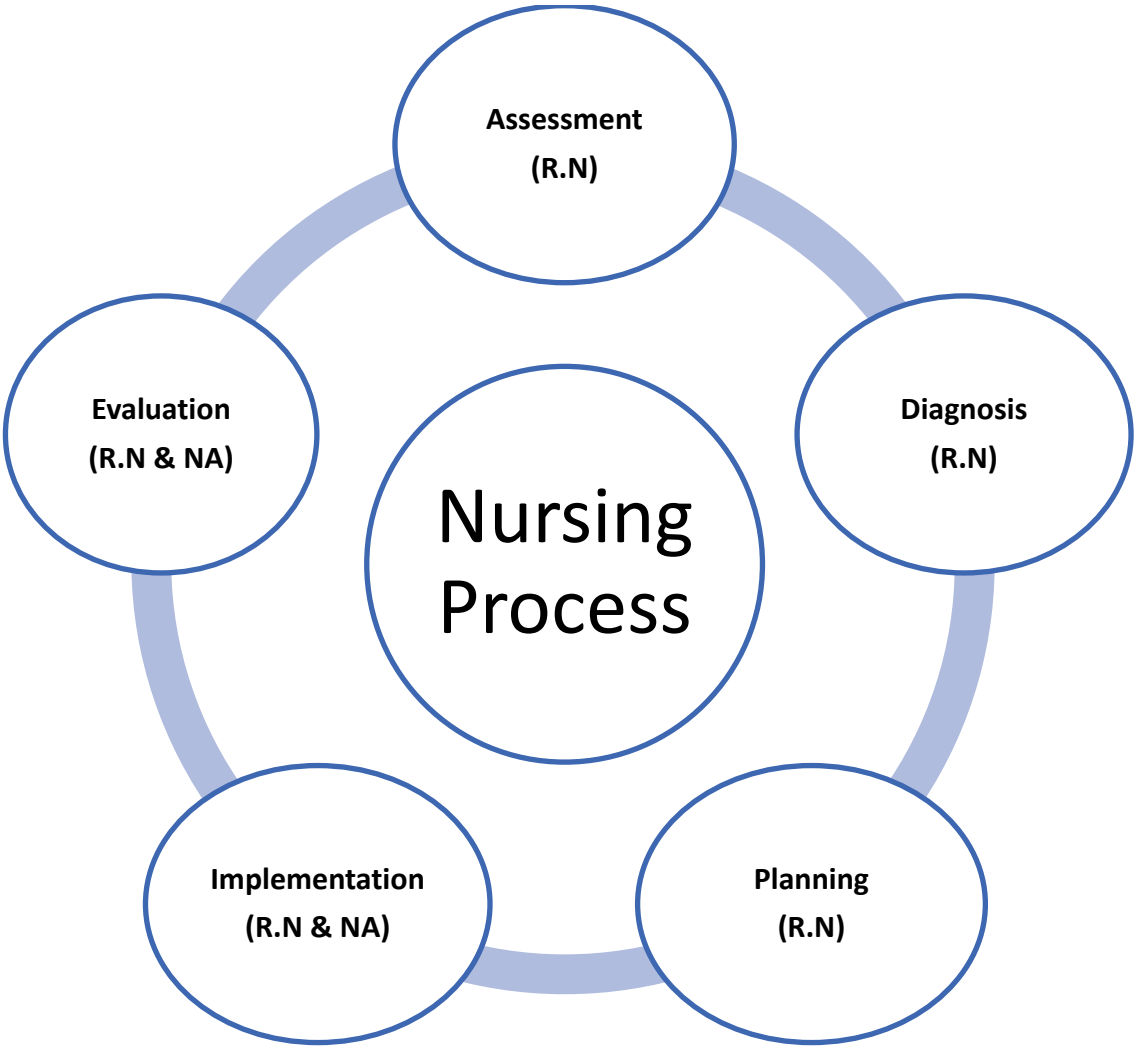
Kent and Medway NHS
NHS and Social Care Partnership Trust

Current & Future Roles of the Nursing Associate in KMPT



H Coburn/Andrew Dickers Feb 2023

Introduction

In January 2017 NHS England, Workforce, training and development, formally known as Health Education England launched the first Nursing Associate (NA) training programme. The development of the Nursing Associate, role followed the publication of the " Shape of Caring review" 2015.

The role of the Nursing Associate was introduced to help build the capacity of the nursing workforce and the delivery of high-quality care while supporting nurses and the wider multidisciplinary teams to focus on more complex clinical duties. The NA deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different health and social care settings.

KMPT's Nursing Associate Journey

KMPT began training their first cohort of TNA's in Dec 17 with the University of Greenwich as part of the fast followers imitative and in a partnership with other South London Trusts. We had a successful programme and nine NA Trainees qualified as Nursing Associates. With any new programme they are subject to change and development as we learn what works well and what doesn't work so well. So components of the programme changed. The Nursing Midwifery Council took on the governance and leadership role in order that Nursing Associates could join the register as recognised members of the nursing workforce. With the loss of the bursary and introduction of the apprenticeship levy the delivery of the training also changed.

In the beginning of 2018 we developed a new collaboration with West Kent Health and Social Care services which we named the West Kent Consortium. This was then partnered with Canterbury and Christchurch university as our education provider. We had our first cohort in December 2018, following with cohorts in September 2019 and September 2020 and we have two cohorts currently running. We qualified a total 17 TNA's in the 2018 to 2020 cohorts, this figure includes two trainee's who completed a year's training to convert from associate practitioner to Nursing Associate. Currently our September 21 cohort has 9 trainees and the September 2022 has 8 trainees.

What are the benefits of having a Nursing Associate in your team?

- Builds capacity of the nursing workforce and supports nurses and the wider multidisciplinary team to focus on more complex clinical duties.
- Provide a wider skill mix within multi-disciplinary teams.
- As the role is generic there is greater emphasis on physical health care delivery.
- Provides development opportunities for clinical staff in bands1-4

- Strengthens the supply of registered nurses through qualified Nursing Associate undertaking further training to become registered nurses.

The Nurse Associate

The Nursing Associate has a generic role, that means they can work in any field of nursing. They have been trained to work across the four fields of nursing and with all age groups from birth to death and have demonstrated that they have met the proficiencies of a Nursing Associate see reference page. Similar to the qualified Nurse, the proficiencies come under an umbrella of platform headings. You will see that the Nursing Associate does **not** have a leadership/management role and it is clearly written that the qualified Nurse assesses, plans and coordinates care.

The Nursing Associate platforms are as follows:

- Being an accountable professional
- Promoting health & Preventing ill health
- Provide and monitor care
- Working in teams
- Improving Safety and quality of care
- Contributing to integrated Care

Along side these platforms are two documents Annex A, which stipulates the communication and relationship management skills of a Nursing Associate. Annex B which stipulates the procedures to be undertaken by a Nursing Associate. Taking this into account it is clear that the Nursing Associate will work closely with the qualified Nurse. As stated the Qualified Nurse will be undertaking the assessment, undertake the care planning and coordinate the care and the Nursing Associate can contribute to this process. The Nursing Associate will be providing and monitoring the care as appropriate so it is important that they work together. The Nursing Associate must have regular supervision by the qualified Nurse and this can be a mixture of direct and indirect supervision as appropriate to their practice.

NMC Registrants

The NMC is clear that as a health and care professional, the Nursing Associate must keep within their scope of practice at all times to ensure they are practising safely, lawfully and effectively. It is understood that it is likely to change over time as their knowledge, skills and experience develops. When they first join the NMC Register,

the Standards of proficiency will be their guide. These set clear expectations of the registrants' knowledge and abilities when they start practising.

As the Nursing Associate progress in their career, they may enter into more specialist practice roles where they no longer use all the Standards of proficiency. Their scope of practice will develop with them and may become narrower in scope. When deciding whether a particular activity falls within the Nursing Associate scope of practice, or when moving into a new scope of practice, the Nursing Associate will need to consider whether the training and support received adequately equips them to perform the activity safely and effectively.

As previously mentioned determining the scope of practice will depend on a variety of factors. They will need to consider whether the activity falls within the general scope of practice of their profession. Their scope of practice may also depend on the limits of their job role, legal restrictions (such as prescribing or protected functions) and whether you would be covered to undertake the activity by your professional indemnity insurance. It may also be helpful for the Nursing Associate to speak to the NMC who may be able to offer further advice in this area.

The Nursing Associate when thinking about their scope of practice, can ask themselves the following:

1. Do I have the skills and knowledge to carry out the activity safely and effectively?
2. Can I complete training or receive other support (such as supervision) that will give me the skills and knowledge needed to carry out the activity safely and effectively?
3. Is the activity restricted by law and, if so, can I legally do it?
4. Does my professional indemnity insurance cover the activity?

The Role of NA in mental health

As discussed earlier there is no definitive way to specify the role of the Nurse Associate in mental health as it is a generic and developing role, but perhaps it is better to look at the proficiencies of the NA and how it fits in with the services we provide and the people we care for. Kmpt cares for patients in hospital and the community and has acute, older persons, community, elderly and specialist services. Thinking about the patients Journey might be a good place to begin on where, when and how we embed the Nursing Associate role to that service. We don't want to "Pidgeon hole" the role with set tasks but can offer some guidance, with the understanding that Managers and the Nursing Associate can develop the role further. It is imperative that the Nursing Associate is fully supported in their role with

regular clinical supervision by the qualified nurse and that work is monitored. Equally the Nursing Associate must communicate regularly with the qualified nurse and report any concerns/issues without delay so consultation and collaborative working is very important. Below are some examples of tasks they can undertake remember the list is not exhaustive.

Interventions (within remit of practice)	**Tasks (within remit of practice)**
Assist with ward admissions e.g.	Gather information for referrals, historical notes etc. Undertake Physical health checks, information rights, safety checks, property checks, support patient to settle into ward, offer guidance and support to patient and relatives.
Support community assessments	Draft Reports, letters, referrals, provide clear verbal, digital or written information and instructions when sharing information, delegating or handing over responsibility for care.
Facilitate Physical health clinics	Arrange health checks; bloods, ecgs, cardiometabolic checks, monitoring compliance and effectiveness of medication. Make referrals to GP, Eye Clinic, diabetic team etc. Provide advice and Physical health Guidance.
Smoking cessation clinics	Undertake assessment, referral to support groups, provide advice particularly medication effects on smoking cessation.
Undertake assessments e.g. falls, nutrition, moving and handling, environmental.	Complete documentation, liaise with registered nurse and RMO. Update any changes. Follow interventions in plan.
Undertake interventions as per care plan.	Update care plans & risk assessments, reporting changes in health, acting on risk in conjunction with registered nurse.
Physiological examination – bloods, ecgs, TPRBP, specimens	Complete and record on Rio, Liaise with registered nurse and RMO with any abnormalities and review and update care plan with registered nurse
Undertake and interpret Neurological observations	Complete Rio, progress notes liaise with team and medical staff.
Provide health promotion advice & lifestyle advice and health monitoring, facilitate health promotion groups.	Liaison and link working with other organisations, agencies, carers
Wound care, skin monitoring	Use of Rating scales, infection control monitoring, patient education, nutritional

	assessment (must), tissue viability interventions.
Assisted feeding,	Portal hygiene care, administration of feed within scope of practice, advice and monitoring. Reporting to RMO and registered nurse any concerns.
Mental state review	Report changes, liaise with registered nurse and RMO, Communicate concerns promptly and accurately. Complete Safeguarding alerts as required.
Contribute to CPA's & handovers	Arrange CPA's, Attend CPA's, handovers. Keep accurate reports.
Medication Administration, monitoring (***The*** Nursing Associate ***can hold the medicine keys purely for the administration of medication the keys should then be returned to the nurse in charge (ward), or locked key cabinet (community).The nurse associate can not be in charge of the ward.***	As per KMPT policies.
Contribute to Clinical audit and research	Data collection, quality improvement, Nice benchmarking, cliq checks, participate in R&D and clinical trials etc
Contribute to Patient transfers	Arrange transport, undertake escorts, liaison with other teams
Escort patients	As defined by care plan
Practice assessor – For TNA's	Practice supervisor students and TNA's
Catheter care – Not insertion	Support service users with personal hygiene, provide information and guidance on catheter care, and importance of good nutrition. Monitor and report.
Assist with discharge planning, discharge activities.	As defined by policy and scope of practice.
Psychosocial interventions – e.g. sleep hygiene, anxiety management techniques, managing mood, managing voices, motivational interviewing etc	As defined by care plan, can carry a caseload (co-worker) as long as there is a defined nurse care co-ordinator who will provide supervision
Support mobility	Assessment, monitoring and review. Assist patients with mobility, use of appropriate aids. Offer guidance and support to patients and relatives. Prevention advice for risk of falls, advice on promoting mobility. Pain assessment.
Support Respiratory care	Offer advice and guidance, medication administration, recording and monitoring, provide education and health promotion to assist breathing.

Support Bladder and bowel care	Assessment of Needs, Patient advice and education, monitoring and reporting.
Support End of life care	Contribute to the Physical and emotional support of the patient and relative. Monitor and assess pain, contribute to making the patient comfortable. Support patient to access spiritual support as required. Support and monitor patients physical health, monitor and provide care of skin to prevent pressure sores or skin damage.
Champion Roles e.g. Infection control, patient safety, dementia groups, clinical audit, moving & handling, link person.	Within scope of practice

Developing the Role of the Nursing Associate.

The NA has an important role within the MDT team they work closely with the registered nurse delivering nursing care interventions, monitoring care and delivering health promotion strategies. The registered nurse will be their supervisor, overseeing their joint work. As different mental health services offer and provide distinct and sometimes unique roles, skills, and practices, it is important that the NA will have the opportunity to be part of these services including specialist practice. As mentioned previously the NA can develop their skills and proficiencies post qualification, undertake new roles which is currently happening nationally as the role is embedded within the NHS. Bearing this in mind, we can consider the following questions to help ascertain if the NA can take on new work.

Would the new work benefit the patient/client, if so how?

Would the new work support the registered nurses in the team, if so how?

Does the new work still retain the supervision arrangements between the registered nurse and the NA?

Will there be some training provided for the NA in order to undertake the new work?

How will the new work be reviewed and when will this happen. The review should cover the effectiveness of the work for the patient and the capability of the NA to practice it. This should be part of the appraisal for the NA and discussed in supervision.

The NA does not undertake leadership roles but can manage the care and treatment of groups of patients under the supervision and direction of the registered nurse.

For example as part of their development and after receiving training the NA could write and develop care plans which must then be signed off by a registered nurse.

References

https://www.hee.nhs.uk/our-work/shape-caring-review

https://www.nmc.org.uk/standards/standards-for-nursing-associates/standards-of-proficiency-for-nursing-associates/

https://www.nmc.org.uk/standards/code/

http://i-connect.kmpt.nhs.uk/document-library/medication-competency-policy/308

http://i-connect.kmpt.nhs.uk/document-library/medical-devices-policy/307

http://i-connect.kmpt.nhs.uk/document-library/medicines-competency-assessment-form-registered-inpatient-staff/564

http://i-connect.kmpt.nhs.uk/document-library/medicines-management-policy/309

http://i-connect.kmpt.nhs.uk/document-library/medicines-policy-appendices/85

http://i-connect.kmpt.nhs.uk/document-library/im-injection-medication-procedure-forms/659

http://i-connect.kmpt.nhs.uk/document-library/intra-muscular-injection-imi-administration-policy/301

http://i-connect.kmpt.nhs.uk/document-library/intra-muscular-injection-imi-administration-standard-operating-procedure/7025

http://i-connect.kmpt.nhs.uk/document-library/infection-prevention-and-control-policy/504

http://i-connect.kmpt.nhs.uk/document-library/chaperone-policy/268

Generic job description Job-Description-B4nursingAssociate