

Registered Nursing Associate Scope of Practice Policy

This is a working document and will be subject to regular updates as the role of the Registered Nursing Associate embeds into practice – the latest version will always be on the Trust Intranet.

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Contents

Policy On A Page.....	3
1. Introduction and Purpose	4
2. Policy Requirements and Objectives.....	4
3. Process	4
4. Roles and Responsibilities	6
5. Consent	8
Appendix One: Definitions	9
Appendix Two: Governance	10
Appendix Three: Administration of Medicines by Registered Nursing Associates Standard Operating Procedure.....	13
Appendix Four: Clinical Activities agreed to be in Scope of Practice for the Registered Nursing Associate at point of registration	104
Appendix Five: Clinical Activities that can be undertaken only with Additional Education and Competence Assessment	16
Appendix Six: Clinical Activities must not be undertaken by the Nursing Associate	210

Policy On A Page

This policy sets out Leicestershire Partnership NHS Trusts scope of practice for the registered nursing associate (RNA) role. The policy defines the range of functions, responsibilities, and activities which the registered nursing associate is educated and authorised to perform.

The registered nursing associate is an integrated generic nursing role that bridges the gap between healthcare support workers (HCSWs) and registered nurses. It is a stand-alone role that provides a progression route into graduate level nursing. Registered nursing associates are trained to work with people of all ages and in a variety of settings in health and social care.

Registered nursing associates are **registered professionals** who are **academically qualified** and **registered with a professional body** (NMC).

Registered 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.

Like nurses and other health professionals, registered 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 student to registered professional.

Appendices 3 - 6 demonstrate the clinical activities agreed to be in scope of practice for the registered nursing associate at point of registration.

1. Introduction and Purpose

This policy sets out Leicestershire Partnership NHS Trusts scope of practice for the registered nursing associate (RNA) role. The policy defines the range of functions, responsibilities, and activities which the registered nursing associate is educated and authorised to perform.

2. Policy Requirements and Objectives

The registered nursing associate is an integrated generic nursing role that bridges the gap between healthcare support workers (HCSWs) and registered nurses.

Registered nursing associates are trained to work with people of all ages and in a variety of settings in health and social care.

Registered nursing associates are registered professionals who are academically qualified and registered with a professional body (NMC). The nursing associate role contributes to retention of HCSW, by providing a clear career development pathway to a registered nurse, subsequently releasing capacity of the RN and reducing vacancies and temporary workforce costs.

The registered nursing associate is a stand-alone role registered with the NMC and 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. This policy has been produced to provide a framework for the safe development of the registered nursing associate scope of practice.

This policy applies to:

- Registered Nursing Associates
- Registered Nurses and Therapists who work alongside Nursing Associates
- Line Managers of the Nursing Associate
- Heads of Nursing and Deputy Heads of Nursing
- Matrons, Ward Sisters and Charge Nurses

By adhering to this policy, it will allow the trust to meet the requirements of:

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

This policy does not apply to non-registered band 3 or 4 health care support roles ie assistant practitioners, senior support workers.

3. Process

This Scope of Practice refers to the registered nursing associate who is educated, competent and authorised to undertake the scope of the role at point of registration with the NMC. The NMC have set out what a registered nursing associate should know and be able to do when they join the register via the Standards of Proficiency (NMC 2018a).

Whilst registered 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 registered nursing associate within the integrated care team.

The standards and the differences between the two roles are summarised by the table 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)

As registered professionals, registered nursing associates are individually accountable for their own professional conduct and practice. Registered nursing associates will typically work under the direction of a registered nurse or registered professional but may not require direct supervision.

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.

Like nurses and other health professionals, registered nursing associates can expand their scope of practice through further education and experience. This will follow a period of consolidation via a 12 month preceptorship programme which supports the transition from student to registered nursing associate.

Newly registered nursing associates will not be able to work on the bank as an RNA during the first six months of their preceptorship in line with newly registered nurses.

Appendix 4 presents the clinical activities agreed to be in scope of practice for the registered nursing associate at point of registration (including NMC Proficiencies)

Any additional proficiencies / skills / standards not required for registration will be considered within post registration scope of practice. Appendices 5 & 6 provide details on the clinical activities within and outside scope of practice; these are live documents and will be updated as the role develops.

These additional proficiencies / skills / standards will require further education and competency assessment and be supported through Trust policies or guidelines. There is no local or national definitive list for this, and advice must be sought from the Assistant Director of Nursing and Quality regarding scope, following the process in Appendix 2.

A scheme of delegation, education and competency assessment requirements must be clearly identified and agreed, supported by policy or guidelines.

Registered nursing associates will be able to continue practicing skills undertaken prior to commencing the nursing associate programme following assessment in practice.

Supervision of others

Registered nursing associates will be able to support, act as a role model.

They can be a practice supervisor and assessor to student nursing associates (SNAs).

Registered nursing associates can supervise healthcare support workers and those new to care roles.

Registered nursing associates can supervise all student nurses, with the oversight and agreement of the Practice Assessor.

Registered nursing associates cannot be a practice assessor for student nurses.

Medication

Medicines administration by registered 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 3 outlines the standard operating procedure for nursing associate medicines administration.

4. Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

- Responsible for ensuring that this policy is carried out effectively and the registered nursing associate scope of practice is managed effectively across the organisation.
- Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework

Assistant Director or Nursing & Quality

- Setting the vision for the registered nursing associate role and ensuring the scope of practice is reflective of workforce development and clinical need.
- Supporting heads of nursing and deputy heads of nursing in identifying areas where the registered nursing associate role could be included as part of the workforce supporting the registered nurse in the delivery of care.
- 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.
- Working with heads of nursing and deputy heads of nursing if any concerns or issues are raised where a registered nursing associate might be working outside of scope of practice.

Heads of Nursing / Deputy Heads of Nursing Executive Management Board

- Implementing the role of registered nursing associate where possible within their clinical areas
- Supporting creative workforce plans to utilise the role to its full potential.
- Ensuring their clinical areas understand and work to the role boundaries and scope of practice for registered nursing associates.
- Implementing governance and monitoring procedures for the effectiveness of the role
- Supporting the development of policies and guidelines that support scope of practice within their clinical areas.

Ward Sister/Charge Nurse, Matrons, Line Managers and Team Leads

- Supporting the registered nursing associate in their development of competence and skills
- Identifying areas where the role will complement the nursing workforce.
- Ensuring the area is safe and effective.
- Effective rostering and deployment of staff to ensure quality of care and patient safety.

Staff

- Each individual member of staff, substantive, temporary worker and volunteer within the Trust is responsible for complying with this policy.
- Each individual member of staff has a responsibility to support the registered nursing associate in their role.

Registered Nursing Associates

- The registered nursing associate is responsible for always working within the agreed scope of practice and being accountable for their actions as set out in the NMC Code (2018b).

Registered Nursing Associate Ambassadors

- Promoting and supporting the Nursing Associate profession.
- Raise awareness about the Nursing Associate role, its scope of practice, and its value in various healthcare settings.

- Share experiences and insights to improve understanding and support the development of Nursing Associates
- Provide mentorship, guidance, and pastoral support.

5. Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One Definitions

Terminology:

Registered Nursing Associate (NA)	<p>Nursing associates are members of the nursing team who have gained a Nursing Associate Foundation Degree awarded by the 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>
Student Nursing Associates (SNA's)	A Student Nursing Associate is a staff member undergoing a minimum of 2 years training leading to a Foundation Degree Apprenticeship as a Nursing Associate. It is a training programme that combines both academic and work-based learning in the physical, psychological and public health aspects of care from pre-conception to end of life
Registered Nurse	Where the policy states Registered Nurse, this includes; Registered Nurse in all fields of practice, Health Visitor, Public Health Nurse and School Nurse.
LCAT	Leicestershire Clinical Assessment Tool
NMC	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.
Scope of Practice	Is defined as the range of roles, functions, responsibilities, and activities which the individual is educated and authorised to perform

Appendix Two Governance

Version control and summary of changes

Version number	Date	Description of key change
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
2	17/08/23	Changes made specifically relating to NAs scope of practice in Community Health Services, policy transferred to new template
3	May 2024	Additions specifically relating to extending RNAs scope of practice in enteral and tracheostomy care, administration of Inhixa Enoxaparin, change of title from TNA to SNA.
4	July 2024	Addition of Vitamin B12 injection to appendix 3 for CHS Community
5	Feb & July 2025	Addition of skills not to be undertaken, addition of enteral tube care for CHS and medications. New template used, simplified version to support staff in practice.

Responsibilities

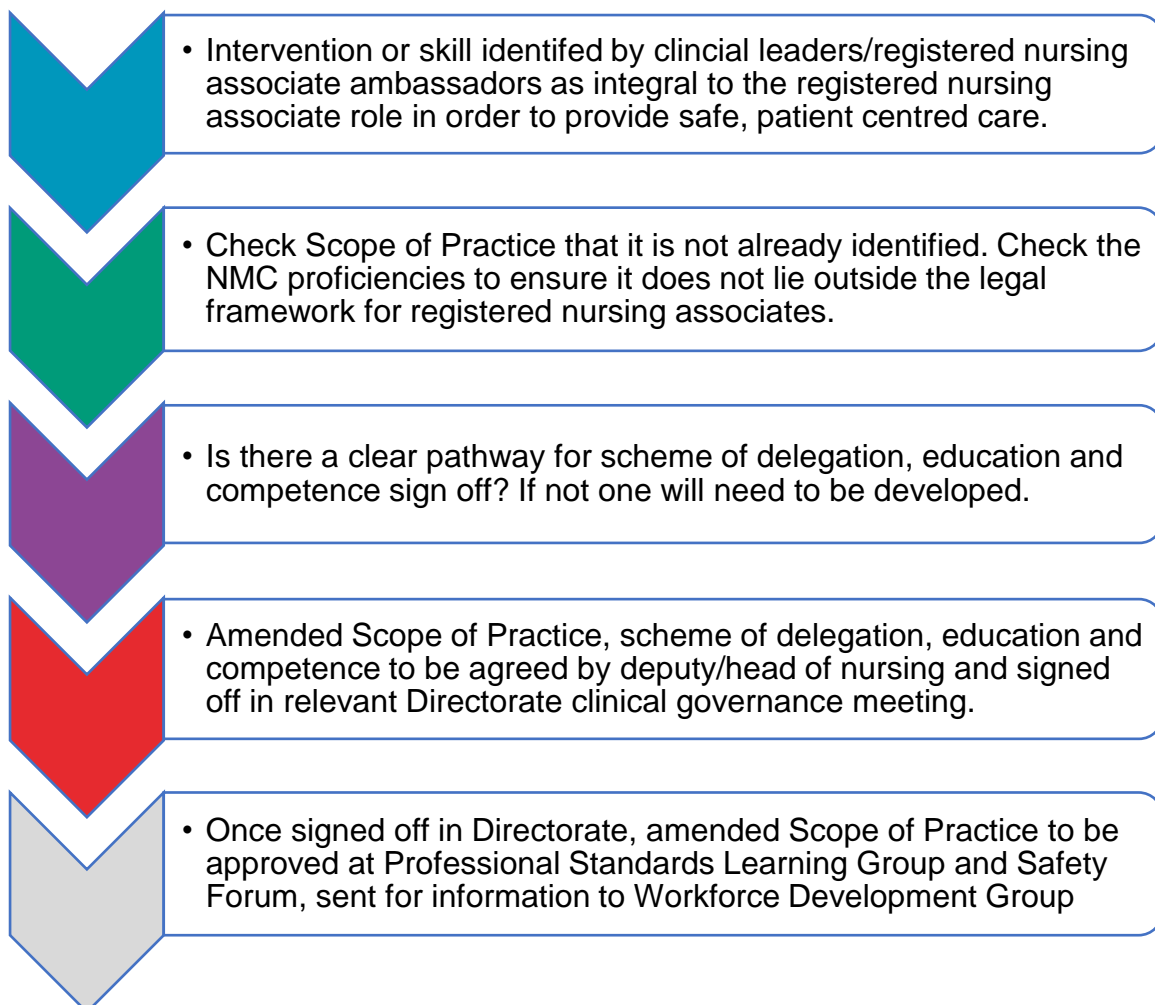
Responsibility	Title
Executive Lead	Executive Director of Nursing, AHP's and Quality
Policy Author	Assistant Director for Nursing and Quality
Advisors	Heads/Deputy Heads of Nursing
	Registered Nursing Associate Ambassadors
	Clinical Educators/PDN's
	Matrons
	Practice Learning Team
	Head of Pharmacy
	Tissue Viability
	Mental Health Act Office
Directorate Clinical Governance/Assurance meetings	DMH DMT signed off on 01.10.2025 FYPCLDA signed off at Quality and Safety 03.12.2025 CHS Senior Clinical Team 14.10.2025 and DMT Q&S 13.11.2025
Professional Standards learning Group	04.11.2025
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	People and Culture Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Workforce Development Group

Governance process for changes and additions to the scope of practice

As a live iterative process, the following is the governance process to expand the Scope of Practice for a Registered Nursing Associate



Compliance Measures

KPI	Where will this be reported and how often
Review of themes from RNA focus groups, incidents and complaints	Professional Standards Learning group 6 monthly

Training Requirements

Training
There are no specific education requirements for the implementation of this policy.

References

References
<ul style="list-style-type: none"> • University Hospitals of Leicester NHS Trust - Nursing Associate Scope of Practice Policy (2024) • University Hospitals Bristol and Westom (2022) Nursing Associate Scope of practice • National Quality Board (2018) Safe, sustainable and productive staffing. An improvement resource for the deployment of nursing associates in secondary care, London, NHSE. • 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, NHSE, the Department of Health and Social Care, the Home Office • NHS Employers (2023) Using nursing associate roles in the NHS.

Appendix Three: Administration of Medicines by Registered Nursing Associates Standard Operating Procedure (also refer to appendix 6)

Administration of Medicines must not be undertaken until the registered nursing associate has completed both the Administration of Medicines Workbook for Nursing Associates, and 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
ADULTS and children - Check OR administer (IM) or Sub-cutaneous (SC) with a Registered Nurse Community registered nursing associates can administer medications unsupervised except those identified in the exclusion criteria (appendix 6)	YES	Supported by the Leicestershire Medicines Code
ADULTS and children - Administer medicines via an enteral 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.
Adults and Children Childrens - Check or administer medicines via an enteral tube	YES	
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

Appendix Four: Clinical Activities agreed to be in Scope of Practice for the Registered 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 Registered 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.
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 appendix three
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 student nursing associates.
t)	Identifying and responding to safeguarding concerns as defined and outlined in the safeguarding policies and procedures.

Appendix Five: Clinical Activities that can be undertaken only with Additional Education and Competence Assessment (last updated Oct 2025)

These skills require additional training, evidence of competency assessment should be provided.

The registered 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 *.

Some skills are area / speciality specific and may not be transferrable to other areas.

The level of additional training and assessment of competence will be discussed and agreed through the governance route for this Scope of Practice (appendix 2).

General (all Directorates)
<ul style="list-style-type: none"> • Phlebotomy * • ECG recording * • Bladder scanning * • Vital signs* • Simple routine catheter changes (urethral and suprapubic) • LCAT assessor for skills within Scope of Practice • Skills and competencies achieved through Directorate specific band 4 registered nursing associate skills competency framework. <p>Extended roles once completed level 6 CPD modules with HEI and LPT associated competencies</p>

CHS Community

- All skills and interventions within the *Clinical Nursing Skills Competency Framework for Band 4 Nursing Associate (NA) Working within CHS Community Nursing Teams*, once completed and signed off.
- Administration of flush and medication via PEG, RIG, JEJ, PEJ, RIJ*
- Checking and refilling of balloon retained enteral devices.
- Drains - Rocket and IPC's

CHS Inpatient

- All skills and interventions within the *Clinical Nursing Skills Competency Framework for Band 4 Nursing Associate (NA) Working within CHS Community Hospital Inpatient Wards*, once completed and signed off.
- Piped Oxygen Use – as prescribed and once medicines administration signed off.
- Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ*
- Checking and refilling of balloon retained enteral devices.

Stroke wards - only

Administering of feed, fluid and medication via nasogastric tube

DMH Inpatient

- Safe and Therapeutic observations*
- Seclusion observations, after the first hour*
- Diabetic foot screen
- Reading of individual patient Mental Health Act Rights*
- Complete Part B of section 17 leave form

DMH Community

Crisis Resolution Team

- Single administrator depot injections
- To co-ordinate and deliver physical health clinics for patients under the care of the team, this will include taking blood, carrying out ECG's and reporting the findings to the team medics as required.
- 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. Nursing Associates must not decide to discharge in isolation.

LDA Inpatient

- Safe and Therapeutic observations*
- Seclusion observations, after the first hour*
- Diabetic foot screen
- Reading of individual patient Mental Health Act Rights*
- Completion of the following: DIS Dat, Know me Better, Emergency grab sheets, Health Action Plan's. Okay Health Check
- Take lead on a pod at Agnes Unit
- Complete Part B of section 17 leave form
- Positive Behaviour Support: collect information, support with implementation of PBS plans overseen by the PBS lead / practitioners/Registered Nurse. Monitoring and ABC chart

LD Short Breaks

Enteral tube care:

- Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ*
- Temporary reinsertion of temporary tube to maintain stoma.

Tracheostomy:

- Removal, cleaning and replacement of inner tube to Negus Tracheostomy tube*
- Emergency tube change, suctioning, tape changes, general care.

Superficial wound care

FYPC Inpatients

- Safe and Therapeutic observations *
- Seclusion observations after the first hour*
- Reading of individual patient Mental Health Act Rights and informal rights*
- Complete Part B of section 17 leave form

Welford ED and Beacon only

- Administering of feed, fluid and medication via nasogastric tube*
- Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ*
- Repassing of NG tube

FYPCLDA Community

Diana Service only

- Respiratory care including maintenance of an airway with a Nasopharyngeal airway / tracheostomy with or without mechanical ventilation.
- Administering of feed, fluid and medication via nasogastric tube*
- Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ*
- Repassing of NG tube
- Checking and refilling of balloons in balloon retained enteral tubes
- Reinsertion of balloon retained enteral tubes
- Tracheostomy – routine, emergency tube change, suctioning, tape changes, general care
- Vagal nerve stimulation (VNS) for epilepsy

Healthy Together only

- 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 and supporting the Health Child Programme team to participate in clinical audit/research as required.
- Deliver complex packages of care on a 121 basis e.g., teenage parents, domestic abuse, physical disability, working at 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.

CAMHS Community Learning Disability Team

- Allocated co-worker for a defined caseload overseen by the Registered Nurse (initial assessment across the pathways – outpatient, outreach, home intervention, day patient)
- Positive Behaviour work: collect information, support with implementation of PBS plans overseen by the PBS lead / practitioners/Registered Nurse.
- Co-work outreach appointments and visits with the allocated outreach lead for the family.
- Implementing assessment plans for day patients alongside registered Nurse
- Co-work behavioural inclusion service offer.

LDA Community

- To hold small case load of patients rated as green and any escalation of needs to be allocated to the Registered Nurse.
- Complete waiting list reviews and adhere to waiting list review template for patient RAG rated green.
- Collect information for allocated assessment forms, initially with a Registered Nurse.
- Medication monitoring associated side effects and metabolic monitoring associated side effects of psychotropic medications on home visits.
- Depot injection
- Completion of the following: DIS Dat, Know me Better, Emergency grab sheets, HAP's. MUST MFRAT Okay Health Check: Complete action plans.
- Positive Behaviour Support: collect information, support with implementation of PBS plans overseen by the PBS lead / practitioners/Registered Nurse. Monitoring and ABC chart
- As per clinical pathway monitor the implementation of guidelines as per care plan

Appendix Six: Clinical Activities which must not be undertaken by the Nursing Associate (last updated Oct 2025)

All areas (unless specified)
<ul style="list-style-type: none"> • Primary Nursing Assessment, Diagnosis and Planning care • Practice assessor for student nurses • 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 year • CHS community Triage/responder role • Nurse in Charge <p>Interventions</p> <ul style="list-style-type: none"> • Cannulation • Blocked catheter • Administration of bladder maintenance fluids as part of blocked catheter pathway • Verifying expected death <p>Enteral tube care</p> <ul style="list-style-type: none"> • <i>CHS Community</i> - Initial and repassing of Nasogastric tubes. All other areas initial passing of Nasogastric tubes • Ryles tube <p>Wound care</p> <ul style="list-style-type: none"> • Long stretch compression bandaging i.e. K2' • Category 4 pressure ulcer assessment, review and treatment • TNP dressings • Deep cavity wounds • Wounds that are tracking • Diabetic foot ulcer <p>Mental Health</p> <ul style="list-style-type: none"> • Seclusion observations – 1st hour of observations and 2 hourly nursing review • Apply for any section under the Mental Health Act • Receive the application and medical recommendations under the Mental Health Act • Work with patients in the community under a Community Treatment Order (CTO). <p>Medication</p> <ul style="list-style-type: none"> • Red drugs (as per LLR Area prescribing committee traffic light system) • Administer controlled drugs as primary administrator except: <ul style="list-style-type: none"> Topical Buprenorphine Buccal Midazolam Gabapentin Pregabalin

ADHD medication

- Expel from a pre-filled syringe of Inhixia (Enoxaparin)
- Administration of Fentanyl patches, Tranexamic Acid, 100mg/5ml Morphine Sulfate and Diamorphine
- Administration of as required, PRN end of life medication
- Administer medicines under a Patient Group Direction (PGD) or Discretionary medicines.
- IV Fluid and IV Medication administration or checking.
- Take verbal orders for medicines administration.
- Use of syringe drivers.
- Competency assess medication administration.
- Nurse prescribing