, Birmingham and Solihull*

Employer partners interviewed as part of the deep dives emphasised that it would be important for them to develop their 'pipeline' of recruits who could join the HCA and Trainee Nursing Associate workforce, as more progressed into registered nursing degrees.

### **Further learning and development**

Trainees were asked in the third online survey how they would grow and maintain their skills and knowledge following qualification from the programme. As shown below, most trainees felt that this would be achieved through attending study days (90%), meeting revalidation requirements (86%), or reading or study (81%).

**Figure 22: Third online survey: how do you think you will maintain your skills and knowledge after the programme (Base: 650)**



Trainees were asked whether they planned to complete any on the job learning or further education courses having qualified from the programme. A third indicated that they had further learning or development planned (34%), while more than a third (40%) were not sure at this stage.

In the table below we outline trainees' specific plans around learning and development, where these were provided.

**Table 4: Planned learning and development activities (157 responses)**

<b>Response type</b>	<b>N / %</b>
<b>Training in specific skills and competencies</b> <i>"I need to achieve my trust training competency on certain procedures related to my role such as male catheterisation." - TNA</i> <i>"To increase my confidence in the procedure room with the different accessories that we used in endoscopy." - TNA</i>	<b>53 / 34%</b>
<b>Pre-registered nurse apprenticeship training</b> <i>"After working as a Nursing Associate for about six months to a year I will enrol for pre-registration nursing degree only if my trust will pay for it." - TNA</i>	<b>24 / 15%</b>
<b>Learning on the job</b> <i>"Our clinical educator plans to have an objective structured clinical examination (OSCE) with us to educate us more on our already known skills to boost our confidence." - TNA</i>	<b>17 / 11%</b>
<b>Attending training days</b> <i>"I have enrolled onto various training days such as making every contact count, diabetes, Parkinson's etc." - TNA</i>	<b>17 / 11%</b>
<b>Preceptorship</b> <i>"Our trust is already establishing a preceptorship programme including acute care skills, medical devices training and OSCEs." - TNA</i>	<b>15 / 10%</b>
<b>Medication training or development opportunities</b> <i>"I will be taking on link roles in things like medicines management to further develop my knowledge." - TNA</i>	<b>9 / 6%</b>



## 6. Conclusions and recommendations

### About the trainees

There was considerable interest in participating in the programme, with around 8,000 people applying for approximately 2,000 places. In terms of motivations, more than 7 out of 10 trainees who were surveyed applied to the programme to progress their careers and to develop their skills and capabilities and many also wanted to improve the quality of care for patients and service users.

Deep dive interviews revealed that the programme is often seen by trainees as a stepping stone to registered nursing and as an opportunity to go to university that might otherwise not be possible due to family and financial circumstances. Reflecting on the potential of the role, 7 out of 10 surveyed trainees felt that it would lead to improvements in the quality and safety of patient care, and close to half felt that the role would support and free up other professionals.

### Trainees' progress over the programme

Approaching the end of the training programme, 85% of trainees who were surveyed, said that they felt prepared to enter the workforce as a Nursing Associate. Four fifths or more also indicated that they were satisfied with the progress that they had made across the academic, placement and home learning environments.

Surveyed trainees were asked to say how satisfied they were with the level of support received over the duration of the programme. Across three different time points the proportion who were 'satisfied' improved (early stages 58%, middle stages 68% and later stages 73%). This underlines the importance of frontloading support for trainees to help them to settle into the programme.

The attrition rate for the programme across the two pilot cohorts as of September 2018 was 16%. Alongside ill health and other personal reasons, almost a quarter (23%) identified not passing the academic assessments of the programme as the reason for leaving. This is 4% of the total number of people who started the programme across the two waves.

### Reflections on the academic settings

Some of the trainees are the first in their family to study in a university setting and employers and HEI leads reported that it was common for them to lack confidence about participating in academic study. A period of initial orientation and a focus on the academic 'building blocks' has been crucial, this has included study skills, academic writing, engaging with student support services, and completing the anatomy and physiology module. HEIs have prioritised these elements of the programme to ensure that learners from different backgrounds have been able to progress on the programme.

Throughout the programme trainees' have found the programme challenging, but HEI leads and mentors have been consistently impressed by



the levels of enthusiasm and commitment shown by them. Asked to identify what they were most proud of approaching the end of the programme, trainees pointed to their academic achievements in passing assignments and exams and to the resilience and determination they had shown when faced with a heavy workload.

Across the survey results and deep dive visits, trainees and their line managers express high levels of satisfaction with the quality of teaching and support from HEIs, especially where the emphasis is on interactive learning modes and where modules are delivered by staff who are close to current nursing practice.

Both trainees and their line managers tend to prefer academic learning delivered through the integrated 'day per week' approach, rather than in 'blocks' of 4- or 5-days each month.

### **Reflections on work-based learning**

A key challenge throughout the programme has been limited understanding and acceptance of the role amongst colleagues. This has improved over time, especially in settings where nursing associates are based and can demonstrate their value, and as the expectations of the role have become clearer. However, it is felt that ongoing efforts are needed at both local, regional and national levels to raise awareness and buy-in about the role.

Key success factors for progress in work-based settings has been the extent to which trainees and settings invest time in preparing for placements. Another factor is where providers have shown a commitment to providing trainees with protected learning time and are actively supporting them to develop and utilise their skills, rather than treating them as healthcare assistants. Whilst trainees and their colleagues pointed to improvements across these areas, it was felt that more could be done to address variations.

Whilst there is no 'one size fits all' approach to organising and structuring placements, trainees have valued the chance to work in a breadth of settings. Longer placements have allowed deeper and more immersive learning experiences; and some partnerships have created placement circuits that have been sequenced in the optimum ways to support development (e.g. starting in the more familiar settings initially).

### **Emerging impacts**

The evaluation has identified impacts taking place at three different levels:

At the **individual** level:

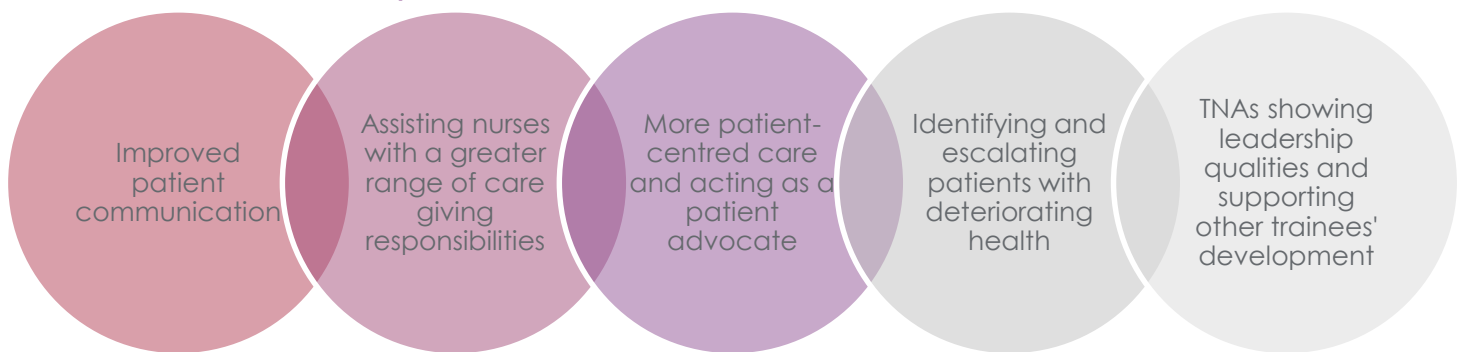
- Trainees have developed new skills and knowledge, as a result of the training programme.
- Trainees have become more confident and assertive learners and feel greater confidence and self-belief.
- There has been a shift in trainees' professional identities and improvements in their attitudes and behaviours.

- Trainees have formed support networks and friendships with their peers.
- Trainees have struggled with the workload which has impacted on their personal lives and work-life balance.
- Trainees have encountered negativity about the role from wider colleagues which has impacted on their morale and wellbeing.

At the **service** level:

- Trainees are making a greater contribution to service delivery and to patient care as they develop new skills and competencies. This includes:

**Figure 23. Third online survey: how trainees are contributing to patient care and service delivery**



- Trainees have exchanged skills, knowledge and good practice across settings which is enhancing the quality of services.
- Placement settings have improved how they support trainees to learn and develop.

At the **systems** level:

- The Nursing Associate test site partnerships have strengthened relationships and joint working between providers and have provided a springboard for further action.
- Trainees have worked as ambassadors for the role and have engaged in awareness raising and strategic influencing.

### **Next steps and deployment**

Trainees and managers were positive about NMC registration and regulation of the role. It was felt that this would give Nursing Associates greater professional status amongst professionals and the public and greater accountability for their practice.

After qualifying from the programme, of those who answered the survey:

- Two thirds (65%) intend to continue working as a Nursing Associate within their current setting in the next year, while a fifth (19%) intend to move into a Nursing Associate role in an external setting within the test site partnership.
- Close to half (47%) intend to enrol onto a pre-registration nursing



degree programme within three years of qualification.

While many trainees were set to be deployed in their current base settings, in some cases, they anticipate being deployed to the settings where the roles were most needed based on the skillsets that they have developed.

Of those intending to enter their workplace as a Nursing Associate, 49% have been offered a preceptorship programme which are planned to last for between 6-18 months depending on the employer. Preceptorships were felt to be an important mechanism for helping trainees to adapt to the increased responsibility and accountability in their new roles.

In terms of ongoing training and development, a third of trainees surveyed were able to identify specific learning opportunities they had planned, such as gaining specific skills and competencies, including a focus on medications.

### Recommendations

**1. To improve the perception of the nursing associate role in new and existing settings, HEE should commission a dynamic programme of effective communication to educate and inform existing colleagues of the scope and practice of the NA role. This should include consideration of a Nursing Associate ambassadors' scheme.**

An ambassadors' scheme would see recently qualified trainees play a central role in promoting and advocating for their profession, by influencing and working with a range of stakeholders at different levels in the health and care system. There would be value in building on the success of approaches used in other new roles, such as the Physician Associates Ambassadors and on the successes that Trainee Nursing Associates have had to date in promoting the role. In selecting ambassadors there are already a group of Nursing Associates from the first two waves who have already successfully served as representatives for the trainees and the role. In developing a wider strategy, HEE should draw on the suggestions made by trainees and their colleagues that are outlined in this evaluation (e.g. embedding and awareness of the nursing associate role in pre-registration nursing education programmes).

**2. HEE should continue to support the NMC in its role of quality assuring Nursing Associate education, which sees them approve programmes and monitor education and training standards, including access to protected learning time in line with the NMC standards. A commitment should be made to identify and embrace best practice elements of programme design and communications, some of which have been highlighted in this evaluation.**

For the future, HEE should also explore how online tools and platforms could be used further as tools for communication, assessment and refinement of nursing associate programmes. This would see HEE liaising with key partners including employers, the Council of Deans of Health and NMC to examine how best to develop appropriate online materials and approaches.

**3. HEE and partnerships should continue to listen to and work with the trainees, both at a local and national level as they are an important resource for identifying ways to improve the programme.** This can be supported



through the Communities of Practice model and through other forums (e.g. the Nursing Associate Facebook group) and through a commitment to effectively utilising and refreshing the assets that have been created to date (e.g. HEE video case studies, NHS Employer's *Employers Guide to nursing associates*).

**4. Explore whether there is scope for HEIs to further streamline their curriculums and scheduling of activities and assessments, without compromising on the depth and breadth of the programmes.**

**5. Explore the possibility of developing a part-time Trainee Nursing Associate programme to reduce the challenges associated with heavy workloads and competing priorities associated with the two-year programme.** The evaluation has found that trainees have struggled with the workload, which has impacted on their personal lives and work-life balance. A part time approach could help to attract a greater number of trainees who have family and caring responsibilities and would help to reduce attrition from the programme.

**6. The current attrition rates need to be addressed, in particular the 4% across the first two waves of the programme who could not meet academic standards. As numeracy is a key factor, HEE and key partners should explore whether pre-application numeracy programmes should be offered more routinely to help applicants secure the necessary competence to begin the course.** To date we know that several partnerships have established academic bridging programmes focused on numeracy and literacy to maximise participation in the programme.

**7. Conduct robust research and evaluation about how qualified Nursing Associates are being recruited and deployed in different settings over time and feed this learning and evidence into activities aimed at further promoting and embedding the role.** This should include a focus on the economic impact of Nursing Associates as they support registered nurses and complement their roles and sector specific insights about how the roles are developing and any barriers encountered.



## 7. Appendix - Methodology

The evaluation methodology focused on the first two waves of trainees who took part on the learning programme. It combined:

- 1. Early, mid-point and end-point online surveys** completed by trainees and a mid-point online survey of line managers (referred to throughout this report as first, second and third online surveys).
- 2. Three rounds of deep dive visits** to test sites to speak to trainees, patients, supervisors and other local stakeholders.
- 3. Analysis of key programme data** (e.g. recruitment and attrition data) which was collected by HEE.
- 4. Attending and inputting at Communities of Practice** which were quarterly meetings that attended by a representative nursing associate from each test site partnership. Community of Practice days typically included, representative receiving updates about the programme from HEE and posing questions, guest speakers providing updates on the latest development around the role (e.g. the NMC) and development sessions.

Below we provide a methodological description of the online surveys and deep dives which were the main data collection methods. For each activity we cover the purpose, process and sampling, tool development, response achieved and the data and analysis approach.

### Deep dives

**Purpose:** The deep dives aimed to capture a detailed understanding of the progress and learning made by individual test site partnerships. Each deep dive involved interviewing a range of stakeholders working at different levels.

**Sampling and process:** For each round of deep dives we ensured that we spoke to test site partnerships across a range of regions, of different sizes (no. of employers and trainees); both initial and fast followers. Some were also included if they had characteristics that were unique/of interest e.g. use of FE college to deliver education.

Within test sites we developed sampling quotas to ensure that we involved an appropriate variety of trainees; mentors and supervisors, clinical educators, and senior managers and directors in each test site. We also spoke to key stakeholders at the HEI and those leading the test site partnership. For each deep dive we spoke to 12-16 people.

Each deep dive involved a day long visit to the partnership area, which we spent conducting individual and group interviews. We also did telephone interviews with staff not available on the day of the visit. A lead contact at each test site partnership helped to identify interviewees and to fix times to speak to them.





**Tool development:** The evaluation team produced a suite of topic guides which were tailored to different roles and backgrounds. The list of questions was sent in advance to stakeholders to allow them to prepare their responses. Themes covered and question designed had input from HEE.

**Response:** The evaluation team conducted a total of 12 deep dives, four per round. All test site partnerships who were approached agreed to take part, and with some chasing all quotas within each deep dive were met.

**Data analysis:** Data was logged in analytical excel framework, to allow the evaluation team to code and analyse the data, and to explore the relationships and trends across the data sets.



### Online surveys of trainees

**Purpose:** The online surveys provided an opportunity for every trainee and every line manager to feedback on their experience of the introduction of the role and the training programme. The surveys were comprised of both closed and open-ended questions and were designed to capture learning evidence over the life of the two-year training programme.

Across each round of the survey we included used tracker questions which to understand views on the progress trainees were making, the emerging impacts of the programme, changes in skills and confidence levels, satisfaction with the quality of the programme and level of support received across the different learning environments. Each survey also had particular themes. The first round focused on understanding the motivations and backgrounds of trainees. The second round was sent to both trainees and their line managers. It focused on understanding preferences around how placements were arranged, trainees' exposure to different types of settings and how much time line managers were spending supporting trainees. The third round focused on understanding trainees' overall reflections on the programme and what they wanted to do next, having completed the programme.

**Process and sampling:** The survey was emailed to respondents via an online link and hosted by SNAP, our in-house survey platform. We also promoted the survey at taught days and learning events where possible. We monitored response rates and encouraged test site partnerships with low response rates to encourage trainees to complete the survey.

**Tool development: Piloted with trainees:** The survey was piloted with trainees and other key stakeholders, and the design was also quality assured by key stakeholders involved in delivering and overseeing the programme.

**Response:** There were approximately 2000 trainees recruited to the two-year training programme. The number of responses achieved for each round and the dates when live were as follows:

**First survey:** trainees 1,030 (May to Jul 2017)

**Second survey:** trainees: 797 (Jan 2018 to Apr 2018)

**Second survey:** line managers: 531 (Jan 2018 to Mar 2018)

**Third survey:** trainee 650 (Nov 2018 – Feb 2019)

**Data analysis:** Descriptive and subgroup analysis was conducted on the quantitative data. The open-ended data was coded and analysed thematically.

**TRAVERSE**

