



Nursing Associate Scope of Practice Policy

Policy Type	Other
Directorate	Corporate
Policy Owner	Director of Nursing
Policy Author	Head of Education and Development
Next Author Review Date	November 2021
Approving Body	Trust Professional Nursing, Midwifery and AHP Group
Version No.	1.0
Policy Valid from date	1 st May 2021
Policy Valid to date:	30 th April 2024

'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
May 2021	0.1	May 2021	Chief Nurse	Initial review	Trust Professional Nursing, Midwifery and AHP group
June 2021	1.0	June 2021	Chief Nurse	Approval at	Patient Experience and Safety Sub Committee – Chairs Action

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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Executive Summary

This document sets out the Isle of Wight (IOW) NHS Trust scope of practice for the new Nursing Associate (NA) role for which the first Registrants will enter the Nursing and Midwifery Council (NMC) Register from May 2021. It applies to all Nursing Associates and staff that are involved in the development, management and supervision of the role in clinical practice.

1 Introduction

- 1.1 The Nursing Associate is a stand-alone role that will also provide a progression route into graduate level nursing. They are trained to work with people of all ages and in a variety of settings in health and social care. It is intended that the role will enable Registered Nurses to focus on more complex clinical duties.
- 1.2 As this is a new role into Nursing there is no legacy to follow in providing clear demarcation of boundaries. The NMC Proficiencies for entry onto 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.

2 Definitions

- 2.1 Nursing Associate (NA) provides care and support for patients and service users. 'Nursing Associate' is a protected title in law.
- 2.2 NMC – Nursing and Midwifery Council
- 2.3 Scope of Practice: is defined as the range of roles, functions, responsibilities, and activities which the individual is educated and authorised to perform.

3 Scope

- 3.1 This policy applies to:

Registered Nursing Associates

Registered Nurses and Midwives who work alongside Nursing Associates

Line managers of the Nursing Associate

Associate Directors of Nursing/Heads of Nursing/Head of Midwifery/ Deputy Heads of Nursing

Any staff involved in Nursing workforce planning or development for example, Education, Learning and Development

- 3.2 This policy does not apply to Non-Registered Healthcare support worker roles in Bands 2-4 roles such as Assistant Practitioners, Senior Support Workers.

4 Purpose

- 4.1 This policy has been produced to provide a steer on the safe development of 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.

4.2 It is likely that this policy will require frequent updating on the scope of practice as the role evolves over the next year, and staff must ensure they are reading the most up to date version.

5 Roles and Responsibilities

5.1 The Executive Lead for this Policy is the Director of Nursing

5.2 The Strategic Lead for this Policy is the Deputy Director of Nursing who is responsible for:

Setting the vision for the Nursing Associate role and ensuring the scope of practice is reflective of workforce development and clinical need.

Supporting Heads of Nursing and Midwifery in identifying areas where the Nursing Associate role could be included as part of the workforce supporting the Registered Nurse in the delivery of care

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 Associate Directors of Nursing if any concerns or issues are raised where a Nursing Associate might be working outside of scope of practice.

5.3 Associate Directors of Nursing/ Heads of Nursing / Head of Midwifery /Deputy Heads of Nursing/Midwifery are responsible for:

Implementing the role of 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 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

5.4 Ward Manager/Team Leader or Line Manager is responsible for:

Supporting the Nursing Associate in their development of competence and skills

Ensuring the Nursing Associate is compliant with their Mandatory and Essential Role Specific Training/Competencies.

Identifying areas where the role will complement the Nursing workforce

Effective rostering and deployment of staff to ensure quality of care and patient safety.

5.5 The Nursing Associate is responsible for:

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

5.6 Head of Education is responsible for:

Supporting the development or adjustment of Policies and Guidelines to support scope of practice for Nursing Associates

Ensuring robust Preceptorship is in place to support the transition from trainee to registrant.

Provide opportunities for Continual Professional Development to support ongoing competence and revalidation with the NMC.

6 Policy Detail/Course of Action

- 6.1 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).
- 6.2 While Nursing Associates will contribute to most aspects of care, including delivery and monitoring, Registered Nurses will take the lead on assessment, planning and evaluation. Registered Nurses will also lead on managing and coordinating care with full contribution from the Nursing Associate within the integrated care team.
- 6.3 Scope of Practice is practice in which the Nursing Associate is educated, competent and authorised to perform either at point of registration or post registration.
- 6.4 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
- 6.5 Any additional proficiencies / skills / standards not required for registration will be considered within post registration scope of practice.
- 6.6 Appendix One, Two and Three provide details on the clinical activities within the scope of practice, these are live documents and will be updated as the role develops.
- 6.7 Some proficiencies / skills / standards not required for registration may have been taught during pre-registration training, depending on the service needs of the base area and / or exposure during alternative clinical placements. Nursing Associates will be able to continue practising these skills following the completion of underpinning knowledge & assessment of competence in practice.
- 6.8 Some proficiencies / skills / standards will require further education and competency assessment and be supported through the job description and organisational policies or guidelines. As yet there is no local or national definitive list for this and advice must be sought from the Deputy Director of Nursing regarding scope whilst the role is developing.

- 6.9 Medicines administration by Nursing Associates is a required proficiency, however there are restrictions to their practice compared to the RN. Please refer to Appendix Three – Medicines Management. All newly qualified Nursing Associates are required to undertake an assessment prior to undertaking medicines administration as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates.
- 6.10 Approval of additional proficiencies / skills / standards post registration that require further formal education and skills assessment must be proposed by the Divisional Head of Nursing in partnership with the Deputy Director of Nursing and be signed off at the Professional Standards and Clinical Education Group and reported to the Trust Nursing, Midwifery and AHP Progressional Group.
- 6.11 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.
- 6.12 It is anticipated that no post registration proficiencies / skills / standards over and above the scope of practice will be approved within the first year of the Nursing Associate role being introduced. This is to give time for the role to embed into existing practice and the Nursing Associate to consolidate practice.
- 6.13 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.
- 6.14 The Care Quality Commission has requested all areas employing Nursing Associates undertake a Quality Impact Assessment. This assessment will be monitored by the Director of Nursing and Deputy Director of Nursing to ensure safe implementation of the role.

7 Consultation

- 7.1 The Nursing Associate Scope of Practice Policy will be consulted on via the Trust Professional Nursing, Midwifery and AHP Group and published on the Trusts corporate draft policy site.

8 Training

- 8.1 This Nursing Associate Scope of Practice Policy does not have a mandatory training requirement or any other training needs.
- 8.2 A briefing to all newly registered Nursing Associates will be included in Preceptorship and provided to their line managers by the Deputy Director of Nursing.
- 8.3 A briefing will be available for all Registered Nurses and Managers – for more information contact the Deputy Director of Nursing.

9 Monitoring Compliance and Effectiveness

- 9.1 The policy will be monitored monthly as part of the Trusts Professional Nursing, Midwifery and AHP Group.

10 Links to other Organisational Documents

Medicines Policy

Management of Corporate and Local Induction policy

Rostering Policy

Professional Registrations Policy

11 References

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

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

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

Nursing and Midwifery Council (2019) *Blog: Role differences between nursing associates and nurses*, 13.03.19, by Sue West, Senior Nursing Education Adviser [online] available at <https://www.nmc.org.uk/news/news-and-updates/blog-whats-a-nursing-associate/> [accessed 21/03/2019]

12 Appendices

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

Appendix Two – Service Specific Skills List

Appendix Three - Medicines Management Requirements

Appendix A - Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B - Equality Impact Assessment (EIA) Screening Tool

Appendix One - NMC Standards of Proficiency for Nursing Associates (2018a) Procedures to be undertaken by the Nursing Associate

<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nursing-associates/nursing-associates-proficiency-standards.pdf>

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 IOW to be undertaken by the Nursing Associate at point of Registration
a) Manage care under indirect supervision of a Registered Nurse, for an allocated group of patients.
b) Provide timely provision of all aspects of fundamental care
c) Promote independence and self-management of care according to an individual's potential.
d) Undertake effective monitoring of an individual's condition.
e) Interpret vital signs and implement appropriate actions 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, Waterlow risk assessment and support ongoing tissue viability interventions.

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

- k) Complete wound dressings as planned by a Registered Nurse.
- l) Engage with admission assessments and documentation
- m) Support discharge planning and implementation
- n) Support appropriate patient transfer including post-operative patient collection and transfer where relevant.
- o) Provide culturally sensitive end of life care, responding promptly to uncontrolled symptoms and signs of distress.
- p) Safe administration of medicines as detailed in the SOP in appendix 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

Appendix Two – Service Specific Skills requiring further training once registered

General	Critical Care / Recovery
<ul style="list-style-type: none"> • Female catheterisation • Male catheterisation • Venepuncture • Oxygen administration • Bladder scanning • Nasogastric feeding tube care and feed administration • Practice Supervisor/Practice Assessor 	<ul style="list-style-type: none"> • Arterial Blood Gas Sampling • Epidural and PCA Observations
Musculoskeletal	Specialist Surgery
None identified as yet	None identified as yet
Emergency Department	Emergency Medicine
<ul style="list-style-type: none"> • Plastering 	None identified as yet
Speciality Medicine	Cancer and Haematology
None identified as yet	None identified as yet
Respiratory	Cardiac and Vascular
<ul style="list-style-type: none"> • Non Invasive Ventilation • Earlobe Gas Sampling 	<ul style="list-style-type: none"> • Chest Drain Care
General Surgery	Childrens
Insertion and care of Ryles tubes for free drainage	<ul style="list-style-type: none"> • Recognising the deteriorating child • Paediatric Observations • Paediatric medicine management • Paediatric fluid management – including insertion and management of NG tube. • Paediatric pain management • Venepuncture and cannulation • Understanding of Paediatric Mental Health and management within the acute setting • Paediatric ECG's
Gynaecology	Urology
None identified as yet	None identified as yet
Mental Health and Learning Disabilities	Midwifery and Special Care

<ul style="list-style-type: none"> • Understanding, assessing and managing clinical risk in MHL D • Understanding and compliance with principles of co-production and peerworking • Understanding and compliance with principles of the Family Approach • Mental Health Act awareness and understanding • Disorder Specific training as identified within team 	<p>Maternity</p> <ul style="list-style-type: none"> • Scrub and Circulating competancies • Recovery competencies (to include Epidural and PCA Observations) • Maternal observations • ECG • Wound care <p>Special Care</p> <ul style="list-style-type: none"> • Neonatal Observations • Newborn blood spot screening • Breastfeeding support • Recognising the deteriorating baby • Temperature management • Infant feeding & fluid management • Neonatal medicines management • Capillary heel prick sampling • Phototherapy • Neonatal pain management • Neonatal abstinence syndrome • Developmental care • Family centred care • Low flow oxygen therapy
Theatres	Pre-assessment
<ul style="list-style-type: none"> • Scrub and circulating competencies • Recovery competencies (to include Epidural and PCA Observations) • Theatre specific equipment competencies 	<ul style="list-style-type: none"> • ECG • Phlebotomy • LA phone assesments

Appendix Three Medicines Management

Nursing Associates are assessed as competent at the point of registration in the following highlighted in green. They will be required to demonstrate competence in the Trust Medicines Management requirements prior to undertaking further medicines management within the Trust.		
Administration Route	Authority to administer Yes/No	Additional information
ADULTS - Administer medicines – oral, buccal, sub-lingual, topical, PR, PV,	Yes	
ADULTS - Check and administer (IM) or Sub-cutaneous (SC) under the delegation of an RN	Yes	NA's cannot administer IM depot medication in MH services in line with national guidance
ADULTS - Administer medicines via a PEG tube	Yes	
CHILDREN - Independently check with an RN who is competent to check medicines with children – Oral, buccal, sub-lingual, topical, PR, PV, Intramuscular (IM), Sub-cutaneous (SC) or via a Nasogastric tube or PEG	Yes	
ADULTS and CHILDREN - Check and administer Controlled drugs via any route	No	
ADULTS and CHILDREN - Check blood transfusions or blood components	No	
ADULTS and CHILDREN - Check clear Intravenous (IV) and Sub-cutaneous (SC) fluids	No	
ADULTS and CHILDREN - Check or administer medicines Oral, Intramuscular (IM) or Sub-cutaneous (SC) via a PGD	No	
ADULTS and CHILDREN Check or administer Intravenous medications for adults or children	No	Check emerging national competencies
ADULTS - Check or administer medicines via a Nasogastric tube	No	Check emerging national competencies

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Nursing Associate Scope of Practice Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs		0	
Training Staff		0	
Equipment & Provision of resources		0	

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs		0	
		0	
Totals:		0	

Staff Training Impact	Recurring £	Non-Recurring £
	0	
Totals:	0	

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	

Building alterations (extensions/new)	0	
IT Hardware / software / licences	0	
Medical equipment	0	
Stationery / publicity	0	
Travel costs	0	
Utilities e.g. telephones	0	
Process change	0	
Rolling replacement of equipment	0	
Equipment maintenance	0	
Marketing – booklets/posters/handouts, etc	0	
Totals:	0	

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

DRAFT

Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

Document Title:	Nursing Associate Scope of Practice Policy
Purpose of document	To provide a steer on the safe development of 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.
Target Audience	<i>Nurses, Midwives, AHP's</i>
Person or Committee undertaken the Equality Impact Assessment	<i>TPNMAHP Group</i>

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	yes		
	Women	yes		
Race	Asian or Asian British People	Yes		
	Black or Black British People	Yes		
	Chinese people	Yes		
	People of Mixed Race	Yes		
	White people (including Irish people)	Yes		
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	yes		
Sexual Orientat	Transgender	yes		

ion	Lesbian, Gay men and bisexual	Yes		
Age	Children	n/a		
	Older People (60+)	Yes		
	Younger People (17 to 25 yrs)	Yes		
Faith Group		Yes		
Pregnancy & Maternity		Yes		
Equal Opportunities and/or improved relations		Yes		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
n/a	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
n/a	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
n/a	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	TPNM&AHP Group
Date Initial Screening completed	4.5.21