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Accelerated Postgraduate Nursing Pilot Programme: an Evaluation

Health and Social Care Evaluations (HASCE)



March 2019

This report was commissioned by Health Education England and NHS England. The report was authored by Dr Tom Grimwood, Dr Laura Snell and Amy Robinson, Health and Social Care Evaluations (HASCE), University of Cumbria.

Executive summary

Context:

Between January and March 2019, Health and Social Care Evaluations (HASCE) at the University of Cumbria were commissioned by Health Education England (HEE) and NHS England to evaluate the delivery of the Accelerated Postgraduate Nurse Pilot Programme and its potential application to future postgraduate nursing education. The aim of this project was to provide an independent evaluation of the delivery of the Accelerated Postgraduate Nurse Pilot Programme and the students' experiences of accessing the course. The evaluation was designed to identify what has worked well and how the learning from this pilot could potentially be adopted within other pre-registration postgraduate programmes.

Methodology:

The evaluation used a mixed methods approach, using semi-structured interviews and surveys to collect data, and a template analysis to organise and analyse the data. Interviews were conducted with four higher education institutions, two NHS Trusts, and four students currently on one of the Accelerated Postgraduate Nurse programmes. An online survey was distributed to all students registered on the pilot programmes, with a 49% response rate.

The data was framed by a realist approach to evaluation. Themes were identified from the data and configured using a template analysis to identify the contexts, mechanisms and outcomes at work in the programme delivery and its impact on participants.

Findings:

The key themes to emerge are presented in the following table:

Contexts	Enabling mechanisms	Disabling Mechanisms	Outcomes
Student backgrounds & skills Motivations for studying Selective recruitment of students Collaboration between HEIs & NHS trusts	Financial support Support from HEI/ NHS trust/ peers Access to 'enhanced experiences'	Inconsistent support Communication issues with some NHS trusts Organisational issues for some NHS trusts	Retention of students on pilot programme Students engaged with learning Development of leadership skills
Structure of academic programmes NMC requirements for nurse registration	Leadership focus Accreditation of prior experiential learning (APEL)	Non-use of APEL increases placement hours	Positive learning experience for students Preparing to transition to the workplace

Conclusions:

The postgraduate programmes delivered by the three HEIs have, to date, successfully trained 35 students in either mental health or learning disability nursing during the two-year timeframe. Although the students have approximately five months remaining on their programmes, it is evident that they will be ready to transition into the workplace. Some of the students have already received job offers, and others are in discussion with their trusts about the transition to the workplace and their preceptorship year.

Overall, perceptions of the programmes were positive from students, HEIs and Trusts. HEIs and Trusts noted the strength of the cohorts, and the growth in confidence and ability they demonstrated as the programme progressed. This can be attributed to the selective recruitment process and the collaboration between HEIs and Trusts to enable this. Recruiting mature students was also seen to be beneficial in terms of their education and practice experience, as well as their commitment to the field and in the value they place on the opportunity.

Some participants noted that where communication had been less effective, the recruitment process had been more time-pressured. Establishing clear shared goals and clear points of contact between organisations was identified as a key enabler for collaboration.

The findings indicate that programmes without APEL can present additional challenges for the students as they need to undertake more placement hours to meet the NMC requirements for nurse registration. This can be particularly problematic for students with commitments outside of work.

Students commented on the development of autonomy and resilience they felt the programmes had provided them with, and that the access to senior leaders within placements had been beneficial. From the perspectives of the postgraduate students and HEIs, the financial support for the duration of the programme was very beneficial. The funding was an enabling mechanism which allowed the students to support themselves whilst studying to progress their careers, and reduced the need to earn additional income, which ultimately enhanced their engagement and commitment to the course.

The majority of the postgraduate students felt well supported by both their HEI and NHS trust. Most had positive experiences within the trusts with access to ‘enhanced experiences’ (such as additional training, access to meetings or opportunities to develop leadership skills) and a range of support and mentoring from colleagues, lived experience coordinators and senior clinical staff. However, some of the postgraduate students and HEIs reported communication issues and unhelpful perceptions within the trust’s workforce at ground-level, indicating the need to ensure that the workforce were aware and supportive of the student’s programme, expectations and capabilities.

The focus on leadership within the programmes largely took the form of access to senior staff within Trusts, whether through regular meetings between students and staff, forms of mentoring and other support, the opportunities to attend higher level meetings and in some cases specialist training. Leadership was embedded in the HEI programmes with specific modules and projects designed to encourage the students to develop their leadership skills, to innovate and manage change. However, it was not clear from the data whether this was distinctive from other programmes or qualification routes offered. In some cases, students reported that the enhanced experiences had not always been available in particular placements.

Recommendations:

Based on the data presented, the following recommendations can be made:

- Future pre-registration postgraduate programmes for mental health or learning disability nursing would benefit from focussing their recruitment on psychology graduates or other degrees related to human interaction, relationships, creativity, questioning and attitudes.
 - The use of APEL is valuable with this type of programme as it reduces the number of mandatory placement hours that students need to acquire for NMC registration.
 - Future pre-registration postgraduate nursing programmes should also consider available mechanisms for offering financial support (outside of the pilot funding) to students. This is particularly important given the impact of the accelerated programme and demand for placement hours on mature students.
- For HEIs taking part in similar programmes, it is important to establish a strong rapport and collaborative partnership with the NHS trusts, and to ensure that the trusts have the capacity and resources to fully support the students during their placements.
- The recruitment of existing staff from within NHS Trusts is beneficial for both the nursing student and the trust, and it would be worthwhile adopting this approach to recruitment across other pre-registration postgraduate programmes. It is, however, recommended that consideration is given to how HEIs ensure that students recruited from Trusts are treated equivalently to other students whilst on placement.
- It is recommended that more attention is given to the variety of leadership models relevant to nursing roles that programmes and placements can make use of. This may support different approaches to leadership, including those oriented towards more of a collective leadership model as well as that of management roles, being embedded within placements.
- It would be beneficial to conduct a further evaluation of student outcomes once the preceptorship year is underway.

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Acronyms

APEL	Accreditation of Prior Experiential Learning
BSc	Bachelor of Science
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
EU	European Union
HEE	Health Education England
HEI	Higher Education Institute
LD	Learning disability
MH	Mental health
MSc	Master of Science
NHS	National Health Service
NMC	Nursing and Midwifery Council
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PG Dip	Postgraduate Diploma
RCN	Royal College of Nursing
RPEL	Recognition of Prior and Experiential Learning
UCAS	Universities and Colleges Admissions Service

1. Introduction

1.1 Aims of the evaluation

Between January and March 2019, Health and Social Care Evaluations (HASCE) at the University of Cumbria were commissioned by Health Education England (HEE) and NHS England to evaluate the delivery of the Accelerated Postgraduate Nurse Pilot Programme and its potential application to future postgraduate nursing education. The aim of this project was to provide an independent evaluation of the delivery of the Accelerated Postgraduate Nurse Pilot Programme and the students' experiences of accessing the course. The evaluation was designed to identify what has worked well and how the learning from this pilot could potentially be adopted within other pre-registration postgraduate programmes.

1.2 Context

1.2.1 The growing and ageing UK population

In mid-2017, it was reported that the UK was the largest it has ever been with an estimated population of 66 million (ONS, 2018). This sustained population growth is a result of births outnumbering deaths and immigration exceeding emigration (ONS, 2018). In addition, the UK population is generally living longer, although improvements in life expectancy have recently stalled (ONS, 2018). The UK population is also ageing with around 18.2% reported to be aged 65 years or over in mid-2017, compared with 15.9% in 2007; this is projected to grow to 20.7% by 2027 and to more than a quarter by 2068 (ONS, 2018). The increased prevalence of long-term conditions in the ageing population has a significant impact on health and social care providers (Department of Health, 2012).

1.2.2 The nursing workforce

Nursing is the largest health care workforce within the NHS (Nuffield Trust, 2018) with 282,661 full-time equivalent nurses and midwives in the year to July 2018 (Buchan et al., 2019). However, data indicates that 27% more nurses are now leaving the profession than are joining (Bungeroth and Fennell, 2018). Despite a gradual increase in the number of registered nurses, the 'Nursing and Midwifery Registered Staff' group account for the highest level of vacancies across the NHS

– 41% of vacancy full-time equivalents in September 2018 (NHS Digital, 2019) - with approximately 41,000 vacancies across the nursing workforce in October 2018 (NHS Improvement, 2019). There was a small reduction in staff turnover in the nursing workforce in 2018, though this remains at 15.2% (NHS Improvement, 2019).

The age profile of registered nurses is polarised with high numbers aged 56 and over, and growing numbers aged 21-30 years (NMC, 2018a), raising issues of experienced staff retiring and the workforce having high numbers of newly qualified and less-experienced staff. Projections anticipate that over the next five years the NHS will lose 84,000 nurses before retirement age (Buchan et al., 2017). The reduction in the number of nurses has been most notable in community nursing and mental health nursing – two areas identified as critical to the success of the Five Year Forward View (Buchan et al., 2017). Cuts to post-qualification training have reportedly impacted on the recruitment and retention of nurses (Leone et al., 2015). Furthermore, fluctuating vacancy levels and staff leaving the NHS contribute to overall shortages, which can impact negatively on continuity of care and add to organisational costs (Buchan et al., 2017).

The UK train considerably fewer nurses per 100,000 population in comparison to the OECD average, including the US and Australia (Buchan et al., 2017). England has been under-producing domestically trained nurses for the past decade, instead relying on internationally recruited nurses and agency nurses to fill skills gaps (Leone et al., 2015). However, in the two years from September 2016 to September 2018, there was a drop of 9,290 people from the EU joining the NMC register as well as an increase in those from the EU leaving the register (NMC, 2018a).

1.2.3 Nurse education

There is a high rate of attrition from nursing courses in the UK, and this issue is also recognised internationally (Mooring, 2016). A recent survey estimated that one in four student nurses do not complete their training within the scheduled three years, either leaving or postponing studies (Buchan et al., 2017). Attrition rates are variable between universities, ranging from as much as 50% to as little as 5%, although some extreme values may be due to differences in how universities measure or interpret the numbers (Buchan et al., 2019). The average dropout rate from undergraduate nursing is 33.4%, with the highest rates in learning disability (39%) and mental health nursing (35%), and a survey of 3,447 student nurses identified that clinical placement

experiences, finances and academic pressures were the main reasons for leaving the course (Buchan et al., 2019).

Most British nurses, midwives and allied health professionals (AHPs) received bursaries for statutory nurse education until August 2017, when bursaries were discontinued. The funding reforms were implemented in response to an ageing workforce with a high number (45%) of UK nurses and midwives being aged 45 years and over (NMC, 2018b); health worker migration globally (Kollar and Buyx, 2013); a reduced number of European nurses migrating to the UK following the outcome of the Brexit referendum (Marangozov et al., 2016); and an increase in overseas, European and UK nurses and midwives leaving the NMC register (NMC, 2018b). Reforms were presented as enabling a 25% increase in the availability of training posts for nurses and the provision of new routes into the profession:

‘The government will provide funding for the clinical placements required for an additional 5,170 pre-registration nurse degrees from 2018. This builds on the commitment to 10,000 more training places for nurses, midwives and allied health professionals by 2020 announced in August this year.’ (DHSC, 2017)

Student nurses, including postgraduate student nurses, now have access to student loans. However, it was reported in June 2017 that the removal of bursaries saw a 20% drop in applications for nursing places at universities for September 2017 (Rafferty, 2018). This was followed by a further 13% drop in applicants from England for the 2018 entry to nursing courses when compared to 2017 (UCAS, 2018).

Accelerated or shortened pre-registration courses typically allow graduates of other subject disciplines to undertake approved pre-registration training in two years instead of three or four. This usually means that universities give accreditation for prior experiential learning (APEL). A systematic review looking at the attrition and success rates of accelerated students on nursing courses suggested that accelerated programs for postgraduate students offer similar or better rates of success and lower attrition (Doggrell and Schaffer, 2016).

In nursing, the purpose of preceptorship is to provide support during the transition from student to accountable practitioner for newly qualified nurses. Preceptorship programmes may include classroom teaching and the attainment of role-specific competencies, however, the most

important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence and autonomy. The Department of Health define preceptorship as:

‘...a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.’ (Department of Health, 2010: 11).

A preceptor is a qualified and experienced practitioner whose role is to support the new nurse. NHS Improvement (2019) describe preceptorship as key in supporting the retention of staff and in supporting staff engagement, and encouraging the expansion and inclusion of pastoral support within programmes.

1.2.4 Mental health nursing

The number of people registered in the field of mental health nursing has declined year on year since 2013, although 2018 saw the first increase in registrations (NMC, 2018). Addressing this has been part of a ‘national programme of mental health staff retention’, led by NHS Improvement and focused on improving access to NHS accommodation for mental health staff, improving the mental health of the workforce and supporting more flexible approaches to retirement (HEE, 2017a).

Vacancy rates differ between nursing specialties with mental health (14.3%) having the second highest nurse vacancy rate (after learning disability nursing), followed by children’s nursing (10.9%) and adult nursing (10.1%) (HEE, 2017b). Mental health nursing relies less on non-UK staff than other branches of nursing (HEE, 2017a) and historically, a high proportion (32%) of mental health nurses were aged over 50 (RCN, 2014).

The attrition rates for psychiatric nursing undergraduate education is comparable to other nursing branches at 12.1% compared to 10.6% in adult nursing and 15.5% in learning disability nursing (HEE, 2017a). Mental health nursing students are typically older (27% of applicants in 2015/16) and it has been suggested that: ‘Post-graduate students bring maturity and adaptable skills to the system and we should seek to retain this depth of experience where possible’ (HEE, 2017a).

1.2.5 Learning disability nursing

Learning disability nurses provide specialist healthcare support to adults and children with intellectual disabilities and work in a variety of community, acute general and mental health services. Learning disability nursing is a small field and numbers are falling in the UK (Glover and Emerson, 2012; Sprinks, 2014). While the overall number of NHS nurses in post grew between 2012 and 2017, there was a decline in the number of nurses working in mental health (2,824), community and learning disabilities (1,061) (HEE, 2017b). Consequently, learning disability is the nursing specialty with the highest vacancy rate at 16.3% (HEE, 2017a).

The attrition rate for psychiatric nursing undergraduate education is 15.5% in learning disability nursing, 12.1% in mental health nursing and 10.6% in adult nursing (HEEa, 2017). Research indicates that a significant minority of students on learning disability nursing programmes transfer to another field of nursing in their first year of study, suggesting dissatisfaction with the choice of learning disability field rather than with nursing (Health Committee, 2018).

1.3 The Accelerated Postgraduate Nurse Pilot Programme

In accordance with the Next Steps On The NHS Five Year Forward View (NHS England, 2017), which highlighted the need to recruit and train a skilled workforce, the Accelerated Postgraduate Nurse Pilot Programme was established with the objective of developing nurse leaders in the understaffed fields of mental health and learning disability. The pilot programme was intended to recruit high calibre students onto a two-year postgraduate nursing course in order to develop their clinical and leadership skills, and provide an accelerated route into leadership roles.

Three higher education institutions (HEIs) were involved in the pilot programme - Edge Hill University, King's College London and the University of Hertfordshire. The first cohort started their two-year course in autumn 2017 and will conclude their studies by achieving registration in 2019. This cohort initially involved 40 students in total, which consisted of 30 students studying mental health nursing and 10 students studying learning disability nursing. Cohorts of 10 were recruited to study across four locations: London (King's College); Lancashire (Edge Hill University); Hertfordshire and a satellite study centre in Southampton (both delivered through the University of Hertfordshire).

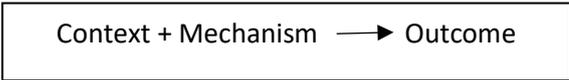
New standards for pre-registration nursing programmes were introduced by the NMC in May 2018 and will be fully implemented across all educational institutions by September 2020 (NMC, 2018c). However, as the Accelerated Postgraduate Nurse Pilot Programme commenced before the introduction of the new standards, it is being delivered against the pre-2018 NMC standards (NMC, 2008; NMC 2010).

2. Methodology

This section will outline the methodological approach to the evaluation, along with the process of collecting and analysing the data from the HEIs, NHS trusts and postgraduate nursing students.

2.1 Methodological approach

The approach to this evaluation was based on a realist methodology which involves forming and testing hypotheses on how the programme has been delivered (Pawson, 2013). Realist evaluation proposes that an outcome occurs because of the action of a mechanism, which operates in a particular context.



Context + Mechanism → Outcome

This approach involved identifying and linking together the contexts, mechanisms and outcomes of the Accelerated Postgraduate Nurse Pilot Programme using data gathered from interviews, course literature and an online survey.

2.2 Semi-structured interviews

Semi-structured interviews were conducted with four programme leads from the HEIs, two NHS trusts and four postgraduate nursing students.

2.2.1 Recruiting the participants

HEE provided the initial contacts for each of the programme leads within the HEIs responsible for delivering the postgraduate programme. The HASCE research team then approached each contact to invite them to take part in an interview and in some cases, were signposted to more suitable individuals involved with the programme delivery. The programme leads were then asked to provide a contact for their partner trusts, and the HASCE research team approached each contact to invite them to participate. The nursing students were recruited through the online survey (see section 2.4). All of the participants were provided with a participant information sheet outlining the evaluation process, and they also signed a consent form.

2.2.2 Conducting the interviews

As the participants were dispersed across England, telephone interviews were the most efficient and appropriate method for gathering the qualitative data. The 10 interviews varied in length from approximately 25 minutes to 1 hour, with the HEI interviews being the longest. All of the participants gave consent to audio record the interview for transcription purposes. Three interview schedules were designed to capture the different experiences of the HEI programme leads (see Appendix 1), the NHS trusts (see Appendix 2) and the nursing students (see Appendix 3). The semi-structured design of the interviews allowed a template of questions to be used as a guide, but also gave participants the freedom to expand on their responses. Mason (2002: 67) suggests that interviewees often view this semi-structured approach 'like a conversation with a purpose'.

2.2.3 Analysing the data

The interviews were transcribed and anonymised to maintain confidentiality. Using the basic principles of thematic analysis (Braun and Clarke, 2006), the qualitative data collected through the interviews was categorised and coded to enable the identification of initial themes across the data. Following the realist methodology, the key themes were then configured across the categories of *contexts*, *mechanisms* and *outcomes*.

2.3 Secondary data

In order to provide a context for the nursing programmes, the HASCE team were given access to the course/student handbooks for each of the postgraduate programmes. The handbooks contained a range of information for the nursing students including: course structure and content; assessments; the registration process; details about the institution where they are studying; and general information which is intended to support all students (e.g. attendance, academic regulations, health and safety, and the support available within the HEI). The content was reviewed and relevant data was synthesised into section 4 of this report.

2.4 Online survey

An online survey was used to explore the experiences of the postgraduate nursing students. Online surveys are efficient as they allow data to be collected from many people in different locations within a short period of time (Kalof et al., 2008; Robson and McCartan, 2016). This methodology was particularly relevant for the postgraduate nursing students as they were dispersed across England.

2.4.1 Survey design

The online survey questions were designed to cover a range of topics relevant to the postgraduate nursing students, for example: their educational and employment background, motivations for applying to the course, experience of the course and placements, and their employment plans for the future. In order to recruit participants for the telephone interviews, the final section of the survey gave students the option to share their contact details, which were then separated from their survey response to ensure the data was analysed anonymously.

The survey was created using the Online Surveys system (formerly Bristol Online Surveys) and consisted of 20 questions, both qualitative and quantitative (see Appendix 4). Some of the questions were close-ended questions with fixed-choice responses for the respondents to select, one question used a Likert scale (with five responses ranging from very poor to very good), and the open-ended questions allowed the respondents to answer freely.

2.4.2 Data collection

The survey was distributed through the programme leads who either emailed their current cohort or posted it on the university's virtual learning environment. As online surveys generally enable a shorter data collection period, the survey was launched on Tuesday 19th February and remained open for three weeks until Tuesday 12th March 2019. Reminders were emailed to the HEI programme leads, by both the HASCE research team and HEE/NHS England, to ask them to encourage their students to participate during the last two weeks of the data collection period. The total number of respondents was 17 students, which is a response rate of 49%.

2.4.3 Data analysis

The content from each of the 20 survey questions was analysed to produce a detailed summary of the survey findings and to display a selection of the respondents' quotations. The quantitative data was displayed in tables or bar charts. Using the basic principles of thematic analysis (Braun and Clarke, 2006), the qualitative data collected through the open-ended questions was categorised and coded to enable the identification of themes across the data.

2.5 Limitations of the project

Due to the limited timescale for the data collection, it was difficult to engage some of the potential participants (particularly the NHS trusts and nursing students) and therefore, the final number of participants was lower than originally intended. As outlined in section 2.4.2, all efforts were made to achieve a full survey response rate by sending email reminders, however, the survey data collection was still reliant on the HEI programme leads being able to nudge their students to participate.

It is relevant to note that the students' placement schedules and assessment deadlines may have impacted on their availability to participate in both the survey and interviews.

Due to the evaluation taking place before the students had completed the programme, it was not possible to collect data on student's successful transition into employment at this point.

3. Findings (1): overview of contexts, mechanisms and outcomes

As outlined in section 2.1, in order to allow the identification of causal relationships across the data, the findings of the evaluation have been configured as contexts, mechanisms and outcomes. Table 1 provides an overview of the main themes and configurations identified across the data:

Contexts	Enabling mechanisms	Disabling Mechanisms	Outcomes
Student backgrounds & skills	Financial support	Inconsistent support	Retention of students on pilot programme
Motivations for studying	Support from HEI/ NHS trust/ peers	Communication issues with some NHS trusts	Students engaged with learning
Selective recruitment of students	Access to 'enhanced experiences'	Organisational issues for some NHS trusts	Development of leadership skills
Collaboration between HEIs & NHS trusts			Positive learning experience for students
Structure of academic programmes	Leadership focus		Preparing to transition to the workplace
NMC requirements for nurse registration	Accreditation of prior experiential learning (APEL)	Non-use of APEL increases placement hours	

Table 1 Context, mechanism and outcome configurations of the main themes

Context and mechanism themes can be broadly divided into two areas: the first concerns interpersonal themes (e.g. student backgrounds and skills, communication, varieties of support and so on), and the second concerns more structural aspects of delivery such as NMC requirements.

In order to demonstrate how causal relationships were identified across the data, an example of the context (C), mechanism (M) and outcome (O) hypotheses are provided below:

- If the HEIs/trusts recruit the more academically able students with healthcare experience (C), the students will be more equipped to learn quickly in the classroom and the workplace (M), which means they are more likely to remain engaged for the duration of the course and present as proactive practitioners (O).
- If the collaboration between the trusts and HEIs is productive (C), and the trusts enhance the student's academic learning by providing opportunities to develop clinical and leadership skills in the workplace (M), the trusts will gain an awareness of the nursing students' capabilities prior to their transition to the workplace (O).

4. Findings (2): HEI and NHS Trust interviews

This section will present the findings from the analysis of the qualitative interviews with the HEIs and the NHS trusts. The findings have been structured according to contexts, mechanisms and outcomes, as explained in section 3 of this report.

4.1 Contexts

4.1.1 Selective recruitment of students

The interview findings indicated that the HEIs and NHS trusts were keen to identify aspirational, value-driven and committed students, with strong academic backgrounds and previous experience in healthcare settings. In addition to statutory requirements, such as meeting Grade C or above in GCSE Maths and English, or equivalent, students were expected to hold at least a 2:1, or a First in the case of one HEI, in their undergraduate degree (see below, Section 5.1.2).

Skills and experience

There was flexibility in terms of students undergraduate subjects although Psychology degrees appeared to be an unintentional but common characteristic of those students recruited to the programmes, and there was frequent reference both from HEIs and trusts on something that psychology graduates brought to their roles.

“It attracted people with a psychology degree or that kind of thing, [who] were working as current workforce. A lot of them were working as clinical support workers. However, had good top-level degrees but hadn't been able to break into the field.” (Trust 2)

HEIs in particular talked about the value of student's undergraduate education in preparing students for the nursing course, one HEI noting that particularly “people-facing” roles or a degree that has considered human “interaction” or “relationships” will lend itself much more easily to mental health nursing. It was also suggested that where “free thinking, creativity, questioning, thinking outside the box” has been encouraged in previous education, adaption to mental health can be much easier.

Conversely, where educational experiences have centred on “rote learning and getting it right” one HEI felt that that made “it quite tricky [for students] to adapt to mental health” (HEI 1). One HEI commented that they “don't get applicants from people who have done a straight sort of biological science degree. They tend to go into adult nursing or children's nursing.” (HEI 3)

One HEI explained that a number of their students

“have a lot of life experience. So we do have graduates who don't have psychology or social science, but have other degrees, but have pretty good experience working in mental health services or working in the mental health voluntary sector.” (HEI 3)

As a result, another HEI commented that:

“They are just so different from any other group I've seen at this university, and that's within the disabilities and mental health. They are very dynamic and very experienced and I don't think we could have managed that without the funding.” (HEI 4)

All students were described as having some work experience in mental health or intellectual disabilities, with several respondents viewing this experience as enabling students to adapt quickly and effectively to working amongst placement teams, and adopting appropriate attitudes and approaches in practice. This was reported as being beneficial to student motivation and engagement with the programme, as well as increasing the likelihood of students staying within the field of work longer term, following qualification. One HEI felt their students really valued the opportunity of the pilot, and that their previous experience in the field made them stand out:

“Their passion and motivation is fuelled by that experience, I think, which is different from other students that we've had who have far less experience” [HEI 4].

Two HEIs commented on challenges associated with students whose health care experiences have been in a setting that is lacking innovative and modern practice with one noting that while prior experience in mental health can be “extremely valuable” it is not always essential, explaining that “sometimes we have people who have picked up a whole lot of bad habits and bad notions because they've worked in fairly mediocre mental health services.” (HEI 3) Another

HEI described identifying the best students often as those who have “been fortunate” to find themselves in an “innovative” and “recovery focused” clinical team; but also noted that those who “are just learners... quick learners... are going to adapt more easily, as opposed to people who need a bit more time”. The same HEI suggested that those “people that are more on the theorist side, the reflective side, do find it easier than people who perhaps are not.” (HEI 1)

Roles of Trusts in recruitment

In practice, recruitment and selection was a collaborative process between trusts and HEIs although the detail varied between the four programmes. One partnership ran internal adverts across the participating trusts, putting forward shortlisted candidates to the university; another relied on the trust to identify members of staff to put forward for the programme. Another partnership selected half of their students from a cohort of students already recruited to begin a BSc Nursing while the other half were recommended by the trust. Similarly, another partnership, looked at existing applications for their Post Graduate Diploma as well as a number of employees put forward by the trust, “employees who had stood out as potential leaders and whose work was of high quality”. Both the notion of investing in existing staff, who might be working as clinical support workers or Health Care Assistants, and being able to recognise those “who already had the right values” both as a recruitment tool but also in view of future employment, was commented on. The idea of home-grown nurses was presented as a positive and common theme:

“It wasn't somebody who was, you know, finishing sixth form college or anything like that. It was people that had actually worked on wards, had worked in community teams.” (Trust 2)

Across the different pilot sites, selection adopted a values-based process involving academic and practice staff, including senior staff, current and former students, and service users. Describing what they were looking for in students during selection, one HEI noted a focus on different elements of student’s knowledge of mental health or in relation to what students might have been reading, or their values and emotional empathy. In this way, they sought to “value the lived experience, but also get away from the rehearsed questions, so it's much more about values and expectations and potentials.” (HEI 3) Similarly, a Trust noted: “We really wanted to get what was unique in the values of the person, rather than purely going for, "Oh, you've got a 2:1". We didn't do that at all.” (Trust 2)

As a result, HEIs and Trusts all felt that they had chosen the strongest students for the pilot:

“[We chose] the best 10, all the 10 that we felt deserved the opportunity. Because in the present climate, with very little money around, it's an excellent opportunity for them.” (HEI 4)

“[We] chose the best ones - those with First class degrees, and outstanding personal statements that showed creativity and leadership potential.” (HEI 1)

“So we chose the 5 strongest and the local Trust chose their 5 strongest graduates from the workforce.” (HEI 3)

“[We were] pleasantly surprised that we had such a high calibre of people working in the organisation that were able to apply for the roles.” (Trust 2)

One HEI also explained that they encourage and support students with lived experience of mental ill health to join their programmes and, although this wasn't unique to the pilot cohort, it was something that they had done for students within this group.

While all participants reported that the recruitment of students had been a success in terms of matching skills and experience to the demands of the programme, at least some remarked that the recruitment process had not been as smooth as it could be, largely due to the short amount of time available once funding negotiations had been completed. This was described as “a very, very quick”, “very intensive”, and a “mad rush” period for recruiting students to the programme, with one describing as “a phenomenal task.” At least one Trust commented:

“The whole thing, all the negotiating etcetera took such a long time, that what they ended up doing was selecting a group of people who had already applied for the postgraduate diploma in mental health nursing. Then they were diverted onto the programme and they were expanding up the numbers, really...” (Trust 1)

4.1.2 Collaboration between HEIs and NHS trusts

The idea of a productive partnership, despite some challenges, was characteristic of all HEI / trust partnerships. This appears to have underpinned delivery and driven successful and positive reflections of the pilot.

Approaches to collaboration

Collaborative arrangements between HEIs and trusts, including multi-trust partnerships have run throughout the pilot, beginning prior to delivery with the initial bids and discussions with HEE, and continued during recruitment and delivery, and as they move towards transitioning into the workforce.

During recruitment, one trust described working “with the partnership to create the advert, and the prerequisites and [requirements]” (Trust 2); another negotiating operational issues, such as student contracts and agreement on travel expenses, to ensure that “students would have the same experience” (HEI 2); another referred to the need for weekly conversations. In some cases, “a bit of extra planning” and “additional preparation with the Trust” (HEI 2) was needed around student placements and identification of mentors and the professional coach assigned to each student. Another HEI explained how they had worked with local employers to help identify appropriate placements for different students that ensure they are “stretched in all their placements, but to the right degree, at each stage of the programme.” (HEI 3) Others talked about this in terms of “mapp[ing] out an ideal journey” (HEI 2) for each student with this undertaken through discussion and collaboration between HEI Project Leads and the Practice Leads within partner trusts.

Project partners described to varying degrees’ continuous collaboration throughout the programme. Ongoing involvement in one partnership focused around “stakeholder group meets about once every four or five months” [HEI 2], another talked about “regular correspondence” (HEI 4) with senior practitioners supporting students, and another described the collaboration between Practice Education Facilitators resident in both partners who worked to maximise student’s exposure to certain areas in accordance with the course. One HEI described working “very closely with our local employers, and not just the NHS Trust” (HEI 3) but that students were perhaps unaware of this additional joint approach. One trust noted, “The university partner that we work with... is very good. They are very academically rigorous and we really value this partnership. It’s interesting, medical staff comment on the quality of these students.” (Trust 1)

Adaptation of practices

Some partnerships described relationships as long standing and “pretty established”, others as new relationships. Generally, there was suggestion that practices had needed to be adapted to ensure and accommodate regular meetings with each other relating to the pilot, based around the shared goals (which may have been lacking in previous relationships), and having a clear project lead to enable the level of flexibility and responsiveness between student, HEI and placement.

“we have a different set of relationships now. Which means that for all students, not just these, it's very much improved. I think there's a key piece of learning about the different partnership arrangements between the practice and the universities.” (HEI 2)

Participants emphasised that these were in fact “proper partnerships” (HEI 2), and were transformational, rather than transactional. These, in turn, facilitated students being exposed to different situations and contexts within their field of practice. One Trust suggested that this was one of the first times that they had worked with the HEI as a truly collaborative partnership:

“nobody feels like anything has been done to them, it's been done together. From interviews to recruitment to looking at placements, to looking at developing students to reviewing academic progress, to reviewing the clinical progress. It's all been done with a very open dialogue, and with the involvement of the students themselves.”
(Trust 2)

Good collaboration also impacted the mechanisms of the programme. For example, a number of participants commented on the “real advantage” of both senior clinicians in practice, and “very serious academics advocating for them and managing the process”, suggesting this has meant students’ experiences had been very different to the norm. One trust commented that the Director of Nursing will spend time in the university, and meet with students and academics, another describing joint meetings with the university, “where we review progress and in fact, we've got one on Monday, which I'll be going to, [the Business and Innovation Manager] will be going to, and a PEF will be there, the university will be there, the students will be there. So we really -- I think the real thing for us as to why this has worked so well is that we really have done it in partnership.”

4.1.3 Structure of academic programmes

Programmes were largely similar across the four HEIs. Most students were taught in cohorts specific to their degree (either intentionally or unintentionally), with the exception of one course where students shared common generic modules and were taught their learning disabilities and mental health field specific modules independently. With the exception of one learning disabilities cohort, HEIs taught the pilot students alongside a wider MSc or PG Dip student cohort.

The majority of courses were two-year MSc Nursing degrees. However, the Postgraduate Diploma (also two years) provided by one HEI, included the addition of a part-time research module, funded by their employing trust, which enabled students to bring this to a full MSc over a slightly longer period, through an additional half-year of part-time study. This was provided that students successfully complete the PG Dip, remained in employment with the trust and completed the dissertation within one year of completing the PG Diploma. All students currently on that PG Dip were reported as planning to enrol onto this module in January 2020.

Variation in field-specific modules

Broadly, HEIs appeared to deliver similar theoretical programmes – although there was some variation in the emphasis placed on field specialities.

“It was really important for us that we were looking at these students as having field identity, but also recognising that the future of their fields was very different. We started them off on physical health placements, adult placements. That worked really well because that actually challenged them to think about being a nurse first, rather than being a mental health nurse. So they're socialised into nursing first, before they are socialised into their field.” (HEI 2)

“We have tried to share [with students nurses in other fields] when useful but not share when we think we need to focus on either specific care or developing a specific role or skill set.” (HEI 1)

While the number of field-specific modules varied across HEIS, all noted that, even where modules may be generic to all nurse specialities, modules would be inclined to a particular field, either because students focussed their self-study and assignments in this direction or because they were taught by field-specific lecturers, who would offer examples or case scenarios with a particular field-focus. One HEI noted:

“Obviously, we need to talk to them about other fields of nursing and other people as well, but they haven't had the same kind of generic experience in terms of - the other master's students that are here, for example, would have done. It's a bit different for them.”

(HEI 4)

On this note, a key piece of learning identified by one HEI, if they were to do the programme again, would be “to make sure we introduce quite quickly [...] additional learning that assimilated them into their field, in the first three months. That's something that needs to carry on because otherwise I think they will struggle. [...] Whilst they can do it very quickly, you probably just need a little bit of a bridging module.” (HEI 2)

Approaches to changing NMC standards

Two HEIs referred to the impact of changes within NMC Standards, as services transition to adopting new requirements. While the pilot programme was not required to deliver against the new standards, this appeared to be causing confusion on practice placements around the role and requirements of mentors and assessors. One HEI noted the confusion and potential lack of clarity from mentors that students reported regarding how to approach the new requirements. The participant raised the issue that this “leaves the students very vulnerable.” (HEI 1)

Programme design and motivation

Of the HEIs involved in the evaluation, two had existing two-year (accelerated) postgraduate Nursing programmes and two, accelerated programmes that had been developed previously but that were delivered for the first time as part of the postgraduate nursing pilot. Although one trust had been involved in broad discussion with HEE, and various other stakeholders and colleagues prior to the call for bids around developments in nurse education, HEIs and trusts had limited, or no knowledge or involvement, in the development of the pilot. There was some confusion across the HEIs and in some respects trusts as to the explicit nature or direction or

specifications of the programme although it was not clear how much this related to changing staff members across the pilot bid and delivery period.

HEIs and trusts were generally highly motivated to be involved in the initiative, we are “always keen to do something new and different” (HEI 1), “we are extremely keen to embrace new workforce initiatives and opportunities. This one was absolutely ideal for us in terms of being able to grow our own staff and invest in them.” (Trust 2) For one of the HEIs, this was an opportunity for their institution to roll out a course they had wanted to deliver for some time (HEI3).

One Trust explained that they “had a very strong emphasis on PG Dip students in [their] Trust [and have] always been very big on salaried support.” (Trust 1) They noted that they had experienced “real issues about the quality of new registrants” regarding literacy and numeracy, and as such the pilot was something they were keen to get involved in.

The Trust noted the important of getting “a future leadership group” into nursing, given that the Trust had previously run the social work programme Think Ahead to similar ends. To that end, the length and academic level of the programme was important: “as an employer... that the course is two years not three, that really helps me, especially if we are seconding anybody to those programmes. I like the maturity, the obvious academic ability they have. I think that certainly seems to help. A lot of them of course are psychology and social science graduates, so they're sort of halfway there.” (Trust 1)

4.2 Mechanisms

4.2.1 Financial support

All students were offered NHS salaries which appeared to be consistent across all trusts as a full-time Band 3 salary in year one and a Band 4 salary in year two. In addition, course fees were paid (including a top-up Masters-level research module at one university, which ran beyond the two years of other programmes). This meant that students could access the usual sickness, annual leave, and employment policies applicable to their trust. Trusts were reimbursed these costs through Health Education England. In addition, trusts committed, that on successful completion and NMC registration, that nursing position would be offered to students. On the event of a

student being unable to complete the programme, trusts had also committed to finding alternative employment, based on a student's previous role.

With the exception of one HEI, all trust and university participants emphasised the contribution they felt this financial backing gave to student's experiences of the programmes and to the success of the programme. One suggested that students had more time because they did not need to work extra hours, which contributed to them being more proactive.

“The fact that they are salaried means that they don't have to do the same level of bank and agency work that other students do. They can just focus on their studies. And that I think has made a massive difference. These students appear to be much more confident, they don't look as tired, they are generally doing well in their marks” (HEI 1)

For others, the funding related directly to the relative age and experience of the students on the pilot:

“I think the funding gave these guys, which are largely a mature bunch of students with all the stuff that comes with being over 30, as opposed to some of our students that come straight from college. They've got mortgages, they've got financial responsibilities. [...] They are very dynamic and very experienced and I don't think we could have managed that without the funding. That's obviously been a huge factor.” (HEI 4)

One HEI however was less certain that the salary was so instrumental, given that the acquisition of debt is now “a normalised experience for students”. “Our Year 1 MSc students, they have the same programme and the same stress in relation to placement hours, but they don't get funded. Now, we have no evidence that they are behaving differently.” (HEI 3) The same HEI did recognise however that “If you think about trying to, in addition to the 40 hours a week on placement, trying to do a few shifts on the banking agency... that might be an issue.”

There was some uneasiness in several locations that students effectively on the same MSc or PG Dip Nursing programme would be working alongside each other, but on different funding streams. One Trust noted that this was simply something to be handled sensitively at a local level.

A Trust also acknowledged that the pilot was “perceptively an expensive programme,” (Trust 1), and the challenges associated with continuing that in the longer term.

4.2.2 Support provided by HEIs and NHS Trusts

The nature of small groups was identified by several HEIs as beneficial to relationships between peers and between HEI and placement staff.

“They are a small group so we do have additional support. [...] We challenge them in quite a structured way because they are on this programme and we're looking at them as future leaders, etcetera. We definitely spend some extra time looking at the structure of each of their placements” encouraging students to think about learning and how this links to theory.” (HEI 2)

Other participants noted the supportive learning community that the small numbers fostered, although one HEI noted that they would have liked the cohort to be a more distinct group from other nursing groups, which due to the sharing of modules with other pre-registration nursing programmes was not always possible. Conversely, another HEI questioned whether the programme would be as effective with larger numbers.

There was some indication that students were being given additional opportunities when carrying out their special project, or research or dissertation module. Students on two programmes undertook an Imagination and Innovation in Evidence-Based Nursing Care project, a project management module aimed at encouraging students to imagine themselves as a newly qualified staff nurse in their first year or so of practice which would typically be seen as something they will implement beyond the point of registration. Because of students' access to senior staff, this was seen as advantageous during this project.

Several participants described opportunities for students to get involved in “bespoke work” relating to the student's particular area of interest. For example, in one HEI students were able to work on a five-week project with the Nurse Consultant and the Deputy Director of Nursing.

“So they spent some time with some very senior nurses looking at the broader, strategic issues. Where policy linked in, what was the responsibility of policy? They were then at the table when there were

changes about services happening. What happens if we're going to shut this? One of them was looking at one area which was then decommissioned by the Commissioners. So they had a very, very different experience in those five weeks, than they would as an ordinary student nurse.” (HEI 2)

Two participants mentioned the use of “lived experience connectors” or coordinators, who were service users recruited by the Trust and linked with students for the duration of the two years, “to keep them grounded in that wider understanding of what it's like to be in mental health services”, and to “act as a sort of -- almost the conscience” questioning, “what are you doing and is it improving patient-centred care? You're going to have to answer it to the patient.” (HEI 2) While the success of this mechanism was felt to be mixed, an HEI noted that they saw “a couple of our students who really got a completely different perspective due to working with that patient, that service user. That's been -- that's something that we're looking to bring in with our new pre-registration programme for validation.” (HEI 2)

Other additional opportunities included working with the Trust Training Team, access to a reflective practise group, getting involved in staff induction and skills sessions, development sessions provided to students in the trust but when they were not on placement, to enhance their understanding of the organisation and the wider NHS. One cohort were provided with laptops on registration. All trusts had committed to finding students alternative employment, based on their previous role, if they were unable to complete the course.

Post-qualifying support, beyond NMC registration, was far less defined in partners’ plans, with some noting confusion on expectations and a lack of clarity around what would be offered. Despite this, the idea of enhanced preceptorship or post-registration practice support was described by a number of respondents. One trust explained that post-qualification, when students were in nursing posts, that in addition to the standard period of preceptorship (usually six-months) they would receive a year-long preceptorship focused on leadership and career planning, “When they qualify, we will already have thought about where they're going to be, what support they're going to get. So we'll be ready for them. So it's being prepared organisationally to support them throughout the training and post-registration.” (Trust 2) One HEI admitted that both they and the trust were not clear about the programmes intentions on leadership, noting that while there had been discussion around whether the trust will aim to fast-track the pilot cohort through to leadership or management positions, fairly swiftly, nothing had

been decided. The HEI did comment that the Consultant Nurse involved in recruiting the students did hope that they would be fast-tracked:

“they would want to keep an eye on them [but] they would want to give them opportunities to move through.” They also confirmed, that managers had been “spoken to by the Consultant Nurse or by the Associate Dean within the Trust, about giving these guys opportunities in management, leadership, that you probably wouldn't normally give a band 5 nurse.” (HEI 4)

One Trust suggested that the notion of a fast-track development might be a helpful lesson to learn from the pilot, explaining, “I don't think a lot of young people realise what a broad and diverse career nursing can be, in all branches.” (Trust 1)

4.2.3 Access to ‘enhanced experiences’

A key aspect to the pilot was the enhanced opportunities available to students. Participants reported that these tended to be associated with student’s access to senior leadership and senior clinical staff within trusts and to the increased collaborative practices and communication that took place between HEIs and trusts.

On the whole there was limited indication that postgraduate teaching was any different to that provided to other postgraduate nursing students. One HEI describing the teaching content as “identical to the existing” programme. However, one cohort were taught as an independent group, two HEIs were delivering a new programme for the first time, and another often referred to efforts to embed approaches and attitudes within the university in a way that appeared to be in addition to the norm. One HEI also commented on student access to senior academics and the specific benefits of having an identified Project Lead within the university.

As such, gathering data on the impact of the enhanced experiences was treated with caution by a number of participants. One participant noted that students may not be aware that they were getting “extra”, but that educators could nevertheless see an impact. It is worth noting that student accounts of enhanced experiences were mixed, but tended to show awareness of what the enhanced provision would involve, and instead raised perceived problems with accessing senior leadership within Trusts (see below, Section 5.2.3).

The majority of HEIs and trusts described some form of student access to senior leadership or executive experiences. This varied from trust to trust but tended to include opportunities such as: a corporate placement, where students were able to work with the Corporate Nursing Team and the Serious Incident Teams; opportunities to shadow or have regular meetings with the Director of Nursing and other senior staff; support from a professional coach, a very senior nurse or nurse consultant, and in one case, Head of Nursing, who will support the student for the duration of the programme and provide clinical supervision; support from senior professionals on student projects; reflective supervision sessions with a strategic focus on the trust rather than practice provided by senior nurses or members of the senior leadership team; and, inclusion in senior meetings, and primary healthcare meetings enabling observation of processes and discussions not typically available to students nor junior nurses. One trust explained that exposing students to these sorts of opportunities hoped to support students “to look and to think differently” and from the Trust perspective bring “a very fresh pair of eyes.”

One HEI explained they had “debated long and hard about what the trust wanted to do with these different types of practitioners.” One strategy was to utilise “Super Mentors”, who would operate alongside traditional placement mentors. These would be Band 8 nurses or Senior Managers within the Trust, who were allocated a student and who would oversee their progress through the duration of the programme, with regular correspondence between the super mentor and university.

“The idea is to give them exposure to different types of experiences that aren't a usual experience nursing students might have. For example, sitting in on treatment reviews or being invited into more strategic type meetings at a higher level, which other students wouldn't have access to.” (HEI 4)

Another HEI allocated each student a nurse consultant mentor, who will work with them over the duration of the two years. This involved protected learning time with the consultant nurse, a relationship that aimed to “push them all the time”, and a three-week period on placement where they could look at a specific area of interest in detail. One cohort had bi-monthly meetings with the Associate Director of Nursing, “to see how they're doing, to go through any issues that they've got and just to have that senior leadership support, really. So they're well looked after.” (Trust 2)

Although Practise Education Facilitators (PEFs) were a feature of other nursing programmes, one HEI felt that this experience had improved for this cohort with the addition of trust organised events and a number of listening mornings in which PEFs and senior nurses provide a drop-in clinic for students. PEFs in particular were described as “brilliant” and as working very closely with the HEI and the students.

It was also acknowledged, however, that this extra support carried some extra burdens. One HEI, for example, reported that there had been an intention for one of their trusts to provide additional supervision for the pilot students, but for a reason, suspected to be related to resources, this hadn’t happened.

4.2.4 Leadership focus within academic programmes

While a leadership curriculum is embedded in existing postgraduate nursing programmes, some HEIs had made efforts to enhance this development. For some, this was done through structured challenging, embedded within the delivery of the programme. This involved “a definite commitment to positive role modelling. Right from day one we talked about role modelling, we talked about leadership, we talked about levels of responsibility and what we expected.” (HEI 2) The provision of a Professional Coach embedded in students’ experience in practice was seen as supportive of leadership development, and the “connection and engagements with the senior nurse leads in the trust” described as “fundamental” to that development and the positive role-modelling to support it.

A number of HEIs spoke about the importance of the executive experience as a conduit to a broader understanding of the nursing role and its possibilities:

“[It’s] quite a big eye-opener... because you are seeing things from a very different perspective... They get a lot more insight into how the Trust works, how decisions are made, how resources are used and what the problems are.” (HEI 1)

“And when they were thinking about that, they wanted them to be aware that you can be a manager, you could be a clinical specialist, you can be a researcher, you can be an academic. All of these things

are possible and we're going to let you spend some time with us so you can see it's possible.” [HEI 1]

While other HEIs commented on the importance of asking students to question what leadership means, and link this to the importance of challenging the clinical environment in a forward-looking way, much of this was felt to be already embedded in existing programmes. Likewise, while not specific to the pilot cohort, one HEI had attempted to facilitate co-produced student placements, allowing students access to decision-making around their placements to encourage a sense of autonomy:

“It's about understanding themselves and what they feel is the right sorts of decisions for themselves and their own pathways and their own practise. Getting students to co-produce their placement plan again, shifts autonomy towards students so they're beginning to feel comfortable with their own self-efficacy, their own decision-making.” (HEI 3)

4.2.5 Accreditation of Prior Experiential Learning (APEL)

Two of the HEI programmes adopted the APEL process, enabling students to provide evidence of their previous hours in practice up to 575 in one and 750 hours in another, as a contribution to the total 2,300 practice hours required in order to achieve NMC Registration. One HEI described the benefit of students being already employed by the NHS trust, while another HEI commented that the RPEL process is much “trickier” when considering applicants who have been undertaking agency work, or spending time in multiple locations.

Two university programmes did not account for APEL. This meant that while students were able to join an accelerated programme they were not able to draw on previous practice hours towards their registration meaning two of the programme cohorts have been required to complete a considerably higher number of placement hours, 2,300 in total, during the same period as students completing much less (1,550-1,725). This turned out to be a disabling mechanism, as for one HEI at least “getting the hours in [as] proving to be a challenge”, especially in mental health, where placements tend to be community based and not an extended hours service students struggle to complete enough.

“If they're doing the placement in a hospital ward, an acute admission ward for example, or in a dementia unit, they could easily get that 40 hours in the bag. But if they're in a community team, some places aren't open 40 hours a week. That's been a real problem for our students.” (HEI 3)

This meant that in some cases, students were having to do more than 40 hours a week when they had their hospital placement to make up the required hours. This was flagged as an issue for students:

“Students are not struggling so obviously with the academic requirements. They are struggling because as well as that, and as well as the children or whatnot, they've also got all of these hours to do. And unlike our adult nursing colleagues they are often having to do 45, 46, 47 hours a week because they've had two or three community placements in a row where they've not ever in any week managed to do 40 hours.” (HEI 4)

There was concern from both course leads about the impact that fitting three years of placement into a two year programme had on students. In addition to this challenge in completing hours, one HEI explained that this also had an impact on “slippage” where students have, for any reason, had to take time off during the programme; slippages which they perceived were more likely due to the age range and contexts of the students targeted for the programme (for example, the likelihood of childcare needs).

In these cases, some HEIs reported feeling restricted by the 48-hour week allowed for placement hours. This was linked to the available placements: “With the hub and spoke model that we use, they spend a lot of time within their community teams, and that's a nine to five placement, basically, so you're not going to get any extra hours in there at all.” (HEI 4) Despite the encouragement to students to explore different aspects of their prospective roles, one HEI noted that their students didn't “have the luxury” of elective placements, “because of the hours.” (HEI 4)

Notably, the two HEIs who used APEL did not comment on challenges relating to placements, except to register that “one of the biggest complaints that students make, is that they don't

really get enough choice” (HEI 1) in where they undertake their placements, and some negativity relating to the distance that students have to travel for placements.

4.2.6 Organisational issues for some NHS trusts

As noted previously, participants felt that a key enabler for the pilot was the collaboration between Trusts and HEIs. A number of issues around organisations emerged as disablers, even when collaboration at a strategic level was productive.

Impact of staffing and recruitment

One HEI acknowledged some difficulties relating to one of their partner trusts going through “very complex” organisational changes; having recently acquired a failing Learning Disability Trust, amalgamated with a local Community Trust and seen changes to their senior management teams. “So we got a bit lost... We've still worked very closely with them, I think we've just had very different conversations.” (HEI 2) It was felt that the trust were less “aware of what the potential of these nurses could be”, and provided less support to students and that this did impact the student’s experiences.

For other Trusts, local issues around staffing levels and access to qualified staff for students on placements was also raised, particularly in areas where staff turnover was large. This could affect student recruitment as well: one HEI reported that while a local Trust were initially keen:

“fairly quickly they realised that would mean that they would have to recruit ten more nursing assistants and support workers. And particularly in this area, so close to London, it's not always easy to recruit support workers and nursing assistants. So they ended up putting forward five from the workforce, and we took five from our BSc applicants.” (HEI 3)

Organisational expectations of students

Three HEIs highlighted that perceptions of the pilot students within the practice workforce had sometimes been unhelpful; some practitioners having higher expectations of where students should be or conversely lacking trust in capabilities, “There's some work for us to do about changing, out in practice staff, how people perceive [students]... So, working to the individual rather than thinking that first years can only do this, second years can only do that...” (HEI 2). In

certain cases, some practice staff were “a little bit confused” about how much support or the sorts of roles these students should be undertaking, referring to a misalignment between people’s expectations of a nurse with a Master’s and those of a newly qualified nurse:

“There’s always been a little bit of a concern that they feel because they’re Master’s students, the practitioners have a higher expectation on them, so if they’re half way through the first year, they are still learning. They’re still very much learning about the role of a learning disability nurse and picking up on clinical skills, which our BSc students would have now, really, by that stage. [...] Just before Christmas we had a meeting to iron out some of those issues because I think there was a heightened expectation of them. I think they’re okay now, because they are a bit more experienced and they’ve got a few more skills under their belt. But at that time, they felt pressurised.” (HEI 4)

One HEI commented that they encouraged their Trusts to think about students as individuals, with their own individual training and support needs and that this would need to be recognised for students to achieve their full potential. This was supported by a comment from a Trust, which indicated that sometimes there can be a conflict between what support might be offered to a student that is effectively an employee as opposed to a student who has come directly from the university.

Impact of timescale on delivery

Both HEIs and trusts described the initial challenge in organising the delivery of the pilot and recruiting students, due to timescale, commenting on the “very quick and very intensive” preparation required to deliver the programme, one noting the, “phenomenal task” for students pulling applications and APEL evidence together. Another mentioned operational issues with Trusts ensuring contracts, pay and negotiations around travel expenses, to ensure “students would have the same experience.” One trust described recruitment, for this reason, as “fairly disastrous”, citing long negotiations but little time when it came to it, to recruit students.

“The big lesson for us is, it all happened very late for us and we really struggled, actually. [...] Effectively, some of the students started too late to do their first placement, because we had to get them through – we had to get them DBS checked, even though they’d come

through the Trust. That's part of our policy. They couldn't go out on the first placement so they missed the whole placement really.” (HEI 4)

The post registration phase of the pilot appeared to be particularly vague for both HEIs and NHS trusts in terms of approaches and expectations around enhanced preceptorship, one HEI noting that they and the trust were still in discussion about the year of preceptorship expected to follow registration.

4.3 Outcomes

4.3.1 Retention of students on pilot programme

When the pilot programme commenced in the 2017, a total of 40 students were recruited across the three HEIs. At the time of evaluation, as shown in Table 2 below, a total of 35 students were still registered on the postgraduate programme.

Higher education institution	Number of students when pilot programme commenced (2017)		Number of students when evaluation conducted (February 2019)		Total number of students currently on pilot programme
	MH nursing students	LD nursing students	MH nursing students	LD nursing students	
Edge Hill University	5	5	4	4	8
King's College London	10	-	9	-	9
University of Hertfordshire	10	10	9	9	18

Table 2: Retention of students on the pilot programme

The attrition rate of the pilot students was reported as reflective of, or slightly better, than other postgraduate programmes. Five students in total are no longer enrolled in the pilot. One student described as “very motivated” was lost due to academic failure and was able to return to her previous salaried employment with her NHS trust, with the HEI noting that the student had been out of education for some time and had a number of personal commitments. Another student left the course after facing challenges with managing the significant travel required by one of their placements, and the third student was reported to have taken the decision to leave the programme following their first placement, as they had recognised that it had not been the right career choice for them. One student dropped back a year and continues on the MSc in Nursing outside of the pilot offer. A fifth student was sadly lost in a road accident.

4.3.2 Students engaged with learning

Both HEIs and trusts described their cohorts as an exceptional group of students. And while not exclusively so, there was frequent reference to the students as unique in relation to “usual students.”

“They're a really strong group. A really, really strong group. I was working with them yesterday and they always amaze me, actually. It's a tough course. Obviously, it's condensed, it feels quite intense I think, at times. The theoretical component is quite intense. They seem to be out on placement all the time, but they really enjoy it. They are an excellent bunch.” (HEI 4)

With the exception of one HEI in reference to one student, there was a sense that students were “very, very keen to get into the learning opportunities.” They are “very independent learners”, “self-monitoring” and “much more proactive”, tending to resolve or attempting to resolve issues themselves early on but turning for support where issues did need escalating:

“Generally speaking people have really enjoyed teaching this group because they are so engaging and so – the level of interaction is fantastic and the level of experience that they bring into the classroom. We've been really lucky; I think we've been really lucky with these guys.” (HEI 4)

One HEI talked about the group as “self-monitoring”, another as “distinctively fresher”. Another HEI suggested that the cohort responded in a much more considered way to their encounters with their placements, noting placement environments as a “constant challenge” but suggesting a high degree of focus on what can be gleaned from those experiences:

“I think that's a combination of having access to a very different experience, i.e. a senior experience, together with having more time, because they're not having to work these extra hours. They are able to read, study, go off – there's a sense of freedom about them that the other students don't have. And they're willing to take a few risks or organise things that other students just wouldn't have the time or the energy to do.” (HEI 1)

From the Trust perspective, the calibre of the students was also noticeable:

“As you probably know, Student nursing groups generally speaking are very variable. This bunch are more mature, they are bright, they've got relevant undergraduate qualifications of good standing. The university partner that we work with, is very good. They are very academically rigorous and we really value this partnership. It's interesting, medical staff comment on the quality of these students. They're great.” (Trust 1)

This is perhaps to be expected, given the recruitment process (see above, Section 4.1.1).

One HEI also mentioned that the demographic of students and discussed how, as the cohorts began the last stretch of the programme, they were “starting to feel the pressure of the programme,” even if they had enjoyed the challenge.

4.3.3 Development of leadership skills

Assessing the impact of the leadership aspects delivered through the programme was largely discussed in terms of the potential shown by current students. This is understandable, given that the full impact is likely to be seen several years after completion of the programme. Nevertheless, a number of leadership skills were identified. For example, one HEI[1] described the pilot cohort as:

“much more likely, when you see them in the classroom... or go into a reflective session... they are much more likely to be the people in the group who say, "Okay, well here's an idea." Or, "We can't solve all problems, let's just solve the ones we can solve, and this is how we're going to do it.” (HEI 1)

“Whereas other students, normally they are only thinking a couple of years ahead... They're thinking, I'll get my first job and then maybe I'll get a promotion after a couple of years. They're not really thinking that far ahead, but this group are.” (HEI 1)

There was common recognition of confidence developing in the pilot cohort, and the comfort they exhibited in having conversations with senior people in Trusts. It was also pointed out that acquiring these skills and confidence did not necessarily mean they would follow a career path into senior management, but may result in “excellent clinical leaders who will stay at a Band 5.” (HEI 2)

This was not only seen as a positive for future career opportunities, but for the more fundamental transition from healthcare assistant to nurse. One Trust suggested, on this note, that while the focus on clinical leadership from an early stage was a definite enabler, students “need to also remain very grounded in the fact that they are registered nurses first but have that wider sort of understanding.” (Trust 2)

4.3.4 Preparing to transition to the workplace

There was a strong message from participants that, as a result of additional experiences and opportunities, students were well connected and well known within the trusts.

“These students... are really popular in my Trust. This nurse first group of people have been very well acclaimed and they have worked really well with medical staff. They've done some interesting work, they are bright young people and they are an absolute pleasure to have around.” (Trust 1)

“They are much more clued in to how Trusts work and how the NHS works, what some of the fundamental challenges and problems are that we're having to face generally, in mental health at the moment”. (HEI 1)

There was common implicit and explicit reference to the value, students’ close working and relationships with senior trust staff had given to the process of transitioning into work and securing a job. While the current high demand for nurses means that “guarantees” of a job upon qualifying are not unusual, participants noted that a particular confidence with these cohorts which was developed through the relationships they established with senior staff in the Trusts. One HEI reflected that their students are “very well thought of in the Trust.” (HEI 4) Participants suggested that contact with the executive team and that this had stimulated students to think

about their futures and to be much bolder than other students in recognising the opportunities available to them. Another commented that, “they are very, very comfortable with very senior nurses there, because they've worked with them right from recruitment onwards, and everyone knows them.” (HEI 2)

All trusts had made a commitment to students of a nursing post on successful registration with the NMC. This arrangement varied between service as to whether students were still required to make applications or whether they were able to simply move across into a new position; one Trust explained their approach would be to look with students at the opportunities available to them and, “probably go through an aspirational type interview as part of their on-going work.” (Trust 2) One HEI explained that, despite not qualifying for six months, students had already been offered jobs.

“They've not been interviewed either, they've just kind of -- because they are working with them on placement and they know them so well, that effectively is the recruitment process. They're kind of strolling into these jobs, so that's great. It's fantastic.” (HEI 4)

One explanation for this linked back to the selective recruitment process:

“[T]he difference with these particular students is that they already worked for us. So from a work ethic type perspective and being prepared for the workplace, they'll be going back into similar workplaces, albeit in a different profession. So I think the course has provided them with the skills they need to go back as a qualified nurse, as opposed to a support worker. Each student already had that background of being part of the workforce.” (Trust 2)

Another HEI felt that some of the trusts approach to working with students and offering the executive experience would also “was also for [the trust] a way of retaining staff and showing them, hey, you can do this too. You can be a director of nursing, you can be a researcher working on a project. And I think it's worked. I think it has opened up their eyes to possibilities and things that they wouldn't normally be thinking about.” (HEI 1)

5. Findings (3): student survey and interviews

This section will present the findings from the student survey and interviews conducted.

As outlined in section 2.4, a total of 17 nursing students responded to the survey (49% response rate). The findings presented here are based on actual responses and have been structured according to contexts, mechanisms and outcomes (as explained in section 3 of this report).

5.1 Contexts

5.1.1 Students on the pilot programme

Three of the survey respondents were studying to be learning disability nurses and 14 were training to be mental health nurses. Seven of the students were based at Edge Hill University, five were at King's College London and the remaining five were studying at the University of Hertfordshire. Figure 1 shows the age range of the 17 survey respondents:

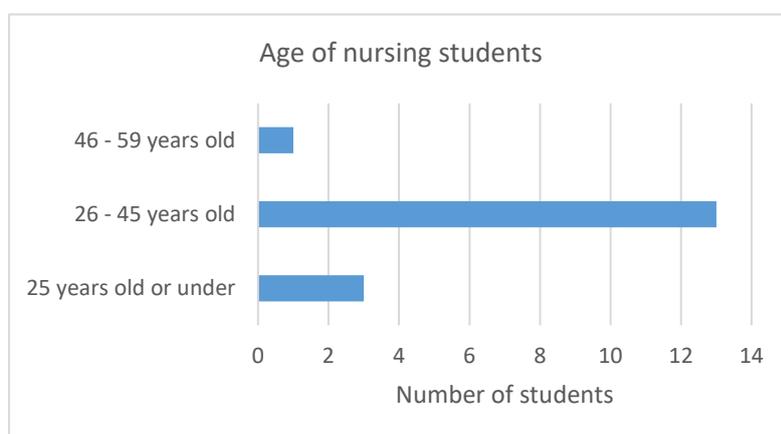


Figure 1: The age range of the postgraduate nursing students

5.1.2 Student backgrounds and skills

All of the students indicated that they had previous experience of working in a clinical, health or social care field, which fits with the prerequisites for applying to the postgraduate programmes. The following examples of their previous roles were provided: healthcare assistant, key worker,

team leader in mental health service, support worker in mental health/learning disability services, nursing assistant, clinical support worker in mental health setting, trainee assistant psychologist, recovery support worker, administration roles within clinical settings, manager in health and social care setting, and a full-time carer.

As displayed in figure 2, all of the nursing students had previously studied at undergraduate or postgraduate levels:

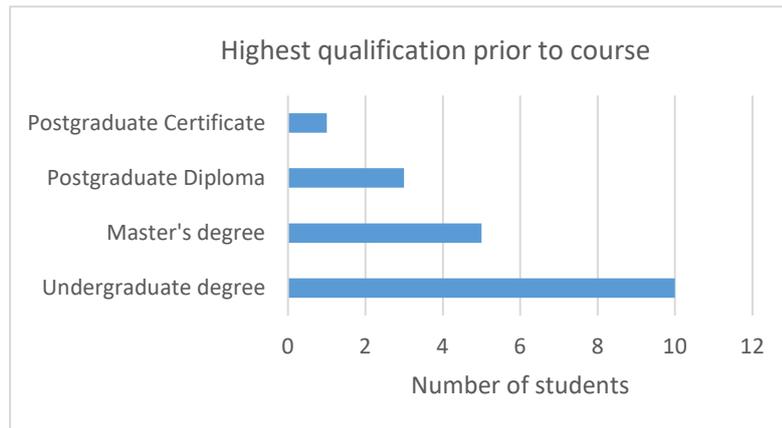


Figure 2: Highest qualifications of postgraduate nursing students

Table 3 shows that the majority of the survey respondents (nine) had a psychology background and the other eight had studied a range of academic subjects:

Subject of highest level qualification	Number of students
Psychology	9
Project Management	1
Criminal Justice	1
Architecture	1
Applied Social Science	1
Health and Social Care	1
Childhood and Youth Studies and Criminology	1
Learning Disability Nursing	1
History	1

Table 3: Academic backgrounds of postgraduate students

5.1.3 Motivations for studying

The students' motivations for applying to the accelerated postgraduate course included career progression and a desire to learn more about their chosen field of mental health or learning disability nursing. For example:

“I enjoyed working in healthcare as a nursing assistant however I wanted to further develop my career.” (Survey 5)

“I wanted to deliver care to people undergoing mental health problems and make a positive contribution to the society.” (Survey 8)

“I am very passionate about learning disability nursing and promoting discharge from secure hospitals with the correct and appropriate manner to ensure everyone's safety and wellbeing.” (Survey 16)

“My role as a HCA on an inpatient mental health ward motivated [me] to go into mental health nursing as a career.” (Survey 17)

Two of the students explained that they originally applied for alternative nursing courses and were directly approached by the HEIs to join the cohort for the Accelerated Postgraduate Nurse Pilot Programme. For example:

“I applied for the nursing programme before I knew about the accelerated course. I was emailed a month prior about the accelerated opportunity and being a single mother I thought it would be an excellent way to support my child whilst doing something to develop my career paths also.” (Survey 3)

“I had applied for the undergraduate course and received a place at [HEI]. I received a phone call in August prior to the course starting asking if I would wanted to do the accelerated course.” (Survey 12)

For some of the nursing students, the funding support and secondment from the trust was a key motivational factor:

“I felt underutilised as a clinical support worker and had been waiting for an opportunity to advance my career. I could not afford to fund myself as I support myself.” (Survey 4)

“The course was funded and that I was going to be paid in monthly salary I knew this was going to lessen the pressure and make me concentrate more on my studies.” (Survey 13)

“I had been working within mental health services for four years and really wanted to progress with my career. However, due to financial constraints I was unfortunately unable to pursue this. Therefore, when the offer for secondment was made available this motivated me to apply.” (Survey 15)

The accelerated nature of the course also appealed to one student who was keen to achieve NMC registration within two years to allow time to focus on other aspects of their life, for example:

“Well, it's meant that I can start a career a year earlier than I thought I would, and then sort of start living a life and that sort of thing, if you see what I mean?...Because I'm nearly 27 and I'd like to look at marriage, children, that sort of thing and it's meant I can do that a year earlier than I thought I would be able to do, and without a bigger debt.” (Student 1)

5.1.4 Placements accessed during the programme

The nursing students indicated that by the end of their programme, they would have completed a total of either six (11 survey responses) or seven placements (five survey responses). As shown in figure 3, the majority of the placements were arranged either by the HEIs (17 survey responses) or the NHS trusts (9 survey responses):

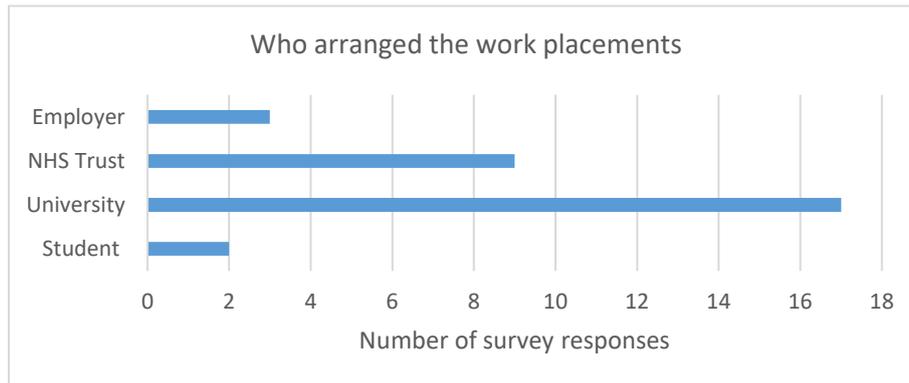


Figure 3: Arrangement of work placements

In order to meet the NMC requirements for registering as nurse, the postgraduate students were provided with a range of placements in either mental health or learning disability settings. As one interviewee explained:

“...we had a good range of different placements, so from the crisis team to the in-patients, to rehabilitations and community teams. We had that good range of all the different types of mental health placements to go to...” (Student 2)

5.2 Mechanisms

The students reported a range of enabling mechanisms such as: financial support for the duration of their course; the support provided by their HEIs, the NHS trusts or their peers; and their access to ‘enhanced experiences’ in order to develop their leadership skills. In addition, the student survey and interviews highlighted some disabling mechanisms through their experiences of managing the intensive workload; inconsistent support and poor communication with some of the trusts.

5.2.1 Financial support

The postgraduate students received financial support for the duration of their course, which covered both the postgraduate course fees and provided the students with a band 3 salary in the first year, followed by a band 4 in the second year. This financial support was identified as an

enabling mechanism for many of the students as they were able to commit to changing their career path without accruing debt from student loans, whilst continuing to support themselves and their families. As a consequence of the funding support, many of the students did not need to undertake additional work or bank shifts to support themselves, which reduced their stress and enabled them to focus entirely on studying the postgraduate programme. The following quotations illustrate the benefits of receiving the funding support:

“...it [the funding] allowed me to focus my mind on concentrating on my training, other than having to find or squeeze in a job and stuff like that. It actually made my learning journey much easier. And for me to learn within that short space of time... because it's just two years, you need to be able to grasp things as quickly as possible... [I] would not have achieved that if I was not given something that allowed me to not have that worry and stress...” (Student 2)

“I would have struggled to support myself on the bursary and so was faced with the decision to defer to Sep 2018 when the student loan would have been introduced. This would have been significantly detrimental to my future earnings with two student loans, but my passion for the field meant that I would have most likely chosen to do this. The opportunity to be funded was amazing and has given me an element of work life balance that has meant I have been able to engage much better in my postgraduate course and complete additional projects on the accelerated programme.” (Survey 17)

As noted in section 5.1.3, some of the students were recruited from undergraduate nursing programmes and had therefore been expecting to fund themselves through a three year degree. It was evident that these students really appreciated the opportunity to undertake an accelerated degree which was fully funded:

“I didn't really believe it when I was told that we would be paid and I could do it in two years. I didn't actually believe it, and I asked them to send me an email to sort of prove that it wasn't a scam. It just sounded too good to be true.” (Student 1)

“...if I wanted to do the undergraduate again, I would have had to go through student finance again, so it was really, really helpful that it was being funded by NHS. Also, we're getting paid salary as well.”
(Student 3)

One student also identified the funding support as a key mechanism for improving retention on the course:

“I think if the funding was not there, maybe half-way through the course, a quarter way through the course, I probably would have dropped out. Because you still need to see the family, you still need to be yourself as an individual... Even though you want this, you still have other pressing issues that you need to fix. So I think without the funding, without that stress being taken off, I think there were higher chances that I would have dropped out of the course. It's something that was quite motivating and... When I finish, I am going to make sure that I give back by actually working within the NHS. Because I just feel so grateful because that opportunity was given to me and it is rare in our days to be given such opportunity.” (Student 2)

5.2.2 Support from HEIs, NHS trusts and peers

The majority of the students indicated that they had received a range of support from their university tutors, personal tutors, the NHS trust hosting them (including trust managers and other NHS staff), mentors in work placements and also, their peers on the pilot programme. Some of comments indicated that this support had impact positively on their learning and enhanced their experience of undertaking the nursing programme:

“Throughout my two years, I have received extensive support from both the university and the trust. This support has been consistent and has allowed me to develop my learning to feel confident and competent enough to complete my nurse training within the two year time frame.” (Survey 15)

“The support from university has been second to none. The dedication from personal tutors have been very supportive and attentive throughout the course. Many members of staff on placement have been willing and pro-active in assisting my learning opportunities. Teams from [NHS trust] made me an integral part of the team whilst on placement and provided an outstanding service, making a real impact on my future nursing practice.” (Survey 16)

“My tutors have been very helpful, understanding. I have also gained a lot of support from my peers when it comes to assignments etc. During my time in placement my mentors have been very kind, helpful and willing to teach me.” (Survey 14)

In particular, one student felt that their NHS trust promoted a “home grown” philosophy by providing the opportunity for existing staff to develop their skills:

“[NHS trust] have been fantastic, showing that they are committed to their ‘home grown’ philosophy. They liaised with the university to facilitate placements, held meetings regularly to discuss our progress and our future and allocated nurse consultants to mentor us through the course.” (Survey 4)

Another student highlighted how they felt supported by their trust due to their “open attitude” and constructive approach to resolving challenges during the placements:

“They had such an open attitude, an open-door policy that they were able to go and discuss it with their line managers and things to get it resolved.” (Student 2)

However, there was also evidence that the provision of support was inconsistent for some nursing students, particularly whilst undertaking the work placements. For example:

“The support I received from my employer and mentors whilst on placement differed and was somewhat ok. My employer provided a Practice Education Facilitator for the duration of the course however I only seen them twice and did not find them very helpful. Whilst on

placement some mentors were unaware of the Masters programme and so I found myself continuously explaining how it works.” (Survey 5)

“It varied from placement to placement. I had some great mentors, some not so good. We had a little extra support from the trust for the nurse first which was helpful but more structure would have improved the experience.” (Survey 7)

One respondent felt they were naturally proactive in seeking support, but that the funding provided for the course had reduced their support needs:

“I feel that I am quite an engaged learner and clinician, therefore I seek mentorship and support from a host of people to improve my practice and understanding. However I am sure that the fact that I don’t have to work full time as well as clinical placement (due to funding) both means that I don’t need as much support, and I am in a better, more confident and able position to access it if I do need to.” (Survey 17)

5.2.3 Access to ‘enhanced experiences’

The survey indicates that the NHS trusts have provided various opportunities to develop the nursing students’ learning and skills. For example, some of the students have been encouraged to attend trust meetings or conferences, or have been given to access a range of training sessions provided by the trust:

“We went to a conference in London and we had NHS England’s Head of Nursing, she came to talk to us. And their Head of Learning Development, she came as well, so they are really pushing us to become the management roles of the future.” (Student 1)

“I have attended many training sessions around medication, care planning, mental health, positive behavioural support, epilepsy, etc. These have all been an amazing opportunity to enhance my knowledge.” (Survey 16)

As mentioned in section 5.2.2, in addition to being supported by the staff and colleagues within the trust, several of the students explained that they were being mentored by nurse consultants, senior nurses, lived experience mentors or practice education facilitators. The lived experience mentorship was clearly beneficial for one student:

“The trust have provided me with a lived experience connector - this is a person who has experienced a mental health problem and is engaged in services. I am able to establish a good rapport with them and work collaboratively as a student nurse but also on-going throughout my nursing career.” (Survey 15)

Another student indicated that the support provided by a senior disability nurse had helped to develop their learning:

“The trust provided a senior learning disability nurse to meet with our group every couple of months to do a training session on anything we feel we needed help on or wanted to know more about. (Survey 5)

In addition, some of the nursing students were given the opportunity to shadow senior colleagues within their teams:

“I've actually had so many experiences, most of the nurses would be willing to support me through the training programme. Sometimes I might have opportunity to also shadow the managers if I want to or shadow the team leaders or even the executives. Because I do remember we had one meeting and even the Director of Nursing, she was like, you can email me if you want. It's up to me to actually go for that shadowing opportunity.” (Student 4)

The placements provided by the trusts were viewed as a key mechanism for developing the students' learning and in particular, the corporate placements were considered to be a valuable learning experience:

“I have had a rounded clinical experience as well as the corporate placement which helped me to think outside of the local service but from a trust and commissioner's perspective.” (Survey 6)

“Corporate placement allowed me to experience a different aspect of health care, so now I feel more confident in management and leadership duties.” (Survey 1)

Student 3 described an ‘enhanced experience’ which provided the opportunity to learn about the tribunal process for mental health patients:

“I was given the opportunity to speak in the tribunal for one of the patients. I wasn't involved in the actual tribunal meeting but I did observe... It was very, very interesting, very good... It involved the paperwork. We had to get the patient's history, what the history was, how they were presenting while they were on the ward, what brought them to the ward, why they were put on medicines and why they wanted... to leave or stay or why they should be sectioned. We just had to be honest about their presentation on the ward... Then we just attended the meeting and the doctors would listen... it was very, very interesting. It was something that I didn't realise that I could do.” (Student 3)

5.2.4 Issues experienced by the students

The nursing students identified some issues, or disabling mechanisms, which impacted on their experience of the accelerated postgraduate programme. For example, the intensive nature of the course was described by one interviewee:

“It is quite challenging, because we have to do 48 hours of placement. So we can meet the NMC requirement in the two years. Then we have assessments in between that and we have our project that we're doing at the moment as well. We have other assignments that we have to do and they are all due in the space of -- it's just like a week apart. It's a lot of stuff we have to do... it's very challenging, it

can be stressful. I mean I've had days of crying and everything. But I know where I want to get.” (Student 3)

Some of the students had found it difficult to balance their work placements alongside the academic work and their home lives, particularly if they had caring responsibilities or undertook additional paid employment through bank shifts. The following comments illustrate this point:

“Juggling family life and work/uni/placement life. The balance hasn't been too good during the course, but I try and make it work when possible” (Survey 3)

“Fitting in the course work and placements around my role as a full time carer” (Survey 9)

“Balancing working bank shifts with university due to loss of income” (Survey 4)

The management of placement hours was also noted as an issue, especially for some of the students enrolled on courses that do not use APEL/RPEL towards the NMC requirements for nurse registration. In particular, two interviewees reported that community placements in mental health settings can present a challenge:

“Basically, it's only when I'm in the community placements it's kind of difficult to complete the hours. But if I'm in the ward it's very easy... Because the opening hours for community is 9.00am to 5.00pm where the ward is 24 hours.” (Student 4)

“I've been quite lucky. I've done one community placement and my other placements have been 12-hour shifts, so you can make up more hours in those ones than you could if you were just doing community with 9.00am to 5.00pm.” (Student 1)

Student 3 explained that due to taking compassionate leave, they needed to make up 30 placement hours to comply with the NMC standards, however a mechanism for dealing with this shortfall was already built into the course structure:

“I think I'm only short for 30 hours, so it's not bad... So when we finish, when we go into our final placement, I think we have to make up the hours in our final placement.” (Student 3)

Three of the survey respondents identified poor communication with their trusts as a disabling mechanism, and two of the interviewees provided examples of how the attitudes of their colleagues can potentially impact on the students' learning:

“Sometimes the response from some of the nurses on the floor isn't as positive as it probably could have been. I think quite a lot are intimidated because we're technically more qualified – more qualified academically, than they are. I think there's a little bit of that. I wouldn't say it's everywhere. I think we have had a couple of people that have been that way.” (Student 1)

“And sometimes the approach of the mentor towards me might not be good... sometimes the staff are not willing to teach the student nurses whatever they know... sometimes they don't have the confidence in themselves, so they can be scared of transferring their knowledge to you, when they themselves are not very confident in what they know. Sometimes it could be that they actually know what to do, but they are just not willing to teach you.” (Student 4)

5.3 Outcomes

5.3.1 A positive learning experience

Ten of the survey respondents (59%) highlighted the work placements as the most enjoyable part of their postgraduate experience. Seven respondents (41%) rated their placements as ‘very good’; nine (53%) rated their placements as ‘good’ and one respondent (6%) felt that their experience had been ‘very poor’. In particular, the variety of the placements provided the opportunity to meet a range of professionals and to experience the realities of nursing in their chosen specialism. For example:

“The opportunity to increase my knowledge and skills as a mental health practitioner and being able to spend time with the different teams within my trust and gain insight into the varied roles within secondary care.” (Survey 9)

“Gaining a wealth of knowledge and experience from all different placements. Having the opportunities to work with a wide range of health professionals whilst enhancing my own profession.” (Survey 16)

“The exposures that I have had have enabled me to view most areas of mental health services. Therefore, allowing me to decide on the area I feel is best suited for me.” (Survey 15)

The value of the work placements was echoed with the following comments from two of the student interviewees:

“I think the valuable element of this programme would be actually going into the practical placements. Because most times in class they teach us in lectures, but if I go on placement then I see the real thing in practise. So being able to apply what we have learned in class in practice is very, very valuable.” (Student 4)

“I've had acute inpatients, assessment wards, I've had forensic unit, I've had PICU [Psychiatric Intensive Care Unit] and I've had community... It's taught me how to do risk assessments, safeguarding, referrals, medication, injections, different types of medication. It's really been helpful. It's also taught me how to be a nurse, because I didn't know what to expect when I went there. But now I have an idea of what I want to do and why I want to go into mental health. I've got a proper idea now.” (Survey 3)

Other comments highlighted the academic modules, the peer support and opportunities for developing leadership skills as the most enjoyable features of the postgraduate programme:

“Some of the modules...were exhilarating and thought provoking.”
(Survey 6)

“The sense of community with other students on the programme and university personal tutors.” (Survey 10)

“I have enjoyed all aspects of the course. Particularly the level of support and the opportunities we have been given to develop our skills as future leaders of the nursing profession.” (Survey 15)

For one survey respondent, the accelerated nature of the programme was clearly a motivational factor which had enhanced their experience of studying:

“Being able to complete my postgraduate course in 2 years just knowing that kept me motivated and [I] enjoyed the course more.”
(Survey 13)

The survey respondents indicated that the postgraduate course had enabled them to gain the relevant experience, knowledge and practical skills to progress into their chosen nursing careers. As shown in the comments below, some of the nursing students described personal development through their increased confidence, resilience and competence:

“Giving me confidence to think and act autonomously” (Survey 1)

“Taught me how to be resilient” (Survey 3)

“This course has developed my knowledge and competence across all skills of nursing. It has developed my own personal values as a nurse and enhanced my skills as a leader in practice. This course has helped me develop my passion for nursing people with a learning disability and has enhanced my skills to be a competent professional and enthusiastic nurse.” (Survey 16)

5.3.2 The development of leadership skills

The nursing students felt that their leadership skills have been developed through mechanisms such as: the corporate placements within the trusts; through being given access to specialist training; through support provided by senior staff within the trust; and also, throughout the

leadership modules which have been an integral part of their academic programmes. The comments below provide detailed examples of the students' perceptions of developing leadership and preceptorship skills through their academic and clinical learning experiences:

“Shadowing nurse consultant mentor. This provided me with knowledge of how to effect change, as well as give me motivation to go higher in my career. Studying at master’s level, the university encourage me to challenge practices and look for best available evidence based practice.”(Survey 4)

“I can now complete a risk assessment and mental health assessment of a patient. I can effectively manage a team [and] I have acquired skills such as communication and team working. I have been able to achieve the skills a nursing student must possess as highlighted by the nursing and midwifery council in order to deliver safe care. I have undertaken some courses in the university that focused on how I could build my leadership and preceptorship skills. I have also shadowed various staff in different units during this course.” (Survey 8)

“...a placement based on leadership and management of care was extremely informative, and a great learning experience. I have now researched, designed, delivered and evaluated safeguarding training, undertaken a QI [quality improvement] project and have had many experiences working with team leads in the trust which has helped immensely in learning how things like CCG funding, national guidelines, serious incident reviews, and evidence base evidence our practice and are translated to a care provision level.” (Survey 17)

One survey respondent felt that although their university course had focused on the development of leadership skills, their NHS trust had not provided the opportunity to explore leadership in practice:

“Throughout university and placements, leadership has been a key theme that has consistently been present through the course. University has linked leadership and preceptorship into the course.

This has continuously been addressed and brought into our learning. Whilst university have promoted the importance of this, the trust has appeared to not fulfil their promises. We have been promoted opportunities in the trust to develop our leadership skills and this was not followed through in the end. Also our trust has not yet identified our preceptorship yet but personally I feel they do not see it as any different to other courses.” (Survey 16)

In addition, another respondent felt that their leadership skills had been enhanced through their academic learning and placements, but not specifically through the support of their NHS trust:

“The university have a module dedicated to leadership and provide students with the academic background of leadership in nursing. The trust have not done anything to support the development of leadership. Placements give students opportunities to take on a leadership/management role to develop skills.” (Survey 5)

The interviews provided the opportunity to ask the students about their understanding of leadership skills and how they might apply this in their nursing practice. The following comments highlight the importance of challenging their nursing practice and being able to manage change in the workplace:

“Something that university have always been pushing us to do is that we need to challenge. If we don't think something is right, even as a student, we should challenge it. Or not necessarily challenge, but ask why. Why do you do things this way, or why do you do things that way?” (Student 1)

“... change is quite an important -- change happens every time. If you are in leadership you should be able to work with your team through that team and support them through that, or bring innovative, new ideas. I think being a leader, you need those kinds of qualities because the team will rely on you as a leader to take them through those difficult times, to help them to adapt to new changes. It's a very good quality, it's a necessity, I think. Because it might be

individual changes that might be happening with staff, or changes in policy or something new being brought to improve the quality of service. And sometimes you have to deal with resistance and challenges either from the service users or from the staff. As a leader you should be able to support the team through that, and also support the service users through that change as well, because it might also affect the service users.” (Student 2)

5.3.3 Preparing to transition to the workplace

Survey questions 17 – 20 focussed on the nursing students’ plans for the future and their transition to the workplace post-registration. 14 students (82%) indicated that they expect to stay in their specialism - either learning disability or mental health nursing - and three students (18%) were unsure about whether or not to continue with their current specialism.

When questioned about their plans for the future, it was evident that many of the nursing students were passionate about their current specialism, keen to further their skills and driven to achieve leadership positions within their nursing fields. For example:

“I plan to stay within my Trust and work on female PICU [Psychiatric Intensive Care Unit] ward. I have loved my experiences on other placements but now on reflection it is this work that suits my skill set and values best.” (Survey 17)

“I would like to complete the Masters programme and work my way up to a leadership role. I am also considering completing a prescribing course” (Survey 6)

“To become an advanced nurse practitioner, specialising in nurse led, psychological therapies. If there are opportunities to do this.” (Survey 4)

“I am passionate to complete my master’s degree and work as a learning disabilities nurse. I would love to work in the forensic services or criminal justice team. I would also love to continue to develop in my career taking on a leadership role.” (Survey 5)

When asked about their preparedness for entering the nursing profession, the interviewees expressed their confidence and excitement, along with their awareness that the learning journey will continue in practice:

“You are always very scared. It's like, oh my god, I've got to be able to handle it. But I think with the training, with the knowledge that I've gathered, I think I am fairly confident. I think I'm ready to go in there and to enhance my skills. Learning always happens after and before and during training, it always happens. I'm actually still quite excited as well, to go into the field and develop my leadership skills and go into different leadership roles.” (Student 2)

“I think I'm very prepared, actually. Obviously I would still require a mentor, because you learn every day. Even as a qualified nurse you're still learning. But I can say that if I was to go into a ward, I can be a nurse in charge of a ward... When I went on my first placement, I wouldn't have been as confident, but now I am quite confident. How to communicate with the patients, how to do admissions, transfers, you know, risk assessments and the rest of it. Yes, I am quite confident.” (Student 3)

All of the survey respondents indicated that they plan to stay in the same NHS trust where they have undertaken their work placements. Some of the students explained that they are contracted to remain with the trust for a certain period of time after completing their postgraduate course, for example:

“I intend to stay with CWP and am contracted to stay with them for two years. However, I'll stay with them as long as there is work and prospects” (Survey 4)

“As I am seconded I will return to the trust. As a minimum I have to stay within the trust for 2 years. I have not been offered a nursing position as of yet however, I don't finish university until July.” (Survey 5)

“[As] a seconded student we have been offered a preceptorship year within the trust post” (Survey 9)

As shown in the following quotations, some of the nursing students had already been offered post-registration nursing positions, whereas others were in the process of searching for opportunities:

“In all the five placements I have attended so far I have been offered a post registration nursing position in all of the 5 placements” (Survey 13)

“I have currently been offered jobs in all my placements area.” (Survey 14)

“We are guaranteed a place in the trust” (Survey 12)

“But am in process of looking for jobs. I have not yet been offered one.” (Survey 7)

One of the interviewees explained that all nursing students are guaranteed a position within their trust:

“Yes, it's a guarantee. We've been told that we don't need to interview for that role, either.....Yes, we've been told that by the Trust already. That's not just for the master's, it's guaranteed for the undergraduates as well.” (Student 1)

At the time of the data collection, the nursing students still had approximately six months of their course to complete and therefore, it was evident that discussions about progression and preceptorship were still underway within some of the NHS trusts:

“I have a trust meeting next Monday to discuss my preceptorship year.” (Survey 2)

“Yes I plan to work in the trust that I completed my placements... I have also got an informal meeting with [NHS trust] to discuss my position when I qualify.” (Survey 16)

6. Conclusions and Recommendations

This final section of the report will present the conclusions for the evaluation of the Accelerated Postgraduate Nurse Pilot Programme and make recommendations about how the learning from this pilot could be applied to other pre-registration postgraduate programmes.

6.1 Conclusions

- The postgraduate programmes delivered by the three HEIs have, to date, successfully trained 35 students in either mental health or learning disability nursing during the two-year timeframe. Although the students have approximately five months remaining on their programmes, it is evident that they will be ready to transition into the workplace. Some of the students have already received job offers, and others are in discussion with their trusts about the transition to the workplace and their preceptorship year.
- Overall, perceptions of the programmes were positive from students, HEIs and Trusts.
 - HEIs and Trusts noted the strength of the cohorts, and the growth in confidence and ability they demonstrated as the programme progressed.
 - Students commented on the development of autonomy and resilience they felt the programmes had provided them with, and that the access to senior leaders within placements had been beneficial. The students described a positive learning experience which has enabled them to develop the necessary knowledge and clinical skills to feel confident about practicing as mental health or learning disability nurses.
 - It was reported that placements within the NHS Trusts provided the opportunity for students to apply their academic learning in practice settings, to gain an insight into the realities of nursing and to build relationships with colleagues in their field.
- The strength of the cohorts is in no small part due to the selective recruitment process which enabled the HEIs and NHS Trusts to identify aspirational, value-driven and committed students who understand people, are good communicators, good listeners and can engage with theoretical practice perspectives. This provides a strong basis for

embarking on an accelerated postgraduate programme which demands a lot of the students within the two year schedule.

- Recruiting mature students appears to be beneficial in terms of their education and practice experience, as well as their commitment to the field and in the value they place on the opportunity. Students' previous work experience in the fields of mental health or learning disability enabled them to adapt much more easily and indicated that they were starting the course with a clear motivation and commitment to their chosen specialism.
 - However, it was noted that mature students will typically have additional responsibilities (such as families, mortgages, financial responsibilities etc.) which means that a salary is essential for this group to be involved. The accelerated nature of the programme, delivered over only two years, is likely to have an impact on these responsibilities.
 - The findings indicate that programmes without APEL can present additional challenges for the students as they need to undertake more placement hours to meet the NMC requirements for nurse registration. This can be particularly problematic for students with commitments outside of work.
 - From the perspectives of the postgraduate students and HEIs, the financial support for the duration of the programme was very beneficial. The funding was an enabling mechanism which allowed the students to support themselves whilst studying to progress their careers, and reduced the need to earn additional income, which ultimately enhanced their engagement and commitment to the course.
- The findings show that productive collaboration between the HEIs and NHS trusts is key to providing a cohesive experience and supportive learning environment for the postgraduate students. Genuine and productive partnerships benefit from joint working from the very beginning, recognising shared goals, shared values and visions.
 - In cases where the students were recruited from within the NHS trusts, this enabled the trusts to develop their own workforce and gain an insight into the student's skills and capabilities prior to their transition to the workplace.
- The majority of the postgraduate students felt well supported by both their HEI and NHS trust. Most had positive experiences within the trusts with access to 'enhanced experiences' (such as additional training, access to meetings or opportunities to develop

leadership skills) and a range of support and mentoring from colleagues, lived experience coordinators and senior clinical staff.

- The findings indicate that small group cohorts may support more effective and supportive relationships between peers and professionals, and also increase access to certain experiences.
 - However, some of the postgraduate students and HEIs reported communication issues and unhelpful perceptions within the trust's workforce at ground-level, indicating the need to ensure that the workforce were aware and supportive of the student's programme, expectations and capabilities.
- The focus on leadership within the programmes largely took the form of access to senior staff within Trusts, whether through regular meetings between students and staff, forms of mentoring and other support, the opportunities to attend higher level meetings and in some cases specialist training.
 - Leadership was embedded in the HEI programmes with specific modules and projects designed to encourage the students to develop their leadership skills, to innovate and manage change. However, it was not clear from the data whether this was distinctive from other programmes or qualification routes offered.
 - There was no particular theory or concept of leadership discussed by any of the participants. In many cases, and in particular from Trust and HEI perspectives, leadership was aligned with management roles. However, leadership was in some cases referred to in terms of transforming team practices, reflecting a wider understanding of the impact of leadership within healthcare. However, this presented itself as a potentially underdeveloped aspect of the postgraduate qualification.
 - In some cases, students reported that this focus had been frustrated by a lack of opportunities available within Trusts.

6.2 Recommendations

Based on the data presented, the following recommendations can be made:

- Future pre-registration postgraduate programmes for mental health or learning disability nursing would benefit from focussing their recruitment on psychology graduates or other degrees related to human interaction, relationships, creativity, questioning and attitudes.
 - The use of APEL is valuable with this type of programme as it reduces the number of mandatory placement hours that students need to acquire for NMC registration. Other pre-registration nursing programmes should consider how APEL might be adopted as a mechanism for managing placement hours in order to reduce the time pressures experienced by the students.
 - Future pre-registration postgraduate nursing programmes should also consider available mechanisms for offering financial support (outside of the pilot funding) to students. This is particularly important given the impact of the accelerated programme and demand for placement hours on mature students.

- For HEIs taking part in similar programmes, it is important to establish a strong rapport and collaborative partnership with the NHS trusts, and to ensure that the trusts have the capacity and resources to fully support the students during their placements.
 - In order to ensure consistent support for students whilst on placement, it is recommended that staff in the various placement settings are made aware of the detail of students' programmes, expectations and capabilities. In particular, providing clear guidance as to expectations of postgraduate students on placement (compared to graduate students) may be of benefit to ensuring an optimal placement experience.

- The recruitment of existing staff from within NHS Trusts is beneficial for both the nursing student and the trust, and it would be worthwhile adopting this approach to recruitment across other pre-registration postgraduate programmes.
 - It is, however, recommended that consideration is given to how HEIs ensure that students recruited from Trusts are treated equivalently to other students whilst on placement.

- It is recommended that more attention is given to the variety of leadership models relevant to nursing roles that programmes and placements can make use of.
 - This may support different approaches to leadership, including those oriented towards more of a collective leadership model as well as that of management roles, being embedded within placements.

- In contrast to the aligning of leadership with management, collective leadership is concerned with the 'distribution and allocation of leadership power to wherever expertise, capability and motivation sit within organisations.' (The King's Fund 2014; Drath et al. 2008) This embeds leadership more explicitly within models of cultures of care and partnership approaches between staff and management. Likewise, patient-centred leadership (The King's Fund 2013) involves redistributing decision-making according to expertise, and in doing so facilitating fundamental transformations in health provision. While the models of leadership will to an extent be led by the trusts involved in nursing placements, it is important that both the theory of transformative approaches to leadership, and examples of good practice, are embedded within delivery of the programme.
- This may help students where access to senior management is harder to achieve, for contextual reasons, while on placement.
- It would be beneficial to conduct a further evaluation of student outcomes once the preceptorship year is underway. This would enhance understanding of the transition from postgraduate nursing student to post-registration and provide more insight into how the skills acquired during the academic course have been applied in nursing practice, specifically noting the range of contexts in which leadership skills can be applied in practice.

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Appendix 1: Interview schedule for HEI programme leads

1. Can you start by telling me about your role and responsibilities in relation to the Accelerated Postgraduate Nursing Pilot programme?
2. What was your involvement in the development of the pilot programme?
3. Can you tell briefly me about the structure of your course?
4. What was the selection process for recruiting students onto the course? (e.g. prerequisites, backgrounds/experience, particular skills/characteristics)
5. Can you tell me about your cohort of students? (e.g. number, retention, differences between students from different backgrounds)
6. How have student placements been organised?
7. Can you tell me about your experience of working with the trusts for this pilot programme?
8. How has this accelerated pilot programme compared to other courses that you've taught on?
9. How did you embed leadership/enhanced preceptorship into the programme?
10. In your view, what have been the positive aspects of the accelerated pilot programme?
11. Have you encountered any specific challenges with the pilot programme? (e.g. meeting regulatory requirements, course delivery/format/content, students, working with trusts etc.)
12. How could the learning from this programme be used to inform other nursing programmes?
13. Do you feel that the Accelerated Postgraduate Nursing Pilot Programme prepares the students effectively for the workplace?

Appendix 2: Interview schedule for NHS trusts

1. How has your Trust been involved in the Accelerated Postgraduate Nursing Pilot Programme?
2. What was your involvement in the initial recruitment of students for the programme? (e.g. selection of students, involvement in interviews)
3. How have the work placements been organised?
4. How has the Trust supported the student nurses with their learning and placements? (e.g. mentors/coaches, involvement with service users, specific opportunities to learn/access information in the workplace, funding mechanisms)
5. Do you feel that the Accelerated Postgraduate Nursing Pilot Programme has prepared the students effectively for the workplace? (e.g. knowledge/experience/practical skills, leadership skills, comparisons with students on other nursing courses, guaranteed job offer)
6. How have the postgraduate students been received by your existing workforce? (e.g. assumptions about employability)
7. Can you tell me about your experience of working with the higher education institution for this pilot programme?
8. Have you encountered any specific challenges when working with either the postgraduate nursing students or their higher education institution?
9. From the Trust's perspective, what have been the positive aspects of collaborating with the Accelerated Postgraduate Nursing Pilot Programme? (e.g. how can the learning from pilot programme inform future nursing programmes)

Appendix 3: Interview schedule for postgraduate nursing students

1. How were you made aware of this nursing programme? (E.g. motivation, recruited from university or trust, expectations)
2. What did the recruitment process involve? (E.g. process, tasks, accreditation of previous learning, aware of any specific qualities that they were looking for?)
3. We are aware that you have been funded for this course and would like to ask you about that experience:
 - Has the funding been beneficial?
 - Is your current salary the same as your previous salary before starting the course?
 - Have you supplemented your income with any additional paid work?
4. We want to ask you about the work placements you've completed for the course:
 - How many placements?
 - Have you managed to complete the mandatory hours for each placement?
5. We have been led to believe that this course provides enhanced opportunities to learn in the workplace – can you explain what these experiences have been and why they have been valuable for you? (E.g. programme coach, lived experience co-ordinators, access to executive experiences)
6. When you have completed the course, how prepared do you feel to go into the workplace? (E.g. clinical skills, leadership skills, confidence)
7. How do you feel that this course has enhanced your leadership skills? (E.g. perceptions of leadership, ability to challenge/innovate in the workplace)
8. We understand that you have been studying alongside nursing students who are not on the same pilot programme, how has this experience been?
9. Is there anything that you found challenging about this programme?
10. In your view, what was the most valuable element of this nursing programme?

Appendix 4: Online survey for postgraduate nursing students

Health and Social Care Evaluations (HASCE), at the University of Cumbria, are evaluating the delivery of the Accelerated Postgraduate Nurse Pilot Programme and its potential application to future postgraduate nursing education. This evaluation is funded by NHS England and Health Education England (HEE).

As a student on the Accelerated Postgraduate Nurse Pilot Programme, your views and experiences will help us to evaluate the impact and learning from this pilot initiative. We are interested in your experiences of accessing the course, the support you received, your future plans and how prepared you now feel to develop your nursing role in practice.

Your participation is entirely voluntary. You can decline to answer some questions or stop the survey at any time. When you click to 'finish' the survey, you are giving consent for us to use your responses in the evaluation report.

The survey will take approximately 25 minutes to complete. All of your answers will be anonymous and treated as confidential. Your survey responses will be stored electronically on the university's network in a folder accessible to only HASCE team members working on this evaluation. The evaluation report for NHS England and HEE, and any future publications, will only contain anonymised information from the survey responses.

If you have any questions about the survey, please contact Dr Laura Snell at laura.snell@cumbria.ac.uk or Amy Robinson at amy.robinson@cumbria.ac.uk or Dr Tom Grimwood at tom.grimwood@cumbria.ac.uk

About You

1. Please indicate your age:

25 years old or under / 26 - 45 years old / 46 - 59 years old / Over 60 years old

2. Please read the statements below and tick any that apply:

I have caring or childcare responsibilities / I carry out paid work in addition to the course and work placements in the Trust

3. Prior to starting this course, what was your highest level qualification?

Undergraduate degree / Master's degree / Other

3. a) If you selected Other, please specify.

3. b) Please state the subject area of your highest level qualification.

4. Prior to starting this course, did you undertake any work (e.g. paid or unpaid work, caring roles etc.) in a clinical, health or social care field?

Yes / No

4. a) If you answered 'Yes', please give details.

About your postgraduate course

5. Please indicate which nursing role you will be able to register for after completing the postgraduate course:

Mental Health Nurse / Learning Disability Nurse

6. Where is your postgraduate course based?

Edge Hill University / King's College London / University of Hertfordshire / Southampton
(course delivered through the University of Hertfordshire)

7. What motivated you to apply for the accelerated postgraduate course?

8. How did you fund your postgraduate course? (e.g. bursary, employer funding, grant, student loan etc.)

8. a) Were you able to claim travel expenses for some, or all, of your work placements?

Yes / No

Your experience of the course and placements

9. What can you tell us about the support available to you during your course? (E.g. support from tutors/peers/mentors, pastoral support from experienced staff in the workplace etc.)

10. How many placements will you have accessed by the end of the course?

10. a) Who arranged the placements? Please tick all that apply.

I arranged the placement / University / NHS Trust / Employer / Other

10. a.i) If you selected Other, please specify.

11. In which fields did you undertake your placements (e.g. maternity, forensic, emergency care, general practice etc.)?

Very poor / Poor / Neither good nor poor / Good / Very good

12. How would you rate your placements with the Trust?

13. What opportunities has the Trust provided to support and develop your learning?

14. One of the goals of the Accelerated Postgraduate Nurse Pilot Programme is to enhance leadership and preceptorship skills amongst nursing students. How do you feel that your university and Trust have supported the development of your leadership/preceptorship skills?

15. What have you enjoyed most about the postgraduate nursing course?

16. What challenges, if any, have you experienced during the course?

Your future plans

17. What are your future career plans?

18. Do you think you will stay in your current specialism?

Yes / No / Not sure

19. How has the course helped to prepare you for your chosen career?

20. After finishing the postgraduate course, do you have any plans to work in the Trust where you completed your placements? Please indicate if you have already been offered a post-registration nursing position.

Request for interview participants

We are planning to conduct telephone interviews to find out more about your experience of studying the postgraduate nursing course. If you are willing to participate in an interview over the next few weeks, please include your name, email and telephone number below. Your contact details will be separated from your survey response to ensure that the data you have provided is analysed anonymously.