Social care deep dive

Evaluation of the introduction of Nursing Associates

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Introduction

- Traverse was commissioned by HEE to conduct an ongoing evaluation of the introduction of nursing associates (NAs).
- This presentation summarises the findings from fieldwork conducted with two partnerships with social care employer partners, complemented with programme data held by HEE.
- The four employer partners within this case study included two nursing homes (supporting people in later life, with dementia and with physical and learning impairments) and, following guidance received during scoping interviews, two hospices.
- Across both partnerships, interviews were conducted with:
    - Care Home Managers
    - Clinical Educators and Practice Education Facilitators; and
    - NAs (all of whom had qualified)
- Interviews were also completed with representatives of a Local Care Association and two leading social care workforce bodies.

Uptake of the role

- Drawing on HEE programme data, 143 trainee nursing associates from a social care or assisted living background have participated in the programme to date. This represents around 2% of all trainee nursing associates across Waves 1-3.
- Just under a third of nursing associate partnerships include a social care employer, of which most joined during the most recent (third) wave.

Sector	Region	Wave	No. of partnerships	No. of employers	No. of trainees
Social Care / Assisted Living	London	1	1	1	2
		2	1	2	11
		3	2	3	8
	Sub-total		4	6	21
	Midlands & East	1	1	2	16
		2	1	1	2
		3	5	8	35
	Sub-total		7	11	53
	North	1	1	2	3
		2	2	3	4
		3	4	7	12
	Sub-total		7	12	19
	South	2	4	6	17
		3	9	15	33
	Sub-total		13	21	50
	TOTAL in social care		**31**	**50**	**143**
	TOTAL across TNA programme		**97**	**No data**	**7033**

Motivations for investing in the role in social care

- An opportunity **to 'grow your own' and support staff retention** in a sector with relatively high levels of staff turnover and vacancy rates and a weaker learning infrastructure, through providing clear development opportunities and recognition.
- **Improve patient care in nursing homes** for residents with dementia or other conditions, through a better educated workforce and familiar faces delivering care (thereby reducing the use of agency nurses).
- Enable **social care nurses to spend more time with complex patients in nursing homes and hospices**, through supporting them with assessing residents and clinical duties.
- An opportunity to **change perceptions and increase the credibility of social care nursing** through providing first-hand experiences to TNAs from other backgrounds, bringing more people into the sectors.
- Support **skills exchange between different healthcare settings**, through TNAs supporting staff on placement (e.g. dementia care in acute settings), or bringing sharing skills learned during placement with the social care workforce.

How are nursing associates being utilised?

- Having qualified, NAs typically return to or move into a team leader role, delivering fewer care-focused shifts and running more shifts in a nursing capacity. This role typically requires NAs to act as a liaison between the care team and nurse-on-shift, requiring more autonomy and responsibility.
- Qualified NAs undertake more nursing duties through drawing on improved:
    - clinical knowledge to support care planning meetings;
    - clinical skills to undertake specific nursing tasks, such as taking physical observations, accompanying GP wards rounds, catheterisation and venepuncture; and
    - leadership skills to handle tasks such as disciplinary meetings.
- Employer partners highlighted that the role is still in its infancy – they expect to start fully exploring how best to incorporate and embed the role within the social care workforce now that NAs have graduated. For example, one nursing home had brought registered nurses and NAs together to review the NA job description, NMC and employer requirements and establish how best to collaborate across care.

Benefits of the role

The table below shows the main reported outcomes of the training programme on trainees from a social care background – and the wider effects these changes have on their workplace and the people they support.

Outcomes for TNAs	Outcomes for social care employers	Outcomes for supported people
• TNAs develop clinical knowledge and critical thinking skills within the life of the programme that they can begin to apply immediately e.g. heart rate measurement.	• TNAs act as a bridge between care teams and nurses in nursing homes and hospices, supporting RNs in their assessments and delivery of care.	• Patients needs are responded to more quickly (even when NAs are in a care-focused role).
• The training programme has widened trainees' perception and understanding of the needs of the people they support and the challenges involved.	• TNAs bring back learning that can help other staff members update their practices.	• Higher levels of patient-centred care more specific to their individual needs e.g. improved communication skills through working with people with mental health problems.
• Trainees develop a broad range of clinical skills through training and working in a broader range of healthcare sectors.	• NAs able to undertake a broader range of tasks within nursing homes and hospices through applying transferable learning. For example, drawing on knowledge or skills gained during post-operative observations or clinical drug rounds in acute settings.	• More nursing tasks are delivered by NAs rather than agency nurses improving continuity of care and patient experience in nursing homes. • Complex patients receive higher standards of patient-centred care from RNs in nursing homes and hospices. • Patients receive more holistic care.
	• Fewer duties towards the lower end of an RN's band frees up their time to focus on more complex patients in hospices and nursing homes, or attend training and development opportunities (e.g. advanced clinical practitioner course)	
	• Upskilled team members provide greater flexibility within a workforce and reduce spend on agency nurses	

Case study: Barbara

Barbara has worked in a nursing home supporting people with dementia for over five years. During this time she progressed to the position of senior carer – one of the highest caring roles in the home – but wanted to train as a nursing associate to provide even more to help residents in the home.

She recently qualified as a nursing associate and returned to her role. Her work now consists of a mix of shifts across the nursing and care teams.

On her nursing shifts, she provides clinical support to residents, which enables the on-duty nurse to catch-up on administration. On her care shifts, she still supports residents with their day-to-day care needs, but uses the clinical knowledge that she developed through the programme to lead on more care decisions and only escalate to the on-duty nurse when necessary.

She also feels that her improved clinical knowledge and skills, combined with her background understanding of residents needs and personalities, have improved the quality of care that she can provide, as her decisions are now more holistic and informed by both clinical (e.g. medical history) and care (e.g. family relationship, knowledge of the resident) perspectives.

Her position across the nursing and care teams – with whom she has developed strong relationship during her time at the home – also means that she is uniquely placed to liaise with the care staff and help them to understand the situations of patients; further improving patient care across the home.

Case study: Francesca

Francesca has worked in the local community with a hospice for over five years. She always wanted to do nursing, but couldn't afford to stop working full-time and complete a nursing degree.

Coming from a specialist background, Francesca feels that the programme provided an invaluable opportunity to broaden her clinical knowledge in areas such as patient care. For example, she now uses the active listening skills that she learnt during her mental health placements to communicate better with the people that she supports.

Francesca is also using the clinical knowledge and skills that she developed during the programme to take much more responsibility within her role, improving patient care. She has started to help with care planning meetings and, though rare in hospices – now has the knowledge and confidence to act on observations rather than always passing them onto a nurse. This has enabled the nurses to spend more time with complex patients that have a lot of symptoms or need additional support; a common phenomenon within hospice care.

Longer-term, she thinks this will help to improve patient-centred care and reduce pressures on community nurses.

What worked well

- Dedicated **clinical educators** provided a range of support to social care TNAs, focused on help with academic work (a key source of anxiety for some trainees) and guidance in how to transfer learning from other healthcare settings into a social care context. The presence of social care-specific clinical educators was also reported to provide reassurance to TNAs on placement from acute settings, who were used to accessing this form of support in their base settings.
- Carefully planned, **block placements** enabled trainee nursing associates to focus on, become accustomed to and immerse themselves in unfamiliar healthcare settings. Block placements also supported greater continuity of care for the people homes supported.
- Production of **tailored job descriptions** specific to the needs of the people that homes supported, which counteracted the current lack of form and structure of the nursing associate role in social care.

What worked well

- Provision of **additional training** by hospice education teams around core areas such as medication – in recognition that the nursing associate may often be the most qualified person on shift – as well as discrete learning opportunities through partners (e.g. acute training in rehydration)
- Use of **structured learning plans** and a wide range of available learning opportunities within home settings to enrich trainees' protected learning time. For example, visits by GPs and other healthcare professionals, as well as medications rounds.
- One nursing home reported that they were in a strong position to support a trainee as they were only **recently established** and therefore had a small number of residents. This helped them to support supernumerary time, but anticipated this might be harder for nursing homes that are fully up and running.

Challenges and solutions

- The **apprenticeship levy** is extremely complicated for employers to engage with – many of whom are small-to-medium providers. While there is now a wealth of information and guidance, it is still extremely challenging for employers to meet all the different required criteria. Local Care Associations and universities were reported as key sources of support in navigating these challenges.
- Differences between private and public healthcare sectors caused complications for employers and trainees. For employers, **discrepancies in pay** between the private sector and NHS made contracts more complicated. Some trainees were reported to have struggled with the **different nature of workload** between their base and placement settings (e.g. TNAs were unused to high patient turnover in acute settings compared to their work in nursing homes).
- Some employers avoided **significant backfill costs** during trainee placements through ensuring trainees went on placement at separate times and/or drawing on the good will of other staff. However, it was reported that smaller employers within the social care sector would not have sufficient staffing levels to provide this flexibility and would be reliant on agency staff at significant cost.

Development of the role in social care

Interviewees identified a range of steps that needed to be taken to support the uptake of the role in the social care sector:

Raised awareness

- Targeted promotion of the nursing associate role and its benefits to influential stakeholders, including:
    - Potential trainees across the social care sector, who can raise advocate for the role with their managers. Suggestions included publishing vox pops of qualified nursing associates on social media.
    - Executive nurses responsible for quality of nursing care within CCGs, who can advocate more broadly for the role.
- Raise awareness of the apprenticeship levy among social care providers as well as processes such as the potential to transfer county councils' levy to non-levy care providers to support costs associated with protected learning time and backfill.
- Release of funds at a national level to support an initial investment in trainees from across small, medium and large employers in the social care sector.

Increased guidance

- Published guidance from CQC on recommended nurse staffing levels and skill mix standards with staff such as TNAs would support adoption of the role across the social care sector. It is anticipated that this would need to be tailored to different types of social care settings and the specific needs of people supported.
- Issue guidance on how partnerships can make links with their local apprenticeship scheme to support funding for the programme.

Thank you.

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