Evaluation of Introduction of Nursing Associates

Phase 1 report for Health Education England

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Contents

1. Executive summary

In early 2017, Health Education England (HEE) commissioned Traverse to conduct an independent evaluation of the two-year Nursing Associate test site programme of Nursing Associates which began in January 2017.

The introduction of Nursing Associates across England aims to create a significant shift within the nursing and care workforce. The new role is a bridging one between healthcare support workers and graduate registered nurses, and 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 (TNAs) to be exposed to multi-disciplinary working and is designed to give them the ability to work in a variety of settings with a range of population groups and conditions.

To date, two cohorts have been recruited across 35 test sites which are aiming to build innovative and effective partnership which can provide a high-quality work-based learning programme of education and training. Each site is composed of at least one employer and one education provider (Higher Education Institution or HEI) and is aligned with a Sustainability and Transformation Partnership (STP). Beyond this, sites vary considerably in the number and types of employer and education providers involved, the number of TNAs involved, their focus (such as mental health, children's health, or general health), and their local context.

Method

This independent evaluation is primarily focused on evaluating the training and development of TNAs taking part over the two-year programme. The evaluation aims to produce:

- Formative learning and evidence, which can be shared with programme stakeholders and used within the life of the training programme to improve and refine delivery.

- Summative learning and evidence of impact, including information about the costs of the initiative for test site partnerships and HEE.

The evaluation method combines:

1. Three waves of online surveys, completed by TNAs and their line managers.

2. Deep-dive visits to test sites to speak to TNAs, patients, supervisors and other local stakeholders.

3. Analysis of key programme data.

4. Data collection at the Communities of Practice events which are attended by TNA representatives from each test site.

5. Analysis of cost information associated with the programme.

This interim report draws on the first online survey of TNAs (which received 1030 responses, a 53% response rate) and four deep dives (conducted with the East Midlands Collaborative, Somerset Partnership Trust, North East London Partnership and Lancashire and South Cumbria test sites). The evaluation team gained a range of perspectives about the programme by carrying out face-to-face and telephone interviews. This included interviews with TNAs, supervisors, practice educators, HEI leads and senior stakeholders based at employers such as directors and assistant directors of nursing.

Key findings

About the trainees

- Around 8,000 applicants for 2,000 places showed there was considerable interest in the programme. More than seven out of 10 TNAs who were surveyed stated in response to an open-ended question that they applied to the programme to make progress in their careers and develop their skills and capabilities. Many also said that they were motivated by a desire to improve the quality of care for patients and service users.

- Deep dive interviews revealed that the programme is seen by many TNAs as a stepping stone to nursing and as an opportunity to go to university that might otherwise not be possible because of their personal circumstances.

- The TNA online survey asked respondents to identify the potential benefits and challenges of the new role in a free text question. The main themes raised are described in the table below.

Benefits	Challenges
✓ Improving the quality of patient care (69%)	✗ Acceptance of the Nursing Associate role from professionals (44%)
✓ Supporting and freeing up other professionals, particularly nurses (45%)	✗ Awareness and understanding of the role (43%)
✓ Creating a more skilled and knowledgeable workforce (20%)	✗ Being seen as a threat to other roles e.g. Assistant Practitioners and nurses (10%)
✓ Allowing Care Assistants to better utilise the skills and experience they already have (10%)	✗ Poor implementation and use of the role (10%)

- The deep dive data shows, in the first few months of the programme, TNAs are highly motivated and conscientious learners, keen to build on their experience of working in health and care settings.

Trainees' progress in the first few months

- Three to five months into the programme, the majority of TNAs (66%) are, overall, satisfied with the progress they are making, 15% are unsatisfied, and the remainder are neither satisfied nor unsatisfied. When it comes to making progress:

  ✓ Key enablers include having a strong support network, particularly peer support from fellow TNAs and having regular protected learning time to do academic study and take part in work-based learning.

  ✗ Key challenges include managing the high workload and having sufficient time to devote to the different elements of the programme. Other difficulties include travel to and from placements and university.

- The TNA survey also indicates that the programme as a whole is responsive to TNAs, with over three quarters (77%) indicating that they are very satisfied or satisfied with their ability to raise questions and concerns (e.g. with their higher education institution or with their employer).

Emerging impacts of the TNA training

- The deep dive interviews and Communities of Practice events provided opportunities for the evaluation to explore the emerging impacts of the Nursing Associate training.

- **Benefits**:

  ✓ There is clear evidence that TNAs are moving away from a task-based role, and towards a role that is more patient- and outcomes-focused.

  ✓ Placements are allowing TNAs to exchange skills and practice with colleagues in different settings. This is reportedly leading to immediate improvements in the quality of care.

  ✓ TNAs are showing increased assertiveness and self-belief on placements, and are seeking out learning opportunities.

  ✓ As TNAs develop their skills and knowledge they are bringing additional capacity to their workplace.

- **Challenges**:

  ✗ A lack of clear parameters for the role meant TNAs are not always sure about what tasks that they could and could not do.

  ✗ Some TNAs were still being viewed as HCAs, and others report that some colleagues felt threatened by the new role.

  ✗ Some employers, particularly in social care, face difficulty in maintaining staffing levels when TNAs are on placements.

- **x** The impact on income for TNAs, including travel costs and losing out on shifts which pay a higher hourly rate.

- The evaluation will seek to further understand and quantify these impacts over the remainder of the programme.

Reflections on the academic settings

- HEI leads have been consistently impressed by the levels of enthusiasm and commitment shown by TNAs, although most reported finding the first few months of the programme challenging. Despite this, there are high retention rates (90% for the first cohort and 93% for the second cohort).

- Some of the TNAs are the first in their family to study in a university setting and this has affected their confidence about participating in academic study.

- Time spent on orientation and a focus on the 'building blocks' have been crucial for the TNAs, covering study skills, academic writing, and engaging with student services. In addition, in some test sites, HEI leads reported that a significant minority of TNAs have specific learning needs (e.g. dyslexia) and require additional support.

- Both the online survey results and the deep dive visits indicate that overall there are good levels of satisfaction with the quality of teaching and support from HEIs – especially where the emphasis is on interactive learning modes.

- A few HEIs taking part in the deep dives have reviewed and consolidated elements of their programme and curriculum after the rapid design and launch.

- There are pros and cons with each of the two different approaches to academic study: either the four or five-day blocks of academic learning each month or an integrated 'day a week'. TNA's preferences vary depending on their local context.

Reflections on work based learning

- The approach taken to organising placements has varied a great deal across the 35 test sites, including

  - the number and type of placements organised for each TNA,

  - the duration

  - whether and how much protected learning time (and supernumerary time?) they have, when the placements begin, how they are sequenced, and who leads the process of organising them.

  - TNAs interviewed as part of the deep dives reported across several sites that providers had become better prepared to support them when on placements as the programme had progressed.

- It is clear that there is no 'one size fits all' approach to organising and structuring placements but it would be helpful to understand more about the models or

approaches that are most appropriate. TNAs have different learning needs, backgrounds and are working in different contexts.

- TNAs need protected study time or can take up learning opportunities, whether in a placement or their base setting.

- The evaluation found a wide range of roles in the workplace for supporting and supervising TNAs, including supervisors, mentors, line managers, practice education facilitators. TNAs were also offered more informal and ad hoc support from registered nurse colleagues.

- Employers and HEI leads emphasised the critical role of practice education facilitators in supporting TNAs. This role involves visiting the wards multiple times a week, making sure that assessments are being done, looking at the clinical skills, and tackling problems as they arise. They also provide consistency in training and assessment as they work with all TNAs.

Recommendations

1. These are based on the learning points encountered four to five months into the programme:

   a. In two-week block placements, allow time for one TNA to pick up where the other left off.

   b. Ensure that early modules include time for the 'building blocks for learning', such as academic writing and study skills.

   c. Planning for a suitable length of induction when TNAs enter new placements.

   d. Having more time for academic learning (for example more HEI days, time for independent learning).

   e. Ensuring there is sufficient protected learning time - to allow for work-based learning.

2. Ensure TNAs are systematically exposed to the right opportunities through clarifying the parameters for placements and monitoring them.

3. Support the TNAs by promoting their role and its benefits widely amongst the workforce. This should include communications which helps to tackle any 'myths' about the role.

4. Develop robust two-way channels of communication to listen to, and engage with, registered nurses and other staff groups as the role is introduced.

   The promotion of the role will be taking place against a backdrop of wider workforce issues and challenges, including recruitment of registered nurses. Promoting this role needs to be situated within wider workforce strategies and plans.

5. Continue to listen to and work with the TNAs, both at a local and national level as they are an important resource for identifying ways to improve the programme.

Themes to be explored by the evaluation in the next phase:

- Different approaches and levels of access to protected learning time and/or supernumerary status across the test sites.

- How test sites are engaging with relevant staff groups about the new role as it is introduced.

- How the role is integrating into settings and is being used as TNAs develop new skills and knowledge.

- Exploring the extent to which TNAs were able to gain maths and English skills while progressing on the programme.

- Exploring whether there are differences in outcomes between TNAs with different types and levels of experience, and the implications this might have on the programme design/ curricula.

2. Introduction

The introduction of Nursing Associates across England aims to create a significant shift within the nursing and care workforce. The new role is a bridging one between healthcare support workers and graduate registered nurses, and 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 TNAs to be exposed to multi-disciplinary working and is designed to allow them to work across a variety of settings with a range of population groups and conditions.

In 2017, 35 test sites across two cohorts have been recruited forming innovative and effective partnerships models, able to deliver a high-quality work based led. Each site is composed of at least one employer and one education provider (Higher Education Institution or HEI), and is aligned with a Sustainability and Transformation Partnership. Beyond this, sites vary considerably in terms of the number and types of employer and education providers involved, the number of TNAs involved, their focus (such as mental health, children's health, or general health), and the context in which they operate.

Health Education England (HEE) have commissioned Traverse to conduct an independent evaluation of the introduction of Nursing Associates, which will run until June 2019.

Evaluation questions

This independent evaluation is primarily focused on evaluating the training and development of TNAs taking part in the two-year programme. The evaluation aims to produce:

- Formative learning and evidence, which can be shared with programme stakeholders and used within the life of the training programme to improve and refine delivery.

- Summative learning and evidence of impact, including information about the cost of the training programme for test site partnerships and HEE.

Whilst it is possible to chart the emerging impacts as TNAs carry out workbased learning, a fuller understanding of the role will only be possible once they have completed the training programme.

The evaluation is using a mixed-method approach to capture both formative learning and evidence as well as evidence of impact. The research questions are as follows:

- How are the TNAs developing as they progress through the training programme?

- Which approaches to delivering the curriculum framework are proving successful?

- How effective are linkages with local strategic partners, such as the STPs and Local Workforce Action Boards (LWABs)?

- How is the Nursing Associate role impacting on service quality and safety?

- To what extent is the initiative producing compassionate, competent and confident Nursing Associates?

- How are Nursing Associates being used and what is the impact of the role on the existing workforce?

- What are the costs and expected benefits associated with the Nursing Associate role to providers and HEE?

Method

Traverse have adopted a mixed-method and participatory approach to answer the evaluation questions, which can engage with multiple stakeholders across different settings:

1. Online surveys, completed by TNAs and their line managers.

2. Deep dive visits to test sites to speak to TNAs, patients, supervisors and other local stakeholders.

3. Analysis of key programme data

4. Data collection at the Communities of Practice events which are attended by TNA from each test site.

5. Analysis of cost information associated with the programme.

Our approach is summarised in Figure 1 below.

Figure 1. overview of evaluation activities

Scoping and design	Main evaluation	Analysis, reporting & updates
Establish steering group	Rolling survey of TNAs and mentors, and interviews	Monthly updates
Evaluation framework and logic model	Attending learning events	Quarterly progress updates (reports and presentations)
Document and wider evidence review	Participation in Communities of Practice	Bi-annual ratings of progress
Mapping programme data	Deep dive visits and interviews with 8 test sites	Attending learning events
Stakeholder interviews	Stakeholder interviews	Economic analysis
Design of data collection and recruitment tools	Feedback from patients, service users, and public	Production of final report and presentation
	Ongoing analysis of management information and trainee data	

This Phase 1 report draws on the first online survey of TNA (which received 1030 responses, a 53% response rate) and four 'deep dives' (East Midlands Collaborative, Somerset, North East London and Lancashire and South Cumbria)/ The evaluation team gained a range of perspectives about the programme by conducting face-to-face and telephone interviews. This included interview with TNAs, supervisors, practice educators, HEI leads and senior stakeholders based at employers such as directors and assistant directors of nursing.

3. About the programme

This section outlines the key elements of the programme and how they vary between test sites. This is to provide context for those who are not familiar with the programme. The emerging findings from the evaluation start in Chapter 4 below.

There are 35 test sites across England. Initially 11 test sites were recruited, followed by a further 24 test sites, who are known in the programme as 'fast followers'. Across the 35 test sites, there are approximately 2,000 TNAs. The infographic and programme logic model on the next pages summarise key information about the programme[1].

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[1] KSS in Figure 2 stands for Kent, Surrey and Sussex

Figure 2. Overview of test sites

Number of test sites per region

North	South
10	5

Midlands & East	London & KSS
9	10

Number of trainees per test site
13 (Least) — 45 (Median) — 257 (Most)

Number of education partners per test site
1 (Least) — 2 (Median) — 4 (Most)

Number of employer partners per test site
1 (Least) — 6 (Median) — 20 (Most)

Number of placement partners per test site
0 (Least) — 4 (Median) — 25 (Most)

Number of trainees per region

North	South
549	221

Midlands & East	London & KSS
652	334

Figure 3. Programme logic model

CONTEXT
The Nursing Associate (NA) role has been created to bridge the gap between healthcare assistants (HCAs) and registered nurses (RAs), as recommended in the Shape of Caring Review. HCAs are a vital part of delivering frontline compassionate care but there is often a lack of access to training or personal development. Challenges of an ageing population with more long-term conditions requires a workforce which is equipped with the skills, behaviours and knowledge to deliver care that is holistic, patient-led, preventative in focus and closer to home.

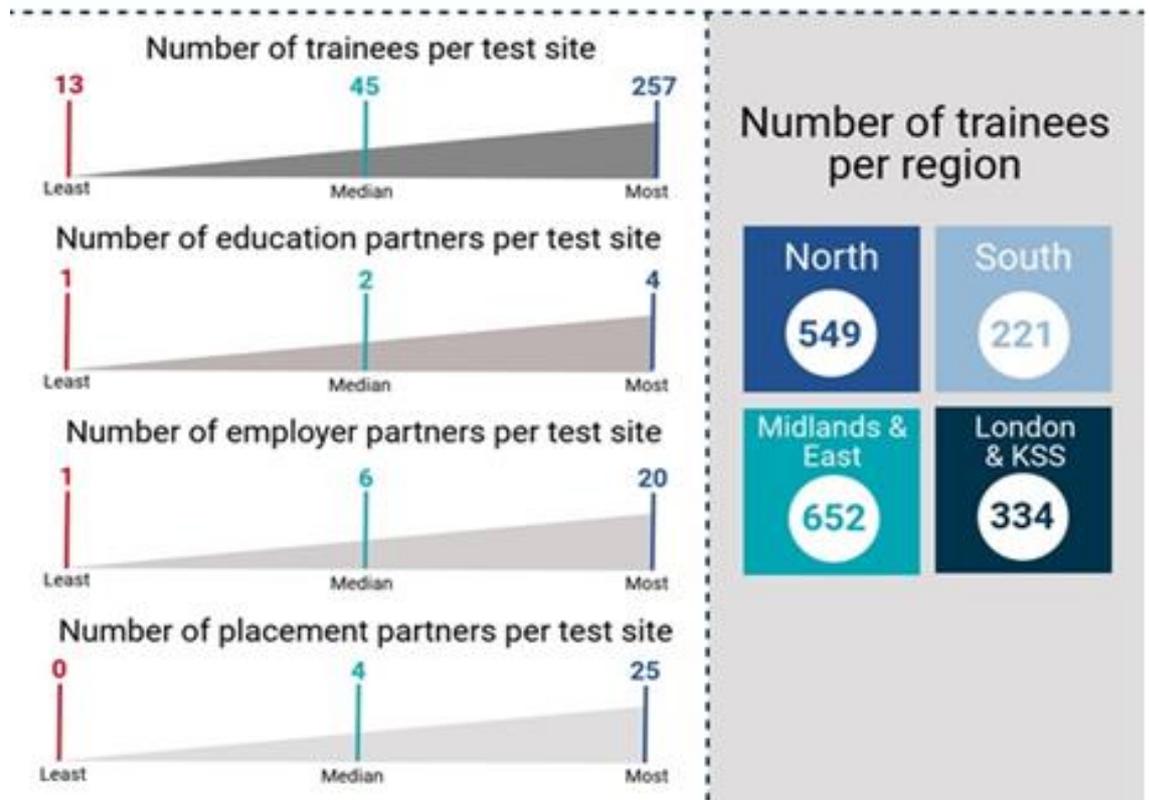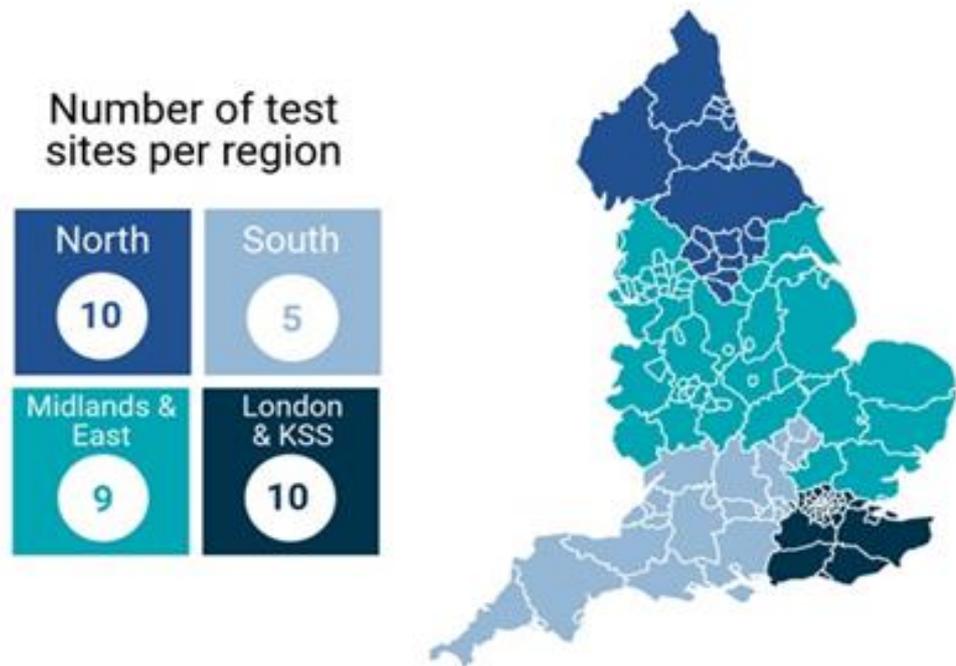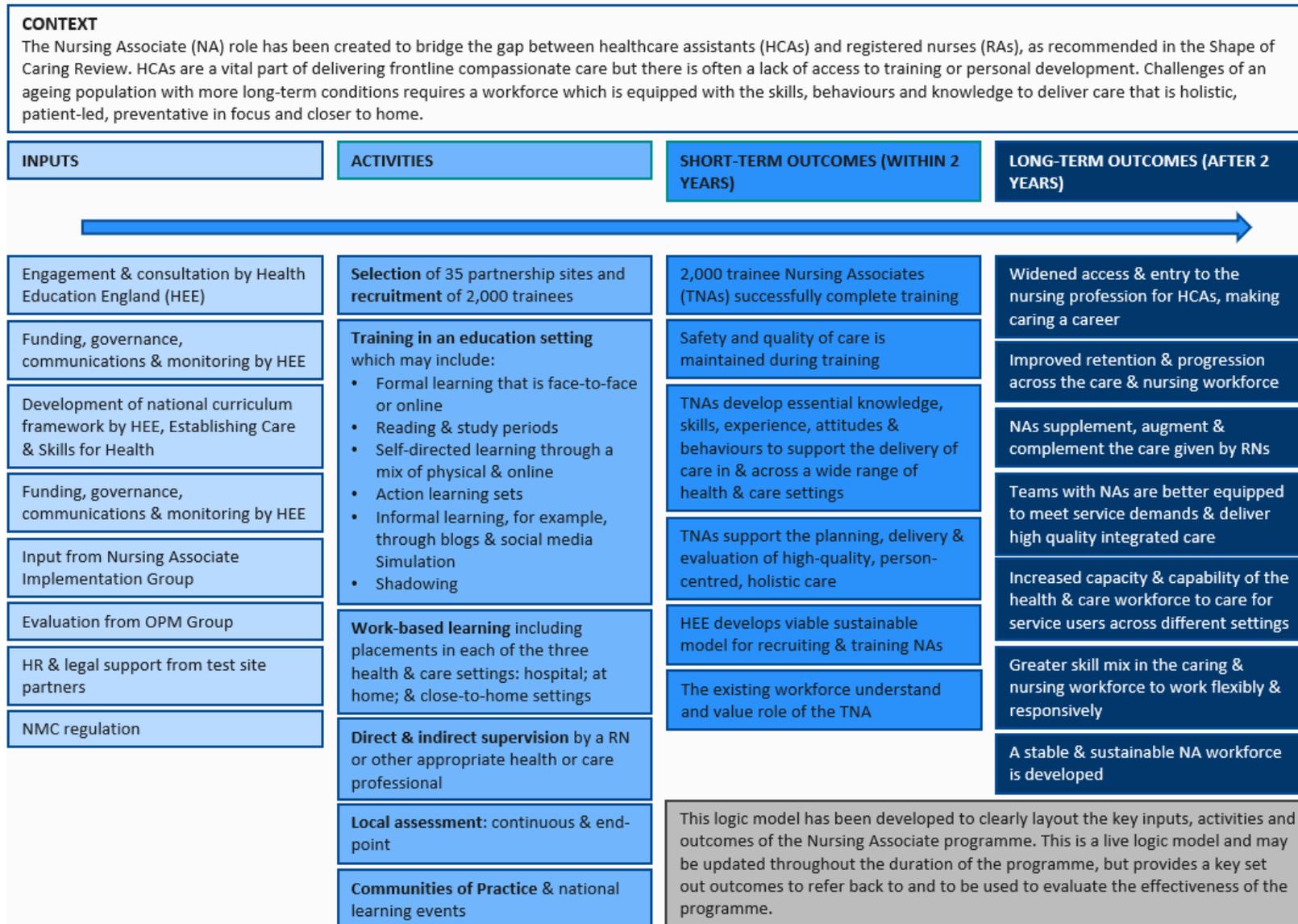| INPUTS	ACTIVITIES	SHORT-TERM OUTCOMES (WITHIN 2 YEARS)	LONG-TERM OUTCOMES (AFTER 2 YEARS)
Engagement & consultation by Health Education England (HEE)	**Selection** of 35 partnership sites and **recruitment** of 2,000 trainees	2,000 trainee Nursing Associates (TNAs) successfully complete training	Widened access & entry to the nursing profession for HCAs, making caring a career
Funding, governance, communications & monitoring by HEE	**Training in an education setting** which may include:	Safety and quality of care is maintained during training	Improved retention & progression across the care & nursing workforce
Development of national curriculum framework by HEE, Establishing Care & Skills for Health	• Formal learning that is face-to-face or online • Reading & study periods • Self-directed learning through a mix of physical & online • Action learning sets • Informal learning, for example, through blogs & social media Simulation • Shadowing	TNAs develop essential knowledge, skills, experience, attitudes & behaviours to support the delivery of care in & across a wide range of health & care settings	NAs supplement, augment & complement the care given by RNs
Funding, governance, communications & monitoring by HEE			Teams with NAs are better equipped to meet service demands & deliver high quality integrated care
Input from Nursing Associate Implementation Group		TNAs support the planning, delivery & evaluation of high-quality, person-centred, holistic care	Increased capacity & capability of the health & care workforce to care for service users across different settings
Evaluation from OPM Group	**Work-based learning** including placements in each of the three health & care settings: hospital; at home; & close-to-home settings	HEE develops viable sustainable model for recruiting & training NAs	
HR & legal support from test site partners		The existing workforce understand and value role of the TNA	Greater skill mix in the caring & nursing workforce to work flexibly & responsively
NMC regulation	**Direct & indirect supervision** by a RN or other appropriate health or care professional		A stable & sustainable NA workforce is developed
	Local assessment: continuous & end-point	This logic model has been developed to clearly layout the key inputs, activities and outcomes of the Nursing Associate programme. This is a live logic model and may be updated throughout the duration of the programme, but provides a key set out outcomes to refer back to and to be used to evaluate the effectiveness of the programme.	
	Communities of Practice & national learning events		

3.1. Curriculum framework

The Nursing Associate training 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 October 2016, Health Education England (HEE) published a *Curriculum Framework* for the Nursing Associate test sites, which outlined the overall knowledge, skills, experience, attitudes and behaviour that TNAs need to develop. The framework is outcomes-based and has the following requirements:

- The programme must entail a full time, two-year programme which equates to a total of 3,375 hours of work-based and academic learning.

- TNAs must complete 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. Holistic care is a whole-person approach that considers and equally values:

  - physical needs

  - psychological needs

  - public health needs

  - learning disabilities needs and considerations

  - social, economic, spiritual and other factors

  - when assessing, planning and delivering care

- Successful completion of the programme is based on the achievement of all learning outcomes, which is assessed through appropriate assessment tasks and criteria.

The aim has been to encourage innovation and creativity in the test sites, with quality assurance and identification of best practice to ensure that each course meets and exceeds expectations.

The test sites are likely to further develop their curriculums in response to the Nursing and Midwifery Council's requirements for registration. A draft was published in September 2017 and a revised version is expected in autumn 2018.

3.1.1. Curriculum design

Some HEIs reported that designing the curricula was achieved in around three months – something which would normally take 10 to 12 months and most have gone on to form

working groups to develop and refine these. Rather than 'reinventing the wheel', many test sites drew on existing curricula and programmes (for e.g. Assistant Practitioner Programme, Nursing Foundation Degree) as starting points for the Nursing Associate curriculum. They then tailored and modified the course to ensure it met the HEE curriculum framework requirements.

For test sites with multiple HEIs partners, curriculum development often involved them coming together to share the strongest elements of their approaches. In the Lincoln test site, for example, a medicines module was shared with all the other HEIs, as it was perceived to be particularly in-depth and effective.

A few months into the programme some HEIs reported that they were refining their design and delivery of the curricula in response to reviews and feedback.

> **"We are now at a point where we are taking stock of what is being delivered vs. what's on the curriculum. I think we basically have all the right things, but it's about ensuring the detail, depth and quality are right." HEI lead**
>
> **"[Academic workload] They are not overloading us, they are spacing it out nicely. I am juggling everything okay. I think things are better now, locally they have ironed things out, challenges are sorted out now so feeling positive." TNA**

3.1.2. Curriculum delivery

Each of the test sites has developed its own approach to curriculum delivery. Over the course of the evaluation we intend to use this variation to make recommendations about what works well and whether there are any models which have proved more challenging to deliver. The main differences between sites are:

- choice of education partner (Higher or Further Education provider);
- approach to learning (type of learning approaches employed);
- number and type of modules;
- block academic learning or integrated day a week learning;
- placement models (for example how placements are arranged);
- number and length of placements; and
- supernumerary status for TNAs.

Education partners: Most test sites have partnered with local universities, though two sites have chosen to partner with Further Education Colleges in the delivery of the curriculum.

In general, 'deep dive' sites reported good engagement with educational partners, though one deep dive site is currently addressing concerns that the teaching lacks a work-based focus as the tutors are no longer engaged in practice.

Approaches to learning: The curriculum framework requires sites to adopt a blended learning approach or similar, which involves mixing both traditional classroom and online learning approaches, as well as allowing students some direction over their learning. Academic partners described a wide range of learning activities that were used including: group discussions and activities; lectures and presentations; e-learning modules and tasks; action learning sets; self-discovery sessions; and pre-classroom tasks.

Many TNAs reported that they most valued activities that were interactive and discussion-based, and those which were very focused on applying the learning to their everyday practice.

> **"They have a variety [of teaching and learning methods] – some lectures, some group work, some skills sessions. We do flipped classrooms where they do some preparation before they come in, then we do some discussion." TNA**
>
> **"Of all the lessons we've had, I remember those ones that we interacted more, and I learned more from those and they stick in my mind. [For example], quizzes, group work, heart dissection – these were all great!" TNA**

Number and type of modules: Sites have structured the academic curriculum so that the initial modules provide TNAs with the necessary building blocks for the programme. For example, early curricula modules include introduction to research, key study skills, academic writing, student welfare services, and anatomy and physiology.

A few sites reported that they modified and extended the physiology and anatomy modules in response to TNAs different learning needs. Similarly, to provide additional support where needed, some test sites have developed 'bridging' programmes (see box below).

> **Test site case study: anatomy and physiology bridging programme**
>
> After the first wave of TNAs reported finding the anatomy and physiology module challenging, one test site developed a 12-week bridging programme for future applicants which prepares them for this content. The programme provides 150 guided hours at a cost to each learner of £600. Applicants need to have basic maths and English qualifications to enter the bridging programme, but, on completion, are eligible for application to the TNA scheme. This is seen as preferable to enrolling onto a Level 3 programme, which takes around 18 months to complete.

Block learning versus integrated learning: There are broadly two approaches to how academic learning has been structured, one involving a block (usually a week of academic study a month), and the other integrating the academic learning (typically, learning in an academic setting one day a week). The advantages and disadvantages of the two approaches, drawing on feedback from TNAs and employers, are summarised in Table 1 below.

Table 1. Advantages and disadvantages of block and integrated academic learning

	Block learning 1 week a month	Integrated learning 1 day a week
Trainees	TNAs better able to focus on their studies and complete assignments, research etc, but difficult to find study time during the rest of the month.	Irregular shift patterns and night shifts can cause tiredness and low concentration levels. Increased travel.
Learning	Learning is less disjointed as topics can be covered in a single period.	TNAs can immediately put learning into practice, and vice versa. Regular interaction with academic tutors, enabling quick identification of issues.
Employers	Harder for employer partners to accommodate, though schedule is clearer for supervisory staff and other nursing colleagues.	Easier for employer partners to accommodate, especially acute wards where Mondays and Fridays tend to be busier.

In addition, some sites have opted for delivering academic learning on-site rather than at the university campus. One test site that offers both options across two different circuits felt that on-site learning offered several benefits, including helping TNAs identify as work-based learners and not students, and enabling interactions between employer and education partner staff (such as academic tutors and supervisors).

> **"Across Leicestershire we have developed the programme in conjunction with De Montfort University but deliver the academic modules ourselves. From a hospital perspective we have module leaders, lifted out of university settings and delivering in a practice setting, working with our partners in the hospice, a GP practice." HEI lead**

Within each test site there is often more than one HEI delivering a Nursing Associate curriculum, with TNAs being allocated to the HEI that is nearest to them. Table 2 below describes two different training circuits within one test site.

Table 2. Comparison of two academic circuits within the same test site

	Circuit 1	Circuit 2
Credits	240	
HEI days	1 a week	
Modules	10	8
Teaching styles	Flipped classroom approach, requiring TNAs to study and prepare for academic days, which focus on discussion.	Blended approach, involving face-to-face, online and practice learning and teaching strategies.
Assessment	Practice Learning Assessment Document (PLAD) Objective Structured Clinical Examination (OSCE) Essays, examinations, oral presentations, written assignments, assessed interviews	Practice Learning Assessment Document (PLAD) Objective Structured Clinical Examination (OSCE) Essays, examinations

3.1.3. Placements

Across the programme, test sites' approach to organising placements has varied significantly in terms of the type, number and length of placements, the organisation and administration of them, and the level of protected learning time and or supernumerary status that TNAs have.

Each TNA will have a 'home' employer where they will achieve most of their training hours. However, they also need to achieve 675 hours in placement settings to ensure they are exposed to a wide range of settings. In the figure below we provide examples across the three different types of placement settings.

Figure 4. Examples of TNA placement settings

Placement settings: Placements across the three health and care settings are designed to expose TNAs to different population groups and support them in providing holistic and person-centred care. Examples of placement types:

In hospitals
Acute medical and surgical in-patient care
Patient mental health services
Critical care
Rehabilitation services
Neonatal care

Close to home
Community hospitals
Palliative and end of life care
Community mental health or learning disability teams
School nursing
GPs

At home
District nursing
Health visiting
Nursing home
Community outreach teams

Most employers are not able to provide all three placement settings themselves. In these areas, sites have established cross-trust exchanges. For example, TNAs from acute trusts going to community trusts for their placements.

Placement models: In some instances, HEIs organise the TNA's placements, whereas in others, each employer or provider has taken this on. Many sites have adopted a 'hub and spoke' model, where TNAs split their time between their main 'hub' (typically their home employer) and then alternative 'spoke' placements to help maximise their learning opportunities and broaden their experience (Table 3). For example, spoke placements might include primary and social care settings for TNAs based in an acute hospital trust.

Table 3. Example of Hub and Spoke placement set-up at one test site

Hub placement	Spoke placement
TNAs required to undertake 4-6 hub placements of 12-17 weeks	TNAs provided with information packs and responsible for organising
3 days a week	1 day a week
TNAs are additional to the staffing numbers, but will sometimes have their own caseload	TNAs are supernumerary, and can observe, shadow nurses etc.

Some test site partnerships initially planned to rotate TNAs in placements as like-for-like replacements, but found that TNAs needed more time to adjust to new roles and in any case brought different skills, depending on their background. This meant that these test sites required unplanned backfill, through recruiting additional HCAs or using agencies.

Number and length of placements: The number of placements that TNAs are expected to undertake across the test site partnerships varies somewhat. 42% of survey respondents reported that they will undertake three to five placements; whereas 36% reported that they would undertake more than five placements.

There are similar differences in placement length across the test sites. Placements can last from two weeks up to six months, with TNAs either attending a set number of days a week or in blocks.

The number and length of placements also vary between employers within test sites. Placement duration and type of placement have often been shaped by what is available locally.

Test site case study: placement length

TNAs at one test site undertake two-week block placements, to balance employer partners' staffing needs with TNA's learning and development needs. Views about the recommended length vary and depend on a wide range of factors. For example, some TNAs and employer partners expressed reservations about how much can be learnt in two weeks, while other partners in the test site have found that this is sufficient to enable TNAs to experience other healthcare settings, acquire knowledge, and apply that learning within their host ward. for example, improved discharge processes.

Supernumerary status and protected learning time: Across the test sites and different placements, there has been variation in the extent to which TNAs have been given access to protected learning time and or supernumerary status.

Having protected learning time and or supernumerary status on placements was felt to enable TNAs to enter "full learning mode". Dedicated time to learn, familiarise and settle in has been particularly valued at the beginning of placements. It also enabled them to undertake new activities, such as accompanying physiotherapists or occupational therapists.

However, test sites also highlighted how they were able to provide TNAs with learning opportunities on

> **"Some placements will count us as if we are a Healthcare Assistant, so we will be counted as a Healthcare Assistant and used as a Healthcare Assistant, instead of being supernumerary… But in some places, like my last placement, I was very lucky. I was counted supernumerary and I was treated like a student nurse" TNA**

their own wards whilst they were counted in the numbers, such as accompanying Registered Nurses at assessments or on a drug round.

In the next phase, the evaluation will use the deep dives to further explore the benefits and challenges associated with giving TNAs protected learning time and/or supernumerary status.

3.2. Trainee supervision

A wide range of roles supports TNAs across the programme which are summarised below.

Figure 5. overview of roles supporting/ supervising Trainee Nursing Associates

Line managers	Supervisors	Mentors	Clinical Educators	Academic Tutors
• Responsible for managing TNA's workload and development • Trainee satisfaction, annual leave, checking shifts are rostered	• Responsible for overview of TNA's learning opportunities • Support TNA to achieve learning outcomes	• Responsible for managing TNA's requirements • Signing of workbook • Supporting organisation of placements • Regular catch-ups	• Are assigned to a group of TNAs • Connect theory and practice • Review clinical skills, address issues and run top-up training • Support mentors and TNAs through assessments	• Supports and oversees academic development • Promotes self-awareness and confidence in learning • Provides support around academic issues

In addition to this, they also have place line managers, responsible for performing line manager and mentor responsibilities whilst on placements and HEI pastoral services, such as learning support teams, confidential support lines, and support for students with extenuating circumstances. Support structures have varied across test sites, including the types of staff performing both the role of line managers and mentors.

Employers and HEI leads felt that Clinical Educators, or Practice Education Facilitators, perform a critical role in supporting TNAs. This role involves visiting the wards multiple times a week, making sure that assessments are being done, looking at the clinical skills, and addressing issues. They also provide consistency to training and assessment as they work across all TNAs.

> **"When the trainees are having their assessments done, I know that's at a consistent level and to a consistent standard because [the practice education facilitators] are bringing that consistency to all the assessments across all the wards." Employer**

4. About the trainees

4.1. Recruitment and selection

Recruitment of the programme took place in two waves, the first in October 2016 and the second in January 2017. Test sites partners worked together on 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 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 partnerships.

Some test sites have mirrored the recruitment approach used on their assistant practitioner programmes and foundation nursing degrees, pointing to the low attrition rates that these approaches have achieved. Test sites have worked hard to create rigorous and robust recruitment and selection processes against a tight timetable.

> **"The whole experience was pretty intense – we had a structured interview which was quite grueling, 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." TNA**

The selection process typically involved shortlisting, testing applicants' numeracy and literacy, running identity checks and getting character references, and then interviewing applicants. The selection process was supported by the use of structured interview guides, and many test sites have included scenario-based assessments informed by the NHS Constitution values. Interview panels typically included 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**

Level 2 in maths and English were a key requirement of the programme in many test sites, but it was in these areas that applicants most often fell short.

> **". 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 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 have accepted applicants on to the programme who needed maths and English qualifications either before beginning the programme or in the first few months. The evaluation intends to explore the extent to which TNAs were able to gain these skills and progress on the programme.

4.2. Profile of applicants and those accepted on to the programme

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

The available programme data shows there was a reasonable age spread of successful applicants (Figure 6). Successful applicants are most likely to be aged 26-35, while 2% of applicants are aged 56-65.

Figure 6. Age breakdown of those who applied, and those who were accepted over the second wave of recruitment (Base: applied 3,237, accepted 832)
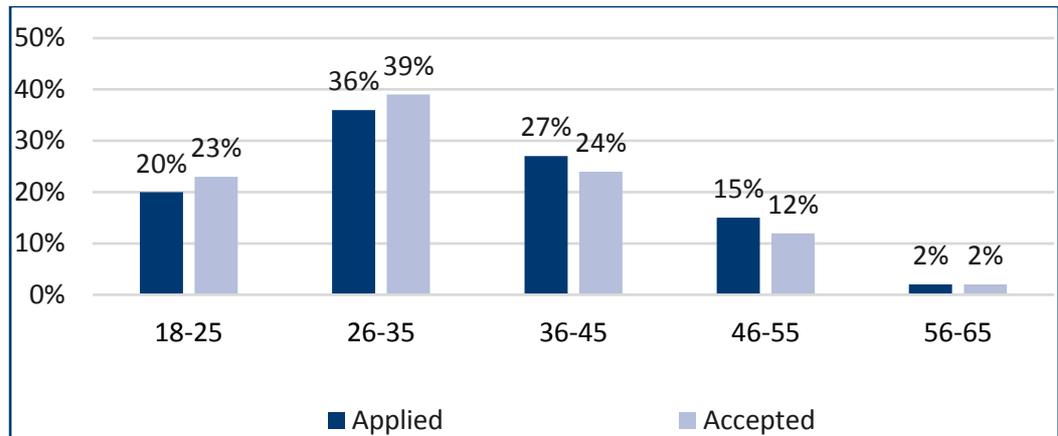
The diversity of successful applicants is illustrated below. Around three quarters of successful applicants were White (Figure 7).

Figure 7. Ethnicity breakdown of those who applied/ accepted (Base: applied 6,650, accepted 1,758)
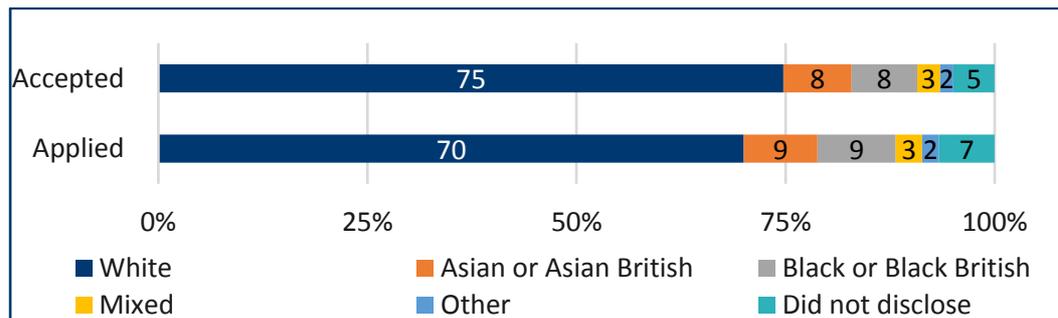
Close to one in 20 (4%) indicated that they have a disability and a slightly higher proportion of successful applicants described themselves as disabled, compared with the proportion of disabled people who applied for the programme (Figure 8).

Figure 8. Disability status breakdown of those who applied/ accepted (Base: applied 6,681, accepted 1,771)
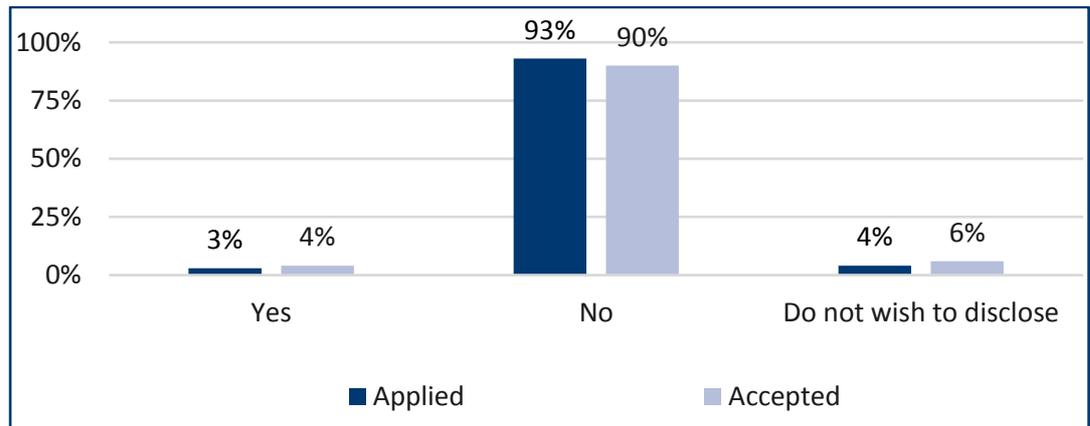
As shown below, the great majority of successful applicants were internal applicants who came from a Band 2 or Band 3 HCA role, while 4% of successful applicants were external recruits (Figure 9). Data are not available for unsuccessful applicants. The aims of the programme, to support retention and offer career pathways to HCAs, were supported by the high level of internal recruitment.

Figure 9. Employment background of successful applicants (Base: 1,801)
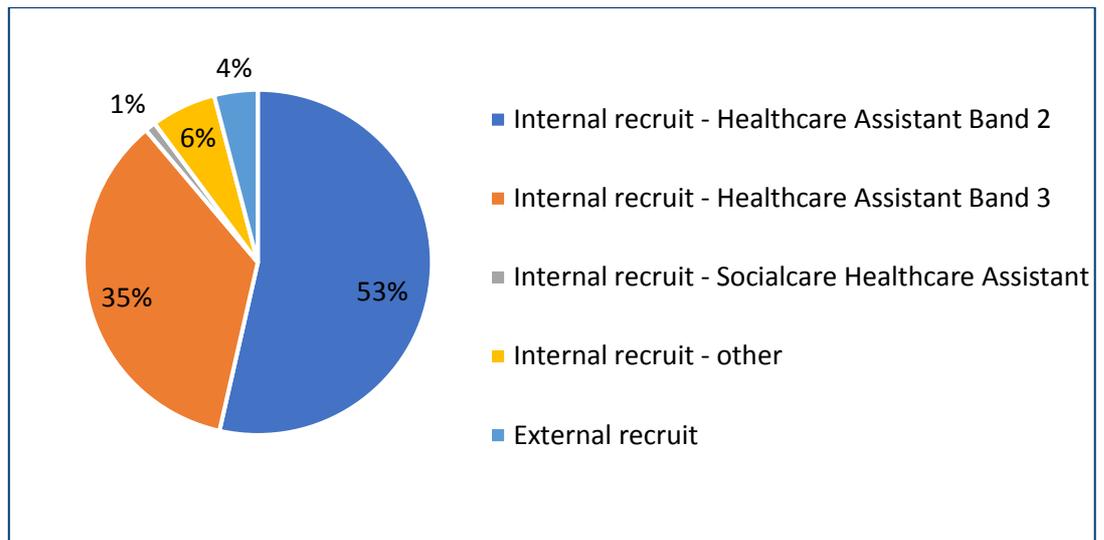
The great majority of successful applicants had significant experience of working in a health or care setting, with 50% indicating that they had six or more years of experience, (Figure 10). The wealth of experience which applicants drew on was noted by several HEI leads and employer partners who were interviewed as part of the deep dives.

> "There is a real mix of trainees: we found that in our cohort there were 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, although employed at Band 2 or 3." Employer partner

Figure 10. How many years successful applicants have worked in a health and care settings, Wave 1 evaluation survey (Base: 1,030)
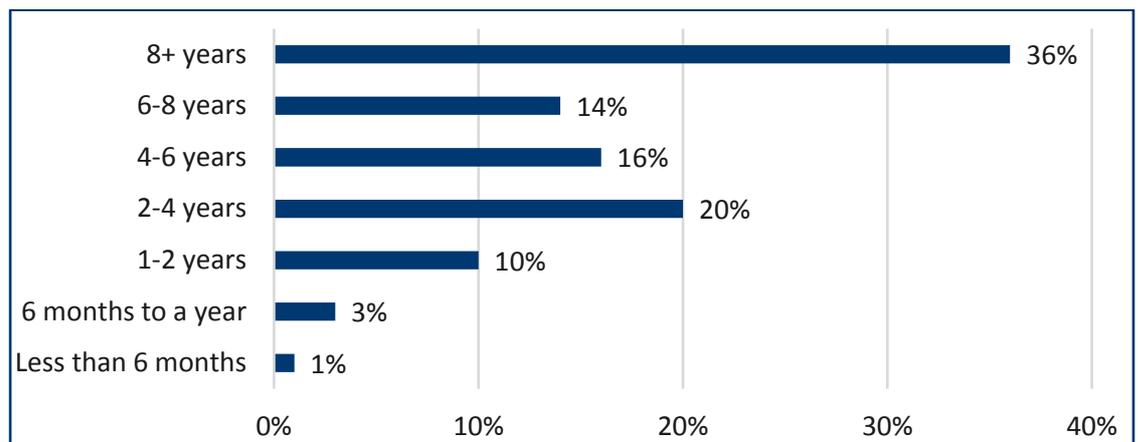
As the role of Nursing Associate is rolled out across the NHS, the average years of experience of the pool of HCAs available to recruit from is likely to reduce. This is because the interested and eligible HCAs with extensive experience will already have been accepted onto courses, leaving less experienced HCAs for future waves. The level of experience of future TNAs will therefore be different. Consequently, our evaluation will look at the relative experience of TNAs with different levels of experience before joining the programme, to ensure we understand whether and how experiences differ, so that the learning is suitable for future cohorts.

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 very few recruited from general practice or social care settings.

4.3. Attrition rates

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

programme is meeting expectations. Attrition rates on the programme as of February 2018, are 10% for the first cohort and 7% for the fast follower cohort, who began the programme three months after the first[2]. Analysis of programme data indicates that the most common reasons for leaving relates to ill health. Other reasons include changes in personal and family commitments. These reasons are consistent with what is known about the TNA's backgrounds: many are juggling family commitments alongside the programme demands.

4.4. Backgrounds and motivations of trainees

Stakeholders delivering the programme stated that TNAs often came to the programme with considerable experience, were often from HCA backgrounds, and that many wanted to take the next step in their career. For many of those wanting to take their next career step, pursuing a nursing degree was not seen as practical or financially viable. In addition to this, it was common for the TNAs 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**

Evaluation fieldwork with a wide range of stakeholders, indicates that TNAs on the programme have proven to be highly motivated and committed learners who were making the most of the opportunity; often they were the first in their family to undertake a higher education course.

> **"I have been extremely impressed, they are highly motivated, there is little sickness absence, 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**

It was reported that some of the TNAs had qualified as nurses in other countries but had been working as HCAs in the UK for some time. Others had trained as registered nurses but had not continued with their registration, and were now ready to come back into education and training.

HEI leads and employers reported that there was wide interest from TNAs in using the Nursing Associate role as a stepping stone to a nursing role. Many saw the programme as a route to a registered role which would help them to feel more valued, give them greater responsibility and give them opportunities for professional development. Many of the TNAs interviewed as part of the deep dives also had a strong understanding of the necessity for the role within the wider healthcare system, and recognised the support they can offer to nurses, as well as the benefits to patients.

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[2] These attrition figures were reported by HEE in February 2018.

> **"I thought it was an easier way to get a lot more experience. When you become a Nursing Associate, it's only a few more steps to becoming nurse and I liked the placements element, as it is a good way to help me know what I want to do in the future. On this course, you get a broad range of skills in different settings." TNA**

There were clear messages about TNA motivation for joining the programme in response to a free text question in the online evaluation survey These are summarised in the box below.

- More than seven out of 10 TNAs applied to the programme to make **progress in their careers and to develop their skills and capabilities**

- Just over half of TNAs were motivated by a **desire to improve the quality of care for patients and service users**.

- 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 opportunity to work **across health and care settings** and take **greater responsibility**.

Some clear messages also 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 supervisor and mentorship.

- Developing successful test site partnerships that are collaborative and able to share best practice.

- Investing in the new role as part of wider workforce planning and skills mix transformation, which involved the creation of a skilled and sustainable workforce who can support RNs, including with the delivery of medicines.

- Creating a role that can work across service boundaries, supporting the integration agenda.

- Providing recognised career pathway for bands 1-4 which widens the routes into nursing.

- By widening access into nursing and providing career progression opportunities, helping to ensure that the workforce reflects local populations.

- Reducing staff turnover (particularly those in Bands 2 and 3) and expenditure on agency staff.

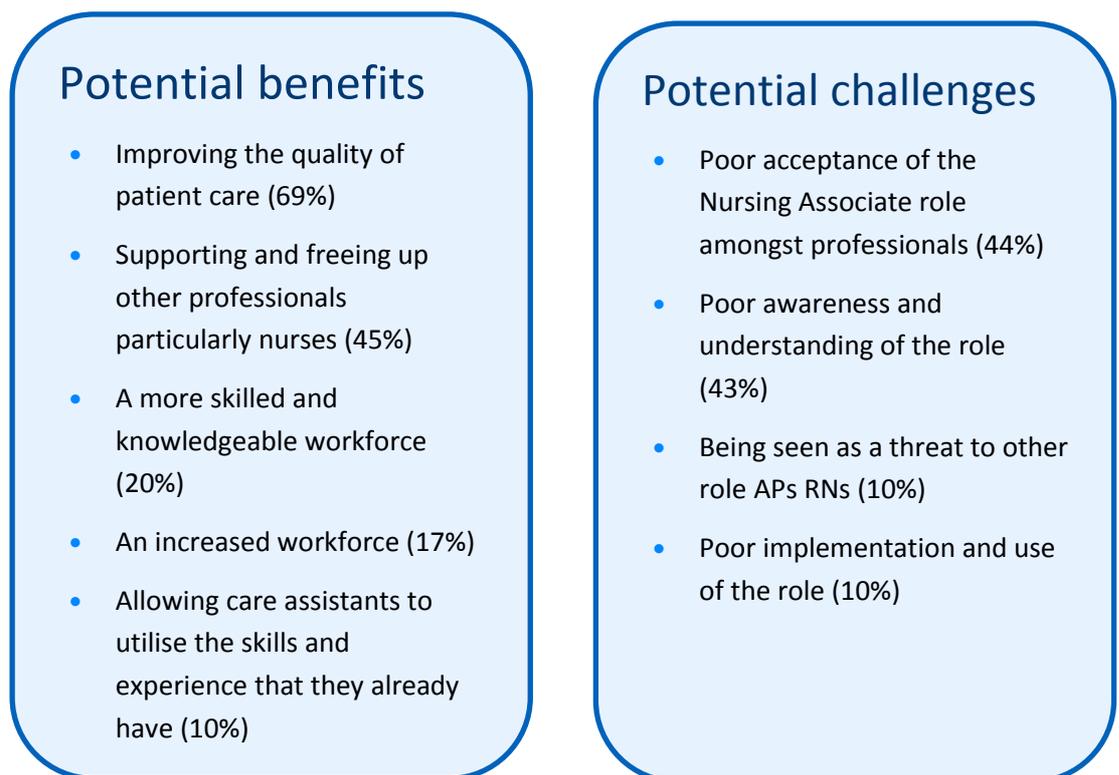- Improving the quality and safety of patient care.

A strengthening relationship and joint working between employers and partners in their patch was an additional emerging benefit of participating in the programme. It was suggested that this had the potential to yield further benefits in terms of increased collaboration, information sharing and cooperation.

> **"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**

4.5. Reflections on the role

As part of the online survey, TNAs were asked to identify the potential benefits and challenges associated with introducing the Nursing Associate role. Survey respondents' open-ended comments have been collated and the key messages are summarised in Figure 11 below.

Figure 11. What do you see as the potential benefits and challenges of introducing the Nursing Associate role? Wave 1 evaluation survey (Base: benefits 986, challenges 980)

Potential benefits

- Improving the quality of patient care (69%)
- Supporting and freeing up other professionals particularly nurses (45%)
- A more skilled and knowledgeable workforce (20%)
- An increased workforce (17%)
- Allowing care assistants to utilise the skills and experience that they already have (10%)

Potential challenges

- Poor acceptance of the Nursing Associate role amongst professionals (44%)
- Poor awareness and understanding of the role (43%)
- Being seen as a threat to other role APs RNs (10%)
- Poor implementation and use of the role (10%)

When it comes to reflections on joining the programme, TNA's biggest source of concern - in response to an open-ended question - was the negative perceptions about the role from colleagues (Figure 12). Many were also worried that the role may not be well understood, and that it could potentially create tensions among colleagues if it was not introduced effectively. Concerns about the high workload and academic requirements were also common, as was some uncertainty about their career prospects once they had completed the programme.

**Figure 12. Did you have any concerns or worries about joining the programme? Wave 1 evaluation survey (Base: 1,030)**
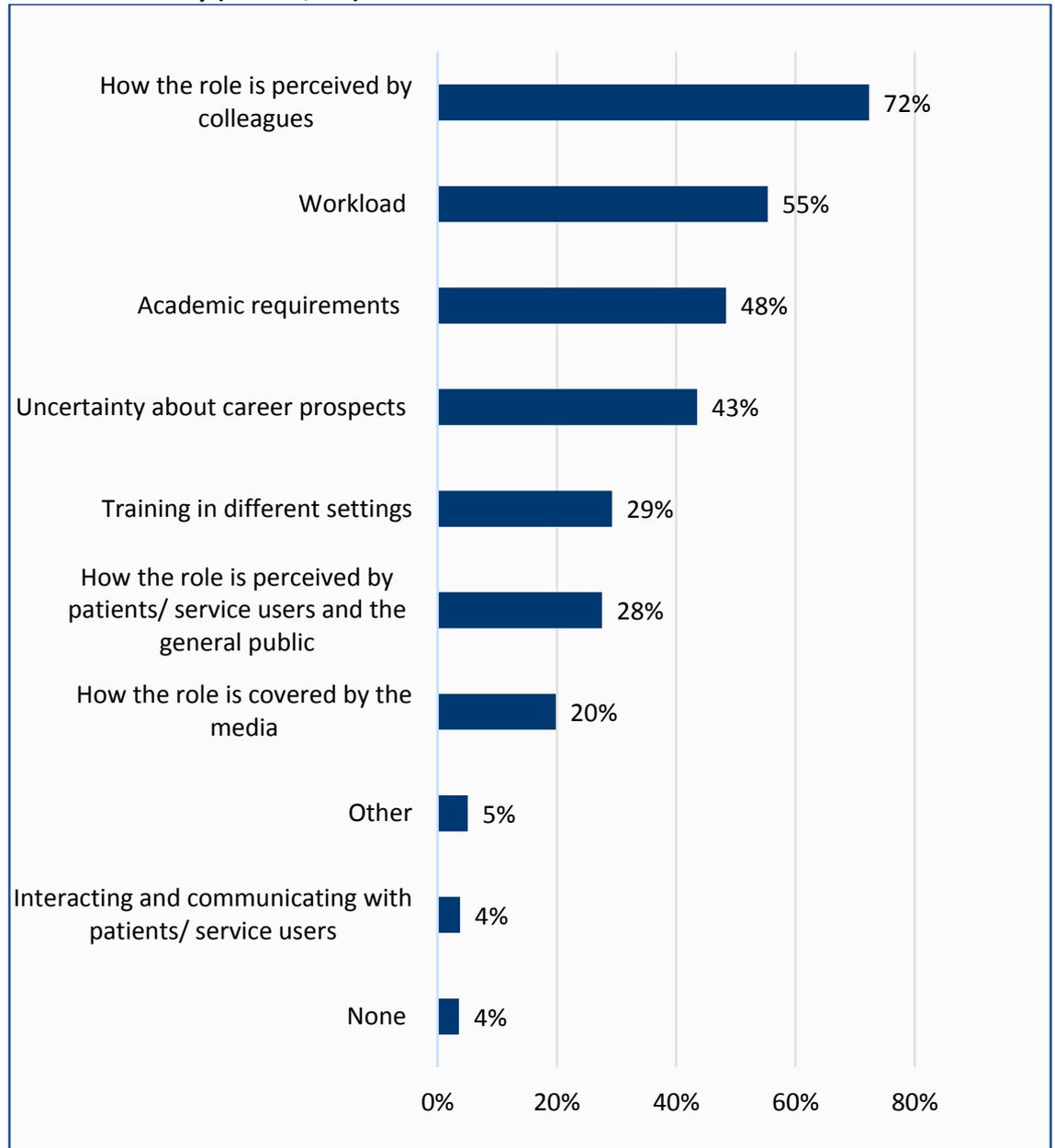
5. Trainees' progress on the programme

5.1. Overall self-reported progress

A few months into the programme, the online survey results indicate that the majority of respondents (66%) are satisfied with the level of progress they are making, 15% are unsatisfied, and the remainder are neither satisfied nor unsatisfied (Figure 13). The great majority of TNAs also reported that they are satisfied with their ability to raise questions and concerns and with opportunities to meet with and learn from other TNAs.

Figure 13. Trainees' sense of progress, ability to raise concerns and work with one another. Wave 1 evaluation survey (Base: 1,030)
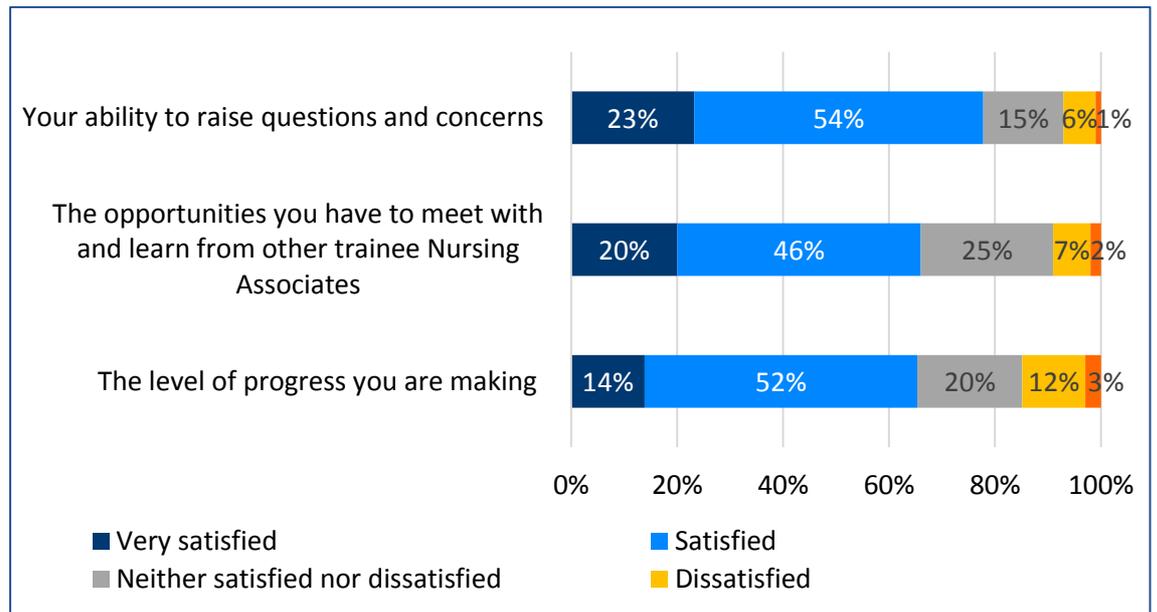
Asked to identify three words from a long list that most captured their early experiences of the programme, the online survey results indicate that the majority are finding the programme challenging, though at the same time exciting and rewarding (Figure 14).

Figure 14. Which three words most closely describes your experience of being involved in the programme? Wave 1 evaluation survey (Base: 1,030)
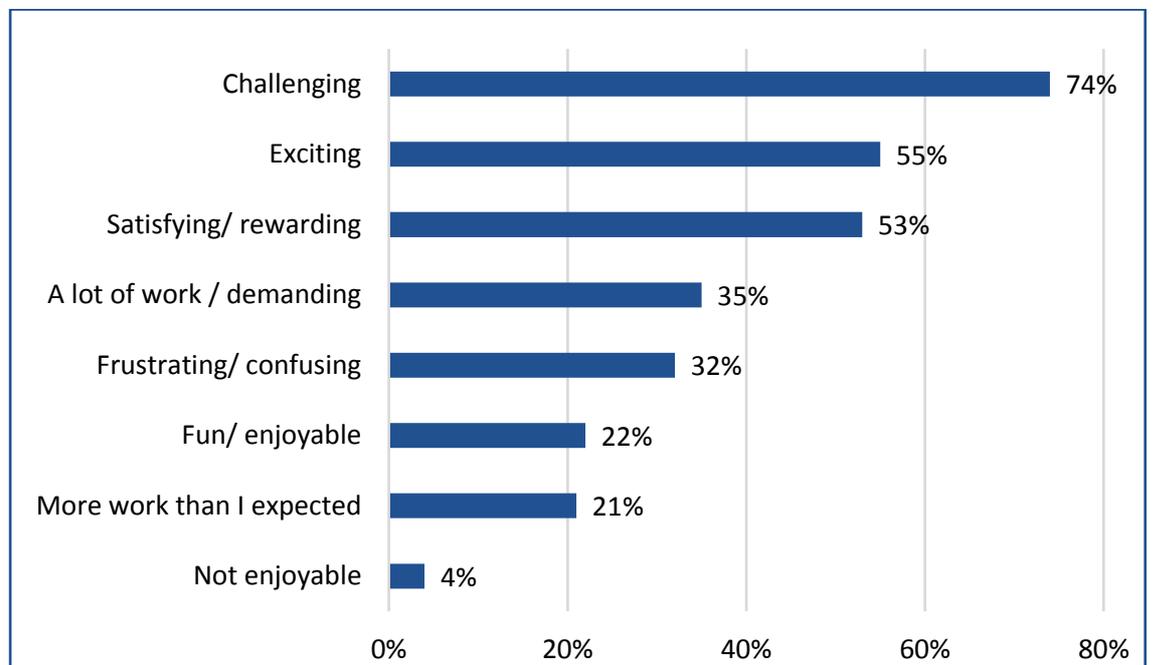
5.2. Case studies capturing trainees' early experiences

The following case studies are based on interviews with TNAs undertaken as part of the deep dives. Each case study covers the TNA's motivations and background, their initial experience of work-based and academic learning and their priorities and views about the programme and role in the future. Fictional names have been used to protect identities.

Case study 1: Jane, female, mid-20s, who has worked in nursing and care homes for six years

Over my time in nursing and care homes, I moved up to the role of senior healthcare assistant. Not long after moving to a new care home I found out about the nursing associate role and I jumped at the opportunity. I saw it as a chance to better myself and to eventually do nursing training. Circumstances financially and at home stopped me from doing a nursing degree. I am also going this for this role for the patients, as it is quite clear that there is an ageing population and that nurses are needing more help.

The reactions of staff have been interesting. Obviously, some of them don't like change much and a few haven't heard much about the role. Some have asked, "Is this nursing on the cheap?", but when they learn more they start to see the benefits.

As TNAs, we are all from different backgrounds – we work on different wards and settings and we can share ideas – there is lots of cross-fertilisation going on, and there is a good atmosphere between us all. We have a Facebook group where we can ask questions, and our academic tutor is also a member, so he can respond to stuff when it comes up.

I am at the university one day a week and I am enjoying the learning. It's a small university and we are lucky to be in small classes, so the sessions are quite personalised, and it is quite easy to get in touch with the tutors. At the university I have also attended some classes on spelling and grammar and that's been really helpful.

I have two supervisors. The challenge is we don't always work on the same shifts, so I am having to ask a few different nurses if I can shadow and work with them. They have been very willing to help. Sometimes, they will come and find me and say look at this or that – you can learn from this. It's been different from my previous role as an HCA where staff don't tend to invest in your learning and development.

At the moment I don't have supernumerary time. I am working in an emergency management unit and the workload is really high, so I know that there are learning opportunities that I am missing out on. At the moment, my work-based learning can "bitty" and I have to take what I can get when it comes up.

In terms of what is changing for me, I feel that I am getting more confident, I can use my judgement a bit more now compared to my previous role, and I am feeling more of a sense of responsibility, and that has got to be good for the patients.

Case study 2: Kate, female, late 30s, senior support worker who works in a respite care centre for children with learning disabilities

My career goal is that I want to be a nurse, and this felt like a good stepping stone to help me get there – I felt ready to take on more responsibility to challenge myself. I am lucky that my line manager is big on personal development, so she's been able to allow me this time out. Not all line managers would be as supportive.

My family and friends have been really supportive since I started the course; they are all really proud of me, and see that this is about me bettering myself – they recognise that I am making this short-term sacrifice. I was quite nervous about the course to begin with; I was looking at what was in the media around the role, but was trying not to let that affect my opinion too much. I have tried to be open-minded.

It's been pretty intense starting at university, as you've got to be prepared to juggle work and study and to not have much of a social life over the course. We do five-day blocks of university each month. I find this approach really good, because you know where you are for the whole week – you can get really immersed in the content.

At the university, there tends to be presentations followed by lots of discussions. I like the mix of learning activities, and the guest lecturers all work in different styles which is good. I have an anatomy and physiology exam coming up which is really scary for me as exams are my weak point; so I am having to spend lots of time revising and memorising.

When I am working in my base setting, I work three days a week in the numbers and then two days supernumerary which is a huge help. My colleagues have been supportive; I am part of a lovely team and I've found that once you've had a proper conversation with staff they are okay. It's a lack of knowledge and understanding tends to cause the negative reactions. I have a really good mentor - we have frequent meetings. She also liaises with external placements and they will do a report on me which we will discuss. I also have a supervisor at work as well who I can talk to about my everyday role, as well as anything Nursing Associate-related and a line manager.

The TNAs have formed little study groups. Some groups have TNAs all from the same settings and backgrounds, others are more of a mix. I prefer working with the more mixed groups – as you can learn and share more from each other.

I am really enjoying the placements – I love going into new places and learning new things – I think the university is good, but it can only take you so far; you need to put the theory into practice. I've found that meeting placements in advance really helps. As well as focusing on learning new tasks, I also like to explore how everything fits together and what everyone else is doing. I also like to get as much feedback as I can from the staff that I work with, to help me improve.

5.3. Settling into the role

TNAs answering the online survey were asked to identify tips and learning about settling into the TNA Nursing Associate role. Key messages are set out in Figure 15 below.

Figure 15. Summary of tips and learning for settling into the Nursing Associate role

Preparation	Time management and planning	Academic learning	Work based learning	Supervision and support
• Familiarise yourself with all the documentation • Do some anatomy and physiology reading • Have a go at doing reflective writing	• Keep a diary and plan ahead • Be ready to juggle study/work/personal life demands • Have some protected study time each week • Concentrate on each task at hand so you don't feel overwhelmed • Be diligent and conscientious so that you keep on top of the workload	• Understand it's a university course and a high standard • Don't rush assignments • Speak up whenever you have a question or concern • Be ready to do self-directed study • Do the reading and prep for the academic study days	• Seek out learning opportunities • Be open, enthusiastic and curious • Don't fall back into old role • Be prepared to explain your role to others • Recognise that everyone has something they can teach you • Visit placements in advance to introduce yourself and create a plan	• Ask other trainees for help when you need it • Explore your learning needs with your line manager and ensure they understand the programme • Get the full support you are entitled to from your mentors and supervisors • Seek out support from the university whenever you need it

As part of the online survey, TNAs were asked to describe their biggest success or proudest moment so far on the programme, by answering an open-ended question. The most frequent types of responses are set out below.

- Passing exams and assignments (23%)
- Learning and developing new skills (14%)
- Getting on the course (12%)
- Delivering high quality patient care (7%)
- Completing assignments (7%)
- Feeling growing confidence in their ability to progress through the programme (7%)

5.4. Sources of support

As part of the online survey, TNAs were asked about the extent to which different groups had been supportive. As shown in Figure 16 below, overall, TNAs report being well-supported throughout the programme, particularly by other TNAs (peer-support) and the HEI tutors. Support from colleagues in the workplace (such as ward managers, other nursing staff) is on the whole positive, though there are mixed views among some TNAs.

Effective support received from supervisors, line managers, and other colleagues (such as ward managers, registered nurses) was reported as one of the key enablers for work-based and academic learning (see Section 5.5 for more details on this).

Challenges or shortfalls in the supervisor or mentor role have included: some supervisory staff initially lacking understanding of their role, a few TNAs reporting that it had been difficult to have catch-up sessions as regularly as they would have liked, and TNAs being supported by other staff when their allocated supervisors were not available.

Figure 16. Overall, how supportive have the following groups been? Wave 1 evaluation survey (Base: 1,030)
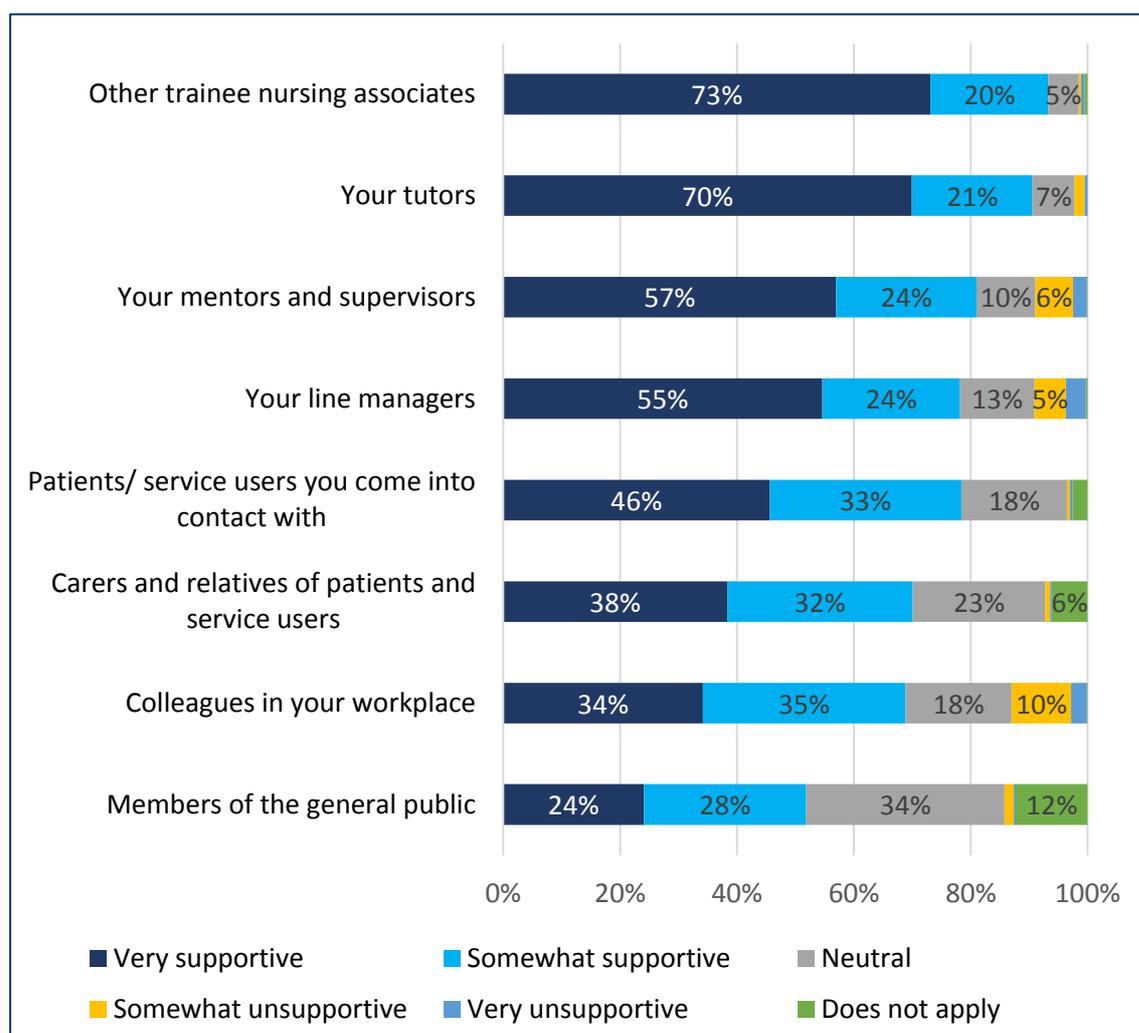
5.5. Factors helping trainees to make progress

As part of the first survey of TNAs, respondents were asked to describe the key factors that were helping them to make progress with their academic learning on programme. These are described below.

University support

- 59% of respondents referenced the support that they had received from their tutors.

- This included being easily contactable for guidance, providing TNAs with resources ahead of teaching sessions and providing clear in-depth explanations of course requirements.

- Deep dive interviews also highlighted that TNAs are drawing on wider forms of HEI support to help them adjust to the programme and expectations. For example, pastoral support and advice, additional classes, and Special Education Needs support.

> **"You get to talk through your learning needs and practical support you can get – I am dyslexic – I get some extra help, and get slides and work in advance that really helps, sometimes lots of talking can help too." – TNA**

Support from mentors, supervisors and other colleagues

- 25% of respondents said that the support that they'd received from their mentors and supervisors had also helped their academic learning.

- This included, mentors giving TNAs permission to work on their academic learning while on shift and also book study days, as well as examples of one-to-one support, such as a recently qualified nurse proofreading a TNA's work.

> **"It has been nice to meet people at university from different trusts, we are sharing ideas. It gives you more knowledge and understanding when you mix with others, and my social skills are improving. I can see myself becoming more confident." – TNA**

Support from other trainees

- 31% of respondents referenced the support that they'd received from other TNAs, including the benefits of peer meetings where they can share experiences and advice, in addition to studying together and encouraging each other.

- TNAs have also formed Facebook groups at a test site and national level, through which they can discuss common problems and feel part of the bigger picture.

Respondents were also asked to describe up to the key factors that were helping them to make **progress with their work-based learning** on the training programme. These are described below.

Support from other nursing colleagues

- 58% of respondents reported that support from their nursing colleagues had helped with their work-based learning.

- Many respondents made reference to the support that their line manager provided, including examples of where managers had tried to create widows of supernumerary time to aid TNA's learning.

- The main form of support offered by other colleagues was facilitating learning opportunities, including demonstrating new skills, shadowing opportunities, supervision during new tasks, and involvement in meetings.

Support from mentors and supervisors

- 32% of respondents referenced that the support that they'd received from their mentors and supervisors had helped with their work-based learning.

- Many TNA's referenced the importance of their supervision sessions, where they could express concerns, check their progress and set goals.

- Many referenced the supportive role that mentors provided in terms of supervision, during which time they could observe and undertake new tasks.

Test sites also identified the following enabling factors:

✓ An initial orientation period focusing on academic building blocks and assessing learning needs has been crucial to TNA's development. For example, study skills, academic writing, and additional learning needs assessments.

✓ Protected learning days (typically 1 day per week) at base settings are highly valued by TNAs – providing them with space to seek out learning opportunities.

✓ Planning and goal setting by TNAs with their mentors and supervisors is helping to ensure successful placements; with TNAs becoming clearer and more assertive about what they want to get out of them.

✓ Clinical educators, typically employed by trusts and allocated to specific TNAs, are providing a welcomed additional line of one-to-one tailored support for TNAs. Several stated that they are playing a valuable 'bridging' role between academic learning and their day to day practice.

5.6. Factors hindering trainees from making progress

As part of the first survey of TNAs, respondents were also asked to describe up to three factors that were **hindering them from making progress**. Across both academic and work-based learning settings, three main barriers were identified:

Lack of clarity, understanding and awareness around the Trainee Nursing Associate role

- 35% of respondents felt that either their own or other staff members' lack of clarity, understanding and awareness of the TNAs role had hindered their progress within the workplace.

- TNAs reported that a lack of clear parameters around the role meant the tasks that they could and couldn't undertake were not always clear.

- The attitudes, awareness and support provided by TNA's wider colleagues has varied across test sites. While many colleagues have been positive and supportive, some TNAs are still being viewed as HCAs, and some TNAs report encountering RNs and student nurses who have felt threatened by the new role.

- Sites are conscious of this challenge and many are investing in communications activities to raise awareness and buy-in. Examples include 'a day in a life of a Nursing Associate' film, leaflets and running staff focus groups. However, TNAs have called for higher intensity and more comprehensive local and national activity.

> **"If you've got a long day, 7:30-8, then you have the study day on the Wednesday and then you're back in the following day, then you've got a day off, then you're back in for another long day, you're exhausted." TNA**

Limited access to protected learning time

- Drawing on the survey, 23% of TNAs said that not having protected learning time and or supernumerary status limited the time that they had to learn and catch up with their mentors.

- Some TNAs felt that they still spent a lot of their time undertaking tasks from their former HCA role, which in some cases was exacerbated by understaffing on wards.

- TNAs at some sites also reported falling back into their old roles when working at their base setting, especially at busier times on understaffed wards.

- It was suggested that some level of protected time appears to be valuable/necessary for TNAs. For example, during their first week in a new placement.

> **"Being in the numbers makes it difficult to gain opportunities to learn things due to timing and other responsibilities" TNA**

Test sites also identified the following challenges:

x Some employers are struggling with the resource implications associated with losing staff when they go on placements. In particular, social care providers have found this challenging.

x TNAs highlighted challenges with travel to and from placements and their HEI, in addition to loss of income when on placements (where they can only work day shifts where the hourly rate is less).

x In some cases, misaligned shifts have meant that TNAs are not able to meet their mentors as regularly as they'd like to.

x A few TNAs reported that some of the shorter placements were more difficult to get value from, especially where they were unfamiliar with the setting.

5.7. Suggested improvements to the programme

As part of the online survey, TNAs were asked in an open-ended question to describe what they would change about the delivery of the programme. Over one in seven (15%) would change nothing, more than one in five TNAs had no suggestions. Figure 17 shows most common suggested changes:

- Changing the structure/organisation of placements, for example more time to prepare for placements, have more/ longer placements – although there is no 'one size fits all' approach;

- Greater focus in induction on entering a new placement/raising awareness of the role;

- More time for academic learning (for example more HEI days, time for independent learning); and

- More protected learning time/ supernumerary status to allow for work-based learning.

Figure 17. Is there anything so far that you would change about the structure and delivery of the course? Wave 1 evaluation survey (Base: 950)

Category	Percentage
Structure/ organisation of workbased learning	18%
Induction to the programme/ understanding of the role	16%
Nothing to change	15%
More academic learning	12%
More/ longer study days	11%
More time or release to participate in the programme	11%
Spreading out the workload more	7%
More support from supervisors and mentors	6%
More work based learning opportunities	6%

6. Emerging impacts of the training

In the first few months, we have observed four main types of emerging impacts, as TNAs go through the programme. These are described below together with some illustrative quotes. Through the next waves of deep dive fieldwork and the surveys of TNAs, the evaluation will build further evidence about the nature and prevalence of these impacts and the factors which help and hinder them.

1. Shift from a task-focused to a patient-focused role:

This change in focus by the TNAs was widely observed by stakeholders and by TNAs themselves across the different test sites. This shift was understood as a fundamental change in TNA's professional identity and purpose, where their role has become less about mastering a set of tasks and more about contributing to the delivery of patient centred care and excellent outcomes. During the training programme, this has involved TNAs taking a step back and reflecting on patients' journeys and their practice. Several TNAs also mentioned that the anatomy and physiology modules have given them the underpinning knowledge to understand and evaluate what is going on around them and how patients are being cared for.

> **"I see myself more as an ambassador for the patients than I did before." TNA**
>
> **"We are looking at why are patients coming across the way they do, how they feel, how we treat them, how they expect to be treated." TNA**
>
> **"Trainees are starting to move away from a focus on tasks, the clinical educator role is helping them take a step back, they are looking at the competencies of care and not just tasks." Employer**
>
> **"Studying anatomy and physiology has made a difference, before she was given tasks but didn't understand why she was doing them, she has recognised that. She's only been on the course 2 or 3 months and this has changed - things are making so much more sense to her." Supervisor**

2. Exchanging skills and knowledge between settings

As TNAs move between different settings they have been exchanging skills and knowledge with health and care professional colleagues. For example, some TNAs from mental health backgrounds have been offering observations and feedback to colleagues encountering people with mental health needs in other settings, which help them to understand and manage patients' mental health needs more effectively.

> "As I work in different settings I've been able to help to reduce the stigma of mental health. As a Trainee Nursing Associate I can share my skills, principles and values with the staff that I work with." – TNA
>
> "When I am doing the placements, I see myself very much as a fresh pair of eyes – we can change the way things are always done." TNA
>
> "As I've been attending MDT meetings we've been able to make improvements to the referrals process." TNA
>
> "By going between spoke and hub we can take skills and ideas backwards and forwards; this knowledge sharing is valuable." Clinical Educator
>
> "As a trainee working in a neurology department, I shared an observation that there was a lack of interaction with patients. The next day staff, were greeting and engaging patients better, and I could see the difference made." TNA

3. Growing confidence and assertiveness about learning needs

HEI leads and employers reported that as TNAs settle into the programme they are becoming more assertive and confident about identifying and pursuing their learning needs. This was felt to be particularly important when TNAs undertake placements. For example, TNAs reported that they found it helpful to meet staff in the setting in advance to plan their placement and to set learning objectives. During the placement, TNAs emphasised that they need to be bold and confident about asking questions and seeking out learning opportunities, rather than simply observing what is going on around them.

> "Trainee Nursing Associates are starting to manage their time more independently and are making more decisions about what they want to get out of placements." Academic tutor
>
> "I find that I am able to able to question RNs about their decisions – it's about understanding why they have chosen those options." TNA
>
> "What I am hearing is that the placements are becoming more fruitful, as the mentor role has become clearer, and trainees are becoming more assertive about their roles and are looking at their KPIs and are exploring how they can fulfil their learning needs." Employer

4. Bringing additional capacity and expertise

As TNAs develop their knowledge, skills and confidence and work across different settings, several described how they or their colleagues were making a greater contribution to service delivery which benefitted both their colleagues and for patients.

> **"A Trainee Nursing Associate was working in a dressing clinic when the nurse was ill, but instead of the clinic being cancelled, the Trainee Nursing Associate was able to do dressings to avoid a cancellation." TNA**
>
> **"With the trainee in a long-term placement, the number of great care letters went up by 43%; and the department also saw letters to the matron (complaints) go down. I think this was achieved by the relationships and joint working between the nurses and the trainee. With the trainees on board, more time could be spent with patients." TNA**
>
> **"As our role takes shape it reduced the RN workload, allowing them to give better care to patients." TNA**
>
> **"With trainees we are expecting to make less use of agency staff – this will save money and improve care." Manager**

7. Conclusions and next steps

The key findings from the evaluation are summarised below.

About the trainees

There was considerable interest in participating in the programme, with around 8,000 people applying for approximately 2,000 places. More than seven out of 10 TNAs in the survey applied to the programme to progress their careers and to develop their skills and capabilities and just over half were motivated by a desire to improve the quality of care for patients and service users.

Deep dive interviews also revealed that the programme is seen by many TNAs as a stepping stone to 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, seven out of 10 surveyed TNAs 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, particularly registered nurses.

Reflecting on the character and disposition of TNAs, a range of stakeholders across the deep dive test sites reported that in the first few months of the programme, TNAs have shown themselves to be highly motivated and conscientious learners who are keen to build on their experience of working in health and care settings.

Trainees' progress in the first few months

A few months into the programme, the majority of TNAs (66%) are, overall, satisfied with the level of progress they are making, 15% are unsatisfied, and the remainder are neither satisfied nor unsatisfied. When it comes to making progress:

- **Key enablers** include a strong support network, particularly support from fellow TNAs and having regular protected learning time to do academic study and take part in work-based learning.

- **Key challenges** include managing the high workload and having limited time to do desk based work associated with the programme. In fewer cases, challenges included travel to and from placements and to academic learning sites, especially in the more rural and more dispersed test site) and loss of income when on placements, as TNAs lose out on shifts that pay a higher hourly rate.

The online survey also indicates that the programme is responsive to TNAs, with over three quarters (77%) indicating that they are very satisfied or satisfied with their ability to raise questions or concerns.

Reflections on the academic settings

Some of the TNAs are the first in their family to study in a university setting and employers and HEI leads found this affected their confidence about participating in academic study.

In some test sites a significant minority of TNAs have come to the programme with additional learning needs. For these TNAs in particular, a period of initial orientation and a focus on the 'building blocks' has been crucial (for example study skills, academic writing, and engaging with student services).

HEI leads have been consistently impressed by the levels of enthusiasm and commitment shown by TNAs. even though many found first few months of the programme challenging. This commitment is reflected in the relatively low rates of attrition to date on the programme: 10% for the first cohort and 7% for the fast follower cohort, as reported by HEE in February 2018.

Both the online survey results and deep dive visits indicate that overall there are good levels of satisfaction with the quality of teaching and support from HEIs – especially where the emphasis is on interactive learning modes.

Following a rapid design and launch, some HEIs reported that they had been focused on reviewing and consolidating elements of their programme and curriculum.

When it comes to taking part in 4- or 5-day blocks of academic learning each month or having an integrated 'day a week' approach to academic study, there appear to be pros and cons associated with each, and TNA's preferences vary depending on their local context.

Reflections on work-based learning

A key challenge for some TNAs in the first few months of the programme has been limited understanding and acceptance of the role amongst their colleagues. While employers taking part in the programme have clearly bought into the role and some have invested resources in promoting it (for example, a day in a life of an NA film, leaflets, and staff focus groups) more work is needed.

The approach taken to organising placements has varied a great deal across the 35 test sites. including

- the number and type of placements organised for each TNA

- the duration of placements

- whether and how much protected learning time or supernumerary time they have

- when the placements begin

- how they are sequenced, and

- who leads the process of organising them.

TNAs interviewed as part of the deep dives reported that providers became better prepared to support/host them on placements as the programme has progressed.

Whilst there is no 'one size fits all' approach to organising and structuring placements, since TNAs have different learning needs and are working in different contexts, there is a need to

understand more about the models or approaches that are most appropriate. There is also a need to ensure that when based in either placements or their base settings, TNAs have access to a minimum amount of time and autonomy to learn and take up learning opportunities.

Emerging impacts of the trainee Nursing Associate training

- The deep dive interviews and Communities of Practice events provided opportunities for the evaluation to explore the emerging impacts of the TNA training.

  - ✓ Positive impacts: There is clear evidence that TNAs are moving away from a task-based role, and towards a role that is more patient- and outcomes-focused.

  - ✓ Placements are allowing TNAs to exchange skills and practice with colleagues across different settings. This is reportedly leading to immediate improvements in the quality of care delivered.

  - ✓ TNAs are showing increased assertiveness and self-belief when entering placements, and are seeking out learning opportunities.

  - ✓ As TNAs develop their skills and knowledge they are bringing additional capacity to the settings or services they are working in.

- Negative impacts

  - x TNAs reported that a lack of clear parameters for the role meant it was not always clear which tasks that they could and could not undertake.

  - x While many colleagues have been positive and supportive, others have viewed TNAs as HCAs; other TNAs report registered nurses and other staff groups felt threatened by the new role.

  - x Some employers are struggling with the resource implications associated with staff going on placements. In particular, social care providers have found this challenging.

  - x Travel to academic and placement settings can be costly for TNAs based in rural areas, and some TNAs reported a loss of income when on placements, as it meant that they lose out on shifts that pay higher hourly rates.

- The evaluation will seek to further understand and quantify these impacts over the remainder of the programme.

Recommendations

1. Identify and respond to the various challenges and learning points encountered by some of the test sites in the initial few months. These include:

   a. On two-week block rotations to placements allow additional time for one TNA to pick up where the other left off;

   b. Ensure that early modules include a sufficient emphasis on the 'building blocks for learning', such as academic writing and study skills.

   c. Planning for a suitable length of induction when TNAs enter new placements.

d. Having more time for academic learning (for example more HEI days, time for independent learning);

e. Ensuring there is sufficient protected learning time/ supernumerary status to allow for work-based learning.

2. Ensure sufficient clarity and oversight of placements so that TNAs are systematically exposed to the relevant opportunities.

3. Support the TNAs by promoting their role and its benefits widely amongst the workforce. This should include communications which helps to tackle any 'myths' about the role.

The promotion of the role will take place in the context of wider workforce issues and challenges, including shortfalls in nursing numbers for this promotion to be credible, therefore, it needs to be situated within wider workforce strategies and plans. There should also be mechanisms to listen and engage with registered nurses and other relevant staff groups as the role is introduced.

4. Continue to listen to and work with the TNAs, both at a local and national level as they are an important resource for identifying ways to improve the programme.

Themes to be explored by the evaluation in the coming months:

- Different approaches and levels of access to protected learning time and/or supernumerary status across the test sites.

- How test sites are engaging with relevant staff groups about the new role as it is introduced.

- How the role is integrating into settings and is being used as TNAs develop new skills and knowledge.

- Exploring the extent to which TNAs were able to gain maths and English skills while progressing on the programme.

- Exploring whether there are differences in outcomes between TNAs with different types/ levels of experience versus more experienced applicants, and the implications this might have for the programme design/curriculums.