EAGLE
Excellence, Assurance and Governance in a Learning Environment

AN ORGANISATIONAL DEVELOPMENT STRATEGY & GOVERNANCE FRAMEWORK
for an
EMPLOYER-LED REGULATION AND REGISTRATION SYSTEM
of
Assistant Practice, Advanced Practice, Extended Roles, New Roles and Competence

Policy Number:

Supercedes:
EAGLE for the regulation and registration of HCSW
EAGLE for Advanced Practice
EAGLE for Clinical Skills Competence
EAGLE for Competence

Standards For Healthcare Services No/s: 7

Version No: Date Of Review: Reviewer Name: Completed Action: Approved by: Date Approved: New Review Date:
1 Angie Oliver Workforce & OD Sub-Committee

Brief Summary of Document:
This OD Strategy and Framework outlines the governance arrangements for Hywel Dda’s employer-led regulation and registration system of advanced, extended and new roles, which are either not specifically identified, or are not included within the state registration.

To be read in conjunction with:
All-Wales Delegation Guidelines, All-Wales Strategy for a Flexible and Sustainable Workforce, Learning and Development Policy
All Wales HCSW Career Framework

Classification: Workforce & OD  Category: Strategy Framework  Freedom Of Information Status: Open

Authorised by: Lisa Gostling  Job Title: Director of Workforce & OD  Signature:
This framework combines the previous EAGLE frameworks updates the first iteration of each strategy taking account of the work that has now been completed and implemented. The framework has been proven to work in practice, so no change to the underpinning principles and practice have been made. Toolkits have been developed to aid implementation.
**Document Implementation Plan**

<table>
<thead>
<tr>
<th>How Will This Policy Be Implemented?</th>
<th>This framework was approved October 2009. It is an updated framework only to reflect the work that has been undertaken. The principles of the framework are unchanged.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Should Use The Document?</td>
<td>All staff and managers who work with Hywel Dda University Health Board</td>
</tr>
<tr>
<td>What (if any) Training/Financial Implications are Associated with this document?</td>
<td>As indicated within the strategy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Assistant Practice, Advanced Practice, Extended Roles and New Roles are developed within this framework</td>
<td>Angie Oliver</td>
<td>From Oct 09 onwards</td>
</tr>
</tbody>
</table>
EAGLE
Excellence, Assurance & Governance
in a Learning Environment

AN ORGANISATIONAL DEVELOPMENT STRATEGY & GOVERNANCE FRAMEWORK

FOR AN
EMPLOYER-LED REGULATION AND REGISTRATION SYSTEM

of
ASSISTANT PRACTICE, ADVANCED PRACTICE, EXTENDED ROLES, NEW ROLES and COMPETENCE

WITHIN HYWEL DDA UNIVERSITY HEALTH BOARD

Approved OCTOBER 2009
Revised January 2016
to include and update all previous Eagle Frameworks

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EAGLE
Excellence, Assurance & Governance in a Learning Environment

An Organisational Development Strategy & Governance Framework for an Employer-Led Regulation and Registration System of Assistant Practice, Advanced Practice, Extended Roles and New Roles within Hywel Dda University Health Board

1. INTRODUCTION

Hywel Dda University Health Board (UHB) approved the EAGLE Governance Strategy and Framework in October 2009. This framework sets a robust mechanism which links responsibility, accountability and competence to the Health Board’s internal registration and regulation system. This framework is designed to ensure the protection of:

- the patient/service user/client
- the organisation
- the support worker
- the registered professional

Hywel Dda UHB is actively investing in competence development, expansion, extension and development of new roles. As the current statutory regulation does not specifically identify or may not include many of these roles, there is a need to assure the organisation and the public that the care they receive will be provided by a health care worker, who is able to demonstrate competence in the skills they require to deliver the care, in a safe and effective manner.

2. THE EAGLE FRAMEWORK DEVELOPMENT

Since 2009, four EAGLE frameworks have been developed. The initial framework established the way in which clinical support worker roles were developed, implemented, monitored and assessed as the need to increase the number and range of these posts, particularly within the support worker, required the UHB to strengthen governance arrangements, to ensure the safe and effective delivery of healthcare by support workers in the organisation.

Since then, much work has been progressed in implementing this strategy, and a further three frameworks were developed to encompass Advanced Practice, Competence and Clinical Competence.

More recent testing of the frameworks has proven its effectiveness in extension of duties/roles and a range of toolkits have been developed to support -

- the development of new, extended and expanded roles – this includes cross-sector roles
- the development of Advanced Practice Roles
- the development of Assistant Practice Roles
- the assessment and assurance of competence
This updated framework combines the previous 4 framework documents into one overarching document, with a series of toolkits to assist in implementation. The principles and mechanisms of the framework remain unchanged. The EAGLE Framework ensures that there are robust governance arrangements in place for the development of roles, and for the assurance of competence.

3. BACKGROUND & CONTEXT – POLICY & HISTORY

In 2005 the Welsh Assembly Government (WAG) published ‘Designed for Life’ (WAG 2005), which set the strategic context for the development and delivery of a World Class Health service in Wales by 2015. This document was developed as the NHS Wales response to a number of policy documents, which expressed the need that services need to be redesigned to ensure long term sustainability. Subsequently, ‘Together for Health’ was developed in 2011. The Workforce and Organisational Development Framework ‘Working Differently, Working Together’ published in 2012, reinforced the need to continue this, through its four objectives:

1. an engaged workforce aligned and committed to the delivery of the vision for NHS Wales in 2016
2. a sustainable and skilled workforce focussed on helping the people of Wales to improve their health as well as treating sickness.
3. a redesigned workforce, working together to deliver healthcare for the 21st century
4. a workforce that aims at excellence everywhere within available resources

4. WORKFORCE SUSTAINABILITY

Hywel Dda is experiencing significant challenges to workforce and therefore service sustainability. Factors influencing this include advancements in medicine leading to more specialised roles and training programmes, a shortage of workers within key specialisms, a rising demographic profile towards an older workforce, and an older population with co-morbidity and increasing financial constraints.

The UHB is taking every opportunity to develop new and different roles to ensure we have an appropriate and sustainable workforce. EAGLE is a key enabler - allowing us to develop our staff within a robust while simple and effective framework.

5. DEMOGRAPHIC PROFILE - WALES

The demographic nature of Wales has a critical impact on the need to re-model the workforce. Since the 1970s there has been a decreasing birth rate, and an increasing elderly population in Wales with an increasing reliance on healthcare provision.
5.1 Young and older population 1970 to 2026

![Graph showing percentage of population aged under 16 and aged 85 or over between 1970 and 2026.]

It is clear, that there will not be the number of people available to fill the jobs within the NHS in its current profile in the relatively near future.

6. **STAFFING PROFILE**

The information below is taken from Hywel Dda’s staffing profile (2015), which is typical of the model throughout NHS Wales.

**Workforce Configuration % FTE Selected Staff by Payband**

![Bar chart showing workforce configuration by payband.]

7. **CHANGES IN SERVICE PROVISION**

The Hywel Dda IMTP identifies a significant shift away from provision of care in the secondary sector, to more care being delivered in primary and community settings. When Hywel Dda UHB is redesigning its services, it ensures that the workforce is developed so that it is able to deliver appropriate care, safely and effectively. As many regulated professionals are advancing their own professional roles, and extending and expanding their roles into areas traditionally delivered by Doctors, new roles are being developed across all areas including Physician Associates and extended Support Worker roles which are becoming increasingly vital in delivering the service, providing high quality care that has traditionally been undertaken by regulated healthcare workers (nurses, therapists, healthcare scientists etc).
EAGLE provides a mechanism by which the support worker, the registered healthcare professional, the organisation and above all the patient / service user are protected through appropriate delegation and accountability arrangements.

SUMMARY

The EAGLE Framework is designed to be simple and adaptable. A series of toolkits have been developed to underpin specific developments, but these are not exhaustive, and it is intended that the principles of this framework should be further tested if opportunities arise.

The EAGLE Scrutiny Panel Process has been constituted to oversee, examine and approve all initiatives, in relation to expanded and extended skills, new roles, and 3rd party delegation. The panel’s core membership is

- Assistant Director of Organisational Development
- Assistant Director of Nursing
- Assistant Director of Therapies and Health Science
- Senior Workforce Information Manager

Where appropriate others may be asked to join the panel for specific purposes.
THE EAGLE FRAMEWORK

EAGLE consists of three pillars, where all elements are closely linked, and inter-reliant to ensure this framework is effective. While it is a simple framework, it is essential that all components are present.

8. GOVERNANCE FRAMEWORK PILLARS

Each pillar of the framework identifies each of the elements that must be in place.

9. PILLAR ONE - RESPONSIBLE DELEGATION

This pillar is concerned with establishing who holds responsibility and accountability for the delivery of care. All elements of the pillar must be in place for this element to be assured.

9.1 Approved Job Descriptions

Where possible, the Health Board core job descriptions, with consistent educational requirements have been and continue to be developed to ensure consistency across the service.

It is recognised that there will be specific requirements for the roles, therefore these core job descriptions contain agreed, identified essential criteria relating to the education level required, knowledge, understanding and behaviour to encompass how the role is delivered. Where it is believed that this core job description does not meet the need of the department/area the process is
adjusted to ensure that roles are developed in an appropriate and flexible manner and must be approved by the EAGLE scrutiny panel.

To date there are agreed Assistant Practitioner and Advanced Practitioner core job descriptions. Both job titles are protected within the Health Board, and the Advanced Practitioner is a protected title across Wales. It is intended that further generic job descriptions are created for HCSW roles at AfC Bands 2 and 3 and for new and extended/expanded roles.

9.2 Scope of Practice

To meet the requirements of the EAGLE framework, each role must have a defined scope of practice which will identify the tasks and duties of the role the skills required to carry out these tasks and duties, and the limitations of the role. This is combined with the agreed generic job description for these roles and the Knowledge and Skills Framework (KSF) outline. Staff will be expected to remain within their scope of practice at all times and comply with these standards. It is the post holder’s responsibility to ensure they are both familiar with and adhere to these requirements.

As staff undertake development for future career opportunities, it is important that the scope of practice is regularly reviewed with the member of staff to ensure that skills are not lost following training, and that the employee is not working outside of their scope of practice. The formal mechanism for this would be the PADR/Appraisal process, however discussions should not be limited to this process and alterations may be made outside of the annual review conversation.

9.3 KSF Outlines

A suite of approved, broad KSF outlines were created prior to the cessation of the e-ksf tool to enhance the existing library of specifically created outlines to support all future development of roles and job descriptions. In all of these outlines, the suggested examples of application may differ according to the individual’s area of work.

9.4 Schemes of Delegation

As roles are developed and clearly defined, schemes of delegation must be included. This is to

- identify to the registered Health Care Professional, what duties can and cannot be delegated to a more junior member of staff than themselves, including the non-registered workforce and workers from other sectors and/or agency workers.
- identify to the post-holder, where those delegation and supervision arrangements are.
• provide a professional support mechanism to the post-holder in all cases, the accountability must be clarified and documented.

9.5 Delegation Skills

There will be a need for registered professionals to delegate tasks to more junior regulated and un-regulated workers. Where this is required, staff undertaking any tasks will be required to remain within an identified scope of practice for their role. They will be required to undertake the appropriate level of training, and will have been assessed as competent in performing the duties delegated to them.

The organisation develops health care professionals in delegation skills, to provide them with the confidence to delegate tasks effectively to workers in more junior positions.

The Health Board recognises that alongside the range of skills required, there is a need to develop staff confidence in their willingness to delegate to other members of staff. It is vital therefore that they are involved in the assessment monitoring and quality assurance processes of education, training and development initiatives that support the development of support workers.

The UHB is actively engaged with education providers and makes every attempt to influence pre-registration programmes through direct contact with the Universities, Workforce Education & Development Service, and through professional bodies to encourage the delivery of delegation skills in undergraduate programmes.

9.6 Supervision

The Health Board is developing a supervision policy, which will encompass the requirements of this governance framework. Specific work will be undertaken to identify the levels of supervision required, for each of the new roles, the level of autonomy within roles and clearly establish the lines of accountability.

The UHB will ensure that adequate resources are given to enable the agreed supervisory arrangements to be carried out, both for the supervisor, and supervisee. These arrangements will contribute towards and be monitored through the PADR/Appraisal process.

9.7 Clear Lines of Accountability

For each role, clear lines of accountability must be established for duties that may be delegated. This will be reliant on scope of practice, training and development undertaken and the competency assessment process.
9.8 Monitoring

The responsibility for the monitoring of performance at all levels will be through the HBs performance management framework. This will be through the Performance, Appraisal and Development Review (PADR) / Appraisal Process.

9.9 Employer-led Regulation/Registration Records

All staff will be required to adhere to the standards and practice of this governance framework. A register of expanded, extended and new roles is in place via the Electronic Staff Record (ESR). Staff appointed to these roles must hold the appropriate competence and qualifications and are also registered on the ESR system.

The Health Board will deal with issues of concern by using the Capability or Disciplinary Policies. Serious issues may result in the termination of contracts of employment.

At the present time, it is difficult to alert other organisations to issues of conduct or practice for the un-regulated workforce. It is proposed however that this framework is shared with other organisations in NHS Wales, and a position relating to the sharing of such information is agreed. This will be taken forward by the Director of Workforce and OD at a time to be agreed.

10. PILLAR TWO - ASSURED COMPETENCE

This pillar is concerned with how the role operates. It establishes the behaviours and skills which are required, and how the individual’s competence is assessed.

10.1 Codes of Conduct

There are a range of national codes of conduct for all staff. These include;

- NMC Code of Conduct, applying to all registered nurses and midwives
- HCPC Code of Conduct, applying to 16 professional groups
- Royal Pharmaceutical Council
- General Medical Council
- General Dental Council
- Code of Conduct for Support Workers in Wales covers all HCSW and staff who do not fall into any of the other codes

Professionally regulated staff are reminded that they have a duty within their regulatory requirements to adhere to their professional codes of conduct.
10.2 Accredited Learning

The responsible delegation pillar deals with the identification of skills, knowledge and understanding required for the role through the job description, scope of practice and KSF development areas of this framework.

In this Assured Competence Pillar, all roles should clarify the levels and breadth of education required. For some roles, education criteria must be met prior to appointment. This includes Assistant Practice and Advanced Practice roles. Systems are in place to support staff to develop so that they meet this standard and continue to develop where the essential requirements of the role dictate.

Where appropriate development programmes will be supported by Assistant Director of Nursing, Assistant Director of Therapies and Health Science and the Learning and Development team to select existing programmes and develop new programmes which meet nationally recognised standards and carry educational credit. Staff undertaking these programmes will be awarded educational credit when they have achieved the level of competency required. Where purchase of educational credit is not required, the governance processes identified in the EAGLE framework will support development and provide robust educational governance.

10.3 Formal Assessment

Hywel Dda UHB is an accredited Agored Cymru Centre and an Institute of Leadership and Management (ILM) Centre and as such is able to provide training, assess competency and award credit to staff in a number of disciplines. Our University Health Board status increases our ability to design and deliver a range of programmes, and our partnership with the Universities enables us to create opportunities for formal accreditation of work-delivered programmes in addition to their core business programmes which provide access to additional accredited education up to PhD levels.

All staff undertaking an accredited programme or developing a specific work-based skill will be required to be assessed as competent by an occupationally competent assessor. It is necessary that current health care professionals are developed to be able to perform this role, and there is recognition within this framework of the workload this places on clinical staff, however this framework provides assurance around the process for assessment, enabling the registered professional to delegate with confidence.

10.4 Record Keeping

All attendance at training is recorded on the Oracle Learning Management System, (OLM) which is integral to the Electronic Staff Record (ESR). The organisation will hold records of staff at all levels who have demonstrated
competence through a formal assessment process via the ESR system. The relevant awarding body will also hold a record of attainment of competence.

Records of competence should also be included as part of the Performance, Appraisal, Development, Review (PADR) process. All staff should be providing evidence to support their ability to meet their assigned KSF outline and their performance objectives, and for re-registration purposes. For registered nurses and midwives, evidence to support their NMC Revalidation requirements will also be required.

External monitoring and quality assurance processes are in place to ensure that the organisation meets its obligations as an accredited centre. Other awarding bodies (eg universities) will have their own arrangements.

10.5 Recruitment, Training and Career Opportunities

The EAGLE framework has allowed for the development of a Career pathway for staff built upon a two-phased training and development programme for each of the stages within the framework. For HCSW roles this is the Skills to Care Framework, and for Advanced Practice, a Trainee Advanced Practice development pathway is in place, but the principles apply to all roles.

Phase 1 – to give the under-pinning knowledge required, to meet the essential criteria required for application to the next pay band

Phase 2 - following the appointment in accordance with normal vacancy procedures. This phase gives the additional skills required to undertake the role, and would allow the staff member to meet the requirements of their foundation gateway

10.6 Continuing Development

All staff will be required to undertake development to maintain current competence, to further develop within their current roles and identify and undertake development opportunities to support their future career aspirations. The PADR process will underpin the identification of development needs, and will provide an ongoing mechanism, by which maintenance of competency can be assured.

Staff who may have been on long-term absence, will be assessed for competency as part of their return to work schemes, and where necessary will be supported to update their skills. This will apply to all staff, regardless of role or pay band.
10.7 Transferable Learning

Education programmes that are credit rated are transferable throughout Wales and beyond. There will be an increasing need for generic roles to be introduced, some of which will operate across a number of sectors, and work is progressing with other sectors in the development of new roles and underpinning competency requirements at all educational levels through the adoption of this framework as an enabler.

11. PILLAR THREE - RIGHT PEOPLE, RIGHT TIME, RIGHT PLACE

11.1 Service Driven

This framework and all of the elements within are predicated on the needs of the service. The IMTP, Clinical Service Strategy, Workforce and OD Strategy and integrated workforce planning process are crucial in informing the development of the right skills for current and new roles to ensure the maximum value possible.

11.2 Appropriate Care

The standards of care and services provided will be primarily monitored through the Health Care Standards for Wales. Issues that are highlighted will be addressed through the organisation’s usual mechanisms.

11.3 Appropriate Skills, Knowledge and Understanding

The EAGLE framework ensures that our services are provided to the public by members of staff who have the appropriate skills, knowledge and understanding to carry out their role, in a safe and supportive environment, where clear lines of accountability are developed.

12. EAGLE GOVERNANCE SCRUTINY PANEL

To ensure that all assistant practice, advanced practice, extended practice and new roles meet the standards set out in this framework, a governance scrutiny panel reviews the role and makes recommendations to whether it meets the standard, or requires improvement.

Where the standard is achieved, the role is registered on the ESR database. The post-holder must demonstrate they have the relevant qualifications for the role, and this is then matched within the ESR system.

The EAGLE Framework, and the scrutiny panel and process that supports it, is regularly reviewed to ensure it is fit for purpose, and has led to the expansion of
the EAGLE framework from its initial implementation. The framework is increasingly being utilised to enhance the development of other workforce modernisation initiatives and due to its simplicity is providing a flexible yet robust framework which supports workforce development across many disciplines.

13. EQUALITY STATEMENT

Hywel Dda University Health Board is committed to implementing this strategy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human rights. It is the responsibility of managers and staff to ensure that they implement this strategy in a manner that meets the needs of people form these groups. It is always best to check with individual staff what their needs are, but needs may include providing information in an accessible format, considering mobility issues, being aware of sensitive/cultural issues.

14. EAGLE CAREER FRAMEWORK

A product of this governance framework is the ability to offer a formal career framework for all staff where they are able to access appropriate development to assist them in achieving their career ambitions. For clinical staff, there is a clinical and managerial route through to Board level positions. For non-clinical staff, it is expected the managerial route would be followed.
EAGLE
IN PRACTICE

TOOLKITS

The following toolkits have been developed to assist in the development of

New, Expanded, Extended & Multi-disciplinary and Multi-agency roles
Assistant Practitioner Roles
Advanced Practitioner Roles
Competence Assurance
EAGLE

Toolkit

for the

Development

of

New, Expanded, Extended & Multi-disciplinary and Multi-agency roles
Documentation and requirements to meet EAGLE process for Expanding / Modernising Roles and introducing new competences and/or skills requiring 3rd party delegation

This document aims to assist you in working through the elements you need in place. The italics are to provide guidance and can be removed / replaced with the detail relating to the role. This is useful when redesigning roles, or when adding competences.

This document must be submitted to the EAGLE Scrutiny Panel prior to introduction of the new competence.

PROJECT/WORKSTREAM/ROLE TITLE:____________________________________________________

Pillar 1: Responsible delegation

<table>
<thead>
<tr>
<th>Documentation/Requirements</th>
<th>How this will be evidenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice</td>
<td>A clear scope of practice for this element of practice is required defining the tasks required, and the limitations of the role.</td>
</tr>
<tr>
<td>Core job and role descriptors</td>
<td>Specific requirements for the roles, therefore job descriptions to contain agreed, identified essential criteria relating to the education level required, knowledge, understanding and behaviour to encompass how this delivered</td>
</tr>
<tr>
<td>Broad KSF outlines</td>
<td>This will only relate to NHS staff: A suite of approved, broad KSF outlines were created prior to the cessation of the e-ksf tool to enhance the existing library of specifically created outlines to support all future development of roles and job descriptions.</td>
</tr>
<tr>
<td>Supervision</td>
<td>Who will be responsible for providing supervision</td>
</tr>
<tr>
<td>Scheme of delegation</td>
<td>Schemes of delegation must be included</td>
</tr>
<tr>
<td>Clear lines of accountability</td>
<td>Accountability must be clarified, and the accountable person made known</td>
</tr>
<tr>
<td>Communication</td>
<td>Outline key comms channels internal/external and regular/irregular</td>
</tr>
</tbody>
</table>
## Pillar 2: Assured Competence

<table>
<thead>
<tr>
<th>Documentation/Requirements</th>
<th>How this will be evidenced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code of Conduct</strong></td>
<td><em>Which code is required?</em></td>
</tr>
<tr>
<td><strong>Skills to care/equivalent</strong></td>
<td><em>How will staff develop the required skills?</em></td>
</tr>
<tr>
<td><strong>Accredited learning</strong></td>
<td><em>All roles should clarify the levels and breadth of education required. For some roles, education criteria must be met prior to appointment.</em></td>
</tr>
<tr>
<td><strong>Formal assessment</strong></td>
<td><em>All staff undertaking an accredited programme or developing a specific work-based skill will be required to be assessed as competent by an occupationally competent assessor.</em></td>
</tr>
<tr>
<td><strong>Records</strong></td>
<td><em>How will the records be kept/maintained?</em></td>
</tr>
<tr>
<td><strong>Career opportunities</strong></td>
<td><em>What opportunities could there be?</em></td>
</tr>
<tr>
<td><strong>Talent management</strong></td>
<td><em>As above</em></td>
</tr>
<tr>
<td><strong>Continuing development</strong></td>
<td><em>What will be required to maintain skills once initial training has been completed?</em></td>
</tr>
<tr>
<td><strong>Transferable learning</strong></td>
<td><em>Where else could these skills be utilised?</em></td>
</tr>
</tbody>
</table>
**Pillar 3: Right People, Right Place, Right Time**

<table>
<thead>
<tr>
<th>Documentation/Requirements</th>
<th>How this will be evidenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service driven</td>
<td>What is the service need for this and what will be the anticipated impact by delivering this, in this way?</td>
</tr>
<tr>
<td>Appropriate care</td>
<td>How will we know that we are providing the appropriate care?</td>
</tr>
<tr>
<td>Skills</td>
<td>What skills are required, by whom and by when - how will this be gained?</td>
</tr>
<tr>
<td>Knowledge</td>
<td>What knowledge is required, by whom and by when – how will this knowledge be gained?</td>
</tr>
<tr>
<td>Understanding</td>
<td>What is required and how will this be gained/assessed?</td>
</tr>
<tr>
<td>Attitude</td>
<td>What is required and how will this be identified and assessed?</td>
</tr>
</tbody>
</table>

For further advice and support, please contact

Chris Hayes, Assistant Director of Nursing
Will Oliver, Assistant Director of Therapies and Health Science
Angie Oliver, Assistant Director of Organisational Development
EAGLE

Toolkit

for the

Development

of

Assistant Practitioner Roles
EAGLE Governance Process for developing and introducing an Assistant Practitioner (Nursing Support Worker) Role

1. Identify potential Assistant Practitioner post

2. Is the post identified as part of workforce plan?
   - Yes → Contact Workforce Modernisation team for advice on developing plans for service modernisation
   - No

3. Is there an existing EAGLE registered Assistant Practitioner post available?
   - Yes
     - Develop front page of the JD and a scope of practice, outlining clearly the tasks and duties required by the role
     - Complete scrutiny panel application form and return to angle.oliver@wales.nhs.uk
     - Scrutiny panel considers application (sponsor is present)
     - Scrutiny panel approve role and register as a UHB approved Assistant Practitioner Post
   - No

4. Follow recruitment process and ensure appointed person holds essential education criteria (SHS107/108)

5. Inform LE&D of appointment and register post holder as Trainee Assistant Practitioner.

6. LE&D dept liaise with Swansea University to commission additional training required for the role

7. Once trainee Assistant Practitioner successfully completes training programme advise LE&D to register staff member as an Assistant Practitioner

Assistant Practitioner
DEVELOPMENT OF ASSISTANT PRACTITIONER ROLES

The development of Assistant Practitioner Roles within Hywel Dda University Health Board, is tightly controlled. All roles MUST be approved by the EAGLE scrutiny panel, and registered on ESR.

There is a register of staff who are eligible to apply for an Assistant Practitioner role. This is held within the Workforce & OD team. Only staff on this register can be appointed into an Assistant Practitioner Role.

DEFINITIONS AND CORE JOB DESCRIPTIONS

The NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers (2015) describes HCSW workers as follows

ROLE DEFINITION

“Healthcare support workers provide a direct and indirect service to individuals in a variety of care settings. They undertake a range of delegated duties under appropriate supervision.

Level 4 (Assistant Practitioner) Scope of Practice Descriptor

A Level 4 Assistant Practitioner is expected to independently manage their own work and case load, undertaking tasks delegated by a registered practitioner with appropriate supervision in place. Having an understanding of evidence based practice and delivering care in line with current evidence, they will take responsibility for taking action relative to an individual’s health and care in accordance with organisational policy and procedures. They will be responsible for some elements of assessment, implementing programmes of care and modifying individualised care plans, reporting back to the registered practitioner. They may delegate work to others and may supervise, teach and assess other staff.

Education Requirement – Minimum 120 credits at Level 4”

EAGLE GOVERNANCE REQUIREMENTS WITHIN HYWEL DDA UHB

Further information an documentation is found in the documentation section below. A flow chart outlining the process is also included.

A generic job description for both Assistant Practitioner (Nursing Support Worker) and Assistant Practitioner (Therapy Support Worker) has been developed. These have been matched at AfC Band 4. The Job Descriptions specify the education required to enter this role (60 credits at level 4 via a UHB approved programme) and the additional education required to meet the
KSF foundation gateway (additional 60 credits at level 4 via a UHB approved programme). When developing an Assistant Practitioner role, this job description should be used. A separate scope of practice should be developed to outline the specific duties of the role.

From the time of appointment, until the staff member meets the full qualification required (120 credits at level 4), they must carry the title ‘Trainee Assistant Practitioner’. This ensures that there are in place consistent titles, that are meaningful to other staff, and to the public, for support worker roles. It also ensures that staff are working to a consistent level across disciplines and pay bands.

All enquiries relating to the development of Assistant Practitioner roles should be directed to Angie Oliver, Assistant Director of Workforce & OD in the first instance.

**Documentation**

**IF YOU REQUIRE COPIES OF ANY EMBEDDED DOCUMENTS WITHIN THE PAGES BELOW – PLEASE CONTACT:**

Liz Carroll: [Liz.Carroll@wales.nhs.uk](mailto:Liz.Carroll@wales.nhs.uk) or call 01267 674 130

Angie Oliver: [Angie.Oliver@wales.nhs.uk](mailto:Angie.Oliver@wales.nhs.uk) or call 01267 239 744

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Process Flow Chart

FLOW CHART 2017
Assistant Practice.pptx
EAGLE

Toolkit

for the

Development

of

Advanced Practice Roles
ADVANCED PRACTICE DEVELOPMENT

The NHS Wales Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice within Wales (WAG 2010) states that within Wales, Advanced Practice is defined as

Advanced Practitioners

“A registered practitioner who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable Masters level education is recommended for entry level”

The breadth and depth of competences required for these roles will vary, however from April 2015, the title Advanced Practitioner will be reserved for roles that correspond to the above definition. For Hywel Dda UHB, this means that all roles will have needed to be reviewed by the UHB Scrutiny panel and if it is agreed the framework requirements have been met, they will be registered on the ESR database.

The Health Board has adopted the view that Advanced Practice is a stage on a continuum between novice and expert practice, and can be an advanced generalist, or advanced specialist. (See diagram)

The ‘Advanced’ role is characterised by high levels of clinical skill, competence and autonomous decision-making. This model also recognises that the developmental pathway towards advanced level practice may be different, with some following a specialist route within a particular clinical context, while others will develop a greater breadth of practice.

Advanced Practitioners work uni-professionally, multi-professionally or across sectors. The EAGLE framework ensures that there is a robust mechanism in place when re-designing the workforce, as a holistic approach is required when consideration to the introduction of new, extended and expanded roles is given.
Generic job descriptions for an Advanced Practitioner role have been developed. These have been matched at AfC Band 7 and 8a. The job descriptions specify the education required to enter this role. Work at a national level is currently being undertaken to define this further and the UHB will adhere to the recommendations of this group. The UHB has specified that entry into a full Advanced Practice Role requires the postholder to hold a full Masters Degree in a relevant area.

A Trainee Advanced Practitioner pathway is also in place. Entry to this pathway requires 60 credits at Level 7 (Masters level) and completion of a full masters qualification within 2 academic years of appointment.

### Documentation

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<th>Band 7</th>
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<td>Eagle Process for Advanced Practice Flow Chart</td>
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EAGLE

Toolkit for the

Assurance of Competence

This must be read in conjunction with the following documents:

EAGLE Joint Professional Framework for Assurance of Competence in Clinical Skills

EAGLE Framework for Assurance of Competence

EAGLE Prof Framework Competence

Framework for Assuring Competence


ASSURANCE OF COMPETENCE

The EAGLE Framework is able to

- ensure that new members of staff or current staff who move to a new work environment are able to utilise their established skills if they can demonstrate safe, competent and confident practice accordingly.
- support staff to attain new skills that are essential to their fulfilment of their job description.
- recognise professional practice and the right of the practitioner to work in an accountable, autonomous way whilst recognising and conforming to Health Board policies, procedures and guidelines.

The principles within this framework may be used for any skill provided that specific, agreed practice standards are available together with recognised assessment criteria that meets at least minimum national standards.

Compliance with the framework will reduce the risks associated with the delivery of clinical skills and ensure safe, high quality intervention by practitioners.

DEFINITIONS

For the purposes of this toolkit, the following definitions apply

Patient - refers to any person receiving treatment/care within Hywel Dda University Health Board environment.
Practitioner - the staff member who is carrying out treatment/care of a patient on behalf of Hywel Dda UHB.
Manager - the person responsible for ensuring safe practice within the area in which the practitioner is working.

DEMONSTRATING CLINICAL SKILLS COMPETENCE FOR REGULATED AND REGISTERED HEALTH CARE PROFESSIONALS

All medical staff and State Regulated (e.g. NMC, HPC, RPS) and Professionally Registered Staff (e.g. Clinical Physiologists) must refer to the EAGLE Joint Professional Framework for the Assurance of Clinical Skills Competence, for demonstrating competence in clinical skills. For non-clinical skills, this framework which adheres to the same principles should be followed.
ASSESSING COMPETENCE

All assessments within this framework must be carried out by an occupationally competent assessor.

"This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification.

Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clear demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration"

(ref: Skills for Health Qualifications and Credit Framework Assessment Principles)

All training delivered within the Health Board will work towards the inclusion of a formal competence assessment against nationally recognised standards, by an occupationally competent assessor. Where appropriate credit will be awarded. All new programmes must be developed using robust learning design principles.

DEMONSTRATING COMPETENCE

The PADR/Appraisal processes underpin the identification of development needs and will provide an ongoing mechanism, by which maintenance of competency can be assured.

Records of competence should be included as part of the Personal Development Review (PADR)/Appraisal process, as staff should be providing evidence to support their ability to meet their assigned KSF outline and other competence requirements. Nurse Revalidation from 2016, will also support this process. Use of a single portfolio which can be used to achieve a variety of outcomes, including KSF, and CPD requirements is recommended.

Registered staff are required to demonstrate competence to maintain their registration. The organisation expects that both registered and unregistered staff should be able to demonstrate that they meet their KSF requirements and other performance and competence requirements in the same way.
DECLARATION OF ACCOUNTABILITY & COMPETENCE – PROCESS FLOW CHART

Does the practitioner have experience in the skill?

YES

NO

LIMITED

Manager Liaises with LE& D / Post-Grad Dept to identify suitable training programme and reserves place for practitioner

Manager ensures practitioner knows how to access appropriate policies

Practitioner accesses, reads and understands appropriate policies

Practitioner accesses and successfully completes training programme

Practitioner completes the period of supervised practice as identified within the specific requirements of the training and competency assessment process for the particular skill / technique

Practice is assessed by an identified occupationally competent assessor

Is practitioner assessed as competent?

YES

NO

Declaration of Accountability Completed

Practitioner practices skill – and is assessed at regular intervals as per relevant policy

Is full training prog required?

YE

NO
DECLARATION OF ACCOUNTABILITY & COMPETENCE

PRACTITIONER DECLARATION

Full Name:______________________________________________________________

Job Title:______________________________________________________________

Work Base:____________________________________________________________

I declare that:

1. I have received structured theoretical input in regards to

   (insert skill)

   through the following interventions  (Please list relevant courses and dates of attendance)

<table>
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<tr>
<th>Date</th>
<th>Course Title</th>
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2. I have been practising the *insert skill* and maintaining my competence in this skill in accordance with:

   - Standards of Conduct, Performance and Ethics for Nurses and Midwives, Nursing and Midwifery Council (2015) *for registered nurses*
   - Standards Of Conduct, Performance And Ethics, Health Care Professions Council (2008) *for Registered Therapists and Health Scientists*
   - Duties of a Doctor registered with the General Medical Council
   - Other – (indicate relevant information)__________________________________________
3. I have read the above appropriate standards of Conduct, Performance and Ethics and understand the meaning of accountability for practice.

4. I have read and understood the Hywel Dda University Health Board Policy relating to the delivery of this skill, and have read and understood the joint professional framework for assurance of clinical skills competence.

5. If at any time I or my manager recognises need for further training or supervision in this skill, I will seek it and/or undertake it in line with the relevant standards as indicated at point 1.

Signed: ______________________________ Date: ________________

ASSESSOR’S DECLARATION

Full Name: ______________________________

Job Title: ______________________________

Work Base: ______________________________

I am an authorised occupationally competent assessor in the above skill, and have overseen the above registered healthcare professional delivering this skill and has demonstrated competence and confidence in carrying out this care.

I am satisfied that they are able to safely carry out this skill without supervision, and will require reassessment after a period of __________ (insert timescale)

A copy of the assessment against the agreed criteria is available on the individual’s personal file

Signed ______________________________ Date__________________