



Llywodraeth Cymru
Welsh Government



The Future of the Band 4 Nursing Workforce in Wales

Phase Two – preparing for the introduction of the Registered Nursing Associate

Final Report

Contents

<u>1.0 Purpose</u>	3
<u>2.0 Background</u>	3
<u>3.0 Phase 2</u>	5
<u>4.0 The Programme Board</u>	9
<u>5.1 Legislation Sub-group</u>	16
<u>5.2 Parameters of Practice Sub-group</u>	22
<u>5.3 Education Sub-group</u>	28
<u>5.4 Workforce Sub-group</u>	39
<u>6.0 Additional Workstreams</u>	49
<u>7.0 Closure of Phase 2</u>	57
<u>8.0 Conclusion</u>	57
<u>9.0 Appendices</u>	58
<u>10.0 References</u>	109

The Registered Nursing Associate has been described as the best model of widening access into nursing in England. The role is a destination, making a valuable contribution to patient care and addition to the nursing workforce and, importantly, is also a steppingstone to Registered Nurse.

1.0 Purpose

This report provides an overview of the national Welsh Government-led Band 4 (Nursing) project: Phase 2, describing the governance arrangements, aims and objectives and the outcomes achieved. This phase has essentially set the foundations for the future introduction of the Registered Nursing Associate role into NHS Wales, pending the necessary legislative changes. The significant work undertaken during Phase 2 informs Phase 3, which will be focused on further preparation and implementation.

2.0 Background

During the Autumn of 2022, it was agreed by the then Minister for Health and Social Services that a one-year national project could be commissioned by the Chief Nursing Officer for Wales (CNO), co-led with the Director for Workforce and Organisational Development in Welsh Government (WG). The project, referred to as Phase 1, was conducted from January to December 2023 and scoped the options and opportunities for the future development of the Band 4 Nursing workforce for NHS Wales. The project has been described as the most significant review of Nursing in Wales since the decision to introduce the graduate Nurse in 2004.

The Phase 1 report included 20 recommendations, underpinned by the evidence and key findings from the project, as shown in **Table 1**. There were 4 recommendations relating to policy (shown in purple text), 12 recommendations relating to Health Education Improvement Wales (shown in green text) and a further 4 relating to Health Boards / Trusts in Wales (shown in red text).

Table 1: Phase 1 recommendations

Recommendations			
R1 Only one band 4 Nursing role to exist in NHS Wales, that of the RNA, with the NMC as the regulator.	R6 Collaborate with the Council of Deans Health to supersede the HE Cert L4 & flexible route into nursing with the NMC RNA programme.	R11 Work with Universities to utilise the UCAS clearing process to increase the pool of candidates for RNA and RN programmes.	R16 Monitor & report Nursing workforce data against the 9 protected characteristics.
R2 Enact a centralised, Once for Wales, social partnership approach to defining the 'parameters of practice' distinguishing the RN from the RNA, avoiding substitution.	R7 Explore with the NMC the mapping of the HE Cert against the RNA Standards of Proficiency.	R12 Work with HB/Trusts to coordinate robust mapping and workforce planning of RNA commissioning, aligned to the IMTP process.	R17 Commence robust workforce mapping & planning with HEIW, aligned to IMTPs, preparing for the introduction of the RNA as a destination & stepping stone to RN.
R3 Mandate the dedicated provision of Practice Educator & Practice Facilitator support.	R8 Scope skills, qualifications & competencies of HCSWs who previously completed HE Cert L4 to explore a bridging programme to RNA.	R13 Secure transitional financial support for Practice Educators and Facilitators to support SNAs in practice and post registration.	R18 Through the transition phase from AP to RNA prioritise, support and sensitively manage existing APs.
R4 Ensure iterative improvements in Nursing monitoring and action against 9 protected characteristics.	R9 Collaborate with the Council of Deans Health to establish an all-Wales approach to building & mapping an L6 18 month bridging programme from RNA to BSc N	R14 Delegation & accountability to feature in education and development programmes, including induction for RNs and HCSWs (& RNAs in the future).	R19 Employ Practice Educators / Facilitators, based on HEIW funding, to support SNAs' learning in practice and post registration.
R5 Amend the current HCSW framework with a new workforce occupational code for RNA.	R10 A work-based learning model must feature highly within the HEIW commissioning approach for levels 4 & 5 learners.	R15 The all-Wales Delegation Guidelines are to be amended incorporating the RNA role & re-launched, with robust implementation plan & evaluation.	R20 Delegation & Accountability to be included in clinical staff induction with ongoing education for RNs & HCSWs (& RNAs in the future), with auditing in practice.

The primary recommendation being: *Only one Band 4 Nursing role will exist in NHS Wales, that of the Registered Nursing Associate, with the Nursing and Midwifery Council (NMC) as the regulator.* The decision that a regulated Band 4 role would be desirable, appropriate and value adding to the NHS in Wales was based on a comprehensive review of literature, evidence gathering, and extensive stakeholder engagement. A key finding was that despite considerable work over a decade to standardise Health Care Support Worker development, there remains significant under-utilisation of the Band 4 role and an inconsistent approach to its implementation across NHS Wales. Another finding was that clinical and academic stakeholders across Wales wanted the Band 4 role in nursing to be regulated. The rationale was to provide increased public protection and a reduction in risk, along with consistency in terms of professional and educational standards.

This approach mirrors work undertaken in NHS England, with the introduction of the Band 4 Registered Nursing Associate. The role has been described by Senior Nurses as the best model of widening access into nursing in England. The pivotal role was introduced to build the capacity of the nursing workforce, supporting delivery of high quality, evidence-based care by assisting the Registered Nurse, and members of the Multidisciplinary Team, enabling their focus on more complex and intricate care and activities. They are assistive members of the nursing team, who have gained Nursing

Associate Foundation Degrees, awarded by a Nursing and Midwifery Council-approved provider. It involves the completion of high-level study over 2 years full time, but it can also be completed part time and enables Nursing Associates to perform more significant and complex care activities than a Health Care Support Worker (HCSW). The Registered Nursing Associate role can be applied in all health and care settings with people of all ages, and is a role educated across the 4 fields of practice: adult, child, mental health and learning disabilities. The introduction of the role in England has enabled expansion of the Registered Nurse workforce through an enabling pathway for the Registered Nursing Associate to become a Registered Nurse.

The full Phase 1 report can be found via the following link: [Written Statement: Policy Intent for introduction of a regulated band 4 nursing role for the NHS in Wales, subject to the necessary UK legislative amendments \(19 January 2024\) | GOV.WALES](#)

3.0 Phase 2

Following completion of Phase 1, and the formal announcement of the Welsh Government policy intention to introduce the Registered Nursing Associate role in NHS Wales, the national project entered Phase 2: Preparedness and formally commenced in March 2024.

3.1 Project Initiation Document (PID)

It was agreed by the Project Sponsor and Senior Responsible Officer that the PID devised for Phase 1 would be amended to reflect the commissioning of Phase 2, as opposed to writing a new PID.

Refreshed project aims included the following:

1. To produce and facilitate delivery of a pre-implementation plan, based on the 20 recommendations approved by the Minister for Health and Social Services.
2. To proactively, openly and effectively engage with critical stakeholders, embracing a social partnership approach.
3. To proactively identify any funding implications for the future introduction of the Registered Nursing Associate (RNA), raised during Phase 2.

3.2 Phase 2 Scope

The scope for Phase 2 was Band 4 Health Care Support Workers (also known as Health Care Assistants) across NHS Wales whilst being cognisant of the impact for social care and other professional groups. Midwifery was excluded from the scope.

A constraint was identified, namely the people dependent nature of the project, with a 10-month timeframe for completion. NHS Wales continued to be under significant pressure, with workforce gaps and covid related backlogs in care, potentially curtailing the ability of key stakeholders to fully and effectively engage. Positively, this constraint has not been realised and there has been full and active engagement of stakeholders throughout Phase 2.

3.3 Key Stakeholders

Key stakeholders were identified for Phase 2, embracing a similar approach as deployed in Phase 1 (the Mendelow Matrix) and included:

All Wales Practice Education Facilitators Group

Citizens Voice Body

Care Inspectorate Wales

Council of Deans (Health) Wales

Deputy Directors of Nursing Forum

Deputy Directors of Workforce and OD Group

Directors of Workforce & Organisational Development Peer Group

Executive Directors of Nursing Peer Group

Four Country CNO Officers

Health Boards & Trusts in Wales

Health Education and Improvement Wales

Health Inspectorate Wales

Independent Sector

NHS Trusts in England

Nursing and Midwifery Council

Nurse Education Leads Group (Wales)

Prolific Authors

Royal College of Nursing

Social Care Wales

UNISON

Universities in Wales (& England)

Wales Partnership Forum

3.4 Project Gantt Chart

A Project Gantt Chart was developed, as a visual bar chart, to plan and track project progress and comprised of three sections:

- Section 1: Exploration
- Section 2: Execution
- Section 3: Evaluation

The Gantt Chart was reviewed monthly and colour coded according to progress:

- **Red** = off track
- **Amber** = progress but behind schedule
- **Green** = on track
- **Blue** = work to commence/not yet due
- **Yellow** = closed.

The Gantt presented to the December Programme Board can be seen in

Appendix 1.

3.5 Risk Register

A risk register was compiled to depict the objectives, barriers, events and circumstances that might prevent the objective from being achieved and included the cause and consequences of the risk that had been identified. Inherent risk provided a score relating to the achievement of the objective before any mitigation or control actions had been put into place to manage the risk. Impact related to an assessment of the consequences of the risk materialising (scored 1-5) and likelihood related to an assessment of the probability of a risk materialising (scored 1-5).

The identified project risks included:

- Timeliness of UK legislative changes
- Capacity for stakeholders to engage in the development of the Parameters of Practice

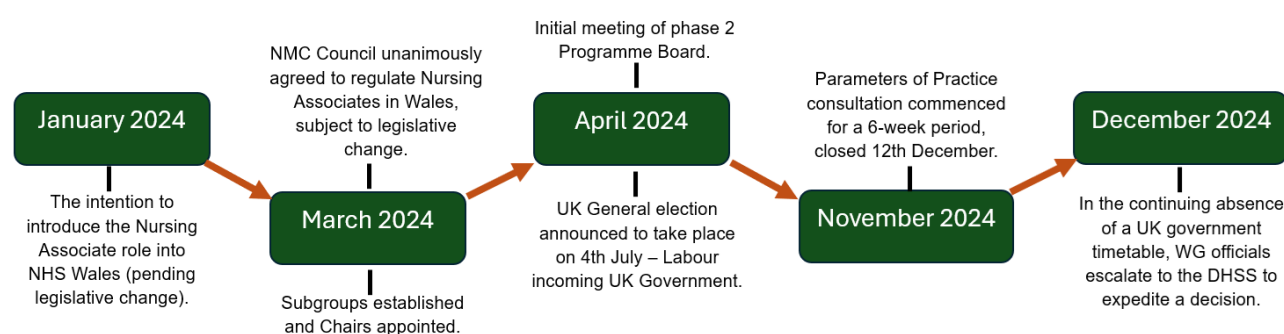
- Robust workforce planning to ensure a critical mass & adequate bridging opportunity, that informs Health Education and Improvement Wales's (HEIW) educational commissioning process.
- Ability to identify the financial implications for the introduction of the RNA during Phase 2

The risk register presented to the Programme Board in December 2024 can be seen in **Appendix 2**.

3.6 Timeline / Critical Path

Graphic 1 outlines the key milestones during the lifespan of Phase 2.

Graphic 1: Critical path for Phase 2.



3.7 Monthly Progress Reporting

Monthly reports have been produced by the Welsh Government Project Leads for the Senior Responsible Officer and Project Sponsor to demonstrate progress against the project targets throughout Phase 2. This has captured scope creep, risks to the schedule, resources and other issues. Where necessary, remedial actions have been put in place to support resolution. Each monthly report included a copy of the Gantt Chart, Risk Register, and other details of the project such as sub-group highlights. The monthly reports also included an overall progress RAG rating.

3.8 Declaration of Interests Register

A declaration of interests' register was established to support project control through the monitoring and audit of conflict-related risk. Potential or actual conflicts were reported by members of the Programme Board, sub-groups and task and finish groups. All declarations were recorded on the project register. This was an iterative process throughout Phase 2, with all meeting attendees being asked if there were any new conflicts to declare at the beginning of each meeting. There were five declarations made throughout the course of Phase 2.

4.0 Programme Board

The Programme Board was established in the first quarter of 2024, with the inaugural meeting taking place in April. The Programme Board served to ensure the key deliverables associated with the Welsh Government policy intention of introducing the Registered Nursing Associate role into NHS Wales were implemented, on time and in-full, as per the requirements and expectations of the Phase 2 project plan and agreed delivery plan.

The Board provided leadership and direction, as well as formal oversight of the Band 4 nursing project and was the platform for discussion and resolution of issues; strategies for mitigation of risk; ensuring alignment of workstreams with the key objectives of the programme, along with key decision making and progress monitoring. Programme Board members had a responsibility to fully and actively participate and to cascade information to the organisations they represented in a timely manner.

The Programme Board was chaired by the Chief Nursing Officer for Wales, with a Vice-Chair appointed, who was the Nursing Officer for Professional Standards, Regulation and Education within the CNO Office. The Programme Board was accountable, via the Chief Nursing Officer (as Chair), to the Cabinet Secretary for Health and Social Services, with reporting to the NHS Wales Senior Leadership Board.

At the inaugural meeting, the CNO set out the expectations and requested each sub-group consider any financial impact relating to the allocated recommendations and

additional actions, raising these iteratively with the Programme Board. It was anticipated that costs would likely emerge during Phase 2, with more explicit financial implications being highlighted during Phase 3.

Formal meetings were held bi-monthly. Administrative support was provided by the WG Band 4 (Nursing) Project Leads, with support from CNO's office when available. Papers for the Programme Board (to include: the agenda, notes from the previous meeting, action log, decision log and risk register) were generally distributed to members two weeks in advance of the meeting dates. It was expected that business to support delivery of the project objectives could also be conducted between formal meetings, and this facility was utilised on several occasions.

4.1 Terms of Reference (ToR)

The aim of the Programme Board was to ensure meaningful preparation, in line with the Welsh Government policy position that only one Band 4 nursing role will exist in NHS Wales (the Registered Nursing Associate), with a centralised Once for Wales approach to the Parameters of Practice. Terms of reference can be seen in **Appendix 3**.

Members of the Programme Board included:

- Nursing Officer (Education, Regulation and Professional Standards)
- Assistant Director – Strategy & Insight, NMC
- Assistant Director National and Regional Outreach - NMC
- Executive Director – Nursing & AHP Education, HEIW
- Deputy Director - Workforce Transformation, HEIW
- Deputy Director – Education, Commissioning and Quality, HEIW
- Chair of the Executive Directors of Nursing Peer Group
- Representative from the Executive Directors of WOD Peer Group
- Senior representative from the Council of Deans (Health) Wales
- Head of OD and Workforce – Strategy and Planning (WG) / Deputy HSS - NHS Workforce & Operations
- Senior representatives from the Welsh Partnership Forum
- Senior representative from the Royal College of Nursing
- Representative from Llais
- Representative from the Independent Care Home Sector (latterly)

- Representative from All Wales Directors of Social Services (latterly)
- Band 4 Project Leads (WG)
- Band 4 Programme Lead (HEIW)

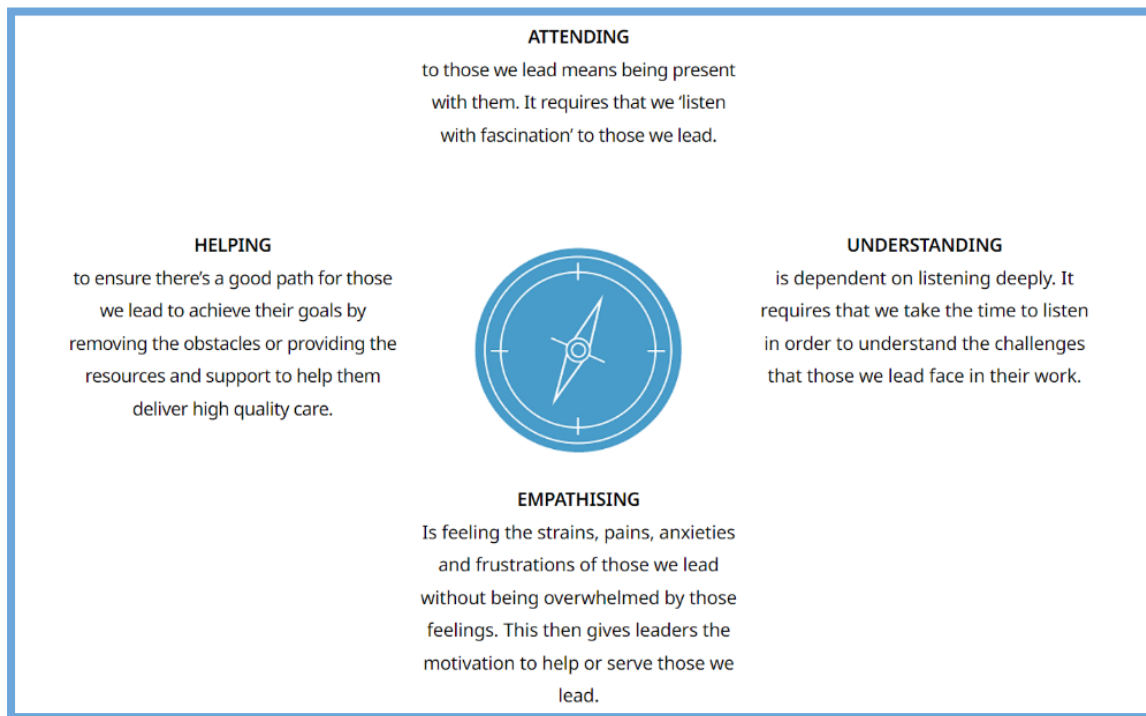
There were also co-opted members:

- Sub-group Chairs x 4 who provided a formal progress report on their respective work streams at each Programme Board.
- Subject matter experts could be co-opted as required with agreement from the Chair.

All Members (including sub-group Chairs) were required to attend each Programme Board, but in the event of inability to attend, appropriate representation was expected. The individual representing the core member was required to be of senior stature, with knowledge of the project and its requirements, to enable an effective contribution. All members were critical to project success and delivery of this Ministerial policy intention. To secure meeting quoracy, Programme Board representation was required from: HEIW, Executive Directors of Nursing (EDoN) Peer Group, Wales Partnership Forum, sub-group Chairs and the WG Project Leads.

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the diagrammatic compass - **Graphic 2**, underpinned the way members were expected to interact and engage with colleagues throughout Phase 2 of the project. This aligned with Health and Social Care values and beliefs.

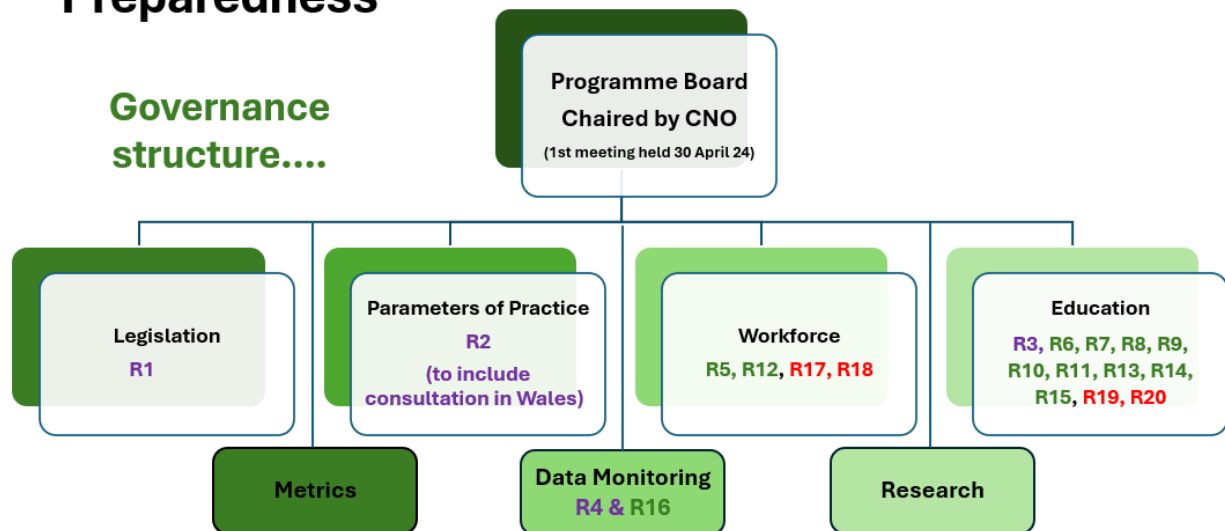
Graphic 2: The Compassionate Leadership Model



Four sub-groups were established, accountable to the Programme Board. These are shown in **Graphic 3**, highlighting the allocation of each of the recommendations to the relevant sub-groups, whilst noting 'additional actions' were also assigned to respective sub-groups. It is important to note there were interdependent work streams and, as such, had dual representation within the respective sub-group delivery plans. The overarching allocation plan for both recommendations and additional actions can be found in **Appendix 4**.

Graphic 3: Governance structure for Phase 2 of the project.

Phase 2 – 2024 Preparedness



Key: **Purple** = WG responsibility, **Green** = HEIW responsibility and **Red** = Health Board/Trusts' responsibility.

There were three additional workstreams required to ensure necessary nursing monitoring data for the Nursing Associate would be captured; that metrics and evaluation tools are considered; together with a proposal for future research to be undertaken to understand the impact of the RNA role across NHS Wales.

4.2 Programme Board Progress

Five meetings of the Programme Board were held between April and December 2024, as per the planned schedule. No meetings were cancelled and quoracy was achieved at every meeting.

There were six decisions made by the Programme Board, as outlined below:

1.June 2024:

Discussion: The Chair of the education sub-group raised a concern about the project ambition of implementing the RNA education programme from September 2025 & whether there would be a 'pilot'.

Decision: Highly unlikely that a 'pilot' will be implemented in Wales. Agreement made to refer to the participants of the first Nursing Associate programme as the 'initial cohort'.

2.June 2024:

Discussion: The options open to Wales in terms of securing legislative change were explored, together with the acknowledgement that a Nursing Associate education programme can commence, without the legislation being passed, with a third party assigned as the interim 'regulator'. The NMC cannot regulate a role or quality assure the education programme until the legislation changes enabling them to do so.

Decision: A decision was made that Wales could, pending risk assessment, introduce the Nursing Associate education programme ahead of the necessary legislative change, with the proviso that the legislation is in place by the time the initial cohort concludes the programme.

3.August 2024:

Discussion: HEIW proposed that Further Education (FE) Colleges should be represented at the Programme Board, akin to the Council of Deans Health (Wales) and Higher Education Institutes. This was raised as important because FE colleges can provide Nursing Associate education programmes.

Decision: Support for FE College representation on the Programme Board.

4.August 2024:

Discussion: A proposed amendment to the ambitious timeframe of September 2025 for the commencement of the Nursing Associate education programme to change to the academic year 2025/'26.

Decision: Agreement for the change in narrative, as proposed, pending legislative change.

5.October 2024:

Discussion: Comprehensive discussion about the content of the draft consultation document, developed in collaboration with members of the Parameters of Practice sub-group, to include communication, engagement and the timescale for the consultation. Minor changes to document were agreed.

Decision: Programme Board were content with the consultation document (subject to the minor amendments) thereby enabling the triggering of the Welsh Government consultation process.

6.October 2024:

Discussion: Following work by members of the workforce sub-group regarding a Once-For-Wales agreement on titles for Nursing Associates in Wales, the group proposed *Student Nursing Associate* for pre-registration and *Registered Nursing Associate* post-registration.

Decision: The Programme Board ratified the titles, as proposed, that of: Student Nursing Associate & Registered Nursing Associate.

There were 29 entries recorded on the Programme Board's action log, 27 of which were complete. 2 actions remain RAG-rated 'amber', as discussed at the December Programme Board. This included:

- Development of a robust communication plan
- The closure and handover plan

There were no escalations from the Programme Board, via the Chair, to the Cabinet Secretary during Phase 2.

The planned final meeting of the Programme Board took place on 17 December 2024. The Parameters of Practice consultation outputs were to be reported within Phase 2 however, as the closure date of the consultation was 12 December and the Programme Board took place just 3 working days later, this was not possible. Consequently, a decision was taken by the Chair to arrange an additional short extra-ordinary meeting to share the consultation outputs and the Phase 2 project report.

5.0 Sub-groups

Four sub-groups were established, the first meetings for which commenced in May 2024, following the inaugural meeting of the Programme Board in April.

- **Legislation:** Chair – Ian Owens, Head of OD and Workforce Strategy and Planning (WG); selected by CNO & Director of WOD, WG.
- **Parameters of Practice:** Chair – Angela Wood, Executive Director of Workforce, BCUHB; selected by the Executive Director of Nursing Peer Group.
- **Education:** Chair – Professor Jayne Cutter, Head of the School of Health and Social Care, Nursing, Swansea University; selected by the Council of Deans for Wales.
- **Workforce:** Chair – Lianne Morse, Deputy Director of People & Culture at C&VUHB; selected by the Directors of Workforce and Organisational Development Peer Group.

The purpose of each sub-group was to support the advancement of the Programme Board's purpose of ensuring meaningful preparedness for the future introduction of the Registered Nursing Associate across NHS Wales, subject to the necessary legislative change. This was achieved through membership of subject related experts to facilitate the objectives and deliverables, as set out in the ministerially approved recommendations and the additional actions, identified from the Phase 1 report. Each sub-group developed a delivery plan, against which their progress was monitored and reported. Sub-groups Chairs were supported by the WG Project Leads. Each sub-group had a Chair, Vice-Chair, and terms of reference.

Administrative support was provided by the WG Band 4 Project Leads, with support from CNO's office when available. Papers for the sub-groups were generally distributed to members two weeks in advance of the meeting dates. It was expected that business to support delivery of the project objectives could also be conducted between formal meetings, and this facility was utilised on several occasions.

Notes for each meeting of the sub-group, and respective task and finish groups, were produced and each group had an action log, which described the actions required by who and by when, with a BRAG rating to track degree of completeness.

The BRAG rating key:

- **Red** = completion date missed, and recovery required
- **Amber** = some issues with completion but being managed
- **Green** = completion in progress and on-track
- **Blue** = complete/closed

The sub-group Chairs were required to provide formal updates to the Programme Board against their respective delivery plans, using the agreed reporting template, a blank for which can be seen in **Appendix 5**. This report included progress against their respective delivery plan, risks, matters for decision, items of escalation and an overall RAG rating.

5.1 Legislation Sub-group

There are legislative implications associated with the intention to introduce a Registered Nursing Associate role in Wales, requiring Welsh Government to collaborate with the Department of Health and Social Care (DHSC) and the Nursing and Midwifery Council (NMC). Legislative amendments to the Nursing and Midwifery Order (2001) are required and these are powers reserved by the UK Government. Welsh Government officials have been regularly liaising with counterparts in the UK Department of Health and Social Care in relation to this matter. The RNA role cannot be introduced in Wales without changing the NMC's legislation. To meet the policy intention, an ambition for Wales is to see the first cohort of student Nursing Associates commencing in academic year 2025/26. The NMC would therefore need to be the regulator in law for Nursing Associates to operate in Wales by autumn 2026.

The Nursing and Midwifery Council were formally notified by Welsh Government of the policy intention to introduce Registered Nursing Associates in Wales, so that the required legislative changes could be factored into its imminent regulatory reform programme. Evidence was presented at its Council meeting in March 2024. The NMC responded stating this would be a positive development, and the Council voted unanimously to

admit RNAs onto the NMC register for Wales, pending legislative change being achieved.

An amendment to the Nursing and Midwifery order (2001) via section 60 can be achieved in two ways:

- I. Collaborate with the DHSC to incorporate the section 60 change into the NMC legislative amendments booked for UK parliamentary time.
- II. Undertake a separate section 60 amendment outside the NMC legislative framework amendments.

Through discussions with DHSC policy officials, the preferred option has been to include the Wales RNA changes as part the wider NMC legislative reform programme. This option requires minimal additional resource to deliver (both within DHSC and Welsh Government) and would not require separate Parliamentary time, which can be difficult to secure.

5.1.1 Legislation Terms of Reference

Membership:

- Chair - Head of OD and Workforce, Strategy and Planning (WG)
- Nursing Officer, Workforce, Regulation and Education (WG)
- Assistant Director – Strategy & Insight, Nursing and Midwifery Council
- Deputy Director for Professional Regulation, Department of Health & Social Care
- Head of Legal Services or representative (WG)
- Nurse Staffing Manager, CNO Office (WG)
- Band 4 (Nursing) Project Leads, CNO Office (WG)

The sub-group meetings were scheduled dependent on updates regarding UK Government timescales for necessary legislative change. Terms of reference can be seen in **Appendix 6**.

5.1.2 Legislation Delivery Plan

The delivery plan for the legislation sub-group included one recommendation (R1) and one additional action (AA1), as shown in **Table 2**.

Table 2: Delivery plan for Legislation Sub-group.

Recommendations (R) & Additional Actions (AA)	Outcomes	Proposed Timescales
R1 There will be one Band 4 Nursing role in NHS Wales, that of the RNA, regulated with NMC.	The UK government announces the legislative change enabling amendment to the NMC legislation via a Section 60 order, facilitating the RNA to be introduced in Wales. Scenario planning is undertaken regarding the approach and potential start date for the RNA training in Wales, for consideration and decision at the Programme Board.	Unknown August 2024 COMPLETE
AA1 Amend the Nurse Staffing Levels (Wales) Act Operational Guidance to incorporate the RNA role.	The additional narrative is created in readiness for insertion, upon legislative change enabling the RNA role to be introduced in Wales. The Operational Guidance, supporting the Nurse Staffing Levels (Wales) Act (2016), is updated to reflect the presence of the RNA in the NHS workforce in Wales.	December 2024 COMPLETE Phase 3

5.1.3 Legislation Sub-group Progress

R1 *There will be one Band 4 Nursing role in NHS Wales, that of the RNA, regulated with NMC.*

To date, the DHSC has not published the timetable for regulatory reform and the General Election and change in UK Government has caused further, unavoidable delay. The most recent discussion with DHSC officials, as shared at the December Programme Board, indicates the reform programme is currently being considered by UK ministers. Allowing up to a possible 18 months to progress a Section 60 Order, the process would need to start by March 2025. If the NMC reform timetable is not published in the coming months (assuming the timetable would satisfy the Band 4 RNA programme timetable) it may be necessary to formally make a request to UK Government for a standalone Section 60 Order.

The Chair of the Legislation sub-group updated the Programme Board in December, indicating there was no published timetable for reform of healthcare professional regulation. Without an agreed timetable it is not possible to determine if NMC regulatory reform will provide the necessary legislative mechanism to introduce the Band 4 RNA role in Wales, in line with ambitions for the first cohort of Nursing Associates to start in academic year 2025/26. At the December Programme Board it was agreed, in the continuing absence of a UK government timetable, Welsh Government officials would escalate the matter to the Department of Health and Social Care with the aim of expediting a decision.

AA1 - Amend the Nurse Staffing Levels (Wales) Act Operational Guidance to incorporate the RNA role.

The Nurse Staffing Levels (Wales) Act was implemented in 2016, the legislation requires health service bodies in Wales to ensure appropriate nurse staffing levels across provided and commissioned services. The aim of the legislation is to enable the delivery of high quality, safe and effective person-centred care. The act places an overarching duty on all NHS health service bodies in Wales (Local Health Boards and NHS Trusts) to have regard to the importance of ensuring enough nurses are available to care for patients sensitively, whether they are providing those services themselves or securing nursing services from a third party.

Section 25B introduces a duty for Local Health Boards and NHS Trusts in Wales (where applicable) to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of Registered Nurses (those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by, a Registered Nurse.

There needs to be an amendment to the operational guidance associated with the Nurse Staffing Levels (Wales) Act (2016), but no changes to the act itself, as the RNA is not on sub parts 1 or 2 of the NMC register, they are on the 'NAR' part of the register. The changes to the operational guidelines are essentially seven-fold, including 3 minor amendments where reference is made to the role, and 4 more major changes, to include:

- The inclusion of a definition of the RNA in the glossary of terms at the beginning of the document.
- Amendment to the calculation template annex to include the RNA as a role distinct from the RN and HCSW.
- Amendment to the patient display poster to include the RNA as a role distinct from the RN and HCSW
- Changes to the Frequently Asked Questions document explaining role differentiation for the public.

The All-Wales Nurse Staffing Programme holds the responsibility for reviewing and amending the Nurse Staffing Levels (Wales) Act's operational guidance. The review of the operational guidance to include the inclusion of the RNA role has been conducted, as per the delivery plan. The All-Wales Nurse Staffing Programme will take responsibility for ensuring the necessary changes to the Operational Guidance are completed during Phase 3, engaging with key stakeholders. This action has been included in their workplan for 2025.

5.2 Parameters of Practice Sub-group

Throughout the project, the potential for Registered Nurse substitution with Registered Nursing Associates has been raised, most notably by the Royal College of Nursing. In announcing the policy intention to introduce the Registered Nursing Associate role across NHS Wales, the Minister for Health and Social Services stated the new role was to complement the Registered Nurse workforce, as well as enabling greater access into nursing. The Chief Nursing Officer for Wales has also been explicit that the Registered Nursing Associate role is not a substitution for the Registered Nurse.

The Parameters of Practice recommendation (R2), related to the setting of boundary limits or ‘red lines’ that cannot be crossed, whilst recognising the unique and distinctive elements of a role that must be protected and acknowledging role overlap will and does occur. Clearly defined Parameters of Practice cement understanding of clinical roles and responsibilities, ensuring safe patient care, together with role differentiation and distinction. Parameters of Practice will be a Wales-specific policy approach, which will not be imposed by the NMC. The NMC professional regulatory framework is common across England and Wales and consists of the code, character checks, proficiencies and revalidation requirements.

This is a unique and groundbreaking piece of work that does not exist with the RNA model in England, which has formed the basis of the workstream for the Parameters of Practice sub-group.

5.2.1 Parameters of Practice Terms of Reference

Membership:

Executive Director of Nursing and Midwifery, Betsi Cadwaladr University Health Board
(Chair)

Nursing leads for regulation from each Health Board and NHS Trust in Wales

Representatives from:

HEIW

The Wales Partnership Forum

The Royal College of Nursing (Vice-Chair)

Wales Inspectorate bodies (HIW, CIW, Social Care Wales)

The NMC

The Independent Sector
 Band 4 (Nursing) Project Leads, CNO Office (WG)

Terms of reference can be seen in **Appendix 7**.

The sub-group meetings were scheduled over a period of four months (May to September 2024), with additional business being carried out via email and other electronic methods, between meetings. The July meeting took the form of a workshop to prepare for the planned consultation. (In addition, an extra-ordinary meeting will be scheduled early in Phase 3 for the original group members to review the consultation responses and produce a final parameters of practice document by the Summer 2025).

5.2.2 Parameters of Practice Delivery Plan

The delivery plan for the Parameters of Practice sub-group included one recommendation (R2) and two additional actions (AA1 and AA2), see **Table 3**.

Table 3: Delivery plan for Parameters of Practice sub-group.

'Parameters of Practice' Recommendations	Outcomes	Proposed Timescales
R2 Enact a centralised, Once for Wales, social partnership approach to setting the Parameters of Practice and mitigations which distinguish the RN from the RNA, avoiding substitution, and ensuring patient and nurse protection.	A document is produced enabling Welsh Government to conduct a public consultation on the Parameters of Practice for the RNA across NHS Wales. (Note that the Parameters of Practice are not requirements imposed by the NMC in their professional regulatory framework across England and Wales).	Sept 2024 COMPLETE
AA1 Explore options for a consistent approach to RNA	A Once for Wales approach, agreeing the post registration extended scope of practice activities	Phase 3

'scope of practice' by speciality (e.g. utilising the Critical Care Network, Neonatal Nursing Group, Mental Health Nursing Forum etc)	appropriate for RNAs beyond the procedures set out in Annex B of the NMC Nursing Associate Standards of Proficiency is produced, (Note that from a regulatory perspective, skills development, and growth beyond the point of NMC registration, must always remain with the NMC's Code of professional standards of practice).	
AA2 Health Boards /Trusts to work collaboratively with universities to identify post registration RNA education requirements for extended scope of practice, linking this workstream to the advanced practice framework at enhanced level.	Commissioning includes post registration educational programmes suitable for and available to RNAs. HB/Trusts include RNAs in the education plan for post registration HEIW funding as part of the annual commissions, linked to the organisations IMTP,	Phase 3

5.2.3 Parameters of Practice Sub-group Progress

R2

Enact a centralised, Once for Wales, social partnership approach to setting the Parameters of Practice and mitigations which distinguish the RN from the RNA, avoiding substitution, and ensuring patient and nurse protection.

Workshop

A workshop was held in July 2024, the aim for which was to explore stakeholder opinions and views regarding the proposed national Parameters of Practice for NHS Wales.

Supporting information included the NMC Proficiencies for RNs and RNA's and the RCN definition of an RN and their position statement relating to role substitution.

Elements of the RN role underpinned by legislation and non-statutory guidance were explored along with extensive examination of the unique elements of the RN role as well as the 'red lines' considered appropriate for the RNA. Following the workshop, a further meeting was held in August where consultation content was debated and a draft document prepared for approval at the October Programme Board. Programme Board members were asked for views; discussion points included whether the term 'ceiling of treatment' could be easily understood by patients and the public and the timings of the consultation. The Programme Board approved the document, subject to minor amendments, enabling the triggering of the WG consultation process.

Consultation

The post-registration Parameters of Practice for the RNA in Wales consultation (consultation number WG50275) was launched in November 2024. The aim of the consultation was to agree the post registration Parameters of Practice, which unequivocally distinguishes the Registered Nursing Associate from the Registered Nurse, ensuring that Registered Nurse role substitution does not occur in NHS Wales.

The consultation document provided background information setting out the nature of the RNA and its position within the nursing workforce; the generic nature of the RNA role covering all 4 fields of practice; education level as well as documenting the elements of the RN role that are set in law. The full consultation document can be found [here](#).

The questions contained within the consultation are set out below:

- **Question 1:** Do you think that: Leading, coordinating, managing care and being 'in charge' should be reserved for the Registered Nurse, with the Registered Nursing Associate contributing to but not leading care?
- **Question 2:** Do you think that: Holistic patient assessment should be reserved for the Registered Nurse, with the Registered Nursing Associate only participating in elements of patient assessment?
- **Question 3:** Do you think that: Holistic planning of patient care and care plan development should be reserved for the Registered Nurse?

- **Question 4:** Do you think that: Holistic evaluation of patient care should be reserved for the Registered Nurse, with Registered Nursing Associates only participating in elements of patient evaluation?
- **Question 5:** Do you think that: Leading, responding and supporting safeguarding enquiries into abuse and / or neglect of adults and children should be reserved for the Registered Nurse?
- **Question 6:** Do you think that: Ceilings of treatment conversations with patients and families (or significant others) should be reserved for the Registered Nurse?
- **Question 7:** Do you think that: clinical discussion relating to predictable cardiac arrest and do not attempt cardio-pulmonary resuscitation decision-making should be reserved for the Registered Nurse?
- **Question 8:** Do you think that: Professional accountability for the decision to discharge a patient should be reserved for the Registered Nurse, with Registered Nursing Associates only participating in elements of the discharge process?
- **Question 9:** Do you think that: The decision to refer a patient to another regulated professional or provider should be reserved for the Registered Nurse, with Registered Nursing Associates only supporting the referral process?

A tenth question asked if there was anything else that had not been covered, that was felt to be the domain of the RN. There were also a further three questions relating to the potential impact of the Parameters of Practice workstream on the Welsh language and the nine protected characteristics.

The consultation was available via the Welsh Government website and closed on 12 December 2024, following a 6-week period; 184 responses were received. A brief numerical overview of the responses can be seen in **Table 4**.

Table 4: Consultation responses

Type of responder	Responses
Patient / family member	2
Member of public	9
Member of NHS staff	136
Collective responses HB/Trust	4
Organisation with interest in health	13
Voluntary sector representation	1
Prefer not to say	2
Other (not listed)	17

A summary of the quantitative responses is being prepared by the Welsh Government and is due for completion in February 2025. There will then be further work during Phase 3 to produce a qualitative report on the consultation responses, which will inform the Parameters of Practice for Wales. The intention is for this workstream to be finalised in the summer, with the subsequent publication of a Welsh Health Circular.

The following recommendations and additional actions will be taken forward in the next phase.

AA1

Explore options for a consistent approach to RNA 'scope of practice' by speciality (e.g. utilising the Critical Care Network, Neonatal Nursing Group, Mental Health Nursing Forum etc).

AA2

Health Boards / Trusts to work collaboratively with universities to identify post registration RNA education requirements for extended scope of practice, linking this workstream to the advanced practice framework at enhanced level.

For all elements of the Parameters of Practice workstreams (R2 / AA1 / AA2), it is imperative that the differences between Parameters and Scope of Practice are clearly understood, thereby reducing any possible misunderstanding.

- Parameters of Practice set out the boundary limits or ‘red lines’ that cannot be crossed, recognising the unique and distinctive elements of a role that must be protected, whilst also acknowledging role overlap will and does occur.
- Scope of Practice varies across clinical areas and fields of practice; it is iterative and can be driven by societal change. At the point of registration, the scope of practice is set by the Nursing and Midwifery Council (NMC). Post-registration it is set out within job descriptions and policy, underpinned by the NMCs Code of Practice.

5.3 Education Sub-group

The standards of education for the RNA (and the RN) are set by the NMC. The education programmes aim to equip students with the skills and knowledge required to provide consistent high standards, supporting the delivery of safe and effective care, both at the point of registration and throughout their careers. The education sub-group was allocated the largest number of recommendations (R3, R6, R7, R8, R9, R10, R11, R13, R14, R15, R19, R20) spanning both academic and clinical elements. Progress was achieved through the provision of education-related expertise, to facilitate the objectives and deliverables set out in the education delivery plan.

5.3.1 Education Terms of Reference

Membership:

- Chair – Head of School for Health and Social Care, Swansea University.
- Nurse Education Leads and PEF Leads from each Health Board and NHS Trust in Wales.
- University Nursing Programme Leads from Welsh Universities.
- Representatives from HEIW: Deputy Director Education, Commissioning and Quality.
- Band 4 Programme Lead from HEIW.
- Representative from the Welsh Partnership Forum.
- Senior representative from the Royal College of Nursing.
- Assistant Director, NMC.
- Band 4 (Nursing) Project Leads, CNO Office (WG)

Co-opted members included:

- WG Nursing Officer

Subject matter experts to be co-opted as required with agreement of the Chair.

A Deputy Chair was elected from the membership and led the sub-group in the absence of the Chair.

Sub-group meetings were held monthly from April to December 2024. Quoracy required representation from at least 3 Health Boards / Trust, at least 3 Universities along with representation from HEIW. Task and finish groups were established to support the requirements of the delivery plan.

The education sub-group terms of reference can be seen in **Appendix 8**:

5.3.2 Education Delivery Plan

The delivery plan for the education sub-group set out the allocated education recommendations and additional actions, the expected outcomes, and proposed timescales, see **Table 5**.

Table 5: Education Sub-group Delivery Plan

Education Recommendations (R) and Additional Actions (AA)	Outcomes	Proposed Timescales
R3, R13, R19 Dedicated Practice Educators & Practice Facilitators to be in place in each Health Board and Trust, for a transitional period (48 months), to support SNAs and RNAs.	PEFs will be required upon commencement of the RNA education programme. Therefore, in the first instance, funding and pro rata allocation per HB/Trust needs to be determined & funded by HEIW	Phase 3
R6 Collaborate with Council of Deans Health to supersede the HE Cert L4 & flexible route into	NMC approval processes (new programmes / modifying existing programmes) for Universities in Wales	Book appointments with NMC in 2025 for

nursing with the introduction of the NMC RNA programme.	<p>completed, having passed through the four required gateways, thereby ready to deliver programmes that meet the NMC Standards of Proficiency for Nursing Associates.</p> <p>HE Cert programme phased out following a transitional period to the Nursing Associate Programme.</p> <p>Flexible route to RN phased out following a transitional period to the Nursing Associate Programme.</p>	validation gateway 4 appointments.
<p>R7</p> <p>Trigger rapid discussions with the NMC to explore the mapping of the HE Cert, pre & post implementation of the 2018 NMC Future Nurse Standards, as well as determining the bespoke arrangements for the existing APs' transition to RNA.</p>	<p>NMC agreed generic shortened bridging programme for existing APs in Wales, for those who achieved an HE Cert post the implementation of the 2018 Future Nurse Standards.</p> <p>NMC agreed shortened bridging programme for existing APs in Wales, who achieved an HE Cert pre the implementation of the 2018 Future Nurse Standards.</p> <p>The NMC have agreed a process to enable bespoke programme arrangements for individuals who meet the entry</p>	Phase 3

	criteria but do not fit into the above two categories.	
R8 Scope the skills, qualifications & competencies of HCSWs who previously completed HE Cert L4 to explore a bridging programme to RNA.	Review the education attainment of existing Band 4s (& Band 2/3) across NHS Wales to inform workforce planning and education commissioning during Phase 3.	December 2024 INCOMPLETE Work on-going in terms of data validation
R9 Collaborate with the Council of Deans Health to establish an all-Wales approach to building & mapping an L6 18 month bridging programme from RNA to BSc Nursing.	NMC approval processes (new programmes / modifying existing programmes) for Universities in Wales are completed, having successfully passed through the four required gateways, to deliver eighteen-month field specific bridging programmes that meet the NMC Standards of Proficiency for Pre-Registration Future Nurse Programmes (Adult / Child / Mental Health / Learning Disability).	October 2024 COMPLETE
R10 The work-based learning model must feature highly within HEIWs' commissioning approach for levels 4 & 5 learners.	Commissioning includes work-based learning as the primary option for existing Health Care Support Workers wishing to undertake an NMC Nursing Associate Programme of study. Commissioning includes work-based learning as the primary option for future Registered Nursing Associates to	Phase 3

	undertake a bridging programme to RN.	
R11 Work with Universities to utilise the UCAS clearing process to increase the pool of candidates for RNA and RN programmes.	Welsh Universities have a clear pathway to attract applicants to the Nursing Associate programmes via the UCAS clearing processes. This applies to candidates who fail to achieve the required UCAS points for nursing and midwifery programmes, as well as prospective applicants from other programmes of study.	December 2024 COMPLETE
R14, R15, R20 The all-Wales Delegation Guidelines are to be amended to incorporate the RNA role with a re-launch, robust implementation plan & evaluation (<i>workforce sub-group</i>) Delegation & accountability to feature in education and development programmes and clinical staff induction, with ongoing education for RNs & HCSWs, and auditing in practice (as per Delegation Guidelines).	Delegation and Accountability features within education programmes for RNs, RNAs and Health Care Support Workers.	Phase 3

AA1 Determine student exposure / practice-based learning time across the four fields of practice, embracing a Once for Wales approach.	Practice-based learning support and exposure across the four fields of practice is defined, whilst meeting the Supervision and Assessment Standards set by the NMC.	December 2024 COMPLETE
AA2 Consider the impact on placement capacity and access parity, together with consistent support for all students (SNA & BSc).	University placement coordinators and Health Board / Trust PEF teams work together to assess capacity and ensure consistency of placement opportunities and access to supervisors and assessors, across Nursing Associate and BSc Nursing Programmes in years, 1, 2 (& 3) for all students.	Phase 3
AA3 Adopt an all-Wales approach to the development of the SNA PAD & consider the potential differentiation between SNAs who 'direct entry' and those who are existing HCSWs.	A Once for Wales SNA PAD is produced (akin to the 2018 implementation of the PAD for the Future Nurse Standards). The learning needs of both direct entry students and existing HCSW students are met.	December 2024 COMPLETE Final copy will be made available by HEIW following translation.
AA4 Consider whether 'supernumerary status' for SNAs should be mandated	A decision has been made as to whether supernumerary status for all SNAs is mandated (Direct Entry and HCSWs).	Phase 3
AA5 Consider the RNA role for:	NMC-agreed pathways are in place for RNs who retire and	Phase 3

<ul style="list-style-type: none"> -Retirees who return -Internationally-educated not meeting educational or NMC requirements. -BSc Students not meeting academic course requirements. 	<p>wish to return to practice as an RNA / internationally educated nurses who choose RNA as a destination, student nurses who are part-way through the BSc Nursing programme, who are underperforming at level 6 education and may be more suited to a level 5 RNA programme.</p>	
<p>AA6</p> <p>Health Boards / Trusts to work collaboratively with universities to identify post registration RNA education requirements for extended scope of practice, linking this workstream to the advanced practice framework at enhanced level.</p>	<p>Commissioning includes post registration educational programmes suitable for and available to RNAs.</p> <p>HB/Trusts include RNAs in the education plan for post registration HEIW funding as part of the annual commissions, linked to the organisations IMTP,</p>	Phase 3
<p>AA7</p> <p>Universities to provide robust information for BSc students to facilitate understanding of the Nursing Associate foundation degree programme and the RNA role.</p>	<p>A jointly produced communique for BSc Students, which explicitly describes the SNA and RNA, is in place between universities and provider organisations.</p>	Phase 3
<p>AA8</p> <p>Establish an all-Wales approach to building a pathway from RNA to RN for learners who exceed RNA requirements.</p>	<p>Establish an all-Wales approach to building a pathway from RNA to RN for learners who exceed RNA requirements. Consider move to RN programme after part 1</p>	Phase 3

	<p>Assessment Board. NB. The application to move programmes must be submitted via HEIW & there must be a commissioned place available.</p> <p>A process to be agreed to ensure no attrition penalty attached to the move of the individual to another programme.</p>	

5.3.3 Sub-group Progress

R6

Collaborate with the Council of Deans Health Wales (CoDs) to supersede HE Cert L4 and flexible route programmes with the NMC Nursing Associate programme.

The sub-group Chair updated the CoDs on a regular basis of the ongoing workstreams.

R8

Scope the skills, qualifications and competencies of HCSWs who previously completed the HE Cert L4.

A large amount of work was undertaken in relation to this recommendation, the purpose was to record education and workforce data from the HCSW / HCA nursing workforce across NHS Wales, to inform educational commissioning and workforce planning. Verification of data is on-going, to be completed in Phase 3.

R9

Collaborate with the Council of Deans to establish an all-Wales approach to building and mapping a L6 18 month bridging programme from RNA to BSc nursing.

This was an extensive and complex workstream; a task and finish group was established, co-opting field-specific experts, as well as seeking information and support from several universities in England, who have developed similar programmes. The output document sets out the key principles for 60 credits at level 5 to enable student transition from a generic RNA programme to a field specific RN programme, mapped to the NMC standards. It was deemed not necessary to develop any key principles relating to levels 4 or 6 to meet the requirements of this workstream. The document will continue to be developed and will inform work in Phase 3.

R11

Work with universities to utilise the UCAS clearing processes to increase the pool of candidates for RNA and RN programmes.

Welsh Universities have a clear pathway to attract applicants to the Nursing Associate programmes via the Universities and Colleges Admissions Service (UCAS) clearing processes. This applies to candidates who fail to achieve the required UCAS points for nursing and midwifery programmes, as well as prospective applicants from other programmes of study. The sub-group deemed this recommendation to be complete as the universities are already utilising clearing pathways.

AA1

Determine student exposure / practice-based learning time across the four fields of practice, embracing a Once for Wales approach.

This additional action was to identify principles for SNA exposure, during practice-based learning, across the four fields of practice, whilst meeting the programme standards set by the NMC. A task and finish group was established which included HEIW members. The key principles of a four-field approach to clinical placement exposure were deemed by the group to include:

- The utilisation of spoke placements
- Placement capacity challenges (particularly within children's services)
- Encouraging students on every placement, to take every opportunity to record a log of exposure to the four fields of practice within their PAD

- The need to explore a variety of non-NHS appropriate clinical placements
- Acknowledgement that most proficiencies can be signed off in an adult setting
- Acknowledgement that universities organise their programmes differently and therefore the document was intentionally not too prescriptive

The HEIW 'Placement Lead' worked closely with the education sub-group Chair and WG Project Leads to revise the '*Principles underpinning student Nursing Associate practice-based learning and exposure to the four fields of practice in Wales*' document, which was approved by the sub-group members, pending the consultation report being available in early 2025 (**Appendix 9**).

A second issue addressed by the task & finish group, related to the number of academic and practice hours required by the NMC to meet the RNA programme. The NMC permits both 1/2 and 2/3rds of the BSc programme, with both options requiring 50% academic & 50% clinical practice, with all proficiencies set out by the NMC being achieved. Both have been delivered in England, although the vast majority appear to favour the 2/3 option. Views from group members were overwhelmingly in favour of the 2/3 option; the rationale for which was that opportunities to support students who are often from non-traditional academic backgrounds compared to traditional BSc students; increased professional credibility with the public, as well as consideration of any implications for students wishing to bridge from RNA to RN.

AA3

Adopt an all-Wales approach to the development of the SNA Practice Assessment Document (PAD) and consider the potential differentiation between 'direct entry' SNAs and those who are existing HCSWs.

Following an extensive piece of work, the Student Nursing Associate (SNA) PAD was developed in line with the 2018 Once for Wales RN PAD, which meets the NMC Future Nurse Standards. Mirroring the RN PAD was determined to provide familiarity for supervisors and assessors and continuity for RNAs who choose to undertake a bridging programme to RN. The key differences between the RN and RNA PAD are threefold:

- There are 7 platforms for the RN and 6 for the RNA
- RN and RNA proficiencies differ
- There are 4 in-point assessments for the RN and 2 for the RNA

The document was approved by the sub-group members and discussed at Programme Board in December 2024, noting the requirements in Phase 3 for the insertion of graphics. This will rely on 2 key decisions; firstly, the all-Wales uniform colours for the SNA and RNA and secondly whether SNAs will have supernumerary status. Within the delivery plan for the education sub-group, the following recommendations and additional actions were commenced in Phase 2 and will be taken forward in the next phase.

R3, R13, R19

Relating to dedicated practice educator and practice facilitator support.

R7

Trigger rapid discussion with the NMC to explore the mapping of the HE Certificate and explore bespoke arrangements for existing APs to RPEL learning.

AA8

Establish an All-Wales approach to building a pathway from RNA to RN for learners who exceed RNA requirements.

The following recommendations and additional actions will be taken forward in the next phase.

R10

The work-based learning model must feature highly within HEIW's commissioning approach for levels 4 & 5 learners – commissioning includes work-based learning as the primary option for future Registered Nursing Associates to undertake a bridging programme to RN. Programmes.

R14, R15, R16

The All-Wales delegation guidelines to be amended to incorporate the RNA role with a re-launch with a robust implementation plan and evaluation.

AA2

Consider the impact on placement capacity and access parity, together with consistent support for all students.

AA4

Consider whether 'supernumerary status' for SNAs should be mandated.

(This recommendation was made following the identification, during Phase 1, of the poor experiences of students in Wales undertaking the level 4 Higher Education Certificate. Many students reported the enormous stress, which in some cases were untenable, linked with the expectation of up to 20 hours study a week, whilst working full time and often picking up additional shifts alongside the usual pressures of family and other responsibilities).

AA5

Consider the RNA role as pathways for numerous groups of people e.g. retirees who return.

AA6

HBs/Trust to work collaboratively with universities to identify post registration RNA education requirements for extended scope of practice.

AA7

Universities to provide robust information to BSc students to facilitate understanding of the Nursing Associate foundation degree programme and the RNA role.

5.4 Workforce Sub-group

Effective workforce planning, in preparation for the introduction of the new RNA role into the nursing workforce in NHS Wales, requires data gathering, analysis, expert interpretation and planning, in relation to the allocated recommendations (R5, R12, R17, R18) and additional actions.

5.4.1 Terms of Reference

Membership

- Deputy Director of People and Culture, Cardiff and Vale University Health Board (Chair)

- Head of OD Workforce – Strategy and Planning (WG)
- Workforce and OD Lead from each Health Board and NHS Trust.
- Lead Nurse for workforce from each Health Board and NHS Trust
- Nurse Staffing (Act) Programme Lead
- Deputy Director for Digital and Workforce Productivity Solutions, NWSSP
- Assistant Director for Workforce Planning, HEIW
- Workforce Transformation Lead (Nursing), HEIW
- NHS Wales Job Evaluation Lead, NHS Wales Employers
- Finance or Commissioning Lead from HEIW
- Welsh Partnership Forum Representative
- Senior representative from the Royal College of Nursing
- Assistant Director, NMC
- Band 4 (Nursing) Project Leads, CNO Office (WG)

Co-Opted members (*as required with the agreement of the Chair*):

- WG Nursing Officer
- Subject Matter Experts

Two Vice-Chairs were elected from the membership to lead the sub-group in the absence of the Chair.

Meetings were held Monthly from April to November 2024. Task and finish groups were established to complete the work required, as set out in the delivery plan. Quoracy required representation from at least 3 Health Boards / Trust and representation from at least 3 Universities, together with representation from HEIW. The terms of reference can be seen in **Appendix 10**.

5.4.2 Workforce Delivery Plan

The delivery plan for the workforce sub-group set out the allocated workforce recommendations and additional actions, the expected outcomes, and proposed timescales, see **Table 6**.

Table 6: Workforce Subgroup Delivery Plan

Workforce Recommendations (R) and Additional Actions (AA)	Outcomes	Proposed Timescales
R5a Amend and update the current national Skills and Careers Framework for HCSWs	A draft revised national Skills and Careers Framework is ready for dissemination upon confirmation of legislative changes (with the Band 4 HCSW nursing role removed).	Phase 3.
R5b Create a new workforce occupational code for RNA.	An occupational code is produced in preparation for the introduction of the RNA role in Wales.	December 2024. SNA COMPLETED. RNA dependent on national ESR review.
R12 & R17 Commence the robust workforce mapping & planning by Health Boards & Trusts, in collaboration with HEIW commissioning, aligning to the IMTP process, to prepare for the introduction of the RNA as a destination role & a stepping stone to RN. (Consider the development of a critical mass of RNAs as a destination role together with planning for the number that will use RNA as a bridge to RN).	Each Health Board and Trust have included RNA numbers (destination role and bridge to RN) within their IMTP, to enable HEIW commissioning in preparation for potential commencement in academic year 2025/'26. Develop workforce planning principles, complementing existing HEIW Guidance.	December 2024. Principles document COMPLETE. Workforce planning and mapping will be an iterative process and will continue into Phase 3.

<p>R18</p> <p>Through the transition phase from AP to RNA in Wales prioritise, support, and sensitively manage existing APs, to include robust management of change arrangements for those APs/Band 4s who do not choose to transition.</p>	<p>There is a clear national deployment plan for the management of change for implementation within each Health Board and Trust.</p>	<p>December 2024.</p> <p>Principles document COMPLETE.</p> <p>Administration via organisation HR processes during Phase 3.</p>
<p>R14, R15, R20</p> <p>The all-Wales Delegation Guidelines are to be amended to incorporate the RNA role with a re-launch, robust implementation plan & evaluation (<i>workforce sub-group</i>)</p> <p><i>Delegation & accountability to feature in education and development programmes and clinical staff induction, with ongoing education for RNs & HCSWs, and auditing in practice (as per Delegation Guidelines).</i></p>	<p>Revised delegation guidelines, an implementation and evaluation plan are drafted in readiness for dissemination, following necessary legislative change.</p>	<p>Phase 3.</p>
<p>AA1</p> <p>Consider the use of Annex 21 for band 5 funding protection.</p>	<p>A workforce planning template is drafted for operational use, enabling Agenda for Change Annex 21 application in practice.</p>	<p>Phase 3.</p>

AA2 Update the Student Streamlining process to incorporate RNA, noting four fields of practice.	The Student Streamlining process is amended to include the RNA role.	Phase 3.
AA3 Update the All-Wales Position Statement re: Preceptorship and Restorative Clinical Supervision to incorporate the RNA.	Narrative is drafted for inclusion in the national position statement for preceptorship and restorative clinical supervision, in preparation for legislative change.	Phase 3.
AA4 Confirm the universal title/s for Nursing Associates in Wales, e.g.: Student Nursing Associate (SNA) for those in training (noting direct entry and HCSW) and Registered Nursing Associate (RNA) post-qualification.	The titles for the Nursing Associate pre & and post-registration are agreed.	October 2024. COMPLETE.
AA5 Confirm the national uniform for SNAs and RNAs.	A proposal for the national uniform is drafted for (possible) consultation.	Phase 3.
AA6 Develop an all-Wales generic Job description for the RNA role	An agreed national job description exists for the RNA in Wales.	Phase 3.
AA7 Confirm the Band 4 project is linked to the HEIW retention plan	RNA / Band 4 project to form part of the Wales retention plan	October 2024. COMPLETE.
AA8 Ensure the policy intention of introducing an RNA in Wales is	A draft revised nursing section of the HEIW NHS Nursing workforce plan is ready for	October 2024. COMPLETE.

anchored within the NHS Nursing workforce plan	dissemination upon confirmation of legislative changes (with the Band 4 RNA role included).	<i>The Nursing workforce plan is not yet approved but narrative on the RNA is included.</i>
AA9 Once for Wales approach to communication of the policy intent to introduce the RNA as part of Band 4 recruitment process.	Once for Wales wording for advert produced for Band 4 recruitment to be utilised during the pre-preparedness phase of the project.	Phase 3.

5.4.3 Sub-group Progress

Advice was sought from Shared Services, who suggested splitting recommendation 5 into two parts. 5a: Amend and update the current national Skills and Careers Framework for HCSWs - more information about 5a can be found later in this section, with 5b presented below.

R5b

Create a new workforce occupational code for RNA.

Having agreed the pre and post registration titles within the education sub-group and obtaining ratification from the Programme Board, work on this recommendation commenced.

There are several changes required to Electronic Staff Record (ESR):

- To move the RNA post from the 'Additional Clinical Services group' to the 'Nursing and Midwifery Group'.
 - This proposed change, would align all regulated nursing and midwifery roles.
 - It would also align with the NMC who set out their revalidation processes and Code of Practice for Nurses, Midwives and Nursing Associates.

A meeting took place in November with the national ESR group, the change of title from 'Trainee' Nursing Associate to 'Student' Nursing Associate was agreed.

The request to move the RNA category was deferred as there is going to be a national review of the system. This included a request for:

- Setting up a 'student' section within ESR, where the staff record for all employed staff undertaking formal education programmes would reside.
- Renaming the Nursing and Midwifery Registered group to 'Nursing, Midwifery and Nursing Associate' group.
- Proposals for change mirror Occupation Codes for Pharmacy Technicians, Dental Technicians and Dispensing Opticians who are registered with the relevant professional body and are in the same Additional Professional, Scientific and Technical Staff Group as Pharmacists and Optometrists

This can be revisited in 2025 if the required changes have not been made as part of the overall national review.

R12 & 17

Commence the robust workforce mapping & planning by Health Boards & Trusts, in collaboration with HEIW commissioning, aligning to the IMTP process, to prepare for the introduction of the RNA as a destination role & a stepping stone to RN. (Consider the development of a critical mass of RNAs as a destination role together with planning for the number that will use RNA as a bridge to RN).

This has been a significant workstream which commenced with a presentation to the Deputy Directors of Workforce and Organisational Development followed by a task & finish Group being established in June 2024, with representation from Workforce and Organisational Development and Senior Nursing from each Health Board and Trust, Welsh Government, and HEIW.

It was deemed necessary to develop a 'key principles' briefing paper specifically relating to the RNA role, to support high level workforce modelling (see **Appendix 11**), and used alongside the existing HEIW workforce planning principles information. In addition, robust workforce mapping & planning by Health Boards & Trusts in Wales, in collaboration with

HEIW, and aligning to the IMTP processes, was required to prepare for the introduction of the RNA role in Phase 3.

The group also discussed the likely financial implications associated with the workstreams, noting the requirement for sub-groups to identify the specific areas of work that would need financial support.

Sub-group members called for a realistic time frame for moving from the current model of Assistant Practitioners to the new RNA role. It was deemed essential not only for the existing Assistant Practitioners to decide on their futures, whether to transition to become an RNA, but also for other stakeholders including workforce planners, organisational education teams and universities, commissioners and others, to have a clear agreed transition period to support all aspects of planning and implementation. Due to the significance of this, it was escalated to the Programme Board. The CNO subsequently wrote to the Wales Partnership Forum, requesting a steer on timeframes. The WG Band 4 Project Leads presented to the forum on 20 November, setting out the evidence from Phase 1 in support of the policy position of only one Band 4 role in nursing, this included:

- Clinicians and academics in Wales and England were strongly in favour of one role and unanimously wanted a regulated role.
- Clinicians and academics in England had sufficient concerns with the co-existence of the AP and RNA roles, maintaining that both roles caused confusion and tension with 2 different scopes of practice; moving to one role reduced ambiguity, ensured consistent standards with RNA cited as being more clinically relevant.
- The education level of the AP is Level 4, the RNA is L5, providing critical thinking, analysis, information interpretation and problem solving supporting safe and effective practice.
- Prudent commissioning of university places for the RNA programme ensuing viable numbers of places for existing APs, this may be compromised if there is no realistic end point for arrangement for transition from AP to RNA.
- There was overwhelming increased confidence when RNs delegated to registered members of the nursing team.

- Prioritisation of existing APs is key, any delay in their transition could be detrimental as the number of 'new to care' RNAs enter the workforce, thus reducing the number and variety of RNA posts available.

The Wales Partnership Forum have provided a response to the CNO and a decision on the timeframe for Wales is now awaited.

R18

Through the transition phase from AP to RNA in Wales prioritise, support, and sensitively manage existing APs, to include robust management of change arrangements for those APs/Band 4s who do not choose to transition.

This has been a sizable and complex piece of work. The task & finish group was established in June 2024, with a document produced outlining the '*Pathways to manage existing Band 4 Nursing Assistant Practitioners during the organisational change management process transitioning from Assistant Practitioner to Registered Nursing Associate*'. The document focuses on the APs who do and do not wish to transition to become RNAs (**Appendix 12**). The document has been designed for use in tandem with the All-Wales Organisational Change Policy; This was agreed by the workforce sub-group in November and discussed at the Programme Board in December 2024. The document will be administered via organisational HR processes during Phase 3, taking a sensitive approach, when individual meetings with existing Assistant Practitioners commence.

AA4

Confirm the universal title(s) for Nursing Associates in Wales, e.g. Student Nursing Associate (SNA) for those in education and Registered Nursing Associate (RNA) post-qualification.

A task & finish group was established in June 2024, noting there were a multitude of titles relating to those undertaking the Foundation Degree Nursing Associate programme in England. In some organisations different titles were utilised to distinguish between existing HCSWs and those who were 'new to care', entering the education programme via the UCAS process. The change from 'trainee' to 'student' aligns with all NMC documents relating to the RNA education programme; the change had also been requested by some Trusts in England and endorsed by the CNOs from all 4 UK

countries. The task & finish group considered a range of titles and evidence. Testimony from Phase 1 demonstrated that existing HCSW students felt there was a lack of equity when the two student groups were separately identified. The post registration role is known as the Nursing Associate in England. The title preference for Wales is 'Registered Nursing Associate' (RNA). It was felt that not utilising the 'registered' element would result in the role being commonly known by the acronym NA, which although an historic term for HCSWs, remains within the terminology for some members of the healthcare workforce in Wales.

The first recommendation was to have only one title for those engaging in a pre-registration NMC foundation degree programme in Wales, relating to both existing HCSWs and new to care applicants. The preferred title = Student Nursing Associate (SNA). For those who register with the NMC after completion of an NMC-approved programme, the preferred title = Registered Nursing Associate (RNA). As reported in section 4.2, the proposed titles were approved by the Programme Board.

Within the delivery plan for the education sub-group, the following three additional actions were commenced in Phase 2, and will be taken forward in the next phase.

AA1

Consider the use of Annex 21 for band 5 funding protection.

AA3

Update the All-Wales Position Statement re: Preceptorship and Restorative Clinical Supervision to incorporate the RNA.

AA9

Once for Wales approach to communication of the policy intent to introduce the RNA as part of Band 4 recruitment process.

The following recommendations and additional actions will be taken forward in the next phase.

R5a

Amend and update the current national Skills and Careers Framework for HCSWs.

R14, R15 & R20

The all-Wales Delegation Guidelines are to be amended to incorporate the RNA role with a re-launch, robust implementation plan & evaluation.

AA2

Update the Student Streamlining process to incorporate the RNA, noting four fields of practice.

AA5

Confirm the national uniform for SNAs and RNAs.

AA6

Develop an all-Wales generic Job description for the RNA role

AA7

Confirm the Band 4 project is linked to the HEIW retention plan,

AA8

Ensure the policy intention of introducing an RNA in Wales is anchored within the NHS Nursing workforce plan.

6.0 Additional Workstreams

6.1 Research

Following the introduction of the Registered Nursing Associate in England, there has been a strong call for evidence which demonstrates the impact of the role. With the implementation of the Registered Nursing Associate role in NHS Wales robust evaluation will be a pre-requisite. A meeting took place in July 2024, to consider research options, grant funding, prioritisation and support. Potential opportunities have also been explored with the Royal College of Nursing Research Academy. In discussion with key stakeholders, it has been agreed that a research sub-group will be established by Welsh Government in Phase 3.

6.2 Metrics

An initial meeting took place in May 2024, with the Performance and Assurance Team in the NHS Executive and the Head of the All-Wales Nurse Staffing Programme, to discuss the requirements of the project in terms of metrics design, noting the proposed timeframe of academic year 2025/26 for Student Nursing Associates to commence studies in Wales. A further meeting was held in July, following which a paper was presented to the August Programme Board.

There is an ability to extract data relating to Band 4s across NHS Wales, but this is quite limited. Potential indicators, based on a review of the RNA evaluation approaches and research from England, were discussed.

Work was undertaken to align initial draft/potential metrics to the Duty of Quality Statutory Guidance (2023), and the Health and Care Quality Standards (2023), together with their potential data sources as outlined in **Table 7**.

Table 7: The Duty of Quality Statutory Guidance 2023 and Health and Care Quality Standards 2023) – draft/potential metrics enabling the evaluation of the impact of the Nursing Associate role

Six Domains of Quality	Outcome	Potential Metric	Data source
Safe <i>Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and</i>	There is organisational and individual compliance with the NMC revalidation requirements.	Number of RNAs who unintentionally fail to re-register &/or revalidate with the NMC.	ESR Safe Care
	There is organisational compliance with the	Organisational submission of annual Assurance Report (Nurse	ESR

<p><i>protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.</i></p>	<p>Nurse Staffing Levels (Wales) Act.</p> <p>Standards of practice, ethics, behaviour, and conduct are set for each NHS organisation and maintained.</p> <p>There is compliance with organisational terms and conditions of employment & respective 'behaviours frameworks', with a positive impact for patient experience.</p>	<p>Staffing Levels) to the Board.</p> <p>Number of disciplinaries involving RNAs.</p> <p>Number & ranking of RL Datix (patient) incidents involving RNAs.</p> <p>Number of RNA referrals to the NMC (FTP) & outcome.</p>	<p>RL Datix BEACON Dashboard</p> <p>Organisational databases NMC</p>
<p>Timely</p> <p><i>Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and</i></p>	<p>Student Nursing Associates have constructive and effective practice exposure across the four fields, with positive learning environments where the multidisciplinary team understand</p>	<p>Student Survey results show year on year improvement against a baseline.</p> <p>Practice placement</p>	<p>HEIW Data Analytics</p> <p>University data</p>

<i>where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.</i>	the role and Parameters of Practice of the RNA.	evaluations are positive.	
Effective <i>Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.</i>	The RNA has access to good quality Preceptorship, CPD and Restorative Clinical Supervision (RCS).	Staff (experience) Survey results improve. Preceptorship Survey results improve. Numbers of RNAs accessing RCS increases. Compliance for Mandatory & Statutory Training improves against the baseline.	ESR Y Ty Dysgu
Efficient <i>Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an</i>	Having a critical mass of RNAs in the nursing workforce enables RNs to concentrate on more complex work, with a prudent approach, freeing up RNs to do what only they can do.	Establishment reviews illustrate good/appropriate RN, RNA, HCSW skill mix. Staff (experience) Survey results show improved nurse/nursing	Annual (NSLW Act) Assurance Reports to the Board ESR

<i>efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.</i>	Delegation and Accountability is widely understood and maximised.	morale, with clarity of role. Annual Delegation Audit results show improvement.	
Equitable <i>Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status, or political affiliation). We embed equality and human rights in our health care system.</i>	A healthcare workforce which represents the community, as it relates to race/ethnicity, gender, sexual orientation, immigration status, physical disability status, and socio-economic level, to render the best possible care for heterogeneous patient populations. Equality and diversity are actively integrated and managed as a key aspect of organisational and workforce development. The diversity profile of the workforce is	Data collection, monitoring, and action against the 9 protected characteristics, shows improvement against the baseline.	HEIW Data Analytics StatsWales

	<p>representative of the general population it serves.</p> <p>The Registered Nursing Associate programme is a positive example of widening participation, not least with the ability for the Registered Nursing Associate to undertake a bridging programme to become a Registered Nurse, enhancing opportunities for those with lower educational attainment and socio-economic factors, and consequently enhances the Registered Nurse pipeline.</p> <p>An effective widening participation approach, providing access to education, employment and</p>		
--	---	--	--

	development opportunities for under-represented individuals and groups helping them to realise their personal potential and, in doing so, reduces cultural, social, and economic disadvantage.		
Person-centred <i>Our health care system meets people's needs and ensures that their preferences, needs, and values guide decision-making that is made in partnership between individuals and the workforce. We care about the wellbeing of individuals, their families, carers, and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity, and human rights. We are committed to working better together to</i>	The RNA will work alongside Health Care Support Workers and Registered Nurses to deliver hands-on, holistic care, ensuring patients receive the person-centered, compassionate, and dignified care they deserve.	Number of complaints involving provision of care by RNAs reduces. Number of complaints citing lack of dignity and compassion reduces against the baseline. Patient Experience surveys show improvement in scores against the baseline.	Civica BEACON Dashboard Safe Care

<i>put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.</i>			
---	--	--	--

The initial work undertaken on metrics and presented to the August Programme Board, will continue in Phase 3, under the umbrella of the Nurse Staffing Programme.

6.3 Data Monitoring (against 9 protected characteristics)

Whilst the Phase 1 report referred to the importance of data monitoring against the 9 protected characteristics, which was included as one of the twenty recommendations, Health Education and Improvement Wales requested consideration by the Programme Board that only 7 of the 9 characteristics are monitored for the Nursing Associate.

A paper was presented to the October 2024 Programme Board outlining the workforce data monitoring against age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. The paper outlined that Health Education and Improvement Wales proposed monitoring and reporting nursing workforce data against 7 of the 9 protected characteristics for Nursing Associates, in the same way it collects data for the commissioned health education programmes, which includes nursing. The two characteristics where data are not collected are: marriage / civil partnership and pregnancy / maternity. Rationale for non-collection was cited as being three-fold:

1. HEIW stated that these two characteristics are not essential to monitor diversity and inclusivity.
2. 'The future of the Band 4 workforce' (Welsh Government, 2024) report does not provide a rationale for collecting data on marriage/civil partnership and pregnancy/maternity.
3. Protected characteristics data collected relating to student Nursing Associates is the same data collected for nursing, midwifery and wider health care students.

This provides professional equity, complies with the Duty of Quality and ensures prudence.

The Programme Board Chair sought further clarification regarding compliance to the Public Sector Equality Duty in terms of data collection for 7 of the 9 protected characteristics, which was subsequently provided by HEIW at the December Programme Board.

7.0 Closure of Phase 2 and commissioning of Phase 3

A draft plan outlining the work completed in Phase 2 and that which required action in Phase 3 was produced and discussed at the October Programme Board, with a request for further review and comments by members.

Comments were received from:

- ✓ HEIW
- ✓ Directors of Nursing
- ✓ Royal College of Nursing
- ✓ University partners

The comments received have been reviewed resulting in some minor amendments to the document, which has been approved by the Chair of the Programme Board. There will be designated responsibilities for Welsh Government, HEIW and the NHS Executive in terms of Phase 3. The governance arrangements for Phase 3 are currently being finalised, in discussion with the Cabinet Secretary for Health and Social Services.

8.0 Conclusion

Phase 2 was initiated to support the advancement of the Welsh Government policy intention of introducing the Registered Nursing Associate role into NHS Wales, subject to the necessary changes to legislation. This report marks the closure of Phase 2, setting out the progress made against the relevant ministerially approved recommendations (and additional actions), and detailing the significant work undertaken during 2024. The work in Phase 2 paves the way for the commissioning of Phase 3, building on the foundations laid in the two previous phases: scoping and preparation.

9.0 Appendices

Appendix 1 - Phase 2 Gantt Chart

Phase 2 - Band 4 Nursing Project (preparation for the introduction of the RNA in Wales): Preparedness Critical Path												
Red = off track Amber = progress but behind schedule Green = on track Blue = work to commence/not yet due Yellow = closed												
Section 1	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Exploration: Plan Phase 2 of the Project												
Complete governance documents (PID, Risk Register, GANTT)												
Agree project approach with the SRO & PS												
Identify HEIW Lead and agree deliverables												
Identify NMC Lead and agree deliverables												
Identify WG leads (WOD & Legal) & agree deliverables												
Develop Terms of Reference, identify Chair and set up the Programme Board												
Identify/Agree the sub-groups required (accountable to the Programme Board)												
Section 2												
Execution												
Conduct project progress checks monthly & revise accordingly												
Produce a regular project progress report for the SRO & PS												
Each Sub-Group to develop a Delivery Plan addressing applicable recommendations, agreed by the Minister for HSS, and 'additional actions' with agreed deliverables and formal compliance reporting to the Programme Board.												
Sub-Group progress reports are prepared for each Programme Board												
Section 3												
Evaluation Phase 2 of Project												
Prepare a 'transition' plan from Phase 2 to implementation												
Complete project write-up & produce draft report												
Present findings to Project Sponsor and SRO												
Undertake changes as required to the draft project report												

Appendix 2 – phase two risk register

RISK REGISTER

Objective	Risk Description	Inherent Risk			Control/Mitigation Measures	Residual Risk			Further Actions Needed	Action Owner/Date	Target Risk
		I	L	O		I	L	O			
1.UK legislative changes, enabling the introduction of a Registered Nursing Associate role across NHS Wales, are implemented in a timely manner.	<p>There are UK legislative implications associated with the policy intention of introducing an RNA role in Wales.</p> <p>Regulation is a reserved matter; Welsh Ministers have no powers to change the statutory framework which governs regulation of nursing roles.</p> <p>There is a risk of failure to attain timely approval by UK Parliament (additionally impacted by the announcement of the</p>	5	3	15 (high)	<p>Amendment to the section 60 of the NMC order is required to enable the NMC to have the legislative framework to allow the introduction of the RNA into the workforce in Wales.</p> <p>There are 2 main options: to await the NMCs regulatory programme with the UK Govt; or undertake a separate application for a section 60 outside of the NMCs legislative amendment timetable.</p>	5	2	10 (mod)	<p>WOD & Legal Services Leads in WG to liaise closely & collaboratively with the NMC & DHSC Leads to ascertain timeframes, potential options, and actions to take.</p> <p>Establish a 'legislation sub-group' accountable to the Programme Board. ACHIEVED.</p> <p>Prepare a paper for Programme Board October 24 outlining the position, requesting a decision in December 2024 as to the WG approach.</p>	Legislation Sub-Group Chair	ACCEPT

	General Election) for the necessary Section 60 Order amendment, allowing the NMC to regulate the RNA role in Wales, in a timely period. GREY & BLUE				Timings of each option will be a determining factor as to how Wales progress. However, the process is essentially out of Welsh Government's control						
2. Successful & timely implementation of the 20 recommendations approved by the Minister for Health & Social Services (now Cabinet Secretary)	There are 20 recommendations in total, 4 of which relate to WG policy. Recommendations 5 – 20 relate to further work which is essential to enable the RNA role to be realised in Wales. 12 recommendations relate to work to be led by HEIW.	3 3 4	3 3	12 (mod)	Establish a Programme Board to oversee & direct phase 2 project implementation, identifying actions requiring delivery during Phase 2. Establish 4 sub-groups to take work streams forward with pace.	4	2	8 (mod)	Set up the Programme Board & assign a chair to be agreed with the Project Sponsor. ACHIEVED Agree Terms of Reference for PB & S/Gs. ACHIEVED Set up the Programme Board from April 2024 & sub-groups from May 2024 ACHIEVED	Senior Responsible Officer and Project Sponsor	REDUCE

	<p>The remaining 4 recommendations relate to work required by HBs/Trusts in Wales.</p> <p>There is a risk of failure to fully implement all of recommendations in a timely manner.</p> <p>BLUE</p>				Identify key contacts and leads within HEIW			<p>Introduce a progress reporting template for the Programme Board to have oversight of the Sub-Group work and delivery against the plans. In-place</p> <p>Review recommendations which require delivery in Phase 2 and those which will defer to implementation phase – in-progress</p> <p>Produce a transition and handover document from WG-Led Phase 2 to HEIW-led Phase 3 for consideration by Programme Board members and agreement with HEIW – draft document produced.</p>			
3.To develop agreed parameters of practice in Wales which unequivocally distinguishes the RNA from the RN, together	A)Agreed parameters of practice and role deployment guidelines will be reliant on securing professional, clinical, and academic stakeholders to inform the work.	3 3 3	3 3	9 (mod)	Establish a Social Partnership, with accountability to the Programme Board.	2	3 3	6 (mod)	<p>Agree members of the Social Partnership, establish the sub-group, and agree Terms of Reference. ACHIEVED</p> <p>Establish the Sub-Group following establishment of</p>	Parameters of Practice Sub-Group Chair	REDUCE

with role deployment guidelines.	<p>There is a risk that stakeholders are unable to engage effectively and fully due to competing priorities and work pressures.</p> <p>GREY</p> <p><u>B)There</u> is a risk that non-NHS organisations employ Registered Nursing</p>							<p>the Programme Board.</p> <p>ACHIEVED</p> <p>Schedule a workshop with social partnership members to initiate the development of Parameters of Practice for Wales which will inform the consultation document – held end of July 2024.</p> <p>Produce a consultation document on Parameters of Practice for distribution October 2024 for a 6-week consultation. On-Track</p> <p>Consultation commenced 30 October 2024.</p> <p>Representatives engaged from non-NHS sectors who are active members of the PB & S/Gs.</p>		
----------------------------------	---	--	--	--	--	--	--	--	--	--

	<p>Associates, once the NMC register is open to Wales, with these organisations not following the parameters of practice or governance that will have been agreed and set for the NHS</p> <p>BLUE</p>	5	4	20 (high)	Engage CIW, Social Care Wales, ADSS and Independent Care Homes in the Programme Board and various sub-groups	5	4	20 (high)		SRO/Chair of Programme Board	ACCEPT
--	--	---	---	------------------	--	---	---	------------------	--	------------------------------	---------------

4. Robust workforce planning across Health Boards and Trusts which clearly identifies the number of RNAs to ensure a critical mass & adequate bridging opportunity, that informs HEIW's educational commissioning process	<p>Organisational workforce mapping and planning, for the RNA as a destination role and stepping-stone to RN, does not meet the IMTP timescales, impacting efficient and effective educational commissioning.</p> <p>Potential knowledge and skills gap of workforce planners across Wales, relating to lack of understanding of the RNA role & its future contribution across NHS Wales.</p>	4	3 5	20 (very high)	<p>Establish a Workforce sub-group, accountable to the Programme Board, with a clear Delivery Plan.</p> <p>Utilise a centralised Pan-Wales approach to identify and utilise knowledge, skills, and resources.</p>	3 4 4	3 3	12 (high)	<p>All HB's and Trusts to be represented at the sub-group, together with strong representation from HEIW. ACHIEVED.</p> <p>Develop Terms of Reference & Delivery Plan. ACHIEVED</p> <p>Identify skills gaps and consider additional targeted training.</p> <p>HEIW to identify potential numbers of RNAs for Wales from a commissioning perspective & share with the Programme Board & relevant sub-groups – in progress</p> <p>Identify trends in RNA programme applications</p>	<p>Workforce Sub-Group Chair</p> <p>Executive Lead HEIW</p>	REDUCE

	Support Workers from Social Care sector apply for the RNA programme, creating a workforce deficit in Social Care.				Robust data collection of applicants to RNA programme.				from social care flagging with Social Care Wales in a timely manner.		
	BLUE										
5. Financial implications associated with the introduction of the RNA are identified through effective sub-group working and escalated to the programme Board.	Financial constraints due to current WG & NHS Wales financial position. BLUE	3 3 5	3 5	25 (very high)	Utilise HE Cert funding – RNA programme (year 1 is level 4). Potentially utilise flexi route funding – RNA programme (year 2 is level 5) and 18 month bridging programme at level 6. HB/Trust IMTPs to identify numbers of RNAs required, both as destination and pathway to RN. Each Sub-Group to identify financial	4	5	20 (very high)	Each sub-group to identify all recommendations / additional actions with a financial implication for discussion at the Programme Board. An early indication of potential costs to be flagged with the SRO/Chair of Programme Board for highlighting with the new Cabinet Secretary	Sub-group Chairs & HEIW to SRO	ACCEPT

					<p>implications as they arise and flag through formal reporting to the Programme Board.</p> <p>Early planning for financial implications to be communicated to WG Cabinet Secretary.</p>						
--	--	--	--	--	--	--	--	--	--	--	--

Common Terms to be Used for Risk Mitigation Strategies:

Decide not to take a risk – AVOID
Decide to accept the risk - ACCEPT
Decide to transfer the risk – SHARE*
Decide to reduce the risk - REDUCE

Note - to “share” a risk includes transferring the risk, spreading the risk, insuring against the risk.

Where proximity is to be included, the following should be used:

Black	Short Term (0-3 Months)
Grey	Medium Term (4-12 Months)
Blue	Long Term (+12 months)

Appendix 3 - Project Board Terms of Reference



Band 4 (Nursing) Project: Phase 2 (preparedness stage)

Programme Board

Terms of Reference

1.0 PURPOSE

The Programme Board has been established to ensure that the key deliverables associated with the Welsh Government policy intention of introducing the Registered Nursing Associate role into NHS Wales are implemented on time and in-full, as per requirements of the Phase 2 Project (preparedness stage).

The Programme Board will provide leadership and direction as well as formal oversight of the Band 4 Nursing project.

The aim is to ensure full preparedness (throughout 2024 – 2025 - 2006) in line with the Welsh Government policy position that only one Band 4 nursing role will exist in NHS Wales, that of the Registered Nursing Associate, regulated by the Nursing and Midwifery Council, with a centralised Once for Wales approach to the Parameters of Practice and deployment plans.

2.0 MEMBERSHIP

The Programme Board will be chaired by the Chief Nursing Officer for Wales with support from the Director of Workforce and OD, Welsh Government.

Core members include:

- Nursing Officer (Education and Regulation)

- Assistant Director – Strategy & Insight, NMC
- Assistant Director National and Regional Outreach - NMC
- Executive Director – Nursing & AHP Education, HEIW
- *Deputy Director - Workforce Transformation, HEIW*
- *Deputy Director – Education, Commissioning and Quality, HEIW*
- Chair of the Executive Directors of Nursing Peer Group
- Representative of the Executive Directors of WOD Peer Group
- Senior representative from the Council of Deans (Health) Wales
- Head of OD and Workforce – Strategy and Planning (WG) / Deputy HSS - NHS Workforce & Operations
- Senior representatives from the Welsh Partnership Forum
- Senior representative from the Royal College of Nursing
- Representative from Llais
- *Representative from the Independent Care Home Sector*
- *Representative from All Wales Directors of Social Services*
- Band 4 Project Leads (WG)

Co-opted members:

Sub-group Chairs x 4 who will provide a formal progress report on their respective work stream at each Programme Board – see section 6.

All Members (to include co-opted members) need to attend each Programme Board but in the event of inability to attend, representation is expected.

The individual representing the core member will be of senior stature, with knowledge of the project and requirements, to enable an effective contribution.

NB: Subject matter experts can be co-opted as required with agreement of the Chair. It is anticipated that senior representation from NWSSP may be required at an appropriate juncture.

3.0 FREQUENCY OF MEETINGS

Formal meetings will be held bi-monthly. Administrative support will be provided by CNO office, with support from the Band 4 (Nursing) Project Leads. It is expected that business to support delivery of the project objectives will be conducted in between formal meetings.

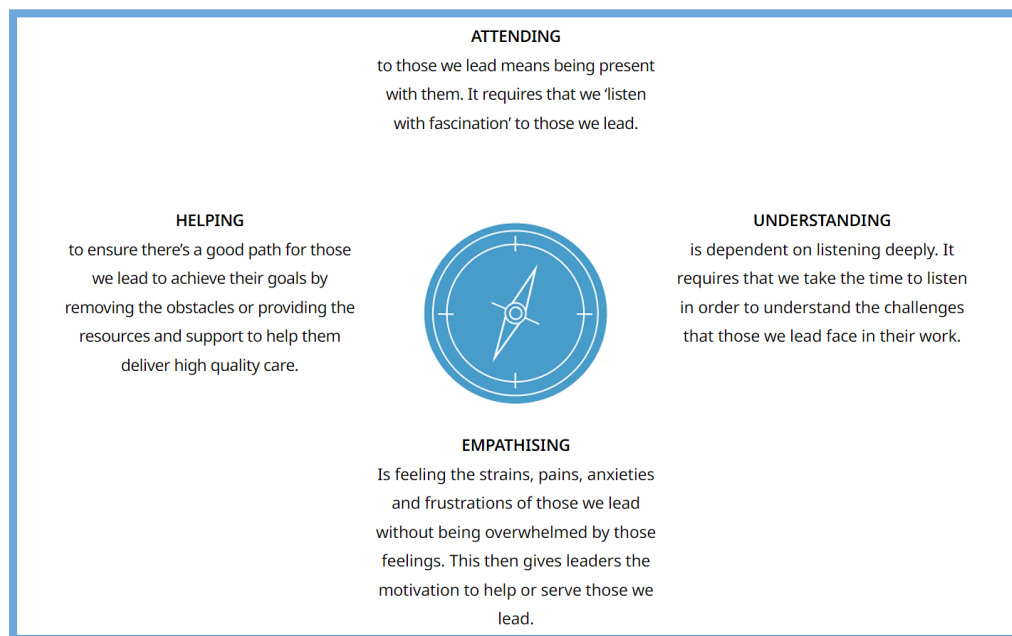
4.0 QUORACY

All members are critical to project success and delivery of this key Ministerial priority.

It is vital that there is representation at each Programme Board from: HEIW, EDoN Peer Group, Partnership Forum, sub-group Chairs and the WG Project Leads.

5.0 COMPASSIONATE LEADERSHIP

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the diagrammatic compass, will underpin the way members interact and engage with colleagues and citizens throughout Phase 2 of the project, aligning with Health and Social Care values and beliefs:



6.0 SUB-GROUPS

Several sub-groups have been established to secure delivery against the 20 recommendations approved by the Minister for Health & Social Services in November 2023 (and the additional actions). The aim is to ensure preparedness for the introduction of the Registered Nursing Associate role into NHS Wales, subject to the necessary legislative change. Some of the recommendations within the Band 4 (Nursing) Project Report (2023) have inter-dependent work streams and, as such, have dual representation within the respective sub-group delivery plans.

These sub-groups are critical and include:

- ✓ Legislation (**R1**)
- ✓ Parameters of Practice (**R2**)
- ✓ Education (**R3, R6, R7, R8, R9, R10, R11, R13, R14, R15, R19, R20**)
- ✓ Workforce: Mapping & Planning, Organisational Change (**R5, R12, R17, R18**)

Key: Purple = WG responsibility, Green = HEIW responsibility and Red = Health Board/Trusts' responsibility.

NB: work will additionally be required to ensure necessary nursing monitoring data is captured and that metrics and evaluation tools are developed, together with a proposal for research to be undertaken, to understand the impact of the RNA role across NHS Wales.

7.0 REPORTING ARRANGEMENTS

The Programme Board is accountable, via the Chief Nursing Officer (as Chair), to the Cabinet Secretary for Health and Social Services and will report to the NHS Wales Senior Leadership Board.

Sub-groups Chairs will be expected to provide a formal update against their respective implementation plans, using the agreed reporting template to cover progress against delivery plans, risks, matters for decision by the Programme Board, items of escalation and an overall RAG rating, at each Programme Board meeting. The sub-groups will be supported by the WG Band 4 (Nursing) Project Leads.

Papers will be distributed two weeks ahead of the meeting.

A summary of progress will be communicated following each meeting and distributed to key stakeholders via CNO Office.

Appendix 4 - Overarching Project Delivery Plan

Total Recommendations (R) and Additional Actions (AA) for each Band 4 Sub-group

Legislation Sub-group	'Parameters of Practice' Sub-group	Workforce Sub-group	Education Sub-group
<p>R1 There will be one Band 4 Nursing role in NHS Wales, that of the RNA, regulated with NMC.</p> <p>AA1** Amend the Nurse Staffing Levels (Wales) Act Operational Guidance to incorporate the RNA role.</p>	<p>R2** Enact a centralised, Once for Wales, social partnership approach to setting the Parameters of Practice and mitigations which distinguish the RN from the RNA, avoiding substitution, and ensuring patient and nurse protection.</p> <p>AA1** Explore options for a consistent approach to RNA 'scope of practice' by speciality (e.g. utilising the Critical Care Network, Neonatal Nursing Group, Mental Health Nursing Forum etc)</p>	<p>R5 Amend and update the current national Skills and Careers Framework for HCSWs and create a new workforce occupational code for RNA.</p> <p>R12 & R17 Commence the robust workforce mapping & planning by Health Boards & Trusts, in collaboration with HEIW commissioning, aligning to the IMTP process, to prepare for the introduction of the RNA as a destination role & a stepping stone to RN. (Consider the development of a critical mass of RNAs as a destination role</p>	<p>R3, R13, R19 Dedicated Practice Educators & Practice Facilitators to be in place in each Health Board and Trust, for a transitional period (48 months), to support SNAs and RNAs.</p> <p>R6 Collaborate with Council of Deans Health to supersede the HE Cert L4 & flexible route into nursing with the introduction of the NMC RNA programme.</p> <p>R7 & R8 Trigger rapid discussions with the NMC to explore the mapping of the HE Cert, pre & post</p>

		<p>together with planning for the number that will use RNA as a bridge to RN).</p> <p>R18 Through the transition phase from AP to RNA in Wales prioritise, support, and sensitively manage existing APs, to include robust management of change arrangements for those APs/Band 4s who do not choose to transition.</p> <p>AA1 Consider the use of Annex 21 for band 5 funding protection.</p> <p>AA2* Update the Student Streamlining process to incorporate RNA, noting four fields of practice.</p>	<p>implementation of the 2018 NMC Future Nurse Standards, as well as determining the bespoke arrangements for the existing APs' transition to RNA.</p> <p>R9 Collaborate with the Council of Deans Health to establish an all-Wales approach to building & mapping an L6 18 month bridging programme from RNA to BSc Nursing.</p> <p>R10* The work-based learning model must feature highly within HEIWs' commissioning approach for Levels 4 & 5 learners.</p> <p>R11 Work with Universities to utilise the UCAS clearing process to</p>
--	--	---	--

		<p>AA3 Update the All-Wales Position Statement re: Preceptorship and Restorative Clinical Supervision to incorporate the RNA.</p> <p>AA4 Confirm the universal title/s for Nursing Associates in Wales, e.g.: Student Nursing Associate (SNA) for those in training (noting direct entry and HCSW) and Registered Nursing Associate (RNA) post-qualification.</p> <p>AA5** Confirm the national uniform for SNAs and RNAs.</p> <p>AA6</p>	<p>increase the pool of candidates for RNA and RN programmes.</p> <p>R14, R15, R20* ** The all-Wales Delegation Guidelines are to be amended to incorporate the RNA role with a re-launch, robust implementation plan & evaluation.</p> <p>Delegation & accountability to feature in education and development programmes and clinical staff induction, with ongoing education for RNs & HCSWs, and auditing in practice (as per Delegation Guidelines).</p> <p>AA1 Determine student placement length & consistency across the</p>
--	--	---	---

		<p>Adopt an all-Wales RNA generic JD Band 4.</p> <p>AA7 Confirm the Band 4 project is linked to the HEIW retention plan.</p> <p>AA8 Confirm the Band 4 project is firmly anchored within the HEIW development of the NHS workforce plan, nursing section.</p> <p>AA8 Once for Wales approach to communication of the policy intent to introduce the RNA as part of Band 4 recruitment process.</p>	<p>four fields of practice, embracing a once for Wales approach.</p> <p>AA2 Consider the impact on placement capacity and access parity, together with consistent support for all students (SNA & BSc).</p> <p>AA3 Adopt an all-Wales approach to the development of the SNA PAD & consider the potential differentiation between SNAs who are 'direct entry' and those that are existing HCSWs.</p> <p>AA4 Consider the allocation of 'supernumerary status' for SNAs.</p> <p>AA5</p>
--	--	---	--

			<p>Consider the RNA role for:</p> <ul style="list-style-type: none"> -Retirees who return. -Internationally-educated. -BSc Students not meeting academic course requirements. <p>AA6*^a</p> <p>Health Boards / Trusts to work collaboratively with universities to identify post registration RNA education requirements for extended scope of practice, linking this workstream to the advanced practice framework at enhanced level.</p> <p>AA7</p> <p>Work with Universities to provide information to BSc students to support understanding of the Nursing Associate foundation degree programme and the RNA role.</p>
--	--	--	---

--	--	--	--

Key:

Purple = WG responsibility, Green = HEIW responsibility and Red = Health Board/Trusts' responsibility

*= where a recommendation sits within the education sub-group but has an inter-dependency with the workforce sub-group or vice versa

*^a = Where a recommendation sits within the education sub-group but has an interdependency with the workforce sub-group or vice versa

** = Where a national deployment plan is required for the relevant R or AA.

Appendix 5 - Example of a Sub-group Project Report

Phase 2: Band 4 (Nursing) Project:

Sub-Group Progress Report to the Programme Board

Sub-group: Legislation Parameters of Practice Workforce Education

Date of report:

Author:

Status - overall sub-group progress RAG rating: **GREEN** **AMBER** **RED**

3 key highlights for this reporting period:

1-

2-

3- Sub-Group Activities and Outputs (based on project recommendations)

Activity/Action	RAG Rating and Directional indicator	Progress	Decisions made	Further actions planned

Any problems encountered with corrective actions required?

- 1.
- 2.
- 3.

Interdependencies with other sub-group(s) requiring discussion at the Programme Board:

- 1.
- 2.
- 3.

Any issues for escalation to the Programme Board?

- 1.
- 2.
- 3.

Appendix 6 - Legislation Sub-group Terms of Reference



Band 4 Nursing Project: Phase 2 (preparedness stage)

Legislation Sub-Group

Terms of Reference

1.0 Purpose

The Legislation sub-group will support the advancement and delivery of the Welsh Government Band 4 (Nursing) Programme Board's purpose of ensuring full preparedness (throughout 2024-2025) in line with the policy position that only one Band 4 nursing role will exist in NHS Wales, that of the Registered Nursing Associate, regulated by the Nursing and Midwifery Council, with a centralised Once for Wales approach to the Parameters of Practice and deployment guidelines (subject to the necessary changes to legislation). There are legislative implications associated with the Welsh Government policy intent of introducing a Registered Nursing Associate role in Wales which requires Welsh Government to collaborate with the Department of Health and Social Care and the Nursing and Midwifery Council. Welsh Government do not hold the powers to make changes to Health Professions' regulation.

This will be achieved through the provision of legislation-related expertise, to facilitate the objectives and deliverables set out in the ministerially approved recommendations.

2.0 Membership

The Legislation sub-group will be chaired by the Head of OD and Workforce – Strategy and Planning (WG)

-Nursing Officer, Workforce, Regulation and Education (WG)

-Assistant Director – Strategy & Insight, Nursing and Midwifery Council

- Deputy Director for Professional Regulation, Department of Health & Social Care
- Head of Legal Services or representative (WG)
- Nurse Staffing Manager, CNO Office (WG)
- Band 4 (Nursing) Project Leads, CNO Office (WG)

Administration support and coordination will be provided by WG Band 4 Project Leads.

Each member will be expected to have a designated deputy to attend the sub-group in their place in the event of inability to participate.

3.0 Frequency of meeting

A task and finish approach will be embraced, with fluid meetings scheduled dependent on UK government timescales for legislative change.

Business will be carried out via email / other electronic methods in between meetings.

4.0 Quoracy

For business efficiency all members need to be present at each meeting.

5.0 Compassionate Leadership

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the compass below, will underpin the way members interact and engage with colleagues and citizens throughout Phase 2 of the project, aligning with Health and Social Care values and beliefs:

6.0 Reporting Arrangements

The Legislation sub-group is accountable to the Band 4 (Nursing) Programme Board.

The Legislation Sub-Group Chair is a co-opted member of the Programme Board and will provide a formal progress report at each bi-monthly meeting.

Appendix 7 - Parameters of Practice Sub-group Terms of Reference



Band 4 (Nursing) Project: Phase 2 (preparedness stage)

Parameters of Practice Sub-Group

Terms of Reference

1.0 Purpose

The Parameters of Practice sub-group will support the advancement and delivery of the Welsh Government Band 4 (Nursing) Programme Board's purpose of ensuring full preparedness (throughout 2024-2025) in line with the policy position that only one Band 4 nursing role will exist in NHS Wales, that of the Registered Nursing Associate, regulated by the Nursing and Midwifery Council, with a centralised Once for Wales approach to the Parameters of Practice and deployment guidelines.

A Social Partnership approach will be embraced, achieved through the provision of professional expertise, to facilitate the objectives and deliverables set out in the ministerially approved recommendation:

R2 – Enact a centralised, Once for Wales approach to the Parameters of Practice, which unequivocally distinguish the RN from the RNA, avoiding substitution.

2.0 Membership

The Parameters of Practice sub-group will be chaired by the Executive Director of Nursing and Midwifery, Betsi Cadwaladr UHB.

A Deputy Chair will be nominated to lead the sub-group in the absence of the Chair.

-Nursing Lead for regulation from each Health Board and NHS Trust in Wales

-The designated Band 4 Lead, HEIW

- Nursing Officer (Education and Regulation)
- Representatives from the Partnership Forum.
- Senior representative from the Royal College of Nursing.
- Representation from Inspectorate Bodies Wales (including HIW, CIW & Social Care Wales).
- Assistant Director, NMC

Co-Opted members:

Subject matter experts can be co-opted as required with agreement of the Chair.

Administration support and coordination will be provided by the WG Band 4 Project Leads.

Each member will be expected to have a designated deputy to attend the sub-group in their place in the event of inability to participate.

2.0 Frequency of meeting

Monthly for a period of four months.

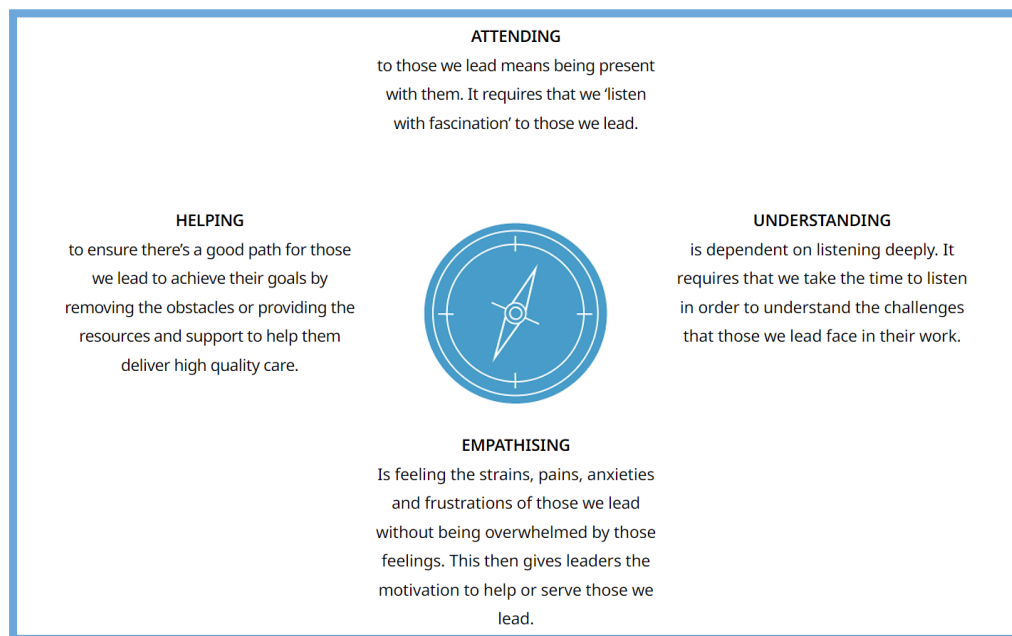
Business to be carried out via email / other electronic methods in between meetings.

3.0 Quoracy

It is essential to have representation from each member for this task and finish workstream.

4.0 Compassionate Leadership

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the compass below, will underpin the way members interact and engage with colleagues and citizens throughout Phase 2 of the project, aligning with Health and Social Care values and beliefs:



5.0 Reporting Arrangements

The sub-group is accountable to the Band 4 (Nursing) Programme Board and the Chair is a co-opted member, required to provide a formal progress report at the bi-monthly meetings.

Appendix 8 - Education Sub-group Terms of Reference



Band 4 Nursing Project: Phase 2 (preparedness stage)

Education Sub-Group

Terms of Reference

4.0 Purpose

The education sub-group will support the advancement and delivery of the Welsh Government Band 4 (Nursing) Programme Board's purpose of ensuring full preparedness (throughout 2024-2025) in line with the policy position that only one Band 4 nursing role will exist in NHS Wales, that of the Registered Nursing Associate, regulated by the Nursing and Midwifery Council, with a centralised Once for Wales approach to the Parameters of Practice and deployment guidelines (subject to the necessary changes to legislation).

This will be achieved through the provision of education-related expertise, to facilitate the objectives and deliverables set out in the ministerially approved recommendations and the additional actions identified from the full report as outlined in the delivery plan, as follows:

R3 – Mandate the dedicated provision of Practice Education Facilitators, to support the Student Nursing Associate (SNA) learning in practice, and Practice educators to support RNAs in the post-registration period (aligned to the all-Wales Preceptorship Principles), for a transitional period of 48 months.

R6 – Collaborating with the Council of Deans Health Wales, and current HE Cert L4 providers to enact the RNA superseding the HE Cert and the flexible route into nursing in Wales and establish an all-Wales approach to building and mapping a L5 year 2, enabling programme accreditation with the NMC for RNAs.

R7 – Trigger rapid discussions with the NMC to explore the mapping of the HE Cert against the RNA Standards of Proficiency (2018).

R8 – Scope the skills, qualifications, and competencies of HCSWs that have previously successfully completed earlier iterations of the HE Cert L4, to explore feasibility of a ‘bridging’ programme to RNA NMC registration.

R9 – Collaborate with the Council of Deans Health Wales to establish an All-Wales approach to the building and mapping of an L6 18-month field specific ‘bridging’ programme for RNAs to achieve BSc Nursing, accredited with the NMC.

R10 – The Work Based Learning model should feature highly in terms of commissioned education provision as the preferred approach for Levels 4 and 5 learners.

R11 - Work with the universities to expand the utilisation of the UCAS ‘clearing’ process, with the aim of increasing the pool of candidates for the RN and RNA Nursing programmes.

R13 – Securing transitional financial support (48 months) for Practice Education Facilitators to support the Student Nursing Associate’s (SNA) learning in practice and Practice Educators to support RNAs in the post-registration period (aligning to the All-Wales Preceptorship Principle), appointed for each Health Board and Trust.

R14 - Delegation and Accountability should feature in education and development programmes, including induction, for registrants and HCSWs.

R15 – All Wales Delegation Guidelines should be amended to incorporate the RNA role and re-launch with a robust implementation plan, which incorporates evaluation.

R19 – Employ Practice Education Facilitators, based on HEIW funding apportionment, to support the Student Nursing Associate’s (SNA) learning in practice and Practice Educators to support RNAs post-registration (aligning to the All-Wales Preceptorship Principles), thorough the transitional period.

R20 – Delegation and Accountability should be included in clinical staff induction, with ongoing education provided for RNs and HCSWs, with auditing delegation practice (as per the All-Wales Delegation Guidelines).

Recommendations key: Purple = WG responsibility; Green = HEIW responsibility; Red = Health Board and Trusts’ responsibility.

The sub-group will identify any funding implications as a result of the work streams, escalating to the Programme Board accordingly.

2.0 Membership

The education sub-group will be chaired by the Head of the School for Health and Social Care, Swansea University.

A Deputy Chair will lead the sub-group in the absence of the Chair.

-Nurse Education Leads and PEF Leads from each Health Board and NHS Trust in Wales.

-University Nursing Programme Leads from Welsh Universities.

-Representative from HEIW: Deputy Director Education, Commissioning and Quality.

-Band 4 Programme Lead from HEIW.

-Representatives from the Welsh Partnership Forum.

-Senior representative from the Royal College of Nursing.

-Assistant Director, NMC.

Administration support and coordination will be provided by WG Band 4 Project Leads.

Co-Opted members:

WG Nursing Officer

Subject matter experts

To be co-opted as required with agreement of the Chair.

Each member will be expected to have a designated deputy to attend the sub-group in their place, in the event of inability to participate.

3.0 Frequency of meeting

Monthly

Business to be carried out via email / other electronic methods / or in person between meetings. Task and finish groups will be established to complete the work required as set out in the delivery plan.

4.0 Quoracy

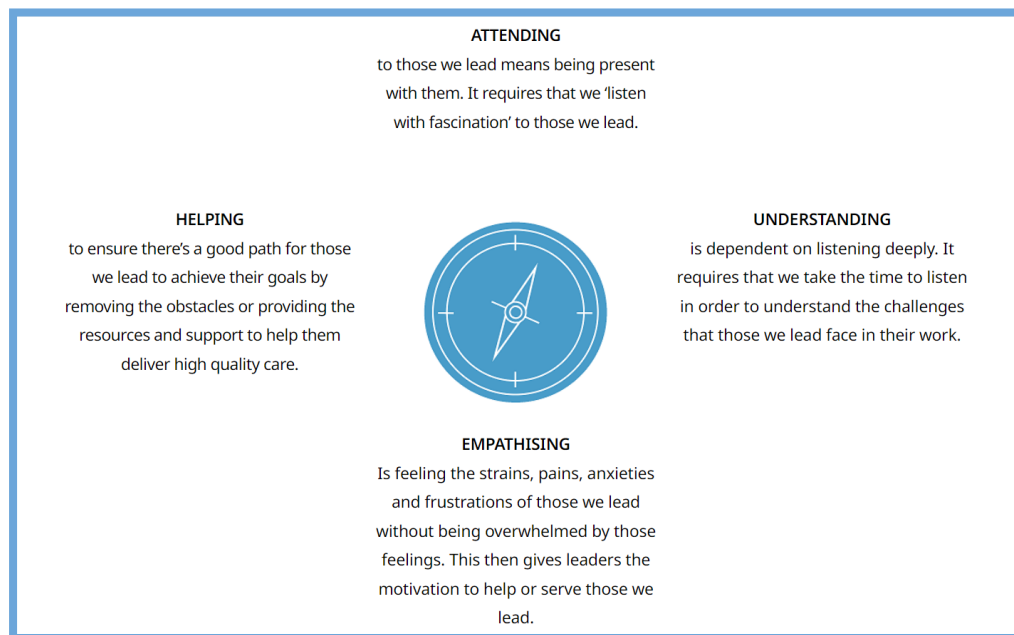
Representation from at least 3 Health Boards / Trusts.

Representation from at least 3 Universities.

Representation from HEIW.

5.0 Compassionate Leadership

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the compass below, will underpin the way members interact and engage with colleagues and citizens throughout Phase 2 of the project, aligning with Health and Social Care values and beliefs:



6.0 Reporting Arrangements

The sub-group is accountable to the Band 4 (Nursing) Programme Board.

The education sub-group Chair is a co-opted member of the Programme Board and will provide a formal progress report at each bi-monthly meeting.

Appendix 9 - Principles underpinning student Nursing Associate practice-based learning and exposure to the four fields of practice in Wales

Registered Nursing Associates provide care for people of all ages, backgrounds, cultures, and beliefs who may have mental health, physical, cognitive and behavioural care needs, be living with dementia, are older people or individuals at the end of their life.

In terms of NMC Registered Nursing Associate educational programme requirements this includes outcome statements across six proficiency platforms and two Annexes including skills and procedures. These have been designed to apply across all health and care settings.

Education providers, in collaboration with practice partners, will be responsible for sourcing appropriate practice-based learning opportunities that enable achievement of NMC Nursing Associate proficiencies, skills and procedures.

It is recognised that education providers in Wales may have different programme structures, with some variation in how students are allocated practice learning experiences. Therefore, this document is not prescriptive for all Student Nursing Associate allocation arrangements, but does set out key principles for practice-based learning:

1. Student Nursing Associate exposure to the four fields of practice can take place across a diverse range of service settings.

Students' experience of the four fields of practice will include exposure to each of adult, mental health, learning disabilities and child fields.

It is anticipated that learning about the needs of individuals across fields of practice does not require a dedicated 'placement' but rather can take place across a range of practice learning environments and contemporary services (such as where a student allocated to an adult nursing setting is working with people with learning disabilities or individuals with mental health needs).

2. *Practice-based learning that reflects the four fields of practice must be sufficiently proportionate across the duration of the programme to facilitate the achievement of proficiencies, skills, and procedures.*

The Nursing Associate role is generic, and students may demonstrate the ability to carry out skills and procedures in any appropriate context of practice. Student Nursing Associate learning opportunities must allow *sufficient and proportionate* exposure to the four fields of nursing practice to enable achievement of the *generic* aspects of the Nursing Associate programme.

Students' practice-based learning journey through their programme will therefore need to reflect where care takes place in contemporary services to enable students to meet the generic requirements of the Nursing Associate programme.

It is recognised that the largest proportion of people requiring nursing care are adults. Also, that the largest proportion of learning opportunities available will be with adults experiencing physical and mental health challenges. However, to ensure that students are exposed to all four fields of practice, it is anticipated that as a minimum, 10% of practice learning will involve the care of people with learning disabilities, and children respectively.

3. *Opportunities to demonstrate Nursing Associate Annexe skills and procedures can occur in any appropriate context:*

The principles of sufficiency and proportionality should underpin practice learning opportunities for safe demonstration of evidence-based practice in all skills and procedures stated in Annexes A and B across all fields of practice.

Achievement of clinical proficiencies, Annexe skills and procedures can be facilitated through a hub and spoke approach to supervision and assessment where students are afforded additional practice learning opportunities away from their allocated main practice-learning base.

- 4. *Students' practice-based learning journeys should be overseen by education providers (in collaboration with practice partners) to determine proportionate exposure to the four fields of practice.***

Education providers, in collaboration with practice partners, must monitor a student's journey throughout the programme to determine the appropriateness of practice learning environments and exposure in meeting Nursing Associate generic programme requirements.

Student Nursing Associate proportionate exposure to the four fields of practice must enable opportunities for achievement of standards, knowledge, and skills that a student Nursing Associate will need to enter their intended workplace on registration and to be considered by the NMC as capable of in terms of safe and effective Nursing Associate practice.

- 5. *Students' exposure to learning across the four fields of practice must be recorded in the All-Wales Practice Assessment Document and reflective learning log.***

Student Nursing Associates will be required to log their practice-based learning exposure across the four fields of practice within their All-Wales Practice Assessment Document (PAD) alongside a record of their achievement of Nursing Associate proficiencies, skills and procedures.

- 6. *Student Nursing Associate practice learning experiences will take place across as wide a variety of health and care sectors and settings as possible.***

All key stakeholders in Wales will collaborate to maximise Student Nursing Associate practice-based learning opportunities and explore a variety of sectors outside of NHS Wales, including in social care and independent service settings, where appropriate practice-based allocations can be secured.

Note: It is important to reiterate that Registered Nursing Associates do not holistically assess, plan, coordinate or lead care. These activities are firmly within the domain of the Registered Nurse.

Appendix 10 - Workforce Sub-group Terms of Reference



Band 4 Nursing Project: Phase 2 (preparedness stage)

Workforce Sub-Group - Mapping & Planning, Organisational Change

Terms of Reference

5.0 Purpose

The workforce sub-group will support the advancement and delivery of the Welsh Government Band 4 (Nursing) Programme Board's purpose of ensuring full preparedness (throughout 2024-2025) in line with the policy position that only one Band 4 nursing role will exist in NHS Wales, that of the Registered Nursing Associate, regulated by the Nursing and Midwifery Council, with a centralised Once for Wales approach to the Parameters of Practice and deployment guidelines (subject to the necessary changes to legislation).

This will be achieved through the provision of workforce-related expertise, to facilitate the objectives and deliverables set out in the ministerially approved recommendations, together with additional actions, as follows:

R5 Amend the current HCSW Framework based on the introduction of the RNA and the allocation of a new workforce code by NHS Wales Shared Services Partnership.

R12 Work with Health Boards and Trusts to coordinate the robust mapping and workforce planning of RNA commissioning numbers, aligned to the IMTP process.

R17 Commence the process of robust workforce mapping and planning with HEIW, aligned to the IMTP process, in preparation for the introduction of the RNA role, as both a destination role and a steppingstone to RN.

R18 Through the transition phase from AP to RNA prioritise, support, and sensitively manage existing APs.

Recommendations key: Purple = WG responsibility; Green = HEIW responsibility; Red = Health Board and Trusts' responsibility.

2.0 Membership

The workforce sub-group will be chaired by the Deputy Director of People and Culture, Cardiff & Vale UHB. A Deputy Chair will lead the sub-group in the absence of the Chair. Two Deputy Chairs have been appointed, recognising the complexity of the programme of work, namely: Nicky Hughes representing the Welsh Partnership Forum and Janice Cole-Williams, Assistant Director of Nursing (HDUHB).

- Head of OD Workforce – Strategy and Planning (WG)
- Workforce and OD Lead from each Health Board and NHS Trust.
- Lead Nurse for workforce from each Health Board and NHS Trust
- Nurse Staffing (Act) Programme Lead
- Deputy Director for Digital and Workforce Productivity Solutions, NWSSP
- Assistant Director for Workforce Planning, HEIW
- Workforce Transformation Lead (Nursing), HEIW
- NHS Wales Job Evaluation Lead, NHS Wales Employers
- A Finance or Commissioning Lead from HEIW.
- Welsh Partnership Forum Representative.
- Senior representative from the Royal College of Nursing.
- Band 4 (Nursing) Project Leads, CNO Office (WG).
- Assistant Director, NMC

Co-Opted members:

WG Nursing Officer

Subject matter experts

To be co-opted as required with agreement of the Chair.

Administration support and coordination will be provided by WG Band 4 Project Leads.

Each member will be expected to have a designated deputy to attend the sub-group in their place in the event of inability to participate.

6.0 Frequency of meeting

Monthly

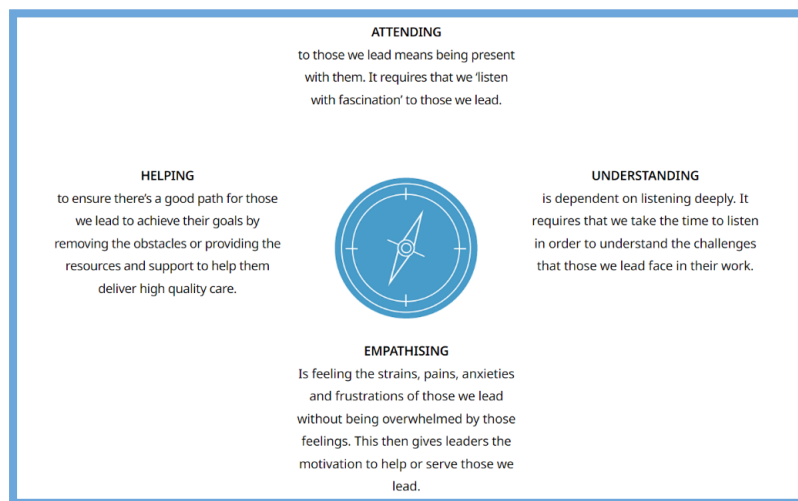
Business to be carried out via email / other electronic methods in between meetings, together with the establishment of task & finish Groups to progress the work.

7.0 Quoracy

For business efficiency it is essential to have effective representation and as a minimum a WOD representative, a nursing representative, a HEIW representative and Partnership Forum representative to ensure sub-group meeting viability.

4.0 Compassionate Leadership

The four behaviours of compassionate leadership (HEIW Compassionate Leadership Principles 2022), set out within the diagrammatical compass, will underpin the way members interact and engage with colleagues and citizens throughout Phase 2 of the project, aligning with Health and Social Care values and beliefs:



5.0 Reporting Arrangements

The workforce sub-group is accountable to the Band 4 (Nursing) Programme Board.

The sub-group Chair is a co-opted member of the Programme Board and will provide a formal progress report at each bi-monthly meeting.

Appendix 11 - All Wales workforce planning principles in relation to the introduction of the Registered Nursing Associate role.

NHS Wales Band 4 Nursing Project

Scope

The workstream scope is to outline the guiding workforce planning principles for the Registered Nursing Associate (RNA), taking into consideration:

- An All-Wales perspective
- Individual Health Board/Trust workforce needs
- Assessment of workforce supply
- Assessment of workforce demand
- Preceptorship principles
- Horizon scanning & timeline of assessment over next 3, 5 & 10 years
- Organisational preparation for the socialisation of the RNA role

Purpose

To determine the short, intermediate and long-term principles of workforce planning, on an all-Wales basis, for the successful introduction and socialisation of the Registered Nursing Associate role.

Recommendation

Each Health Board and Trust will adopt and apply the agreed principles, identifying opportunities for introducing the RNA role when undertaking local workforce planning.

From a workforce data perspective, Health Boards and Trusts will utilise accessible data, to include:

- Staff in post: HCSW Band 2-4 and RN Band 5-7
- Retirement age profile
- Education pipeline & commissioning numbers
- Turnover rates
- Vacancy rates
- International Nurse recruitment planning

In assessing the profile, a reasonable set of assumptions around career progression pathways and retirement profiles for each group will be determined, to assess the potential “gap” and therefore opportunities.

Workforce planning principles:

Recommendation	Short Term	Intermediate Term	Long Term
General Workforce Principles			
The usual process for workforce planning and modelling will be continued but with the additional, phased consideration of the new role of Registered Nursing Associate, embracing HEIW workforce planning guidance and resources, the Nurse Retention Plan and the Nursing workforce Plan.	✓	✓	✓
Review Health Board / Trust current workforce profile / demographics.	✓	✓	

Consider workforce capacity and demand	✓	✓	✓
New Service areas			
Consider areas where workforce remodelling is already taking place, e.g. role redesign, skill mix changes, upskilling, etc.	✓	✓	
Management of Existing Assistant Practitioner			
Existing workforce plans contain the requirement for Assistant Practitioners. These plans should be revisited using the lens of the Registered Nursing Associate role.	✓		
Applying the All-Wales pathway for sensitively managing existing individuals employed in Band 4 Nursing Assistant Practitioner roles, who do not transition to a Registered Nursing Associate role (Based on the Organisational Change Policy for NHS Wales and specifically developed for the implementation of the RNA role in Wales).	✓		
Specific Registered Nursing Associate considerations			
Prioritisation for RNA posts: <ul style="list-style-type: none"> - Existing Assistant Practitioners in post - Priority clinical areas / fields of practice 	✓	✓	
Ensure RNA posts are clearly articulated within the IMTP.	✓	✓	✓
Focus on the short-term workforce position initially, moving to the intermediate and longer-term plan across the organisation as the RNA role embeds.	✓		

RNA posts must be created within the workforce for newly qualified RNAs to secure, following their registration with the NMC.		✓	✓
Consider where the RNA role will add the most value to patient or client care.	✓	✓	✓
Recognise that the Registered Nursing Associate can work across all four fields of practice (Adult, Mental Health, Learning Disabilities, and Child) and in any care setting.			
Consider the RNA role in terms of long-term planning to create a critical mass within the nursing workforce, ensuring a sufficient number to maintain a full roster, in compliance with the Nurse Staffing Act (Wales).			✓
Consider the capacity & support available for RNAs in any field / clinical area, recognising multidisciplinary team understanding of the new role and the preceptorship requirements of the RNA. (The importance of being able to support newly qualified RNAs in practice must be recognised and areas with high vacancies may not be suitable, despite need).	✓	✓	
Once all existing APs have been accommodated (whether they wish to transition to RNA or not), consideration should be given to where direct entry via UCAS / student streamlining would be utilised.		✓	✓
Education			
Consider how many existing Assistant Practitioners will and can undergo the educational requirement to transition to RNA, in the first few cohorts (academic year 2025/'26 onwards).	✓		

Link planning with the organisational 'grow your own' / part time pathway pipeline.	✓	✓	✓
Consider the RNA in terms of being a stepping-stone opportunity to Registered Nurse.		✓	✓
Risk Management			
Identify, discuss, mitigate or escalate any potential organisational risks.	✓	✓	✓
Cultural Considerations			
Each organisation needs to consider and plan how it will socialise the new RNA role and effectively prepare to achieve cultural readiness for the successful introduction and embracing of the RNA role.	✓	✓	

Appendix 12 - Pathways to manage existing Band 4 Nursing Assistant Practitioners during the organisational change management process transitioning from Assistant Practitioner to Registered Nursing Associate.
NHS Wales Band 4 Nursing Project (Preparedness for RNA)

Introduction

A project was commissioned by the Baroness Eluned Morgan, Minister for Health and Social Services (now First Minister for Wales - Prig Weinidog Cymru), co-led by the Chief Nursing Officer for Wales and the Director for Workforce and Organisational Development. The project considered whether a registered and/or regulated Band 4 Nursing role is desirable, appropriate and value-adding for NHS Wales and has been described as the most significant review of Nursing in Wales, since the decision to introduce the graduate Nurse in 2004.

Phase 1 of the project concluded at the end of 2023 with the Minister signing off all 20 recommendations, underpinned by evidence and key findings from the project. The primary recommendation being: *Only one Band 4 Nursing role will exist in NHS Wales, that of the Registered Nursing Associate, with the Nursing and Midwifery Council (NMC) as the regulator.*

Scope

The scope of this workstream relates specifically to Recommendation 18 (R18), utilising the Organisational Change Policy for NHS Wales:

R18: Through the transition phase from AP to RNA in Wales prioritise, support, and sensitively manage existing APs, to include robust management of change arrangements for those APs/Band 4s who do not choose to transition.

*Completion: **Red** = 3 months – End of October 2024.*

Purpose

The purpose of the workstream is to consider an All-Wales pathway for sensitively managing existing individuals holding band 4 posts, who choose not to transition to become Registered Nursing Associates.

Roles and responsibilities

As set out in the Organisational Change Policy for NHS Wales.

Flow Chart

The flow chart sets out three process pathways to manage existing Band 4 Nursing Assistant Practitioners during the organisational change management process transitioning from Assistant Practitioner to Registered Nursing Associate.

Process Map - Transition Phase of Nursing Assistant Practitioners



The All-Wales Organisational Change Policy will be used to manage the transition phase for the Band 4 Nursing Assistant Practitioners where necessary. [Organisational Change Policy \(nhsconfed.org\)](https://nhsconfed.org)

The below framework assumes that there will be equal numbers of posts to the number of candidates (where this is not the case, the All-Wales Organisational Change Policy will be engaged).

Overview of the Organisational change process

Process 1 enables staff to participate in a job evaluation process to determine if they can demonstrate they have the skills and expertise to comply with the duties and essential criteria. Should an individual demonstrate they have 2/3rds of the requirements they can be slotted into an RNA post as they become available. It is essential that the individual holds the RNA qualification and is registered as an RNA on the NMC register. If individuals can demonstrate that they meet the criteria to be slotted in they would not be required to go through the normal recruitment process but would receive the correct contract of employment.

Process 2 sets out the process for those staff who wish to apply to undertake the RNA foundation degree programme. They should inform their manager that they wish to undertake the programme and submit an application. If their application is successful, they would then take up the post of Student Nursing Associate. If they are not successful in their application, they will inform their line manager and will move to process 3.

Process 3 is for those individuals who a) do not have the right level of skills and expertise to be slotted into an RNA role; b) are unsuccessful in their application for the RNA Course or c) they choose not to transition into an RNA role.

The Band 4 Nursing Assistant Practitioner role will not exist in the future; therefore, individuals will need to be redeployed into a suitable alternative role via the redeployment process within the Organisational Change Policy. The redeployment process is normally

restricted to a maximum of 3 months, however, organisations may wish to apply some flexibility to this time frame through mutual agreement with the post holder and whether applicable, trade union representative, to enable all opportunities to be fully explored.

During the redeployment period the individual will be supported by the Workforce & OD team to identify suitable vacancies, and they will be given prior consideration for these roles, meaning individuals on the redeployment register and considered first via an interview process.

If the individual is successful at interview a trial period is agreed in writing by the manager and individual; on successful completion of the trial period, they would be appointed into that post on a permanent basis. If the individual is not successful at interview, the individual has the right to appeal the decision, an appeal would be heard within 14 days.

If an individual is re-deployed into a suitable role at a lower pay band, then long term salary protection would apply as outlined in the Organisational Change Policy.

RNA's who have previously trained and worked in England will be considered for new posts on individual merit.

It will take time to transition all Band 4's to either the RNA role or a new role through redeployment; this period will be discussed at the Welsh Partnership Forum and decided in social partnership to ensure no detriment to the staff involved.

Guiding Principles

- Principals of compassionate leadership should be adopted throughout this organisational change
- Organisations should commit to ensuring there is no detriment to staff going through this process.
- There should be a clear communication plan for staff to support them through the process
- Only one application can be made under the OCP process 1, then move to process 3.
- Support to be put in place to help individuals who are concerned about academic rigor (Agree a Once for Wales approach).
- Process arrangements for individuals on maternity leave / paternity leave / long term sick during the period decisions are made?
- Who sits in the nursing family, who does it directly affect?
- Workforce stability is essential, cannot afford to lose valued members of the workforce.
- Coaching as a tool to help people make their choice about next steps.
- Some people will not have undertaken formal structured education for a long period of time. Consider pre-programme support for individuals regarding the academic level i.e. taster to boost confidence.
- Set out the key benefits of the introduction of the RNA into Wales, i.e. Benefits of lifelong learning / Career pathways / Educational opportunities etc.
- Will be using OCP process but there will be flexibility to find the right pathway / role for people within that process, giving people time to consider their options.

Associated FAQs

Information should be provided including FAQs, so staff are fully aware of the organisational change and what that means for them personally. Below are some suggestions that can be worked on in the implementation phase.

- If I say no, will I be disadvantaged?
- Do I have to become an RNA?
- What will I have to do if I want to be an RNA?
- How long is the process to become an RNA?
- What about my money? Will my pay be affected?
- Will I be guaranteed a job?
- What is the deadline for completion of transition from AP to RNA?
- What if I fail the programme?
- If I choose not to become an RNA, will I lose money?
- Why do I have to do more training to get the same pay?
- If I have been job evaluated as a Band 4, why has my job been devalued?
- I am not academic, what support is available for me during this process? Support will need to be nationally agreed.
- Why do I need to transition if I am happy in my current role?
- Why was a decision made to only have 1 role, the RNA?
- There will be Band 4s in other areas outside of nursing, why can't there be Band 4s in nursing that is not the RNA?
- If I do the RNA training, will I come back to work in the same clinical area as my current role?
- Will I be made redundant?
- If I choose not to become an RNA, will I have to move from my current team?
- Will I be 'down banded'?

10.0 References

HEIW (2022) Compassionate Leadership Principles for Health and Social Care in Wales (online). Available at: [Repository - Gela HEIW Leadership Portal for Wales](#) Accessed January 2024.

Welsh Government (2024) The future of the Band 4 nursing workforce in Wales (online). Available at: [the-future-of-the-band-4-nursing-workforce-in-wales-summary-report-2024.pdf](#) Accessed January 2025.

NHS Wales Shared Services Partnership (2023) The Health and Care Quality Standards (online). Available at: [Health and Care Quality Standards 2023 - NHS Wales Shared Services Partnership](#) Accessed January 2025.

Welsh Government (2016). Nurse Staffing Levels (Wales) Act 2016 (online) Available at: [Nurse Staffing Levels \(Wales\) Act 2016](#) Accessed January 2025.

Welsh Government (2023) Duty of Quality Statutory Guidance and Quality Standards (online). Available at: [Duty of Quality Statutory Guidance](#) Accessed January 2025.

(End of Report)