

## STANDARD OPERATING PROCEDURE SCOPE OF PRACTICE FOR REGISTERED NURSE ASSOCIATES

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<b>Ratified and Quality Checked by: Date Ratified:</b>	QPaS 19 October 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	<ul style="list-style-type: none"> <li>• Seclusion or Segregation Policy (M-008)</li> <li>• Self-Administration of Medicines (SAM) Procedure</li> <li>• Mental Health Act Policy (M-021)</li> <li>• Protocol for Physical Health Monitoring: Mental Health and Learning Disability Inpatient Services (Prot529)</li> </ul>

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	Oct 2023	New SOP. Approved at QPaS (19 October 2023).

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## 1. INTRODUCTION

The Nursing Associate (NA) is a generic role that was introduced to bridge the skills gap between healthcare support workers and regulated professionals. The outline concept was set out in the shape of caring (raising the bar) 2015 HEE.

This document sets out Humber NHS Foundation Teaching Trust scope of practice for the new Nursing Associate (NA) role for which the first Registrants entered the Nursing and Midwifery Council (NMC) Register from 28<sup>th</sup> January 2019

The Nursing Associate is a stand-alone role that can also provide a progression route into graduate level nursing. NA's are trained to work with people of all ages and in a variety of settings in health and social care. It is intended that the role will enable Registered Nurses to focus on more complex clinical duties.

As this is a new role into the Nursing family there is no legacy to follow in providing clear demarcation of boundaries. The NMC Proficiencies for entry into the register (NMC 2018a) provide a baseline expectation of competence and it is the responsibility of individual organisations to set additional competence standards for the Nursing Associate Role.

This scope has been produced to provide a steer on the safe development of scope of practice. It is anticipated that once the role has become more established and embedded into practice the boundaries and expectations of the role will be set within the relevant policies.

## 2. SCOPE

This document provides guidance to Humber NHS Foundation Trust staff on the scope of practice for the registered Nursing Associates ( NA Role) . It defines the range of functions, responsibilities and activities which the Nursing Associate is educated and authorised to perform as set out within the NMC standards of proficiency for nursing associates [Standards of proficiency for registered nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/standards-of-proficiency-for-registered-nursing-associates)

## 3. DEFINITIONS

The key differences between the Registered Nurse (Staff Nurse) and the Nursing Associate is relating to the accountability for the assessment, planning and evaluation of care. The Nursing Associate supports this process through delivery of care and providing feedback to the Registered Nurse enabling the evaluation and reviews of care to occur.

<b>NURSING ASSOCIATE</b>	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. 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. 'Nursing associate' is a protected title in law.
<b>REGISTERED NURSE</b>	This includes; Registered General Nurse, Registered Mental Nurse, Health Visitor, Public Health Nurse and School Nurse.

The Nursing Associate will function in the role of Associate Nurse to support the Registered Nurse in the delivery of care.

The Nursing Associate will be an integral part of the multi-disciplinary team feedback cycle to identify challenges, risk and successful outcomes regarding the care being received and delivered to patients.

The Nursing Associate are accountable for their own practice and registration with the NMC and are required to work to the NMC code and Trust policies.

**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 <b>monitor</b> care	Provide and <b>evaluate</b> care
Working in teams	<b>Leading and managing nursing care</b> and working in teams
Improving safety and quality of care	Improving safety and quality of care
<b>Contributing to</b> integrated care	<b>Coordinating</b> care
	<b>Assessing needs and planning care</b>

#### 4. EXPANDING THE ROLE THROUGH PROFESSIONAL DEVELOPMENT

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.

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 as part of the pre-registration programme and 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.

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.

Some proficiencies / skills / standards will require further education and competency assessment and be supported through the job description and Trust policies or guidelines. Where additional / specialist skills are required for clinical areas or where there is a requirement for the scope to be expanded the following pathway should be followed.

Additional clinical skill identified by clinical/service area & how staff will be trained/ upskilled to carry out.

Skill/task discussed and agreed by matron & clinical / team leaders and agreed at clinical network.
















Information and rationale sent through to Practice education team for inclusion in scope as an appendix & sign off by Director of Nursing Allied Health Professionals and Social Work Professionals, Policy changes implemented if required.

If additional competencies are required a clinical skills competencies proposal form will need to be completed these can be accessed via the practice development team

[HNF-TR.Governanceandpatientsafety@nhs.net](mailto:HNF-TR.Governanceandpatientsafety@nhs.net)

## 5. NURSE ASSOCIATE SCOPE OF PRACTICE WITHIN HUMBER TEACHING NHS FOUNDATION TRUST

 = yes, able to carry out task  = No not able to carry out task

Physical Health & clinical observations	Carry out Physical Health & wellbeing assessments, observations, monitoring & interventions (NEWS)	Health Improvement Profile Assessments	Phlebotomy	Carry out a Basic ECG	Carry out Wound Dressing	Aseptic non touch technique	Basic or immediate life support dependent on work setting	Diabetes care and management	Health promotion activities	Collect samples Urine, sputum, stool
										
	Monitor Fluid & nutrition intake	All tasks related to bladder & Bowel care	Continence assessments	Catheter care dependent on work setting	Cervical screening GP primary care practices only After completing required training and competence cannot be done independently without above					
										

<b>Medication After completion of Medicines optimisation competencies</b>	Administer medication via oral, topical or inhalation routes	Self-administration of Medicines (SAM) initiate level 1 medicines Once the (SAM) risk assessment and medicine optimisation competencies and specific training has been completed	Administer injections using subcutaneous or intramuscular routes After completing required training and competence cannot be done independently without above	Administer and monitor medications using enteral equipment After completing required training and competence cannot be done independently without above	Administer enemas and suppositories After completing required training and competence cannot be done independently without above	Manage and monitor effectiveness of symptom relief medication and administer PRN once training & competencies have been completed and signed off.	Recognise & respond to adverse or abnormal medications	Patient Group directive ((PGD)	PSD flu vacc Vaccinator-Only in areas where it is prescribed as PSD & after completing required training and competence cannot be done independently without above	work with 1 <sup>st</sup> level nurse and Administer controlled Drugs as second signature (Approved witness)
	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
<b>Mental Health Clinical</b>	Carry out an initial assessment of someone's Mental Health	Co-create care plans under supervision	Deliver care and interventions as part of a plan of care under supervision	Evaluate care delivery under supervision	Sign off care plans	Contribute to risk assessments & safety plans	To actively Contribute to the MDT	Contribute to CPA reports	Act as named nurse under supervision of a band 5 or above	Support discharge process
	X	✓	✓	✓	X	✓	✓	✓	✓	✓

<b>Legal / Security</b>	Sign Mental Health Act papers or approve leave or Lead on leave of absence Complete risk assessment prior to any patient going on leave	Receive and scrutinise detention papers on admission or regrade	Supporting tribunal reporting	Ensure tribunal/hearing reports are completed in a timely manner	undertake the task of providing patients with their rights on a regular basis (dependent on individual need)	Seclusion initiation	Seclusion review as second registered reviewer	Assist with Seclusion procedures & observation	Carry out Search procedure	Internal & external escorts
	X	X	✓	X	✓	X	X	✓	✓	✓
<b>Management</b>	Supervise HCA & AP, TNA & support preceptorship Including clinical and managerial	Introducing the NA role to team and support team building	Delegate duties to HCA & PA	Be shift lead (nurse in charge)	Shift co-ordinator delegated by shift lead	Complete incident reporting (Datix)	Ensure consent obtained in relation to administration of care and treatment or ensure relevant safeguard in place if capacity to consent is doubted	Assist with paper work for discharge processes and family visits	Write handover notes	



	✓	✓	✓	X	✓	✓	X	✓	✓	
<b>Education &amp; Training</b>	Practice Assessor TNA & Practice supervisor to 1 <sup>st</sup> year degree students	Teaching clinical skills to other team members including students	Teach patients and carers							
	✓	✓	✓							

## 6. REFERENCES

[nursing-associates-proficiency-standards.pdf \(nmc.org.uk\)](#)

[Nursing Associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

[Advisory guidance - administration of medicines by nursing associates.pdf \(hee.nhs.uk\)](#)

## APPENDIX A: EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Scope of Practice for Registered Nurse Associates**
2. EIA Reviewer **Mel Barnard**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **SOP**

<b>Main Aims of the Document, Process or Service</b>			
<p><b>To provide</b> This SOP sets out to provide qualified Nurse associates with guidelines to enable them to carry out their roles safely and in line with their proficiencies as set out by the Nursing Midwifery Council.</p> <p><i>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</i></p>			
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice	
Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people Young people Children Early years	Low	This SOP is consistent in its approach regardless of age
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	This SOP is consistent in its approach regardless of disability.
<b>Sex</b>	Men/Male Women/Female	Low	This SOP is consistent in its approach regardless of sex
<b>Marriage/Civil Partnership</b>		Low	This SOP is consistent in its approach regardless of legal status
<b>Pregnancy/ Maternity</b>		Low	
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	This SOP is consistent in its approach regardless of race
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is consistent in its approach regardless of religion or beliefs.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	This SOP is consistent in its approach regardless of sexual orientation
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is consistent in its approach regardless of the gender the individual wishes to be identified as.

### Summary

<p><i>Please describe the main points/actions arising from your assessment that supports your decision.</i></p> <p>There is no evidence of potentially negative effect on groups with protected characteristics.</p>	
EIA Reviewer: <b>Melanie Barnard</b>	
Date completed: <b>3 October 2023</b>	Signature: <i>mjbarnard</i>