



Introducing Registered Nursing Associates to Critical Care: A pilot

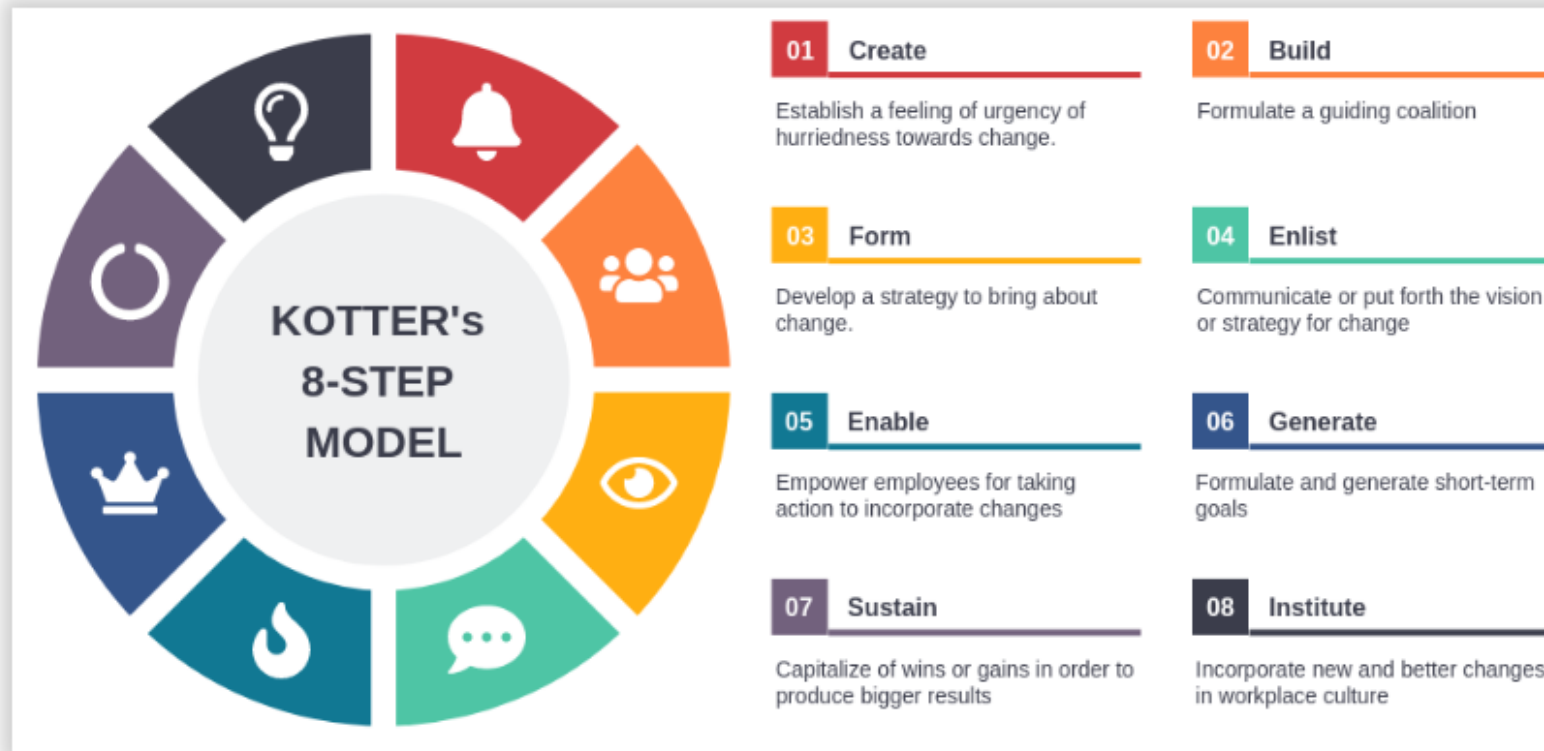
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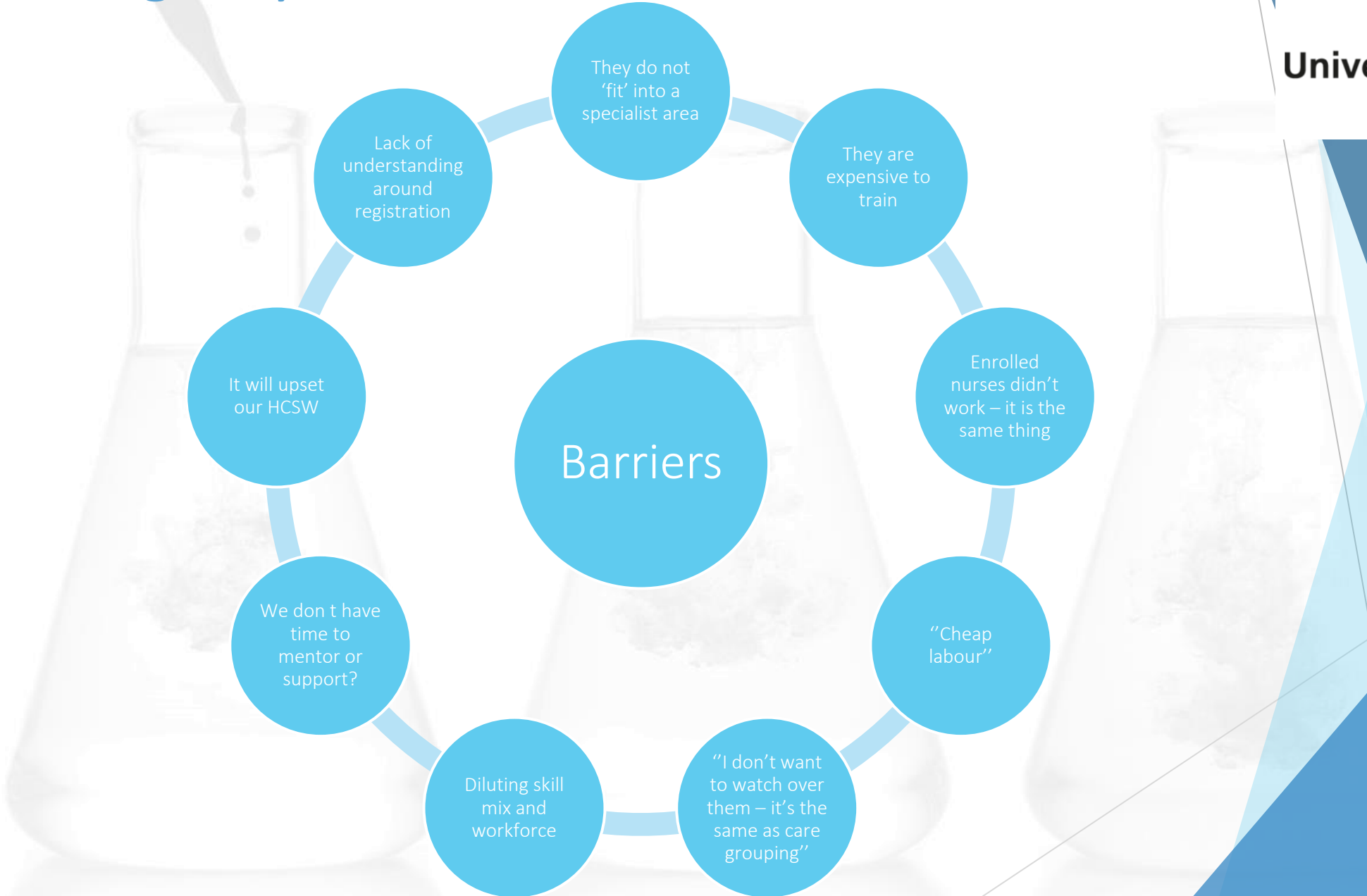
Why Introduce RNA's?

- ▶ Student Nurse attrition rates in England at >25%
- ▶ Local HEI's struggling to fill Degree places
- ▶ Overseas pipeline is significantly reduced
- ▶ Locally our vacancy factor was > 28 WTE RN's with high % sickness/unavailability at times reaching 13%
- ▶ Forced to close beds
- ▶ Cost of living in Cambridge is high - challenge not just around RN recruitment
- ▶ HCSW struggling on band 2/3 salary – retention is an issue
- ▶ The RNA role can provide career progression for HCSW and give organisations the ability to develop their own Future Nurses. Ultimately, increasing the resilience and robustness of staffing within critical care units.

John Kotter Model of Change

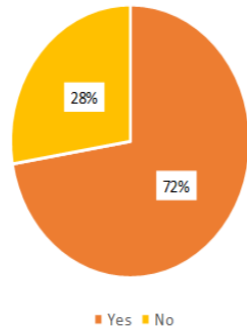


Create urgency: start the conversations

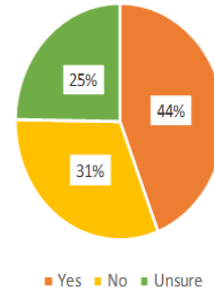


Staff opinion (build)

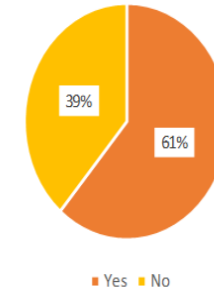
Do you know what the Nursing Associate role is?
Prior to intervention



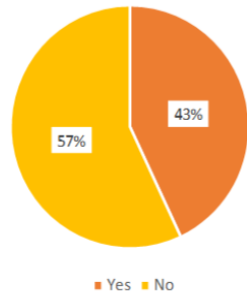
Are you concerned about Nursing Associates working in Critical Care?
Prior to intervention



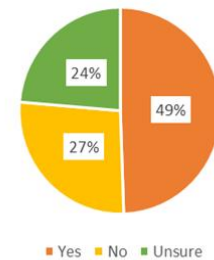
Is the Nursing Associate role upon qualifying registered?
Prior to intervention



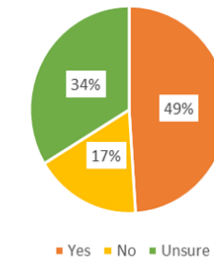
Can the Nursing Associate give drugs?
Prior to intervention



Would you actively support the Nursing Associate in Critical Care?
Prior to intervention



Will the Nursing Associate have a positive impact on patient care?
Prior to intervention



Develop vision and strategy

Complete Foundation degree.
Apply for NMC Pin no.
QPO & Induction.

Start CC3N critical care competency alongside bespoke RNA program.

Complete 24 week supernumerary period.

1 year to complete foundation program.

Eligible to apply for Degree top up/part two of apprentice program

Working as band 4.
Stabilising the workforce.

RNA can specialise within area if they wish to remain an RNA.

If RNA chooses then can complete part two top up degree program and become a Future Nurse.

>Working within critical care as a band 4 in between placements.

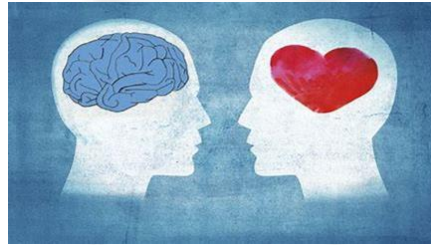
Complete degree in year 2 or 3 – provides an opportunity to consolidate knowledge and a chance to stabilise our workforce

Now register as RN - move into band 5 post.

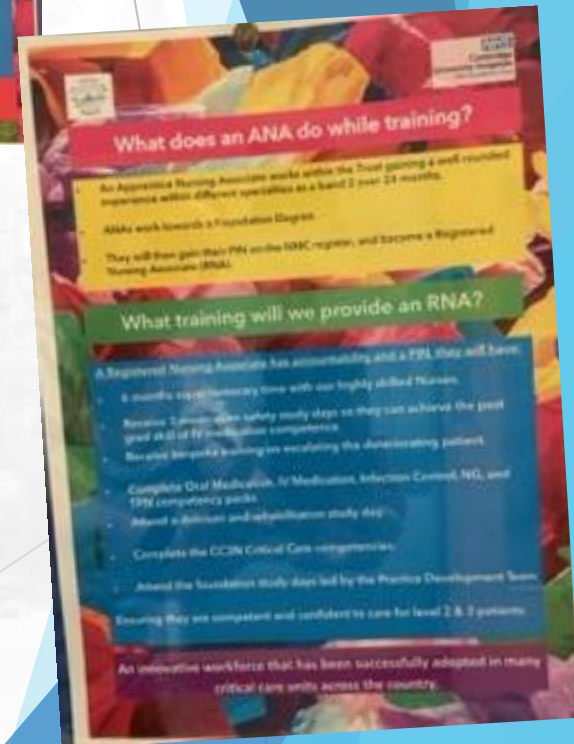
- NO need for supernumerary period
- Already completed Step One Critical Care Competencies
- Yet to be seen if this will fast track Progression onto the course and therefore Band 6

Communicating with the team

Adopting a hearts and minds campaign:



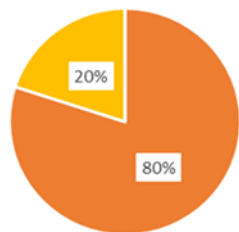
- ▶ We displayed a series of myth busting posters across the units
- ▶ Attended and provided talks at team days to address concerns and share a consistent and clear vision
- ▶ Twice weekly Q&A sessions over a 4-week period
- ▶ Joined Regional RNA Community Practice Meetings chaired by Debbie Cubitt



Remove obstacles

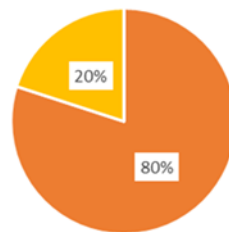
The primary survey highlighted the team's opinion and views, however, after our interventions we found:

Are you concerned about Nursing Associates working in Critical Care?
Post intervention



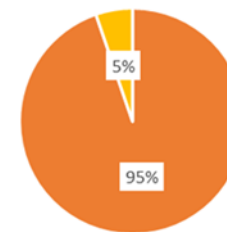
■ Yes ■ No

Would you actively support the Nursing Associate in Critical Care?
Post intervention



■ Yes ■ No

Will the Nursing Associate have a positive impact on patient care?
Post intervention



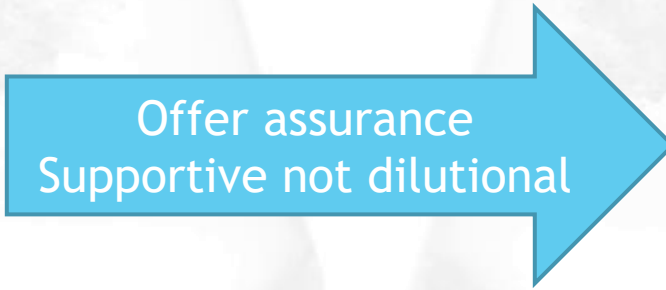
■ Yes ■ No

We had 19 people respond and used descriptive analysis.
One limitation to this study is the low response rate.

Remove obstacles

- ▶ IV administration by RNAs needed to be approved by our trust
- ▶ Ensuring RNAs would have the confidence and competence to care for critical ill level 2 or 3 patients
- ▶ Recruitment

Offer assurance
Supportive not dilutional

A large blue arrow pointing to the right, containing the text 'Offer assurance Supportive not dilutional'.

Current guidance is:

RNA's must not reach over 5% of the work force.

Shift: 50 staff
5% is 2.5 RNA's

Whole critical work force: 354 RN's (5%) = 17 WTE RNA's

Short term goals

- ▶ Awaiting final approval of the entire content for the RNA IV medication administration programme
- ▶ Recruitment of RNAs
- ▶ Developing lesson plans and content for the new study days and involving members of the MDT

Keep momentum

Q&A session to share the CC3N guideline

Ensure clear communication with Consultant and ACCP teams

Map study days

Ensure protected supernumerary time

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Make the change stick

Communication and support for existing team

Passionate team on board who have developed education programme and will be a part of the delivery

MDT involvement with study day delivery

RCS session provision for RNAs ensuring RNAs are supported with their transition from student to registrant

Robust program:

RNA (Post QPO and Induction)

Week 1-24 - Supernumerary

Complete bespoke training package
Rehabilitation, GI & Nutrition, A&P Respiratory, Assessment and Escalation study days.
Complete oral medication, infection control and NG insertion and management packs
Blood collection, POC and EPIC training
Note, starred study days will be provided within this period.

Week 16-24 - Supernumerary

Complete the RNA IV Administration Programme
Blood Administration training
TPN Administration competence
Gain confidence at the bedside, working towards independently caring for level 2/3 patients

Week 24 – 52 – Working at the patient bedside

Working independently
Work through RNA/CC3N competency packages.
(Band 5 RNs on average complete step 1's within 9-12 months)
After 1 year they shall be eligible to apply for part two of degree if they would like to become a future nurse.

Foundation study days

Respiratory 1 & 2 *

Cardiovascular *

Neuro study days 1 * & 2

Gastro *

Liver

Haematology-Oncology

Humanising care

Medicines safety *

Trauma *

Spinal *

References

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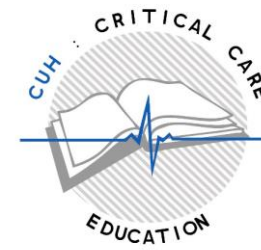
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Thank you