

Registered 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 embeds into practice – the latest version will always be on the Trust Intranet.

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Which Relevant CQC Fundamental Standards?	Safety & Staffing	

Contents

Contents Page.....	1
VERSION CONTROL.....	2
Equality Statement.....	2
Due Regard.....	2
Definitions that apply to this policy.....	3
THE POLICY-	
1.0 Purpose of the Policy.....	4
2.0 Introduction.....	4
3.0 Duties within the Organisation.....	4
4.0 Scope of Practice.....	5
5.0 Training Needs.....	7
6.0 Monitoring Compliance and Effectiveness.....	7
7.0 References and Bibliography.....	7
 REFERENCES AND ASSOCIATED DOCUMENTATION	
Appendix 1 Administration of Medicines by a Nursing Associate SOP	8
Appendix 2 Clinical Activities agreed in Scope of Practice	9
Appendix 3 Clinical Activities agreed in Scope of Practice with evidence of or additional clinical training and competency assessment	11
Appendix 4 Clinical Activities not agreed in Scope of Practice	14
Appendix 5 NHS Constitution Checklist	15
Appendix 6 Stakeholder and Consultation	16
Appendix 7 Due regard screening template	17
Appendix 8 Privacy Impact Assessment Screening template	18

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	7/05/19	Version 1, with thanks to UHL who have shared their Scope of Practice Policy, this has been amended to scope practice within LPT.
1.2	28/05/19	Changes made specifically relating to NAs scope of practice in the Diana service, CRISIS team and safeguarding responsibilities.
1.3	14/06/19	Changes made specifically related to Nursing Associates within Healthy Together
1.4	04/11/19	Updates made to AMH/LD specific skills Appendix 3

For further information contact:

Associate Director of Nursing and Professional Practice

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 7 of this document.

Definitions that apply to this Policy

Nursing Associate (NA)	<p>Nursing associates are new members of the nursing team who have gained a Nursing Associate Foundation Degree awarded by a Nursing and Midwifery Council (NMC) approved provider, typically involving two years of higher-level study, enabling them to perform more complex and significant tasks than a healthcare assistant but not the same scope as a registered nurse.</p> <p>This role is being used and regulated in England and it is intended to address a skills gap between Health Care Assistants/Support Workers and Registered Nurses.</p> <p>'Nursing associate' is a protected title in law.</p>
Registered Nurse	<p>Where the policy states Registered Nurse, this includes; Registered General Nurse, Registered Mental Nurse, Health Visitor, Public Health Nurse and School Nurse.</p>
LCAT	<p>Leicestershire Clinical Assessment Tool</p>
NMC	<p>Nursing and Midwifery Council - regulators of the nursing and midwifery professions ensuring nurses, midwives and nursing associate have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.</p>
Scope of Practice	<p>Is defined as the range of roles, functions, responsibilities, and activities which the individual is educated and authorised to perform</p>

1.0 Purpose and Scope

- 1.1 This policy sets out Leicestershire Partnership NHS Trusts scope of practice for the registered Nursing Associate (NA) role. The policy defines the range of functions, responsibilities, and activities which the Nursing Associate is educated and authorised to perform.
- 1.2 This policy applies to;
 - a) Registered Nursing Associates
 - b) Registered Nurses and Therapists who work alongside Nursing Associates
 - c) Line Managers of the Nursing Associate
 - d) Heads of Nursing and Lead Nurses
 - e) Matrons, Ward Sisters and Charge Nurses

2.0 Introduction

- 2.1 The Nursing Associate is a new generic nursing role that bridges the gap between Healthcare Support Workers (HCSWs) and registered nurses. It is a stand-alone role that will also provide a progression route into graduate level nursing. Nursing Associates are trained to work with people of all ages and in a variety of settings in health and social care.
- 2.2 As this is a new role into the nursing family there is no legacy to follow in providing clear demarcation of boundaries. The NMC Standards of Proficiency for entry onto the register (NMC 2018a) provide a baseline expectation of competence; it is the responsibility of individual organisations to set additional competency standards for the Nursing Associate Role.
- 2.3 This policy has been produced to provide a framework for the safe development of the Nursing Associate scope of practice. It is anticipated that once the role has become established and embedded into practice over the next two – three years that this policy will no longer be required as role boundaries and expectations will be set within the relevant policies.
- 2.4 Nursing Associates will work to the NMC Code and Standards of Proficiency and are subject to the same regulatory requirements including revalidation and fitness to practice.
- 2.5 University Hospitals of Leicester (UHL) has a School of Nursing Associates and provides the training programme for the Nursing Associate role for Leicester, Leicestershire and Rutland. The programme 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 and is a foundation degree.
- 2.6 It is likely that this policy will require frequent updating on the scope of practice as the role evolves over the next year, staff must ensure they are reading the most up to date version which will be in the Policy and Guideline section accessed via the Intranet.

3.0 Duties within the Organisation

- 3.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 3.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

- 3.3 The Executive Lead for this policy is the Director of Nursing, AHPS and Quality
- 3.4 The Associate Director of Nursing and Professional Practice 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 Lead Nurses 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
 - 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 and Lead Nurses if any concerns or issues are raised where a Nursing Associate might be working outside of scope of practice.
- 3.5 Heads of Nursing / Lead Nurses 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
- 3.6 Matron/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 compliment the Nursing workforce
 - c) Effective rostering and deployment of staff to ensure quality of care and patient safety.
- 3.7 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).

4.0 Scope of Practice

- 4.1 Scope of Practice is: Practice in which the Nursing Associate is educated, competent and authorised to perform either at the point of registration or post registration. The NMC have set out what a Nursing Associate should know and be able to do when they join the register via the Standards of Proficiency (NMC 2018a).
- 4.2 Whilst Nursing Associates will contribute to most aspects of nursing care, including delivery and monitoring, Registered Nurses will take the lead on assessment, planning and evaluation. Registered Nurses will also lead on managing and coordinating care with full contribution from the Nursing Associate within the integrated care team.
- 4.3 The standards and the differences between the two roles are summarised by figure 1 produced by the NMC below

Nursing associate	Registered nurse
6 platforms	7 platforms
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)

- 4.5 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.
- 4.6 Any additional proficiencies / skills / standards not required for registration will be considered within post registration scope of practice. Some proficiencies / skills / standards may have been taught pre-registration 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.
- 4.7 Some proficiencies / skills / standards will require further education and competency assessment and be supported through the job description and Trust policies or guidelines. As yet there is no local or national definitive list for this and advice must be sought from the Associate Director of Nursing and Professional Practice regarding scope whilst the role is developing.
- 4.8 **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.**
- 4.9 **Medicines administration** by Nursing Associates is a required proficiency; however there are restrictions to their practice compared to the Registered Nurse. All newly registered Nursing Associates are required to undertake an assessment following a period of supervised practice and complete a medicines workbook prior to undertaking medicines administration. Appendix 1 outlines the Standard Operating Procedure for Nursing Associate medicines administration.
- 4.10 **Approval of additional proficiencies / skills / standards post registration that require further formal education and skills assessment** must be by the Head of Nursing/Lead Nurse in partnership with the Associate Director of Nursing and

Professional Practice and be signed off by the Director of Nursing, AHPs and Quality at the Lead Nurse and Therapy meeting. 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.

It is anticipated that no post registration proficiencies / skills / standards under scope of practice will be approved within the first year of the Nursing Associate role being introduced (e.g. in 2019). This is to give time for the role to embed into existing practice and the Nursing Associate to consolidate practice.

- 4.11 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.
- 4.12 Newly registered Nursing Associates will not be able to work on the Bank during the first six months of their preceptorship in line with newly registered nurses.
- 4.13 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.
- 4.14 NHS Improvement has requested all areas employing Nursing Associates undertake a Quality Impact Assessment. This assessment will be monitored by the Director of Nursing, AHPs and Quality and Associate Director of Nursing and Professional Practice to ensure safe implementation of the role.

5.0 Training needs

- 6.1 There is no training requirement identified within this policy.

6.0. Monitoring Compliance and Effectiveness - complete the template below

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	KPI's as detailed in the Quality Impact Assessment	Quality Impact Assessment	Monthly Safe Staffing reports	Lead Nurse group	Monthly and 6 monthly

7.0. References and Bibliography

Policy was drafted with reference to the following:

- University Hospitals of Leicester NHS Trust - Nursing Associate Scope of Practice Policy
- 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
- Advisory Guidance for the Administration of Medicines by Nursing Associates (2018) Health Education England in partnership with NHS England, NHS Improvement, the Department of Health and Social Care, the Home Office.

Administration of Medicines by Nursing Associates Standard Operating Procedure



Administration of Medicines must not be undertaken until the Registered Nursing Associate has completed both the Administration of Medicines Workbook for Nursing Associates, a period of supervised practice and final practical assessment.

Administration Route	Nursing Associate	Additional Notes
ADULTS and children– Administer medicines – oral, buccal, sub-lingual, topical, PR, PV	YES	Supported by the Leicestershire Medicines Code <i>(Includes PRN doses)</i>
ADULTS and children - Check OR administer (IM) or Sub-cutaneous (SC) with a Registered Nurse (Community single administration/ check see Appendix 3)	YES	Supported by the Leicestershire Medicines Code <i>(Includes PRN doses)</i>
ADULTS and children - Administer medicines via a PEG tube	YES	National Directive – Enteral administration is a proficiency
ADULTS and children - Check OR administer Schedule 2 OR 3 Controlled drugs via oral, topical, SC and IM routes with a Registered Nurse	YES	Legally a Nursing Associate may administer a Schedule 2, 3 or 4 medicines under the Misuse of Drugs Regulations 2001, provided they are acting in accordance with the directions of an appropriately regulated prescriber.
Childrens - Check or administer medicines via a Nasogastric tube	YES	Diana service only
ADULTS and CHILDREN – Check subcutaneous fluids	YES	
ADULTS and CHILDREN - Check blood transfusions or blood components	NO	Nursing Associates can perform observations before, during and after the transfusion and notify any abnormal observations to nursing or medical staff.
ADULTS and CHILDREN - Check clear Intravenous fluids(IV)	NO	UHL/LPT Directive
ADULTS and CHILDREN - Administer medicines under a PGD or Discretionary medicine	NO	National Directive
ADULTS and CHILDREN Check or administer Intravenous medications for adults or children	NO	UHL Directive/LPT Directive
ADULTS - Check or administer medicines via a Nasogastric tube	NO	National / UHL/LPT Directive National steer is unclear regarding the term 'enteral' in the NA proficiencies.

**Clinical Activities agreed to be in Scope of Practice
for the Nursing Associate at point of registration
(including NMC Proficiencies)**



**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 LPT 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/caseload 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 as directed by 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 SSKIN, Waterlow risk or Braden Q assessment and support ongoing tissue viability interventions. |
| k) Complete wound dressings as planned by a Registered Nurse. |

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

- l) Engage with admission assessments and documentation
- m) Support discharge planning and implementation
- n) Support appropriate patient 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 one
- 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.
- t) Identifying and responding to safeguarding concerns as defined and outlined in the safeguarding policies and procedures.

**Clinical Activities that can be undertaken only with
Additional Education and Competence Assessment
(WORK IN PROGRESS)**



1. The Nursing Associate may already undertake some of the clinical activities listed below as part of a previous role for example as a HealthCare Support Worker (HCSW), Healthy Child Programme Support Worker (HCPSW) or Assistant Practitioner (AP) these skills are indicated by *. These skills require additional training, evidence of competency assessment should be provided.
2. The Nursing Associate can continue to perform these skills as part of their training and once registered as a Nursing Associate.
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 Lead Nurse group.

General (all)	
<ul style="list-style-type: none"> • Female catheterisation * • Male catheterisation * • Phlebotomy * • ECG recording * • Bladder scanning * • Vital signs* 	
CHS In-patients	CHS Community
<ul style="list-style-type: none"> • Oxygen therapy – as prescribed and once medicines administration signed off • Neurological observations 	<ul style="list-style-type: none"> • Neurological observations • Single administration of insulin and Dalteparin • Diabetic foot screen
CHS MHSOP In-patients	CHS MHSOP Community
<ul style="list-style-type: none"> • Safe and Therapeutic observations • Diabetic foot screen • Neurological observations 	
AMH Inpatients	LD Inpatients
<ul style="list-style-type: none"> • Safe and Therapeutic observations • Seclusion observations • Diabetic foot screen • Neurological observations 	<ul style="list-style-type: none"> • Safe and Therapeutic observations • Seclusion observations • Diabetic foot screen
AMH Community	LD Community
<p><u>Crisis Resolution Team:</u></p> <ul style="list-style-type: none"> • Single administration of Depot injections • To co-ordinate and deliver physical health clinics for patients under the care of the team, this will include taking bloods, carrying out ECG's and reporting the findings to the team medics as required. 	None identified as yet

<ul style="list-style-type: none"> • With support and input to run therapeutic group work around anxiety and sleep hygiene as required. • To carry out discharge visits with patient open to the crisis steam, these must be pre-arranged discharge visits, if there are any concerns or risks identified on the discharge visit then this is to be bought back to the MDT, and staff to use their clinical judgement to decide if discharge should be postponed or carried through. Associate nurses must not make a decision to discharge in isolation. 	
FYPC In-patients	FYPC Community
<ul style="list-style-type: none"> • Safe and Therapeutic observations • Seclusion observations 	<p><u>Diana Service only</u></p> <ul style="list-style-type: none"> • Respiratory care including maintenance of an airway with an Nasopharyngeal airway / tracheostomy with or without mechanical ventilation. • Suprapubic catheterisation. • Intermittent female catheterisation. <p><u>Healthy Together only</u></p> <ul style="list-style-type: none"> • Behaviour assessments using Solihull Theory • Healthy Bladder/Bowel workshop delivery • Healthy Bladder/Bowel Reviews • A and E discharge (5-19 Years) • Lead and coordinate Public Health programmes for identified neighbourhoods • The promotion of breast feeding by working with peer supporters and offering advice • Promotion of nutrition and healthy weight and obesity prevention in group setting or 121 follow up advice • Support National Childhood Measurement Programme (NCMP) • Support for Post – Natal depression • Play work • Positive parenting Programmes • To assist with the compilation and updating of school public health profiles through data collection and collation

	<p>and supporting the Health Child Programme team to participate in clinical audit/research as required</p> <ul style="list-style-type: none">• Deliver complex packages of care on a 121 basis e.g. teenage parents, domestic abuse, physical disability, working a Universal Partnership Plus level and may include working with partner agencies and attendance at core groups and case conferences in support of the named Public Health Nurse.• Organise and implement delegated 2 year universal child development assessments• Ensure there is safe transition for parents and children as they move through the Health Child Programme
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**Clinical Activities must not be undertaken by the
Nursing Associate
(WORK IN PROGRESS)**



General (All Areas)

- Primary Nursing Assessment, Diagnosis and Planning care
- Nurse in Charge
- IV Fluid and IV Medication administration or checking
- Nurse prescribing
- Administer medicines under a Patient Group Directive (PGD) or Discretionary medicines
- Take verbal orders for medicines administration
- Verifying expected death
- Seclusion observations – 2 hourly nursing review
- Compression bandaging
- Cannulation
- Healthy together - Cannot undertake the Universal HCP contacts at antenatal, New birth, 6 weeks , and 1 year or run advice clinics independently for children under 5 years

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Emma Wallis	Associate Director of Nursing and Professional Practice
Anne Scott	Interim Chief Nurse, LPT
Jude Smith	Interim Deputy Chief Nurse
Michelle Churchard Smith	Interim Deputy Chief Nurse
Laura Belshaw	Lead Nurse
Claire Armitage	Lead Nurse
Becky O'Brien	Lead Nurse
Sarah Latham	Lead Nurse
Tracy Yole	Lead Nurse
Elaine Curtin	Multi-Professional Education and Quality Lead
Lesley Tooley	Clinical Education Lead
Raj Seetharaman	Clinical Placement Facilitator

Circulated to the following individuals for comment

Name	Designation
Anthony Oxley	Head of Pharmacy
Trust Medicines Risk Reduction Group	Pharmacy Leads, Matrons, Ward Sisters
Neil King	Trust Lead for Safeguarding
Sarah Willis	Director of HR and OD
Claire Taylor, Lesley Hedderwick & Kirsty Whatmore	Senior HR Business Partners
LPT Nursing Associate Group	Clinical Placement Facilitators, Clinical Education Leads, Public Health Nursing Lead, Matrons and Nursing Associates
Val Dawson	Staff Side Lead
Katie Willetts	Senior Nurse Specialist Nursing
Matt Williams	Matron, Crisis Resolution Team
Ward Sisters and Charge Nurses	AMH/LD, FYPC and CHS

Due Regard Screening Template

Section 1			
Name of activity/proposal		Nursing Associate Scope of Practice Document	
Date Screening commenced		7/05/19	
Directorate / Service carrying out the assessment		Enabling	
Name and role of person undertaking this Due Regard (Equality Analysis)		Emma Wallis, Associate Director of Nursing and Professional Practice	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS:			
OBJECTIVES:			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No negative impact		
Disability	No negative impact		
Gender reassignment	No negative impact		
Marriage & Civil Partnership	No negative impact		
Pregnancy & Maternity	No negative impact		
Race	No negative impact		
Religion and Belief	No negative impact		
Sex	No negative impact		
Sexual Orientation	No negative impact		
Other equality groups?	No negative impact		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4. <input checked="" type="checkbox"/>	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Full Quality Impact Assessment completed in line with new role introduction May 2019			
Signed by reviewer/assessor		E L Wallis	Date 2/3/20
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Registered Nursing Associate Scope of Practice Policy	
Completed by:	Emma Wallis	
Job title	Associate Director of Nursing and Professional Practice	Date 21/02/2020
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust