

Case Study

How the Nursing Associate Role is starting to assist raising the profile of cancer and diagnostics careers and services - East Sussex Healthcare NHS Trust

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Introduction

East Sussex Healthcare NHS Trust first introduced the role of Nursing Associate (NA) within the Trust in 2018. Initially small in number, there are now 11 NAs in the current cohort, making an impact on the Trust's service-led approach.

This is a new role to bridge the gap between Healthcare Assistants and Registered Nurses.

The NA is a standalone role that can also provide a progression route into graduate level nursing. It is intended that the role will enable registered nurses to focus on more complex clinical duties and be able to work at the top of their licence.

What was the issue/problem that needed to be addressed?

The main issues the Trust was facing, like many other Trusts in the South East, was recruitment and retention of nurses and other health professionals, particularly in cancer services.

The role of the registered Band 4 NA is to work independently under the leadership of registered nurses, within the sphere of nursing care and within all aspects of the nursing process. Their duties will vary according to the ward or service they work in; assisting the registered nurse in the ongoing assessment, planning, management and evaluation of care and delivering delegated clinical and care tasks as required. This can include the proficiency to administer medications and undertake medicines management training as required.

The NA is an accountable professional who is responsible for their actions, working in line with the National Midwifery Council (NMC) Standards of Proficiency for Nurse Associates (2018) (Annexe B). The role must also meet the NMC Code of Professional Standards of Practice and Behaviour.



What action was taken to address the issue?

With the availability of the new Nursing Associate Apprenticeship Standard (NMC 2018), and the fact that the Trust, like all large employers, now has to pay an Apprenticeship Levy, it made economic and workforce sense to make the most of this new role via this funding route. Local FE colleges and universities were approached to help invest in and develop staff in the NA role to support service delivery.

Successful completion of the apprenticeship meets the education requirements for registration with the NMC. Trainee Nursing Associates (TNAs) remain in their existing Band 3 Health Care Assistant role and are required to have 7.5 hours per week "off the job" training (20%). In addition there is a minimum of 12.2 hours per week protected learning time as part of undertaking a Foundation Degree in Health and Social Care Practice at education level 5 at Brighton University, which has the End Point Assessment (EPA) built in.

The programme takes an average of 24 months to complete. Their base area needs to establish a Band 4 Registered Nursing Associate Role for them to commence in once they have completed their training, had all their competencies signed off and achieved their registration. It is expected that they consolidate their learning for at least another 12 months before applying for a NA role in another department or for the BSc in Nursing.

What approach is taken to select potential Trainee Nursing Associates?

University of Brighton, the chosen training provider, run two cohorts a year and selection for the training is service-led and based on service need. Prospective TNAs are identified through Trust 'career conversations' and need to hold a level 3 qualification (such as a level 3 apprenticeship, BTECH or A level), GCSE or equivalent functional skills in Maths and English and have completed the

Care Certificate; those who do not meet these criteria are encouraged and supported to apply for elements which are outstanding.

They need to be nominated by their manager, be willing to undertake the programme and must be in a patient facing role to be able to achieve their competencies. They will go through a formal interview process with the University and the Trust assists them with preparation for this. If someone is initially unsuccessful then the Trust works with them to address any feedback.

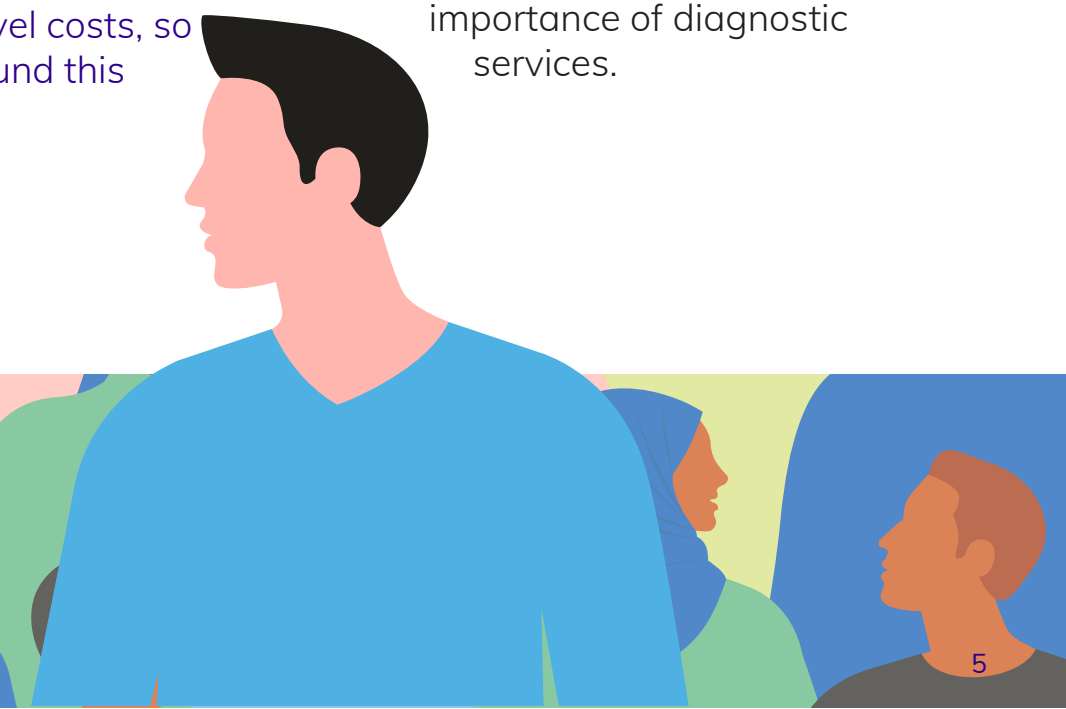
The Trust emphasises to managers that the apprenticeship levy funds the training and managers are required to fund back-fill and any other expenses via nursing vacancy budgets and with some funding support from a Health Education England (HEE) grant specifically for TNAs. The Trust does not pay travel costs, so TNAs are required to fund this themselves.

What placements do Trainee Nursing Associates undertake to understand and support cancer and diagnostic services?

Each TNA has four placements totalling 480 hours during their training in the Trust outside their own department, which gives them a chance to experience other clinical areas, widen their knowledge and link back to their existing role. A placement may even lead to a career opportunity in the future.

The Trust currently use cancer and diagnostic services as some of the placements for the TNAs as part of their training, such as Oncology wards and Units, as well as the Radiography Departments.

This provides a valuable insight for the TNAs, enhancing their understanding of the patient cancer pathway and the importance of diagnostic services.



How can the Nursing Associate assist cancer and diagnostic services?

A Nursing Associate can work in most services and departments including cancer and diagnostic services and to date two potential TNAs have come forward from cancer and diagnostics services and the Trust is current working with managers and these staff members to support them to commence onto the TNA programme. It is anticipated that this number will grow as other

staff and managers see the benefits of the role increasing the opportunities for services to potentially 'grow their own' cancer and diagnostics workforce.

By the end of the NA Training Programme, they are able to work in a multidisciplinary team without supervision, at times giving care independently in line with the individuals' defined plan of care within the parameters of practice of the NA role, accessing clinical and care advice when needed.

Their role in an oncology ward, for example can include:

- responsibility for providing the appropriate quality and evidence-based care to an allocated group of patients including supporting individuals with all aspects of care including daily living, providing personalised care and promoting health and independence through awareness raising and care navigation to other health professionals as appropriate.
- performing and recording clinical observations including blood pressure, temperature, respirations, pulse; accurately recording nutritional and fluid intake and assisting in the delivery of complex care as prescribed by the registered nurse if the protocol has been written for that group of NAs.
- undertaking a range of clinical procedures, which can include cannulation, venepuncture and ECGs.

- have demonstrated the proficiency to administer medications and undertake medicines management training as required.
- supporting people to improve and maintain their mental, physical, behavioural health and wellbeing, promoting health and preventing ill health.
- developing an understanding of all elements of the nursing process and assisting the registered nurse in the ongoing assessment, planning, management and evaluation of care.
- recognising changes in patients' condition requiring the intervention of others and understanding when to refer to the supervising registered nurse and other senior colleagues for reassessment of patient care.
- working in collaboration with others to ensure the safe and timely discharge of patients with the aim of avoiding readmission.

What difficulties and barriers needed to be overcome to implement the change?

It soon became apparent that many potential TNAs did not already hold a relevant level 3 qualification and/or the required Maths and English elements which is the university's requirement for entry onto the course.

Many staff require support to achieve these, so the Trust commissioned local FE colleges to ensure that there is a pipeline of TNAs who are 'programme ready' for the next cohort.

What benefits have resulted from the change?

NAs are making a big impact. Managers and services report that the NA role supports registered nursing roles and after some initial resistance there is a lot of positivity about the role. As the NAs are local, they are more likely to stay in the role within the Trust.

The role is also registered which gives it flexibility and transferability. It also gives a valuable opportunity for existing Band 2 and 3 support staff to progress into the role and then potentially progress onto a nursing degree. For some, due to the geographical area, Brighton is the closest university resulting in many nursing students being local.

This academic year 3 registered NAs have started on the BSc in Nursing at University of Brighton. As the TNA training is mapped to

the BSc in Nursing this means that NAs only need to undertake a 'two-year top-up' programme.

They remain in their substantive posts in the Trust, as supernumerary staff, with their training and qualifications funded by the apprenticeship levy supported with some modest HEE funding.

Many more managers and services are coming forward to take on the TNA role, including from cancer services now that they have seen the benefits to other services as they still have unfilled registered nursing roles.

What tips can you pass on to other NHS employers?

This is a service driven selection process and currently the TNAs are usually an

existing Healthcare Assistant within that service. There must be an identified service need articulated in the workforce plans. Each TNA must have the support of their manager and other ward or department staff to undertake the training and have a Practice Assessor and Practice Supervisors to support their development into their new role.

It is recommended that a service only has one TNA from the same cohort at the same time as to have two would reduce service capacity seeing as their training days and external placements will coincide.

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"It has been an interesting journey from the initial collaboration, with substantial input from ESHT with our neighbouring regional trusts, HEE, and the University of Brighton to have the programmes available before NMC validation".

Barbara Gosden, Apprenticeship and Widening Participation Manager

"This has been an amazing journey and it will be exciting to see where this role progresses in the future to take the Trust forward."

Angela Jarvis Undergraduate Educational Development Manager

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