

POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust



DEVELOPING POST REGISTRATION HEALTHCARE PROFESSIONAL PRACTICE POLICY FOR NURSING, MIDWIFERY AND ALLIED HEALTHCARE PROFESSIONALS

Approved by: **Trust Executive Committee**

On: **28 November 2017**

Review Date: **October 2020**

Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non Clinical**

Department Responsible
for Review: **Nursing**

Distribution:

- Essential Reading for: **All Registered Nurses,
Midwives & Allied Healthcare
Professionals, Matrons**
- Information for: **Associate Directors and Clinical
Directors**

Policy Number: **54**

Version Number: **5**

Signature: *Hans Scott-Sorrell* **Chief Executive**

Date: **28 November 2017**

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	Developing Post Registration Healthcare Professional Practice Policy for Nursing, Midwifery and Allied Healthcare Professionals
Original Issue Date:	January 2002
Date of Last Review:	September 2017
Reason for amendment:	Review of the Policy
Responsibility:	Nursing
Stored:	Department / Intranet
Linked Trust Policies:	Verification of Registration of all Clinical Staff (no 37)
E & D Impact assessed	EIA 171
Responsible Committee / Group	People Committee
Consulted	Professional Forum

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
4	Review	September 2014	Minor structural and procedural changes
5	Review	September 2017	Minor structural and procedural changes

DEVELOPING POST REGISTRATION HEALTHCARE PROFESSIONAL PRACTICE POLICY FOR NURSING, MIDWIFERY AND ALLIED HEALTHCARE PROFESSIONALS

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Burton Hospitals NHS Foundation Trust

DEVELOPING POST REGISTRATION HEALTHCARE PROFESSIONAL PRACTICE POLICY FOR NURSING, MIDWIFERY AND ALLIED HEALTHCARE PROFESSIONALS [AHPs]

1. INTRODUCTION

- 1.1 The Trust aims to ensure that all members of staff acquire and maintain the skills, knowledge and competence to provide safe, efficient and cost effective care. Training available to staff is identified as mandatory, job related and continuing professional development.
- 1.2 This Policy sets out the guidelines and process for the development of skills and roles outside of those achieved during pre registration training for Post Registered Nurses, Midwives and AHPs at Burton Hospitals NHS Foundation Trust.
- 1.3 Development of post registration skills and roles should be primarily undertaken for the benefit of patient care and not for organisational or professional expediency. Skill development should be agreed with line managers and should be incorporated within the directorate agreed service development plans.
- 1.4 Every Registered Nurse, Midwife and AHP is personally accountable for their practice and must adhere to professional standards and codes of conduct as set out by their specific governing body.
- 1.5 A developed skill or role is one which is not taught and assessed at pre-registration level, and post registration requires specific training and supervision to attain a level of confidence and competence required to perform the skill or role.
- 1.6 To practise competently, the Registered Nurse / Midwife / AHP must possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision. The Registered Nurse / Midwife / AHP must acknowledge the limits of his/her professional competence and only undertake practice and accept responsibilities for those activities in which he / she is competent .

2. POLICY STATEMENT

- 2.1 Burton Hospitals NHS Foundation Trust endorses the development of post registration skills and roles within a defined and agreed policy framework in order to meet the needs and serve the interests of patients and clients.
- 2.2 This Policy is intended to make clear to all Trust staff the parameters within which Registered Nurses, Midwives and AHP may develop their professional practice within Burton Hospitals NHS Foundation Trust.

3. SCOPE

- 3.1 This Policy applies to all Registered Nurses / Midwives / AHPs employed by Burton Hospitals NHS Foundation Trust, including both temporary and permanent staff, involved in expanding their professional role.

4. DEFINITIONS

In the context of this Policy, terms used have the following meaning:

4.1 Practice Facilitator

A Practice Facilitator can be a relevant healthcare professional who has evidence of the ability to assess others and who has been assessed as competent to perform the procedure / practice. This individual may also be referred to as a mentor or assessor in clinical practice.

4.2 Competence

The ability both to apply clinical and theoretical knowledge to the performance of a procedure or skill in such a way as to achieve the best possible outcome for the individual patient / client in his / her situation and to recognise when to terminate a procedure and/or refer to another for advice or assistance.

4.3 Negligence

The breach of a legal duty to take care which results in damage undeserved by the patient / client.

4.4 Skill

A learnt ability which may be psychomotor or inter-personal in nature.

4.5 Standards

A level of competence which is professionally agreed that reflects what is desirable, achievable, observable and measurable.

4.6 Audit

Clinical audit has been defined as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change” (NICE, Principles for Best Practice in Clinical Audit, 2002).

4.7 Clinical supervision

A structure that enables Registered Nurses / Midwives / AHPs to discuss their work regularly with another experienced professional.

4.8 Reflective Practice

“The process of turning thoughtful practice into a potential learning situation” (Jarvis 1992).

5. EXPANSION OF PROFESSIONAL NURSING, MIDWIFERY AND AHPs PRACTICE WITHIN THE TRUST

- 5.1 The needs of the patients / clients and of the organisation are constantly changing. Practice must, therefore, be dynamic, sensitive, relevant and responsive to those needs. The professions must be open to the role of the Registered Nurse / Midwife / AHPs evolving over time.
- 5.2 The extent of an individual's practice at any one time within the Trust is determined by:
 - 5.2.1 The profession's definition of what constitutes practice at that time.
 - 5.2.2 The needs and interests of the patient/client group where he/she is working.
 - 5.2.3 The policies and procedures of the Trust as a whole.
 - 5.2.4 The local policies, procedures and protocols applicable in his/her clinical area.
 - 5.2.5 His/her previous education, training and experience.
 - 5.2.6 His/her current knowledge and expertise.
- 5.3 Whenever a need is recognised to develop the practice of the Registered Nurse / Midwife / AHP the professions have to ensure they comply with the requirements of the relevant Codes of Conduct.
- 5.4 Any development in practice must be for the purpose of meeting the needs and serving the interests of patients / clients. It must not result in compromising or fragmenting existing aspects of care, or result in care being delegated inappropriately to others.
- 5.5 There are broad descriptions within which Registered Nurses / Midwives / AHPs may develop their professional practice within the Trust:
 - 5.5.1 When they first come to work in a clinical area on registration, or when they move into a new clinical area where accepted routine practice is different from that of the area which they have left. In this case, routine practice may be beyond that taught and assessed in pre-registration training but does not constitute a clear delegation of medical responsibility or a totally new development in practice.
 - 5.5.2 When it is deemed appropriate through consultation with Professional Leads that Registered Nurses / Midwives / AHPs develop their role into the performance of skills or practices hitherto undertaken by medical or other staff.
 - 5.5.3 When they undertake a specialised post-registration course which is designed to provide the Registered Nurses / Midwives / AHPs with the relevant knowledge and skills to enable them to practice at a level beyond accepted routine practice.

- 5.6 The Trust recognises that Registered Nurses / Midwives / AHPs' roles and professional practice may evolve over a course of time and are not necessarily planned changes but come about as new technology, advances in pharmacology and patient care systems are developed. It is only when the new role/practice has fully evolved that it becomes apparent that it equates to an expansion in professional practice.

In such circumstances, it would be expected that this Policy be adhered to where reasonable and that supporting protocols, guidelines and education packages are developed in order to support the ongoing education and development of other staff who may undertake the same expansion of practice in the future.

6. DEVELOPMENT OF AN INDIVIDUAL'S PRACTICE – NEW MEMBER OF STAFF OR A REGISTERED NURSE / MIDWIFE / AHP WISHING TO DEVELOP INDIVIDUAL SKILLS

- 6.1 Any practices / skills which are accepted routine practice for the area, but are not within the current professional practice of the individual, are identified by the line manager and practice facilitator.

The request will be considered in line with directorate objectives, service needs, appraisals and PDPs.

- 6.2 An individualised action plan and educational programme should be drawn up for the Registered Nurse / Midwife / AHP to assist him/her to gain the necessary knowledge, practise and move towards competence in the skills and practices involved.

- 6.3 Individual ensures appropriate Clinical Practice Guideline is available and ratified within the Trust.

- 6.4 Process documentation for stream 1 must be chosen [Appendix 1].

Stream 1 = Individual skill for individual practitioner i.e. IV Therapy, Venepuncture, Cannulation

- 6.5 An allocated Practice Facilitator should work with the member of staff to assist them to achieve their competence in the new skills and practices identified as required in the clinical area.

- 6.6 The individual Registered Nurse / Midwife / AHP must ensure that he/she records all new learning in his / her professional profile and completes any specified/compulsory supervised practice documentation as evidence of competence.

- 6.7 The individual undertaking the course notifies and sends required evidence of completion of appropriate study and competency assessment to the Learning and Development Manager, Learning and Development Unit where specified and a copy is retained in the individual's personal file.

- 6.8 Details of the developed skill are recorded against the individual on ESR within the Learning and Development Unit by the Administration Co-ordinator.
- 6.9 Any Registered Nurse / Midwife / AHP who joins Burton Hospitals NHS Foundation Trust who has previously trained to perform a developed role or skill must provide evidence of training and competency which will be ratified by the line manager and Senior Practice Development Nurse or the Learning and Development Manager. If the evidence is confirmed as current and sufficient the individual will be assessed against the standards of competence agreed within the Trust prior to performing these skills / role within the hospital. In the event of insufficient evidence, the individual will be required to undertake the appropriate Trust training.
- 6.10 If the role / skill is not one which is currently practised and authorised within Burton Hospitals NHS Foundation Trust, then the guidance contained in this Policy must be followed and appropriate authorisation gained before any such practices are employed.

7. EXPANSION OF PROFESSIONAL REGISTERED NURSE / MIDWIFE / AHP PRACTICE INTO SKILLS AND PRACTICES PREVIOUSLY UNDERTAKEN BY MEDICAL OR OTHER STAFF – TO INCLUDE MULTIPLE SKILLS AND SERVICE DEVELOPMENT.

- 7.1 Role / service development may be identified either by an individual who wishes to put forward their idea, or as the result of a business case being agreed and a deficit of skills being identified which need to be developed to enable the service to be provided.
- 7.2 In the event of a team member wishing to develop a new role / service, the line manager and appropriate professional lead for that speciality or department (i.e. Head Nurse / Midwife / Department Manager) must be made aware. A business case must be submitted to the appropriate Divisional Boards prior to the development of any new skill/service [Appendix 3].
- 7.3 Any Registered Nurse / Midwife / AHP wishing to develop a new role/skill may seek guidance from their professional lead and Lead Nurse for Practice Development or Workforce Development and Quality Midwife who will advise and support in the development of Clinical Guidelines and the training and assessment programme in conjunction with appropriate clinical specialists and Consultants.
- 7.4 Process documentation for stream 2 must be chosen.

Stream 2 = Developed role involving more than one skill/practice and or with resource/service delivery implications [Appendix 4].

The following should accompany any submission for ratification of a developed role to the professional lead for submission at the Nursing, Midwifery and AHP Group:

- Identification of rationale for developing the role / skill.
- Detail surrounding resource implications and any agreed resources required for delivery.

- Appropriate Clinical Practice Guidelines.
 - Educational plan and timescale required to achieve knowledge base.
 - Supervised practice assessment criteria for achieving competence.
 - Mechanism by which competence level and skill level will be maintained.
 - Plans for auditing developed role/skill.
 - Relevant audit tool.
 - Relevant research/literature.
 - A completed Assessment Criteria form DR L&D 012 [Appendix 5].
- 7.5 On completion of all appropriate documentation, as detailed in this Policy, approval for the developed role/skill will be provided by the Nursing, Midwifery and AHP Group led by the Deputy Chief Nurse.
- 7.6 Clinical Practice Guidelines specific to the appropriate Nursing and Midwifery practice must be ratified by a group of appropriately experienced/skilled healthcare professionals and be included in any application for developing a role or skill.
- 7.7 Clinical Practice Guidelines specific to all other AHPs should be ratified by a group of appropriately experienced / skilled professionals and other stakeholders relevant to that specific clinical practice.
- 7.8 In specific circumstances, submission via stream 2 will be permitted when Clinical Guidelines have not been ratified. This would be the case if the practitioner were undertaking a level of study which would equip them to write the guidelines. The first submission would be agreed in principle with clear achievement dates identified to complete the process.
- 7.9 Training for a developed role or skill can only be taken when the guidelines, training and assessment documents have been approved by the Nursing, Midwifery and AHP Group.

8. RESPONSIBILITIES

8.1 Chief Nurse

It is the responsibility of the Chief Nurse:

- 8.1.1 To ensure that the standard of practice provided by Registered Nurses / Midwives / AHPs across the Trust equates with the provision of a safe, efficient and cost-effective service.

- 8.1.2 To ensure that Registered Nurses / Midwives / AHPs' practice within the Trust conforms to statutory responsibilities and duties embodied in legislation.
- 8.1.3 To approve formally any adjustments of Registered Nurses / Midwives / AHPs practice which have been agreed within the Trust and to keep a record of such adjustments.
- 8.1.4 To provide professional guidance and a Trust-wide perspective throughout the process.
- 8.1.5 To monitor the compliance against the policy as identified in Appendix

8.2. Department Head / Divisional Nurse Director / Head Midwife

It is the responsibility of the Department Head / Divisional Nurse Director / Head Midwife

- 8.2.1 To provide a divisional/department-wide perspective on the development of expanding practice.
- 8.2.2 To inform and give advice regarding any resource implication.
- 8.2.3 Advises regarding the feasibility of the proposed development of practice.
- 8.2.4 Supports the Registered Nurse / Midwife / AHP in the development of all relevant policies, procedures and protocols underpinning the adjustment in practice.
- 8.2.5 Ensures that relevant education, training, supervised practice and assessment of competence is in place, thereby assisting the Registered Nurse / Midwife / AHP to move towards competence in the new sphere of professional practice.
- 8.2.6 Liaises with the Quality and Patient Safety Lead to enable submission to the Nursing, Midwifery and AHP Group of all relevant documentation to receive formal approval.
- 8.2.7 Monitor the impact of new skills / service and feedback to the Chief Nurse.

8.3 Practice Development Team / Workforce Development and Quality Midwife/ Learning and Development

- 8.3.1 Advises regarding the feasibility of the proposed development of practice.
- 8.3.2 Reviews and comments on draft packages.
- 8.3.3 Assists in the development of educational programmes and standards for assessment of competence of Registered Nurses/Midwives/AHPs undertaking the developed practice.

8.4 Line Manager / Senior Sister

It is the responsibility of the Line Manager / Senior Sister to:

- 8.4.1 Identify the need for role/practice development within their team.
- 8.4.2 Guide and support ward/departmental staff undertaking further education and training to expand their professional practice, where appropriate. Ensuring that individuals are compliant with mandatory training requirements.
- 8.4.3 Ensure that all Registered Nurses / Midwives / AHPs in their ward / department who are undertaking an expansion to practice have a record of evidence of competence.
- 8.4.4 Facilitates the implementation of the policy, participates in processes of audit and monitoring outcomes.
- 8.4.5 Reviews the completed required documentation for expansion of practice.
- 8.4.6 Verifies that the evidence provided meets the requirements of the assessment and expansion of practice.

8.5 **Registered Nurses and Midwives**

It is the responsibility of Registered Nurses and Midwives, in accordance with the NMC Code (2015) to:

- 8.5.1 Maintain the knowledge and skills needed for safe and effective practice
- 8.5.2 To practise competently and acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are competent.
- 8.5.3 Have a responsibility to deliver care based on current evidence, best practice and, where applicable, validated research when it is available.
- 8.5.4 To undertake educational programmes leading towards competence to practise skills and procedures which they, or their managers, have identified as meeting the needs and serving the interests of the patients / clients and have been formally approved by the Trust.
- 8.5.5 To maintain a record of all learning experiences relevant to the development of their new skills, provide evidence of supervision, competence and reflect upon their practice.
- 8.5.6 Practitioners will have a responsibility to identify the knowledge and skill, which they require in order for them to respond to the needs and serve the interests of their patients and clients, to identify any deficit, and seek out training and experiences to remedy the short fall.
- 8.5.7 Practitioners must not practice any skill in which they do not believe themselves to be competent.

8.6 Allied Healthcare Professionals

- 8.6.1 All Allied Healthcare Professionals have clearly defined rules and codes of practice which are laid down in statute by the various professional bodies.
- 8.6.2 All Allied Healthcare Professionals must adhere to their code of conduct as laid out by their professional body.

9. LEGAL CONSIDERATIONS

- 9.1 Professional Regulation – The professional undertaking the expansion of practice must be fully conversant with the requirements of registration and work within these confines. Limitations in practitioners abilities must be acknowledged and duties declined unless able to perform them in a safe and skilled manner.
- 9.2 The law and civil wrongs to patients – The areas of concern are those relating to negligence and battery. Civil action would normally be directed against the Trust rather than the individual professional and the Trust would normally be responsible for paying any damages. However, a finding of negligence against a Registered Nurse / Midwife / Allied Healthcare Professional is harmful professionally and personally. The practitioner undertaking the activity could be held, for the purpose of negligence, to the standard of the performance of a doctor for that task.
- 9.3 Employment law covering the relationship between employers and employees – Employees must be prepared to adapt to new practices. The employer should provide a means for the development of its employees including education, training, professional and managerial support.
- 9.4 This Policy describes the boundaries and limits of new roles/services for the purpose of vicarious liability within Registered Nurses / Midwives / Allied Healthcare Professionals employment.

10. POLICY EFFECTIVENESS

10.1 The effectiveness of this Policy will be monitored in the following ways:

10.1.1 Adherence to the policy framework

- Monitoring on an on-going basis by the Chief Nurse
- Responsibility for ensuring all relevant policies, procedures and protocols underpinning practice are current and conform with the most recent legislation and research-based practice by the Divisional Nurse Director
- Sample audit of specific area of practice within each Division, on an annual basis, by the Matrons.

10.2 The Chief Nurse will ensure the Policy is reviewed annually.

11. REFERENCES

- Department of Health (2000) The NHS Plan. London: HMSO
- Department of Health (1999) Making a Difference. London : HSMO
- Jarvis, P. (1992) Reflective practice and nursing. Registered Nurse Education Today. Vol.12, p.174-181
- NICE (2002) Principles for Best Practice in Clinical Audit. NICE
- Nursing and Midwifery Council (2015) The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives. London: NMC.

Professional Bodies

RCN Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

NMC Nursing & Midwifery Council
23 Portland Place,
London
W1B 1PZ

The Royal College of Speech and Language Therapists
2 White Hart Yard
London
SE1 1NX

The Chartered Society of Physiotherapy
14 Bedford Row
London
WC1R 4ED

College of Occupational Therapists
106-114 Borough High Street
London
SE1 1LB

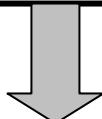
The British Dietetic Association
5 Floor Charles House
148/9 Great Charles Street
Queensway
Birmingham
B3 3HT

The Society of Radiographers
207 Providence Square
Mill Street
London
SE1 2EW

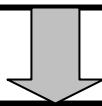
Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

STREAM 1
Individual Skills / Individual Practitioner i.e. IV Therapy

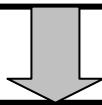
Individual agrees with line manager developed skill to be attained inline with appraisals and PDPs. Manager advises and supports process



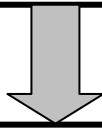
Appropriate **Clinical Practice Guideline** is available within and ratified by the Trust



Trust nomination form **L&D001** and other appropriate course application documentation completed and submitted through Trust nomination / application process



Individual **notifies and sends evidence of completion** of appropriate study and competency assessment to the line manager. A copy of this information is then forwarded to the Learning & Development Manager, Learning & Development Unit



Details of Developed Skill recorded against individual on ESR within the Learning & Development Unit by the Administration Co-ordinator

Nomination Form for Courses / Study / Conferences L&D001 – All Staff

Approval Number

PART A - PERSONAL DETAILS - to be completed by applicant in block capitals.

Mr/Mrs/Miss/Ms/Dr (delete as appropriate) Surname.....

Forename(s) Job Title

Grade..... Department.....

Directorate Tel No & Ext

Full time Part time

Ethnic Origin (please tick)

White British Irish Any Other White Background

Mixed White & Black Caribbean White & Black African White & Asian
 Any Other Mixed Background

Asian or Asian British Indian Pakistani Bangladeshi
 Any Other Asian Background

Black or Black British Caribbean African Any Other Black Background

Other Ethnic Groups Chinese Any Other Ethnic Group (details if necessary)

PART B - COURSE DETAILS - to be completed by applicant in block capitals

Title/Subject of Course/ Conference

Resume of course content:
(Course programme must be attached).

Venue

Inclusive Dates Total work days on course

Resident/Non Resident **Day Release** **Block** (delete as appropriate)

I will feedback what I learn to my department by; (delete as appropriate)

- Briefing/training session for other staff
- Presentation to staff
- Poster display /board
- Demonstrate a plan to implement a change which benefits staff and/or patient care
- Other (please give details).....

Appendix 2

PART C – MANDATORY TRAINING – a copy of your Compliance Matrix must be attached, this can be found in your ESR record.

External training is only available to staff who have completed mandatory training. Are you up to date? Y / N If no, are there any exceptional circumstances?

.....
Signature of applicant Date

PART D - to be completed by Head of Department

Financial Assistance Requested

	Account	Required	Approved
Course Fees	39611	£	
Registration Fees	39611	£	
Tuition Fees	39611	£	
Examination Fees	39611	£	
Residential Cost	33607	£	
Subsistence	33607	£	
Travel Expenses	33607	£	
Incidental Expenses	33607	£	
Total		£	

Budget Centre Allocation (payment will be taken from coding shown)

0 1 / _ _ _ / _ _ _

NOTE: Where a cheque is to be sent from the Finance Department, a signed memo or email from the MANAGER must accompany this form indicating a) the name of the attendee, b) the name of the course, c) the amount, d) to whom it should be payable and e) the address to which the cheque should be sent.

PART E - to be completed by Head of Department

Comments in support or reason for refusal (Delete as appropriate)

.....
Backfill (Please delete as appropriate)

- I confirm that appropriate arrangements have been made to cover this person's absence from duty. (Please include details of costs)
- There is no requirement for backfill for attendance at this event.

Signature Date Designation

GENERAL INFORMATION To obtain the reimbursement of expenses a form for travelling and subsistence should be completed quoting the approval number, signed by the applicant and the Department Head. This claim form must be completed as soon as possible after completion of the training event. For any long term courses claims must be made monthly. All claims must be substantiated by receipts.

BURTON HOSPITALS NHS FOUNDATION TRUST

Business Planning / Service Developing

Business Case Proforma: Initial Submission

Service/Directorate: _____

Development/Replacement/Pressure/Risk Management (please indicate)

Operational Date: _____

Brief Description of Proposal and Service Benefits

--

Strategic Context

Please identify the Commissioning, Trust, Health Education West Midland strategic fit:

Please indicate capital (to nearest £1,000) and revenue costs (to nearest £1,000)	
Indicative Capital:	Indicative Revenue Total:

Please list any capital assets to be disposed/replaced: -	

Capital & Revenue In Detail

1. Capital	
Trust Unconditional Allocation	
Discretionary Capital	
Operational Lease (attach details)	
Lease Purchase (attach details)	
Donations/Charitable Funds (attach details)	
Modernisation Fund	
Self Financing	
Joint Financing	
Other (please specify)	

2. Revenue	
Health Education West Midlands	
CCG	
Workforce Confederation	
McMillan/Volunteer	
Sponsorships	
Other Identified	

Relevant Benchmarking Information

Please provide benchmarking information where appropriate: -

Risk Score: -

Signatures -

Clinical Director: _____ Date: _____

Associate Director: _____ Date: _____

Chief Operating Officer: _____ Date: _____

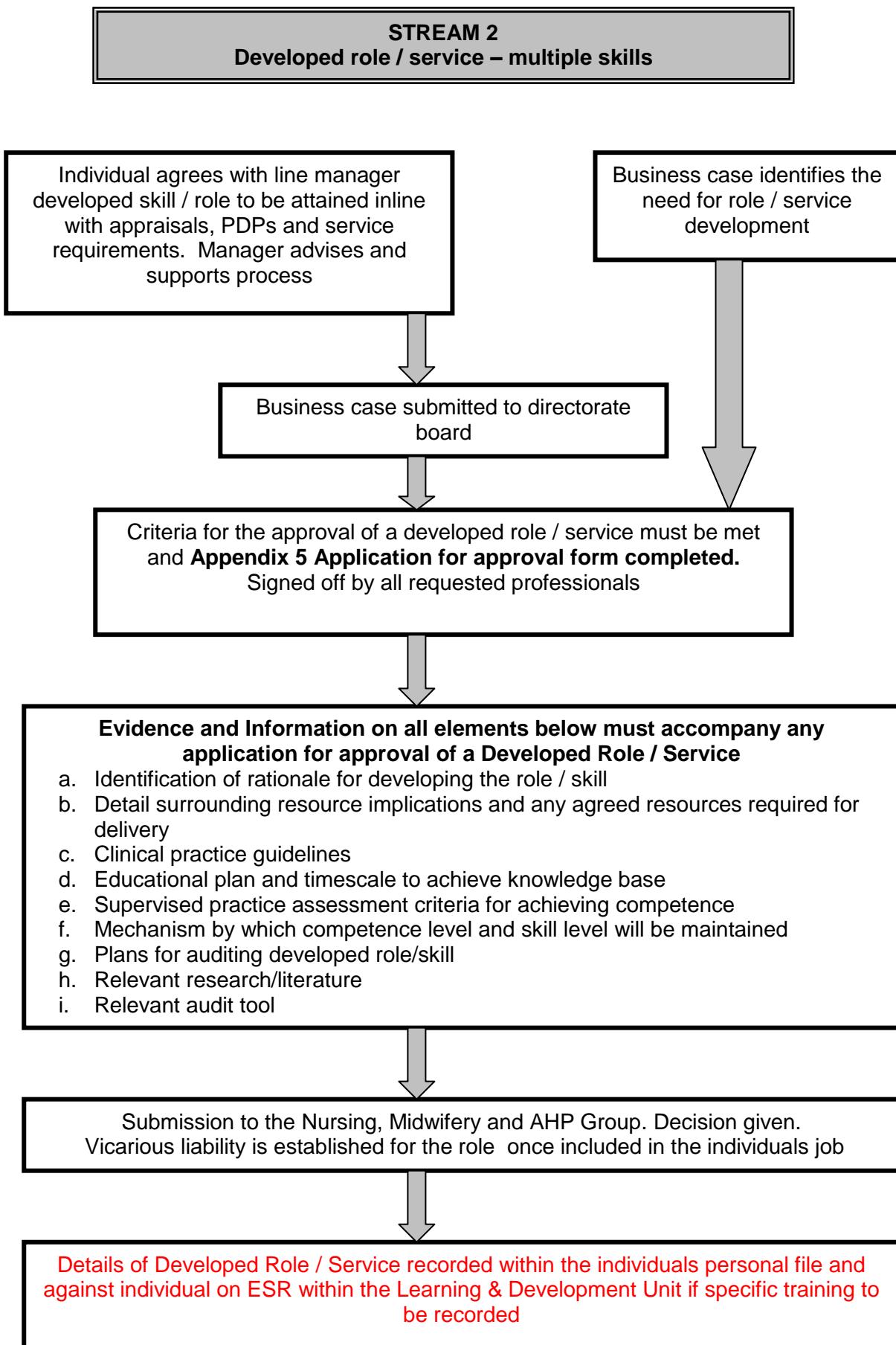
Director of Finance: _____ Date: _____

Executive Approval Use Only

Received: _____ Date: _____

Tick as appropriate:

Proceed	More Info	Stop



Criteria for the approval of a developed role / service (Stream 2)**Name of Developed Role / Skill**

.....

Speciality / Directorate**Named Practitioner**

Approval & Support of Professional Lead / Divisional Nurse Director / Head Matron Name..... Date..... Signature.....	Approval & Support of Relevant Consultant Name..... Date..... Signature.....
Approval of Directorate Associate Director Name..... Date..... Signature.....	

Criteria present	YES	NO
Clinical Practice Guidelines		
Detail surrounding resource implications and any agreed resources required for delivery		
Identification of rationale for developing the role/skill		
Educational plan and timescale to achieve knowledge base		
Supervised practice assessment criteria for achieving competence		
Mechanism by which competence level and skill level will be maintained		
Plans for auditing developed role/skill		
Relevant research/literature		
Relevant audit tool		

Comments:

APPROVED

REFERRED

Date.....

Signature**Print Name**.....

DEVELOPING POST REGISTRATION HEALTHCARE PROFESSIONAL PRACTICE POLICY FOR NURSING, MIDWIFERY AND ALLIED HEALTHCARE PROFESSIONALS

MONITORING COMPLIANCE

Minimum policy requirements to be monitored	Process for monitoring e.g.audit	Responsible individual/committee/group	Frequency	Responsible individual/committee/group for review of results	Responsible individual/committee/group for development of the action plan	Responsible individual/committee/group for monitoring of the action plan
All role development to be implemented in line with the policy.	Number of role development submissions to the Nursing, Midwifery and AHP Group monitored	Divisional Nurse Directors / Department Leads	12 monthly	Chief Nurse & People Committee	Divisional Nurse Directors/Department Leads	Chief Nurse & Nursing, Midwifery and AHP Group