

Nursing Associate Scope of Practice Policy

This is a working document and will be subject to regular updates as the role of the Nursing Associate embeds into practice – the latest version will always be in PAGL

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

24.6.21

June 21 4.6; Change in identified person responsible for updating Policy: Education and Practice Development Lead: Programme Leader Nursing Associate

5.10 Addition of; A Nursing Associate Development Framework has been developed to support the newly registered Nursing Associate and should be used from the start of preceptorship

Amendment to the Administration of Medicines SOP; ADULTS and CHILDREN may now Check and administer Controlled drugs via the following routes: oral, sub-lingual, topical, PR, IM or SC: Controlled Drugs Policy B16/2009 updated March 2019

Amendment to Clinical Activities that can be undertaken only with Additional Education and Competence Assessment to confirm that additional skills may only be undertaken in base areas as a trainee

Removal of checking and administration of controlled drugs from prohibited list

KEY WORDS

Nursing Associate, NA, Scope, licence, clinical

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS 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 28th January 2019
- 1.2 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.
- 1.3 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.
- 1.4 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.
- 1.5 UHL has a School of Nursing Associates and provides the training for the Nursing Associate role for Leicester, Leicestershire and Rutland. It is work-based with the trainee working in their clinical area whilst undertaking study days and alternative clinical placements as part of an apprenticeship programme. The Programme is accredited by De Montfort University and is a foundation degree.
- 1.6 It is likely that this policy will require frequent updating on the scope of practice as the role evolves over the next year, staff must ensure they are reading the most up to date version which will be in the Policy and Guideline Library (PAGL) accessed via INsite

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to:
 - a) Registered Nursing Associates
 - b) Registered Nurses and Midwives who work alongside Nursing Associates
 - c) Line manager of the Nursing Associate
 - d) Heads of Nursing Head of Midwifery/ Deputy Heads of Nursing
 - e) Any staff supporting Clinical Management Groups (CMGs) involved in workforce planning
- 2.2 This policy does not apply to Non-Registered band three or four healthcare support roles such as Assistant Practitioners, Senior Support Workers. Please contact the Deputy Chief Nurse or Senior Nurse – Clinical Practice Development for further guidance on scope of practice for these roles

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 **LCAT** – Leicestershire Clinical Assessment Tool
- 3.2 **Nursing Associate (NA)** is a new member of the nursing team who will provide care and support for patients and service users. This role is being used and regulated in England and it is intended to address a skills gap between Health and Care Assistants and Registered Nurses. 'Nursing Associate' is a protected title in law.

3.3 **NMC** – Nursing and Midwifery Council

3.4 **Scope of Practice:** is defined as the range of roles, functions, responsibilities, and activities which the individual is educated and authorised to perform

4 ROLES – WHO DOES WHAT

4.1 The Executive Lead for this Policy is the Chief Nurse

4.2 The Strategic Lead for this Policy is the Deputy Chief Nurse who is responsible for:

- a) Setting the vision for the Nursing Associate role and ensuring the scope of practice is reflective of workforce development and clinical need.
- b) Supporting Heads of Nursing and 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
- 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 if any concerns or issues are raised where a Nursing Associate might be working outside of scope of practice.

4.3 Heads of Nursing / Midwifery are responsible for:

- a) Implementing the role of Nursing Associate where possible within their clinical areas
- b) Supporting creative workforce plans to utilise the role to its full potential
- c) Ensuring their clinical areas understand and work to the role boundaries and scope of practice for Nursing Associates
- d) Implementing governance and monitoring procedures for the effectiveness of the role
- e) Supporting the development of policies and guidelines that support scope of practice within their clinical areas

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

- a) Supporting the Nursing Associate in their development of competence and skills
- b) Identifying areas where the role will complement the Nursing workforce
- c) Effective rostering and deployment of staff to ensure quality of care and patient safety in line with the Non-Medical Staff Rostering Policy (B5/2013)

4.5 The Nursing Associate is responsible for:

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

4.6 Education and Practice Development Lead: Programme Leader Nursing Associate is responsible for:

- a) Supporting the development or adjustment of Policies and Guidelines to support scope of practice for Nursing Associates
- b) Ensuring robust Preceptorship is in place to support the transition from trainee to registrant as per the Preceptorship Policy (B4/2018)

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

- 5.1 The NMC have set out what a Nursing Associates should know and be able to do when they join the register via the Standards of Proficiency (NMC 2018a).
- 5.2 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. Nurses will also lead on managing and coordinating care with full contribution from the Nursing Associate within the integrated care team.
- 5.3 The standards and the differences between the two roles are summarised by figure 1 produced by the NMC below

Nursing associate 6 platforms	Registered nurse 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)

- 5.4 **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 (see also 3.4).
- 5.5 Like Nurses and other Health Professionals, Nursing Associates can expand their scope of practice through further education and experience. This will usually be after a period of consolidation and Preceptorship which supports the transition from trainee to registered professional.
- 5.6 Any additional proficiencies / skills / standards not required for registration will be considered within post registration scope of practice.
- 5.7 Appendix Three, Four and Five provide details on the clinical activities within and outside scope of practice; these are live documents and will be updated as the role develops.
- 5.8 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 assessment in practice.
- 5.9 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 Chief Nurse regarding scope whilst the role is developing (see also section 5.13)

- 5.10 **The challenge whilst embedding this new role is to ensure a degree of reasonableness and consistency, ensuring that the Nursing Associate has the necessary underpinning theory and competence for safe practice and to fulfil their role in supporting the Registered Nurse whilst acknowledging the role is a Registered Professional in its own right. A Nursing Associate Development Framework has been developed to support the newly registered Nursing Associate and should be used from the start of preceptorship**
- 5.11 A Nursing Associate Job Description has been approved for use across Leicester, Leicestershire and Rutland (LLR) and can be found as appendix One. This provides a baseline of expectations in practice.
- 5.12 **Medicines administration** by Nursing Associates is a required proficiency, however there are restrictions to their practice compared to the RN. 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 (B13/2009).
- 5.13 **Approval of additional proficiencies / skills / standards post registration that require further formal education and skills assessment** must be by the Clinical Management Group (CMG) Head of Nursing in partnership with the Deputy Chief Nurse and be signed off at the Nursing and Midwifery Board and CMG Quality and Safety Board. Education and competency assessment requirements must be clearly identified and agreed, supported by policy or guidelines and the proficiency / skill / standard added to the job description.
- ~~It is anticipated that no post registration proficiencies / skills / standards under scope of practice will be approved within the first year of the Nursing Associate role being introduced (e.g. in 2019). This is to give time for the role to embed into existing practice and the Nursing Associate to consolidate practice.~~
- 5.14 Newly registered Nursing Associates will not be able to work on the Bank during the first six months of their preceptorship (See Section 5 of the Temporary Nurse Operational Staffing Policy (Bank & Agency) Trust Reference B35/2016) again, to give time to embed their role into practice.
- 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.
- 5.15 The Care Quality Commission has requested all areas employing Nursing Associates undertake a Quality Impact Assessment. This assessment will be monitored by the Chief Nurse and Deputy Chief Nurse to ensure safe implementation of the role.
- 5.16 Associated Documents –None.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 There are no specific education requirements for the implementation of this policy
- 6.2 A briefing to all newly registered Nursing Associates will be included in Preceptorship and provided to their line managers by the Deputy Chief Nurse
- 6.3 A briefing will be available for all Registered Nurses – for more information contact the Deputy Chief Nurse

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
KPI's as detailed in the Quality Impact Assessment	Deputy Chief Nurse	Quality Impact Assessment	Monthly	Nursing Midwifery Board

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 Policies:

Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates (B13/2009).

Leicestershire Medicines Code (Latest Versions available on PAGL)

Non-Medical Staff Rostering Policy (B5/2013)

Preceptorship Policy (B4/2018)

Registration Check and Supernumerary Time for Newly Registered Nurses, Midwives and ODPs – Guideline for Practice (B22/2016)

Temporary Nurse Operational Staffing Policy (Bank & Agency) (B35/2016)

9.2 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 26/06/21]

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This policy will be reviewed in 18 months time, or sooner in response to any identified risks or concerns

10.2 This policy will be available through the Trust internal and external Policy and Guideline Library on INsite or the Trust's public website and will be archived through PAGL

Copied here from the original document so formatting may differ to that of the original

JOB DESCRIPTION

NURSING ASSOCIATE

1. JOB DETAILS

Job title Nursing Associate

Band 4

Hours Full time/ Part time

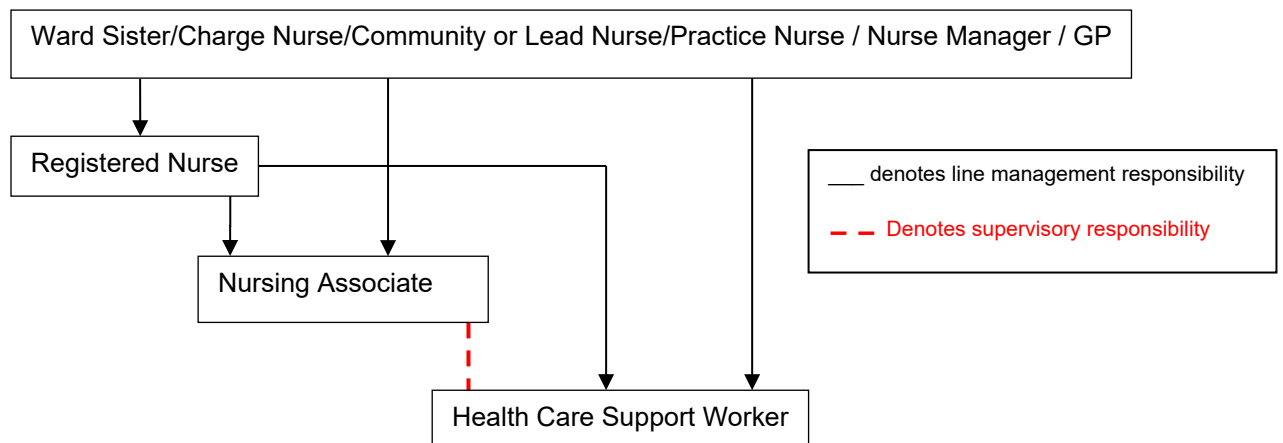
Reports to Sister/Charge Nurse/ Community or Lead Nurse / Practice Nurse

Location CMG / Division / Directorate / Practice

2. JOB PURPOSE

- a) To provide and monitor safe, person centred care to a designated group of patients, service users and families in a range of care settings under the direction of a Registered Nurse, without direct supervision in line with an agreed plan of care.
- b) To support the registered nurse in the contribution to on-going assessment and care planning for patients
- c) To promote health and prevent ill health in patients and service users and contribute to integrated care
- d) To monitor the condition and health needs of patients on a continual basis in partnership with colleagues, families and carers, referring to others for reassessment, when required
- e) The Nursing Associate will actively contribute to an effective learning environment and support others in their learning
- f) Nursing Associates will adhere to the Nursing and Midwifery Code of Conduct for Nurses, Midwives and Nursing Associates and work within their scope of practice following the professional standards of practice and behaviours for nurses, midwives and nursing associates and the standards of proficiency.

3. ORGANISATIONAL CHART



4. KEY RESULT AREAS

4.1 Communication

- Communicate sensitive information effectively and improve communication using a range of strategies with regard to person centred care, *duty of candour*, equality and diversity.
- Handle information and data in line with national and local policies and legislation

4.2 Being an accountable professional

- Act professionally at all times in line with the NMC Code and the organisations values and behaviours, policies and guidelines
- Use the knowledge and experience to make evidence based decisions and solve problems;
- Recognise and work within the limits of own competence as defined by the NMC standards of proficiency for Nursing Associates;
- Be responsible for own actions and omissions and escalate concerns appropriately.
- Apply and promote safe and effective practice that places the individual and/or family/carer at the centre of care, in a manner that promotes recovery, individual wellbeing and self-care
- Display a personal commitment to professional standards and ethical practice, operating within national and local ethical, legal and governance requirements
- Act as role model for others working with honesty and personal integrity in all aspects of practice, participate in reflective practice and learn from significant events.
- Maintain active status on NMC register

4.3 Promoting Health and Preventing Ill Health

- Support patients and service users to improve and maintain their mental, physical, behavioural health and wellbeing;
- Actively be involved in the prevention of and protection against disease and ill health and the promotion of wellbeing;
- Engage in the public health, community development and in the reduction of health inequalities.

4.4 Provide and Monitor Care

- a) Provide holistic, compassionate, safe and effective care and support to patients, their families and service users in a range of care settings under the direction of a Registered Nurse, without direct supervision in line with an agreed plan of care
- b) Actively engage with individuals, their families and/or carers and contribute to risk assessments and care planning, by establishing their needs, wishes, preferences and choices and incorporating these into care planning
- c) Recognise, report and escalate where required any situations, behaviours or errors that could result in poor care outcomes
- d) Act independently and in partnership with others to: ensure that the rights of individuals are not overlooked or compromised; and resolve conflict in situations where there may be refusal of care by individuals or their families
- e) Support other healthcare professionals to assess, plan, deliver and evaluate care
- f) Safely administer medication in accordance with local and national guidance
- g) Safeguard and protect vulnerable adults and children
- h) Demonstrate the ability to treat all individuals, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences
- i) Support colleagues, staff, patients and relatives in distressing, challenging or emotional circumstances, which can be unpredictable in nature.

5. RESEARCH AND DEVELOPMENT

- a) Apply critical analytical skills in research/audit/service improvement context, working within an ethical framework
- b) Contribute effectively to audit, development of evidence based practice and innovation in the delivery of health and care
- c) Adhere to ethical, legal, governance and quality assurance frameworks that pertain to research development and innovation

6. SERVICE / ORGANISATION MAY WISH TO INCLUDE ANY ADDITIONAL COMPETENCY BASED SKILLS RELEVANT TO CLINICAL AREA / SPECIALITY AND WITHIN SCOPE OF NURSING ASSOCIATE (i.e. community / GP Practice / Hospital / Hospice)

PERSON SPECIFICATION

NURSING ASSOCIATE

Attribute	Essential	Desirable	How Identified
Qualifications Academic/ Professional	<p>Registered Nursing Associate on the NMC register</p> <p>Nursing Associate Foundation Degree qualification</p> <p>Level 2 / GCSE or equivalent English and maths or Functional Skills</p>	<p>Placement experience working within the 4 fields of nursing</p>	<p>Application form</p>
Knowledge Requirements	<p>Understands and acts in line with the NMC professional standards for practice contained with The Code and NMC Standards of Proficiency</p> <p>Understands the scope of the role of the Nursing Associate in the context of nursing and interdisciplinary team and the organisation and how the role may contribute to service development</p> <p>Knowledge of when to seek advice and escalate to the appropriate professional for expert help and advice;</p> <p>Ability to participate in reflective practice and understand the requirements for NMC Revalidation;</p> <p>Understands the importance of following procedures and treatment plans.</p> <p>Demonstrates knowledge of evidence based practice</p>	<p>Understands revalidation</p> <p>Demonstrates knowledge of clinical governance and clinical effectiveness</p> <p>Demonstrates an understanding of current issues relating to the NHS</p>	<p>Application Form</p> <p>Interview</p>
Skills	<p>Ability to deliver patient centred care</p> <p>Ability to recognise when escalation to a registered professional is required (e.g. registered nurse / doctor)</p> <p>Ability to take part in reflective practice and clinical supervision activities;</p> <p>Ability to organise and prioritise own delegated workload;</p> <p>Ability to deal with non- routine and unpredictable nature of workload and individual patient/ service user contact;</p> <p>Ability to communicate effectively (written, verbal and non- verbal communication) with patients/relatives and carers and all members of the multi-disciplinary team;</p>		<p>Application / Interview</p>

Attribute	Essential	Desirable	How Identified
	<p>Ability to develop effective and appropriate relationships with people, their families, carers and colleagues;</p> <p>Ability to support, supervise, assess and act as a role model to nursing associate students, other learners and health care support workers as required within the clinical setting.</p> <p>Effective verbal and written English language</p>		
Experience	<p>Experience of working in teams under appropriate supervision as part of the multi-disciplinary team.</p> <p>Insight into how to evaluate own strengths and development needs, seeking advice where appropriate</p> <p>Evidence of receiving complex, sensitive information</p>	<p>Evidence of additional responsibilities/interests e.g. link/champion roles</p>	<p>Application form Interview</p>
Personal Qualities	<p>Professional at all times</p> <p>Motivated, enthusiastic and able to motivate others</p> <p>Calm and objective</p> <p>Approachable</p> <p>Good interpersonal skills</p> <p>Demonstrate willingness for ongoing learning</p> <p>Must demonstrate behaviours consistent with organisations values</p>	<p>Evidence of additional responsibilities/interests e.g. link/champion roles</p> <p>IT skills</p>	<p>Application form Interview</p>
Contractual Requirements	<p>Ability to work full or part time;</p> <p>Ability to work flexibly and travel across sites / services</p>		

Administration of Medicines must not be undertaken until the Registered Nursing Associate has completed the Assessment as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates Policy (B13/2009).

Administration Route	Nursing Associate	Additional Notes
ADULTS - Administer medicines – oral, buccal, sub-lingual, topical, PR, PV,	YES	Supported by the Leicestershire Medicines Code
ADULTS - Check and administer (IM) or Sub-cutaneous (SC) with an RN	YES	Supported by the Leicestershire Medicines Code
ADULTS - Administer medicines via a PEG tube	YES	National Directive – Enteral administration is a proficiency
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	Supported by the Leicestershire Medicines Code An additional workbook is required for administration via an NG
ADULTS and CHILDREN - Check and administer Controlled drugs the following routes: oral, sub-lingual, topical, PR, IM or SC	YES	Controlled Drugs Policy B16/2009 updated March 2019
ADULTS and CHILDREN - Check blood transfusions or blood components	NO	UHL Directive 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 (IV) and Sub-cutaneous (SC) fluids	NO	UHL Directive
ADULTS and CHILDREN - Check or administer medicines Oral, Intramuscular (IM) or Sub-cutaneous (SC) via a PGD	NO	National Directive
ADULTS and CHILDREN Check or administer Intravenous medications for adults or children	NO	UHL Directive
ADULTS - Check or administer medicines via a Nasogastric tube	NO	National / UHL Directive National steer is unclear regarding the term 'enteral' in the NA proficiencies.

Notes: Administration of Schedule 5 Controlled Medicines and the role of the Nursing associate in checking pre-pack medication is being verified

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 UHL 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 using BEST SHOT, Waterlow risk assessment and support ongoing tissue viability interventions.

Practical / Clinical Proficiencies as agreed by UHL 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 two
- q) Document care given and demonstrate effective record keeping
- r) Provide effective training for patients, families and carers to support self-care and management of therapies and treatments
- s) Act as 'buddy' coach and support teaching and assessment of non-registered staff and learners e.g. HCAs Care Apprentices, Pre-registration student nurses and trainee nursing associates.

1. The Nursing Associate may already undertake some of the clinical activities listed below as part of a previous role in meeting service need (for example as a HealthCare Assistant (HCA) or Clinical Aid) these skills are indicated by *
2. The Nursing Associate can continue to perform these skills as part of their training, in their base area, and once registered as a Nursing Associate.
3. Some skills are area / speciality specific and may not be transferrable to other areas.
4. The level of additional training and assessment of competence will be discussed and agreed with the Deputy Chief Nurse and Senior Nurse – Clinical Practice Development

denotes guideline in development to support practice ^ denotes training in development to support practice

General (all)	Critical Care / Recovery
<ul style="list-style-type: none"> • Female catheterisation * • Male catheterisation * • Cannulation * • Phlebotomy * • ECG recording * • Oxygen administration • Bladder scanning * • Nasogastric feeding tube care and feed administration 	Added September 2019 <ul style="list-style-type: none"> • Arterial Blood Gas Sampling; on completion of competency pack • Epidural and PCA Observations *
Musculoskeletal	Specialist Surgery
None identified as yet	None identified as yet
Emergency Department	Renal
<ul style="list-style-type: none"> • Plastering 	None identified as yet
Speciality Medicine	Emergency Medicine
None identified as yet	None identified as yet
Respiratory	Cardiac and Vascular
Added September 2019 <ul style="list-style-type: none"> • Non Invasive Ventilation ^# • Earlobe Gas Sampling ^# 	Added September 2019 <ul style="list-style-type: none"> • Chest Drain Care ^
Cancer and Haematology	Childrens
None identified as yet	None identified as yet
Gynaecology	Urology
None identified as yet	None identified as yet
General Surgery	Gastroenterology
Added September 2019 <ul style="list-style-type: none"> • Insertion and care of Ryles tubes for free drainage ^ # 	None identified as yet

**List of Clinical Activities or Functions that must not
be undertaken by the Nursing Associate
(WORK IN PROGRESS)**

General (All Areas)

- Primary Nursing Assessment leading to Diagnosis and Planning care
- Nurse in Charge
- IV Fluid and IV Medication administration
- Nurse prescribing
- Patient Group Directives (PGDs)
- Verifying expected death