Quality Impact Assessment - Workforce Changes (including skill mix, new roles, role redesign)

A Quality Impact Assessment is required for any service changes, including skill-mix changes, any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs). Any risk to safety, quality, finance, performance and staff experience must be clearly described.

Risk Assessors:	Proposed Start date:	Division:	Area/Speciality:
Andrea Field Lead Nurse Workforce UHBFT Carolyn Pitt Lead Nurse Workforce UHBFT	May-19	**Division One** **Division Three** **Division Four** **Division Five** **Paediatrics** **Division A** **Division D**	**Infectious Diseases Unit x 1** **Respiratory Medicine Ward 24 HH x 1, Ward 19 Solihull x 1; Acute Medicine Ward 2x1; ED GHH x1** **Older adults Ward 9 GHH x1, Ward 12 GHH x1, Ward 21 GHH x1, Ward 20A Sol x1; Community x2** **Gastroenterology Ward 18 HH x2; T&O Ward 14 Sol x1, Ward 15 Sol x1; General surgery Ward 11 HH x1, Ward 12 HH x1** **Paediatrics HH x3** **ITU QEH x5** **Neurology QEH x 2**

Summary of proposed changes: Deployment of the role of Nursing Associates across UHBFT. 27 trainee nursing associates are due to qualify in April 2019; they are training as part of the second wave of HEE national pilot to implement this new role across the NHS. As the role is new within the NHS, there is limited experience as yet to fully quantify any known risks with the deployment of NA's

Quality Impact Risks	Benefits/value	Risk description	Likelihood	Consequence	Mitigations	Likelihood	Consequence	KPI monitoring
Impact on duty of quality (CQC)	Nursing Associates (NA's) will be integral members of multidisciplinary clinical teams in supporting the delivery of high quality care across a all health and care settings . The NMC has set standards of proficiency which represent the standards of knowledge and skills that a nursing associate will need to be in order to be considered by the NMC as capable of safe effective nursing associate practice. There are clear differences between the standards of proficient for Nursing Associates and Registered Nurses- both are regulated by the NMC. The NA will fulfil a range of duties between the Health Care Assistant and the Registered Nurse and be accountable for their own practice.	**1**. Lack of understanding of the NA role within the governance structures and clinical services may lead to either under or over use of the NA role parameters. **2**. Risk to external safe staffing returns as current focus is either on registered or unregistered support staff.	**3**	**2**	**1**.From May 2019 27 trainee nursing associates will complete their training and will transition from trainee nursing associate to a qualified registered practitioners. They will form part of the agreed workforce plan within the practice setting where they undertook their apprenticeship . Post holders will take up positions as a band 4 Nursing Associate and be deployed under a distinct job description. They will be rostered as part of a team of Health Care Assistants and Registered Nurses as agreed within each Divisional skill mix with agreed escalation processes. **2**. Nursing Associates will be regulated by proficiency the standards and the Code of Conduct set out by the NMC. **3**. Each Nursing Associate will be enrolled onto the Trust Preceptorship programme which will provide another forum for clinical supervision and solution focussed learning where concerns can be discussed and raised appropriately . **4**.The Trust Clinical Educators for the Nursing Associates will continue to provide professional and individual support to newly qualified Nursing Associates and their clinical teams for 12 months post registration. **5**. The Birmingham and Solihull Nursing Associate Partnership will continue review the post registration practice and ensure lessons are learnt both internally to the Trust and externally across the Partnership and best practice can be shared **6**. A Trust wide operational Nursing Associate implementation group has been established and is chaired by a Associate Director of Nursing who is assigned as Senior Responsible Officer for the Nursing Associate Deployment / Integration - this group will ensure prompt escalation and resolution of any unforeseen consequence of the introduction of the role of the role of the Nursing Associate across the Trust	**1**	**1**	**1**. Datix incident forms relating to key Datix searches as Divisionally agreed. **2**. Action log from Nursing Associate Implementation Group and evidence of escalation and resolution of any concerns **3**. Friends and Family test in the clinical areas where the Nursing Associate role has been introduced **4**. Any referrals to regulatory bodies
Impact on patient safety	The Nursing Associate (NA) role is structured to support the delivery of person centred care and at the point of qualifying NA's will have had experience working across paediatric, mental health, learning disability and physical health inpatient , outpatient and community services. The role has standards set by the NMC and Nursing Associates will be registered with the NMC as a regulator and will be held to account through the *NMC Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates*	**1**. The introduction of a new regulated nursing role may lead to a lack of understanding of the role, their scope of practice and their accountability. Therefore there is a risk that NAs may be seen as a Registered Nurse (RN) and work above their role boundaries or below their NA role parameters. **2**. Embedding the new role in practice may initially cause discord within teams and services due to a lack of role understanding in relation to responsibilities and absence of organisational history in the deployment of this role. **3.** There may be unforeseen consequences of the implementation of the role of the NA due to this being a new national and local regulated nursing role	**2**	**3**	**1**.Clinical areas who will have Nursing Associates from May 2019 will have a Quality Impact Assessment (QIA) that covers the cohort of 20 new registrants and a decision has been made to keep newly qualified Nursing Associates in the base clinical area where they have undertaken their training. **2.** Nursing Associates will be governed by the standards set out by the NMC including that of medication management. **3.** The Trainee Nursing Associates (TNAs) have undergone medication training and assessment as per curriculum, policy updates are inclusive of Nursing Associates and a competency workbook has been developed to guide the Nursing Associates and ascertain their competency prior to independent drug administration. The Clinical Educators/ departmental and service based Registered Nurses will support the Nursing Associates to develop confidence in the independent administration of medicines as per Trust procedures. **4**. There is a bespoke uniform for the Nursing Associate to identify the role difference, clear visual name badge, awareness raising with senior managers will ensure new staff or staff within other departments identify the NA staff member correctly when delegating tasks. **5**. The NA will need to adhere to the NMC Code of practice and revalidation therefore retaining accountability for any omissions or risks to care. **6**. All qualifying NA's will have a period of clinical induction in a supernumerary status and Preceptorship **7**. NA's will only be able to work shifts as Nursing Associates on the bank and will be restricted to only working these in areas that have substantive Nursing Associates within their workforce.	**1**	**2**	**1.** To be defined based on clinical setting e.g. inpatient measurement of medication errors. **3**. DATIX/incident reviews **4**. Compliments/Complaints **5.** Medication competency assessment and audit of completion. **6**. Staff feedback.
Impact on clinical outcomes	The nursing Associate role has afforded placement and academic learning within mental health, paediatric , learning disability and physical health care services consequently increasing NA knowledge and skills in these areas of practice which will enable NAs to work and promote working in a person centred manner. The NA will increase timely identification of health and care needs of patients in different settings e.g. physical deterioration in a patient in the mental health setting and correct treatment and will therefore positively influence clinical outcomes	**1**. As a new role there has been no evaluation into safety or efficacy for the role post qualification therefore there is some uncertainty into clinical outcomes. **2**. Lack of maintenance of breadth of clinical experience/knowledge gained during training may impact on the NA not working to the full extent of their role. **3**. Inappropriate deployment of the NA role may impact on clinical outcomes for patients in that area, therefore a comprehensive QIA is needed prior to introduction of the role and areas of practice must be restricted to those clinical areas that have had Trainee Nursing Associates in training and have a comprehensive knowledge of the role **4.** Lack of control over the management and expansion of practice within clinical settings ould lead to inpappropriate development of the NA	**2**	**3**	**1.**Clinical areas who will have Nursing Associates from May 2019 will have a QIA that covers their deployment as part of the nursing workforce in that practice setting , a decision has been made to keep newly qualified Nursing Associates in the base clinical area where they have undertaken their training. **2.** Nursing Associates will be regulated by the standards set out by the NMC. **3.** The Nursing Associates have spent their final management placement in their base clinical area to enable transition in a supernumerary status, develop confidence in managing their time , delegating to others and prioritising the care of patients who have been assigned to them. **4**. A Trust wide operational Nursing Associate implementation group has been established and is chaired by an Associate Assistant Director of Nursing assigned as Senior Responsible Officer for the Nursing Associate Implementation programme to ensure prompt escalation and resolution of any unforeseen consequence of the introduction of the role of the role of the Nursing Associate across the Trust **5**. The Birmingham and Solihull Partnership for Nursing Associates will continue to ensure shared learning to support the effective embedding of the NA role. **6**.The Clinical Educators for the Trainee Nursing Associates will continue to provide individual support to the newly qualified Nursing Associate and their clinical teams for 12 months post registration. **7**. NA's maintaining their own professional knowledge will be evidence by the NMC revalidation process and via accessing further education and training provided by the Trust . **8**. Individual Divisions will risk assess any expansion of role for the Nursing Associates in their clinical areas	**1**	**2**	**1**. To be defined based on clinical setting e.g. inpatient measurement of medication errors. **2.** Friends and Family test **3**. Facilitated debriefing led by Clinical Educators post events that may have affected patient outcomes and involved the NA in delivery of care **4.** Testimonies from the Nursing Associates about their experience in practice

Impact on patient experience	**1.** The curriculum and clinical placements have focussed on the importance of person centred care. **2**. The NA's have been monitoring their impact on patient experience through their PAD documents **3**. The role of the NA focuses on care delivery at the patients bedside and therefore the impact on patient experience may be measurable over time as the number of registered NA's increases - feedback on an individual basis is likely to be seen via patient feedback at department / service level and may feature in more formal feedback via the range of patient experience feedback methodologies	**1**. Lack of understanding of the NA role within the governance structures and clinical services may lead to either under or over use of the NA role parameters. **2**. Lack of understanding of the NA role in the wider public arena may lead to confusion around this role	**1**	**1**	**1**. The nursing associates have completed a person centred 2 year NMC approved training programme which will help enable NAs to meet the needs of the population at the right time and as close to home as possible. **2.** The Trust Nursing Associate Implementation Group will develop and deliver a Communication plan about the role which will cover both internal and external communication about the role. The Clinical Educators will help to educate patients and the wider public about the role during their interventions with the NA's in the clinical settings. **3**. Any complaints or concerns about NA's performance by patients or the wider public will be investigated appropriately and sensitively.	**1**	**1**	**1.** To be defined based on clinical setting **2**. Local patient satisfaction audits **3.** Compliments/Complaints **4.** Patient feedback to the Nursing Associates **5.** Peer review
Impact on staff experience	**1**. The NMC have defined the standards of proficiency for the NA and there are clear differences between that of an NA and a Registered Nurse - this will be further strengthen via Communication about the role . **2**. Building on existing communication and promotion of the role across the Trust a communicaiton plan will be further developed to support Trust staff in order for them to be prepared for integration of the NA role into their teams. **3**. The NA role will support other members of the team in being able to work to their role remit e.g. RNs. (Releasing time to care). This will have a positive impact on staff	**1**. If teams/wards are not fully established to cover the service needs there is a risk that the NA may be asked to cover as a HCA. This may lead to dissatisfaction of NA staff in the role and may impact on retention and future recruitment. **2.** Staff morale amongst other band 4 roles and skill differences may be negatively impacted on in initial implementation of the NA role. This could potentially lead to recruitment and retention problems into NA or AP role. **3.** There is a risk that relationships between newly qualified RN's and NA's could be compormised if the roles are not clearly articulated within the team	**2**	**1**	**1**.Clinical areas who will have Nursing Associates from May 2019 will have a QIA that covers the cohort of 27 new registrants and a decision has been made to keep newly qualified Nursing Associates in the base clinical area where they have undertaken their training. **2**. The Trust Communication plan supported by the Clinical Educators will help to educate staff and answer questions around the NA role during their scope of practice with the NA's in the clinical settings. **3**. A Trust wide operational Nursing Associate implementation group has been established and is chaired by an Associate Director of Nursing who is assigned as Senior Responsible Officer for the Nursing Associate programme to ensure prompt escalation and resolution of any unforeseen consequence of the introduction of the role of the role of the Nursing Associate across the Trust **4.** The Birmingham and Solihull Nursing Associate Partnership will continue to review post registration practice and ensure lessons are learnt both internally to the Trust and externally across the Partnership and best practice can be shared **5**. The Clinical Educators across the Birmingham and Solihull NA Partnership are developing Preceptorship and CPD activities for Nursing Associate post registration **6**. Launch of the role with wider staff groups across the Trust has been facilitated through the Executive Team Brief, Executive Chief Nurse Summits and rotating roadshows across all of the hospital sites.	**1**	**1**	**1.** Staff evaluation **2**. Staff retention data **3**. Sickness data **4**. Vacancy data

Name: Lisa Stalley-Green Signature: Title: Executive Chief Nurse

Executive approval Titile of approving body: Date of approval:

Measurement of Likelihood

Level	Descriptor	Probability	Description
1	Rare	<1%	The incident may occur only in exceptional circumstances
2	Unlikely	1-5%	The incident is not expected to happen but may occur in some circumstances
3	Possible	6-20%	The incident may happen occasionally
4	Likely	21-50%	The incident is likely to occur, but is not a persistent issue
5	Almost Certain	> 50%	The incident will probably occur on many occasions and is a persistent issue

Measurement of consequence

Level	Descriptor	Description
1	Insignificant	No injury or adverse outcome; First aid treatment; Low financial loss
2	Minor	Short term injury/damage (e.g. resolves in a month); a number of people are involved
3	Moderate	Semi permanent injury (e.g. takes up to year to resolve)
4	Major	Permanent injury; major defects in plant, equipment, drugs or devises; the incident or individual involved may have a high media profile
5	Catastrophic	Death

Assessment Matrix The risk factor = likelihood x consequence

		CONSEQUENCE				
LIKELIHOOD		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
1	Rare	1	2	3	4	5
2	Unlikely	2	4	6	8	10
3	Possible	3	6	9	12	15
4	Likely	4	8	12	16	20
5	Almost Certain	5	10	15	20	25