

# The role of the Nursing Associate – what you need to know

Thank you for joining early. We will start promptly at 1pm

**\*\*This meeting will be recorded\*\***



## Welcome and introductions

Please introduce yourself, your role and where you are from in the chat box

Please feel free to contribute to the discussion throughout – comments, questions or reflections, using chat box or use the raise hand function

Please share useful resources in the chat box

Follow-up questions and reflections  
[clinical@hospiceuk.org](mailto:clinical@hospiceuk.org).



# Network Recording Declaration

During this session presentations will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as 'personal data' under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

- This Data will be stored with password protection on the internet.

Your ongoing participation in this session is assumed to imply your agreement to the use of your data in this way.

# Welcome

Anita Hayes, Head of Clinical Leadership, Hospice UK

Introducing the Chairs:

- Erika Lipscombe, Director of Clinical Services, The Rowans Hospice (Chair of ECLiHP)
- Deborah Heron, HR Director, St Oswald's Hospice (Chair of SHaWL)



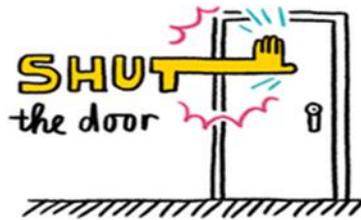
# DO-NOW

Welcome!

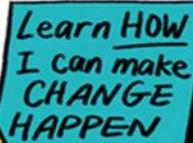
## TODAY'S DO-NOW:

Please begin once you are connected to the audio & video conference.

- 1 REMOVE ONE DISTRACTION FROM YOUR WORKSPACE. YOU MIGHT :



- 2 WRITE A BRIEF STATEMENT of PURPOSE — one intention for today's session. (This will remain private to you.)



- 3 POST it, HANG it, or PLACE it WHERE YOU WILL SEE IT.



# Agenda

Time	Item
12.45	Join us for a prompt start
13.00	<b>Welcome</b> Anita Hayes, Head of Clinical Leadership, Hospice UK <b>Introducing the chairs:</b> Erika Lipscombe, <i>Director of Clinical Services</i> , The Rowans Hospice (Chair of ECLIHP) and Deborah Heron, <i>HR Director</i> , St Oswald's Hospice (Chair of SHaWL)
13.15	<b>Keynote speakers</b> <b>Regulation and Scope of the Nursing Associate Role</b> Sue West, <i>Senior Nursing Education Adviser, Professional Practice Directorate</i> , Nursing and Midwifery Council
13.35	<b>Implementation of the Nursing Associate Role in Practice</b> Michelle Wayt, <i>Assistant Director, Development and Employment</i> , NHS Employers
13.55	<b>Regional Perspective of Supporting Training and Implementation</b> Lyndsay Murden, <i>Nursing and Midwifery Workforce Lead, North East and Yorkshire Health Education England</i>
14.15	Question and answer with keynote speakers
14.45	Break
15.00	<b>Nursing Associates in Action</b> Case studies from colleagues who have implemented the role together with the voice of the nurse associate <ul style="list-style-type: none"><li>• Jenny Gallagher, <i>Clinical Nurse Director</i>, Bolton Hospice</li><li>• Caroline Allen - <i>Director of Patient Services</i> Peace Hospice</li><li>• Jo Sutton, <i>Nursing Associate Lead for Primary Care/Clinical Placement Expansion Programme Project Worker</i>, Devon Training Hub and Dawn Nott, <i>Trainee Nursing Associate</i>, Litchdon Medical Centre</li><li>• Jackie Parkin and Jo McClellan, <i>Nursing Associates</i>, Willen Hospice</li></ul>
16.00	Breakout Room Discussion
16.30	Feedback and Discussion from breakout rooms: Chairs
16.50	Summary
17.00	Close



## Aims

By the end of the event participants will be able to:

- Have a greater understanding of the Nursing Associate Role within hospices
- Understand the national and local perspectives of this role in practice
- Hear from Nursing Associates

# Polls





# Keynote Speakers

Introduced by Erika Lipsombe



# Regulation and scope

Sue West, Senior Nursing Education Adviser,  
Nursing and Midwifery Council





# Implementation

Michelle Wayt, Assistant Director, Development and Employment, NHS Employers

# Introducing Nursing Associates to your Organisation



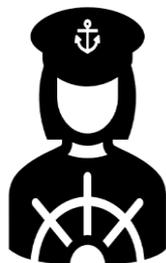
June 2022

Michelle Wayt  
Assistant Director

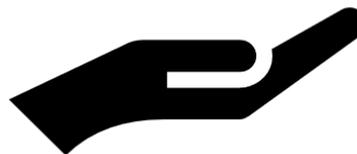
# NHS Employers



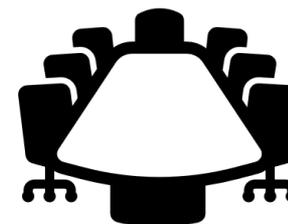
1: Representation



2: Lead



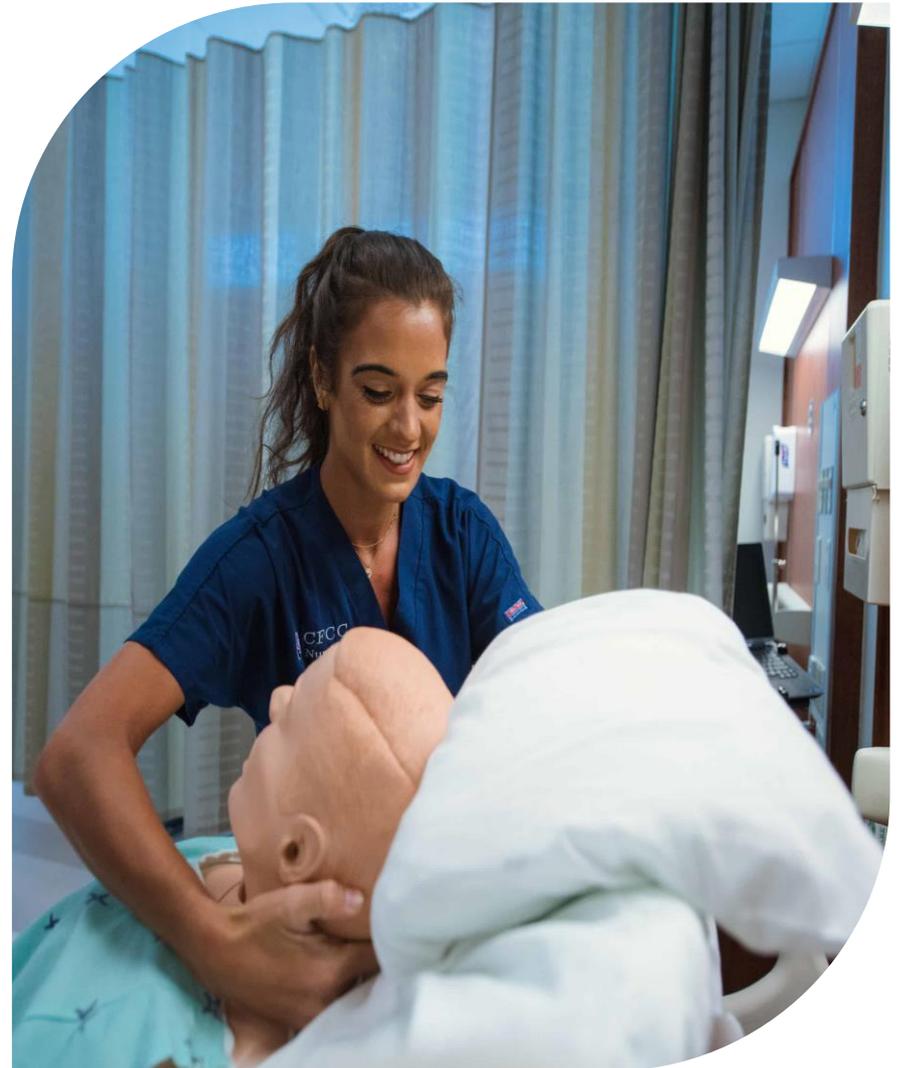
3: Support



4: Connect

# Background

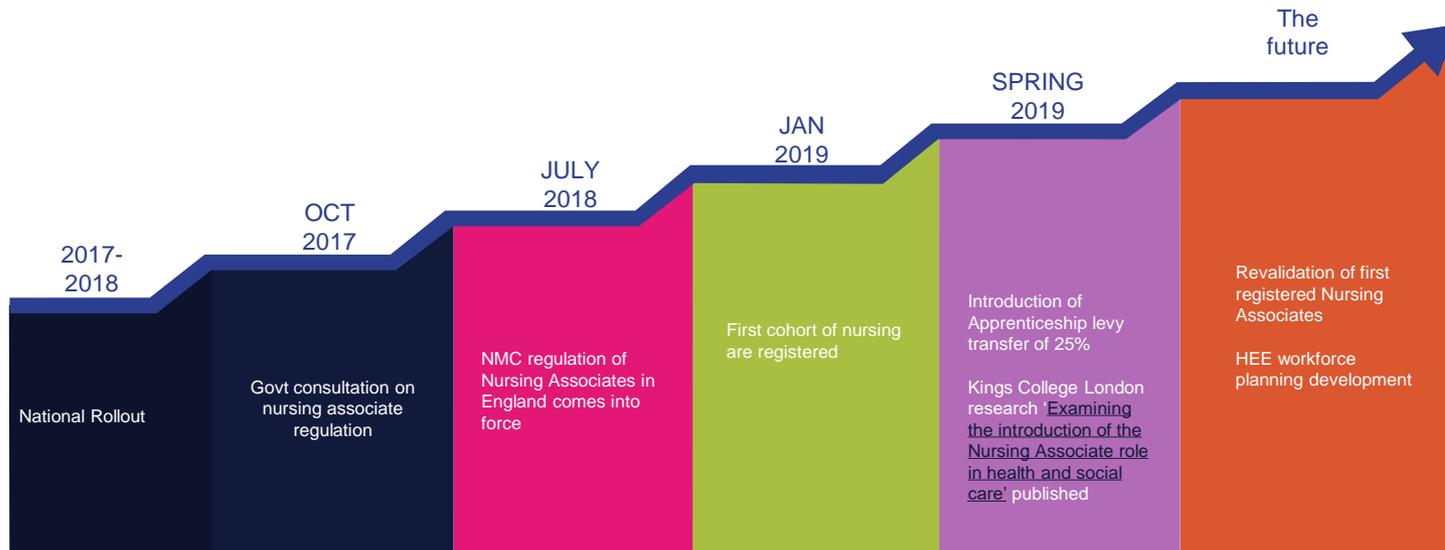
- Compassion in Practice – 6Cs
- Five Year Forward View
- Shape of Caring Review



## Nursing Associate Timeline

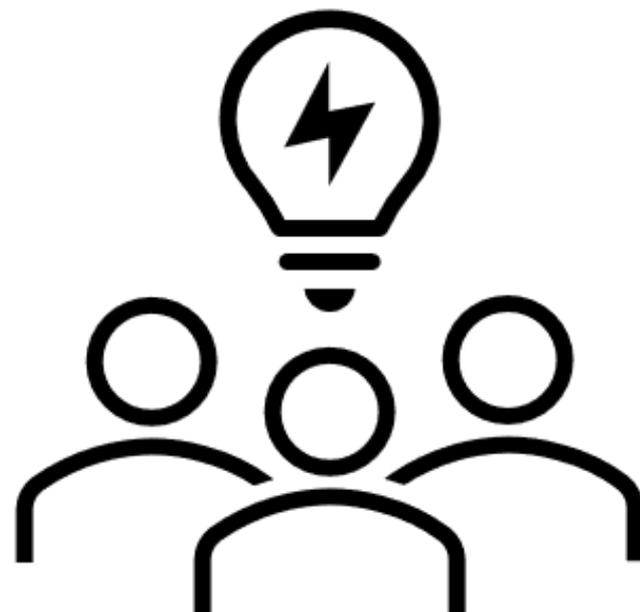


## Nursing Associate Timeline



# NURSING – environmental factors affecting the workforce

- **International & Domestic Policy**
- **Pandemic**
- **Economy and Labour Market**
- **Levelling up**
- **Education Reform**



# Introducing nursing associates into your organisation

- **What opportunities does the introduction of this role present?**
- **Do you have a clear understanding of the need for the role within your organisation and specific settings?**
- **How can workforce planning support?**
- **How do you involve staff in understanding the need and placement of trainee/apprentice/qualified nursing associates?**
- **What is the business case for nursing associates?**
- **What is the cost for training nursing associates?**
- **How do I ensure patients, carers, families and friends understand the role?**

# Challenges/Enablers

- **Acceptance**
- **Awareness**
- **May be seen as a threat**
- **Support**
- **Training v working**
- **Induction**
- **Listen and act**
- **Supervision**

# Summary - Key things to remember

- **Are you experiencing the same workforce challenges?**
- **Are you considering using apprenticeships as part of the solution to workforce supply issues?**
- **Do you see a role for the nursing associate in your future workforce?**
- **Are you considering what you need in the future not just now?**
- **How can you link with local organisations and share learning?**
- **Having a business case which demonstrates return on investment**

“ Being a nursing associate gives me the perfect blend of delivering therapy and care to service users in my supervision. I work in the CAMHS Community Eating Disorder team where I progressed from support worker in 2016, to nursing associate in 2019. As part of my role, I review cases, co-ordinate care for low risk cases, participate in reflective practice and family therapy to deliver support for service users with their families, and work independently with service users on their body image; mindfulness and meal support.

"As I can work independently, my role supports registered nurses by relieving them of low risk cases, allowing them to focus on more complex cases. Being accountable can be reassuring to team members I work alongside as it allows me to contribute more to improving the delivery of care by reducing waiting times for service users." -  
**Lauren Caruana, Registered Nursing Associate**

# Thank you.

## Any Questions?

<https://www.nhsemployers.org/resources?keyword%5B78%5D=78>

# Regional perspective of supporting training and implementation

Lyndsay Murden, Nursing and Midwifery Workforce Lead, North East and Yorkshire Health Education England



# Regional perspective of supporting training and implementation for the Nursing Associate role



**By Lyndsay Murden**  
**Workforce Lead**  
**North East and Yorkshire**

# Where it started

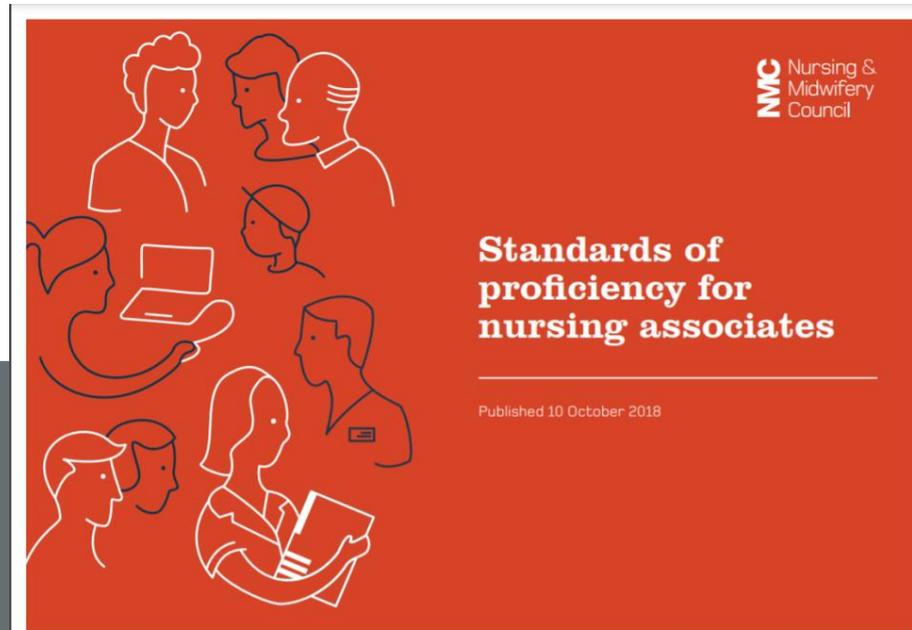
Shape of Caring Review 2015 recommended a bridging role between Health Care Support Workers & Registered Nurses

Health Education England funded a national pilot of 2,000 Nursing Associates across 35 test sites in England started in 2017.

# The Nursing Associate Journey

The 3 ambitions:

1. The role should work alongside nurses across all services and settings and be regulated by the NMC
2. Nursing associates are to be a unique professional role that draws knowledge, skills and competence from all 4 of the fields of nursing practice
3. There should be a clear progression route into the nursing associate role and from nursing associate to registered nurse



## Nursing associate

6 platforms

---

Be an accountable professional

---

Promoting health and preventing ill health

---

Provide and **monitor** care

---

Working in teams

---

Improving safety and quality of care

---

**Contributing to** integrated care

## Registered nurse

7 platforms

---

Be an accountable professional

---

Promoting health and preventing ill health

---

Provide and **evaluate** care

---

**Leading and managing nursing care**  
and working in teams

---

Improving safety and quality of care

---

**Coordinating** care

---

**Assessing needs and planning care**

# The Future







There will now be a short break to grab a cuppa and have a stretch.



## Nurse Associates in action

Case studies from colleagues who have implemented the role together with the voice of the nurse associate.

Introduced by the chairs



# Bolton Hospice

Jenny Gallagher, Clinical Nurse Director, Bolton Hospice





The journey from conception to delivery and  
beyond: challenges and successes  
30<sup>th</sup> May 2022

Jenny Gallagher  
Clinical Nurse Director

# Introduction:

- Challenges to the workforce
- Workforce strategy
- Engagement
- Impact
- Summary

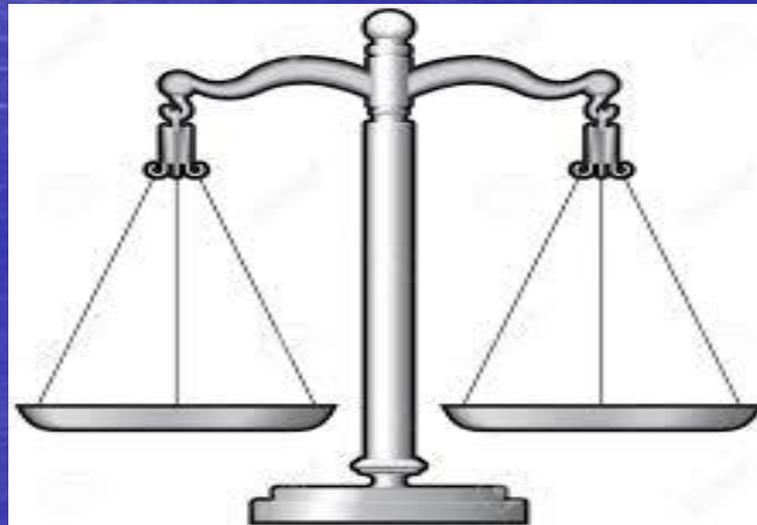
# Workforce Strategy:

## Requirements

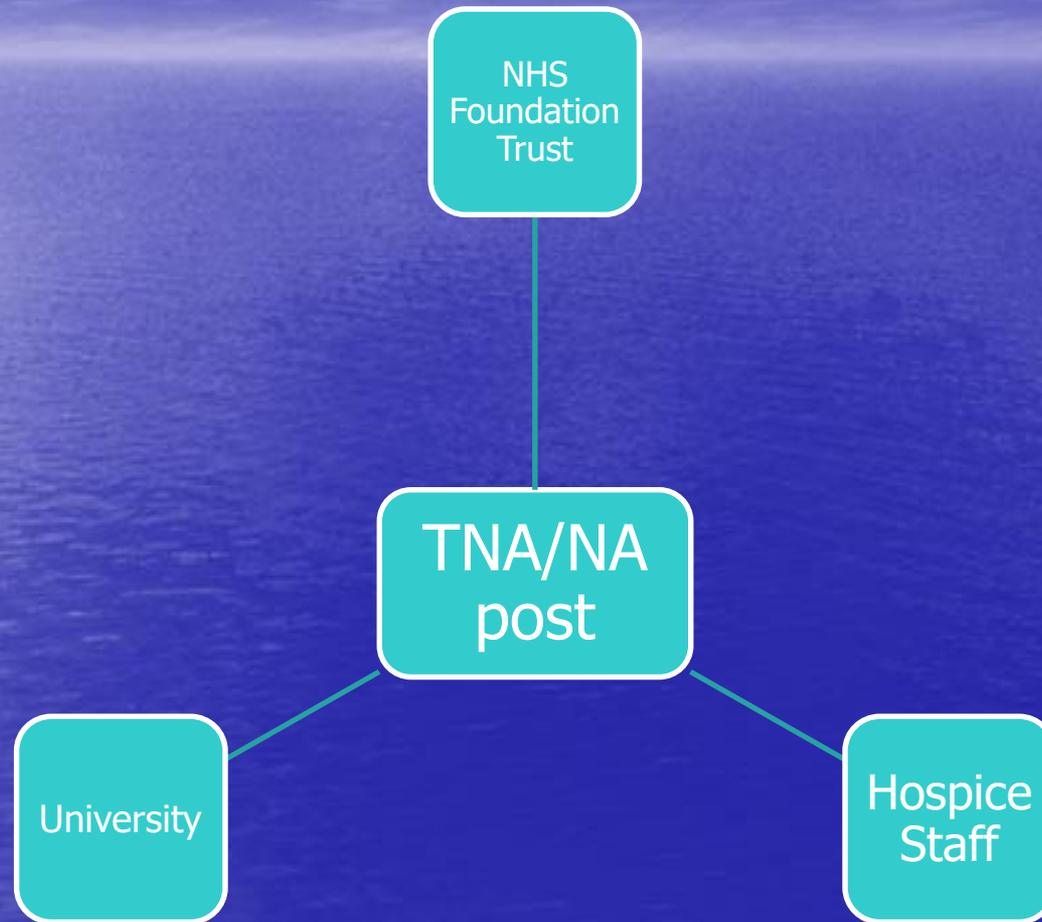
- Replace staff leaving/ retiring and fill existing vacancies
- Meet growing demand for services
- Expand service provision

## Supplies

- Improve retention/recruitment
- Demand reduction strategies
- Improve effectiveness and efficiency



# Engagement:



# Impact:

"I feel I am a valued and respected member of the team and I can see clearly how the role of the NA fits into day therapy and Hospice at Home supporting both CSN's and registered staff. I have gained so much knowledge around palliative care." (KA)

"I feel privileged to have a job at Bolton Hospice because I see it as a specialist Nursing Associate role. Gaining new skills, knowledge and continuing to progress on existing skills. I don't feel that there has been any negatives as part of my role at present" (CW)

"I have had so much support and guidance from my peers regarding my transition from Clinical Support Nurse to Registered Nursing Associate and can count on that support going forwards.

I would definitely say that qualifying at the start of the pandemic was extremely challenging as the Hospice had to adapt daily to many different pressures. I felt my TNA training really did help me with having to adapt almost daily and most importantly the support of my wonderful colleagues. " (CS)

# In Summary :

- Partnership working
- Adopting new and flexible approaches to hospice service delivery
- Staff wellbeing and resilience
- Investing in staff.

Thank you for listening





# Peace Hospicecare

Caroline Allen - Peace Hospice



# Nursing Associate: Peace Hospice Care Experience

Caroline Allen  
Director of Patient Services  
9<sup>th</sup> June 2022

# Role Summary



- The nursing associate is a new regulated role introduced into health and care workforce in England only from January 2019
- It is a generic role (not defined by a field of nursing ) but within the discipline of nursing
- Nursing associates are intended to bridge a gap between health care assistants ,and registered nurses
- Nursing associates are members of the nursing team ,who have gained a foundation degree involving 2 years of higher education
- They are not registered nurses in the UK nursing is a graduate entry profession requiring a degree

## Peace Hospice Care Experience

- PHC non levy payers so funding supported as part of Acute trust allocation
- 2 HCA's supported to undertake NA training so far
- IPU skill mix review of SN and HCA roles have led to increase in NA posts in IPU
- 2<sup>nd</sup> NA Qualified June 21. Immediately started RGN training

- Nursing Associate Competency Framework in place with regular review

## Highlights .....

- Positive evaluation – including a pre and post appointment feedback survey of RGN/ HCA staff and the NA
- Allocated individual patients as part of the shift management - undertaking CD administration with another RGN as witness
- Evidence that post releases time to care for the RGN's on the shift
- Greater confidence and delegation of duties of what the role can offer, from the wider qualified nursing, medical and management team
- 2<sup>ND</sup> NA post advertised as part of IPU skill mix restructure
- Greater opportunities for PHC clinical staff with a clearer career structure

## Challenges....

- Backfilling for the 4 week placement's – more difficult for the IPU HCA
- Reciprocal arrangement to have other trainee NA but these are supernummary
- Other PHC HCA do not to fulfil the academic criteria to access the course. Some disgruntlement
- On going funding of training
- To appoint already trained NA
- NA is unable to be the second in charge RGN
- As the post gains greater recognition will hospice care be attractive for the NA recruits ??
- Need to consider how to support NA's who wish to undertake further training to be an RGN

## Next Steps.....

- 2<sup>nd</sup> NA post added to IPU establishment
- Plan to have continuous programme to train NA's
- Consideration to introduce role into the community setting

# Nursing Associates in Primary Care

Jo Sutton, Nursing Associate Lead for Primary Care/Clinical Placement Expansion Programme Project Worker, Devon Training Hub

Dawn Nott, Trainee Nursing Associate, Litchdon Medical Centre



# Nursing Associates in Primary Care

Jo Sutton

Nursing Associate Lead for Primary Care/  
Clinical Placement Expansion Project Worker ,  
Devon Training Hub

Dawn Nott

Trainee Nursing Associate ( nearly finished! )  
Litchdon Medical Centre ,Devon

# Overview

- Why Primary Care
- Development within Devon
  - Benefits and challenges
  - The real life experience
    - The future

# Why Primary Care at a Hospice Webinar?

- Primary care is made up of many 'independent' providers
- The nursing associate role and Trainee nursing associate role is newer to us
- Work very differently to secondary care - workforce development/ L and D departments, Practice Education facilitator teams , infrastructure in place to support the development of this role.

# Benefit of role to both sectors

The NA role was designed to:

- Free registered nurses time so they can deliver more complex care
  - Provide a progression route into graduate nursing
- Create a career development and progression pathway for support staff

# Development of role in Primary Care in Devon

- Individual decision by practices to put forward and support existing staff member through programme (2019)
- Incentives from HEE
- ARRS – Additional Roles Reimbursement Scheme ( NA/TNA from October 2020)
- HEE support to appoint lead roles for Primary Care ( Training Hubs)

# Moving in a positive direction

- 11 qualified Nursing Associates , 1 on top up
- 11 in training
- Increasing interest in role
- Network established for NA/TNAs
- Bridging module



# Primary Care NA



- Immunisations
- Long term condition reviews
- Administration of medications
- Cervical screening
- Learning disability/Mental Health reviews
- Wound care

# Challenges



- Entry criteria
- Placements
- Support/preceptorship
- Role ambiguity -  
Understanding of the  
role and how it fits into  
current structure
- Scope of practice

# What's it really like Dawn ?!

- Why did you decide to undertake TNA programme?
- What have been some of the challenges?
- What have been some of the highlights?
- Do you think differently to when you started ?



# The future

‘Embedding the role into the clinical setting requires a comprehensive understanding of the scope of practice and benefits to the nursing workforce’

Cox (2021)

Place-based partnerships of health and social care employers, providing mutual guidance and support, continued to be important in the developing of the NA role

Kessler et al (2021)

# Summary

- Huge potential for the role in both sectors
- Early days but positive benefits already being seen
  - Need to embrace and embed the role
    - We need to work together



# References

Cox S (2021) Using workforce transformation to embed the nursing associate role. *Nursing Times*; 117: 9, 32-34.

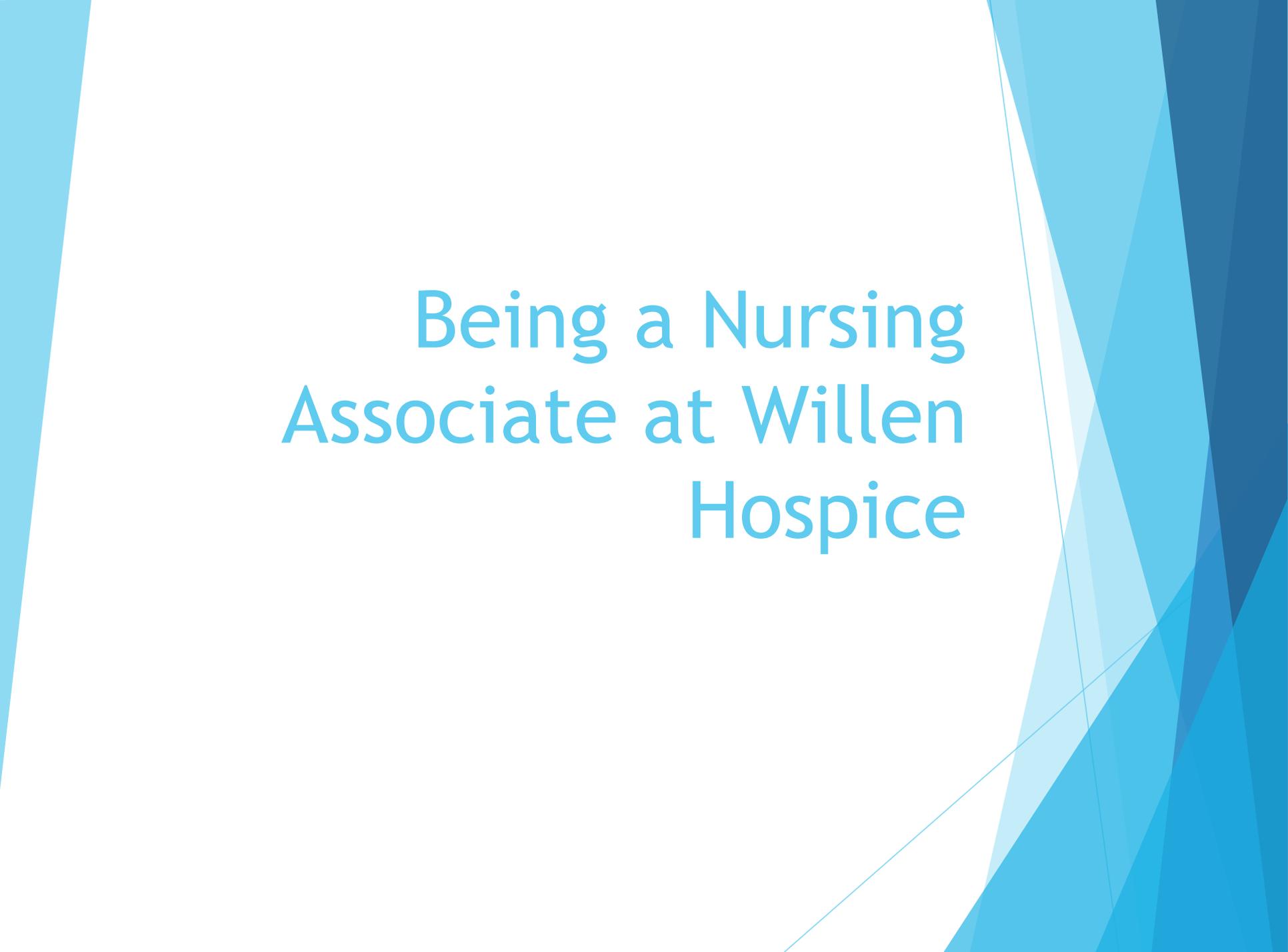
Kessler, I., Harris, J., Manthorpe, J., Moriarty, J., & Steils, N. (2021). *The Introduction and Development of the Nursing Associate Role: Policymaker and Practitioner Perspectives*. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London.

<https://doi.org/10.18742/pub01-059>

# Nursing Associates at Willen Hospice

Jackie Parkin and Jo McClellan Nursing Associates,  
Willen Hospice



The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a modern, layered effect. The text is centered in the white space between these shapes.

# Being a Nursing Associate at Willen Hospice

# At the beginning

- ▶ Jo's experience

Role not needed

- ▶ Jackie's experience

Treated like a HCA

# Starting at Willen

- ▶ First come Jo
- ▶ Then come Jackie

## What Willen thought.....

- ▶ “We weren’t really told much about your role”, HCA
- ▶ “We didn’t really know what you could and couldn’t do”, RN
- ▶ “We didn’t want you to think we were treating you like a HCA”, HCA
- ▶ “We didn’t want to ask you to do something you should be doing”, RN

How it has all  
changed....

## What Willen thinks now....

- ▶ “We feel your role is more defined now and you look more confident”, HCA
- ▶ “We know where your limits are”, RN
- ▶ “We know where you fit into the team”, HCA
- ▶ “We know that you can go off and do what you are needed to do and you will do it well”, RN
- ▶ “We know that we can come to you for help and guidance”, HCA

# Jo and Jackie

## 9 months later

- ▶ Better understanding of role
- ▶ Confident with position
- ▶ More confident with medications
- ▶ More knowledge of palliative care
- ▶ More confidence to aid HCA
- ▶ Better communication with patient and their families
- ▶ Want to learn more

## 5 months later

- ▶ Passionate about the NA role
- ▶ More confident to support the RN
- ▶ Settled into NA role at the hospice

# Where the NA role goes from here.....

- ▶ More NA's on hospice's and anywhere else in the healthcare
- ▶ Room for developing the role to fit its surroundings
- ▶ Clear understandings of limitations with the NA role
- ▶ More education within the NA role
- ▶ More HCA's progressing to the NA role
- ▶ Progressing from NA to RN



## Breakout discussion

30 minute discussion to include:

Looking at the themes and topics presented today please share:

- What are your challenges ?
- What more do we need ?

Remember:

- Make a note of the room you are in
- Appoint a scribe
- Add your feedback to the main chat box



# Feedback from discussion

Facilitated by the chairs





# Summary and close

Deborah Heron, HR Director, St Oswald's Hospice





# Evaluation survey

<https://www.surveymonkey.co.uk/r/Nafeedbacksurvey>





hospice<sup>UK</sup>

Thank you