

# New Roles in Mental Health Nursing Associate Task & Finish Group

Supporting the mental health workstream



Final Report  
March 2019

Developing people  
for health and  
healthcare

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# Nursing Associate New Roles Task & Finish Group Final Report

## Summary from the Nursing Associate New Roles Task & Finish Group

### Introduction

This report has been completed by the Nursing Associate Task and Finish Group for it to be presented at the HEE Mental Health New Roles Programme Board on the 27th March 2019.

This report draws on the discussions, debate and conclusions drawn following the HEE Transformational Workshop and the Mental Health Providers Nursing Associate Workshop that took place in January 2019. The focus was to engage with nurse directors to identify any trusts that are introducing the role into priority areas so quality impact assessments and learning can be shared and provide guidance to those who are yet to deploy Nursing Associates.

As a result of sharing the good practice, discussions and recommendations from the Mental Health Providers Nursing Associate Workshop, it is hoped that it will provoke wider debate, dissemination and provide the architecture for other mental health organisations to embrace this new role.

### The Key Recommendations

The plan sets out a clear case for Nursing Associates to be deployed in a variety of areas across mental health settings, whilst making some key recommendations and proposed next steps.

The role of a Nursing Associate could improve services in a range of settings across mental health by increasing the capacity and capability of services to deliver quality care.

There is a need to:

- arrange more roadshows across the country with HEE to raise the understanding around the role.
- provide backfill money to incentivise Trusts and help bring people into a harder to recruit to specialty
- continue to share/showcase innovative practice.
- assess the return on investment (ROI) using the accumulated body of evidence.
- continue to support and promoting the role of Nursing Associate as a role in itself as well as part of a potential career pathway.
- gain a better understanding of the FE and provider landscape (training) looks like across the country.
- anecdotal evidence was around Nursing Associates not going on the NMC register as entering nurse training. The benefits for dual registration as a mental health nurse needs to be looked at.
- expand the 'Repair legacy work' so it focuses more on the issues in mental health.
- NHSE/I to work with pharmacy colleagues to see what Nursing Associates can administer under a PDG.

### Measuring Success

Ultimately, success of the Nursing Associate in mental health services is around:

- Positively and proactively promoted and seen as a role in itself and well as part of a route into other roles/career progression.
- The numbers and career pathway of Nursing Associates is monitored and understood.
- There are effective resources to support, innovative and quality approaches to recruitment, implementation and retention of Nursing Associates at organisation and system level.

## Nursing Associate Task & Finish Group

# Nursing Associate New Roles Task & Finish Group Final Report

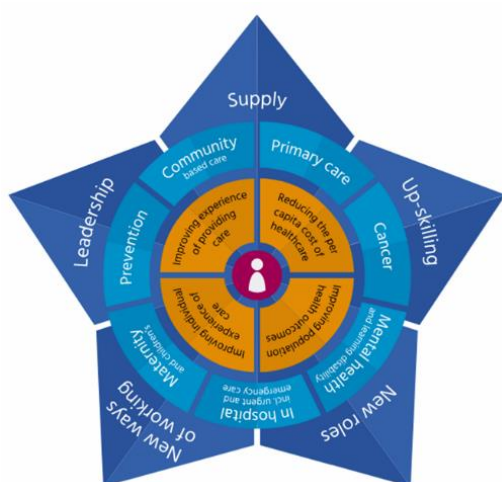
## A specific group for the mental health workstream

### 1. Kick Start Workshop

A Nursing Associate 'Kick start' workshop using the HEE Star methodology was held in October 2018 for the Nursing Associate task and finish group, to support a coherent approach across the eight groups identified.

#### 1a. Key Projects Identified.

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations.



The HEE Star has two functions;

1. Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions
2. Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The purpose of the Nursing Associate task and finish group was to determine the list of projects under each of the named enablers of transformation, which resulted in a list of 18 possible projects for integration across all aspects of MH Nursing and CYP Nursing. To avoid any duplication, discussions took place with Nursing colleagues across NHS I, HEE and NHS Employers, to exclude any proposed projects where work had already commenced.

#### 1b. Membership

The group invitation was to Are we clear enough that this is specific group for the MH workstream which included senior Nursing expertise (Directors of Nursing, RCN) and in some cases experience of implementing Nursing Associates. It also included Education Facilitators that have experience of placing and supporting Nursing Associates. Membership also included trainee Nursing Associate, staff representation (UNISON), and a HEE Head of Workforce Transformation. There is user involvement in the group from a Nursing Associate perspective. There is also user involvement (of mental health services) in the group in the form of Lived Experience Connectors.

Discussions were primarily focused on understanding, promoting and further establishing the role. A number of projects were identified by the group. Going forward and to help support and provide the architecture for other mental health organisations to embrace this new role, the Chair of the group, decided to hold a Mental Health Providers Nursing Associate Workshop in partnership with The National Mental Health Nurse Directors Forum where all of the Mental Health Trusts from across the country would be invited to share good practice and attain agreement around some of the key issues that had been raised. Issues raised included risk assessments, quality impact assessments within Trusts and where to deploy Nursing Associates within mental health and learning disability services. The aim was to consider not only which settings would be safe for Nursing Associates to work but also where they would add most value to the skill mix.

A number of key areas that need to be addressed for the role to be even more successful were identified and it was agreed that they would be discussed within the group discussions planned at the workshop:

# Nursing Associate New Roles Task & Finish Group Final Report

- The need for protected learning time (PLT). Currently, this is variable across the country and PLT is vital to effective learning and development.
- Good practice regarding implementation, recruitment and retention.
- Although the role is already being implemented, work will need to be done to support Nursing Associates during their training, as the amount of exposure is variable and eventual deployment in mental health settings.
- There is a need to look at implementing Nursing Associates across a system to utilise this workforce effectively, widen learning experience, post qualification learning, career progression and support likelihood of retention.

Ultimately, it was agreed that success around implementing the Nursing Associates would look like:

- Is positively and proactively promoted and seen as a role in itself and well as part of a route into other roles / career progression.
- The numbers and career pathway of Nursing Associates is monitored and understood.
- There are effective resources to support innovation and quality approaches to recruitment, implementation and retention of Nursing Associates at both an organisation and system level.
- Regarding work being done that links in to the Nursing Associates T&F Group, the HEE work looking at Apprenticeships and Nursing Associates is relevant.

Finally, it should be noted that there continues to be a lot of work being developed across the Nursing Associates programme of work, that links into the mental health components.

## 2. Context

### 2a. Background on Nursing Associates

A Nursing Associate is a new member of the nursing team who will provide care and support for patients and service users.

This role is being used and regulated in England and it's intended to address a skills gap between health and care assistants and registered nurses.

The Nursing Associate is a stand-alone role that will also provide a progression route into graduate level nursing.

Nursing Associates will be trained to work with people of all ages and in a variety of settings in health and social care. It's intended that the role will enable registered nurses to focus on more complex clinical duties.

### 2b. Context across Nursing Associate Test Sites

- First 2000 Nursing Associates due to qualify in 2019 (Jan & Apr).
- Ambitious expansion plans will see 5000 more Nursing Associates trained through the apprenticeship route in 2018 and 7500 in 2019.
- 8,000 applicants for 2,000 places showed there was considerable interest in the trainee Nursing Associates programme
- Most trainee Nursing Associates came from a background of working in a hospital setting (68%), reflecting the most common employers in the test sites. Remaining applicants came from a community (14%) or mental health (12%) background.
- Nursing Associate role is a progression opportunity for existing HCSWs (88% of successful applicants).
- Retention rates were 90% for the first cohort and 93% for the second cohort of trainees. As the programme has moved on, its currently at around 16% attrition
- Scope and purpose of the role is still evolving.
- Common challenges for trainee Nursing Associates include colleague's acceptance and understanding of the role and limited protected learning time.
- Training NAs have a HEE National Curriculum Framework and NMC standards of proficiency
- Self-funding courses are starting to emerge, however, at the moment route is predominantly through the apprenticeship route.

# Nursing Associate New Roles Task & Finish Group Final Report

The Nursing Associate role is currently being implemented in phases. It directly or indirectly affects:

- People who access services and their families
- Clinical staff, especially registered nurses and those roles with a perceived similarity (e.g. assistant practitioners)
- Professional bodies, especially Nursing
- Providers of education – especially those that deliver apprenticeships

Across London the Cavendish Square Group: Nursing Associates are one of the 2018/19 priorities set by the 10 Mental Health Trusts. A Mental Health Nursing Associate London Implementation Lead (8a) has been recruited to project manage the work. (The role is hosted by the Tavistock and Portman but they will be predominately based at HEE).

## 3. Considerations for any new role identified or for a role that is new to Mental Health settings

The Nursing Associate role is unique and a new role as defined by the HEE STAR. There have been cohorts/waves of Nursing Associates and therefore there is a body of experience and evidence for further case studies, analysis and promotion to organisations that are thinking of embracing this role. Good practice in the implementation, recruitment and development of Nursing Associates will ensure that the role of Nursing Associates is a career with prospects to enter a range of careers/training.

The role also has the potential to enrich the experience of registered Nursing through working relationships with Nursing Associates, as well as the refocusing of their clinical activity where appropriate.

The role of Nursing Associates could improve services in a range of mental health settings by adding to the skill mix and increasing the capacity and capability of services to deliver quality care.

The first trainees used the HEE National Curriculum Framework and NMC Standards of Proficiency.

## 4. A Mental Health Providers Nursing Associate Workshop

The summary of the workshop has been compiled following written responses received via an online survey throughout January 2019 and views which were reflected following an interactive mental health network workshop that took place on the 31st January 2019.

### 4.a Pre-Workshop Questionnaires

To aid the discussions on the day, questionnaires were sent out to all the Directors of Nursing across 56 mental health providers.

Key questions they were asked to expand on included: [Link](#)

- Current number of Trainee Nursing Associates.
- Projected number of Trainee Nursing Associates to commence in 2019.
- Name 3 services where you envisage Nursing Associate will add value to the workforce.
- Name 3 services where you envisage you will not deploy Nursing Associates.
- Have you completed a quality impact assessment yet prior to employing qualified Nursing Associates?
- Have you created a job description yet for your qualified Nursing Associates?
- What assistance do you and your organisation need to support the deployment of the role?
- Is your organisation deploying Nursing Associates in February 2019?

41 people attend including Directors of Nursing from MH Trusts or their representative all contributed to the discussion and debate on the day.

### 4b. Focus of the day

The Senior Nurse Manager: Transformation for HEE opened the day. The focus of the workshop was around these main questions:



# Nursing Associate New Roles Task & Finish Group Final Report

1. Risk assessments and quality impact assessments within Trusts.
2. Implementing Nursing Associates: NHS Employers guidance with specific ideas for mental health and learning disability.
3. Nursing Associates not being branched
4. In which teams Nursing Associates are likely to add most value

## 4.c The Nursing and Midwifery Council becoming the legal regulator

As the Nursing and Midwifery Council becoming the legal regulator for Nursing Associates and the register opening on the 28<sup>th</sup> January, it was recognised as an historic moment in time, which had only succeeded because of Trusts and trainees that have driven this agenda forward.

A summary of the key points in relation to the NMC was shared:

- There are set standards of proficiency for Nursing Associates - Nursing Associates must meet these standards to join and remain on the NMC register.
- There are set standards for pre-registration Nursing Associate programmes – The NMC approve and monitor programmes against these standards
- The NMC can begin accepting people onto the register to enable them to practice as Nursing Associates in England.
- The NMC can investigate concerns about a registered Nursing Associate's conduct or practice and take action, if needed, to improve care and keep the public safe.

A National update was also given around the CQC, NHSI, Safe Staffing and the NHS employers pack. It was now recognised that it was time to develop a national practice assessment document for Nursing Associates, now the Nursing one has moved on, so help was needed to get this work going.

Work with NHSE NHSI pharmacy colleagues to see what they can administer under a PDG as this couldn't be explored before as the role wasn't regulated but now secondary and case of need sorted. Anecdotal evidence was around Nursing Associates not joining the NMC register as going into nurse training. The benefits for dual registration needed to be looked at. Apprenticeships: 1st pilots coming to end during February.

## 4.d Results of Questionnaires to Directors of Nursing in Mental Health Providers

23 responses were received before the meeting. Overall the Mental Health Providers were extremely positive towards the Nursing Associates working in mental health settings, whilst recognising they may not add value in every setting where MH care is provided.

Everyone at the workshop clearly valued the feedback from the questionnaire and being involved in the decision making on the future direction of the Nursing Associate workforce, across mental health settings. Many of the examples shared are already taking place on the ground in practice, being led by those organisations and individuals that understand our future challenges in mental health services first hand and have driven this agenda forward.

## 4.e Our role and support for Nursing Associate programmes

### Robyn Swain NHS employers

The Employer guide to Nursing Associates was launched and shared at the event. This guide does provide an opportunity to grow and diversify the current Nursing Associates in training. It was also acknowledging that it will enhance not only compassionate care and public confidence; safety was recognised at the heart of this guide for future employers to support implementation.

# Nursing Associate New Roles Task & Finish Group Final Report

## Employer guide to nursing associates

DOWNLOAD FULL HANDBOOK



Welcome to our employer guide to nursing associates.

This guide has been put together to provide an overview of the new nursing associate role and compiles all information needed for employers to successfully embed the role into their organisation.

Use the navigation bar on the right to look through the different sections. You can also download the whole guide as a pdf, download specific sections and search for a specific topic using the buttons on the right hand side.



### Section 1: Introduction to nursing associates

In this section we describe an overview of the role and there is a one page at-a-glance guide to the role which can be downloaded and printed.

#### MENU

- Home
- Introduction to nursing associates
- Introducing nursing associates into your organisation
- Establishing your nursing associate training programme
- Deployment and employment of qualified

Figure 1: Employers guide to Nursing Associates available at: [www.nhsemployers.org/NursingAssociates](http://www.nhsemployers.org/NursingAssociates)

The guide offers all organisations that are wanting to progress this role the opportunity to dip in and out of the guidance around development, deployment, partnership working with placement providers, developing flexible programmes with HEIs, Manager engagement and innovative models and new approaches:

**Section 1:** Introduction to Nursing Associates: overview of the role, at-a-glance guide.

**Section 2:** Introducing Nursing Associates into your organisation: Introducing trainee NA's, opportunities, potential, workforce planning, staff engagement, placements, business case and patients and the public understanding the role.

**Section 3:** Establishing NA training programme, key strategic and operational steps

**Section 4:** Deployment and employment of qualified Nursing Associates.

How do I build the business case for nursing associates?

How could I deploy qualified nursing associates?

What steps are required for registration and revalidation?

What does a nursing associate qualification contain?

How do I ensure patients and the public understand the role?

How do I support qualified nursing associates when in post?

What are nursing associates trained to do?

Find out what you need to know to introduce and embed the new role in your organisation  
[www.nhsemployers.org/nursingassociates](http://www.nhsemployers.org/nursingassociates)

Figure 2: Find out what you need to know to introduce and embed this new role in your organisation.

## 4.f Exemplar 1: Our Journey Our Vision

Gary Flockhart, Associate Director of Nursing and Therapies shared their experiences at The Cheshire and Wirral Partnership.

Lead Partner: *Cheshire and Wirral Partnership NHS FT.*

Region: *North*

Partnerships: *Education Partners: 1 Employment Partners: 6*

The Partnership provides experience for the trainee Nursing Associate across acute, community and primary care for urban, rural and coastal communities, with a strong emphasis on learning disability and mental health services.

# Nursing Associate New Roles Task & Finish Group Final Report

Trainee Nursing Associates are shared across providers and rotated for bespoke periods to maintain their skills and breadth of knowledge e.g. swap with A&E Nursing Associates for a week to maintain generalist role. This model has not only reduced attrition, through building up a relationship over the 6 months, Nursing Associates do come back to you. Its around establishing that 'umbilical cord'.

There are as many Advanced Clinical Practitioners (ACP) as Nursing Associates:  
8 registered Nursing Associates and 10 in training with 15 ACP nurses and a AHP Consultant currently in post.



## The model

- Develop our trainees to become holistic, compassionate, competent and confident Nursing Associates to deliver a wide range of clinical care and interpersonal skills underpinned by a systematic knowledge base.
- Ensure our trainee Nursing Associates will be able to practice safely and effectively, within their parameters of practice, demonstrating appropriate values and behaviours.
- Support trainee Nursing Associates to be person centred practitioners who experience the whole patient journey, from conception to end of life in mental health, learning disability and physical health services

## Our Partnership Approach

All of our trainee Nursing Associates complete three equal work based learning (WBL) placements each year.

Trainee Nursing Associates spend one day per week in university, three days per week on their WBL placement and one day a week on a spoke placement.

At CWP each trainee is allocated at least:

- One in-hospital mental health placement
- One community mental health or learning disability placement
- Two physical health placements in the community
- One in-hospital physical health placement.

Spoke placements are identified for each WBL placement which allow the TNA to experience the patient journey in addition to developing their knowledge and skills.

## Preparing for deployment

In the beginning we didn't know where they would be going!

Potential substantive roles were identified during the second year and trainees were given final placements in the areas that were identified. During this final placement QIAs were completed to ensure it was a safe setting and that the role would add value to the skill mix.

## **How did we come up with the decision of where the roles should be?**

Considerations regarding CQC, Quality Impact Assessments (QIAs) and supporting clinical services.

We also asked the following questions:

- Where would they add most value?
- Where would they make the biggest difference?
- Where would they be able to use their range of skills and knowledge to deliver person centred care?
- Where were the gaps and opportunities?
- Where they would be safe and add most value

Considerations were also given around skill mix, supervision arrangements, NHSI Safer Staffing guidance, professional judgement which prompted the most discussion, best added value and sustainability.

## **NQB - Safe, sustainable and productive staffing**

An improvement resource for the deployment of Nursing Associates in secondary care [link](#)



# Nursing Associate New Roles Task & Finish Group Final Report

- Adopt a systematic approach using an evidence-informed decision-support tool triangulated with professional judgement and comparison with relevant peers.
- Take staffing decisions in the context of the wider senior registered multi-professional team.
- Consider safer staffing requirements, workforce productivity and financial viability as an integral part of the deployment process.
- Local dashboard to assure stakeholders about safe and sustainable staffing.
- Ensure the organisation is familiar with Nursing and Midwifery Council standards of proficiency and with individual Nursing Associate competencies.
- Appropriate escalation process
- Investigate staffing-related incidents, their impact on staff and patients and ensure action and feedback.
- Develop guidelines to ensure that staff are aware of the rationale for deployment, the role's risks and benefits, and process for escalating concerns.
- Complete a full quality impact assessment before there is any substantial skill-mix change or deployment of a new role.

## CQC Briefing for providers: Nursing Associates

From January 2019, the new role of Nursing Associate will be reflected in every aspect of CQC's regulation:

- When we register a provider, we will consider its understanding of deploying Nursing Associates.
- When we monitor and review provider information returns, we will look at Nursing Associates in workforce deployment.
- On inspection, we will want to see evidence that providers have adopted a systematic approach to deploying Nursing Associates, ensuring that they have considered the risks to the quality and safety of care for people who use services.
- We will take enforcement action where we find issues in relation to regulated activities and breaches of regulations.

## So where are our registered Nursing Associates making a difference now?

Positive benefits have been seen really quickly in the following areas:

- Community mental health teams,
- Community learning disability teams,
- Inpatient organic mental health wards
- Community physical health teams.

Adding value around anxiety and psychosis. A variety of areas were discussed around how a Nursing Associate can add value, meeting the needs of our population and supporting the NHS Long Term Plan. Considerations include: where the **biggest difference is, how Nursing Associates** use their range of skills and knowledge, where were the gaps and opportunities to add most value. Key feedback from ACPs is they want Nursing Associates in their areas of work so they can have more capacity to do the ACP work. Real opportunities such as this were recognised and will help with moving deploying this role forward.

Although not all Nursing Associates want to become nurses, it needs to be built into the workforce modelling that enables organisations to over recruit to allow for Nursing Associates to go into Nursing and still keep Nursing Associates within the mental health clinical settings.

There is a need to reduce any barriers and inspire employers to understand the strong benefits of developing their own model of nurses. Organisations that feature career progression within their workforce plans will benefit by growing their workforce from their local talent pool, which would not only improve job satisfaction, but also greater flexibility when delivering care to their local community.

- Opportunities to improve integrated care.
- Partnership (memorandum of understanding, primary care, apprenticeship gifting to a hospice)
- Developing clear career opportunities in Nursing. Engagement and career development piece of work going forward. Separate per each student NA – connect it, placements etc... *40% conversation into Nursing??? Aspiration not fact.*

# Nursing Associate New Roles Task & Finish Group Final Report

- How they keep their knowledge across the field – physical and mental health needs to be explored.

## 4.g The Process of Deployment for Nursing Associates

### Getting it right in Cambridge and Peterborough NHS Foundation Trust

The Approach they took:

- Positive attitude.
- We embraced the programme from the beginning to upskill to be able to enable staff to undertake the Nursing Associate training and valuing the new role.
- Investing in our staff in order to create a career pathway by continuity and links and support from the Educational leads within the Trust.
- Cambridge and Peterborough Nursing Associate partnership Lead employed within CPFT for pilot cohort.
- Involved staff and Nursing Associate's in feedback for development of policies and procedures and collaboratively developed resources for Nursing Associate's and substantive staff to educate them regarding the role.
- National JDs amended to make them bespoke and area specific to clinical area's
- Medicines management policies updated across the Trust with involvement from staff, Nursing Associate and pharmacy team.
- Nursing Associate's always assigned mentors who are on board with the programme, over and above NMC requirements
- External tutor and staff on wards that were good at maths.
- Big issue with maths and English - Senior management team took it and also failed!
- Over Christmas had some learning sets.

### Partnership working

Key learning was around shared vision with other Trusts and collaborative relations with Universities and Health Education England.

Myth busting, nipping concerns in the bud and working with Unions whilst keeping the Board updated all strengthened the Nursing profession approach.

### Deployment

Seven Nursing Associates are currently working within their Adult and Specialist inpatient wards across assessment, treatment and recovery wards (north and south) and one within the specialist personality disorder unit. Staff have generally returned to work on their original wards, potential positive impact on embedding the role alongside education for the whole team regarding the role.

### Governance

National Quality Boards guidance  
NHS Employees guidance  
CQC guidance  
Developing a Governance framework  
Monitoring

### Next Steps

Securing re-current funding for pipeline, embedding the roles, reviewing skill mix across all of the teams and learning from the lessons learnt.

## 5. Our Vision: Preparing for deployment and Moving Forward

During the second half of the workshop discussions focused on where Trusts would deploy or not deploy Nursing Associates in mental health and Learning Disability settings and the sharing of good practice within existing mental health Trusts.

### 5a. Feedback from the discussion groups that took place across 5 tables.

Primarily focused where to employ Nursing Associates once they have completed their training, qualified and a registered professional. General comments focused on Nursing Associates being:

## Nursing Associate New Roles Task & Finish Group Final Report

- Champions for education and development for the HCSW workforce and patient education.
- Promoters for self-care.
- Supervisors of other trainee Nursing Associates will bring in physical health skills e.g. wound care

### 5b. Deployment

There was strong support in principle across all of the following priority areas

- CAMHS and Transition
- Early Intervention (EI)
- Crisis Teams
- Home Treatment Teams
- Crisis Centres
- Perinatal Services: Community and inpatient.
- Learning Disability, Long Term Conditions, Cognitive Impairment and Prisons & Offender Health also offered lots of scope and potential for the NA role.
- IAPT was seen as a challenge but consideration should be given around low intensity working.

Following a discussion around each mental health setting, collectively the workshop made recommendations for different organisations to enable the realisation of our future vision for Nursing Associates in mental health.

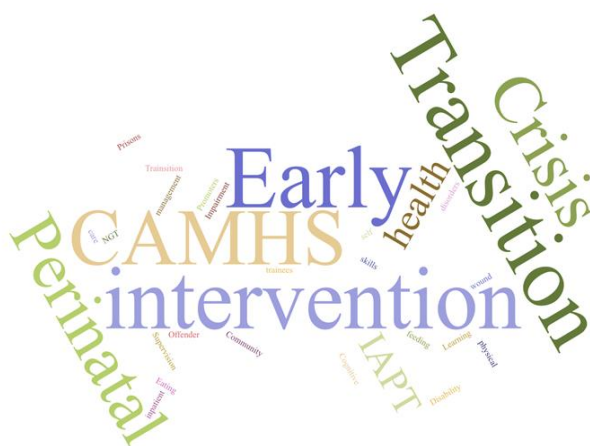


Figure 3. Overview of key areas to deploy Nursing Associates.

#### Areas that were agreed to deploy Nursing Associates

<b>CAMHS and Transition</b> (5/5)	Early intervention CAMHS – inpatient NAs will have a place. Rotation from CAMHS into Adult Mental Health Services (AMHS) Services to work a cross STPS to see where can work. Future of community healthcare CCNT (Children’s Community Nursing Team) <b>Tier 1:</b> Universal services working with health visitors with children with less complex needs. Contribute towards mental health promotion. <b>Tier 2:</b> In Schools supporting group work. <b>Tier 3 &amp; Tier 4:</b> Eating disorders. NAs will bring in physical health skills e.g. wound care and NGT feeding and intervening/Force NG feed stage.
<b>Early Intervention (EI)</b> (5/5)	This was viewed as a good place because of clearly defined pathway Care planning with supervision.

## Nursing Associate New Roles Task & Finish Group Final Report

<b>Crisis Teams</b>	See a place for NAs - Could be 2nd assessors and providing follow up care
<b>Home Treatment Teams</b>	Physical health checks and better supervision.
<b>Crisis Centre</b> (4/5)	Motivational conversations Someone known to the team who is more stable. Role will be in the treatment – delivering what’s in the care plans. Opportunity to look at PH/MH Time to explain and listen, support carer Participate in Crisis café – Triage, someone known to the organisation. Be mindful organisations run crisis differently so can’t fit into same box but can have principles.
<b>Perinatal Services: Community and inpatient.</b> (4/5)	Perinatal Services showed a clear vision as NAs will have a place. Transition post (supporting from one service/ sector to another) work with Health Visitors. Emerging small service – low supervision/ support.
<b>Improving Access to Psychological Therapies (IAPT)</b> (2/5)	IAPT was seen as a challenge and it was questioned if a NA add value? potentially with low intensity care but this would not make best use of all NA skills– NA
<b>Learning Disability</b>	Learning Disability services offered lots of scope and potential for the NA role.
<b>LTC</b>	Teams MH/PH Release RN (MH) to provide complex interventions. Support group Motivational interviewing MH/PH
<b>Cognitive Impairment</b>	Additional services Cognitive impairment and dementia
<b>Prisons &amp; Offender Health</b>	Bio psych social model

*Figure 4: Charts feedback from the 5 tables around where their organisation was planning to deploy Nursing Associates.*

Any areas where Nursing Associates weren't suitable was also discussed:

- Psychiatric liaison teams - this was a definite no because NAs don't have the required first assessor skills and what role would they play?
- Intensive support teams – requires further discussion. Unsure about Psychological wellbeing services.

### What would help any reluctant areas?

Evidence and cascade down discussions like today

### Recommendations and questions

- Need to define Band 5/Band 6 Roles (+ what has to change so people can delegate)
- Can the NMC/HEE do more roadshows about the role.
- Ringfenced money for preceptorship/ retention work.
- Discussion re backfill (some thought important/ some not)
- Intend to look at other areas where the role is being introduced to see if this can free other registered professionals to work in priority areas.

## 6. Key Highlights to date

### 6a.

# Nursing Associate New Roles Task & Finish Group Final Report

- Supporting and promoting the role of NA as a role in and of itself as well as part of a potential career pathway
- A national methodology for implementing NAs
- Assessing ROI using the accumulated body of evidence
- Develop a how to guide to include how to recruit and place, diversity/widening participation, protected learning time
- Gaining a better understanding of the FE and provider landscape (training) and what accreditation looks like across the country
- Share/showcase innovative practice that is low cost and high gain

## 6b. Affected Parties/Stakeholders

This role is being implemented in phases. It directly or indirectly affects:

People who access services and their family's Clinical staff, especially registered nurses and those roles with a perceived similarity (e.g. assistant practitioners)  
Professional bodies, especially Nursing  
Providers of education – especially those that deliver apprenticeships

*The group recognised the role of Lived Experience Connectors (roles in place in some areas of the North) both in enriching learning and also as a pipeline into training. Need to consider whether this is a role that HEE want to develop across the system.*

## 6c. Potential barriers that would need to be overcome

A number of key areas that need to be addressed for the role to be even more successful were identified:

- The need for protected learning time – currently, this is variable across the country and PLT is vital to effective learning and development
- Good practice regarding implementation, recruitment and retention needs to be widely disseminated.
- Continued promotion of the role in mental health to ensure a diverse supply of workforce.

## 7. Implementation Plan, High-Level Timeline/Schedule and next steps

The role is already being introduced and implemented; however, further work will need to be done to support NAs training in and working in mental health settings.

Nurses and care assistants are the largest workforce group currently within the system. Mental Health organisations cannot continue without adopting a radically different approach across the age spectrum. Nursing Associates are part of that radical approach.

Whilst we have this opportunity, we need to stand back and review what skill mix we want within the Nursing family working in mental health settings and how we develop our structures to achieve that for the future.

Looking forward to the next three, four or 10 years, future Nursing Associate will be coming into the workplace with a breadth of skills and we need to ensure that this is flexible to adapt. 'Work readiness' by supporting learners through the transition from student to Nursing Associates and how this links into the long-term impact on patient safety, if learners aren't prepared in the right way.

Finally, the National Mental health Nurse Directors Forum acknowledges that they are breaking new ground here and there won't always be the evidence base for some of these innovations. However, if we



## Nursing Associate New Roles Task & Finish Group Final Report

put in too many ground rules, it will shut down the conversation and innovation too soon and we will lose the testing element with the Nursing Associate early adopters.

These proposals must now be further developed to ensure that Nursing Associates are deployed, whilst staying mindful that there are lots of opportunities to come together to find the answers.

Supported by HEE's Nursing portfolio and intelligence from across the system, the National Mental Health Nurse Directors Forum is very happy to work with and support each other to achieve this. It is recommended that this group is re-convened in January 2020 to review progress with deployment and share learning to help Nurse Directors with their workforce modelling beyond 2021

### Ultimately, success for the Nursing Associate within mental health settings:

- Is positively and proactively promoted and seen as a role in itself as well as part of a route into other roles/career progression.
  - The numbers and career pathway of Nursing Associates is monitored and understood in mental health.
  - There are effective resources to support and innovative and quality approaches to recruitment, implementation and retention of Nursing Associates – at organisation and system level.
- Regarding work being done that links in to the Nursing Associate T&F Group the HEE work looking at Apprenticeships and NA is relevant.

## 8. Recommendations

Recommendations	Outcome	Timeline	Finances	Lead
<p><b>1a. To support partnerships to continue beyond September so the system can continue to benefit with this enhanced offer.</b></p> <p><i>HEE set the partnerships up initially. Although not required for individual trainees with the NMC standards of proficiency, they have supported implementation.</i></p> <p><b>-To get the biggest traction, additional Practice Educators are recommended to support and focus on priority areas. This has been seen as making the biggest difference in placements and with trainees.</b></p>	<p>An established partnership continues to support trainees and deployment at pace and scale over the next 12 - 18 months.</p>	<p>Till December 2021</p>	<p>Band 7 Practice Educator per STP footprint or across the Partnership.</p> <p><i>Costs tbc depending on the model agreed.</i></p>	<p><b>HEE Nationally/ Regionally</b></p>

## Nursing Associate New Roles Task & Finish Group Final Report

-These roles will also support NAs enhanced competencies in a specialist area e.g. perinatal service. <i>Either across the STP Footprint or across the partnerships.</i>				
<b>1b. To support regional events/roadshows across the country to continue to raise the understanding around the role and support networks so they feel connected to the national roll out.</b>	To ensure the NAs feel connected. To continue to support and promoting the role. To help with retention.	Till March 2020	5k per regional event = 35k	
<b>2. For HEE to adopt the Lived Experience Connector Role and supporting others to establish the role via a Train the Trainer Programme.</b>  <i>The training resources and model have been offered to HEE.</i>	To establish a train the trainer programme across each region. To support the spread and adoption of the Lived Experience Connector Role	Till March 2020.	Band 7 0.5 WTE to support delivering the train the trainers training to interested organisations.	<b>HEE Nationally</b>
<b>3.Supporting providers with backfill money to incentivise Trusts and help bring people into a harder to recruit to specialty and encourage diversity of applications from BAME and other communities</b>	To provide an incentivise to bring people into a harder to recruit to specialty and encourage diversity of applications.	Till March 2021.	5k per new std over the 2yrs training.	<b>HEE Nationally/Regionally</b>
<b>4.Digital placement and mapping support that's web based.</b>	To enhance the planning around individual pathways.	Ongoing	TBC	<b>HEE Nationally/Regionally</b>

### Appendix 1. Nominated membership of the Task & Finish Group

Name	Role and Organisation
Avril Devaney (Chair)	Director of Nursing, Therapies and Patient Partnership, Cheshire & Wirral Partnership NHS Foundation Trust (CWP)
Sam Donohue	Senior Nurse Manager: Policy, HEE
Mel Coombes	Director of Nursing
Julie Attfield	Director of Nursing
Marie Crofts	Director of Nursing
Kyle Gornell	Trainee Nursing Associate
Joeann Flannigan	Trainee Nursing Associate
Julie Sheen	Lived Experience Connector
Jackie McGhee	Lived Experience Connector

## Nursing Associate New Roles Task & Finish Group Final Report

Arlo King	Lived Experience Connector
Adam Maher	Practice Education Facilitator, Leeds and York Partnership
Steve Bracewell	Practice Education Facilitator, Lancashire Care
Cassie Hadfield	Practice Education Facilitator
Estephanie Dunn	Royal College of Nursing
Ian Fletcher	Royal College of Nursing
Paddy Clasby	UNISON
Alison Smith	HEE Head of Workforce Transformation, South London

### Attendance by HEE Workforce Transformation Programme Team

Kirstie Baxter	Head of Workforce Transformation, HEE
Juliette Swift	Workforce Transformation Lead, HEE
Helen Podmore	Workforce Transformation Lead, HEE

### Attendance by HEE National Mental Health Programme Team

Sarah Mahoney	Mental Health Workforce Specialist, HEE
Sue Hatton	New Roles Senior Project Manager

## Appendix 2: Nursing Associates MH Task and Finish Group Proposed Projects

### Nursing Associate New Roles Task & Finish Group Final Report

Supply	Up-skilling	New roles	New ways of working	Leadership
<ul style="list-style-type: none"> <li>Quantify future requirement through a chosen workforce modelling methodology against activity/care models.</li> <li>Map the breadth of supply routes for NAs across health and social care and wider, to reflect local populations.</li> <li>Engage with NHS Careers to ensure NAs are embedded within their marketing plan.</li> <li>Engage with NHSE/RCN 'Perceptions of Nursing' to ensure NAs are embedded within the programme.</li> <li>Scope supply of existing HCSWs; both ready &amp; requiring development.</li> <li>Establish local mechanisms for continued rotation across the four fields of nursing, on qualification.</li> </ul>	<ul style="list-style-type: none"> <li>Establish and agree a local list of preferred education providers</li> <li>Ensure that protected learning requirement is embedded into existing mentor programmes, in line with HEE QA Framework.</li> <li>Establish the career pathway for qualified NAs including exploring advanced competencies.</li> <li>Identify the ongoing professional development requirements of qualified NAs.</li> </ul>	<ul style="list-style-type: none"> <li>Produce a communications and marketing plan to reflect:               <ol style="list-style-type: none"> <li>the need to showcase innovative implementation of the role in mental health e.g case studies</li> <li>The branding/ USP requirement, quality impact &amp; benefits</li> </ol> </li> <li>Produce a spread and adoption plan to roll out the Lived Experience Connector role</li> <li>Explore Peer Support Work as a route into the NA role.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure local evaluation metrics are in place and aligned to the outcomes of national research.</li> <li>Establish local partnerships sufficient to ensure breadth of rotations and exposure.</li> </ul>	<ul style="list-style-type: none"> <li>Establish leadership opportunities for qualified NAs e.g development programmes, scholarships, membership roles etc.</li> <li>Establish links with national leaders e.g new CNO for NHSE, RCN President, ALBs, MH Leaders.</li> <li>Explore 'buddying' opportunities across Providers, to role model innovative practice including service user engagement.</li> </ul>

# Nursing Associate New Roles Task & Finish Group Final Report

## Appendix 3. Your Career with CWP

