

NIHR

Policy Research Unit
in Health and Social
Care Workforce

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LONDON

INTRODUCING THE NURSING ASSOCIATE ROLE: EARLY FINDINGS 23.11.20

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This study is funded by the National Institute for Health Research (NIHR) Policy Research Programme (Policy Research Unit in Health and Social Care Workforce: Ref. PR-PRU-1217-21002). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

- ▶ **Project**
- ▶ **Findings**
- ▶ **Future**
- ▶ **Feedback**
- ▶ **Sharing**



PURPOSE

▶ **Context**

▶ **Focus**

▶ **Methods**

THE PROJECT

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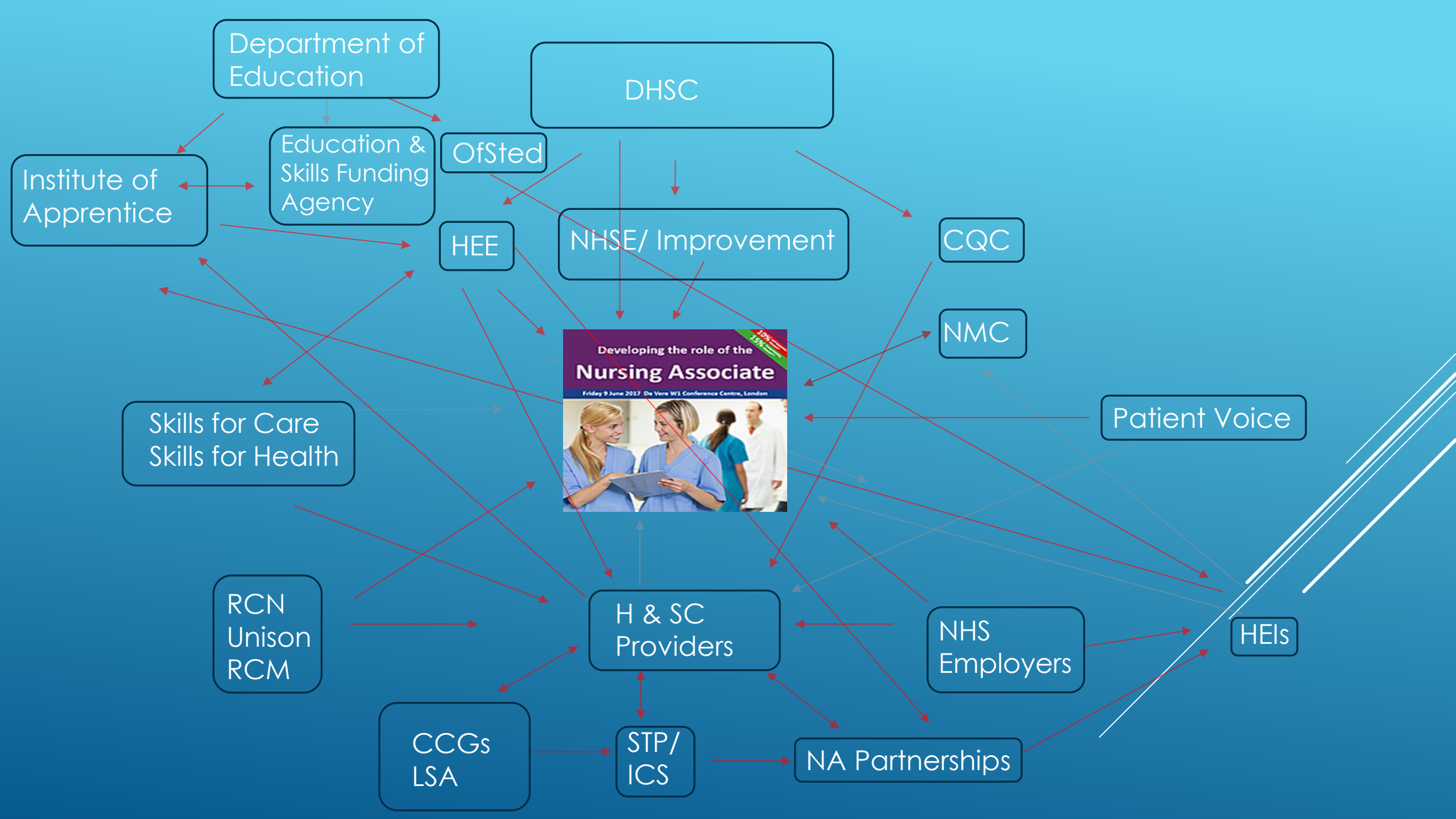
- ▶ Junctures
- ▶ Scale
- ▶ Role



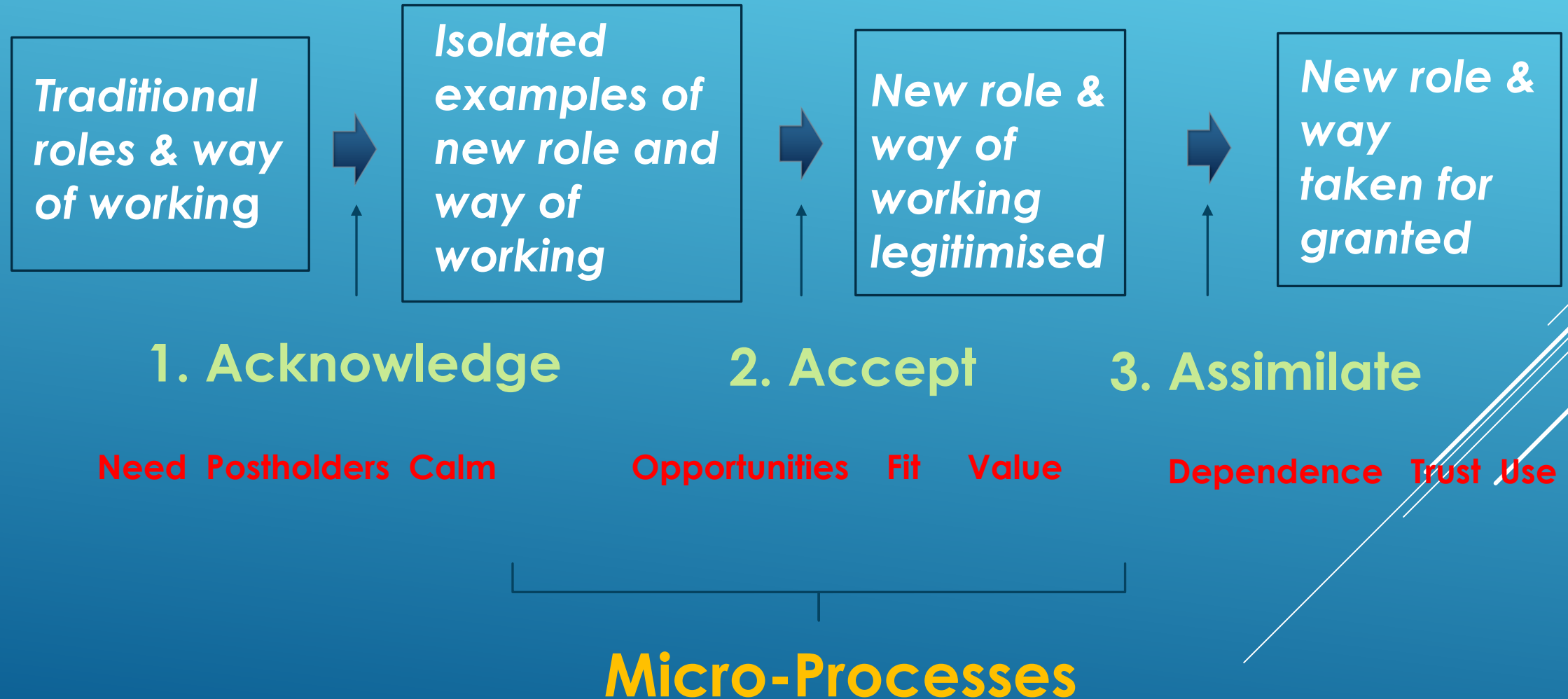
A Pig in a Poke:

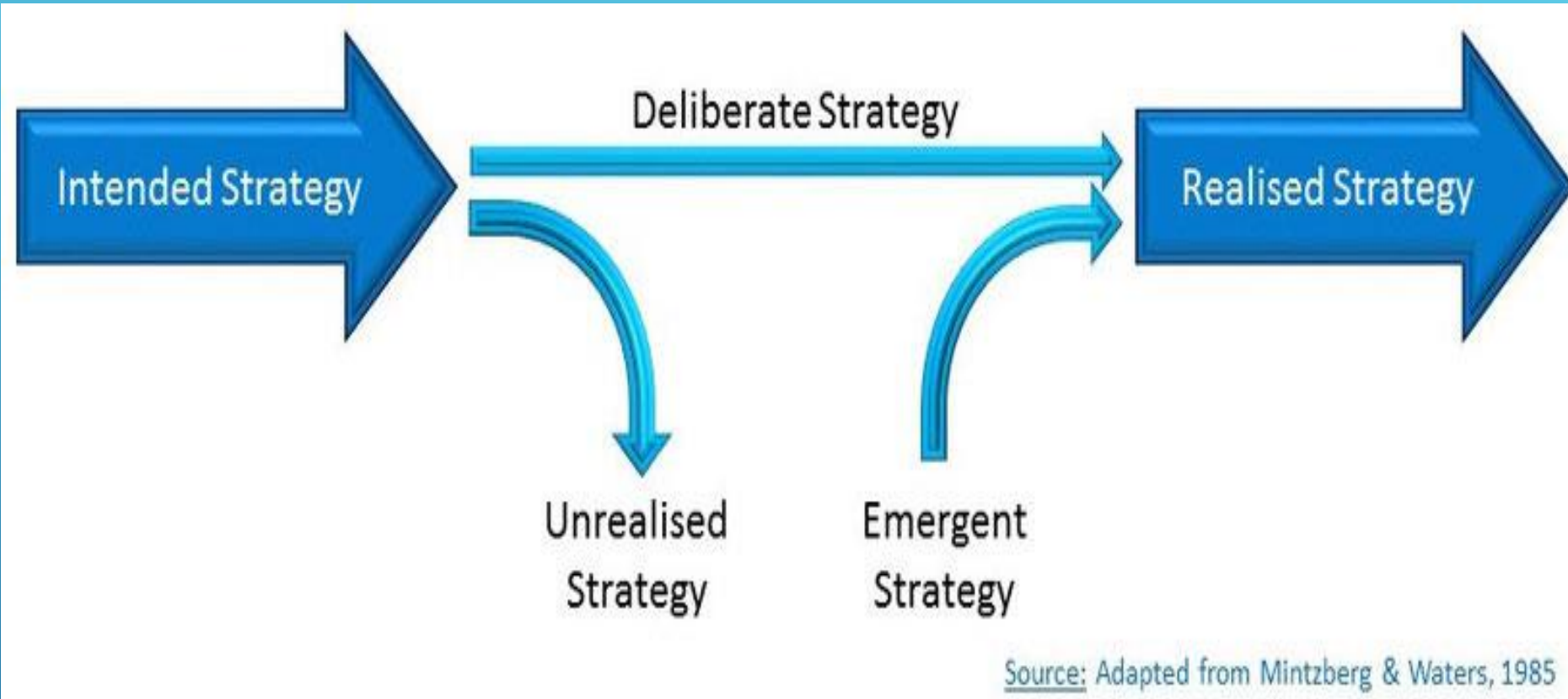
Something that
you buy or accept without first seeing it
or finding out if it is good

CONTEXT



An Institutionalisation Framework





- ▶ **Qualified NAs**
- ▶ **Why are they being introduced?**
- ▶ **How and with what effect?**
- ▶ **How are these moderated by context and stakeholder?**

FOCUS

- ▶ Literature Review
- ▶ Expert Interviews
- ▶ Director Survey
- ▶ Case Studies

METHODS



Case Studies

	CPFT	Livewell
Organisation	Foundation Trust	Social Enterprise (CIC)
Services	Health & Social Care	Health and Social Care
Catchment	900,000	270,000
Workforce	4,000 staff incl. 1,800 RNs & 900 AHPs.	3,000 staff incl. 760 registered RNs & 500 CSWs
(T)NA Workforce	Early 2017: 12 TNA 10 completed 7 progressed/bridging	Jan. 2107: 11 TNAs 11 completed 6 progressed 5 in post Sept. 2017: 24 TNAs 19 completed 6 progressed 15 in post

► Why: Objectives

► How: Approach

► How: Deployment

► Impact: Benefits

FINDINGS

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KING'S College LONDON

Evaluating the Introduction of the Nursing Associate Role: The Cambridgeshire and Peterborough NHS Foundation Trust Case Study



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WHY?

THE NA AS DISTINCTIVE.....

Generic

Developmental

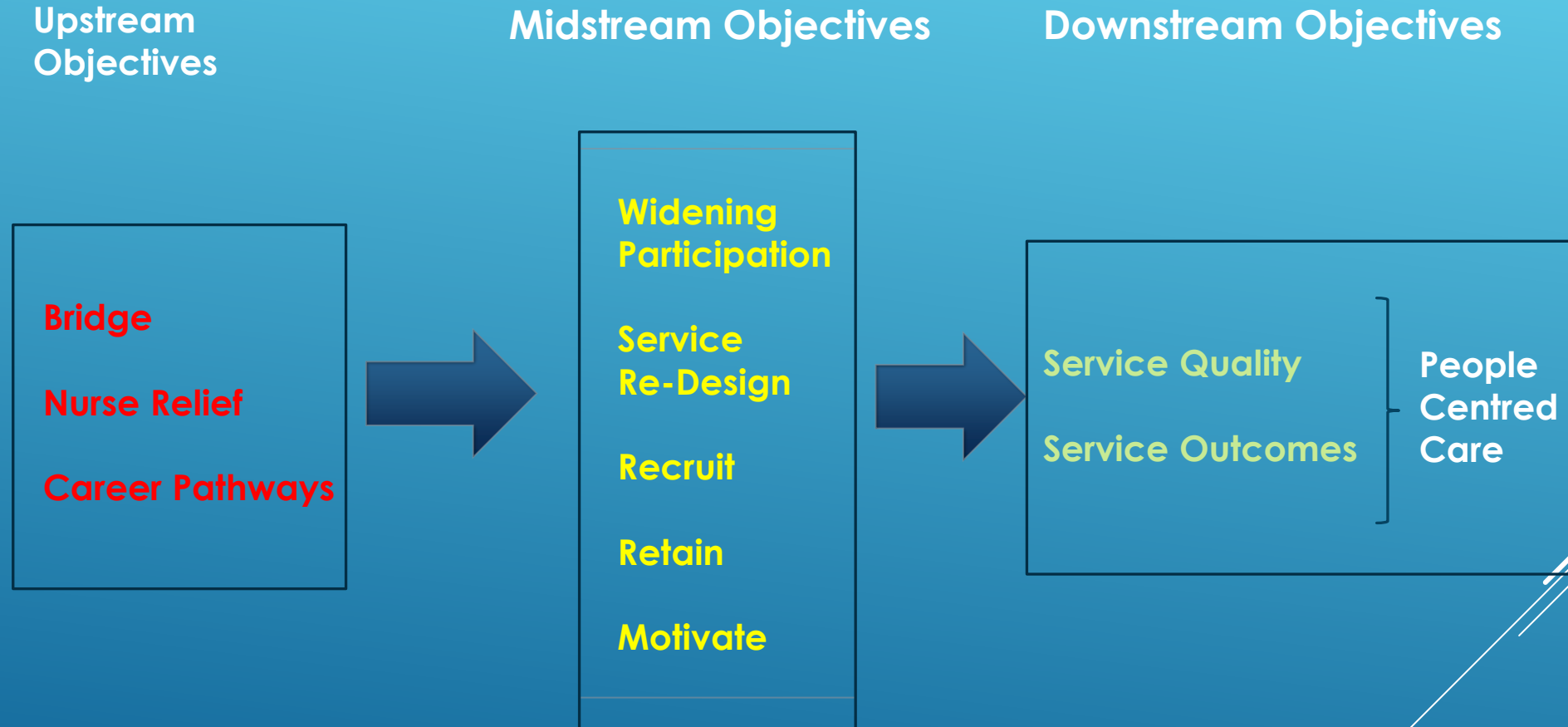
Registered



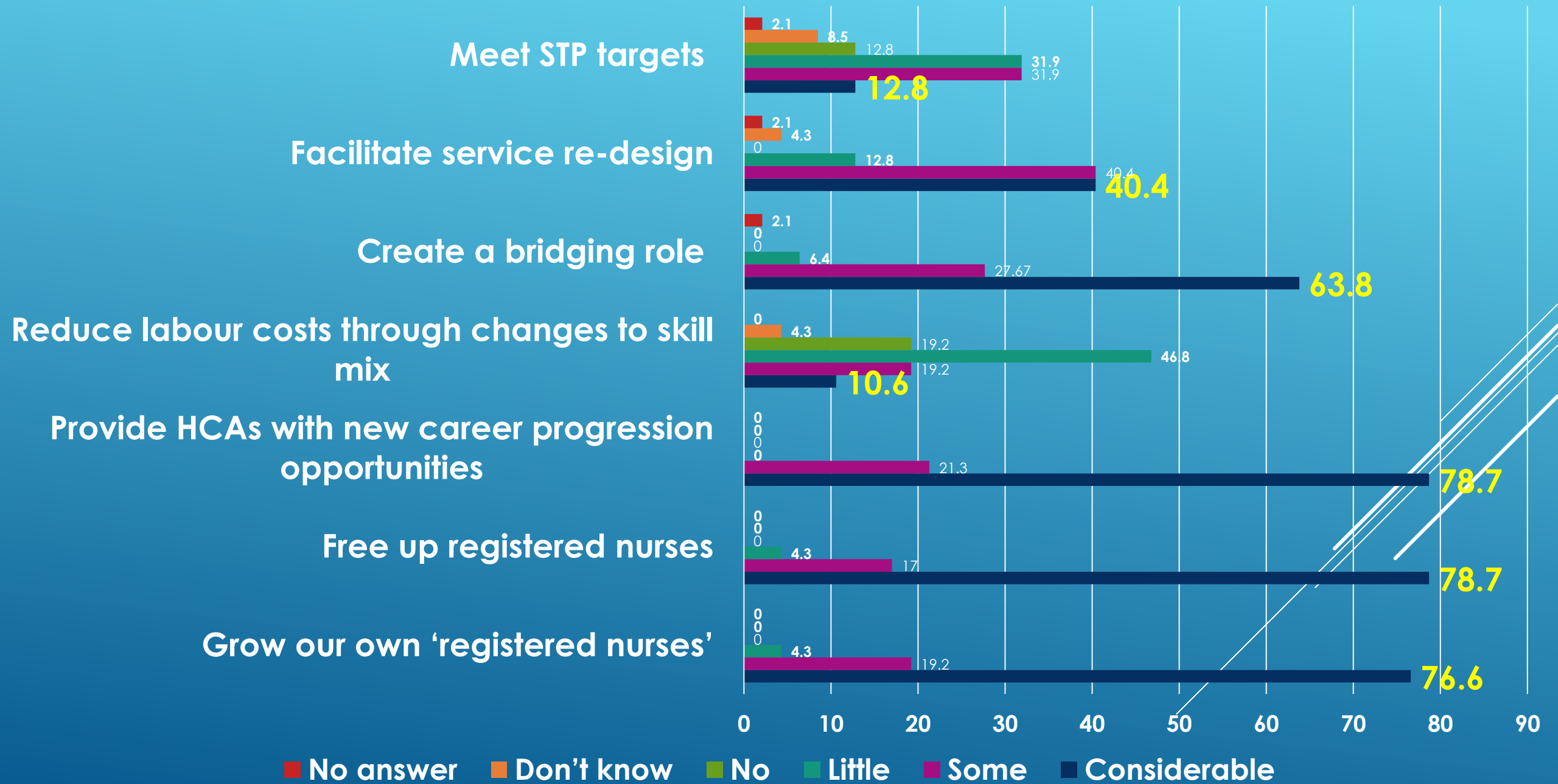
INFLUENTIAL DOCUMENTS

- National Quality Board (2018), An improvement resource for the deployment of nursing associates in secondary care.
- HEE (Feb.2018), Advisory Guidance: Administration of medicines by nursing associates.
- **NMC (Oct. 2018) NA Standards of Proficiency**
- Care Quality Commission (Jan. 2019), Briefing for providers: Nursing associates.
- NHS Employers (Feb. 2019), Employer guide to nursing associates.

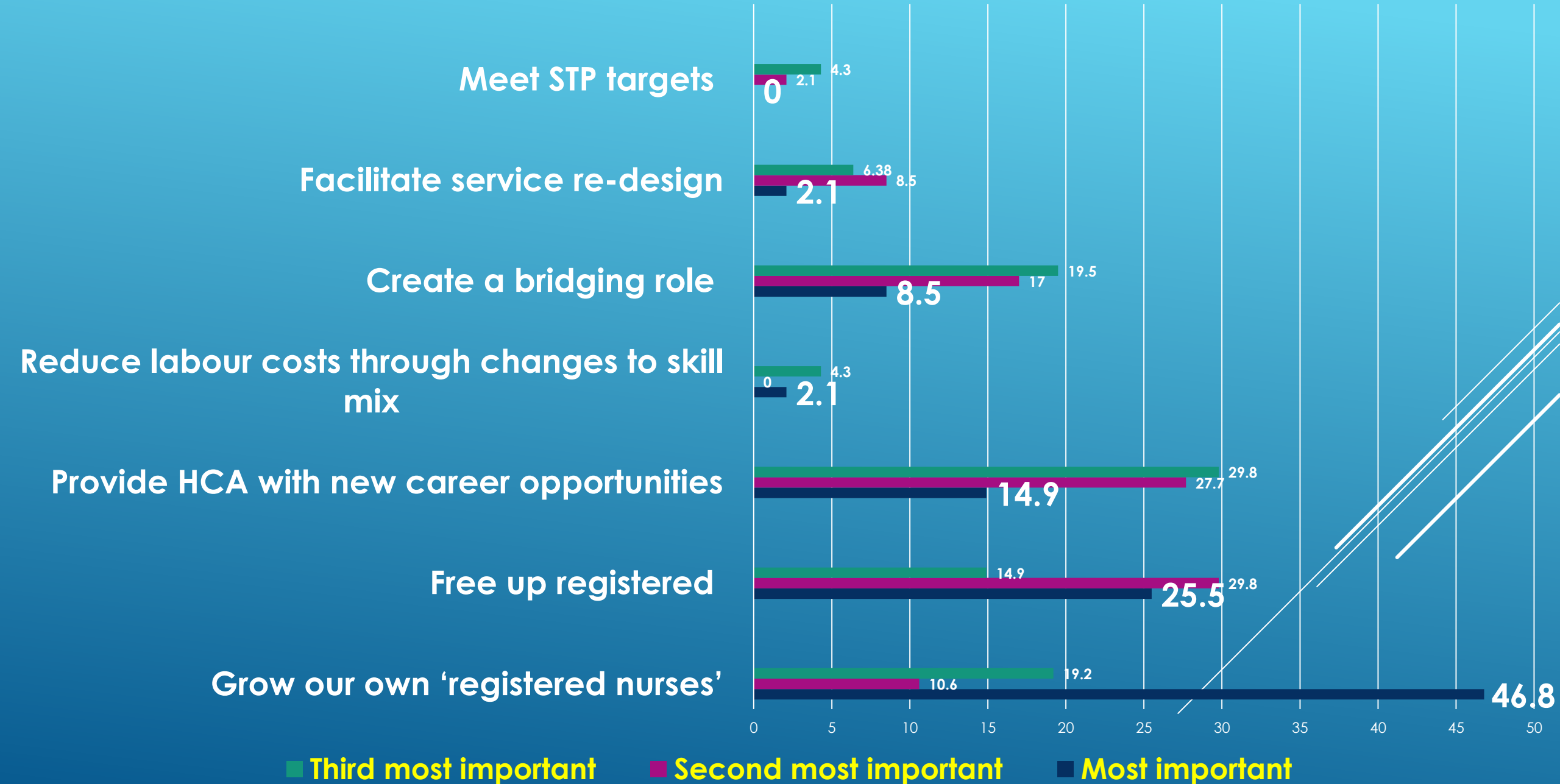
The Nursing Associate Role: Objectives



Local Objectives: Importance (%) (N=47)



Most Important Objective



► Partnerships

► Numbers

► Distribution

- Organisational readiness
- Systems level working
- Practicalities
- System resource
- A broader agenda (?)

APPROACH

Partnerships working within an STP footprint were one of the first workforce things where you saw a tangible STP type of approach. (Survey)

CPFT	Livewell
Clinical Education Lead for Nursing Associates	Placement and Development Facilitator
Sub set of C&P STP (5 Trusts)	Devon Community Of Practice
‘Across the partnership we organised job descriptions and shared those; we've tried to have consistency across the partnership, so there's a uniform that's consistent. We felt that was really important to provide people with an identity. ‘	<ul style="list-style-type: none">- Common job description of the TNA and NA roles.- Devon-wide NA Handbook- Shared TNA and NA uniform- Sharing of placement opportunities

► **Partnerships**

► **Numbers**

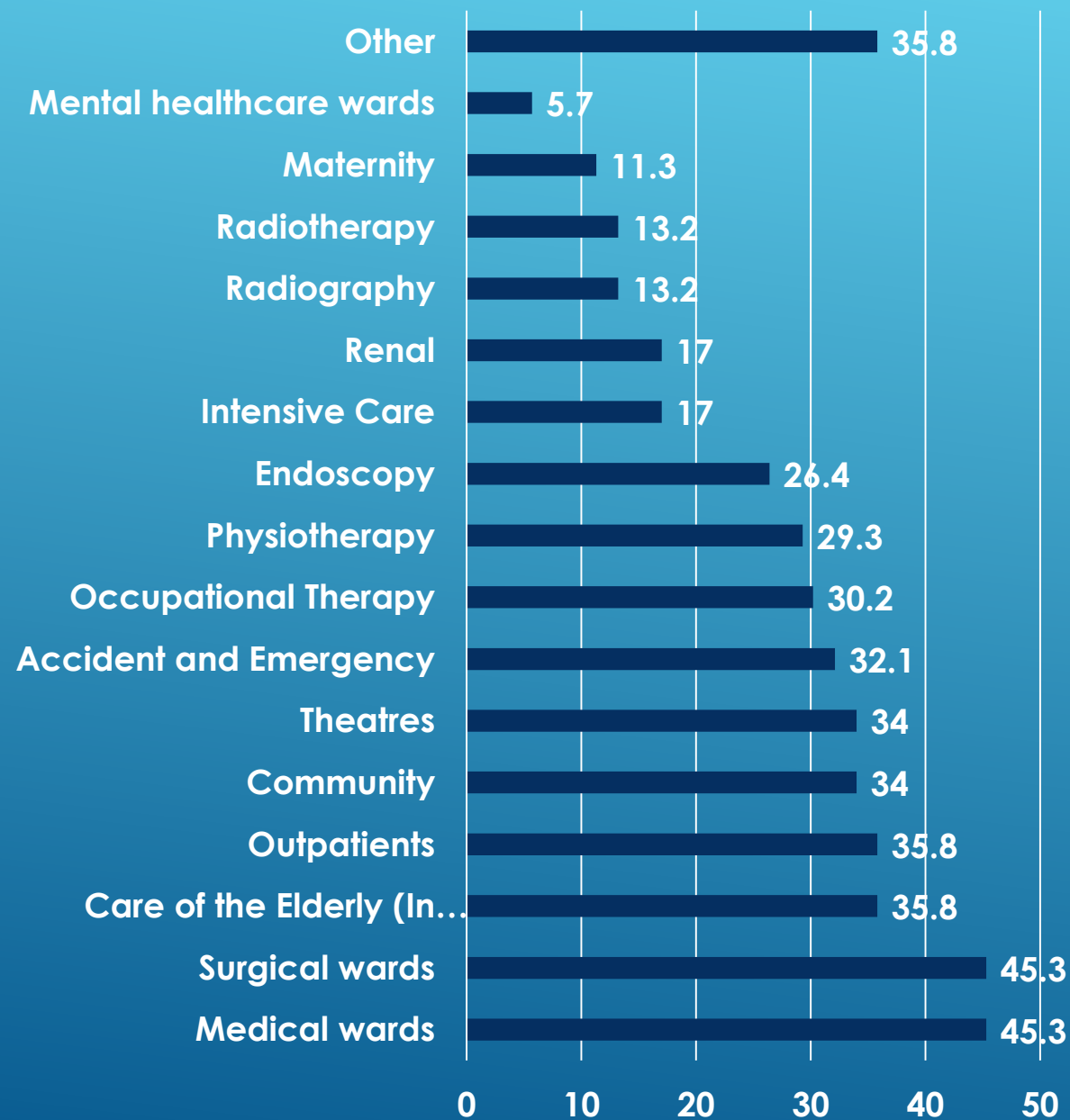
► **Distribution**

Assistant Practitioners

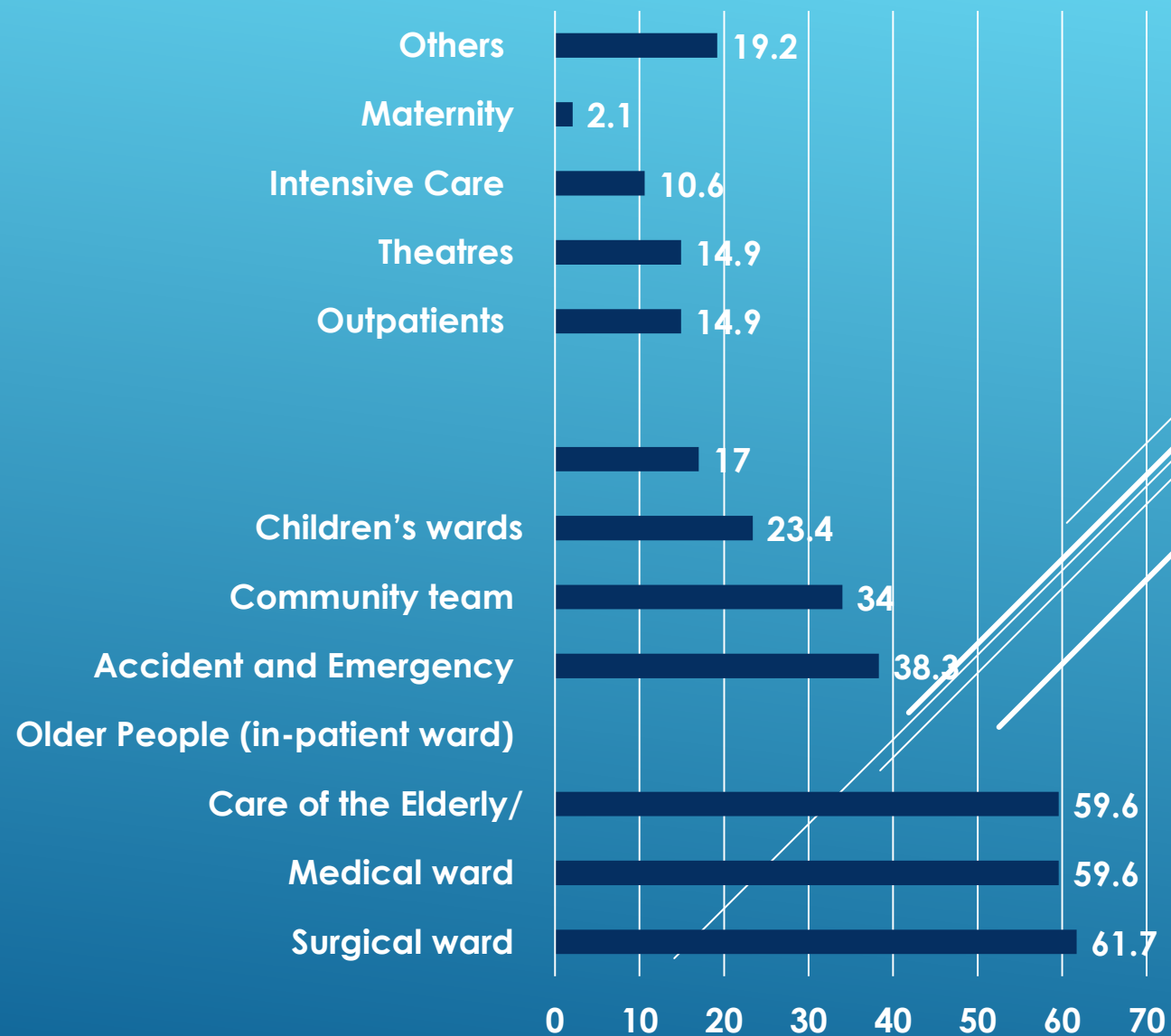
- More prepared?
- NA needed?
- Complementary?
- Innovative Trusts?

APPROACH

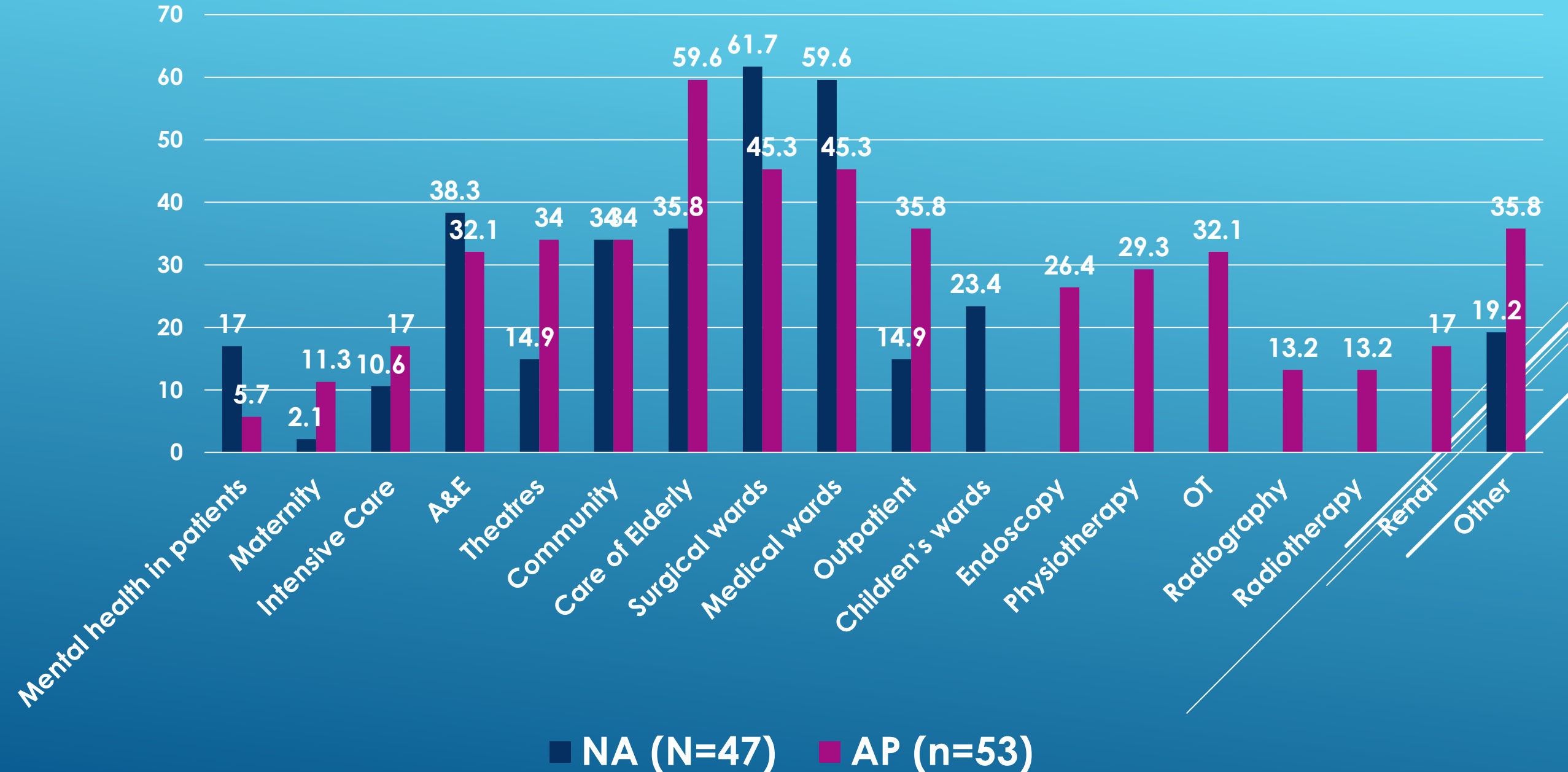
Distribution of APs (%) (N=53)

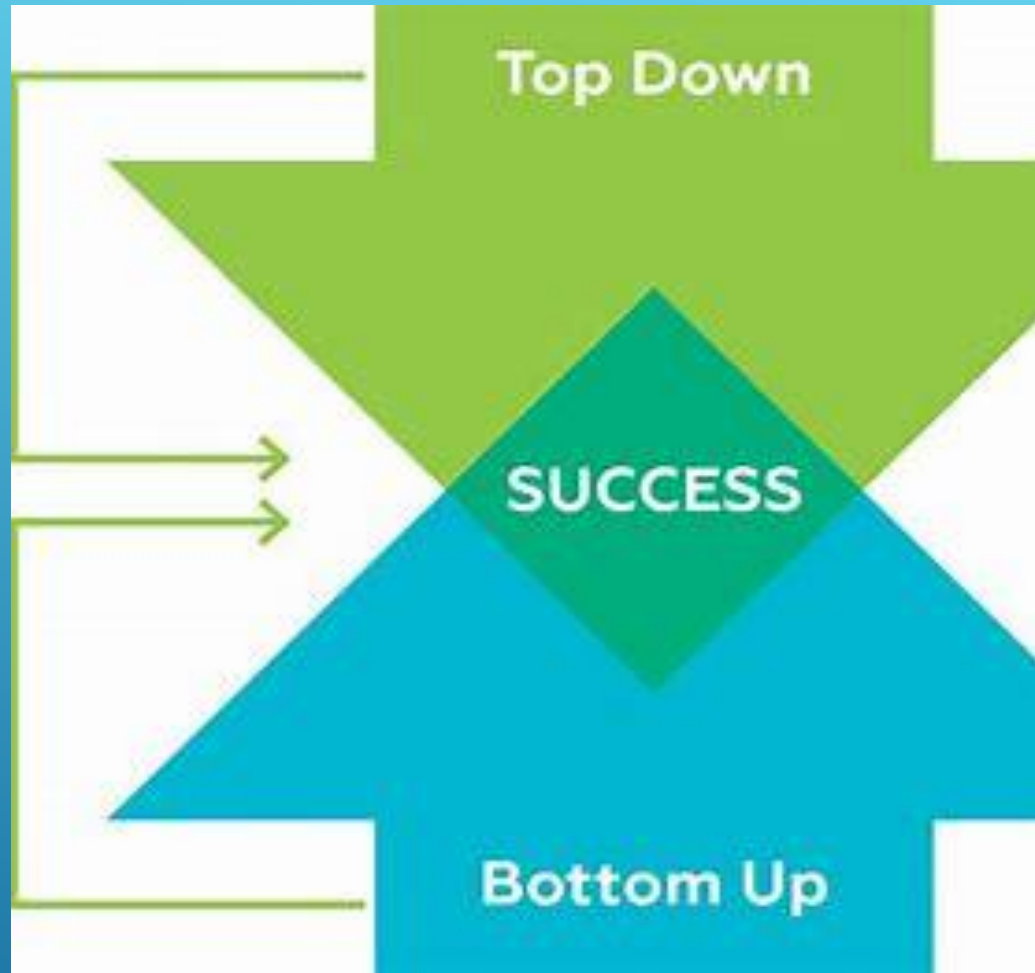


Distribution of NAs by Clinical Area (%) (N=47)



NAs & APs Distribution





DISTRIBUTION

Livewell

Cohort 1

Cohort 2

CPFT

Cohort 1

District Nursing

N S E W SH

Acute
Inpat MH

Assertive
Outreach

Liaison
Psych

Rehab
Ward

MH Recov.
Unit

CMHT

Neuro
Unit

Health
Visiting

Recov
Ward

Crisis
Team

MH
Inpatient

MH
Assess
Unit

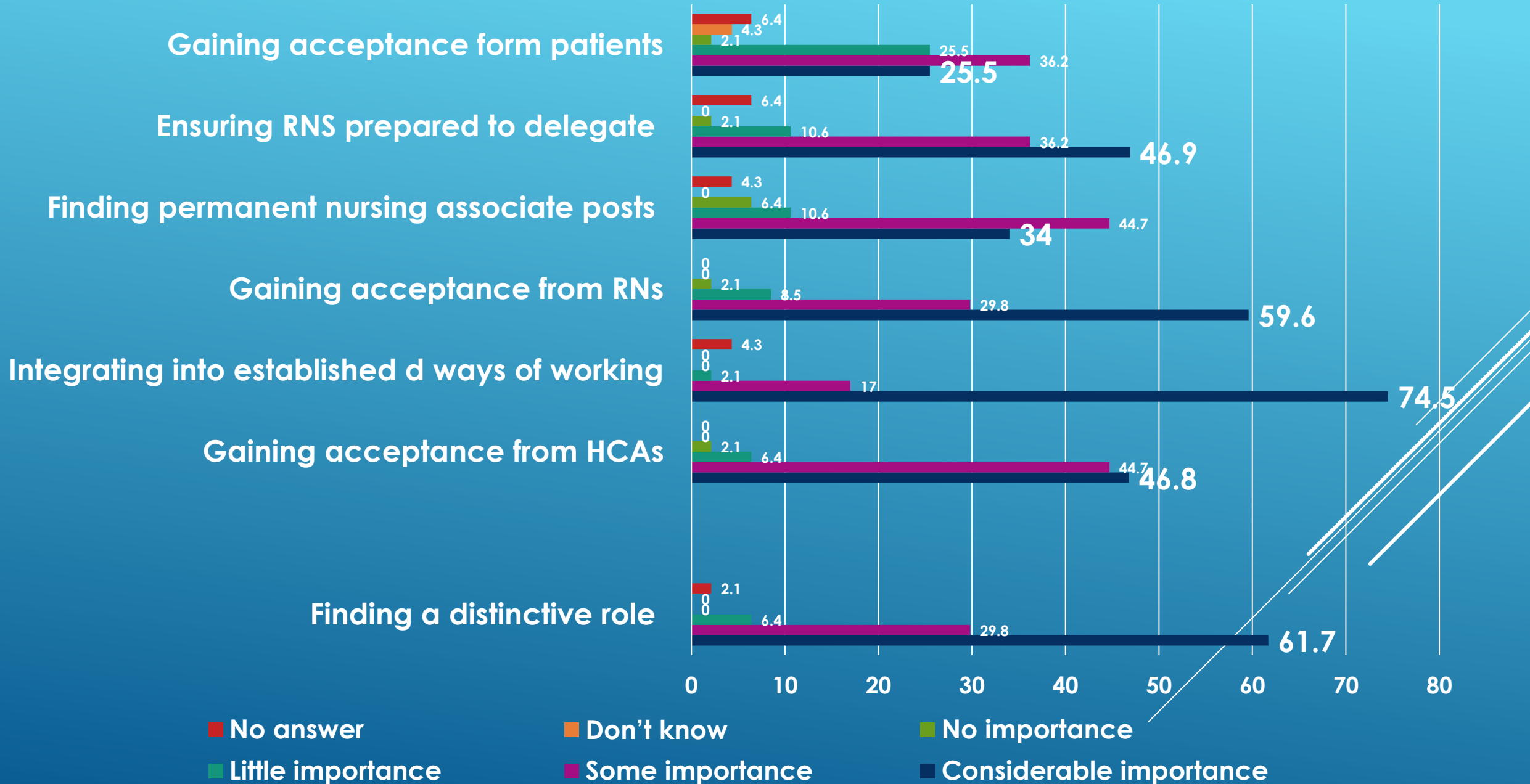
- ▶ **Challenges**

- ▶ **Scope of Practice**

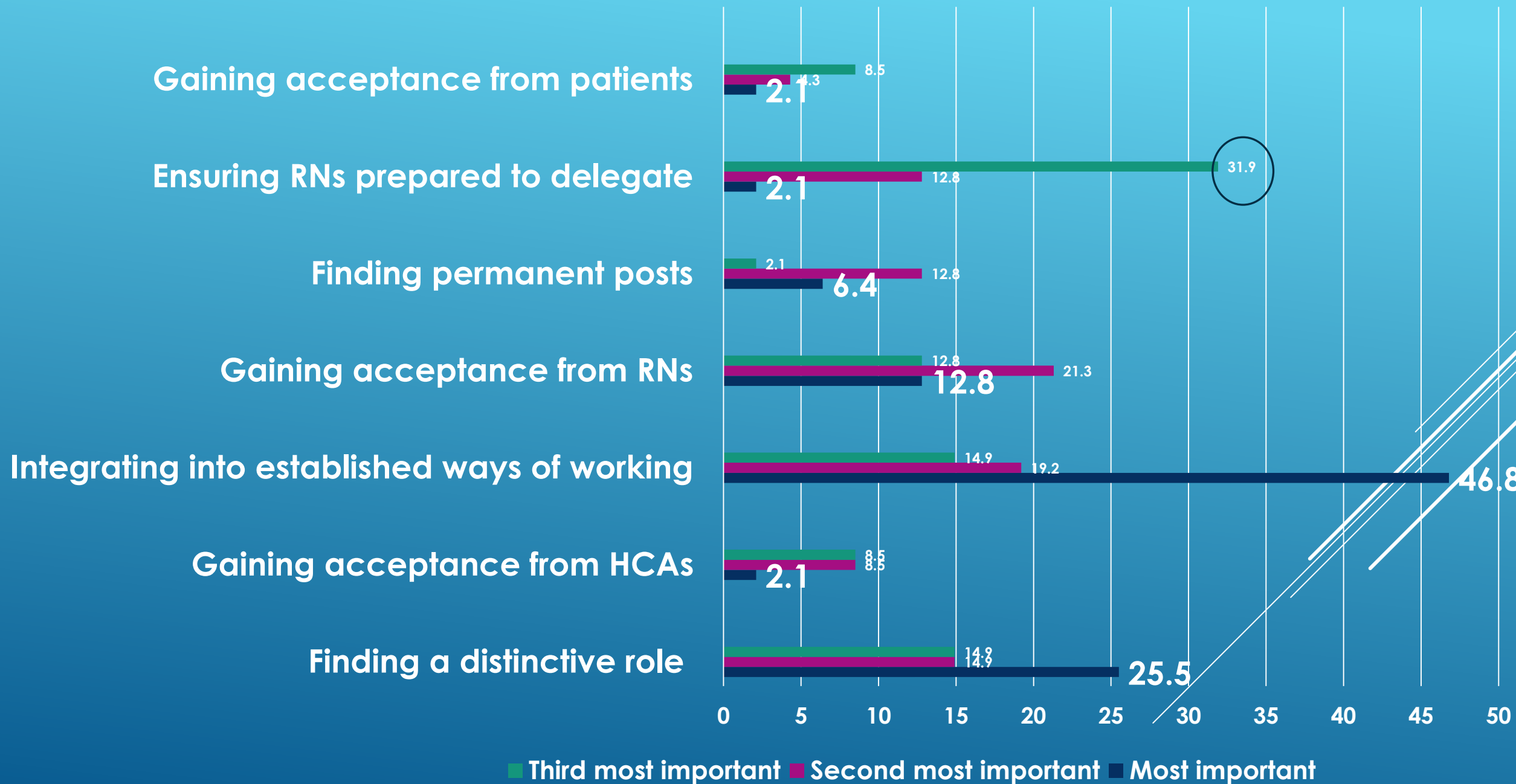
- ▶ **Skills Mix**

DEPLOYMENT

Challenges: Importance (%) (N=47)



Challenges: Most Important



SCOPE OF PRACTICE

1. All three do

2. HCA does

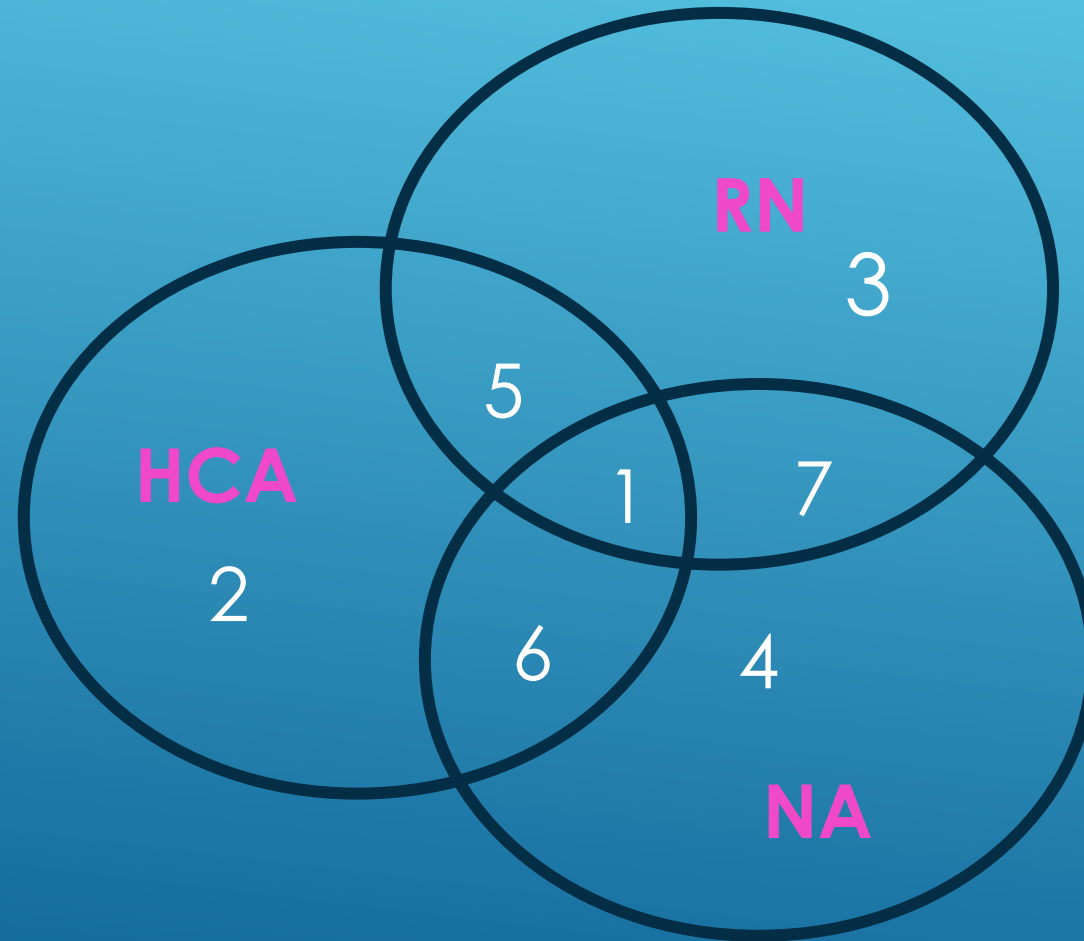
3. RN does

4. NA does

5. RN/HCA

6. HCA/NA

7. RN/NA



What can an NA
do but not an HCA?

What can an RN
do but not an NA?



Table 6: Indicative Activities and the Boundaries of the Nursing Associate Role

	NA but not HCA	Registered Nurse but not NA
District Nursing	<ul style="list-style-type: none"> • First visit/ Initial Assessment (?) • Patient review/monitoring • Complete a wound care assessment • Case load at care homes • Out of hours skin/wound care • Administration of most types of medication • Intramuscular injections 	<ul style="list-style-type: none"> • Syringe Drivers • Complex visits/cases (involving for example end of life/safeguarding issues)
In-patient mental health wards	<ul style="list-style-type: none"> • Clinical discharge summaries • Most medication • Ongoing risk assessment 'on the floor' • Second checker: controlled drugs • ECT team member • Section 17 leave assessment • Patients' named nurse • Sub-cut, inhaler, rectal & IM injections • Increase the frequency of patient observations • Participating in MDTs 	<ul style="list-style-type: none"> • Administer controlled drugs • IVs • Acceptance of section papers • Signing transfer papers • Full clinical assessment • Reducing frequency of patient observations

▶ **PRN MEDICATION**

▶ **SECTION 17 LEAVE**

▶ **NIGHT SHIFT RESPONSIBILITIES**

UNCERTAINTY

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Evolution/Uncertainty

- ▶ The most frequent question I got asked for a long time was, 'can you do that?'
- ▶ I was in the first cohort and it was a case of we'll figure it out as we go along, we'll find how you fit, where you fit in

Soft landing

- ▶ The team that know you and have known you for years and years... it would be very different if it was just somebody that had come in and didn't have lots of previous experience. That's why the role's worked so well because they've taken the people that have worked for the teams and it does make a massive difference.

Registration

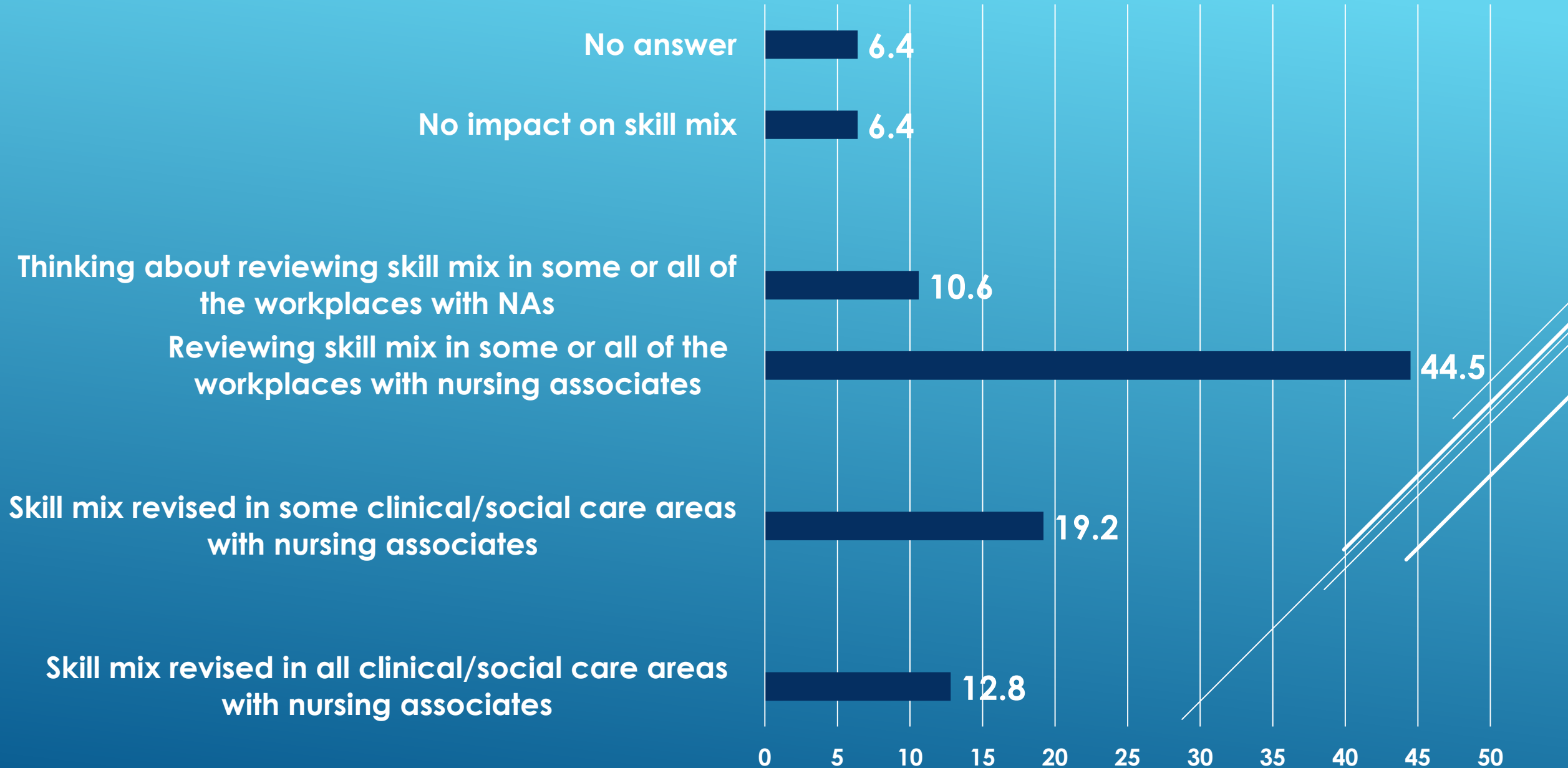
- ▶ Having the registration has definitely improved my practice, I thought I was doing everything I possibly should and could, but actually it's 100 per cent improved it because I have to be more accountable, more aware of the decisions I'm making, I have to actually know why I'm doing it, even something as simple as a prescription chart that is missing one thing; I'm going to get that sorted before I carry on because I'm registered now, so I can't pass the buck; so my practice is so much better now.

Complexity

- ▶ Much depends on the complexity of the patient. If you have a patient that's discharged from an acute hospital, who maybe has a complex wound or some surgery, maybe is end of life care, then **for me**. I would say actually that complex care and would be for a Band 5 to go and assess. But if a patient was discharged from hospital and they've knocked their leg and they've got a wound on their leg that needs looking at, and again first visit, then I would be very happy for a Band 4 nursing associate to go and see them as a first visit because it is about one element of care in one way, and they can do a wound care assessment, they can plan that care

SCOPE: ISSUES

Skill Mix and the Introduction Nursing Associates (%)



Too early

- ▶ The first cohort of Nursing Associates qualified in April 2019 and it is too soon to measure impact on skill mix although this is an integral component of the evaluation process. (survey respondent)

The numbers - the role

- ▶ If I come onto a shift that's very top-heavy in terms of registered members of staff, as the Band 4 member of staff you do get pushed out into the health care assistant numbers; I'm very 'boundaried'; if that's what I'm working as today then there's x, y and z that I'm not going to be doing on this shift, because it's too much; you end up doing two roles.

Establishment

- ▶ The plan is for the Band 2 member of staff to be replaced with a nursing associate. By having three nurses and one nursing associate the team's going to be a lot more flexible in terms of what we can accommodate in the clinic.

Rostering

SKILL MIX: ISSUES

BENEFITS



- ▶ Skills Mix Research
- ▶ Self Selection
- ▶ A Narrative/Naturalistic Approach
- ▶ Diverse Clinical Settings
- ▶ Work in Progress

BENEFIT ISSUES

Stepping stone but.....

Bridging...

Supporting HCAs

The band 3 I've been given struggles with a few things; so it's going through certain assessments that this band three can do, that she's not got the confidence to do and helping her with incident forms.

Freeing-up RNs

They're (NAs) able to free up then that band 5 time, so maybe go and spend half a morning with a complex end of life patient and the Band 4 can obviously go and visit a patient who maybe has a new wound, but complete the whole assessment, and deliver that quality care to free up than Band 5.

I've done lunchtime meds, and the band 6 nurse was able to sit down and spend one-to-one time with the patients, listening to music, and it's like when would you normally get the time to do that, as a band 6 nurse.

Generic

They're providing that systems approach; they're breaking down boundaries in a way, I think, probably beyond what we expected,

You have an established RMN workforce, confident in the field mental health so by bringing NAs who have that breadth knowledge and confidence in working with physical health problems as well.

They (nursing associates) operate in a completely holistic way; they don't separate mental and physical health; they look at a person as a whole being.

OBJECTIVES

Phase 2:

- ▶ Expert Interviews
- ▶ Director Survey

Themes

- ▶ Covid
- ▶ Social Care
- ▶ TNAs
- ▶ External Recruitment
- ▶ NA experiences: Survey?
- ▶ Impact
- ▶ NA as a system resources
- ▶ Nursing working force
- ▶ **Focusing on the nursing associate role in isolation is not helpful...It fails to maximize the contribution the role can make to safety, quality and efficiency...It stifles flexible and creative thinking in terms of deployment. (STP NA Strategy)**

THE FUTURE

THE PROJECT

- ▶ Context
- ▶ Focus
- ▶ Methods

FINDINGS

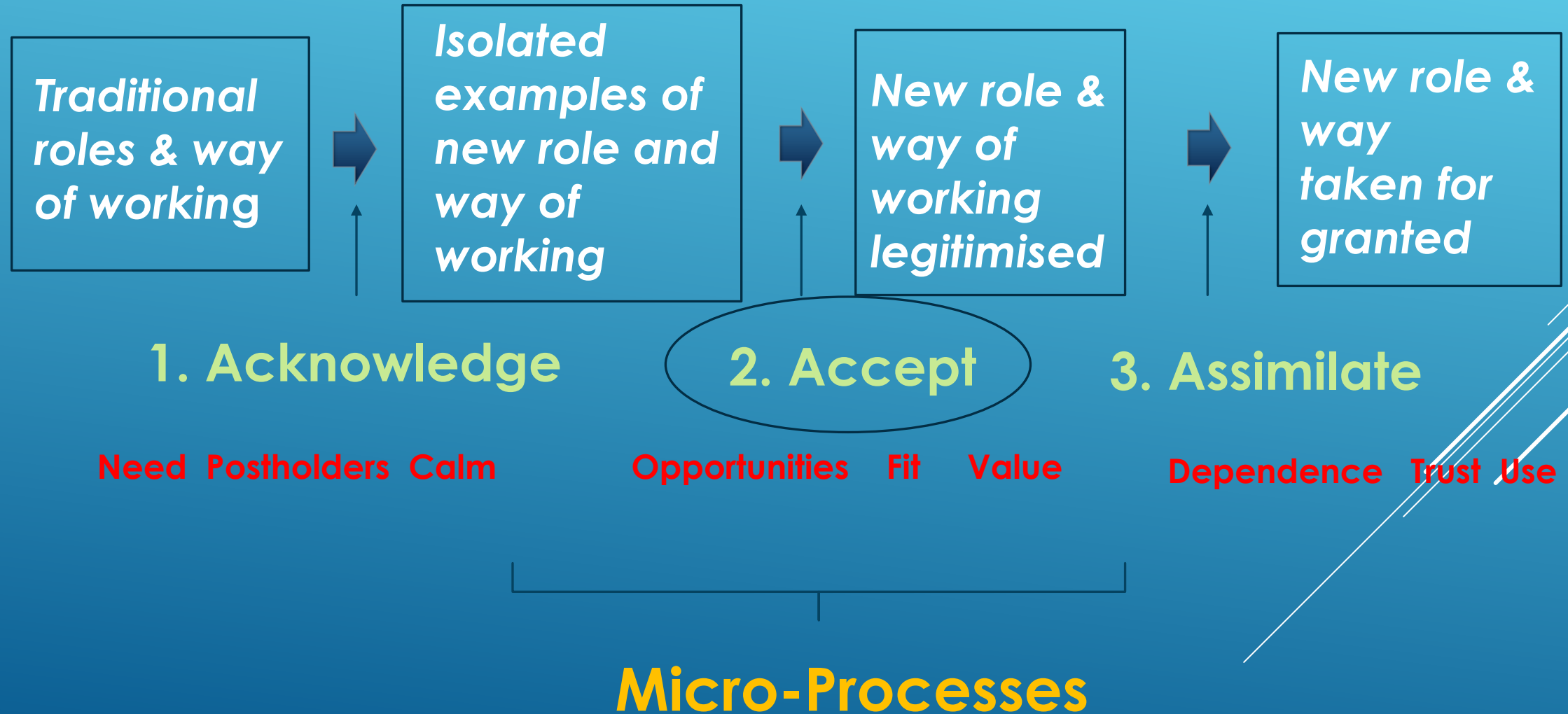
- ▶ Objectives
- ▶ Approach
- ▶ Deployment
- ▶ Benefits

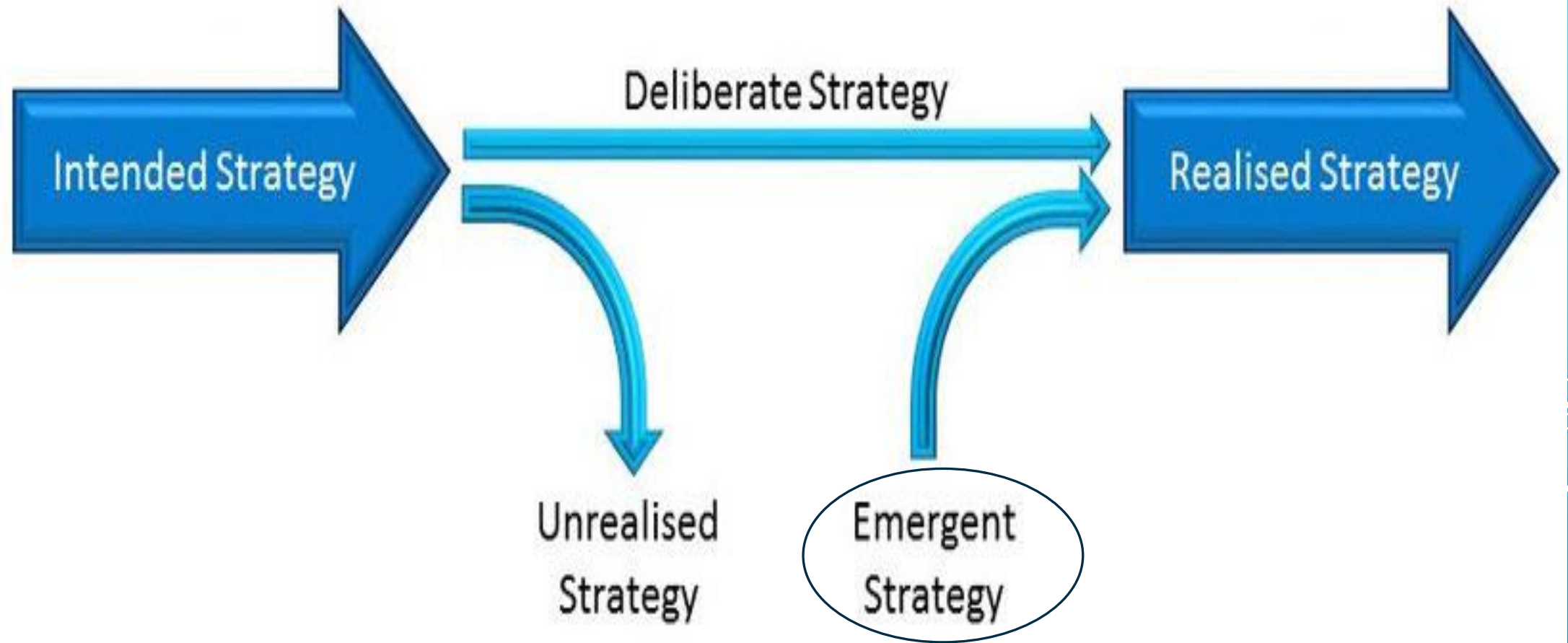
FUTURE

- ▶ Phase 2
- ▶ Themes

SUMMARY

An Institutionalisation Framework





Source: Adapted from Mintzberg & Waters, 1985

Comments and Questions?

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