

# **Employer guide to nursing associates**

# Introduction

Welcome to our employer guide to nursing associates.

This  
guide  
has  
been  
put



together to provide an overview of the nursing associate role and compiles all information needed for employers to successfully embed the role into their organisation.

Use the navigation bar on the right to look through the different sections. You can also download the whole guide as a pdf, download specific sections and search for a specific topic using the buttons on the right hand side.

## **Section 1: Introduction to nursing associates**

In this section we describe an overview of the role, including a one page at-a-glance guide to the role which can be downloaded and printed.

## **Section 2: Introducing nursing associates into your organisation**

In this section we highlight what you will need to consider when

introducing trainee nursing associate programmes into your organisation, including:

- What does a nursing associate qualification contain?
- What opportunities does the role present?
- How can workforce planning support the successful introduction of this role?
- How do you involve staff in understanding the need for and placement of trainee nursing associates?
- How do I build the business case for nursing associates?
- How do I ensure patients and the public understand the role?

### **Section 3: Establishing your nursing associate training programme**

In this section we'll explore the key strategic and operational steps you will need to take to set up your training programmes including:

- What does a nursing associate qualification contain?
- What are the current routes available to train a nursing associate?
- Is there any funding available to support clinical placements?
- What are the entry requirements for trainee nursing associate programmes?
- Where can trainee nursing associates be deployed?
- What does the trainee nursing associate programme look like in practice?
- How to ensure a quality training experience for trainee nursing associates?

### **Section 4: Deployment and employment of qualified nursing associates**

In this section you will find information on how to employ qualified, register nursing associates, as well as signposts to information from the relevant bodies on the deployment of qualified nursing associates.

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# Introduction to nursing associates



## What is a nursing associate?

The nursing associate is a new generic nursing role in England that bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different settings.

Nursing associates are members of the nursing team, who have gained a Nursing Associate Foundation Degree awarded by a Nursing and Midwifery Council (NMC) approved provider, typically involving two years of higher-level study, enabling them to perform more complex and significant tasks than a healthcare assistant but not the same scope as a graduate registered nurse.

The programme will prepare trainee nursing associates to work with people of all ages and in a variety of settings in health and social care. The role also provides a progression route into graduate-level nursing.

The role has been introduced to help build the capacity of the nursing workforce and the delivery of high-quality care while supporting nurses and wider multidisciplinary teams to focus on more complex clinical duties.







"As a nursing associate in a medium secure forensic learning disability unit, I provide a holistic approach to care for service users, improving their physical and mental health while involving their family for an approach which promotes parity of esteem.

"I've recently been tasked with completing a physical health audit each month to ensure each patient has had a physical health examination, dental and optician appointments and up to date assessments and screening. I escalate to registered nurses for them to counter-sign referrals and implement feedback from the ward round. I empower service users' inclusion by delivering person-centred mental and physical health promotion, and activities of their choice."

**- Ian Costello, Registered Nursing Associate**

The nursing associate is a protected title in law and the role is regulated in England by the NMC, which means that you can only employ people into the role who are qualified and registered as nursing associates.

Nursing associates are subject to regulatory requirements such as revalidation and fitness to practise. More information about how the role will be regulated is available on the [NMC website](#).

The NMC has produced a [short film](#), which features trainee nursing associates and registered nurses, describing how they see the nursing associate role contributing to better patient and service-user care.





"Being a nursing associate gives me the perfect blend of delivering therapy and care to service users in my supervision. I work in the CAMHS Community Eating Disorder team where I progressed from support worker in 2016, to nursing associate in 2019. As part of my role, I review cases, co-ordinate care for low risk cases, participate in reflective practice and family therapy to deliver support for service users with their families, and work independently with service users on their body image; mindfulness and meal support.

"As I can work independently, my role supports registered nurses by relieving them of low risk cases, allowing them to focus on more complex cases. Being accountable can be reassuring to team members I work alongside as it allows me to contribute more to improving the delivery of care by reducing waiting times for service users."

**- Lauren Caruana, Registered Nursing Associate**

#### **Useful resource**

Our one page guide provides an overview of the nursing associate role, which you can [download and share](#) with staff in your organisation.

#### **Recording trainees and nursing associates on ESR**

There are job roles and occupational codes available for trainee nursing associates and nursing associates on ESR. They can be found on the [NHS Digital website](#), under the following pathway: DCB1067 national workforce data set, current release, change

specification on pages 8 and 9.

### **Timeline of the development of the role**

- The nursing associate role has been developed following the publication of the shape of caring review, (raising the bar) in March 2015 by Health Education England (HEE). This report suggested an outline concept for a role to bridge the gap between health and care assistants, and registered nurses.
- In December 2015, the government announced its intention to create a new nursing associate role in England, which HEE then consulted on. The majority of respondents supported the development of the nursing associate role.
- HEE has led the establishment of test site partnerships across the country to deliver the first trainee nursing associate programmes. The first 1,000 trainees began in January 2017, and 11 NHS trust test sites were chosen to deliver two-year nursing associate training programmes. These test sites brought together a range of health and care settings, including: care homes, acute, community and mental health trusts; and hospices. This range of care settings represents the variety of places where nursing associates are being deployed once qualified and registered.
- A further 24 test sites were chosen to carry out training for a cohort of 1,000 further trainee nursing associates from April 2017. This has now been further scaled up and rolled out across the country.
- There was also strong support for the role to be regulated. The government took forward legislation which was passed in July 2018.
- The trainee nursing associates from the first test sites completed their training and have now joined the nursing associate part of the NMC register which opened in January 2019.





# What are nursing associates trained to do?

The NMC has developed and published [standards of proficiency](#) for nursing associates. These standards set out the knowledge, competencies, professional values and behaviours expected of a nursing associate at the point of registration. They will help employers to understand what nursing associates can contribute to patient and service-user care.



"Since qualifying as a nursing associate in December 2018, I have been employed in the

emergency department of a busy city hospital. The work is fast paced, and patients can arrive with conditions that range from life threatening to minor injuries.

"Within my role I support a registered nurse or work independently, providing care for up to five patients. This can involve observations, medicine administration, ECGs, catheterisation and wound management among many other tasks. I am also one of the department's lead links for sepsis management."

**- Jed Bates, Registered Nursing Associate**

As an employer, these standards can help you to make decisions about whether and how to use the role within your organisation for the benefit of patient care. The standards of proficiency are set out in six platforms:

1. Being an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

Like nurses and other health professionals, nursing associates may expand their scope of practice and develop their skills through further training, education and experience after they have qualified and joined the NMC nursing associate register, providing the required clinical governance is in place to support this.

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# Introducing nursing associates into your organisation

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## What opportunities does the role present?

Employers tell us they require an increasingly flexible workforce to keep pace with developments in patient care treatments and interventions. The nursing associate role is designed to provide employers with a range of skills within multidisciplinary teams, and to help teams make best use of the skills within the registered

nursing workforce, which have been developed further through the new [Future Nurse standards](#).

Nursing associates deliver a higher proportion of fundamental patient care as part of the nursing team. They will support your registered nurses by undertaking holistic caring for patients as well as other responsibilities that both roles can deliver. This provides capacity for nurses and wider multidisciplinary teams to deliver elements of more complex care.

There are now a number of routes for entering the profession which we have set out, with the entry requirements and costs to employers in an [infographic](#).



In our survey in April 2017, NHS employers identified that the nursing associate role will provide the opportunity to:

- improve patient and service user experience and safety
- release registered nurses' time to care for more complex patient needs
- offer development opportunities for support staff



- strengthen supply of registered nurses through qualified nursing associates undertaking further training to become nurses.

Sharing the opportunities and benefits this role presents can help to engage your board and leadership team, along with line managers, staff groups, patients and service users. For example, nursing associates are able to move fluidly between mental and physical care settings and apply their skills and knowledge. This full person-centred approach can add real value to services. Sharing this information will help to build confidence and understanding about this new role.

[Our one page guide](#) provides an overview of the nursing associate role, which you can download and share with staff in your organisation.

The development of trainee nursing associate programmes and implementation of the role will need to be supported by everyone in the organisation, from board members and senior leaders through to line managers, multidisciplinary teams, patients and service users.

Before introducing any new role into the workplace there are a number of steps and questions to consider:

- How many will you need?
- How will they be trained?
- Where can they be best deployed?
- What strategic priorities will the implementation of this role support?
- How will you evaluate the effectiveness of the role?
- How will you identify the required funding to support the training and backfill requirements?





# How can workforce planning help you implement nursing associates and trainee nursing associates?

Effective workforce planning can support your business case to present to the board. It can help with strengthening your organisation's understanding of current and future demand for services and how the nursing associate role can support with meeting this demand and delivering services.

There are tools and guidance available to support employers with workforce planning:

- NHS Employers has a web section on [workforce planning](#).
- Health Education England (HEE) has issued [guidance for the planning process](#).
- Skills for Health has produced a [six step workforce planning methodology tool](#).
- NHS Improvement offers a [self-assessment tool](#) that enables employers to carry out an organisational diagnosis and identify areas of improvement.
- The [Workforce Repository and Planning Tool \(WRaPT\)](#) is a web based strategic planning tool for health and social care that enables the collection, analysis and modelling of workforce information to establish the relationship between capacity and service activity.

**Shared learning**

Walsall Healthcare NHS Trust is currently developing a workforce plan which aligns nursing associates to nursing establishment (nursing staff required to ensure safe and high-quality patient care). As part of this, qualified nursing associate skills will be considered alongside nursing skills to identify what staffing levels are needed.

The next steps are to be really clear with staff about how the role fits in with nursing establishment, and how it can support and reduce long term vacancies.

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# How do you involve staff in understanding the need for and placement of trainee nursing associates?

HEE's phase 1 [Evaluation of the introduction of nursing associates report \(pdf\)](#), and Chesterfield Royal NHS Trust's evaluation of the trainee nursing associate programme, both suggest a number of recommendations for successfully embedding trainee nursing associate programmes into your organisations. We have used this intelligence to suggest ways in which you can use this learning throughout the implementation phases. Since publication of this guide, HEE has published a [second phase of evaluation](#) for the nursing associate role.

## Introduction phase

- Accept that the process will take time to fully embed.
- Establish a project team with a clear, unified vision on strategic and organisational objectives for introducing the trainee nursing associate role, ensuring that trade unions are involved in the conversation and this initiative is delivered in partnership.
- Consider carefully the settings in which you wish to introduce these trainee roles and whether to complete a quality impact assessment. Take into account the culture and climate within these settings to ensure that the role is embraced and supported throughout its development.

- Consider whether your service would benefit more from larger cohorts of trainee nursing associates, in order to enable a step change in skills across the organisation, or a small group of pilot areas to test how the role is received before scaling up. This will largely depend on the current attitudes, appetites and actions of the existing staff and leaders in these areas, as well as the capacity for placement support in different settings.
- Ensure that the purpose, scope and plans for the role are set out clearly to staff, to help foster acceptance and support for the role from the full team. Provide information about their scope of practice, supervision arrangements and plans for rotation into different settings to support awareness and understanding of the role.
- Identify suitable candidates. Consider whether you want to initially offer the trainee nursing associate opportunities to internal candidates, and the role that [service-users](#) can play in the recruitment and selection of these posts.
- If you are planning to deliver your nursing associate training programme through an apprenticeship, ensure that staff have information about what this will mean for them, the organisation and the education provider.

#### **Practice example**

Chesterfield Royal Hospital NHS Foundation Trust engaged its staff to redesign team structures and introduced the trainee nursing associate and assistant practitioner roles. Read the [research report](#) which contains key points of learning and recommendations from this.

### **Communication and management**

- Conduct an introductory engagement activity with the teams who will be hosting the trainee nursing associates, for example skills mapping exercises to communicate the concept of introducing trainee nursing associates and to help staff feel involved.
- Ensure clear communication of the agreed organisational objectives for the introduction of the role.

- Use practical examples and case studies to demonstrate where the roles will fit in the care delivery team.
- Ensure private communication and feedback channels are used so staff at all levels have ways to raise concerns or discuss anxieties.
- Ensure strong and consistent messaging from the leadership team throughout planning and introduction.
- Engage with other organisations who have already introduced the role.

#### **Practice example**

City University of London set up a feedback wall on its [work-based learning website](#) where you can see the answers to questions posed to trainees, supervisors and managers on the nursing associate role, including top tips for managers and trainees, and information on embedding the role.

### **Implementation phase**

- Establish a communication structure for all levels that is accessible to all, so all staff have a direct method of communication and information sharing.
- Provide key information updates as the introduction of the role develops.
- As this role is new it may be perceived as a threat to other roles. Continue to have open and honest conversations to mitigate this.
- Be clear what the role is and where it will be used. Ensure that line managers and colleagues supporting the role understand trainee nursing associate's responsibilities so that they are able to work within this capacity consistently.
- Identify and deal with dissatisfaction proactively, through exploring and identifying the source and focusing on remedial actions.

- Involve external support if needed, such as facilitators to enable an open feedback culture.
- Maintain strong and consistent leadership and messaging.

### **Establishment phase**

- Introduce further stages of transformation once the pilot is established.
- Pilot further ideas and developments from the initial programme.
- Assign ambassador roles to individuals involved in the first cohort of the pilot.
- Organise review activities with staff. Consider using similar methods as used in the skills mapping activity to gather feedback and learning from the initial pilot.

NHS Improvement offers a range of [advice](#) and [tools](#) to support you to introduce, lead and embed change across clinical areas.

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# How do I build the business case for nursing associates?

It is likely that you will need to present a robust business case to your board to secure the required investment to develop this role in your organisation. Articulating the opportunities the nursing associate role can bring to your organisation's workforce supply, and clearly explaining the role that the board can play, will help to ensure their leadership and support.

Questions to consider when building your business case:

- Is there any funding support from other areas, such as national or regional support funds?
- Do you intend to access apprenticeship levy funds from your training provider to cover eligible clinical placement costs? Accessing money under this arrangement will be subject to the rules on subcontracting that require you to be on the Education and Skills Funding Agency (ESFA) Register of Apprenticeship Training Providers (RoATP). Guidance on this can be [found at Gov.uk](#)
- What are the expected benefits and return on investment of the role?
- Will introducing nursing associates have an impact on your bank and agency spend? What will this be?
- Do you have the required infrastructure in place to provide the administration and pastoral support of your trainees?
- What impact will the introduction of the role have on your recruitment and retention challenges?
- How does the introduction of the role align with board

priorities such as apprenticeship levy use; diversity and inclusion; domestic recruitment; safe staffing; right staff right skills; nursing development and supply?

- What is your pay strategy for trainee nursing associates (apprenticeships or otherwise)?
- What will the backfill costs be for supernumerary or protected learning time?
- How will you protect the learning time of trainee nursing associates, and ensure they are exposed to a variety of placement settings and experiences?
- What are the risks of not investing in trainee nursing associates?
- For work-based learning routes such as the apprenticeship, there are additional costs to consider such as; salary, backfill for protected learning time or supernumerary time in training, and the cost of supervision. See also the paragraph on the funding available to support clinical placements.

## **Shared learning**

The [business case for Northumberland, Tyne and Wear NHS Foundation Trust's nursing academy](#), which includes trainee nursing associate programmes, sets out the trust's approach to investing in nursing associate and registered nursing supply.

### **What is the cost for training nursing associates?**

Currently, most nursing associate training programmes are being delivered through the apprenticeship route, the training costs for which can be met through your apprenticeship levy. The toolkit on [Healthcare Apprenticeship Standards Online](#) contains a costing tool that allows you to calculate the potential cost to your organisation for delivering nursing associate apprenticeships.

For work-based learning routes such as the apprenticeship, you will also need to consider the additional costs, such as backfill for

protected learning time or supernumerary training time, and the cost of supervision and mentorship. See the [paragraph on the funding available](#) to support clinical placements.

A self-funded training route is currently in development and education providers are likely to offer this route to becoming a nursing associate, as well a conventional training route and the apprenticeship route, if the demand is there.

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# How do I ensure patients and the public understand the role?

This is a role which will provide hands-on, person-centred care. Helping patients and service users to understand that nursing associates can work across a range of settings, can help them to understand how they will deliver care to them, their family member, or someone they care for.

Often, communications are used to explain to patients and the public who the various professionals are, normally identified by their uniform and a brief description about their role and responsibilities. These communications can be amended to include information about nursing associates.

The NMC has produced a [short video](#) and [case studies](#) that feature trainee nursing associates and registered nurses who explain what the role is and how nursing associates will contribute to better patient and service-user care. Skills for Care has also produced a number of videos which show [trainee nursing associates in a care setting](#).

## Shared learning

Bridgewater Community Healthcare NHS Foundation Trust has encouraged and supported trainee nursing associates to sign up to the NHS health ambassadors programme. As part of the programme, trainee nursing associates will deliver presentations in schools to promote the nursing associate role to young people, with the aim to build interest and understanding in the role for young people considering their future prospects.

## Shared learning

To spread understanding about the new role, Barking, Havering and Redbridge University Hospitals NHS Trust created two posters - one for existing staff and one for patients. These were designed in collaboration with patient partners and disseminated across the trust and its

community network, so that patients and their families can understand more about the role before coming into trust. [View the staff poster.](#)

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# Establishing your nursing associate training programme

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## What does a nursing associate qualification contain?

A nursing associate qualification contains a number of different elements:

- A foundation degree training programme is usually taken over two years. During this time, the trainees must complete at least

2,300 programme hours which are divided to achieve an equal balance of theory and practice learning. This equates to half the hours required for a registered nursing qualification.



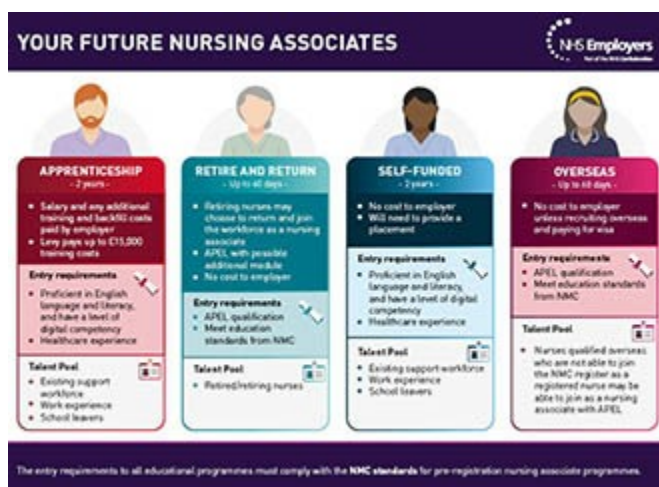
- To meet the requirements of the training programme, trainee nursing associates must work in a range of settings and situations to gain as much experience as possible across different age groups.
- The trainees must complete at least two substantial placements (totalling 675 hours) in settings other than their primary place of employment.
- As part of the nursing associate apprenticeship, trainees must meet the 15 standards set out in the care certificate. If they do not already hold level 2 English and maths qualification, these must also be achieved before completing the programme.
- Requirements for training and education are set out and regulated by the NMC in its [standards for pre-registration nursing associate programmes](#).







# What are the current routes available to train a nursing associate?



There are now a number of routes for entering the profession which we have set out, with the entry requirements and costs to the employer in an [infographic](#).

Currently, most nursing associate training programmes are being delivered through the apprenticeship route. The nursing associate apprenticeship standard was approved for delivery in 2017 and is based on the Health Education England curriculum. Some spaces are available through direct applications to the university.

## Self-funded nursing associate route

Guy's and St Thomas' NHS Foundation Trust is looking to recruit more than 400 nursing associates in the next five years to build its nursing teams and sustain the nursing workforce within the organisation.

From May 2020, the trust in collaboration with Coventry University, will start its first direct entry self-funded nursing associate programme (pending final NMC approval). The trust will allocate approximately 25 places on the programme to self-funded nursing associates, which they are looking to expand to 60-80 places in September 2020. A larger cohort in September

aims to maximise uptake by aligning with the clearing process and university starters. At the end of a completed self-funded nursing associate programme, trainees will be offered a nursing associate role at the trust.

The apprenticeship standards has been published which reflects the agreed NMC standards for nursing associates and a new nursing associate. You can download the new [nursing associate standard and end-point assessment here](#).

### **Functional skills toolkit**

Health Education England has created [this toolkit](#) for employers to assist members of their staff who have the caring skills and abilities to become a nursing associate, but do not have the necessary maths and English skills to meet the entry requirements for the training programmes.

Training programmes offered through an apprenticeship include the cost of an end-point assessment that tests the values, skills, knowledge and behaviours set out in the apprenticeship standard. It also includes an observation, which may involve a question and answer session, and a professional discussion. On completion of the programme, individuals will be qualified at foundation degree level as a nursing associate.

The apprenticeship levy can be used to fund trainee nursing associate programmes and will cover the cost of the training and assessment (including end-point assessment) up to the maximum of the assigned funding band, which for the level 5 nursing associate standard is set at £15,000. However, education providers are likely to offer conventional or fee-paying routes to train to become a nursing associate as well, if the demand is there.

Trainee nursing associates are not eligible for widening access training schemes. Find out more on the [HMRC website](#).

### **How do employers pick and procure a training provider?**

Health Education England, and Salisbury NHSFT have launched the National Framework for Nursing Associate, Nursing, and Midwifery apprenticeships which simplifies the procurement and selection of

providers. Further information is available on the [HASO website](#).

The Education and Skills Funding Agency (ESFA) manages a register of apprenticeship training providers (ROATP). The apprenticeship levy can only be used to fund training that is delivered by a registered provider. Further information on the register is available [on the ESFA website](#).

HEE has produced an [apprenticeship procurement toolkit](#) for employers, which offers support with navigation of the procurement process and provides an overview of the various options for support available nationally, as well as a series of case studies.

### **Clinical placement activity**

Trainee nursing associates must complete at least two substantial placements (totalling 675 hours) in settings other than their primary place of employment. It is up to the employer and provider to agree how these placements are delivered which can include subcontracting and third-party arrangements.

If you deliver training to trainee nursing associates as part of their clinical placement you may need to be registered on the ROATP. Please refer to the scenarios below to see if they apply to you.

Key scenarios:

**1. I offer placements to my own employees on the nursing associate apprenticeship programme.**

This will depend on whether the employer is also delivering the training or not. Anyone delivering training that is required for, or can be counted towards achieving the apprenticeship standard, is a delivery subcontractor and will need to be on the ROATP going forward.

**2. I offer host placements to employees from other organisations on the nursing associate apprenticeship programme.**

Again, it depends on if the host is delivering relevant training. If they are, then they will need to be on the ROATP. If they are

merely hosting the apprentice and not delivering training needed for the apprenticeship standard they are considered to be a third party and don't need to be on the ROATP.

**3. I offer placements and also provide some of the clinical teaching on the nursing associate apprenticeship programme.**

Yes, if the clinical teaching is part of the apprenticeship then you are delivering relevant training and will need to be on the ROATP.

Employers may be able to claim up to £2,500 of apprenticeship funding to cover the costs attributed to providing clinical placements for nursing associates but only if they are delivering an activity that is an eligible cost as defined by [the funding rules](#).

For further information regarding the apprenticeship funding arrangements for nursing associates, read the [Education and Skills Funding Agency's updated guidance](#).

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## Is there any funding available to support clinical placements?

The Education and Skills Funding Agency (ESFA) has confirmed that up to £2,500 of apprenticeship funding can be used to cover eligible costs attributed to clinical placements for nursing associates.

This cost should be included in the total price negotiated with your training provider for the training and end-point assessment, up to the maximum amount allowed by the assigned funding band. The level 5 nursing associate standard provides a maximum amount of £15,000 and employers are liable to meet any costs that exceed this.

If you deliver training to trainee nursing associates as part of their clinical placement you may need to be registered on the [register of apprenticeship training providers \(ROATP\)](#). Please refer to the scenarios at the end of this section to see if they apply to you.

Eligible clinical placement costs can include:

- staff teaching time within the clinical placement,
- planned feedback/assessment (progress reviews)
- administrative costs related to the training and assessment.

Ineligible costs which cannot be included in the price include wages, travel and accommodation costs.

A full list of eligible costs and subcontracting requirements are included in the government's [apprenticeship funding rules](#).

Trainee nursing associate programmes are not eligible for widening access training schemes. Find out more on the [HMRC website](#).

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## Shared Learning

Berkshire Healthcare NHS Foundation Trust has used the apprenticeship levy to increase its trainee nursing associate numbers and further support trainee nursing associates' learning needs and placements. Read more in our [maximising your apprenticeship levy guide](#).

### **Do I need to be on the ROATP?**

#### **I offer placements to my own employees on the nursing associate apprenticeship programme.**

This will depend on whether you also deliver training or not. Anyone delivering training that is required for, or can be counted towards achieving the apprenticeship standard, is considered a delivery subcontractor and will need to be on the ROATP going forward.

#### **I offer host placements to employees from other organisations on the nursing associate apprenticeship programme.**

Again, if the host is delivering relevant training that is required for or can be counted towards the qualification then they will need to be on the ROATP.

If the employer is merely hosting the apprentice and not delivering training needed for the apprenticeship standard they are considered to be a third party and don't need to be on the ROATP.

#### **I offer placements and also provide some of the clinical teaching on the nursing associate apprenticeship programme.**

Yes, if the clinical teaching counts towards the apprenticeship then you are a delivering relevant training and will need to be on the ROATP.

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# What are the entry requirements for trainee nursing associate programmes?

While individual employers and training providers can set and agree their own entry requirements, consideration needs to be given as to whether applicants are able to meet the academic requirements of a foundation degree level programme.

All educational programmes must comply with the [NMC standards](#), which require that students must be able to demonstrate on entry that they are proficient in English language and literacy, and have a level of capability in digital technology to meet the programme outcomes.

## Functional skills toolkit

Health Education England has created this [functional skills toolkit](#) for employers to assist members of their staff who have the caring skills and abilities to become a nursing associate, but do not have the necessary maths and English skills to meet the entry requirements for the training programmes.

## Support to improve numeracy skills

National Numeracy, an independent charity that aims to improve adult numeracy in the UK, has an [online resource](#) that helps staff to identify their overall numeracy level and access to a set of learning resources if required. It is designed to help staff build confidence with numbers and the tool can act as a useful stepping stone for those who lack the confidence and skills needed to attain formal qualifications.

Students must also be able to demonstrate values in accordance

with [The code for nurses, nursing associates and midwives](#), and that they are able to learn the behaviours expected by the code.

### **Recognition of Prior Learning (RPL)**

- If an individual already has some of the prior learning or experience required to become a nursing associate (as set out in the [NMC standards of proficiency](#)), this can be recognised as prior learning, and the individual may be able to reduce their training by up to a maximum of 50 per cent. This must be discussed on a case-by-case basis and in partnership with your training provider.
- This maximum 50 per cent limit does not apply to applicants to pre-registration nursing associate programmes who are currently an NMC-registered nurse without restrictions on their practice.

### **Supporting those who do not meet the required standards**

Employers may wish to consider how they can support and prepare those who do not meet the required literacy and numeracy standard before they start the programme which would remove the need to include this additional learning time into their training.

#### **Shared learning**

University Hospitals Birmingham NHS Foundation Trust recognised that its staff required additional support to attain the required levels of maths and English in order to enter the trainee nursing associate (TNA) programme. The trust has now employed its own in-house maths and English functional skills trainer to support all interested trainees. The Trust's aim is for 25 of its 100 TNAs commencing their training in October 2019, to have been supported to attain their maths and English qualifications in-house

#### **Shared learning**

Central London Community Healthcare NHS Trust identified that there was a wide talent pool of health care assistants (HCAs) in their workforce who did not have the required levels of maths and English to join their trainee nursing associate programme. To address this, the trust invested in a diagnostic tool, which enabled the HCAs to identify their current level of ability.



The trust then referred these individuals to local colleges to undertake further study and supported the individuals to do so by releasing them (where possible) for study time. This investment in the support worker workforce has helped the trust to build a stronger eligible talent pipeline for its future nursing associate training programmes.

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# Where can trainee nursing associates be deployed?

Employers will offer a primary place of employment. In order to achieve an equal balance of theory and practice learning, it is the education provider's responsibility to ensure quantity and breadth of placements in a variety of health and care settings, and to provide opportunities to deliver care to patients and service users on different care pathways. This will ensure the trainees develop skills and competences across a variety of care environments, enhancing the skills portability of the role.

[Skills for Care](#) and [the NMC](#) have produced case studies which share more details about the nursing associate role and where it can be deployed. There are also examples in the [introduction to nursing associates](#) section of this guide.

When planning activity for your trainee nursing associate programme, in partnership with your education provider, you will need to identify settings which are to accommodate trainee nursing associates and where there is a patient need for them.

## **Surrey Heartlands Health and Care Partnership**

Stations in the Surrey Heartlands Health and Care Partnership have worked collectively as an Integrated Care System (ICS) to look at how they can use the nursing associate role within their nursing structures. Across the system there are a number of nursing settings they have struggled to recruit to, so the partnership took a fresh look at how care is delivered and what skills are needed.

Using a 'grow your own' approach, trainee nursing associates (TNAs) were recruited from the healthcare assistant workforce. Primary care was supported to pilot TNAs by the Surrey Health Trust in partnership with [CSH Surrey](#), a local community health provider which was a trailblazer in this area, involved in early pilots. Working at a systems-level, opportunities were created

the ICS to share the role and rotate the TNA placements across services, for example, in district community services and within primary care including GP Practices. This placement not only provides a good experience of different settings for the trainees but they also appreciate how an ICS works.

Previously many healthcare assistants saw a nursing career as being out of reach, either they could not afford the university fees or didn't feel their knowledge and skill base was enough for the transition. It is now anticipated that some of these TNAs will progress onto a degree programme.

## Recording trainees and nursing associates on ESR

There are job roles and occupational codes available for trainee nursing associates and nursing associates on ESR. They can be found on the [NHS Digital website](#), under the following pathway: DCB1067 national workforce data set, current release, change specification on pages 8 and 9.

### Employer perspective

Rycroft Primary Care Centre, an NHS GP surgery, supported one of its healthcare assistants to undertake the nursing associate apprenticeship. The practice understands the value of offering development opportunities to its existing staff and staff appreciated being offered these opportunities and felt valued. Rycroft Primary Care Centre was able to offer this apprenticeship transferred levy funds that were gifted by a local NHS Trust, with the support of the Yorkshire and Harrogate Excellence Centre.

Working in the practice, the trainee nursing associate (TNA) completes tasks including blood clinics, smoking cessations, chronic disease reviews and spirometry tests. This allows the registered nurses to concentrate on more complex patients and tasks while the less complex patients still receive high quality care from the TNA.

As the TNA was well supported, they were allocated a nurse mentor. This helps the TNA to develop their knowledge through peer support and to ask questions to an experienced nurse. The practice's line manager, an advanced nurse practitioner, was also allocated as her mentor, and this was a key factor in making the TNA role successful.

The learning undertaken by TNAs in primary care includes placements in a range of settings including hospital wards and in the community. Since starting the course in September 2019, the TNA has had nine weeks on placement. The practice has managed this time away and forward planning was key to ensuring that backfill was available. It has used this time to offer further development opportunities to its phlebotomist and upskilled her to a senior care assistant role. Rycroft is part of its local advanced practice training hub which operates a [hub and spoke model](#). The centre is a 'spoke' practice, which hosts student nurse and nursing associate placements, covering primary, secondary, and social care

as organised at the 'hub' practice at College Lane, Ackworth.

Practice anticipates that when the TNA becomes a qualified nursing associate, she could go on to complete cytology training, in which there is currently a shortage of expertise for the role. There would then be an opportunity for her to progress further on to a registered nursing degree, with completion within eighteen months. The practice aims to use the role as a progression route for existing staff to progress but would also consider recruiting externally into a role, where there is demand.

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## What does the trainee nursing associate programme look like in practice?



Trainee nursing associates must undertake 2,300 programme hours to qualify as a nursing associate. Students must be offered protected learning time in which they are supported to learn.

The NMC has developed [supporting information](#) that provides a definition and examples of protected learning time, and sets out two options for how time spent learning in practice can be protected for

trainee nursing associates.

### **Option A**

Nursing associate students are supernumerary when they are learning in practice.

### **Option B**

Nursing associate students who are on work-placed learning routes:

- are released for at least 20 per cent of the programme for academic study
- are released for at least 20 per cent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role
- must have assured protected learning time for the remainder of the required programme hours.

It is for the education provider, working with you and the other practice placement partners, to determine how programmes are organised. You will need to share any preferences you have about the structure of the programme as it is being developed by your education provider.

### **Hub and spoke models**

Many employers already offering the trainee nursing associate programmes have adopted a hub and spoke model. This is where trainee nursing associates split their time between their primary place of employment and spoke placements, to broaden their skills and experience and maximise their learning opportunities. For example, trainee nursing associates based in an acute hospital setting as their primary place of employment or hub, may then undertake spoke placements in primary and social care settings. Pilot sites have found that the range of experience gained from a rotational programme across settings and sectors has helped develop the trainees' skills and brought additional benefits to their

primary placement setting.

**Practice example**

Canterbury Christ Church University's approach to placements is to deliver three 15-week terms, where one day a week is on placement in a different setting. This provides 675 hours of practice learning. Placements may be in a child-specific setting, mental health setting or an adult setting. A hub and spoke model may be employed to ensure a breadth of experience. The learner would have a hub area, for example a district nursing team, and then spoke opportunities where they are able to experience a range of services.

There are broadly two approaches to how academic learning has been structured, one involving a block approach and the other an integrated learning approach. The block approach is usually a week of academic study a month. The integrated learning approach will typically see academic learning undertaken one day a week. The number and length of placements a trainee nursing associate will undertake can vary with the duration and type of placement being shaped by what is available locally.

**Practice example**

Some organisations are further tailoring their nursing associate training programmes to develop person-centred approaches to caring for patients and service users. Cheshire and Wirral Partnership NHS Foundation Trust has built Lived Experience Connectors® into its programme. Lived Experience Connectors® are service users or family members of service users who are linked to a trainee nursing associate (TNA) from the beginning of their training. The TNA and Lived Experience Connectors® meet frequently throughout their training to reflect on their care delivery and to help the TNA build a stronger understanding of the importance of holistic, person-centred care.

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# How to ensure a quality training experience for trainee nursing associates?



## **Who will supervise and assess trainee nursing associates?**

The support, supervision, learning and assessment provided must comply with the [NMC standards framework for nursing and midwifery supervision and assessment](#).

Trainee nursing associates are required to undertake clinical placements in settings other than their primary place of employment. All students require a level of supervision that enables them to learn and safely achieve proficiency and autonomy in their professional role.

Trainee nursing associates can be supervised by an NMC-registered



nurse, midwife or nursing associate, or by any other registered health and social care professional. Supervisors will serve as role models for safe and effective practice and are expected to contribute to the record of achievement.

In a move away from the traditional method of mentoring, students must be assigned a practice supervisor, practice assessor and an academic assessor. The practice supervisor cannot simultaneously be an assessor for the same student. You may wish to consider running a short training course in partnership with your training provider to improve awareness and understanding of these roles and what makes an effective supervisor and assessor.

With work-based learning set to increase, employers are looking at different models to support those on placement.

#### **Practice example**

James Paget University Hospitals NHS Foundation Trust uses the collaborative learning in practice (CLiP) approach to support learners at different stages in their training. The trust considers this coaching model to be a more effective way of supporting their students than the traditional 1:1 mentoring approach. [Listen to the podcast](#) with students and managers from the trust for more information.

### **How can I support trainee nursing associates to gain the most from their training programme?**

The *Evaluation of the introduction of nursing associates* report published by HEE suggests a number of recommendations for successfully supporting trainee nursing associates during their learning.

#### **Challenges faced during the trainee nursing associate programme:**

- Lack of acceptance of the trainee nursing associate role from professionals.
- Lack of awareness and understanding of the role.
- Role seen as a threat to other roles such as assistant practitioners and registered nurses.

- Poor implementation and use of the role, such as the trainee being used as a healthcare assistant when service demand is high. Using the roles in this way will lead to poor placement experience and a lack of exposure to learning opportunities.

### **Key enablers for successful trainee nursing associate programmes**

- Have a strong support network, particularly peer support.
- Where placements are undertaken in two-week blocks, allow time for one trainee nursing associate to pick up where the other left off or build-in handover time for the trainees to share learning.
- Ensure that early modules include time for the building blocks of learning, such as academic writing and study skills.
- Deliver an induction of suitable length when trainee nursing associates enter new placement settings.
- Ensure there is sufficient protected learning time for the trainee nursing associate to make best use of learning opportunities and experiences in the workplace. For example, demonstrating new skills, shadowing opportunities, supervision during new tasks and involvement in meetings.
- Ensure trainee nursing associates are exposed to the right opportunities through clarifying parameters for placements and monitoring them.
- Support trainee nursing associates by promoting their role and its benefits widely among the workforce, including communications about myths relating to the role.
- Listen and work with trainee nursing associates to help develop and embed the programme.
- Plan and set goals for the trainee nursing associates with their mentors and supervisors to help ensure successful placements.
- Consider how to best support your trainee nursing associates. For example, a clinical educator post can offer one-to-one support and help to bridge academic learning and their

day-to-day practice.

#### **Practice example**

Norfolk and Norwich University Hospitals NHS Trust has introduced a 'RAG rating' approach to identify placement areas that can offer effective support to students in settings that are different to their primary place of employment. The trust rates these placement areas based on the quality of the learning experience and their ability to maintain learner numbers. This approach also helps to identify any areas that will benefit from targeted support.

### **Competence and sign-off**

A range of approaches have been taken by test site employers for managing the sign-off of the competencies that trainee nursing associates develop during their training. Education providers, in partnership with the employing organisation, will ask the trainee nursing associates to complete a practice assessment document which records the competencies and skills they are developing and identifies any skills and knowledge that require further work. Managing the sign-off of competencies must be done in compliance with the [NMC's education and training standards](#).

For the apprenticeship training route, apprentices are also required to undertake an End Point Assessment (EPA) to demonstrate competence against the apprenticeship standard. This is integrated into the body of the apprenticeship programme, to avoid duplication of assessments for the trainee.

#### **Practice example**

The East Midlands Collaborative is a group of acute, community, learning disability, community and inpatient mental health, primary care and hospice providers working together with four universities, to deliver a collaborative approach to training nursing associates across the East Midlands region. The East Midlands Collaborative worked in partnership to develop a standardised practice assessment document for use across the entire region, which enabled a one-system approach to the training and assessment of all trainee nursing associates in the geographical area.



# Deployment and employment of qualified nursing associates

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## How could I deploy qualified nursing associates?



### **What is the safe staffing guidance on the deployment of qualified nursing associates?**

Local decisions about the deployment of registered professionals are informed by the range of experience and capabilities of those staff, and the same principle should apply to nursing associates.

As with all new roles, employers are recommended to adopt a systematic approach to deployment. NHS Improvement has [developed a document](#) that sits alongside the safe staffing suite of resources, providing a set of principles and tools to ensure that the nursing associate role can be integrated into secondary care. It is aimed at healthcare professionals and those involved in deployment, from line managers to the board of directors, and

supports the delivery of safe, effective, responsive and well-led care on a sustainable basis.

The Care Quality Commission has released [a briefing](#) for providers on the deployment of nursing associates across health and social care.

### **Where could I deploy nursing associates?**

Trusts are deploying their qualified nursing associates in a range of settings, including:

Community	Community learning disability teams	Community mental health teams	Community physical health teams	Critical care
Eating disorders facilities	Emergency departments	Gastroenterology	Inpatient organic mental health wards	Integrated complex care teams
Intermediate care	Justice services	Medicine inpatient wards	Neonatal care	Neurology
Older adults	Paediatrics	Renal	Theatres	Trauma and Orthopaedics

### **What can a nursing associate do?**

Guidance has been developed by the employment subgroup of the HEE Nursing Associate Implementation Group, which is available in the [HEE resources section](#) to help employers develop their job descriptions for qualified nursing associates. This guidance provides prompts to help you consider the specific responsibilities and expectations of the post, tailored to the organisation and the setting it is being deployed into.

The guidance also includes a template person specification for the role, which aligns to both the NMC's standards of proficiency and skills annexes, and the relevant Agenda for Change job profile. Banding for these roles will be established based on a local job evaluation and matching exercise. [Our job evaluation web pages](#) provide further information about this process.

The NMC and Skills for Care have produced case studies which show what nursing associates can do in practice. There are also examples in the [introducing nursing associates](#) section of this guide.

## **Medicines management**

Nursing associates are able to administer medicines as part of their role, following additional training and education and where the required governance structures are in place. HEE resources includes [advisory guidance](#) setting out the expectations for nursing associates who administer medicines to patients and service users. Recommendations include ensuring adequate supervision to support trainee nursing associates in the education and training of medicines management within the confines of local employer policies. The employing organisation must be assured that practising nursing associates have the qualifications, competence, skills and experience to undertake the activities required of them.

## **What is the role of a nursing associate within multidisciplinary teams?**

Initiatives that look at building a team based on the needs of the service user start by looking at the skills mix required to provide the care needed for the service users, and then identifying which roles have the skills to deliver this care.

It is likely while the role is new that you will still want other registered practitioners to assume responsibility for the primary assessment of patients and the planning of care, but nursing associates can contribute to the planning, delivery and evaluation of care.

### **Shared learning**

Chesterfield Royal Hospital NHS Foundation Trust engaged its staff to develop new team structures and introduced the trainee nursing associate and assistant practitioner roles. The trust decided to explore a new workforce model that makes better use of existing skills, and builds a team around the patient with the skills needed to deliver the best care. [Read the full case study.](#)



## Shared learning

Cheshire and Wirral Partnership NHS Foundation Trust saw its first qualified nursing associates join the NMC's register in January 2019. In order to ensure that the trainees involved in this pilot had the opportunity of roles to move into once they qualified, each trust in the test site partnership agreed to identify permanent posts for the qualified nursing associates to apply for upon completion of their training.

To identify these permanent positions, the trust reviewed its available skills to maximise the potential of having a new role that encompasses biopsychosocial skills to achieve the best outcomes for patients. Consideration was given to the function of teams, delegation and supervision arrangements. Once teams had been identified, then these became the final placements for the trainees. The trusts will be carrying out a full quality impact assessment on the role during this final placement to gain assurance that these are the best settings before making the final decision on deployment.

Avril Devaney, Director of Nursing, Therapies and Patient Experience at Cheshire and Wirral Partnership NHS Foundation Trust said: "Nursing associates, by the nature of their training, have a grasp of a huge range of care needs. This understanding adds value to our teams and helps us all to consider the whole patient, regardless of the setting they are being cared for in."



## How do I support qualified nursing associates when in post?



### **What supervision do qualified nursing associates need?**

As registered professionals, nursing associates are individually accountable for their own professional conduct and practice. It is likely that nursing associates will typically work under the direction of a registered nurse or registered professional but may not require direct supervision. They will also be able to support, supervise and act as a role model to trainee nursing associates, healthcare support workers and those new to care roles.

### **Improving attrition of newly qualified nursing associates**

The [RePAIR](#) (Reducing Pre-registration Attrition and Improving

Retention) report commissioned by HEE looks at some of the factors impacting healthcare student attrition and the retention of the newly qualified workforce in the early stages of their careers.

The report has identified a range of factors, such as supervision support and the culture of a clinical setting that can improve attrition. Recommendations from the report include ensuring that prospective learners really understand the career they have chosen and the requirements of the programme; encouraging the creation of buddy schemes to provide support to learners, and the importance of preceptorship schemes.

### **Providing preceptorships for ongoing development**

In preparation for this new role joining the nursing workforce, employers may want to plan and develop preceptorship programmes for their newly registered nursing associates. Preceptorships are structured transition periods for newly registered practitioners, in which they are supported by an educator to develop their confidence and skills as an autonomous professional.

Good quality preceptorship programmes can benefit individuals and employing organisations as they help to build confidence and competence, consolidate learning, and reduce attrition within the first years of employment. Visit the HEE website for further information on nursing associate preceptorships.

#### **Shared learning**

York Teaching Hospitals NHS Foundation Trust developed a preceptorship programme aligned to the NMC standards of competency for qualified nursing associates. The preceptorship programme is also attended by newly qualified nurses to build relationships and understanding of how the two roles will work together. Nursing associates are welcomed into their new position with an introductory goodie bag which includes details about their preceptorship, competency documents and promotional items as a welcome to the trust.

Each newly qualified nursing associate spends a week at the start of their preceptorship undertaking scenario-based learning in topics such as pain management and diabetes

management. They spend a day with senior nurses to build relationships and ask questions in a safe space. Every other month for the remainder of the year, newly qualified nursing associates will have a study day away from the ward to focus on topics such as nutrition and end-of-life care. There is also the option to pick a topic of their choice for the last training session of the preceptorship.

## **Career development pathways**

The nursing associate role can be used to provide a development pathway for those wishing to train as a registered nurse. The qualifications gained can be accredited against a nursing degree or a nurse degree apprenticeship to shorten that training.

The [NMC standards of proficiency for nursing associates](#) have been designed so that education providers can easily develop programmes that build on nursing associate proficiencies, and enable students to progress on to registered nursing programmes.

## **Recording trainees and nursing associates on ESR**

There are job roles and occupational codes available for trainee nursing associates and nursing associates on ESR. They can be found on the [NHS Digital website](#), under the following pathway: DCB1067 national workforce data set, current release, change specification on pages 8 and 9.

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# What steps are required for registration and revalidation?

## Joining the NMC nursing associate register

The NMC began accepting individuals onto the nursing associate part of the register from January 2019. It is an offence to practise or claim to be a nursing associate in England without being qualified and registered.

Nursing associates will need to meet the [NMC standards of proficiency](#) to register and continue to meet the standards and the [code of practice](#) as a condition of their registration.

It will be possible for a registered nurse to join the nursing associate part of the register. This maximum limit of 50 per cent APEL (Accreditation of prior learning) does not apply to applicants to pre-registration nursing associate programmes who are currently a NMC registered nurse without restrictions on their practice

## Do nursing associates need to revalidate?

Nursing associates pay the same registration fees as nurses and midwives and every three years their registration will need to be renewed through the same [revalidation process](#) as applies to nurses and midwives. Employers can support nursing associates to meet the revalidation requirements.

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# Links, resources and good practice

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## Links and resources

### **NHS Employers**

View and download our [at-a-glance guide to the role](#).

Download [an infographic](#) on the key changes to the standards for nurses

Find out more about [strategic planning](#)

Discover how to bring [children and young people into the recruitment process](#)

Find out how to [maximise your apprenticeship levy](#)

[Listen to this podcast](#) with James Paget University Hospitals NHS Foundation Trust

Find out how Chesterfield Royal Hospital NHS Foundation Trust [developed a new team](#) structure around the nursing associate and assistant practitioner roles

Understand more about [job evaluation](#)

## **Health Education England**

Find out more about the role and access useful resources on [HEE's website](#)

HEE has created a [functional skills toolkit](#) for staff who do not have the necessary maths and English skills to meet the entry requirements for the training programmes.

Read [The shape of caring review, \(raising the bar\)](#) report by Health Education England

Download Health Education England's [guidance for the planning process](#)

Understand the evaluation of the introduction of the role [in this report](#) from Health Education England

Access Health Education England's [apprenticeship procurement toolkit](#)

The [RePAIR](#) (Reducing Pre-registration Attrition and Improving Retention)

## **Nursing and Midwifery Council (NMC)**

Find out how the role will be regulated on [the NMC website](#)

Watch this [film from the NMC](#) on introducing nursing associates

Access the [standards of proficiency](#) for nursing associates

Download the [standards for nursing associates](#)

Download the NMC standards for [pre-registration nursing associate programmes](#)

Further information on employing nursing associates is available on the [NMC website](#)

Download the [code for nurses, nursing associates and midwives](#)

Find out about [protected learning time in practice](#)

Download the [standards for student supervision and assessment](#)

Learn about [revalidation](#)

## **Skills for Health**

Use the [six-step workforce planning methodology tool](#) from Skills for Health

Find a costing tool and other resources in the toolkit on the [Healthcare Apprenticeship Standards Online](#)

Read the [apprenticeship standard](#) for the nursing associate role from Skills for Health

Access the Education and Skills Funding Agency's [guidance on nursing associate apprenticeship funding](#).

## **NHS Improvement**

Download NHS Improvement's [self-assessment tool](#)

Download NHS Improvement's [quality service improvement tools](#)



Use NHS Improvement's guidance on [supporting people through change](#)

### **Care Quality Commission**

Read the [Briefing for providers: Nursing associates](#)

### **NHS Digital**

Job roles and occupational codes for [trainee nursing associates](#) and [nursing associates](#) to use on ESR.

### **GOV.UK**

Access guidance on how to apply to the [register of apprenticeship training providers](#)

### **NHS organisations**

Read Northumberland, Tyne and Wear NHS Foundation Trust's [example business case](#)



# Good practice

On this page we have compiled all the examples of good practice which feature throughout the guide.

## **a nursing associate?**

Qualifying as a nursing associate in December 2018, I have been employed in the casualty department of a busy city hospital. The work is fast paced, and patients can arrive in conditions that range from life threatening to minor injuries. Within my role I support a lead nurse or work independently, providing care for up to five patients. This can involve vital signs, medicine administration, ECGs, catheterisation and wound management among other tasks. I am also one of the department's lead links for sepsis management."

**James, Registered Nursing Associate**

## **a nursing associate?**

Being a nursing associate gives me the perfect blend of delivering therapy and care to service users under my supervision. I work in the CAMHS Community Eating Disorder team where I progressed from support worker in 2016, to nursing associate in 2019. As part of my role, I coordinate care for low risk cases, participate in reflective practice and family sessions to deliver support for service users with their families, and work independently with service users on their body image; mindfulness and meal support.

Working independently, my role supports registered nurses by relieving them of low risk cases allowing them to focus on more complex cases. Being accountable can be reassuring to service members I work alongside as it allows me to contribute more to improving the delivery of services by reducing waiting times for service users."

**Caruana, Registered Nursing Associate**

## **a nursing associate?**

As a nursing associate in a medium secure forensic learning disability unit, I provide a holistic approach to care for service users, improving their physical and mental health while involving them actively for an approach which promotes parity of esteem.

I have recently been tasked with completing a physical health audit each month to ensure each service user has had a physical health examination, dental and optician appointments and up to date vital signs assessments and screening. I escalate to registered nurses for them to counter-sign and implement feedback from the ward round. I empower service users' inclusion by providing person-centred mental and physical health promotion, and activities of their choice."

## Stello, Registered Nursing Associate

### How can workforce planning help you implement nursing associates and trainee associates?

Healthcare NHS Trust is currently developing a workforce plan which aligns nursing roles to nursing establishment (nursing staff required to ensure safe and high-quality care). As part of this, qualified nursing associate skills will be considered alongside other skills to identify what staffing levels are needed.

Next steps are to be really clear with staff about how the role fits in with nursing practice, and how it can support and reduce long term vacancies.

### How do you involve staff in understanding the need for and placement of trainee associates?

Old Royal Hospital NHS Foundation Trust engaged its staff to redesign team structures and introduced the trainee nursing associate and assistant practitioner roles. Read [this research report](#) which contains key points of learning and recommendations from this.

### How do you build the business case for nursing associates?

Northumberland, Tyne and Wear NHS Foundation Trust created a [business case](#) for a nursing workforce including trainee nursing associate programmes, which sets out the trust's approach to managing the nursing associate and registered nursing supply.

### How do you involve staff in understanding the need for and placement of trainee associates?

University of London set up a feedback wall on its [work-based learning website](#) where you can see the answers to questions posed to trainees, supervisors and managers on the nursing associate role, including top tips for managers and trainees, and information on embedding the role.

### How do you ensure patients and the public understand the role?

Water Community Healthcare NHS Foundation Trust has encouraged and supported nursing associates to sign up to the NHS health ambassadors programme. As part of the programme, trainee nursing associates will deliver presentations in schools to promote the nursing associate role to young people, with the aim to build interest and understanding in the young people considering their future prospects.

### How do you ensure patients and the public understand the role?

Education England created this [toolkit](#) for employers to assist members of their staff who have the caring skills and abilities to become a nursing associate, but do not have the necessary maths and English skills to meet the entry requirements for the training programmes.

### How do you ensure patients and the public understand the role?

To build understanding about the new role, Barking, Havering and Redbridge University

NHS Trust created two posters - one for existing staff and one for patients. These were designed in collaboration with patient partners and disseminated across the trust and its wider network, so that patients and their families can understand more about the role of nursing coming into trust. [View the staff poster.](#)

### **Are there any funding available to support clinical placements?**

East of England Healthcare NHS Foundation Trust has used the apprenticeship levy to increase its trainee nursing associate numbers and further support trainee nursing associates' learning and placements. [Read more in our maximising your apprenticeship levy guide.](#)

### **How do you meet the entry requirements for trainee nursing associate programmes?**

Wythenshall Hospitals Birmingham NHS Foundation Trust recognised that its staff required additional support to attain the required levels of maths and English in order to enter the trainee nursing associate (TNA) programme. The trust has now employed its own in-house maths and English functional skills trainer to support all interested trainees. The Trust's aim is to have its 100 TNAs commencing their training in October 2019, to have been supported to attain their maths and English qualifications in-house.

### **How do you meet the entry requirements for trainee nursing associate programmes?**

London Community Healthcare NHS Trust identified that there was a wide talent pool of care assistants (HCAs) in their workforce who did not have the required levels of maths and English to join their trainee nursing associate programme. To address this, the trust introduced a diagnostic tool, which enabled the HCAs to identify their current level of ability. The trust then referred these individuals to local colleges to undertake further study and supported the individuals to do so by releasing them (where possible) for study time. This investment in the support worker workforce has helped the trust to build a stronger eligible pipeline for its future nursing associate training programmes.

### **What do the trainee nursing associate programme look like in practice?**

University of Christ Church University's approach to placements is to deliver three 15-week placements where one day a week is on placement in a different setting. This provides 675 hours of learning. Placements may be in a child-specific setting, mental health setting or an acute setting. A hub and spoke model may be employed to ensure a breadth of experience. The trust could have a hub area, for example a district nursing team, and then spoke placements at other sites where they are able to experience a range of services.

### **What do the trainee nursing associate programme look like in practice?**

Organisations are further tailoring their nursing associate training programmes to person-centred approaches to caring for patients and service users. Cheshire and Merseyside Partnership NHS Foundation Trust has built Lived Experience Connectors® into its programme. Lived Experience Connectors® are service users or family members of service users who are linked to a trainee nursing associate (TNA) from the beginning of their training. The Lived Experience Connectors® meet frequently throughout their training to support their care delivery and to help the TNA build a stronger understanding of the

ice of holistic, person-centred care.

### **How do you ensure a quality training experience for trainee nursing associates?**

Wright University Hospitals NHS Foundation Trust uses the collaborative learning in (CLiP) approach to support learners at different stages in their training. The trust believes this coaching model to be a more effective way of supporting their students than the traditional 1:1 mentoring approach. [Listen to the podcast](#) with students and managers from Wright for more information.

### **How do you know you could deploy qualified nursing associates?**

Wright and Wirral Partnership NHS Foundation Trust saw its first qualified nursing associates on the NMC's register in January 2019. In order to ensure that the trainees involved in this pilot had the opportunity of roles to move into once they qualified, each trust in the test site partnership agreed to identify permanent posts for the qualified nursing associates to apply for on completion of their training.

To identify these permanent positions, the trust reviewed its available skills to maximise the benefit of having a new role that encompasses biopsychosocial skills to achieve the best outcomes for patients. Consideration was given to the function of teams, delegation and support arrangements. Once teams had been identified, then these became the final placements for the trainees. The trusts will be carrying out a full quality impact assessment on placement during this final placement to gain assurance that these are the best settings before making the final decision on deployment.

### **How do you ensure a quality training experience for trainee nursing associates?**

Wright and Norwich University Hospitals NHS Trust has introduced a 'RAG rating' approach to placement areas that can offer effective support to students in settings that are close to their primary place of employment. The trust rates these placement areas based on the quality of the learning experience and their ability to maintain learner numbers. This approach also helps to identify any areas that will benefit from targeted support.

### **How do you ensure a quality training experience for trainee nursing associates?**

Midlands Collaborative is a group of acute, community, learning disability, community mental health, primary care and hospice providers working together with four universities, to deliver a collaborative approach to training nursing associates across the East Midlands region.

Midlands Collaborative worked in partnership to develop a standardised practice placement document for use across the entire region, which enabled a one-system approach to training and assessment of all trainee nursing associates in the geographical area.

### **How do you support qualified nursing associates when in post?**

Wright University Hospitals NHS Foundation Trust developed a preceptorship programme aligned with NMC standards of competency for qualified nursing associates. The preceptorship

me is also attended by newly qualified nurses to build relationships and understanding of how the two roles will work together. Nursing associates are welcomed into the position with an introductory goodie bag which includes details about their relationship, competency documents and promotional items as a welcome to the trust.

A newly qualified nursing associate spends a week at the start of their preceptorship using scenario-based learning in topics such as pain management and diabetes management. They spend a day with senior nurses to build relationships and ask questions in a safe space. Every other month for the remainder of the year, newly qualified nursing associates have a study day away from the ward to focus on topics such as nutrition and end-of-life care. There is also the option to pick a topic of their choice for the last training session of the preceptorship.

### **Practice perspective**

Primary Care Centre, an NHS GP surgery, supported one of its healthcare assistants to complete the nursing associate apprenticeship. The practice understands the value of offering development opportunities to its existing staff and staff appreciated being offered these opportunities and felt valued.

Working in the practice, the trainee nursing associate (TNA) completes tasks including blood clinics, smoking cessations, chronic disease reviews and spirometry tests. This allows registered nurses to concentrate on more complex patients and tasks while the less complex patients still receive high quality care from the TNA.

From the TNA was well supported, they were allocated a nurse mentor. This helps the TNA to build their knowledge through peer support and to ask questions to an experienced nurse. The practice's line manager, an advanced nurse practitioner, was also allocated as her mentor, and this is a key factor in making the TNA role successful.

Learning undertaken by TNAs in primary care includes placements in a range of settings including hospital wards and in the community. Since starting the course in September 2019, the TNA has had nine weeks on placement. The practice has managed this time away and ward planning was key to ensuring that backfill was available. It has used this time to offer further development opportunities to its phlebotomist and upskilled her to a senior assistant role. The centre is keen for the introduction of a local advanced training programme which would better organise student nurse and trainee nursing associate placements, to include primary, secondary, and social care settings.

The practice anticipates that when the TNA becomes a qualified nursing associate, she could go on to complete cytology training, in which there is currently a shortage of expertise for the role. There would then be an opportunity for her to progress further on to a registered nurse degree, with completion within eighteen months. The practice aims to use the role as a development for its existing staff to progress but would also consider recruiting externally into a role, where there is demand.

