

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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Type of Policy	Clinical X	Non Clinical

Contents

1.0	Quick Look Summary	3
1.1	Version Control and Summary of Changes.....	4
1.2	Key individuals involved in developing and consulting on the document	4
1.3	Governance	4
1.4	Equality Statement	4
1.5	Due Regard	4
1.5	Definitions that apply to this Policy.....	5
2.0.	Purpose and Introduction.....	5
3.0	Policy requirements	5
4.0	Duties within the Organisation	6
5.0	Monitoring Compliance and Effectiveness	9
6.0	References and Bibliography.....	10
7.0	Fraud, Bribery and Corruption consideration	10
	Appendix 1 - 4 Clinical activities within and out of role	11-16
	Appendix 5 Training Requirements	17
	Appendix 6 The NHS Constitution	18
	Appendix 7 Due Regard Screening Template.....	19
	Appendix 8 Data Privacy Impact Assessment Screening.....	20

1.0 Quick Look Summary

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 1 – 4 demonstrate the clinical activities agreed to be in scope of practice for the registered nursing associate at point of registration, and after further training/competency assessment and skills not to be undertaken in the role.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
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

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Anne Scott, Director of Nursing, AHPs and Quality
Author(s)	Jane Martin, Assistant Director, Nursing & Quality
Implementation Lead	
Core policy reviewer group	
Wider consultation	Heads and Deputy Heads of Nursing
	Head of Learning and Development
	Practice Learning Team
	Medication Management Committee
	Matron for Safe Staffing and Workforce
	Lead Nurse and AHP Group
	Professional Standards Learning Group
	All Band 7 staff

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Professional Standards Learning Group	Quality Forum

1.4 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.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.

- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 7) of this policy

1.5 Definitions that apply to this Policy.

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)	<p>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</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>

2.0. Purpose and Introduction

2.1 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.

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.

2.2 Introduction

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). The nursing associate role contributes to retention of HCSW, releasing capacity of registered nurses to focus on more complex cases, pathway of career development to become a registered nurse and/or development opportunity for HCSW, reducing vacancies and temporary workforce cost.

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 registered nursing associate role. The scope of practice continues to develop in accordance with the care needs of patients, training and in line with organisations across the UK.

This policy has been produced to provide a framework for the safe development of the registered nursing associate scope of practice.

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.

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 student 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.

This policy will require frequent updating on the scope of practice as the role evolves, 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 Policy requirements

Scope of Practice is: Practice in which the registered 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 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)

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.

Appendix 2 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. 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. Registered nursing associates will be able to continue practicing these skills following assessment in practice.

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 Assistant Director of Nursing and Quality regarding scope whilst the role is developing.

The challenge whilst embedding this role is to ensure a degree of reasonableness and consistency, ensuring that the registered 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.

As registered professionals, registered nursing associates are individually accountable for their own professional conduct and practice. It is likely that registered nursing associates will typically work under the direction of a registered nurse or registered professional but may not require direct supervision. They will also be able to support, act as a role model, be a practice supervisor and assessor to student nursing associates (SNAs). Registered nursing associates can supervise all student nurses, healthcare support workers and those new to care roles but cannot be a practice assessor for student nurses.

Approval of additional proficiencies / skills / standards post registration that require further formal education and skills assessment must be by the head of nursing/deputy head of nursing in partnership with the assistant director of nursing and quality 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.

Appendices 2, 3, 4 and 5 provide details on the clinical activities within and outside scope of practice; these are live documents and will be updated as the role develops.

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.

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.

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 1 outlines the Standard Operating Procedure for Nursing Associate medicines administration.

4.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

The Assistant Director of Nursing and Quality is responsible for;

- a) Setting the vision for the registered nursing associate role and ensuring the scope of practice is reflective of workforce development and clinical need.
- b) 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.
- 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 deputy heads of nursing if any concerns or issues are raised where a registered nursing associate might be working outside of scope of practice.

Lead Director

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

Directors, Heads of Service

Directors and Heads of Service within directorates are responsible for delivering the registered nursing associate scope of practice in the work areas they have.

Heads of Nursing / Deputy Heads of Nursing are responsible for:

- a) Implementing the role of registered 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 registered 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.

Senior Managers, Matrons and Team Leads

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

- a) Supporting the registered 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.

Staff

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).

Responsibility of Clinical Staff

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

Consent

- *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.*
- *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*
 - *Understand information about the decision.*
 - *Remember that information.*
 - *Use the information to make the decision.*
 - *Communicate the decision.*

5.0 Monitoring Compliance and Effectiveness

This is a 'live' Policy and is monitored through LPT's registered nursing associate meeting and professional standards learning group. Nursing associates is part of six-monthly safe staffing report to Quality and Safety Committee.

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	Additions to scope	Review of policy and requirements are met to extend scope	LPT registered nursing associate meeting	6 weekly
	Additions to scope	As above	Professional standards learning group	Bi-monthly
	Recruitment	Numbers of nursing associates in post, recruitment plans	Six monthly safe staffing report	Six monthly
		Review of incidents and complaints	professional learning standards group	Quarterly

6.0 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, 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.

7.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1

Administration of Medicines by Registered 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 and Beacon 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	YES	Welford ED ONLY

Appendix 2

**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 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 student nursing associates.
t) Identifying and responding to safeguarding concerns as defined and outlined in the safeguarding policies and procedures.

Appendix 3

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

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

1. The registered nursing associate can continue to perform these skills as part of their training and once registered as a nursing associate.
2. Some skills are area / speciality specific and may not be transferrable to other areas.
3. The level of additional training and assessment of competence will be discussed and agreed with the Lead Nurse and AHP group.

General (all)	
<ul style="list-style-type: none"> • Female catheterisation * • Male catheterisation * • Phlebotomy * • ECG recording * • Bladder scanning * • Vital signs* • Suprapubic catheterisation* • LCAT assessor for skills within Scope of Practice 	
CHS In-patients	CHS Community
<ul style="list-style-type: none"> • Oxygen therapy – as prescribed and once medicines administration signed off. • Neurological observations <p>Stroke wards Administering of feed, fluid and medication via nasogastric tube</p>	<ul style="list-style-type: none"> • Neurological observations • Single administration of insulin and Inhixa Enoxaparin (whole syringes only) or Deltaparin • Single administration of IM Vitamin B12 • Diabetic foot screen • Patient baseline information gathering • Pages 5/6 holistic template • Administering of feed, fluid and medication via nasogastric tube • Hosiery 1 leg • Hosiery 2 legs • Bandaging 1 leg- short stretch i.e. Actico, Coban' only • Bandaging 1 leg: wrap • Bandaging 2 legs - short stretch i.e. Actico, Coban' only • Bandaging 2 legs: wrap • Doppler using MESI not handheld machine - Measurement not prescription of care. • Lymphoedema where an ulcer is present – Wrap 1 and 2 legs. • Pressure ulcer treatment/Prevention – Cat 1and 2 • Pressure ulcer treatment/Prevention – Cat 3, superficial only • Pressure ulcer treatment/Prevention – unstageable, less 5cm only

	<ul style="list-style-type: none"> • Pressure ulcer treatment/Prevention – sDTI, less 5cm only • PUP collaborative care plan amendments – not prescription • Wound care – review assessment, simple • Wound care - Removal of clips/stitches • Wound care - Simple 2x2cm • Wound care - Simple 5x5cm • Wound care - Simple 10x10cm • Wound care – TNP, Disposable and simple only
DMH MHSOP In-patients	DMH MHSOP Community
<ul style="list-style-type: none"> • Safe and Therapeutic observations* • Diabetic foot screen • Neurological observations • Reading of individual patient Mental Health Act Rights* 	
AMH inpatients	LDA inpatients
<ul style="list-style-type: none"> • Safe and Therapeutic observations* • Seclusion observations, after the first hour* • Diabetic foot screen • Neurological observations • Reading of individual patient Mental Health Act Rights* 	<ul style="list-style-type: none"> • Safe and Therapeutic observations* • Seclusion observations, after the first hour* • Diabetic foot screen • Reading of individual patient Mental Health Act Rights* <p>LD Short Breaks</p> <p>Enteral tube care:</p> <ul style="list-style-type: none"> •Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ* •Temporary reinsertion of temporary tube to maintain stoma. <p>Tracheostomy:</p> <ul style="list-style-type: none"> •Removal, cleaning and replacement of inner tube to Negus Tracheostomy tube* •Emergency tube change, suctioning, tape changes, general care
AMH Community	LDA 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 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. 	<ul style="list-style-type: none"> • Completing risk assessments. Compiling formulation. Discuss all areas of work with Registered Nurse prior to taking to the weekly meeting for oversight. • To hold small case load overseen by the Registered Nurse. • Complete 6-week contacts. • Collect information for ABBAS forms. Initially with a Registered Nurse. • Medication monitoring and metabolic monitoring on home visits.

<ul style="list-style-type: none"> To carry out discharge visits with patient open to the crisis team, these must be pre-arranged discharge visits, if there are any concerns or risks identified on the discharge visit then this is to be brought 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. 	<ul style="list-style-type: none"> Depot injection (retain competencies gained through course). Phlebotomy (retain competencies gained through training) ECG Taking (retain competencies gained through training) Completion of the following: DIS Dat, Know me Better, Emergency grab sheets, HAP's. Okay Health Check: Complete action plans. Complete physical health observations: BP. Pulse, Respirations SATS, BMI. Positive Behaviour Strategy guidelines :collect information , complete guidelines overseen by the Registered Nurse. Depending on complexities completed or assist the Registered Nurse.
<p>FYPC Inpatients</p>	<p>FYPC Community</p>
<ul style="list-style-type: none"> • Safe and Therapeutic observations * • Seclusion observations after the first hour* • Reading of individual patient Mental Health Act Rights* <p>Welford ED and Beacon only</p> <ul style="list-style-type: none"> • Administering of feed, fluid and medication via nasogastric tube* 	<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. • Administering of feed, fluid and medication via nasogastric tube* • Administration of feed, fluid and medication via PEG, RIG, JEJ, PEJ, RIJ* • Tracheostomy – emergency tube change, suctioning, tape changes, general care* <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.

	<ul style="list-style-type: none">• 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
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Appendix 4

**Clinical Activities must not be undertaken by the Nursing Associate
(WORK IN PROGRESS)**

General (All areas)

- Primary Nursing Assessment, Diagnosis and Planning care (except CHS admission to caseload, pages 5/6 holistic template)
- 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 – 1st hour of observations and 2 hourly nursing review
- Compression bandaging with long stretch i.e. K2'
- Cannulation
- Passing and re-passing of Nasogastric tubes
- Checking and refilling of balloon retained enteral devices
- 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
- Practice assessor for student nurses
- Apply for any section under the Mental Health Act
- Receive the application and medical recommendations under the Mental Health Act
- Work with patients under a Community Treatment Order (CTO)

Appendix 5 Training Requirements

Training Needs Analysis


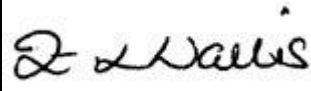
Training topic:	Student Nursing Associate Training
Type of training: (See study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Student Nursing Associates
Regularity of Update requirement:	One off training
Who is responsible for delivery of this training?	UHL/DMU
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify) NMC
How is this training going to be monitored?	TED

Appendix 6 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	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Appendix 7 Due Regard Screening Template

Section 1			
Name of activity/proposal		Registered Nursing Associate - Scope of Practice Policy	
Date Screening commenced		09.05.24	
Directorate / Service carrying out the assessment		Enabling	
Name and role of person undertaking this Due Regard (Equality Analysis)		Jane Martin	
Give an overview of the aims, objectives and purpose of the proposal:			
<p>AIMS: This policy sets out Leicestershire Partnership NHS Trusts scope of practice for the registered nursing associate (RNA) role.</p>			
<p>OBJECTIVES: The policy defines the range of functions, responsibilities, and activities which the registered nursing associate is educated and authorised to perform.</p>			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details		
Age	Positive		
Disability	Positive		
Gender reassignment	Positive		
Marriage & Civil Partnership	Positive		
Pregnancy & Maternity	Positive		
Race	Positive		
Religion and Belief	Positive		
Sex	Positive		
Sexual Orientation	Positive		
Other equality groups?	Positive		
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.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
This Policy has positive impact on all protected characteristics			
Signed by reviewer/assessor		Date	09.05.24
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	09.05.24

Appendix 8 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:	Jane Martin	
Job title	Assistant Director Nursing and Quality	Date 18.08.23
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 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:	Hannah Plowright	
Date of approval	18/08/2023	

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