

# South Yorkshire Region Excellence Centre

Joanne Barrott,  
Max Miah and Lynne Firth

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# Aims of the workshop

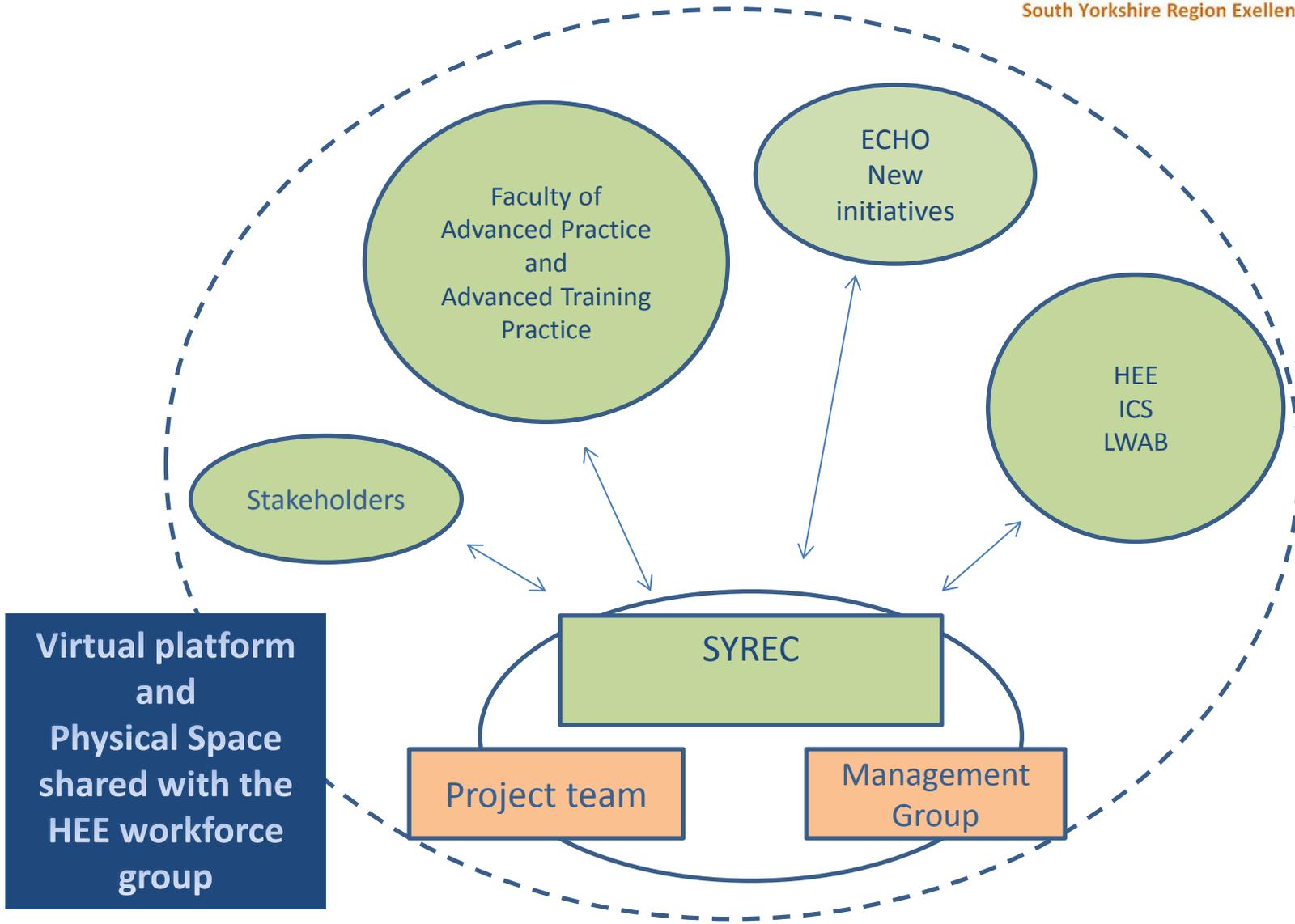
- Inform of SYREC aims, priorities and how these link to AHPs
- Identify AHP training needs and any known gaps
- Identify solutions and explain the role of a tAP
- Explain the future plans

## What is SYREC?

- SYREC exists to support the care and support staff (CaSS) in all South Yorkshire and Bassetlaw's health and social care organisations
- It acts as a central point of contact for education and training of our unregistered workforce, focussing on those hard to reach workforce in small and medium employers
- Promotes partnership working and building strong collaborations
- Co-ordinates and develops apprenticeships
- Promotes innovation in education and sharing learning resources



# How SYREC Functions



## Partners include

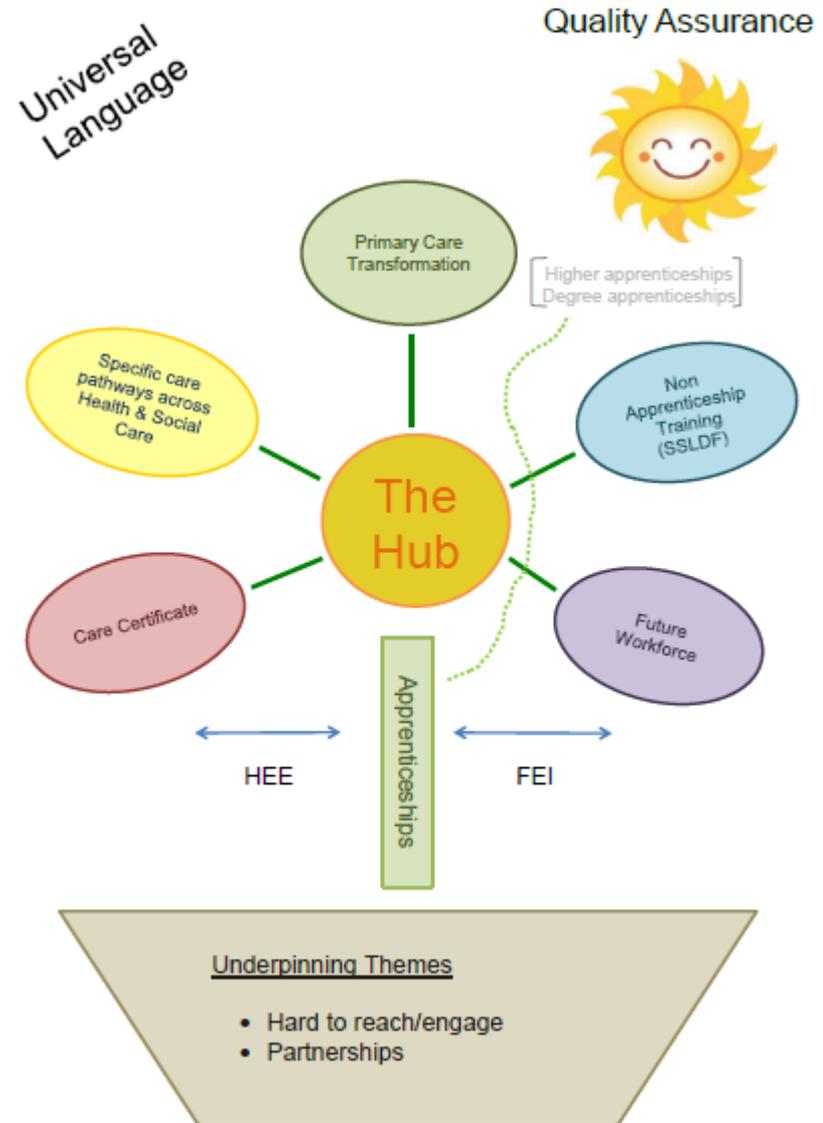
- \* Social Care
- \* Local Authority
- \* Community Health Services
- \* Primary Care
- \* NHS Foundation Trusts
- \* YAS
- \* Hospices
- \* Health Education England
- \* Private, Voluntary & Independent Sector
- \* Schools, Colleges & Universities
- \* Skills for Care \* Skills for Health
- \* Department for Work Pensions
- \* Faculty of Advanced Practice
- \* Advanced Training Practice
- \* Integrated Care System
- \* LWAB

Across the South Yorkshire and Bassetlaw ICS



## Work-streams to address the priorities:

- Apprenticeships
- Care Certificate
- Specific care pathways across health and social care
- Primary Care Transformation
- Development of CaSS
- Future Workforce
- Quality Assurance



# Workshop discussion

- In groups please discuss the following:
  - What are your training needs for this workforce?
  - What are the current gaps in education and training?
  - Is workforce development skill mix considered as part of the solution?
- Feedback any key themes

# Solutions

- Apprenticeships –tNA, tAPs or other
- ECHO (extension of community health outcomes)
  - Virtual classroom
- Health and social care career pathway

# Assistant Practitioner and Nursing Associate roles



**Which one?**

Lynne Firth – Clinical  
Educator and Apprenticeship  
Manager

Spring 2018

# Background

- In 2013, the Francis Report into the failings at the Mid-Staffordshire Hospital suggested that: *‘No unregistered person should be permitted to provide....direct physical care to patients.....The system should apply to healthcare support workers whether they are working for the NHS or independent healthcare providers...’* (Recommendation 209)
- A subsequent report by Cavendish in 2013, suggested that there were 1.3 million unregistered healthcare assistants and support workers working on the frontline of care.
- However, in the Health and Social Bill of 2012, the government were clear that compulsory registration would not happen and voluntary registers or negative registers (lists of those who were unsuitable) would suffice.

# What do we mean by support workers?

- It is easy to think about healthcare assistants in nursing or midwifery roles. Many of us will have encountered them through our own healthcare experiences, but other professions also make good use of support workers too.
- Allied health professions (e.g. physiotherapy, speech and language therapy, radiography) also have support workers who are 'frontline' and assist registrants to deliver high-quality care. Senior support workers will be trained to deliver high quality, hands-on care, which is specific to the professional group to which they belong and are an essential part of those teams.

# What do we mean by support workers?..... cont'

- The National Health Service has a reward system designed to acknowledge the level of training and experience of its workforce. Newly qualified nurses and allied health professionals expect to enter the system at Band 5 and can progress through to very senior roles at Band 8 during their careers.
- Support workers usually enter at Band 2 and can, with additional training and experience, progress to Band 4. At Band 4, support workers are described as assistant or associate practitioners, recognising their seniority and support for the Band 5 practitioner role. Usually, workers at Band 4 or below would be unregistered even though they are essential to the workforce and are well trained, although some are on voluntary registers.

# New role will buck the trend

- The new Nursing Associate role will buck this trend. The expectation is that they will be at Band 4 when qualified, supporting nurses to deliver high-quality care. They will have been educated to Foundation Degree level and will have achieved a certified level of clinical competence.
- Registration will give the nursing profession, employers and the public confidence that the nursing associate has 'met the grade' and is safe to practice. The Nursing and Midwifery Council has confirmed that registration will take place

# What does this mean for our Trust?



# Our initial work in this area

- Barnsley (BHFT) and Rotherham (TRFT) NHS Trusts are involved in both the Trainee Assistant Practitioner (TAP) and Trainee Nursing Associate (TNA) pilots.
- The turnaround time to introduce both posts was very short and therefore much of the learning surrounding the differences/similarities took place after the first trainees were in post. The TAPs started in March 2017 and the TNAs started in April 2017.

# Current situation

- At TRFT there are 4 TAPs, one in each of the following areas: Community Nursing, Care of the older person, Theatre admissions unit, General surgery/Surgical Assessment Unit.
- There are 5 TNAs, one in each of the following: Stroke Unit, Care of the older person, General Surgery, Acute Medical Unit, and Cardio respiratory.
- Very soon after starting the TNA pilot, it became clearer that the difference in the roles lend themselves better to quite specific clinical settings.

**What we  
found?**



# The role of the Nursing Associate

- The role of the Nursing Associate with their generic focussed (nursing) training, placement requirements and medicines administration fits best in an acute in-patient ward setting.
- At TRFT Registered Nurse vacancies on the acute in-patient wards are the most difficult to recruit to and this is not likely to improve during the next five years.
- The nursing associate role will bridge the gap between Health Care Support Workers and Registered Nurses, this will go a long way to help address this gap, improve patient safety and care.
- They will work independently and with others under the direction of the Registered Nurse.

# The Assistant Practitioner role

- The Assistant Practitioner role would appear to fit better in rehabilitation and community services, where the role can straddle elements of nursing and therapies.
- At TRFT we will also include elements of mental health nursing. The Assistant Practitioner role will also help to address the gap created by challenges faced in the recruitment of registered practitioners.
- The role in the community will improve holistic care in this setting and at the same time improve efficiency through reducing the number of visits by different colleagues.

# The Assistant Practitioner role....cont.

- An example of this would be, an Assistant Practitioner attending a patient with mobility problems and a leg ulcer.
- In a single visit, the Assistant Practitioner would have the required skills and knowledge to undertake wound care and provide advice/support physiotherapy etc.
- This is better for the patient as they would have a single visit rather than 2 (or more) and makes the patient feel that the Assistant Practitioner is providing care to them as a whole rather than by problem / condition.

# In Summary

<b>Assistant Practitioner role</b>	<b>Nursing Associate role (TNA)</b>
Band 4 defined tasks, which require more knowledge and skills of a Band 2/3 worker.	TNA are currently working well in ward based, hospice, nursing homes settings, where ist about holistic but complex care under the direct guidance of the registered nurse
Because of staffing pressures in some cases these tasks are being carried out by highly skilled Band 6 staff.	To bridge the gap between healthcare support workers, who have a care certificate, and registered nurses.
This role will have the knowledge, skill and approach to teach other staff in small groups to undertake these defined tasks	Nursing Associates will be able to administer medicines that was the key reason that the role secured registration
These defined tasks have worked well in Therapies, community nursing and radiography, but there will be a lot more areas where this will apply.	The Nursing Associate works within all aspects of the nursing process, taking account of the perspectives and pathways of individuals, their families and/or carers providing holistic and person-centred care to individuals, supporting the registered nurse in the assessment, planning, delivery and evaluation of care
As the AP undertakes their Foundation Degree for the underpinning knowledge, the area has	Draft NA skills are now being finalised by NMC

# There are no fixed rules

- There are some clinical areas where both the Assistant Practitioner and Nursing Associate roles fit. (eg rehabilitation areas such as stroke unit, neuro rehab.)

Any Questions?



# References and further reading

<https://uk.sagepub.com/en-gb/eur/the-handbook-for-nurse-associates-and-assistant-practitioners/book255165>

<https://blog.derby.ac.uk/2017/03/nursing-associates-new-role-mean-band-4-workers/>

<https://www.rcn.org.uk/professional-development/become-an-hca-ap-tna>

# Impact of SYREC achievements

## Access to all work-stream products for all stakeholders:

- **Care Certificate** – assessor standards/validated programme/register of candidates/trainers/assessors
- **Apprenticeships** – standardised commitment statement/standardisation of rules, eligibility, differences, procurement and contracts avoiding duplication of effort
- **Future workforce** – local and regional widening participation successes
- **Quality Mark** - Quality assurance profiling and assessing of all SYREC registered training providers

## Financial benefits:

- Support for funding bids – success with 75% of bid submissions
- Information of all new initiatives/how to access/costs

**Quality assurance framework** - support to attain a quality standard



# Future Plans

Co-ordination for the following:

- Trainee nursing associates/ trainee assistant practioners
- Website development linked to Elearning for health
- Apprenticeships
- ECHO – expansion with train the trainer model
- Future workforce/widening participation
- Any innovations that would benefit from working at scale

