

Nursing associate employer case study

Livewell Southwest: Gifting the apprenticeship levy for nursing associates

Livewell Southwest is a social enterprise providing integrated physical and mental health and adult social care in Plymouth and parts of South West Devon. It provides physical and mental health services for children and adults both in service users' homes and in community settings across Plymouth, South Hams and West Devon. It is the largest community health and social care enterprise in the UK, with almost 3,000 members of staff.

Having supported 33 nursing associates to graduate from the programme, it has now started to support local care homes to develop the role through gifting the apprenticeship levy. Gill Miller, Organisational Development Lead, explains what they've learnt to date.

Started training nursing associates in:	2017
Number of registered nursing associates:	33
Number of trainee nursing associates:	20



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Developing people for health and healthcare



Why did you decide to introduce the role?

When we heard the Health Education England (HEE) and Nursing and Midwifery Council (NMC) announcement we were intrigued. The nursing associate role seemed like a great opportunity for support workers to develop and take on a registered role.

We created a partnership with colleagues from the acute and community sector across Devon Sustainability and Transformation Partnership (STP) and were very fortunate to be picked as a pilot site for the HEE programme. Our first cohort of 11 started the course in January 2017.

At that time, we were struggling to recruit and retain bands 5 and 6 staff within district nursing but had great support staff. So, we decided to focus our first cohort on district nursing as an opportunity to develop support staff while allowing band 5 and 6 nurses to focus on tasks that only they could do. Focusing on one area of delivery was a great way to test how the role would work and get the processes and support in place.



Gill Miller Organisational Development Lead

How did you decide how many TNAs you needed and where they could be best deployed?

As we were part of the HEE test programme, we received funding and decided how many TNAs we could support based on the budget. We only recruited internally and wanted to ensure that both mentors and trainee nursing associates (TNAs) had a good experience.



The TNAs were their own best advocates so it created a natural groundswell for the role. We sought expressions of interest and asked for team managers to commit to their duties as a mentor, release trainees for study and placements and to make sure that funding would be there for nursing associate positions once trainees had qualified.

While all of the first cohort were in district nursing, members of the second cohort all came from clinical settings that had received a cohort one TNA on placement. The TNAs were their own best advocates so it created a natural groundswell for the role.

We opened up the role across the whole organisation for the second and subsequent cohorts. Thirtythree employees have now graduated from the trainee nursing associate apprenticeship, of which 10 have gone on to nursing degree apprenticeships and the rest have stayed on with us as nursing associates. We have 21 nursing associates currently in training and we're recruiting our fifth cohort.

How did you recruit to the programme?

As we were recruiting from our own staff pool, we recruited by attributes such as compassion and resilience. We recruited people we would like to look after our own family.

We now use our registered nurses and nursing associates in the recruitment process. When people enquire about the trainee nursing associate role, I offer them a chat with a trainee nursing associate, so they can find out what the role is like. We also link managers with a TNA mentor. As we've expanded the role, we can even link people up with someone in a similar specialty.

How did you fund the training programme?

As the lead for the apprenticeship levy with oversight of band 2 and 3 staff, I could see straight away what we could afford to do in terms of offering progression opportunities. We have a fantastic forward-thinking board, which was engaged from the beginning.

HEE funding paid for the study of the first cohort, then we paid for subsequent cohorts through the apprenticeship levy. As a result of taking on nursing associates, we've ended up cutting down on agency staff.



Livewell Southwest's first cohort of trainee nursing associates

How did you prepare for the training programme?

Having the joint placement offer between us and our local acute hospital helped us meet the NMC requirements. We've continued to work in partnership as part of a Devon community of practice in which the various organisations get together to discuss governance and development opportunities. We also have a Devon-led programme board led by directors of nursing which approves all plans.

How have you deployed registered nursing associates?

We've deployed nursing associates across areas including mental health, learning disabilities, health visiting and inpatient adult wards. Once they've finished their training, nursing associates stay in their existing team and have a 12-month preceptorship, designed to enhance the professionalism they've gained and develop their leadership skills.

What benefits has the nursing associate role brought to your organisation?

As they do placements at the acute hospital, TNAs have broken down barriers and improved understanding between the hospital and teams in the community. This has made for smoother referrals, better transfers of care and a better patient experience. TNAs have come back to base able to troubleshoot and advise their registered colleagues and managers about what would improve the system. They have brought a sense of pride in their re-

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Often people that didn't have confidence in their ability to study, the nursing associates have grown in confidence as learners, which has been amazing.

Why did you decide to gift apprenticeship levy funds?

We're increasingly recognising that we're all looking after the same people across health and social care. Taking a systems approach to workforce development is crucial and care homes have a huge role to play in preventing admissions. As a social enterprise it's part of our constitution to improve value locally, so the next natural step was to help the role develop in care homes.

Our executive lead for nursing associates and I attended local care homes and were blown away by their passion for quality improvement and desire to embrace the new role. We started gifting the levy in September 2019 and gifted to six care homes. It was new for us, the university and the care homes. We were all finding our way together.

What were the challenges and how did you overcome them?

Gifting the levy brought to light some of the differences between the way that the care homes and NHS services work. We were coming from an NHS mindset and didn't realise how much of a change from the usual ways of working it was for care homes. For example, they had to figure out the digital apprenticeship service so they could be gifted the funds.

The trainee nursing associate remains an employee of the organisation to which you're gifting, so the relationship needs careful exploration and regular communication. Recruitment processes were also very different.

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homes. In hindsight we would have done more preparation in terms of building relationships with the care homes, finding out in advance how we can support them and managing expectations.

What have been the benefits of gifting the apprenticeship levy?

Nursing associates in care homes can benefit the system, particularly in terms of reducing hospital admissions, as part of a holistic approach. Introducing the role has worked well when trainees with the right attitude are recruited and the team has a good understanding of what support is needed.

What advice would you give to other organisations about gifting the levy?

Definitely consider gifting levy. It has the potential to sustain system level workforce in the future and drive up quality and safety. If you do, make sure you get everyone in a room to discuss what support they will need and what you can offer.