

## **Response to NHSi Consultation on NQB improvement resource for the deployment of Nursing Associates**

(Submitted on 12-12-2018)

The consultation questions and the RCN response follows here:

### **The Nursing Associate Improvement Resource**

**Overall do you think this resource will be helpful in deploying Nurse Associates into the workforce?**

**Overall response:**

Yes

**Recommendations (page 5) To what extent do you agree that these will be useful in deploying Nursing Associates?**

Agree

**Governance (page 14). To what extent do you think the approach described will be helpful in deploying Nursing Associates?**

Agree

**Quality Impact Assessment (QIA) (page 16). To what extent do you agree that this approach is useful?**

Agree

**Professional Judgement (page 18). To what extent do you agree that a cross-checking approach is helpful in staffing deployment decisions?**

Agree

**Measure & Improve (page 21). To what extent do you agree that this approach is helpful in monitoring the impact of Nursing Associates in the workforce?**

Agree

**If you wish to explain your answers above, or if you have any other comments you would like to make on the resource, please use the box below.**

Method for gathering input:

We have asked for feedback on this resource from a representative selection from our membership who are most likely to use the resource, including senior nurses in leadership positions, and from our research alliance partner.

Overall, responses indicated that the resource has the potential to support decision making in redeployment of this new role, although there are areas that need development.

The document offers a high level summary of key things to consider, rather than a guide to operationalise the recommendations. Some respondents stated that they had expected an improvement resource to offer improvement models and links to resources that support implementation.

The snapshots were deemed a useful addition to the document and the identification of NAs being standalone within CHPPD is welcomed.

#### Broad recommendations:

The term 'senior registered professional' is used throughout the document but it is not clear who this refers to. We recommend that this should be made clear within the narrative. Further to this, we seek clarity in the document that the role of Band 5 and Band 6 nurses in the skill mix equation should be made explicit.

Further clarity is needed on the education, training and development of staff in order to implement this guidance. There will be a need for the commissioning and resourcing of education and training; it is unclear where responsibility for such education will lie and what resources are being made available, and by whom, to ensure this process.

#### Specific areas where further assurance is needed:

We are broadly supportive of this guidance, and welcome the changes which have been made following our earlier input. There are a number of areas on which we would like further clarification and assurance before this document become operational.

On the practical application of this resource: we feel that there needs to be more practical tools, models and resources to aid secondary care providers to make informed, evidence-based decisions about how best to deploy nursing associates. In its current form, the guidance is too theoretical, and gives scope for the risk of unsupported decisions being made.

On links to other resources: we ask that proactive steps are taken to ensure that each resource which is referred to in this guidance have been updated to include provision and recommendations for the nursing associate role. There could be a risk that some of these tools have not yet been updated to reflect the new role.

On governance: we recognise the need for regular reviews to this guidance to be made as the new role embeds into the workforce and unforeseen issues require guidance to address. We ask that a programme for proactive review is set out.

On quality impact assessments: we have concerns with the language and the implications this may have for decision making. We ask that 'Trusts' is changed to 'Providers of publically funded services', and that there is a requirement for QIAs to be undertaken with the involvement of senior nurse practitioners.

On the framing of the nursing associate role: we feel that many providers have yet to encounter a TNA, and this may make it challenging for them to conceptualise how the role will add value to the services they require. We ask that the benefits of the role and the opportunities it provides be made more explicit.

On measuring and improving: we note that there is a need to collect baseline data before the deployment of NAs, and gather some experience-based data from those involved.

On professional judgement: we ask that there are further inclusions of tools and resources to support the decision-making when encountering a new role. This could be aided by the development of the case studies section, offering practical steps and experiences about decisions