

## **Summary:**

# **The Role of the Nursing Associate & Associated Standards of Proficiency Relating to Broadmoor Hospital High Secure Services**

<b>Content</b>	<b>Page Number</b>
Introduction	<b>3 - 5</b>
Scope of Practice (not exhaustive)	<b>6 - 7</b>
Narrative of areas highlighted	<b>8 - 9</b>
Action Plan	<b>10</b>
Referenced Documents	<b>11</b>

## Introduction

The Nursing and Midwifery Council (NMC) have enshrined the role of Nursing Associate in Law. On the 28<sup>th</sup> January 2019 the first cohort of Nursing Associates will be accepted onto the NMC register.

Broadmoor Hospital will shortly welcome our first cohort of registered Nursing Associates into our workforce in April 2019, following the successful completion of Foundation Degree in nursing.

A number of meetings have been held to ascertain the role and function of the Nursing Associate within Broadmoor Hospital. A meeting on the 12<sup>th</sup> February 2019 was convened to review the sphere of practice for Nursing Associates within Broadmoor hospital. In attendance were:

Jimmy Noak – Deputy Director of Nursing

Alice Foyle – Service Director

Laura Cozens – Senior Clinical Nurse Manager

Amin Cader – Senior Clinical Nurse Manager

Wayne Panou – Clinical Nurse Manager

Alex Strange – Clinical Nurse Manager

Derek Gunning – Practice Development Nurse / Matron

The meeting reviewed the Nursing Associates competencies as identified by the NMC and related these competencies to the needs of the service within Broadmoor Hospital.

The NMC have identified six platforms within which the Nursing Associate must demonstrate competence in the following platforms.

**Fig. 1**

Platform	Nursing Associate
1	Be an accountable professional
2	Promoting Health and Preventing Ill-health
3	Provide and Monitor care
4	Working in Teams
5	Improving Safety
6	Contributing to integrated Care

**Fig. 2**

How does this differ from the Registered Nurse (Staff Nurse) Role.

Platform	Nursing Associate	Platform	Registered Nurse (Staff Nurse)
1	Be an accountable professional	1	Be an accountable professional
2	Promoting Health and Preventing Ill-health	2	Promoting Health and Preventing Ill-health
3	Provide and Monitor care	3	Assessing Needs and Planning Care
		4	Providing and Evaluating Care
4	Working in Teams	5	Leading and Managing Care and Working in Teams
5	Improving Safety	6	Improving Safety
6	Contributing to integrated Care	7	Co-ordinating Care

The key differences between the Registered Nurse (Staff Nurse) and the Nursing Associate is relating to the accountability for the assessment, planning and evaluation of care. The Nursing Associate supports this process through delivery of care and providing feedback to the Registered Nurse enabling the evaluation and reviews of care to occur.

The Nursing Associate will function in the role of Associate Nurse to support the Registered Nurse in the delivery of care.

The Nursing Associate will be an integral part of the feedback cycle to identify challenges, risk and successful outcomes regarding the care being received and delivered.

Where an asterisk (\*) appears along side the indicator of practice there is a narrative following to explain conditions or rationale.

The National Quality Boards document; Safe Sustainable and Productive Staffing: An Improvements resource for the deployment of nursing associates in secondary care (January 2019), identify the following areas for consideration in the deployment of Nursing Associates, (see Fig.3). This document will address a number of areas identified in the Safe Sustainable and Productive Staffing document.

Fig. 3

1	As with all new roles, adopt a systematic approach using an evidence-informed decision-support tool triangulated with professional judgement and comparison with relevant peers.
2	Take staffing decisions in the context of the wider senior registered multi-professional team.
3	Consider safer staffing requirements, workforce productivity and financial viability as an integral part of the deployment process.
4	Ensure there is a local dashboard to assure stakeholders about safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.
5	Ensure the organisation is familiar with Nursing and Midwifery Council standards of proficiency and with individual nursing associate competencies.
6	Ensure there is an appropriate escalation process in cases where issues arise because of deployment.
7	Investigate staffing-related incidents, their impact on staff and patients and ensure action and feedback.
8	Develop guidelines to ensure that staff are aware of the rationale for deployment, the role's risks and benefits, and process for escalating concerns.
9	Complete a full quality impact assessment before there is any substantial skill-mix change or deployment of a new role.

Key:  = Within sphere of practice –  = Outside of sphere of practice

Scope of Practice (not exhaustive)	Skill Set								
<b>Physical Health</b>	Basic Physical Health Observation & Interpretation (NEWS)	Phlebotomy & results Interpretation	Basic ECG and Interpretation	Wound Dressing	Aseptic Technique	Basic Life Support	Support Infection Control	Diabetes Care & Management	Administer Insulin
	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Collect Samples (Sputum, Stool etc)	Liaise with MDT							
	✓	✓							
<b>Mental Health Clinical</b>	Care Plan Design  Will contribute to the design of care plans under the supervision of a Registered Nurse	Care Evaluation  Will contribute to the design of care plans under the supervision of a Registered Nurse	Delivery of Care Plan  Under the supervision of a Registered Nurse	TE&SO	Seclusion Initiation	Seclusion Observation (1 <sup>st</sup> Hour)	Seclusion Review	Medicine Administration	Controlled Drug Administration  Can not administer, but can be the second signatory
	✓	✓	✓	✓	✓ *	✓ *	X *	✓	✓ *
	Depot Administration	Rapid Tranquillisation Administration	CPA Reports  Will contribute to the design of care plans under the supervision of a Registered Nurse	First Tier Tribunal Reports  Will contribute to the design of care plans under the supervision of a Registered Nurse	Autonomously compile Résumé	Create RiO Note	Authorise Un-registered staff RiO Note entries	Complete HCR20-V3	Safeguarding
	✓	X *	✓	✓	✓	✓	✓	✓	✓

Scope of Practice (not exhaustive)	Skill Set								
Mental Health Clinical	Contribute to a CTM Attend when directly supervised by a Registered Nurse.								
	✓								
Security	Lead Leave Of Absence	Search	Visits	Internal Escorts					
	X *	✓	✓	✓					
Management	Delegate duties to HCF & AP	Supervision of HCF & AP	Planned NiC of the "Home" Ward	Emergency NiC of "Home" Ward	Re-direction as Nurse in Charge	Co-ordinate Shifts under the supervision of the NiC	Incident Reporting	Complaint Investigation	Incident Reviews
	✓	✓	X	✓ *	X	✓	✓	X	X
Education & Training	Registered Nursing Apprentice Supervisor	Nursing Associate Apprentice Supervisor							
	X *	✓							

\* Emergency Nurse in Charge of Home Ward. May occur in some circumstances e.g. Normal Shift requirement of 2 x Registered Nurses (RN) & 1 x Nursing Associate, One RN is dispatched to lead an LOA, the NA is then the second nurse on shift, or an RN is injured / sick. Where ever possible site management will redirect a second RN to support the affected ward.

**Page 5:**

\* **Seclusion Initiation:** The Mental Health Act Code of Practice (2015) describes in Section 26 (p: 303, paragraph 26.116): “If seclusion is authorised by an approved clinician who is not a doctor, or by the professional in charge of the ward, the responsible clinician or duty doctor (or equivalent) should attend to undertake the first medical review (see paragraph 26.128) within one hour of the beginning of seclusion”. The Nursing Associate may initiate seclusion and must then immediately inform the Nurse in Charge of the ward. This needs to be made clear in the Trusts Policy.

\* **Seclusion Observation (1<sup>st</sup> Hour):** The Mental Health Act Code of Practice (2015), page 303 paragraph 26.118 to 26.125 does not specify a “Registered Nurse”, it offers the term a “suitably skilled professional”. In respect of this aspect of the Code of Practice the nursing Associate can carry out the first hour of observation of a patient in seclusion.

\* **Seclusion Review:** The Mental Health Act Code of Practice (2015), page 305, paragraph 26.134 clearly states: “Nursing reviews of the secluded patient should take place at least every two hours. These should be undertaken by two individuals who are registered nurses, and at least one who should not have been directly involved with the decision to seclude”.

The term “registered nurse” is a protected term in law and may only apply to those who are accepted onto the NMC register of Registered Nurses. Therefore this precludes Nursing Associates from carrying out the Nursing seclusion review as described in the MHA Code of Practice 2015.

\* **Controlled Drug Administration:** The Nursing Associate can be the second signatory for the administration of controlled drugs, and the controlled drug must be administered by the Registered Nurse. This also requires a change to Policy.

\* **Rapid Tranquilisation Administration:** The meeting agreed that this procedure may not be suitable for Nursing Associates at this early stage of the role. This will be reviewed in six months time.

**Page 6:**

\* **Emergency Nurse in Charge (NiC) of their “Home” Ward:** The NMC do not identify taking charge of a ward in the competency skill set of the Nursing Associate role. The Nursing Associate therefore will not be expected to routinely undertake the role of the Nurse in Charge. There may be extraordinary circumstances whereby the Nursing Associate could be called upon to take charge of their “Home” ward. The discussion at the meeting on 12/02/2019 identified that this would not happen without the Trust agreeing to this contingency option. The group recommended that should this be accepted the following must be adhered to:

- a) The decision cannot be taken without site management discussion with and approval by the Senior Manager on Call
- b) The ability to support & supervise the Nursing Associate throughout the shift by a Registered Nurse / Site Management

\* **Lead Leave of Absence (LOA):** This has been discussed at the Broadmoor security forum and the decision at this stage is that the Nursing Associate will not lead a Leave of Absence. Jimmy Noak deputy Director of Nursing has contacted Ashworth & Rampton Hospitals to ascertain their position on Nursing Associates and Leave of Absence awaiting feedback. Once information gleaned from our sister services the Trust can progress a decision as to whether the Nursing Associate can lead a LOA.

\* **Registered Nursing Apprentice Supervisor:** There is no clear guidance on the required qualification to enable a Nursing Associate to supervise and assess a Registered Degree Nursing Apprentice in the clinical placement. The standards for supporting education in clinical practice have been published by the NMC, however they are still in a transitional period and we are awaiting further guidance on this from our HEI partners and the NMC.

**Action Plan**

Action	Descriptor	By Who	By When	Completed	Update 01/03/2019
Nursing Associate Job Description	Nursing Associate Job Description to be drafted and approved. Currently out for consultation.	Derek Gunning	Feb 28 <sup>th</sup> 2019		At HR awaiting sign off   5 NA Person Specification.docx   5th Draft JOB DESCRIPTION Nurse A
Nursing Associate Preceptorship Programme	Design and Implement a Nursing Associate Preceptorship programme	Derek Gunning	April 30 <sup>th</sup> 2019		Commenced June 2019
Development of Additional Skills Set Assessment	Additional Skill sets required to ensure competency and support the Nursing Associate role in practice. The CNM team will design the competency check list for: <ul style="list-style-type: none"> <li>• Pre-Admission Assessment</li> </ul>	SCNM / CNM's	April 30 <sup>th</sup> 2019		DG to liaise with SCNMs re progress.
Medicines Management Assessment	Medicines Administration Competency Book to be completed as a core element of the preceptorship programme	CNM / Supervisor	May 31 <sup>st</sup> 2019		Will commence Upon return from External Placement March 2019
Physical Health Skills Training	<ul style="list-style-type: none"> <li>• Phlebotomy</li> <li>• ECG</li> </ul>	Shane Ratcliffe	April 30 <sup>th</sup> 2019		 2019 02 19 West London NHS Trust Ver

Derek Gunning: Practice Development Nurse / Matron

**References:**

**NMC Nursing Associate Proficiency Standards 2018:**



nursing-associates-proficiency-standards.pdf

**NMC Student Supervision / Assessment**



student-supervision-assessment.pdf

**An Improvement resource for the deployment of nursing associates in secondary care**



Nursing\_associates\_in\_secondary\_care\_.pdf

**Nursing Associate Draft Job Description & Personal Specification**



3rd Draft JOB DESCRIPTION Nurse A



3rd Draft NA Person Specification.docx