

# Nursing associate employer case study

## University Hospitals Birmingham NHS Foundation Trust

University Hospitals Birmingham NHS Foundation Trust (UHB) is one of the largest teaching hospital trusts in England, serving a regional, national and international population. It includes four hospitals, community services, a chest clinic and several smaller satellite units, allowing people to be treated as close to home as possible. The trust sees and treats more than 2.2 million people every year across its sites and has over 20,000 members of staff.

Started training nursing associates in:	April 2017
Number of registered nursing associates:	29
Number of trainee nursing associates:	186 (rising to 241 from February 2020)

Now training its fifth cohort, with a sixth starting in February 2020, the trust has 29 registered nursing associates and 186 in training. Andrea Field, Lead Nurse, Workforce, explains how the trust has introduced the role at scale.

January 2020

### Why did you decide to introduce the role?

“ In 2017 we formed the Birmingham and Solihull Nursing Associate Partnership with our local trusts and Birmingham City University as our lead higher education institution (HEI). We submitted a successful collaborative bid to Health Education England (HEE) and were awarded ‘fast follower’ status to run a pilot cohort of trainee nursing associates (TNA).

At that time, we had significant vacancies in terms of registered staff. We also recognised that there was a gap in direct patient care delivery between healthcare assistants (HCAs) and registered nurses and were keen to develop a more flexible workforce that better met the needs of our diverse patient population.



UHB nursing associates at graduation ceremony, 2019

From a staff satisfaction perspective, our HCAs previously had very few options to pursue a career in nursing. The development of a nursing associate programme meant that we could open this career pathway for them.

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

All our current TNAs are HCAs who have been seconded on to the programme. In an organisation of our size we can accommodate a large number of TNAs and have them across almost every nursing speciality.

We have 29 qualified nursing associates across the trust and, prior to deploying them into practice, we completed quality impact assessments. Our qualified nursing associates are now working in a range of areas, including critical care, community services, surgery, medicine and paediatrics. Another 67 TNAs will qualify during 2020.

### How did you fund the training programme?

Our first cohort was a pilot group, so HEE funded their university fees. From the second cohort the programme became an apprenticeship, so fees were funded through the apprenticeship levy.

We have agreement from our trust board to build our workforce of nursing associates at scale with backfill for university and placement hours. HCAs are seconded onto the programme on their substantive banding.

## What were the key things you put in place to ensure the training programme ran smoothly?

We have maintained a very strong partnership with our partner trusts and Birmingham City University. We still meet monthly and manage our placements across the fields of nursing to meet the nursing associate curriculum requirements. The strength of our partnership has been commended by the Nursing and Midwifery Council (NMC).



UHB nursing associates at graduation ceremony, 2019

Supporting the TNAs in practice was a recognised need from early in the programme development. To address this, we have invested in the clinical educator role, which has had a significant impact in reducing attrition from the programme. Each clinical educator has a cohort of TNAs that they support with their clinical skills and pastoral needs. This role helps the trainees to combine the clinical and academic sides of the programme and complements the support they receive from their personal tutor at university.

“ *It's important to 'take people with you' across the organisation.* ”

It's also important to 'take people with you' across the organisation. We have found that setting up placements for TNAs in new clinical areas helps staff to gain insight into the role and sows the seed for growth in that area. We have had significant success in developing the role within our critical care services, driven by the critical care team.

## How have you helped newly registered nursing associates settle into their roles?

Our nursing associates join the trust's preceptorship programme with our registered nurses and other registered professionals and our clinical educators continue to support them for their first 12 months post-registration. We have also made significant progress with defining the scope of practice for our nursing associates and the development of governance structures to support this.

## How have other staff and patients received the role?

We've had a really positive response. With the first pilot cohort we were all learning as we went along and had to consult with areas before we could place our first TNAs. We now work from an 'order book' that the associate directors of nursing agree with their divisions, and areas are always asking for more nursing associates.

### What have you done to promote understanding of the role among staff, patients and the local population?

We have a very enthusiastic and supportive chief nurse who drives the programme forward. We also join patient forum and governor meetings to update them on the development of the role. We run roadshows in the entrances to our hospitals and involve experts by experience on interview panels for TNAs. We engage with local schools and colleges to talk about careers in nursing and have our first school leavers starting the TNA programme in February 2020, alongside mature entrants who were not previously able to pursue a career in nursing. This has helped us widen participation and ensure we have a diverse workforce that reflects the local population.

### How has the introduction of the role benefited your organisation?

We have a workforce plan that is achievable and sustainable. We have a motivated HCA workforce who aspire to starting their careers in nursing and are developing a more diverse workforce through widening participation.

We are already seeing the impact of the 29 registered nursing associates on patient care. Where registered nurses are working with nursing associates, we see that the registered nurses focus on more complex tasks like complex discharge and care plan changes, while the nursing associates focus on the delivery of planned care. Nursing associates are trained across all branches of nursing, which adds to the breadth of their knowledge and their ability to look at the patient holistically.

“ *Since the introduction of the TNA programme our HCA retention levels have increased while sickness levels have reduced.*

Since the introduction of the TNA programme our HCA retention levels have increased while sickness levels have reduced, indicating that the role has had a positive effect on staff satisfaction.

### What advice would you give to other organisations on introducing the role?

Learn from other organisations. Start small to develop proof of concept, then build on your success. Don't give up. Once your organisation can feel the benefits of the role, growth at scale is easier to achieve.

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