

## Response ID ANON-NGRX-7F6M-Y

Submitted to **Nursing Associate Improvement Resource**  
Submitted on **2018-12-12 23:53:29**

### The Nursing Associate Improvement Resource

#### About you

##### 1 What organisation are you from?

**Organisation:**

The Royal College of Midwives

**Category:**

Union

##### 2 What is your name? (optional)

**Name:**

Carmel Lloyd

##### 3 What is your job title (optional)

**Job title:**

Head of Education & Learning

#### Will this resource be helpful?

##### 4 Overall do you think this resource will be helpful in deploying Nurse Associates into the workforce?

**Overall response:**

Don't know

#### Your feedback and comments

##### 5 Recommendations (page 5) To what extent do you agree that these will be useful in deploying Nursing Associates?

3. Neither agree nor disagree

##### 6 Governance (page 14). To what extent do you think the approach described will be helpful in deploying Nursing Associates?

2. Agree

##### 7 Quality Impact Assessment (QIA) (page 16). To what extent do you agree that this approach is useful?

2. Agree

##### 8 Professional Judgement (page 18). To what extent do you agree that a cross-checking approach is helpful in staffing deployment decisions?

2. Agree

##### 9 Measure & Improve (page 21). To what extent do you agree that this approach is helpful in monitoring the impact of Nursing Associates in the workforce?

3. Neither agree nor disagree

#### 10 If you wish to explain your answers above, or if you have any other comments you would like to make on the resource, please use the box below.

**Free text comments:**

1. There needs to be clarity with regard to how you define this role - all the literature to date - Shape of Caring, HEE standards and NMC proficiencies describe this as a role to bridge the gap between a HCSW and RN, yet in this document it is described as a role to bridge the gap between HCSW and senior registered professionals? We are unclear as to what is meant by this, given that this is a role which does not have an established evidence base, is untried, untested and not yet evaluated, in the interests of patient safety and safety of the NA themselves, the role and scope should be clearly stated as working to and alongside an RN.

2. Section 5.2 Comparing staffing levels with peers - the second paragraph states that the care hours per patient day is split between hours of RNs, NAs and HCSW - we are unclear as to why the table below then states hours of RN and midwives alongside, the support role which has been identified by NHSE, HEE

and the RCM as working alongside midwives is the Maternity Support Worker not a NA - we would therefore advise that the table should just state RNs alongside.

3. References should be updated and document should consider the recently published work by Griffiths et al 2018 Nurse staffing, nursing assistants and hospital mortality which advises exercising caution in the introduction of the NA role, which goes back to the point made in paragraph 1 above.