

Nursing Associate Scope of Practice Policy

This is a working document and will be subject to regular updates as the role of the Nursing Associate evolves into practice – the latest version will always be in PAGL

Paper D

Approved By:	Policy and Guideline Committee
Date of Original Approval:	17 th May 2019
Trust Reference:	B21/2019
Version:	V4
Supersedes:	V3 – June 2022
Trust Lead:	A Coulson, Education and Development Practice Lead
Board Director Lead:	Chief Nurse
Date of Latest Approval	19 April 2024 – Policy and Guideline Committee
Next Review Date:	February 2028

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	3
3	Definitions and Abbreviations	3
4	Roles	4
5	Policy Implementation and Associated Documents <ul style="list-style-type: none"> • Scope of Practice • Medicines Administration • Approval of additional post-registration competencies / skills / standards post registration 	5
6	Education and Training	6
7	Process for Monitoring Compliance	6
8	Equality Impact Assessment	7
9	Supporting References, Evidence Base and Related Policies	7
10	Process for Version Control, Document Archiving and Review	7

Appendices		Page
One	LLR Nursing Associate Job Description	8
Two	SOP for Medicines Administration by Nursing Associates	14
Three	Clinical Activities agreed to be in Scope of Practice for the Nursing Associate at point of registration (including NMC Proficiencies)	15
Four	Clinical Activities that can be undertaken only with Additional Education and Competence Assessment	17
Five	Scope of Practice for Nursing Associates in ED	18
Six	Scope of Practice for Nursing Associates in ITU	19
Five	Clinical activities which must not be undertaken by the Nursing Associate	20

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

24.4.23 Review

Changes to Scope of Practice for Medicines administration:

Single check medications in children's can be administered by a Nursing Associate via the included routes

Nursing Associates are able to undertake additional education and assessment to insert, manage and administer feed and medication via NG Tube

Nursing Associates are able to undertake assessment of self-administration of medication in Adults and Children over 16

Nursing Associates can complete an education package to care for tracheostomy; trainees may complete this during their pre-registration programme under the direct supervision of a registered nurse until registration

Additional CMG specific competencies have been added

Point 1.4 updated to reflect current relevance of policy and inclusion of NA to Trust Policies

Additional Appendices for roles in ED and ITU and Endoscopy

KEY WORDS

Nursing Associate, NA, Scope, licence, clinical

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust scope of practice for the new Nursing Associate (NA) role for which the first Registrants entered the Nursing and Midwifery Council (NMC) Register from 28th January 2019
- 1.2 The Nursing Associate is a stand-alone role that will also provide a progression route into graduate level nursing. They are trained to work with people of all ages and in a variety of settings in health and social care. It is intended that the role will enable Registered Nurses to focus on more complex clinical duties.
- 1.3 As this is a new role into the Nursing family there is no legacy to follow in providing clear demarcation of boundaries. The NMC Proficiencies for entry into the register (NMC 2018a) provide a baseline expectation of competence and it is the responsibility of individual organisations to set additional competence standards for the Nursing Associate Role.
- 1.4 Whilst many Trust Policies have been amended to include the role of the Nursing Associate, this policy will continue to provide guidance relevant to specific CMGs and practice areas; the policy will provide limited guidance as to roles undertaken during the completion of the programme; the NMC Standard of proficiency should be referred to for detail (NMC 2018b)
- 1.5 UHL has a School of Nursing Associates and provides the training for the Nursing Associate role for Leicester, Leicestershire and Rutland. It is work-based with the trainee working in their clinical area whilst undertaking study days and alternative clinical placements as part of an apprenticeship programme. The Programme is accredited by De Montfort University, approved by the NMC and is a foundation degree.
- 1.6 It is likely that this policy will require frequent updating on the scope of practice as the role will continue to evolve, staff must ensure they are reading the most up to date version which will be in the Policy and Guideline Library (PAGL) accessed via INsite

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to:
 - a) Registered Nursing Associates
 - b) Registered Nurses and Midwives who work alongside Nursing Associates
 - c) Line manager of the Nursing Associate
 - d) Heads of Nursing Head of Midwifery/ Deputy Heads of Nursing
 - e) Any staff supporting Clinical Management Groups (CMGs) involved in workforce planning
- 2.2 This policy does not apply to Non-Registered band three or four healthcare support roles such as Assistant Practitioners, Senior Support Workers. Please contact the Deputy Chief Nurse or Senior Nurse – Clinical Practice Development for further guidance on scope of practice for these roles

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 **LCAT** – Leicestershire Clinical Assessment Tool
- 3.2 **Nursing Associate (NA)** is a new member of the nursing team who will provide care and support for patients and service users. This role is being used and regulated in England and it is intended to address a skills gap between Health and Care Assistants and Registered Nurses. 'Nursing Associate' is a protected title in law.
- 3.3 **NMC** – Nursing and Midwifery Council
- 3.4 **Scope of Practice:** is defined as the range of roles, functions, responsibilities, and activities which the individual is educated and authorised to perform

4 ROLES – WHO DOES WHAT

4.1 The Executive Lead for this Policy is the Chief Nurse

4.2 The Strategic Lead for this Policy is the Deputy Chief Nurse/ Lead for Nursing Associates who is responsible for:

- a) Setting the vision for the Nursing Associate role and ensuring the scope of practice is reflective of workforce development and clinical need.
- b) Supporting Heads of Nursing and Midwifery in identifying areas where the Nursing Associate role could be included as part of the workforce supporting the Registered Nurse in the delivery of care and safer staffing
- c) Ensuring scope of practice is discussed and agreed as part of the workforce plan, including governance arrangements, education and training and the skill / task is reflected in the job description
- d) Working with Heads of Nursing if any concerns or issues are raised where a Nursing Associate might be working outside of scope of practice.

4.3 Heads of Nursing / Midwifery are responsible for:

- a) Implementing the role of Nursing Associate where possible within their clinical areas
- b) Supporting creative workforce plans to utilise the role to its full potential
- c) Ensuring their clinical areas understand and work to the role boundaries and scope of practice for Nursing Associates
- d) Implementing governance and monitoring procedures for the effectiveness of the role
- e) Supporting the development of policies and guidelines that support scope of practice within their clinical areas

4.4 Ward Sister/Charge Nurse or Line Manager is responsible for:

- a) Supporting the Nursing Associate in their development of competence and skills
- b) Identifying areas where the role will complement the Nursing workforce
- c) Effective rostering and deployment of staff to ensure quality of care and patient safety in line with the Non-Medical Staff Rostering Policy (B5/2013)

4.5 The Nursing Associate is responsible for:

- a) Working within the agreed scope of practice at all times and being accountable for their actions as set out in the NMC Code (2018b).

4.6 The LLR Nursing Associate Programme Leader is responsible for:

- a) The design and delivery of the LLR Nursing Associate programme ensuring that this prepares the registrant to work within the sphere of their organisational policy
- b) Supporting the development or adjustment of Policies and Guidelines to support scope of practice for Nursing Associates
- c) Ensuring robust Preceptorship is in place to support the transition from trainee to registrant as per the Preceptorship Policy (B4/2018)
- d) The development of post-registration pathways to support development of the Nursing Associate.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

- 5.1 The NMC have set out what a Nursing Associates should know and be able to do when they join the register via the Standards of Proficiency (NMC 2018a).
- 5.2 While Nursing Associates will contribute to most aspects of care, including delivery and monitoring, Registered Nurses will take the lead on assessment, planning and evaluation. Nurses will also lead on managing and coordinating care with full contribution from the Nursing Associate within the integrated care team.
- 5.3 The standards and the differences between the two roles are summarised by figure 1 produced by the NMC below

Nursing associate <i>6 platforms</i>	Registered nurse <i>7 platforms</i>
Be an accountable professional	Be an accountable professional
Promoting health and preventing ill health	Promoting health and preventing ill health
Provide and monitor care	Provide and evaluate care
Working in teams	Leading and managing nursing care and working in teams
Improving safety and quality of care	Improving safety and quality of care
Contributing to integrated care	Coordinating care
	Assessing needs and planning care

Figure 1 NMC (2019)

- 5.4 **Scope of Practice is:** Practice in which the Nursing Associate is educated, competent and authorised to perform either at point of registration or post registration (see also 3.4).
- 5.5 Like Nurses and other Health Professionals, Nursing Associates can expand their scope of practice through further education and experience. This will usually be after a period of consolidation and Preceptorship which supports the transition from trainee to registered professional.

- 5.6 Any additional proficiencies / skills / standards not required for registration will be considered within post registration scope of practice.
- 5.7 Appendix Three, Four and Five provide details on the clinical activities within and outside scope of practice; these are live documents and will be updated as the role develops.
- 5.8 Some proficiencies / skills / standards not required for registration may have been taught during pre-registration training, depending on the service needs of the base area and / or exposure during alternative clinical placements. Nursing Associates will be able to continue practising these skills following assessment in practice.
- 5.9 Some proficiencies / skills / standards will require further education and competency assessment and be supported through the job description and organisational policies or guidelines. As yet there is no local or national definitive list for this and advice must be sought from the Deputy Chief Nurse regarding scope whilst the role is developing (see also section 5.13)
- 5.10 **The challenge whilst embedding this new role is to ensure a degree of reasonableness and consistency, ensuring that the Nursing Associate has the necessary underpinning theory and competence for safe practice and to fulfil their role in supporting the Registered Nurse whilst acknowledging the role is a Registered Professional in its own right. A Nursing Associate Development Framework has been developed to support the newly registered Nursing Associate and should be used from the start of preceptorship**
- 5.11 A Nursing Associate Job Description has been evaluated using Agenda for Change and approved for use across Leicester, Leicestershire and Rutland (LLR) and can be found as appendix One. This provides a baseline of expectations in practice.
- 5.12 **Medicines administration** by Nursing Associates is a required proficiency, however there are restrictions to their practice compared to the RN. All newly qualified Nursing Associates are required to undertake an assessment prior to undertaking medicines administration as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates (B13/2009).
- 5.13 **Approval of additional proficiencies / skills / standards post registration that require further formal education and skills assessment** must be by the Clinical Management Group (CMG) Head of Nursing in partnership with the Deputy Chief Nurse and be signed off at the Nursing and Midwifery Board and CMG Quality and Safety Board. Education and competency assessment requirements must be clearly identified and agreed, supported by policy or guidelines and the proficiency / skill / standard added to the job description.
- 5.14 Newly registered Nursing Associates will not be able to work on the Bank during the first six months of their preceptorship (See Section 5 of the Temporary Nurse Operational Staffing Policy (Bank & Agency) Trust Reference B35/2016) again, to give time to embed their role into practice.
- Care must also be taken when moving areas to cover staff shortages during the preceptorship period as the Newly Registered Nursing Associate's scope of practice may be affected by working within a different and unfamiliar clinical environment.
- 5.15 The Care Quality Commission has requested all areas employing Nursing Associates undertake a Quality Impact Assessment. This assessment will be monitored by the Chief Nurse and Deputy Chief Nurse to ensure safe implementation of the role.
- 5.16 Associated Documents –None.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 There are no specific education requirements for the implementation of this policy
- 6.2 A briefing relating to scope of practice and the role to all newly registered Nursing Associates will be included in Preceptorship and provided to their line managers by the Deputy Chief Nurse

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
KPI's as detailed in the Quality Impact Assessment	Deputy Chief Nurse	Quality Impact Assessment	Monthly	Nursing Midwifery Board

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 Policies:

Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates (B13/2009).

Leicestershire Medicines Code (Latest Versions available on PAGL)

Non-Medical Staff Rostering Policy (B5/2013)

Preceptorship Policy (B4/2018)

Registration Check and Supernumerary Time for Newly Registered Nurses, Midwives and ODPs – Guideline for Practice (B22/2016)

Temporary Nurse Operational Staffing Policy (Bank & Agency) (B35/2016)

9.2 References:

National Quality Board (2018) *Safe, sustainable and productive staffing. An improvement resource for the deployment of nursing associates in secondary care*, London, NHS Improvement

Nursing and Midwifery Council (2018a) *Standards of Proficiency for Nursing Associates*, London, NMC

Nursing and Midwifery Council (2018b) *The Code*, London, NMC

Nursing and Midwifery Council (2019) *Blog: Role differences between nursing associates and nurses, 13.03.19, by Sue West, Senior Nursing Education Adviser* [online] available at <https://www.nmc.org.uk/news/news-and-updates/blog-whats-a-nursing-associate/> [accessed 26/06/21]

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This policy will be reviewed in 18 months time, or sooner in response to any identified risks or concerns
- 10.2 This policy will be available through the Trust internal and external Policy and Guideline Library on INsite or the Trust's public website and will be archived through PAGL

Copied here from the original document so formatting may differ to that of the original

JOB DESCRIPTION

NURSING ASSOCIATE

1. JOB DETAILS

Job title Nursing Associate

Band 4

Hours Full time/ Part time

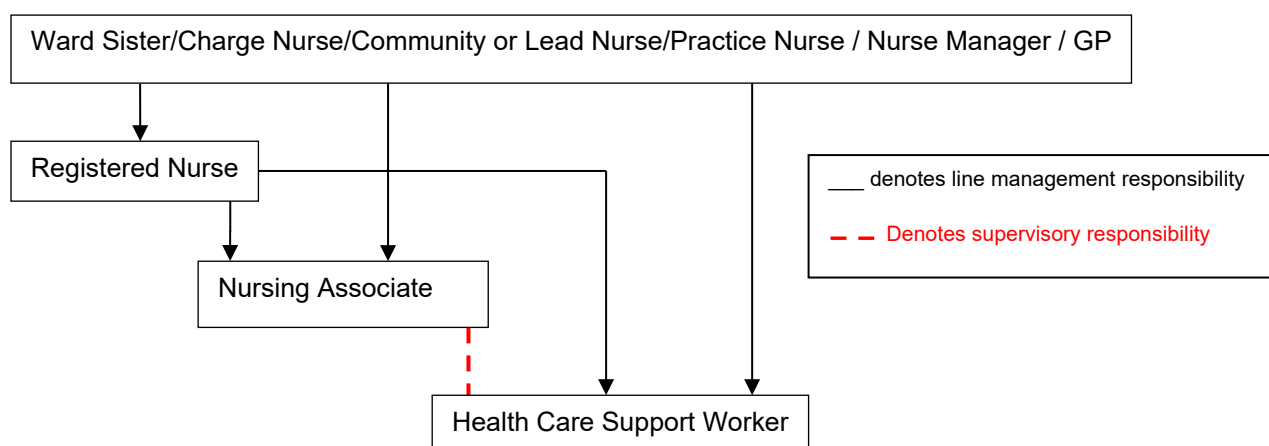
Reports to Sister/Charge Nurse/ Community or Lead Nurse / Practice Nurse

Location CMG / Division / Directorate / Practice

2. JOB PURPOSE

- a) To provide and monitor safe, person centred care to a designated group of patients, service users and families in a range of care settings under the direction of a Registered Nurse, without direct supervision in line with an agreed plan of care.
- b) To support the registered nurse in the contribution to on-going assessment and care planning for patients
- c) To promote health and prevent ill health in patients and service users and contribute to integrated care
- d) To monitor the condition and health needs of patients on a continual basis in partnership with colleagues, families and carers, referring to others for reassessment, when required
- e) The Nursing Associate will actively contribute to an effective learning environment and support others in their learning
- f) Nursing Associates will adhere to the Nursing and Midwifery Code of Conduct for Nurses, Midwives and Nursing Associates and work within their scope of practice following the professional standards of practice and behaviours for nurses, midwives and nursing associates and the standards of proficiency.

3. ORGANISATIONAL CHART



4. KEY RESULT AREAS

4.1 Communication

- Communicate sensitive information effectively and improve communication using a range of strategies with regard to person centred care, *duty of candour*, equality and diversity.
- Handle information and data in line with national and local policies and legislation

4.2 Being an accountable professional

- Act professionally at all times in line with the NMC Code and the organisations values and behaviours, policies and guidelines
- Use the knowledge and experience to make evidence based decisions and solve problems;
- Recognise and work within the limits of own competence as defined by the NMC standards of proficiency for Nursing Associates;
- Be responsible for own actions and omissions and escalate concerns appropriately.
- Apply and promote safe and effective practice that places the individual and/or family/carer at the centre of care, in a manner that promotes recovery, individual wellbeing and self-care
- Display a personal commitment to professional standards and ethical practice, operating within national and local ethical, legal and governance requirements
- Act as role model for others working with honesty and personal integrity in all aspects of practice, participate in reflective practice and learn from significant events.
- Maintain active status on NMC register

4.3 Promoting Health and Preventing Ill Health

- Support patients and service users to improve and maintain their mental, physical, behavioural health and wellbeing;
- Actively be involved in the prevention of and protection against disease and ill health and the promotion of wellbeing;
- Engage in the public health, community development and in the reduction of health inequalities.

4.4 Provide and Monitor Care

- a) Provide holistic, compassionate, safe and effective care and support to patients, their families and service users in a range of care settings under the direction of a Registered Nurse, without direct supervision in line with an agreed plan of care
- b) Actively engage with individuals, their families and/or carers and contribute to risk assessments and care planning, by establishing their needs, wishes, preferences and choices and incorporating these into care planning
- c) Recognise, report and escalate where required any situations, behaviours or errors that could result in poor care outcomes
- d) Act independently and in partnership with others to: ensure that the rights of individuals are not overlooked or compromised; and resolve conflict in situations where there may be refusal of care by individuals or their families
- e) Support other healthcare professionals to assess, plan, deliver and evaluate care
- f) Safely administer medication in accordance with local and national guidance
- g) Safeguard and protect vulnerable adults and children
- h) Demonstrate the ability to treat all individuals, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences
- i) Support colleagues, staff, patients and relatives in distressing, challenging or emotional circumstances, which can be unpredictable in nature.

5. RESEARCH AND DEVELOPMENT

- a) Apply critical analytical skills in research/audit/service improvement context, working within an ethical framework
- b) Contribute effectively to audit, development of evidence based practice and innovation in the delivery of health and care
- c) Adhere to ethical, legal, governance and quality assurance frameworks that pertain to research development and innovation

6. SERVICE / ORGANISATION MAY WISH TO INCLUDE ANY ADDITIONAL COMPETENCY BASED SKILLS RELEVANT TO CLINICAL AREA / SPECIALITY AND WITHIN SCOPE OF NURSING ASSOCIATE (i.e. community / GP Practice / Hospital / Hospice)

PERSON SPECIFICATION

NURSING ASSOCIATE

Attribute	Essential	Desirable	How Identified
Qualifications Academic/ Professional	<p>Registered Nursing Associate on the NMC register</p> <p>Nursing Associate Foundation Degree qualification</p> <p>Level 2 / GCSE or equivalent English and maths or Functional Skills</p>	<p>Placement experience working within the 4 fields of nursing</p>	<p>Application form</p>
Knowledge Requirements	<p>Understands and acts in line with the NMC professional standards for practice contained with The Code and NMC Standards of Proficiency</p> <p>Understands the scope of the role of the Nursing Associate in the context of nursing and interdisciplinary team and the organisation and how the role may contribute to service development</p> <p>Knowledge of when to seek advice and escalate to the appropriate professional for expert help and advice;</p> <p>Ability to participate in reflective practice and understand the requirements for NMC Revalidation;</p> <p>Understands the importance of following procedures and treatment plans.</p> <p>Demonstrates knowledge of evidence based practice</p>	<p>Understands revalidation</p> <p>Demonstrates knowledge of clinical governance and clinical effectiveness</p> <p>Demonstrates an understanding of current issues relating to the NHS</p>	<p>Application Form</p> <p>Interview</p>
Skills	<p>Ability to deliver patient centred care</p> <p>Ability to recognise when escalation to a registered professional is required (e.g. registered nurse / doctor)</p> <p>Ability to take part in reflective practice and clinical supervision activities;</p> <p>Ability to organise and prioritise own delegated workload;</p> <p>Ability to deal with non- routine and unpredictable nature of workload and individual patient/ service user contact;</p> <p>Ability to communicate effectively (written, verbal and non- verbal communication) with patients/relatives and carers and all members of the multi-disciplinary team;</p>		<p>Application / Interview</p>

Attribute	Essential	Desirable	How Identified
	<p>Ability to develop effective and appropriate relationships with people, their families, carers and colleagues;</p> <p>Ability to support, supervise, assess and act as a role model to nursing associate students, other learners and health care support workers as required within the clinical setting.</p> <p>Effective verbal and written English language</p>		
Experience	<p>Experience of working in teams under appropriate supervision as part of the multi-disciplinary team.</p> <p>Insight into how to evaluate own strengths and development needs, seeking advice where appropriate</p> <p>Evidence of receiving complex, sensitive information</p>	<p>Evidence of additional responsibilities/interests e.g. link/champion roles</p>	<p>Application form Interview</p>
Personal Qualities	<p>Professional at all times</p> <p>Motivated, enthusiastic and able to motivate others</p> <p>Calm and objective</p> <p>Approachable</p> <p>Good interpersonal skills</p> <p>Demonstrate willingness for ongoing learning</p> <p>Must demonstrate behaviours consistent with organisations values</p>	<p>Evidence of additional responsibilities/interests e.g. link/champion roles</p> <p>IT skills</p>	<p>Application form Interview</p>
Contractual Requirements	<p>Ability to work full or part time;</p> <p>Ability to work flexibly and travel across sites / services</p>		

Administration of Medicines must not be undertaken until the Registered Nursing Associate has completed the Assessment as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates Policy (B13/2009).

Administration Route	Nursing Associate	Additional Notes
ADULTS - Administer medicines – oral, buccal, sub-lingual, topical, PR, PV,	YES	Supported by the Leicestershire Medicines Code
ADULTS - Check and administer (IM) or Sub-cutaneous (SC) with an RN	YES	Supported by the Leicestershire Medicines Code
ADULTS - Administer medicines via a PEG tube	YES	National Directive – Enteral administration is a proficiency
CHILDREN - Independently check and administer single check medications Oral, buccal, sub-lingual, topical, PR, PV, Intramuscular (IM), Sub-cutaneous (SC) or via a Nasogastric tube or PEG	YES	Supported by the Leicestershire Medicines Code An additional workbook is required for administration via an NG
ADULTS - Check or administer medicines via a Nasogastric tube	YES	UHL NG Policy B39/2005 updated to reflect changes; post registration education and assessment needed
ADULTS and CHILDREN - Check and administer Controlled drugs the following routes: oral, sub-lingual, topical, PR, IM or SC	YES	Controlled Drugs Policy B16/2009 updated March 2019
ADULTS and CHILDREN over 16, complete the daily assessment for self-administration of medication	YES	Self-Administration of Medications Policy B13/2004
ADULTS and CHILDREN - Check blood transfusions or blood components	NO	UHL Directive Nursing Associates can perform observations before, during and after the transfusion.
ADULTS and CHILDREN - Check clear Intravenous (IV) and Sub-cutaneous (SC) fluids	NO	UHL Directive
ADULTS and CHILDREN - Check or administer medicines Oral, Intramuscular (IM) or Sub-cutaneous (SC) via a PGD	NO	National Directive
ADULTS and CHILDREN Check or administer Intravenous medications for adults or children	NO	UHL Directive

Notes: Administration of Schedule 5 Controlled Medicines and the role of the Nursing associate in checking pre-pack medication is being verified

NMC Standards of Proficiency for Nursing Associates (2018a) – Annex B Procedures to be undertaken by the Nursing Associate

1. Demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress deterioration and improvement.
2. Provide support in meeting the needs of people in relation to rest, sleep, comfort and the maintenance of dignity
3. Provide care and support with hygiene and the maintenance of skin integrity
4. Provide support with nutrition and hydration
5. Provide support with maintaining bladder and bowel health
6. Provide support with mobility and safety
7. Provide support with respiratory care
8. Preventing and managing infection
9. Meeting needs for care and support at the end of life.
10. Procedural competencies required for administering medicines safely

Practical / Clinical Proficiencies as agreed by UHL to be undertaken by the Nursing Associate at point of Registration
a) Manage care under indirect supervision of a Registered Nurse, for an allocated group of patients.
b) Provide timely provision of all aspects of fundamental care
c) Promote independence and self-management of care according to an individual's potential.
d) Undertake effective monitoring of an individual's condition.
e) Interpret vital signs and implement appropriate actions under the direct or indirect supervision of a Registered Practitioner
f) Identify and support the deteriorating adult patient, baby, child or young person and respond promptly in emergency situations.
g) Assist with toileting providing bowel and catheter care, using continence products appropriately.
h) Support the delivery and monitoring of nutrition and hydration using oral and enteral routes.
i) Promote mobility and contribute to falls prevention including falls risk assessment, post fall care and neurological observations.
j) Observe and reassess skin integrity using BEST SHOT, Waterlow risk assessment and support ongoing tissue viability interventions.

Practical / Clinical Proficiencies as agreed by UHL to be undertaken by the Nursing Associate at point of Registration

- k) Complete wound dressings as planned by a Registered Nurse.
- l) Engage with admission assessments and documentation
- m) Support discharge planning and implementation
- n) Support appropriate patient transfer including post-operative patient collection and transfer where relevant.
- o) Provide culturally sensitive end of life care, responding promptly to uncontrolled symptoms and signs of distress.
- p) Safe administration of medicines as detailed in the SOP in appendix two
- q) Document care given and demonstrate effective record keeping
- r) Provide effective training for patients, families and carers to support self-care and management of therapies and treatments
- s) Act as 'buddy' coach and support teaching and assessment of non-registered staff and learners e.g. HCAs Care Apprentices, Pre-registration student nurses and trainee nursing associates.

1. The Trainee Nursing Associate may already undertake some of the clinical activities listed below as part of a previous role in meeting service need (for example as a HealthCare Assistant (HCA) or Clinical Aid) these skills are indicated by *
2. Where a Trainee has previously been assessed as competent in a skill which is not included as part of the pre-registration programme requirements they are able to continue to practice in **Base Areas only**
3. Some skills are area / speciality specific and may not be transferrable to other areas.
4. The level of additional training and assessment of competence will be discussed and agreed with the Deputy Chief Nurse and Education and Practice Development Lead Nursing Associate

General (all)	Critical Care / Recovery
<ul style="list-style-type: none"> • Female catheterisation * • Male catheterisation * • Cannulation * • Phlebotomy/ venepuncture • ECG recording • Oxygen administration • Bladder scanning * • Nasogastric feeding tube care and feed administration • Care of tracheostomy • Epidural and PCA Observations * 	<ul style="list-style-type: none"> • Arterial Blood Gas Sampling; on completion of competency pack • Epidural and PCA Observations * • See Appendix Six
Endoscopy	Specialist Surgery
<ul style="list-style-type: none"> • See Appendix Seven 	None identified as yet
Emergency Department	Renal
<ul style="list-style-type: none"> • See Appendix Five 	None identified as yet
Speciality Medicine	Emergency Medicine
None identified as yet	None identified as yet
Respiratory	Cardiac and Vascular
<ul style="list-style-type: none"> • Non Invasive Ventilation • Earlobe Gas Sampling 	<ul style="list-style-type: none"> • Chest Drain Care
General Surgery	Gastroenterology
<ul style="list-style-type: none"> • Insertion and care of Ryles tubes for free drainage 	None identified as yet

1. The Nursing Associate role is integral to the Emergency Department (ED), increasing numbers of trainees and registrants means that it is important to recognise how the role can be effectively utilised across the different areas within the ED; this Scope of Practice provides guidance which will be reviewed as role boundaries are updated
2. Nursing Associates are able to effectively support care in the following areas with consideration given to skill mix; to practice independently Registered Nursing Associate must be assessed as competent:

Resus	Walk-in
Red Majors	Ambulatory
Blue Majors	Injuries
Ambulatory Assessment	Paediatrics

Ambulatory Patient, walks in; Nursing Associates can undertake:	
<ul style="list-style-type: none"> • Triage (If pathway is defined by VAC nurse, e.g. Paracetamol overdose pathway) • Complete initial observations of vital signs; repeat as needed • Complete ECG; repeat if needed • Insert cannula • Phlebotomy • Decision on where patient goes next (Must be agreed with co-ordinator) • Complete pain assessment and provide prescribed pain relief 	<ul style="list-style-type: none"> • Urinalysis, inc. pregnancy test • Bladder scan • Pressure area monitoring; including Waterlow and BestShot • Wound photos • Falls Assessment • Nursing admission • Wound closure; cleaning, gluing, sutures, dressing • Fluid balance monitoring
Ambulance Assessment	
As above, plus: <ul style="list-style-type: none"> • Area co-ordinator, once deemed competent 	
Resus	
<ul style="list-style-type: none"> • Prepare bay for a patient; actions as above plus • Run a blood gas • Monitor patient 	<ul style="list-style-type: none"> • Plaster fractures • Titrate oxygen • Apply splint/ tourniquet
Nursing Associates must not, independently:	
<ul style="list-style-type: none"> • Complete VAC Assessment • Area co-ordinator • Nurse in Charge • Take ambulance handover • Triage ambulance admissions 	In Resus, Nursing Associates must not: <ul style="list-style-type: none"> • Answer 'red phone' and write handover • Triage in airlock

Trainees should be supported with direct supervision from a Registered Nurse to acquire the skills needed, on registration Nursing Associates must be deemed competent to independently provide care. Skills highlighted * must be taught and assessed post registration; these are included in the Development Framework for ITU

An RN must provide oversight to all patients cared for by a Nursing Associate; patients allocated to the Nursing Associate must be on a stable trajectory. The RN is responsible for changing any ventilator settings.

Patients and activities that can be allocated to the Nursing Associate	
Airway <ul style="list-style-type: none"> Those with an established airway (ET/ Tracheostomy/ Independent) 	
Breathing <ul style="list-style-type: none"> Mechanically ventilated; standard settings and standard pressure support, stable oxygen requirements Self-ventilating, oxygen via mask. Nasal cannulae Patient receiving non-invasive ventilation Patient with established chest drain or part of an established pathway Take and process an arterial blood gas (Direct supervision during training) 	Circulation <ul style="list-style-type: none"> Patient with either established single low dose inotrope/ vasopressor infusion (central or peripheral) OR Single IV anti arrhythmia infusion OR Single IV anti-hypertensive infusion Patients with a central venous catheter and arterial line* Take bloods from an arterial or central line* Connect a new arterial or central transducer* Removal of central and arterial lines*
Disability <ul style="list-style-type: none"> Monitor patients with standard PCA/ Epidural analgesia Stable sedated CNS patients Provide 1:1 for patients on the Enhanced Care Pathway 	Exposure/ Everything Else <ul style="list-style-type: none"> Admissions: patients on planned/ surgical pathways whose care has been planned as part of the Trust patient pathways Wound Care: Patients with wounds with established care plan in place Rehabilitation: active and passive limb exercises Transfer: step down level 1 patients to the ward

CC3N Registered Nursing Associate working group 2023

Endoscopy is a specialised area and these skills will be developed post-registration for individuals employed within the department. Trainees should be directly supervised in all activities and must not independently take part in any of these listed roles. To complete the roles identified below individuals Nursing Associates must complete any required training and be assessed as competent

Patients and activities that can be allocated to the Nursing Associate

- Do PR examination and administer an Enema, if prescribed on the referral.
- Administer prescribed Entonox
- Check CDs Fentanyl and Midazolam with Registered Nurse
- Put the ampule of Fentanyl and / or Midazolam out ready for the Endoscopist to double check and draw up. Make available reversal drugs Naloxone and Flumazenil for the Endoscopist to give if needed
- Inject adrenaline 1:10000 and Purastat sub mucosal via endoscopist and scope for bleeding purposes, endoscopist to double check.
- Inject EMR solution via endoscopist and scope sub mucosal underneath polyps for polypectomy *(EMR is made up of 8mls N Saline, 1 ml Indigo Carmine and 1 ml of adrenaline 1:10000)
- Inject N saline submucosal under polyps
- Get IV Buscopan out for endoscopist to double check, draw up and give

List of Clinical Activities or Functions that must not be undertaken by the Nursing Associate

General (All Areas)

- Primary Nursing Assessment leading to Diagnosis and Planning care
- Nurse in Charge
- IV Fluid and IV Medication administration
- Nurse prescribing
- Patient Group Directives (PGDs)
- Verifying expected death