

Showcase, Celebrate & Share Progress



Trainee Nursing Associate Test Site Programme 2017 Conference Report

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Introduction

The main purpose of this event was to share and celebrate the progress made by everyone involved in the trainee Nursing Associate pilot programme. The first cohort of trainees began training on the test sites in January 2017.

This major national conference attracted more than 400 delegates, including from all the test site partnerships – such as NHS trusts, CCGs, other employer bodies like primary and social care services and charities, and universities – government departments and agencies, and trainee Nursing Associates themselves.

This report offers a themed overview of the discussions, presentations and workshops at the event.

Welcoming the wide range of delegates, Health Education England (HEE) chief nurse

Professor Lisa Bayliss-Pratt said it was to their credit that the programme had reached this stage, and acknowledged the hard work they had been doing ‘behind the scenes’. This was, she added, about taking time to learn from each other by sharing some inspirational stories of achievement as well as some of the difficulties.

The Office for Public Management (OPM) Group has begun evaluating the Nursing Associate test sites, including through a first wave of interviews, a survey and four ‘deep dive’ exercises, and was

able to share some of its initial findings at the event. Some individual comments from survey responses are incorporated in this report.

HEE chief executive Professor Ian Cumming added his thanks to the Department of Health, and the important government input, without which the programme could not succeed. He went on to remind everyone that this is still very much a pilot. ‘We’re not saying it’s perfect – we want your ideas on doing things differently, and will make modifications to get it absolutely right,’ he said.

Facing up to future challenges

Minister of State for Health Philip Dunne MP, who officially opened the event, pointed out the value of the new role in attracting motivated people to serve communities that need care,



Emerging themes



When we work together with common goals we can and will develop the nursing workforce.

Professor Lisa Bayliss-Pratt
Chief Nurse,
Health Education England

which was vital to the NHS. 'It's going to be a core part of the NHS in the future to meet the challenges ahead of us.'

HEE chair Sir Keith Pearson highlighted the relevance of the programme to the global challenge of 'delivering more for less, improving efficiency and quality of care as well as quality of treatment' and the demographic issues of increasing co-morbidities, more people living in care homes and with dementia, and generally a population that's living longer.

As part of a panel session, Lord Willis of Knaresborough, who chaired the *Shape of Caring* review (*Raising the Bar*) published in March 2015, said that Nursing Associates were needed because 'there was a big gap created when we decided to get the best out of registered nurses and support their roles'.

The *Shape of Caring* review focused on ensuring that throughout their careers nurses and care assistants receive the right education and training at every level to support high-quality care. Two of its main recommendations were to value the role of the care assistant and develop flexible pathways into pre-registration nurse education.

Lord Willis added that healthcare needed to consider changes in demographics and technology in developing roles to meet these new needs – something that had previously been 'very siloed and difficult to change'.

Lisa Bayliss-Pratt agreed that the nursing profession really required a role that would enrich the current workforce. She added: 'When we work together with common goals we can and will develop the nursing workforce.'

Current challenges were highlighted by the recruitment and retention efforts of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), an employment partner of one of the first wave of test sites, which were featured in a workshop on how Nursing Associates fit into the wider NHS workforce strategy. The Trust currently has a 34% vacancy rate among Band 5 registered nurses and a 16% vacancy rate among healthcare assistants (HCAs). Most of the HCAs at the trust are at band 2 level.

And there are specific challenges in primary and social care, which were the focus of two other workshops. Many nurses in general practice are coming up to retirement, for instance, and a key element of NHS England's 10-point action plan to tackle this and other workforce issues, *General practice – Developing confidence, capability and capacity*, is to 'develop healthcare support worker, apprenticeship and Nursing Associate career pathways'.

The picture is similar in adult social care, which employs 43,000 nurses but has seen a drop in registered nurse jobs and starting rates, with Brexit starting to affect recruitment.

Who are the trainee Nursing Associates and what makes them special?

HEE chief executive Professor Ian Cumming set the scene by looking back to the original Nursing Associate concept.

One of the first things HEE did when it was set up in 2012, he said, was consider a strategy for the 'nursing family', thinking about what was good about nursing opportunities and what needed to be addressed. Work with the Nursing & Midwifery Council (NMC) undergraduate curriculum was part of the HEE response to ensure people are better equipped with skills for the future. Advanced practice roles in nursing allow nurses to expand their skills in specialist areas

But the specific idea of a Nursing Associate emerged from Lord Willis of Knaresborough's 2015 *Shape of Caring Review*, reinforced by messages from across the health and care system about the need for a role that would allow aspiring nurses to progress and use a range of skills and competences in delivering the highest possible levels of care.

More than just a job

Part of HEE's strategy from the start was to make sure the programme was about careers not just jobs, said Ian Cumming – to find people with the right values and behaviours and give

them opportunities to progress, irrespective of how they get into nursing.

He noted the diversity of the current trainee Nursing Associates in contrast to degree-level nurses – generally they are older (starting at 24-35 years of age), with a wide range of entry qualifications, more men than on any other nursing programme previously, and a greater ethnic mix. 'There is a real opportunity for these roles to match the diversity of our population,' said Ian Cumming.

And they are sticking to their task – out of the first two cohorts, 95% are still on the programme, which is 'phenomenal' and also shows that it's working for them, he said.

The number of individuals who wanted to take part in the first wave led to the creation of the second cohort, and overall there were 8,000 applications for the 2,000 places. Now it has been agreed to increase those by a further 5,000 in 2018 and 7,500 more in 2019.

Philip Dunne told the audience that, even on his first day as health minister he had noticed individuals' eagerness to get

involved in the programme, and how competitive the selection process was. He met a cohort of 30 trainees on a visit to Queen's Hospital in Romford (part of Barking, Havering and Redbridge University Hospitals NHS Trust) and discovered they had been selected from 120 applicants.

'They were healthcare workers from across the age range, and they were all doing it because they saw it as an opportunity to progress their career in the NHS and had ambitions to provide more care,' the minister said.

Local experience and maturity matter

Philip Dunne added: 'Of the group I met, what struck me was that they were all local to the community they were serving.' He flagged up the challenge facing employers (especially in areas close to London like Romford) of retaining staff they've trained – for instance, the Trust had kept only 25 out of the 95 registered nurses who did their training there.

The minister pointed out: 'The Nursing Associate programme is an opportunity to encourage people who have got to the stage in their lives when they want to stay in the local community and carry on working in health and social care. It will act as a powerful stimulus – and so employers will love it.'

He continued: 'It is such a powerful tool for recruiting from the older cohort – there is no age limit. For instance, I spoke to someone of 60 who was looking forward to the next phase of his career. Too many people in the NHS are thinking about retiring at that age, and we need to be more adaptable; this role is one way of dealing with that challenge.'

The Barking, Havering and Redbridge University Hospitals NHS Trust deputy chief nurse Kenye Karemo led a workshop on NHS workforce development at the event. She told attendees that about one in three of the staff who had been accepted onto the trainee programme had been employed there for over five years. Their Trust – one of the test site employment partners – has a vision of becoming a centre of excellence and innovation with specific expertise in motivating, inspiring and developing healthcare support workers to become registered nurses. Their ambition is to recruit and retain nurses and develop nurse practitioners who can lead and implement care new models of care

To create this sustainable nursing workforce, the Trust has produced integrated career map (Apprentice to Advanced Practitioner Career Model), to enable any individual to progress from apprentice to advanced practitioner in 10 years. Nursing associate training falls within the 'novice' or foundation level practice of this pathway, with band 3 HCAs first achieving the

Care Certificate before joining the programme and progressing to graduate nurse training or Nursing Associate band 4.

Sir Keith Pearson also drew attention to the fact that some trainees had been working in the NHS for a long time, while for others this could be their second or even third career. He said that becoming a Nursing Associate was an incredibly exciting way to start their nursing career.

Somerset Nursing Associate Partnership trainee Martyn Davey saw the programme as a 'fantastic opportunity'. He told delegates: 'I'd been with the NHS for 10 years, had a family and a mortgage, couldn't see the opportunity to go to university – and at the same time could see how much nursing could offer.'

Tapping into enormous potential

Experience – such as the introduction (and widespread completion) of the Care Certificate – has shown what untapped potential there is in the NHS, said Lisa Bayliss-Pratt.

Ian Cumming told delegates that when his mum was ill recently and admitted to hospital, he looked at her charts and was very proud to see how often a trainee Nursing Associates name appeared on the observation notes. His mum also told him how she felt one trainee was always friendly and had time to talk to her and knew exactly what they were doing.

His experiences were echoed by Ian Prince, an East Midlands Collaborative patient representative who took part in the panel discussion at the event. He told delegates he had spent seven months in hospital, when he used to listen to and observe the staff. At the time he worked at governor grade in the prison service and knew the importance of developing the workforce. 'I could tell that HCAs had untapped potential but could not get the qualifications to progress. I recognised their quality and what they could offer, and when I heard about Nursing Associates I could see how they would fill the gap.'

The programme has been incredibly helpful in motivating people who are not on a clear career path, said the health minister, such as East Midlands Collaborative trainee Alice Potter, who told delegates: 'I applied because I always wanted to progress but couldn't see an accessible route. It seemed like the perfect support role.'

The minister added that he was delighted to meet so many trainee Nursing Associates who were really enthused, particularly about the various placements they had been on. 'That opening of eyes and opportunities is what's so exciting about this role. They don't always need to look at acute settings.'

Emma Westcott, the Nursing Associate programme lead with the Nursing and Midwifery Council, believes the first new entrants to the programme have enormous

potential to make a difference and sees their enthusiasm as infectious. 'Already many are skilled operators, identified by colleagues as particularly worthy of further investment. Some have been waiting for years for the opportunity to develop further. They are therefore particularly resilient.'

The right values and attitude

Keith Pearson was full of praise for the current cohorts. 'You have demonstrated the values the nursing profession commands.' He said he had seen trainee Nursing Associates in action on visits to the test sites. 'What struck me was how passionate you are and how willing and able you are to offer care to patients. What is defining you is that you care at the human level, and at the clinical level.'

He reminded delegates that the NHS Constitution talks about care as touching people's lives when they need it most – 'The Nursing Associate's role is central to this vision of the NHS. You have demonstrated that you live and breathe the NHS Constitution.'

He added that it was important to 'differentiate between doing things right and doing the right thing'. This was particularly important in the context of views he had heard previously about people noticing an increasingly patronising attitude as they grow older, and practitioners needing to be reminded how demeaning it is to be seen solely as a patient not an individual.



His message to trainees was: 'I implore you to look beyond the mask of sickness and see the person. I know from feedback that you relate to patients and display a level compassion that is already defining you.'

Nursing associates, both as individuals and as a new profession, must not see patients as 'a task to be completed', he continued.

Sir Keith was also keen to reassure trainee Nursing Associates that the commitment they showed should be reciprocated by HEE and other bodies. 'It's right that you are treated with dignity and respect and receive the support you need to do your job properly.'

'I feel more like an ambassador for the patients since I became a trainee Nursing Associate.'

Trainee, OPM survey response

Change at pace with purpose – why the programme is working

A fresh approach to partnerships

The test sites are one of the most exciting initiatives to come out of the Nursing Associate work and ‘give us something to build on’, said Lisa Bayliss-Pratt. ‘They are coming together and working together at incredible speed.’

In his opening address, Ian Cumming said that the programme was a ‘brilliant example of what we mean by partnership working across the various NHS organisations to meet our objectives’.

He said that of HEE’s biggest achievements in transforming the NHS workforce in the past five years, the creation of the NA role was ‘firmly at the top of the list’. His key message was: ‘Everybody who had a part to play in this should be proud – we couldn’t do it without cooperation and collaboration.’

Philip Dunne congratulated HEE and all the other organisations involved for ‘bringing this new role to life in record time, and in a manner the NHS has never seen introduced at such pace before.’

He added: ‘What so impressed me is how rapidly the NA role has been put together, including the responsibilities of the universities and trusts.’

The OPM’s initial findings have highlighted some factors that

are helping the programme – and individual learners – keep progressing. These include working together and the shared motivation of trainees themselves. ‘It’s important to keep that energy and passion up even when times get tough,’ said Anna Beckett of the OPM Group.

A role in its own right

The health minister recognised that there were concerns that the Nursing Associate could act as a ‘nurse substitute’, but argued that instead the new role supports nursing right across NHS settings, as well as offering opportunities to individuals who want to go on to become registered nurses.

Ian Cumming said that HEE wanted to work with NMC is on the routes from Nursing Associate to registered nurse. ‘We’ve recently been challenged about just wanting an alternative route to registered nurse rather than a new role, but we actually want both.’

‘We want to give members of staff who haven’t achieved academic qualifications at 16 or 18 an opportunity to progress to the higher level they want to work at in the NHS. So, we want people to achieve registered nurse status, but we also want others to stay as Nursing Associates because it’s a valuable role in its own right.’



‘We want to give members of staff who haven’t achieved academic qualifications at 16 or 18 an opportunity to progress to the higher level they want to work at in the NHS.’

Professor Ian Cumming



West Yorkshire Pilot Partnership trainee Nursing Associate Rebecca Davies explained how her course at Leeds, which mirrors the first two years of the undergraduate nursing degree, means trainee Nursing Associates also work towards six modules each year.

Most lectures are delivered to trainees and BSc Hons nursing students together. ‘It helps us understand each other’s role and supports multi-disciplinary team working when we’re qualified,’ Rebecca explained. She pointed out that it’s often the norm for other health professionals, such as mental health and adult nurses to learn together.

This joined-up approach reassured them all, and dispelled any concerns student nurses might have about Nursing Associates taking over their role, she added.

It also gives registered professionals confidence that trainee Nursing Associates are receiving a high standard of education, and that they work in line with key competences

and core values of the registered nurse, explained Rebecca.

But it would help to be clearer about the Nursing Associate job description, said Thando Tshuma, one of the pre-registration nursing students at Leeds learning alongside Rebecca, so student nurses really understand how the role will bridge the gap between registered nurses and healthcare assistants.

Talent pipeline

Nursing associates represent an opportunity to create a career path that individuals can step on or off, and up or down, throughout a lifetime, said Lisa Bayliss-Pratt. ‘It can keep people working, enthused and energised, with options available to them at different times if they don’t want to stay in just one job.’ She pointed out that there were career progression points at every stage of the Nursing Associate programme.

In the workshop run by deputy chief nurse Kenye Karemo, delegates heard that her Trust, Barking, Havering and

Redbridge University Hospitals, is planning to create a ‘talent pipeline’ incorporating a range of opportunities to ‘grow’ registered nurses for the future. This will include 60 trainees a year, 200 student nurses and 30 nurse apprentices, plus overseas educated nurses. The trust is exploring the possibility of fast-track nurse training programmes for experienced HCAs, using opportunities for accreditation of prior experiential learning as much as possible.

The Department of Health’s estimate that half of Nursing Associates will take the step up to becoming registered nurses is possibly on the low side, said Philip Dunne, based on anecdotal evidence from talking to trusts around the country.

Trainee Richard Sherwood, part of the first wave with East Cheshire NHS trust, working alongside Cheshire and Wirral Partnership, said that he wanted to stay a Nursing Associate for the next few years at least. ‘I need to develop new life experience within the role,’ he explained.

Opening new perspectives

‘This programme has opened up horizons for huge numbers of people, and to careers not jobs,’ said the health minister. This was part of a broader picture, he added. ‘Historic boundaries between different roles in the NHS are no longer the defining way of organising careers. We need many more routes to bridge different disciplines and roles while maintaining standards, and to take advantage of enthusiasm and potential across the workforce.’

As part of the event’s panel discussion, Cheshire and Wirral Partnership NHS Foundation Trust director of nursing Avril Devaney said: ‘We knew there was a gap. This is the skill mix we needed, including people in mental health understanding more about physical health and vice versa.’

Trainee Martyn Davey agreed that the programme is changing individual views: ‘I’m seeing how it can particularly benefit mental health, an area some people didn’t want to work in.’

A chance to explore settings and skills

Trainee Nursing Associates are working in every sort of care environment. For instance, those employed by Barking,

Havering and Redbridge University Hospitals NHS Trust have found themselves based in acute medicine (including A&E assessment units), anaesthetics and critical care, cancer and clinical support, outpatient departments, specialist medicine, surgery, and women and children’s services

And it’s proving quite an eye-opener. ‘We’re hearing from trainees about how much they’ve enjoyed placements in mental health, for instance, which they weren’t expecting to,’ said Ian Cumming.

A typical example of this is Richard Sherwood. ‘Before I started the programme I was A&E through and through and didn’t want to go on my mental health placement. Now I prefer it and don’t want to go back to general health.’ He praised

the diversity of the programme, and the amount you could learn in one seven or eight-week placement that could be taken to and used in the next.

Emma Westcott of NMC highlighted how the new role stretched former HCAs. ‘Someone may have processed sectioned patients onto the ward for years. Now they are present in that person’s home and can see the impact mental health has on both them and their family.’

‘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, I could see the difference this had made.’

Trainee, OPM survey response

Case study:

Nursing Associates in general practice

What are the challenges and opportunities available to trainees in general practice settings? Gill Beardmore, Primary Care Workforce Transformation Manager, Rushcliffe CCG and Health Education England (East Midlands) led the workshop which aimed to

- reflect on the experience of others implementing the Nursing Associate role in general practice: and
- establish a Nursing Associate Community of Practice for General Practice.

Gill outlined the challenges facing general practice in securing its current and future workforce. Karen Storey, Primary Care Lead Nurse Workforce, Community Education Providers Network Lead, HEE (West Midlands) picked up this theme by linking the trainee Nursing Associate programme to NHSE’s 10 Point Plan for General Practice Nursing. Liz Corrigan, Wolverhampton CCG primary care quality assurance coordinator, acts as the link between the University of Wolverhampton and Black Country Partnership. She introduced trainees from Wolverhampton and Dudley CCGs, and their site mentor Sally, to share their experiences with delegates.

Sally said. ‘It’s about building up the trainee’s confidence.



What’s changed in this new role is the underpinning knowledge of what you are doing and why. It’s also about recognising the limits of the role – although people are surprised by the trainee Nursing Associate’s skills delivery.’

Becoming more accountable

Trainee Nursing Associate Cheryl said she now had a better understanding of how to do things correctly in daily clinics. She also felt she had become more accountable for her actions, and saw the importance of continuity of care by being involved in care plans.

‘In general practice you tend to work a lot on your own anyway,’ said another trainee, Donna, ‘but in this role gives you work better with nurses as part of a team. You know when to call on someone more senior. It’s about getting that extra knowledge building on skills we already have – like dressings; now we’ve learned how a wound heals, and

what dressings are suitable. We understand when an ECG is needed and what it tells you.’

Donna added that colleagues she has worked with on hospital placements have been surprised by how much trainee Nursing Associates in general practice do on their own, and that they already have an extended role that is now being recognised.

Strengths, weaknesses, opportunities, threats

In the group discussion delegates considered the strengths, weaknesses, opportunities and threats of trainee Nursing Associates in general practice. The output of the discussion was circulated after the workshop to all those who are keen to be part of a Community of Practice (CoP) for General Practice Nursing Associates. If you’d like to be part of this CoP, please contact Jackie Brocklehurst, Regional Associate Clinical Lead, Health Education England (Midlands and East): **Jackie.brocklehurst@hee.nhs.uk**

Portable learning and instant application

It's about 'having more tools in the toolbox', said Ian Cumming. 'As they move through the programme, trainees are picking up things at different stages that they can dip into and take back to the sector they end up in once they're registered.'

Regulation will support Nursing Associates in developing portable skills, said Cheshire and Wirral Partnership NHS FT director of nursing Avril Devaney, and enable them to work 'to the edge of their practice' in different settings to deliver more care 'closer to home'.

What OPM's evaluation is already showing is that 'you don't need to wait for Nursing Associates to be fully trained for them to make a difference', said Anna Beckett. 'Employers and educators are already seeing a real change in their attitude.'

Anna Beckett told delegate she believes that trainees are now feeling 'ownership' of individual patients, so it's less about tasks and more about interacting with someone.

OPM has found good examples of trainees being able to share individual learning, such as applying skills from a mental health home placement to calming a patient in distress during an A&E placement. The evaluation is also picking up positive outcomes generally, such as fewer complaints.

'It's inspired me,' trainee Alice Potter told delegates, 'showing me things that I can take back to my home placement.'

'Five months down the line they are thinking more like a nurse.'

Supervisor, OPM survey response

'I feel a bit more confident using my professional judgement now that I have some knowledge behind me, I feel a greater sense of responsibility ... this is really good for patients, and I am asking them more questions, how it feels for them.'

Trainee, OPM survey response

Learning from each other

One thing to emerge from the findings so far is that the cohorts of trainees are supporting each other, which is great, said Anna Beckett of OPM, adding that it would be important to sustain this over the duration of the programme.

She went on: 'Trainees are highly motivated and receptive to learning, which is really valuable. They describe themselves as 'compassionate', 'caring', 'hard-working' and 'committed'. We've seen this, as have their supervisors and mentors. So, it's important to keep these energy levels up.'

The right sort of support

The support provided both by clinical educators and higher education institution (HEI) tutors is proving a key part of the programme's success so far, said Anna Beckett.

At the same time, both supervisors and wider colleagues (in base and placement settings) are becoming more familiar with the role of trainees and their training needs, and so can support them to get value from their work-based learning.

But the initial findings also highlight variations in support, and OPM is working with HEE on a quality assurance exercise to ensure all mentors and supervisors receive sufficient information and support to do their job well.



Feedback



It was great to hear from other trainees and their experiences. It enforced how much of a privilege it is to be part of the first cohort.



I would have liked more time to network.



Would have been nice if the trainee Nursing Associates who attended were acknowledged and their mentors.

Case study:

No more 'us' and 'them'

At West Yorkshire Pilot Partnership, a structured approach to support mutual learning is paying dividends for everyone involved. During the first eight weeks of the course, which began in January 2017, trainees attended Leeds Beckett University twice a week to develop academic skills. They then needed to attend only once a week (plus 30 hours at a hub placement).

The university lecturers felt that combining the learning of student nurses and trainees would benefit both. At first there were barriers between the groups, and it felt very much 'us and them', explained trainee Rebecca Davies. But a lot of their assignments encouraged them to work together in small, mixed groups, and helped build strong relationships.

The two roles learn from each other

Allocating student nurses to placement areas where there is already a trainee in the team has allowed the two roles to learn from each other in practice, Rebecca told delegates. 'Student nurses benefit from seeing how trainee Nursing Associates work in practice, and how we contribute to the healthcare team.'

Working alongside each other has enabled individuals to



share their own specialities and experiences, said Rebecca. Trainees helped with student nurse orientation on the hub ward, showing those who didn't previously know anyone in this new role what it involved.

Nothando ('Thando') Tshuma is a pre-registration nursing student who came into healthcare from accountancy. She sees sharing learning as a great opportunity for her cohort of students to be part of an 'important move in healthcare'.

As she pointed out: 'Some student nurses have less experience of working in clinical practice than the trainee Nursing Associates. We learn from them, especially in group work, because they have much more real-life healthcare experience.' But on the other hand, student nurses can sometimes act as role models because they are used to working in a regulated environment, she added.

It has created invaluable relationships, Thando said, although, like Rebecca, she felt there were divisions between the two groups at the start of the course. 'Now we are one cohort, learning together. These trainees are so knowledgeable and able to prepare us student nurses for what to expect when we go into practice.'

Holistic support, same knowledge base

Many student nurses are nervous because they have not worked on a ward before, admitted Thando. Support from trainees – who are already working with nurses on the frontline – can be very helpful.

Learning together benefits patients, agree Rebecca and Thando. It means they provide a holistic approach from the same knowledge base, form collaborative relationships in practice, and can achieve the same standards.

Training variation and innovation

There are various factors that contribute to the specific nature of a test site's training programme. Most trainees have a 'home' employer and are also spending time on 'placements' to ensure they experience care in a range of settings.

Programmes and placements

Some trainees may be in supernumerary posts, others may not. General practices can find it particularly difficult to 'backfill' trainee roles while they are studying or on placement elsewhere.

OPM has already found evidence that work-based learning varies between test sites. For example, some might offer a day's training a week, or a block placement.

The Barking, Havering and Redbridge Universities NHS FT (BHRUT) programme begins with

six months of home ward and internal rotation. The next 12 months offer a combination of community (through the North-East London Foundation NHS Trust) and quality and safety placements which are internal to BHRUT. These may be linked to delivery of the Trust's quality improvement plan. Trainees return to their home ward for the final six months of the programme.

Sometimes the choice of placements and opportunities to use new skills may be shaped by location, demographics and service demand.

'As you might expect for a programme on this scale, and one established at pace, there is variation in the support provided by the different placements,' Anna Beckett of OPM told delegates.

For instance, two trainees at the event who came from a largely rural area with only one acute hospital within reasonably easy reach were part of a community district nursing team. They had three placements in the first year of their programme (a total of nine weeks) that so far had included a surgical ward, acute mental health and a community hospital.

One day a week while at their home placement they usually went out with a community practitioner, such as a phlebotomist, and this would go towards their placement hours. But although it might offer hands-on experience in areas like catheterisation, sometimes the team's workload would mean



An excellent event and we raised the profile of general practice to a reasonably full room which was better than expected.



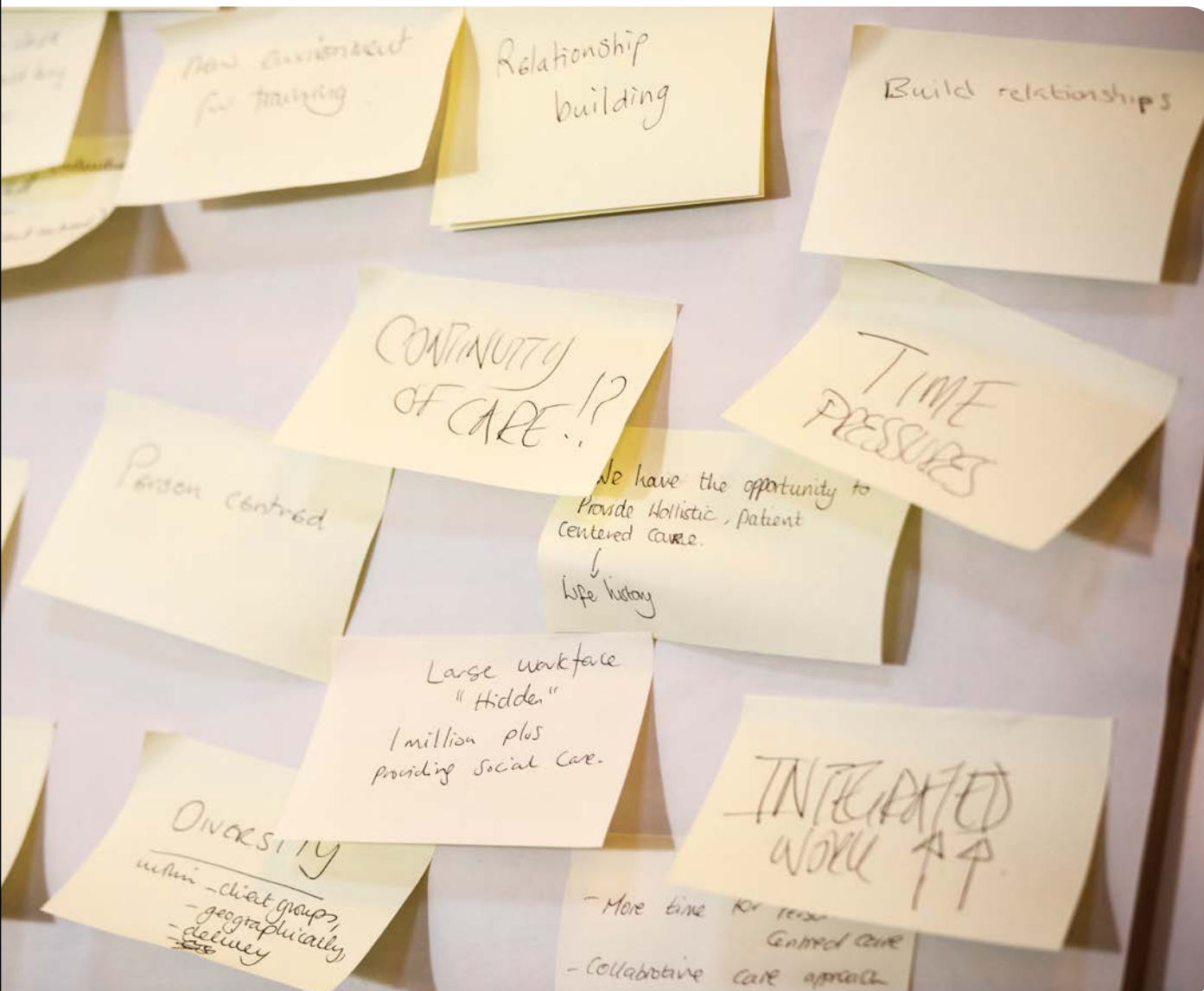
Room very warm and cramped.



More focus needed on how trainee Nursing Associates fit into social care.

Feedback

Case study:



Person-centred from the start

The Cheshire and Wirral Partnership was one of the first wave of test sites. It decided to 'major' on person-centred approaches in its introduction of trainee Nursing Associates, and created a second new role to help make this happen, explained Avril Devaney, director of nursing at Cheshire and Wirral Partnership NHS Foundation Trust.

This is the 'lived experience connector' (LEC). It is not a completely new role, she continued, in response to a question from the floor. It built on an existing peer support worker initiative, and came about by 'hijacking' a Chester University nurse directors meeting on how to fill recognised gaps in both mental and physical health with a person-centred role. 'We wanted to avoid previous pitfalls where mental health was overshadowed and to embed mental health in the curriculum, not as a separate

module,' said Avril Delaney. 'It was a natural progression, starting with mental health as the focus, although some LECs have physical health experience too.'

Speed dating

Each Nursing Associate was allocated their own LEC for the two years of their training, she explained.

A delegate from a mental health trust asked how individual trainees were matched with LECs. Avril Delaney replied that one of the LECs took the lead in a table-top exercise to align people to the experience of the different trainees. But next time the partnership plans to adopt a 'speed dating' approach to bring possible matches together earlier. 'We feel it's asking too much when they meet 'cold' in their roles for the first time,' she said, 'and we'll be putting more support in place to manage expectations.'

Now they had discovered the 'richness' these relationships could bring, they would keep on with it, said Avril Delaney. Lisa Bayliss-Pratt added that HEE would want to evaluate and capture the work, and commented: 'Programmes like this shine a light on things that have become embedded and that we could do differently.'

How to engage service users

Another delegate said that their partnership had been discussing how to engage service users. The LEC role seemed a good example of doing this well and not being tokenistic, but they wondered how it was funded.

Avril Delaney replied that all the LECs were volunteers. The only cost was their expenses, which came from the Nursing Associate placement allowance, and worked out at roughly £100 a year per LEC.



the trainee Nursing Associate might have to do a lot on their own. 'It can feel like there's no time for learning,' said one.

OPM plans to explore the benefits and drawbacks of different approaches. Findings to date suggest that trainees are progressing well as they are becoming clearer (and more assertive) about their learning needs and can communicate

these during their work-based learning.

For example, some now have conversations at the start of their placements to set learning expectations, becoming more 'active consumers' to ensure that they get what they want from their placement, said Anna Beckett.

'Some placements are fantastic, but some need more work,'

said Ian Cumming, 'and we really value any feedback to help quality assure future placements.' He added that the whole point of running a pilot was to iron out any inconsistencies in standards.

Case study:

Trainee Richard Sherwood and Lived Experience Connector Simon Hough tell their story.

Richard Sherwood had been a healthcare assistant (HCA) for 13 years, spending the last three in an A&E support role, before joining the pilot programme. 'I enjoyed it but A&E, like other places, becomes task-orientated because you need to get through the work,' he said. 'I saw being a Nursing Associate as an opportunity to focus more on care and really see patients as people, not just a bed number. I didn't actually expect to get the role because I didn't think I was qualified enough – but I don't regret it at all.'

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His LEC, Simon Hough, is a mental health service user who has had schizophrenia for 29 years. 'It's quite tough to cope with that illness,' he said. 'Being a LEC has enabled me to show Richard the challenges involved, what my good days and bad days are, and what I am going through. And I've really enjoyed the experience of working with him.'

Richard said that at first he didn't understand the point of an LEC because



he had been a service user himself – but then he met Simon. 'I can use him for everything – it's like having the best encyclopaedia in the world! Training can only cover one aspect of mental illness, and I admit I'd become quite stereotypical in my thinking about mental health, especially because I mainly saw people in crisis in A&E.'

Learning from the service user

Listening to Simon has helped Richard understand more, and learn a lot. 'I've changed, including the way I look at things and how I can help. What works for Simon might also work for someone else – and if it doesn't, then learning what helps that person means that I then have two tools I can use,' said Richard Sherwood.

And he is sharing what he has gained from that experience of 'going through the day' with someone like Simon Hough with his colleagues.

Instead of seeing 'trouble' when someone is in distress, now he knows how he can best offer support, which might be just sitting down and listening to them, Richard Sherwood explained. 'When you start the course, you realise that treating patients as tasks or numbers is not right.'

It helps that Richard Sherwood has great communication skills and is naturally person centred – 'it runs through his bones', as Simon Hough put it. The pair plan to stay in touch after the programme ends.

Back to the classroom

The academic side of the programme can prove a challenge for trainees. Richard Sherwood said that as a mature student the education side had been hard, but overall the programme had been so varied that he had learned a lot and as a result was offering different care from before.

One of the recommendations made by the programme scrutiny group is that all trainees should possess Qualifications and Credit Frameworks (QCF) level 2 (literacy and numeracy) before starting the programme.

Building on experience

Emma Westcott of NMC said she had met trainees who had never had a positive experience of higher education, and never thought they would be able to pass exams.

As highlighted in the NHS workforce workshop, Barking, Havering and Redbridge NHS FT found that its trainees' prior education was very mixed. Their qualifications included the Care Certificate, health and social care NVQs, A-levels, GCSEs and GCEs, BTEC level 3 and access to a higher diploma in nursing, midwifery and health studies. Some had no qualifications, or none they could evidence.

But the OPM evaluation has so far found that this cohort are consistently showing they

are highly motivated and conscientious learners, fully committed to the academic side of the course, said Anna Beckett. 'Many of them are experienced HCAs, but might not have considered themselves for academic courses previously. It is therefore really good to see that they are embracing the academic aspects of the training.'

'The main success I would say is the change in their aptitude and insight; that was the biggest change, the way they support and develop each other.'

HEI lead, OPM survey response

Making time for learning

Anna Beckett told delegates that OPM's findings showed that trainees could find it tough going. 'Working and learning in parallel, especially with shift work, is naturally challenging. One of the potential areas for improvement is helping trainees manage their time – two thirds of those surveyed found managing workloads difficult. Many request more protected time for learning every week, either in the HEI or personal study time.' This is something OPM will look at, she confirmed.

Overall, based on feedback to OPM, most trainees are satisfied with the quality of teaching and the level of support they are receiving from their course tutors. Anna Beckett added: 'It's a very hands-on course that they can put into practice quickly.'

Courses that provide the 'building blocks' for successful study, such as study skills, academic writing and anatomy and physiology, have all helped to build strong foundations for learning, particularly for trainees who felt going to university was a big step, said Anna Beckett. This has helped them prepare for and manage the demands of the programme.

Addressing obstacles, myths and attitudes

Critics of the Nursing Associate programme may have been in the minority, but they have been very vocal, said Ian Cumming, and it has been vital to have the right level of scrutiny from the outset to deal with that.

Lisa Bayliss-Pratt agreed. 'It is important to be transparent and learn to address challenges together.' Her message to trainee Nursing Associates was: 'You are the true pioneers, smoothing out those bumps, day in, day out.'

Oversight and scrutiny

An important aspect of the event was acknowledging that there have been criticisms of the programme. 'It would be easy to ignore them and make the role work come what may,' said Lisa Bayliss-Pratt, 'but it's important

to have co-production and collaboration and to do things the best way we can.'

This was the point of the Nursing Associate Scrutiny Group, explained its independent chair Professor David Sines: to ensure that the implementation of the new role is supported by rigorous oversight and scrutiny, and to offer a forum for open and honest discussion.

'We looked at the thorny issues that we were alerted to when we first started to introduce the role and agreed to face such challenges and to

identify others, to understand the available research portfolio and seek appropriate academic information to build an evidence base and dispel the myths. The overriding objective was to improve stakeholder confidence in the programme and ground it on the basis of informed and measured insight.'

But the scrutiny journey started long before the pilot began, commencing with the UKCC Fitness to Practise review in the late 1990s. 'This provided us with a sound rehearsal for answering some of the questions,' Professor Sines pointed out.

The catalyst for the group to pull the key issues together was setting out principles for the approach, including a duty of candour, he explained. 'We were not interested in reassurance but assurance, and committed to meet those who had raised their voices in challenge against the role,' said David Sines.



'The scrutiny group purposely involved people interested in changing the role and those who were less enthusiastic about the concept, and to brainstorm at a high level.

'It was important to include organisations like the Care Quality Commission (CQC) and National Health Service Improvement (NHSI) that could enable us to see how the new role might fit into wider workforce development strategies and patient protection strategies, while the NMC was able to offer helpful advice, whilst keeping a professional distance from the group.

'Its work included talking to colleagues across the US and Europe, such as workforce planners and academics, about

issues such as the skill mix needed, and the risks associated with the possible dilution of the care experience', David Sines continued.

Identifying the risks

'We spoke to academics about risk and where it might reside. We considered how the role would feel like to other parts of the nursing family, such as undergraduate student nurses and assistant practitioners. The aim was to ensure that the implementation of the Nursing Associate role was subject to rigorous oversight.'

It was helpful that the group was able to obtain information from the test sites at an early stage, said David Sines, and key messages provided by the

'communities of practice' meant that learning could be shared.

When it comes to risk, accountability lies with nursing directors and care home managers, said David Sines, acting in accordance with the mandate set down by Trust Boards and Company Directors. 'It is necessary to assess and mitigate risks, and we need to ensure that we enact robust processes that enable us to design new roles that meet patient need, whilst not compromising patient safety.'

The input provided by four focus groups held in Bristol, Manchester, Birmingham and London proved valuable too. 'People came with many questions and expounded curiosity and calls for guidance,'



Enjoyed the event, it was a great opportunity to have been invited.



Not enough breaks.



More effort put into regional stands and exhibitions by test sites and regional HEE.

explained David Sines. 'We also met service users which reinforced our view that this programme was about creating another strand in the workforce that could place care close to the patient.'

The group was also mindful of the need for consistent standards, he added. 'It is crucial that people are confident about the portability of Nursing Associate qualifications and competencies, so we spoke with our education colleagues too.'

One point noted is that rather than specific 'fields' in nursing, the role is about demonstrating that skills are right for a particular setting or service, and that experience is transferable within and between a range of situational contexts. David Sines told delegates. The group has suggested developing a national practice assessment document (PAD) to support the trainees' learning experience.

Another recommendation was to measure the new role's impact on our patients and service users, on the trainees themselves and on the rest of the nursing community, including how it has joined up disparate service boundaries that are associated with a range of multi-agency care pathways.

As well as monitoring placements, support and supervision to ensure that our trainee Nursing Associate are receiving appropriate and consistent oversight, the scrutiny group is also recommending ongoing monitoring of cost-benefits and impact assessment of the Nursing Associate role.

The threat of 'role substitution'

The Scrutiny Group also set out to assess the extent to which the Nursing Associate programme is about 'role substitution'. 'We

had long debates on this central matter, but we found no robust evidence to confirm that role substitution is being transacted,' said David Sines. 'Instead we found that it is all about competence, capability and capacity to offer the right care in the right place, with appropriate safeguards.'

The Scrutiny Group recommended creating a defined narrative for the current health and care workforce and the public that would clarify both the responsibility and accountability of service managers (such as directors of nursing and registered care home managers) to determine the appropriate skill mix required to deliver safe and effective care in their care environment. The group concluded that these managers should be alert to risks of 'covert role expansion' and inappropriate role substitution, said David Sines.

But the OPM evaluation gives substance to concerns that the new role may still be viewed with suspicion. 'We have found that attitudes, awareness and support provided by colleagues have varied. While many have been positive and supportive, some trainees are still being viewed as HCAs, and some registered nurses may feel threatened by the role,' said Anna Beckett.

Some sites have invested in communications activity to raise awareness and buy-in (such as a 'day in a life of a Nursing Associate' film, leaflets and staff focus groups) but all trainees surveyed so far have called for more local and national activity to clarify the role and its value, and continued promotion of awareness and understanding of the Nursing Associate programme.

Some delegates flagged up antipathy towards the new role by Assistant Practitioners, who may feel their own position is threatened, undermined and not meeting expectations. Assistant Practitioners need to be valued too, said David Sines. 'We want registered nurses to train and support others as part of their own career progression,' he added.

Some trainees have had negativity from HCAs and both student and registered nurses, like referring to them as 'Aldi nurses,' reported Emma Westcott of NMC.

She added: 'Some of the commentary on the role has been upsetting for trainees, for the senior nurses in health and

care settings who are pioneering the role and for colleagues in higher education, none of whom would ever put patients at risk. But respectful debate should be encouraged.'

Emma Westcott noted that there is evidence about access to graduate nurses and patient outcomes, so people are right to expect very careful planning for deployment of the new role.

However, she told delegates she is generally hopeful that nurses will help make Nursing Associates a success. 'They have the experience and expertise to stop bad things happening and encourage good ones; they are the frontline of public protection.'

And from the Nursing Associates' perspective, trainees respect nurses and already have a good idea of how to support them, added Emma Westcott.

Regulation has a key part to play here. Lord Willis told delegates that the role would lose a lot of its value if it was not regulated. There will be consistency and clarity about what is needed to join the Nursing Associate part of the NMC register.

Safe medicines administration

After looking at relevant policy, procedures and practice elsewhere, particularly Wales, the scrutiny group concluded there was a need for guidelines to help understand the scope of medicines administration.

And when the curriculum framework for Nursing

Associates was first released, the subject that most polarised opinion among providers was medicines administration, said Samantha Donohue, HEE senior nurse, transformation. 'Some were very concerned. We decided to face the issue and find proper evidence to support medicines administration by Nursing Associates. In the meantime, we asked the test sites to pause this area of work.'

A separate group was created as an offshoot of the main scrutiny group, bringing together individuals with the expert knowledge to properly inform the discussion, she explained... For instance, participants included the clinical director of a hospice caring for both children and adults, the manager of a care home rated 'outstanding' by CQC, a chief pharmacist and patient representatives and academics.

The first question to be answered was, 'who is actually administering medicines in different settings at the moment?' What the group found was often unclear, said Samantha Donohue. In some community services medicines are being administered by unregulated professionals. The lack of standardised policy in acute care resulted in variable practices. Where guidelines did exist, they were for specific roles or settings, such as staff in care homes. There seemed to be no national guidance on medicines administration by unregulated roles.

The medicines group looked particularly closely at routes



On the whole, a very well organised and a good informative, motivating day.



Would have preferred some structured timings.



I appreciate the desire to celebrate our 1st 12/12 but this conference would've benefitted from waiting for release of concrete guidance.

of administration and types of medicines (including 'safety critical' ones like insulin that may not be controlled drugs). An international review found no differentiation between the two elements – 'it's often a judgement call,' said Samantha Donohue. A further issue to consider was the long-term impact, and 'caring about people in five or more years' time', she added. 'You cannot take all the risk away from the role.'

Ian Cumming put the group's work into a broader context. He told delegates that the whole way medicines administration is approached in this country must be addressed. 'We need to be pragmatic and put safety first – but let's not patronise professionals or patients.'

The medicines group has created some interim guidance, including recommendations on education and training, organisational-level policy, safety critical medication (requiring a prompt or test before administration), administration of medicines via alternative routes, and governance and reassurance.

The guidance is aimed at people who employ, train, educate and supervise Nursing Associates, commissioners of training programmes, prospective Nursing Associates and the patients they care for.

The new role

There are some challenges in introducing Nursing Associates to certain settings. One of the three workshops at the event focused on the new role within general practice. Facilitator Gill Beardmore, who leads on primary care workforce transformation at HEE West and East Midlands, pointed out that practices are independent employers, and when they have expressed an interest in developing a member of staff as a Nursing Associate they may have done so without going through HEE, although they will eventually have to be regulated in the same way.

There is no single employment model in general practice, which makes the situation more complex, Gill pointed out, and there are workforce issues. For instance, 40% of practice nurses



'What we need is a pipeline for a future workforce.'

Gill Beardmore.

are due to retire within the next five to 10 years, and so are many GPs.

But Nursing Associates will be integral to the primary care workforce, which is facing major pressures across the NHS, she explained. In addition to the rising number of retirements, these stem from:

- increasing numbers of older patients with complex problems

- growing expectations of care services
- financial constraints
- national staff shortages, made worse by 'recycling' and 'poaching'
- poor succession planning, partly because practices don't work together.

But as Gill Beardmore pointed out: 'Small businesses like general practices face a lot of challenges and it's not always easy for them to embrace this role.' There are not many trainees working in this setting, and it can be hard to release them from their day-to-day responsibility (including for events like this one) because they are so rooted in service delivery, she said.

A delegate from a vanguard site for care home development pointed out the similarities between care homes and general practices in introducing Nursing Associates – they are often independent employers and vary in the training they offer, for example.

Another delegate said that broadly speaking there is only limited capacity to support learning in general practices (both for trainees and pre-registration nursing students), and added that 'not all practices would be suitable from a quality point of view'.

It was also pointed out that it could be very hard to get someone to apply for the programme, and then to find a practice willing to be the first trainee employer. One delegate's



view was: 'Practices generally want to wait and see how things are progressing elsewhere.'

Opportunities and issues in general practice

The aim of the workshop was use a quick SWOT exercise to harness delegates' thinking about how best to embed the role in general practice.

Some of the initial feedback was that strengths and opportunities might include:

- transferable skills and breadth of patient contact
- person-centred care, including benefits like better access to clinics and knowledgeable practitioners
- knowledge of team working
- focused learning opportunities
- a good fit with new models of care

- lots of HCAs waiting to go into the new role
- range of learning, including mental health.

Early thoughts on issues and threats included:

- the potential for Nursing Associates to be exploited in general practice – it would be important to make sure practice managers don't 'run away with it'
- practices may be without Agenda for Change pay and conditions, and could view it as just a cheaper alternative to nurses
- challenges in providing trainees with the right support without the economy of scale possible in acute care – unless groups of trainees could join together they could feel isolated.



The trainee Nursing Associates who spoke were inspirational.



Not enough about how to overcome problems in getting GP practices to engage on the programme.



More focus needed on how trainees/Nursing Associates fit into social care.

What the future holds

Spreading the word

One delegate asked how it would be possible to follow the existing test sites as quickly as possible into developing Nursing Associate roles. Samantha Donohue replied that HEE wanted to work with its regional offices – and the partnerships involved in the first two waves – on recruiting more sites to the programme and generally bringing more people on board, especially in areas where Nursing Associates are sparser.

Lisa Bayliss-Pratt added: 'We hope the test sites will be catalysts for spreading the role when trainees are being recruited, and want to learn lessons from the current cohorts.'

Minister for Health Philip Dunne said he hoped the current cohort would tell others about their experiences.

Continuing to communicate what the role is about is crucial to pave the way for new recruits. Anna Beckett of OPM flagged

up the good work that is going on to change attitudes and address concerns, such as 'a day in the life' videos and leaflets, but would like to see more national activity.

This includes tackling negative comments made by registered nurses about trainees while on placement, such as those Rebecca Davies highlighted in her presentation – things like 'I'll take the real student' and criticising the Nursing Associate qualification as 'not worth the paper it will be printed on'.

Such attitudes can be very damaging to a trainee's confidence. 'But we're sitting many of the same exams as student nurses, we just finish at the end of year two instead,' pointed out Rebecca Davies, 'and when you tell registered professionals that they seem more reassured; it's the same level of training but ends a year earlier.'

She added: 'It doesn't matter which qualifications you're working towards, we are working to the same goal of

high care standards.'

It will be important to keep the momentum going in the workplace. As David Sines put it, 'we need to maintain the level of curiosity to support Nursing Associates'. The Scrutiny Group he chaired had concluded that mentorship would be vital, from the start and not as an 'add on'.

Regulation takes shape

As part of his opening address, Minister of Health Philip Dunne thanked the Nursing & Midwifery Council (NMC) for its work to ensure the Nursing Associate was a properly regulated profession, with the assurance that it would be underpinned by statute – 'various things need to come into line to achieve that', he said.

Emma Westcott explained that the NMC is the 'regulator in waiting', having agreed in January 2017 to the Secretary of State for Health's request that it regulate the role. She told delegates that the key strands of the regulation regime would be:



- setting standards, including proficiencies and the Code
- the register
- revalidation
- action where questions are raised about individual conduct.

Emma Westcott outlined the timescale to create the foundations of this regime. In September 2017 NMC published its early working draft of proficiency standards for Nursing Associates, and was due to begin a consultation on registration fees in December.

In March 2018, the NMC should be ready to consult on a code of practice, standards of proficiency

and education programme requirements. These can all be approved once the legislation change is complete, which usually takes 18-24 months in total to achieve. NMC hopes the necessary legislation will be in place by July 2018, paving the way for the new Nursing Associate part of the NMC register to open in January 2019.

'For the main part, we will not say what Nursing Associates cannot do,' said Emma Westcott. 'They'll be like nurses or doctors in that they will meet a set of standards to join the register, but they will continue to extend their scope through training and experience.'

She continued: 'We need to ensure Nursing Associates are deployed safely. If we are too conservative and restrictive about the new role we stop good things happening. But if we are not strict enough, bad things may happen. This is the 'regulation paradox'.'

Emma Westcott said she hoped trainees would read the draft standards, familiarise themselves with the Code, and respond to the consultations if possible. NMC will let them know in good time how they can register, and, in the meantime they can sign up to the council's dedicated newsletter to be kept informed of developments.

Feedback



Powerful presentation from Sir Keith.



Need a short break before lunch.



Lots fitted into one day. Maybe reduce some of the content so it's not so full on.

NMC wants to see test site partners participating fully in HEE's quality assurance work. Emma's message to them was: 'Look at draft standards and requirements, think about when you want to get your NA programmes approved and what's needed for registration, and ensure your trainees know the code, understand professional regulation and are revalidation-ready.'

The importance of regulating this new role is recognised across

From the patient's perspective, standards of behaviour and attitudes need to be a certain level.

Ian Prince

the different parties involved in the programme.

Trainee Alice Potter told delegates she sees it as part of preparation to progress. Fellow trainee Martyn Davey said that regulation was necessary 'to show the public that we are accountable and to lay down that level of trust that will enable Nursing Associates to have a significant role in the NHS'.

From the patient's perspective, standards of behaviour and attitudes need to be a certain level, said Ian Prince. He pointed out that, particularly as this is really the first brand new NHS role following publication of the Francis Inquiry, that 'Nursing Associates also need to know when and how to report colleagues if their behaviour is not right'.

Above all, said NMC chief executive Jackie Smith, regulation enables the NMC to protect the public more effectively.

Areas to build on

The early findings from OPM's evaluation have identified from specific areas of the programme that could be improved. These include:

- Workload – this is an issue for trainees, and there may be opportunities to streamline academic requirements, or to provide protected learning time, said Anna Beckett
- Attitudes – some trainees are still seen as HCAs and registered nurses view them as a threat
- Varying experiences of placements (including different lengths and styles), induction, support arrangements and expectations – some sites are already looking at these high levels of variation. OPM's 2018 evaluation will help show if some approaches are better than others (such as block learning rather than day release) as currently views are mixed.

A focus of the scrutiny group was on the portability of Nursing Associate skills. It suggested developing a national practice assessment document (PAD) 'that everyone can rely on, which can vary locally but must hit baseline competence,' said David Sines.

As the role develops, so will supporting guidance. For instance, the medicines group will look again at its initial recommendations and consider further guidelines on mitigating risk, said Samantha Donohue.

Continuing quality assurance

Evaluation is a vital element of the nursing association pilot programme. The Office for Public Management (OPM) Group is conducting a two-year process and impact evaluation of the role's introduction. Anna Beckett of the OPM was able to share some emerging findings from the first of four waves of surveys and interviews with delegates.

So far 1,030 (53%) of trainees have responded to the OPM

survey, and focus groups and interviews with trainees, stakeholders and staff have been carried out at four of the test sites – East Midlands Collaborative, Somerset, North East London and Lancashire and South Cumbria.

The evaluation report of the first year of the programme is due out in early 2018. The next survey is at the planning stage and due to be launched in January.

In the meantime, a 'deep dive' quality assurance (QA) exercise going on at the Nursing Associate test sites aims to look at what's happening at every level of the role's development, including supervision, support and training, explained Samantha Donohue.

This will help:

- gain a deeper understanding of how the curriculum framework works in action
- identify variation between and within test sites and consider what is warranted and what needs to be addressed

- provide assurance to the trainees, the test sites and the NMC that the programme will produce Nursing Associates who can enter the register with minimal adjustment.

OPM, NMC and HEE have together developed a Quality Assurance tool that, after the questions were tested with a higher education institution, has been used to survey the sites. They will then analyse the findings, other data and anecdotal information.

'One thing often discussed is the variation between test sites. We wrote a curriculum framework, not a curriculum, because we wanted to encourage innovation, but there are some elements that all the sites need to achieve,' said Samantha Donohue.

The deep dive information will show whether this is happening, she added. It will get the evidence to support anecdotal feedback on what's working, and what might be superfluous. The QA exercise will highlight variation and factors that make

Feedback



A very motivational and inspirational day. I feel very privileged to be part of the first pilot group for this very needed role in practice.



Room too small for size of group.



A workshop / event just for the trainees where we could share experiences amongst us would be good.



Excellent event, very informative.



Too much photography.



Workshop perhaps more interactive – lots of PowerPoints!

Feedback

it hard to produce a blueprint, such as local geography that is a bar to the length of a placement.

'We want to work with every test site to develop an action plan that identifies things that are excellent practice and need to continue, and things to reconsider,' said Samantha Donohue.

The draft action plans and a final report based on the overall QA exercise are expected to be ready by the end of 2017. More 'deep dives' are planned that will incorporate patient feedback.

Benefits all round

Ian Cumming sees the benefits of Nursing Associates clearly. 'We are doing this to improve the quality of care delivered to patients. I am even more convinced now that this role is doing that.'

Patient representative Ian Prince agrees. 'The programme is bringing to healthcare a group of workers who are enthusiastic and want to give more, and will get more back (including pay and support), which will result in

better workers, and that has to be better for patients.

'As a taxpayer, it's good to know money is being spent wisely on having the right people in the right roles, and the right level of scrutiny and assurance at every point of care.'

It will offer all-round quality, pointed out University of Surrey head of school Dr Melaine Coward. Avril Devaney added that it will have a 'freeing effect' not just on Nursing Associates themselves but also on nurses and patients, and will enable the NHS overall to be 'wellness focused' by providing more support for self-management.

Lord Willis concluded that the role is what's needed to share the demand for care because it is 'the first national, flexible role designed to work in a number of different ways'.

Sir Keith Pearson had some messages for trainees on how they could get the most out of their new position in healthcare and benefit others:

- Be positive about the future
- Have a 'can do' attitude

- Embrace change
- Be confident in your abilities
- Place the care of your patients above everything you do.

'During my placement, good care ticks went up by 43%; the department also saw letters to the matron (complaints) go down. This was achieved by the relationships and joint working between the nurses and the trainee.'

Trainee, OPM survey response

Feedback



Overall learned a lot and networked.



Didn't actually learn anything new but was useful to share experiences.



More group work - learning from other test sites (more workshops).



Showcase, Celebrate & Share Progress

