



Assistant Practitioner (Nursing) Governance Framework



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1. Introduction

Healthcare Assistants (HCA) are vital, highly valued members of the Nursing workforce and make a significant contribution to the delivery of high-quality healthcare. The provision of future services is dependent upon a flexible and skilled unregistered workforce and thus the education and development of HCA is a key priority. 'Developing Excellence in Healthcare: the NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions' (NHS Wales Shared Services Partnership, 2015) has enabled a structured approach to the development of HCA.

Rising demands upon health and social care services, increasingly complex care needs and longstanding issues related to the recruitment and retention of registered nurses (RNs) have created significant challenges for NHS Wales. Over the last decade there has been a need for an innovative, prudent and flexible approach to workforce modernisation and a resultant emergence of new HCA roles, for example the band 4 assistant practitioner:

'A worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer and, more importantly, the people they serve.' (Skills for Health, 2009).

In 2017 the 'Parliamentary Review of Health and Social Care in Wales' recommended radical transformation across health and social care services. In 2018 the Welsh Government's 'A Healthier Wales' plan and national transformation programme set out a long-term vision of a 'whole system approach to health and social care' which will be dependent upon a modernised nursing workforce, of which the assistant practitioner will be a crucial component.

2. Purpose:

The overarching aim of this framework is:

‘To provide a standardised approach to the development, implementation and governance of Nursing Band 4 assistant practitioner roles across NHS Wales.’

The framework has been developed using the local band 4 governance arrangements in place in NHS organisations across Wales and will:

- Enable safe and effective care for NHS service users and support the wellbeing and retention of NHS staff.
- Provide the procedures and processes necessary to support and safeguard: the individuals receiving care; the assistant practitioner; and the RN
- Support assistant practitioners and their supervising RNs to function in line with: professional standards; national guidance; and legislation.
- Provide organisational assurance that robust governance arrangements are in place to support this unregulated unregistered role.

The framework is supported by the documents below.

- The Code. Nursing and Midwifery Council
- Code of Conduct for Healthcare Support Workers in Wales
- Developing Excellence in Healthcare: the NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions’
- All Wales Delegation Guidelines
- All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers
- All Wales Policy for Medicines Administration Recording Review and Storage
- Local organisational values and behaviours

Full references and links to documents can be found in the reference section.

3. Scope:

The framework applies to all nursing clinical band 4 assistant practitioners working across all care settings within NHS Wales; the organisations that they work in; their line managers and senior nursing leaders; and the registered nurses who delegate care to them.

4. Roles and responsibilities

The Executive Director of Nursing and the Executive Director of Workforce	Have a Health board/Trust wide remit to ensure that robust systems and processes are in place to govern the development, implementation and monitoring of assistant practitioner posts. A culture and infrastructure is needed which will consider assistant practitioners to be meaningful additions to the nursing skill mix during workforce planning.
Senior Nursing Leaders	Are responsible for: <ul style="list-style-type: none"> ▪ The implementation and sustainability of the framework within their area of responsibility; ▪ Ensuring that all elements related to the recruitment, induction, training, support and monitoring are fully embedded in practice; ▪ Audit and evaluation of agreed metrics/key performance indicators as required by the organisation
Learning and Education Teams and Nurse Educators	Are responsible for providing induction and training programmes and enabling assessment of competence, monitoring and support; including CPD activities post level 4 qualification. Systems must be in place to ensure that all training and competency assessments are recorded on the electronic staff record.
Ward Sisters/Charge Nurses/Team Leaders	Are responsible for ensuring that the necessary culture, infrastructure, support and study leave are in place in the clinical area to enable the trainee Assistant Practitioner to achieve competence and confidence in their role. Close monitoring of the trainee's progress must be undertaken and support established in a timely manner if delays in progress arise.
Registered Nurses	Will be responsible for: <ul style="list-style-type: none"> ▪ Appropriate delegation of clinical tasks to the Assistant Practitioner in line with the NMC Code, the All Wales Delegation Guidelines and the Code of Conduct for HCSW in Wales ▪ Ensuring appropriate indirect supervision and support is in place and that care is planned and evaluated in conjunction with the Assistant Practitioner
The Assistant Practitioner (Nursing)	Will be responsible for: <ul style="list-style-type: none"> ▪ Ensuring that they work within the boundaries of their role in line with their designated scope of practice. ▪ Working in line with the All Wales Delegation Guidelines the HCSW Code of Conduct for Wales, and organisational values and behaviours.

5. The Assistant Practitioner role

5.1 The assistant practitioner role has been developed to enhance patient care, and has not been developed as a substitute for RNs.

5.2 The provision of safe and effective healthcare is dependent upon RNs being able to work effectively by concentrating on activities that can only be completed by a RN, an approach which aligns to the Prudent Healthcare Principle of:

'Only do what only you can do'

5.3 Accordingly, there is a need for flexible HCSW roles which supplement the care that RNs provide by focusing upon care activities that do not need to be completed by an RN.

5.4 Nationally there is also a need for the RN role to evolve in line with the 'Future Nurse' (NMC Education Standards: Nursing 2019).

5.5 The key differences between the assistant practitioner and the RN are illustrated through the comparison of NMC Education Standards proficiency platforms shown in appendix I.

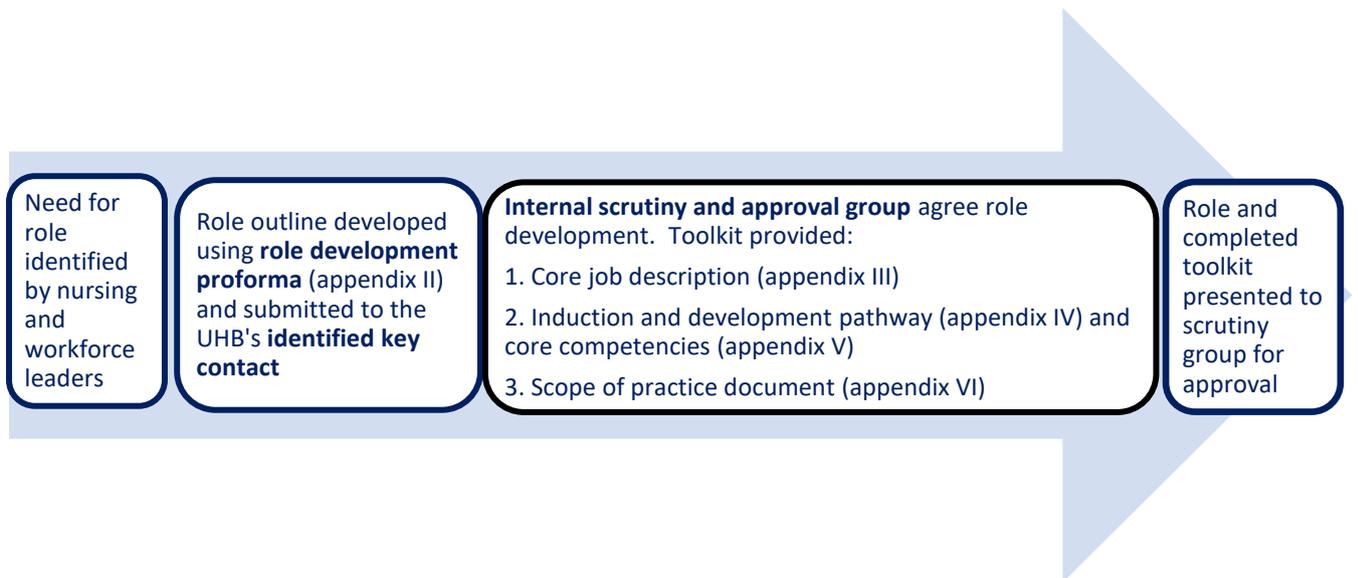
5.6 The nurse associate, and thus the assistant practitioner, focuses upon the provision and monitoring of care under the leadership and delegation of the RN.

5.7 Assistant Practitioners are key contributors to both patient care and the team, working independently under the indirect supervision of the RN, delegating tasks to band 2 and 3 HCA and students in accordance with the All Wales Delegation Guidelines. (HEIW, 2020).

5.1 Role development and approval:

A 'Once for Wales' Toolkit has been created to support the role development process outlined in figure 5.1 overleaf.

Figure 5.1



5.2 Scope of practice (ScOP):

The Assistant Practitioner will be expected to:

- a. Independently manage their own work and caseload, undertaking unsupervised tasks delegated by a registered practitioner with appropriate supervision in place
- b. Understand evidence-based practice and deliver care in line with the latest evidence. They will take responsibility for the provision of person centred care in accordance with organisational policies and procedures.
- c. Be responsible for some elements of patient assessment, undertaken in conjunction with the registrant, implementing programmes of care, and modifying programmes of care as delegated by a registered practitioner.
- d. Report regularly to the registered practitioner and seek advice if they are unsure
- e. The Assistant Practitioner may also delegate work to other unregistered staff and may supervise, teach and assess other staff.

(NWSSP,2015)

Role specifics may vary between specialities and therefore assistant practitioners must:

- a. Be provided with a ScoP which outlines the specific skills and activities included in their role (appendix V).
- b. Discuss their ScoP with their line manager/educator during their induction. A signed copy must be retained by the manager and the assistant practitioner.
- c. Ensure that they work within their scope at all times and never undertake:

Role exclusions: must not be undertaken by an assistant practitioner

- Planning of care
- Being in charge of a clinical shift
- Blood transfusions
- Care of infusion devices
- First catheterisations: assistant practitioners can undertake routine repeat catheterisations for change of catheter if catheterisation has been assessed as being straightforward by an RN.
- Verifying expected death
- Line insertion e.g. long lines
- NG tube insertion and confirmation of tube placement
- Advanced physical assessment skills as per Annex B of the NMC nursing proficiencies

NB: Medicines management will be addressed in section 9

- d. Undertake UHB/Trust training and be assessed as competent prior to undertaking:

Enhanced skills for which there is additional training and assessment requirements

- Catheterisation
- Venepuncture and cannulation
- Point of care testing (POCT)
- ECG recording
- Oxygen administration
- Bladder scanning
- Medicines administration (section 9)
- Tracheostomy care
- Digital rectal examination or manual evacuation
- Training, assessment and appraisals of band 2 and 3 HCA

- e. Be developed towards working at the top of their scope, thus making the maximum contribution to patient care.
- f. Undergo a ScoP review: annually as part of the appraisal process, if there any practice/performance concerns and if role changes are required to meet service needs

5.3 Job description:

The 'Once for Wales' assistant practitioner core job description is available for use for new assistant practitioner roles.

6. Recruitment and selection

6.1 Eligibility Criteria

Experience	Significant HCA experience which is relevant to the assistant practitioner post
GCSE maths and English	Grade C or above or a level 2 essential skills qualification in literacy and numeracy.
Accredited Level 4 qualification	<p>Completed and passed a programme of study which is 120 credits at level 4 i.e. equates to a Certificate in Higher Education. The programme must provide them with the knowledge and skills that they require to undertake their role and must include assessment of competence.</p> <p>Appendix VI lists approved level 4 qualifications which meet these criteria and are available across Wales. The following qualifications may also be accepted:</p> <p>Certificate in Higher Education: awarded to individuals who have passed year 1 of the Nursing Undergraduate Programme. Provided the individual also has significant prior/current HCA experience.</p> <p>Diploma in Higher Education awarded to individuals who have passed year 1 and 2 of the Nursing Undergraduate Programme. Provided that the individual also has 6-12 months current HCA experience.</p> <p>Nurse Associate qualification Care must be taken in this case to ensure that the individual has role clarity as there are no nurse associate roles in Wales.</p> <p>Registered Nurse qualification gained overseas</p> <p>Individuals who hold a level 3 QCF Diploma in 'Health and Social Care', 'Clinical Healthcare' or equivalent, who also have GCSE English and Maths (grade C or above) or equivalent level 2 essential skills qualification (literacy and numeracy) may be appointed to the role however must achieve the level 4 qualification within two years of appointment.</p>

Existing level 4 qualifications must be recorded in the qualifications section of the Electronic Staff Record on appointment to the role. As a level 4 qualification is an essential criterion it will usually be entered by NWSSP recruitment services during the recruitment process.

6.2 Trainee Assistant Practitioners

All newly appointed assistant practitioners will be considered to be trainees unless they:

- ✓ Meet all educational requirements **and**
- ✓ Have recently been working as an assistant practitioner **and**
- ✓ Have evidence to demonstrate that they have the speciality specific knowledge and skills required for the role into which they have been appointed.

The length of the training period will be dependent upon the trainee's prior education:

Eligibility	Required development	Maximum training period
All eligibility criteria met	HCA who have completed a level 4 qualification appropriate for the role will undergo knowledge and skills development in line with a speciality specific competency programme.	One year
Relevant experience and GCSE maths & English (or equivalent) but level 3 qualification	<p>HCA who hold a level 3 QCF Diploma in 'Health and Social Care', 'Clinical Healthcare' or equivalent must:</p> <ol style="list-style-type: none"> a. Complete an appropriate level 4 qualification b. Undergo knowledge and skills development in line with a speciality specific competency programme. c. Complete this development within a <u>maximum of two years</u>. For those undertaking a 2 year level 4 qualification the training period must commence at the start of the level 4 programme. 	Two years

Maximum training periods must be reinforced at interview and on appointment. The maximum training period must be noted in the job advert and recorded on the TRAC system when confirming the appointment details.

Trainees will be required to sign a supplementary letter acknowledging the maximum training period on appointment and a copy of this letter should be held with a copy of their contract. The training period may be extended due to extenuating circumstances.

Individuals who are not able to complete the required training within this time period will not be able to continue in the assistant practitioner role. Where possible/appropriate organisations should offer band 2 or 3 substantive positions to those who are not successful. **The other option we have here is to appoint to band 3 trainee and move to band 4 on completion of training.**

6.3 Recruitment process

Recruitment processes need to support the recruitment of both substantive and trainee assistant practitioners. It is advised that selection processes are rigorous and include:

- Clinical scenario-based questions/activities
- Questions related to the role and where it sits in the clinical team
- Values based questions
- Questions related to professional standards and delegation

8 Education, training, induction and supervision:

8.1 Newly appointed assistant practitioners require induction and development programmes which clearly define the outcomes they must achieve in their first two years in post. Training will build upon the extensive knowledge and skill set that they already hold as experienced HCA. Training attendance and achievement of competence must be recorded on ESR

8.2 Trainees will be supported using a practice assessment and supervision module. An RN practice supervisor must be assigned to provide development support. An RN practice assessor will assess their achievement of competence.

8.3 Practice assessors and supervisors will need receive training regarding the programme specifics, learning and assessment requirements and the ScoP. All assessments within this framework must be carried out by an occupationally competent assessor as per appendix VIII.

8.4 In order to ensure effective transition into the role the following must also be in place:

8.4.1 A development pathway (appendix VI) which:

- Outlines the role specific skills and knowledge that the assistant practitioner needs to develop in order to achieve competence with a timeline for achievement
- Includes a personal development plan which details how they will be supported to achieve competence
- Documents quarterly progress review meetings with their mentors
- Enables additional support to be provided if performance issues arise
- Are individualised in line with the individuals' experience, education, knowledge and competence.

8.4.2 A robust induction and development programme which includes:

- The education required to enable the assistant practitioner to gain the core skills and knowledge required for their role
- The All Wales AsstP core competencies and role specific competencies
- A plan for supervision time with the allocated practice supervisor: to include supervised practice and also quarterly review meetings
- A defined supernumerary training period in practice

8.4.3 A nominated line manager/educator/assessor who will undertake a baseline appraisal on appointment, at six months, 12 months and annually thereafter

8.6 Organisations must ensure an individualised approach to the development of training plans which consider the **recognition of prior learning and competence**. It is important that an assurance mechanism is provided so that experienced practitioners with existing skills will not have to attend repeated training; providing they can provide evidence of the training completed and can demonstrate competence.

8. 7 CPD and Maintaining Competence

On completion of training the assistant practitioner must be supported to maintain their competence and develop additional knowledge and skills in line with their ScoP. An appraisal must be undertaken annually to develop a personal development plan which details the next stage of their development.

The annual appraisal must include a review of the AP's scope of practice. Annual practice updates and assessment of competence must also be undertaken for higher risk skills that are included in their scope and recorded on ESR, for example:

- Medicines Management
- Venepuncture and cannulation
- Catheterisation
- Digital rectal examination/manual evacuations
- Tracheostomy care

Some Assistant Practitioners may wish to progress to being a registered nurse. In this situation please seek advice from the organisational lead for HCSW development, who will be able to provide the most up to date advice on the available training options.

9 Delegation:

Delegation must be undertaken in line with the All Wales Delegation Guidance (HEIW, 2020) and The Code (NMC, 2018) and must be included in induction programmes and preparation training for practice assessors and supervisors.

10 Medicines Management:

9.1 All Medicines Management practice must be in line with the All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (All Wales Medicines Strategy Group, 2020) and the All Wales Policy for Medicines Administration Recording Review and Storage. It is vital that assistant practitioners, their managers and the RNs delegating to them are familiar with this guidance.

9.2 The following key principles must be embedded to support safe medicines practice:



9.3 Medicines management responsibilities must be clearly articulated in the ScoP to ensure role clarity and role boundaries.

9.4 The following medicines management activities must **not** be undertaken by assistant practitioners

Role exclusions: medicines management. Must **not** be undertaken by assistant practitioner

- Administration of intravenous medications and infusions
- Administration of subcutaneous infusions *
- Administering controlled drugs *
- Administration of cytotoxic drugs (all routes)
- Administration and care of total parental nutrition (TPN)
- Administering medication from Patient Group Directives (PGDs)
(The only variation to this exclusion is AsstP who are undertaking immunisation as part of their role where they work in accordance with the vaccine specific National Protocols and local guidance)
- Transcription of medicines
- Non-medical prescribing

* Assistant practitioners can be a second checker for controlled drugs and subcutaneous infusions where there is a service in need in accordance with the national medicines guidance for HCA and following the training outlined below.

9.5 Assistant Practitioners must complete the following All Wales Agored Cymru accredited learning units and be assessed as competent prior undertaking any medicines administration. The specialist units listed must be completed prior to the administration of higher risk medicines. **Just added consultation info for now –to be updated when finalised**

The hub being the underpinning knowledge unit [Principles of Medicines Administration](#) which all candidates would need to complete, together with at least one of the spoke units:

The spoke units are:

- [Fundamental Skills for the Administration of Medication and Monitoring the Effects on Individuals](#)
- [Role of the 2nd Checker in Medicines Administration](#)
- [Administration of Medications via the Rectal Route](#)
- [Administration of Medications via the Vaginal Route](#)
- [Administration of Medications via a Urinary Catheter \(this unit covers urethral and suprapubic catheters\)](#)
- [Administration of Medications via a Gastrostomy / Jejunal extension Tubes](#)
- [Administration of Subcutaneous Insulin via a Pen Device](#)
- [Administration of a Saline Flush at the time of Intravenous Canulation.](#)

Existing Specialist Units

There are 2 existing Agored Cymru units that could also be included in the suite:

- [Administer Eye Drops to Individuals within the Health Care Sector \(CDM542\)](#)
- [Healthcare Assistant \(Nursing\)- Supporting Individuals in the use of Inhaler Devices and Peak Flow Meters \(CDN408\)](#)

9.6 It is advised that the UHB/Trust's Medicines Nurse Advisor is included in role development discussions.

References:

1. The Code. Nursing and Midwifery Council (2015 and updated 2018)
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
2. Code of Conduct for Healthcare Support Workers in Wales (Welsh Assembly Government)
<http://www.wales.nhs.uk/sitesplus/documents/829/final%20-%20nhs%20hsw%20booklet%20eng.pdf>
3. Developing Excellence in Healthcare: the NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions' (NHS Wales Shared Services Partnership, 2015)
<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/HCSW%20Career%20Framework%20Nursing%20and%20Allied%20Health%20Professions.pdf>
4. All Wales Delegation Guidelines (Health Education and Improvement Wales, 2020)
<https://weds.heiw.wales/assets/Uploads/a0c9ccd1af/2020-Delegation-guidelines-English.pdf>
5. All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers. (All Wales Medicines Strategy Group, 2020)

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HealthBoards,Trustsar
6. All Wales Policy for Medicines Administration Recording Review and Storage (MARRS) (All Wales Medicines Strategy Group 2015)
<https://awmsg.nhs.wales/files/guidelines-and-pils/all-wales-policy-for-medicines-administration-recording-review-storage-and-disposal-pdf/>

Appendix I:

NMC education standards

NMC proficiency platforms Nursing Associates		NMC proficiency platforms Registered Nurses	
Platform 1:	Be an accountable professional	Platform 1:	Be an accountable professional
Platform 2:	Promoting health and preventing ill health	Platform 2:	Promoting health and preventing ill health
Platform 3:	Provide and monitor care	Platform 3:	Assessing needs and planning care
Platform 4:	Working in teams	Platform 4:	Providing and evaluating care
Platform 5:	Improving safety and quality of care	Platform 5:	Leading and managing nursing care and working in teams
Platform 6:	Contributing to integrated care	Platform 6:	Improving safety and quality of care
		Platform 7:	Coordinating care

Appendix II:

Band 4 Assistant Practitioner Role Development Proforma

Please complete this form electronically and email to: *Insert details of organisational link*

Name of Deputy Director of Nursing / Lead Nurse proposing role	<i>Please amend role titles as per own UHB nursing structure</i>
Directorate and Clinical Board/Service Group	<i>Please amend role titles as per own UHB structure</i>
<p>Has Director of Nursing/ Head of Nursing approval been sought for this role?</p> <p>Has Clinical Board/Service Group agreed funding for the post?</p> <p>Please note: an email from your DoN confirming the above will be required as part of the approval process.</p>	<i>Please amend role titles as per own UHB nursing structure</i>
<p>Please provide details of the clinical team in which the proposed Assistant Practitioner will work?</p> <p>Please include info such as: patient group, existing HCSW roles working in team, current challenges</p>	
<p>Please outline the rationale behind developing an Assistant Practitioner role to support this team.</p> <p>Please include: how patient needs support the development of the role, how this role will enhance skill mix and patient care, how the role will support the RN and their role development, and the impact of not having the role upon patient care and team effectiveness</p>	

Please outline the proposed scope of practice for this role. Please provide as much detail as possible re: elements of role which are usually undertaken by an RN.

Please ensure: that full details are provided of any medicines management that you propose to include in the scope

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<p>Assistant Practitioners must complete a level 4 qualification which equates to a Certificate in Higher Education. Please state the qualification that you will support trainee Assistant Practitioners to undertake</p>	
<p>Please provide details of how you plan to recruit to this role</p>	
<p>Please provide details of the education programme that will be provided to trainee assistant practitioners, in particular role specific training.</p> <p>Please include: Details of who will deliver the training, how long the training programme will run, maximum length of programme, how training will differ for those who have completed a Cert HE to those who will be completing it on appointment</p>	
<p>How will trainees be supported to develop their skills in practice and who will assess their competence.</p> <p>Please provide details of the proposed length of supernumerary training period in practice</p>	
<p>Who will act as practice assessor and practice supervisor for trainees? How will these staff be trained?</p>	
<p>Who will provide supervision and manage ongoing CPD and skills updates for the assistant once qualified?</p>	

<p>What is your proposed timeline for implementing this role?</p>	
<p>Wherever possible LED will fund training via the HEIW HCA education budget.</p> <p>This may not always be possible, however, if the training has not been identified as a need in the annual TNA.</p> <p>If central funds are not available please advise how training costs will be met.</p>	
<p>Additional Supporting information.</p> <p>Please note any additional supporting information that you may have here.</p>	

Please now submit your form by ***insert details of the organisational lead***. You will receive initial feedback on your form within 1 week of submission.

If your proposal is ready to be progressed you will be invited to present this role to the ***insert details of the local scrutiny panel***.

- Core job description (Appendix II)

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Appendix III:

Assistant Practitioner (Nursing)

Development Pathway

	Please insert name and contact details below
Assistant Practitioner	
Start date	
Line Manager	
Practice Supervisor(s)	
Practice Assessor	
Practice Development Nurse	
UHB HCSW Development Lead	

Welcome

Welcome to and your new role as a trainee assistant practitioner (nursing). It is important to us that you receive the support and development that you need to flourish in this role. This pathway has been created to support your induction to the role and to provide a development plan which outline the education and development you will undergo in your first 2 years in post.

The Pathway will help you to ensure that you:

- ✓ receive the support and education that you need to achieve competence in your role;
- ✓ participate in the UHB's appraisal process;
- ✓ meet pay progression requirements;
- ✓ are compliant with the NHS Wales Career and Development Framework for clinical HCSWs.

All NHS organisations have a set of organisational values which help staff to understand the values and behaviours that they are expected to uphold at work. The values apply to how we interact with those that we care for but also how we interact with our UHB colleagues.

Staff wellbeing is one of the UHB's priorities. If you are new to the organisation please ask your line manager about the wellbeing resources and services that are available to you in the UHB. This pathway will help to ensure that you are cared for as a new member of the team.

A number of key people will be involved in supporting you in your role. Their names and contact details are provided on the front of this pathway.

Please insert UHB values here

OUR VALUES	OUR BEHAVIOURS	
	How we are with patients, families, carers and colleagues	
	What we want to see from individuals and teams...	What we don't want to see from individuals and teams...
Kind and caring		
Welcoming	<ul style="list-style-type: none"> We will smile, be friendly, welcoming, polite and approachable 	<ul style="list-style-type: none"> We will not be abrupt, rude, show aggressive behaviour, shout or bully
Put people at ease	<ul style="list-style-type: none"> We will put others at ease, be patient, calm and reassuring 	<ul style="list-style-type: none"> We will not ignore people or fail to offer support and we won't leave people scared and anxious
Value other people's time	<ul style="list-style-type: none"> We will make time for people, consider their needs and make people feel comfortable 	<ul style="list-style-type: none"> We will not be 'too busy', in a rush or say we can't make time for others
Compassionate	<ul style="list-style-type: none"> We will be kind, compassionate and look out for others 	<ul style="list-style-type: none"> We will not make people feel stupid, belittled or treat people as an inconvenience
Respectful		
Understanding	<ul style="list-style-type: none"> We will put ourselves 'in other people's shoes' and show empathy and understanding 	<ul style="list-style-type: none"> There will be no hierarchy, no egos, no lack of understanding for others' needs
Attentive and helpful	<ul style="list-style-type: none"> We will be helpful and attentive to the needs of others, protect people's dignity and respect people's time 	<ul style="list-style-type: none"> There will be no poor planning and inefficiency, we will not waste people's time or keep people waiting
Respectful	<ul style="list-style-type: none"> We will value everyone as an individual and treat people equally and fairly 	<ul style="list-style-type: none"> We will not put people under pressure or show <u>favouritism</u>, not be unfair or leave people feeling disempowered
Appreciative	<ul style="list-style-type: none"> We will recognize people's strengths, say thank you and celebrate success, empower and bring out the best in others 	<ul style="list-style-type: none"> We will not blame and criticise or make judgments or assumptions. We will not take people for granted or forget to say 'thank you'
Trust and integrity		
Listen	<ul style="list-style-type: none"> We will take time to listen to and consider other people's views 	<ul style="list-style-type: none"> We will not ignore other people's views or ideas or be dismissive of other's opinions
Clear communication	<ul style="list-style-type: none"> We will communicate honestly and openly, offer clear explanations, keep people informed and updated 	<ul style="list-style-type: none"> We will not have unclear communication, a lack of transparency or give misleading or contradicting information
Teamwork	<ul style="list-style-type: none"> We will involve others, work as a team, share information and follow up 	<ul style="list-style-type: none"> We will not make decisions in isolation and fail to communicate with other teams / services
Speak up	<ul style="list-style-type: none"> We will seek and give feedback, encourage and support people who speak up 	<ul style="list-style-type: none"> We will not make people feel afraid to speak up and constructively challenge or reject feedback
Personal responsibility		
Positive	<ul style="list-style-type: none"> We will be enthusiastic, positive, pro-active and have a 'can do' approach 	<ul style="list-style-type: none"> We will not be negative, moan, complain, and we will not 'sit back'
Professional	<ul style="list-style-type: none"> We will be professional, consistent, a role model and lead by example 	<ul style="list-style-type: none"> We will not be unprofessional, inconsistent or lack pride in our work
Excel	<ul style="list-style-type: none"> We will take ownership and responsibility for providing a safe and excellent service 	<ul style="list-style-type: none"> We will not pass the buck, say 'it's not my problem' and fail to deliver on our promises
Keep improving	<ul style="list-style-type: none"> We will be committed to learning and improving and developing ourselves and others 	<ul style="list-style-type: none"> We will not put up barriers to new ways of learning and doing things

1. What do I need to achieve in my first 12-24 months in post?

As an NHS employee you will be required to demonstrate each year that you have the knowledge and skills required to undertake your role. Your job description and your 'Knowledge and Skills Framework' (KSF) post outline clarify the knowledge and skills that your post requires. Each year you will have an appraisal to review your progress, identify your development needs for the next 12 months, and ensure that you have the support that you need to develop. Your line manager will also discuss the pay progression process with you when you start in post, and the objectives you need to achieve in order to progress through the pay scale.

You will also be required to develop a range of essential clinical skills. You will be supported to develop these skills through skills-based training and competency assessments. In order to comply with the All Wales Skills and Development framework for Healthcare Support Workers you will also be required to complete an approved level 4 qualification within 2 years of starting in the post. If you have already completed a level 4 qualification which is appropriate to your role, your development will focus upon you developing the specialised knowledge and skills you need in your role.

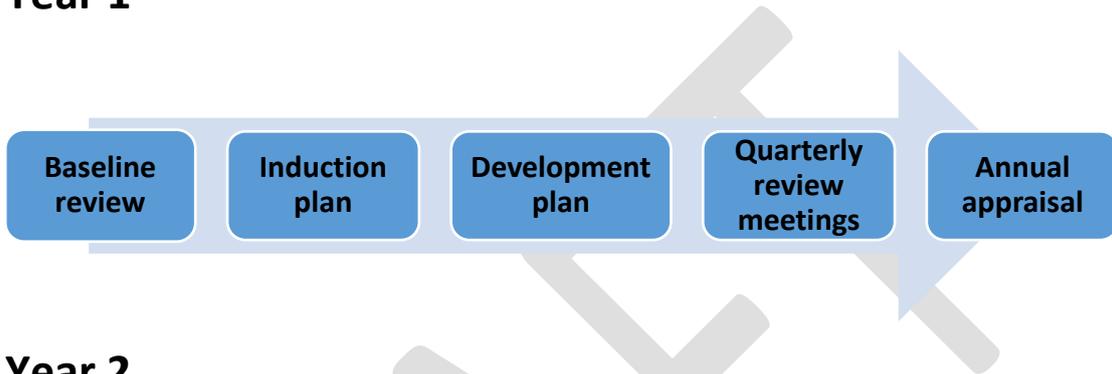
2. Who will support me?

During your development you will be supported by a practice supervisor and a practice assessor. Your practice supervisor will be a registered nurse who is experienced in your field of practice. They will work alongside you and support your learning and skills development. You will also have the support of a practice assessor who will be responsible for assessing your progress against the learning outcomes, competencies and objectives that have been set when you start in your role.

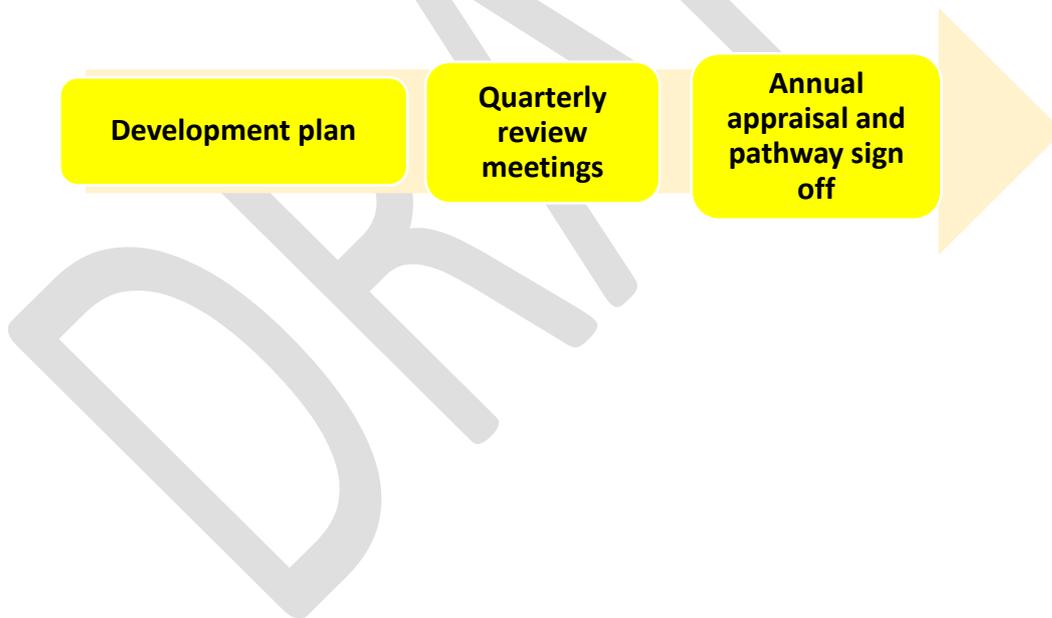
You will also be supported by your line manager and your Practice Development Nurse. These key staff will support you during your induction programme. Please see details of your planned induction on the next page.

An overview of how your development will be supported is outlined below:

Year 1



Year 2



3. Your induction plan:

Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday

4. Essential Skills and Knowledge Development Year 1:

	Skill	Training	Date attended training	Required Assessment	To be achieved by	Date assessment completed
1	<i>e.g. Wound Care</i>	<i>Wound Care Workshop (one day)</i>	<i>02/06/21</i>	<i>Wound care competencies</i>	<i>02/09/21</i>	<i>26/08/21</i>
2						
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Personal Development Plan: Assistant Practitioner Year 1

Objective	Required Actions	Support required	Deadline / review dates	Evaluation

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Mandatory Training Record

Category	Refresher Period	Approximate Timings (excluding assessments)	Date Completed
1. Fire (face to face training)	Annual update	1 hour training (face to face – do not complete e-learning)	
2. Health and Safety (e-learning)	Every 3 years	Level 1 -30 minutes	
3. Infection Prevention and Control (e-learning)	Every 3 years	Level 1 – 30 minutes Level 2 – 40 minutes	
4. Information Governance (e-learning)	Every 2 years	20 – 30 minutes	
5. Manual Handling (either 1 day update or assessment by link assessor)	Based on risk assessment		
6. Resuscitation (face to face BLS update)	yearly	40 minutes face to face session	
7. Safeguarding Adults	Every 3 years	25 minutes	
8. Safeguarding Children	Every 3 years	Level 1 – 25 minutes	
9. Treat me Fairly (Equality)	Every 3 years	30 minutes	
10. Violence and Aggression	Based on risk assessment	Level A – 20 minutes Level B – 20 minutes	
11. Violence against women	To be confirmed	To be confirmed	
12. Dementia	To be confirmed	To be confirmed	
13. Mental Capacity Act	To be confirmed	To be confirmed	

Year 1: Review Meeting 3 months

Date of meeting	Name(s) of Reviewer / practice assessor present:	
Key Issues/objectives to discuss		Please tick
Induction programme complete and all required competencies completed		<input type="checkbox"/>
All mandatory training completed – including manual handling update, BLS and fire (face to face)		<input type="checkbox"/>
Level 4 programme progress discussed		<input type="checkbox"/>
Assistant practitioner comments regarding development needs and objectives :		
<p style="margin-top: 20px;">Practice Assessor/reviewer comments regarding development needs and objectives:</p>		
Agreed actions and time frame: (please add additional objectives to PDP if required)		
Practice Assessor/reviewer signature		
HCSW Signature		

Year 1: Review Meeting 6 months

Date of meeting	Name(s) of Reviewer / practice assessor present:	
Key Issues/objectives to discuss		Please tick
Level 4 programme progress discussed		
Assistant practitioner comments regarding development needs and objectives :		
<p style="text-align: center;">Practice Assessor/reviewer comments regarding development needs and objectives:</p>		
<p>Agreed actions and time frame: (please add additional objectives to PDP if required)</p>		
Practice Assessor/reviewer signature		
HCSW Signature		

Year 1: Review Meeting 9 months

Date of meeting	Name(s) of Reviewer / practice assessor present:	
Key Issues/objectives to discuss		Please tick
Level 4 programme progress discussed		
1.		
2.		
Assistant practitioner comments regarding development needs and objectives :		
<p style="text-align: center;">Practice Assessor/reviewer comments regarding development needs and objectives:</p>		
<p>Agreed actions and time frame: (please add additional objectives to PDP if required)</p>		
Practice Assessor/reviewer signature		
HCSW Signature		

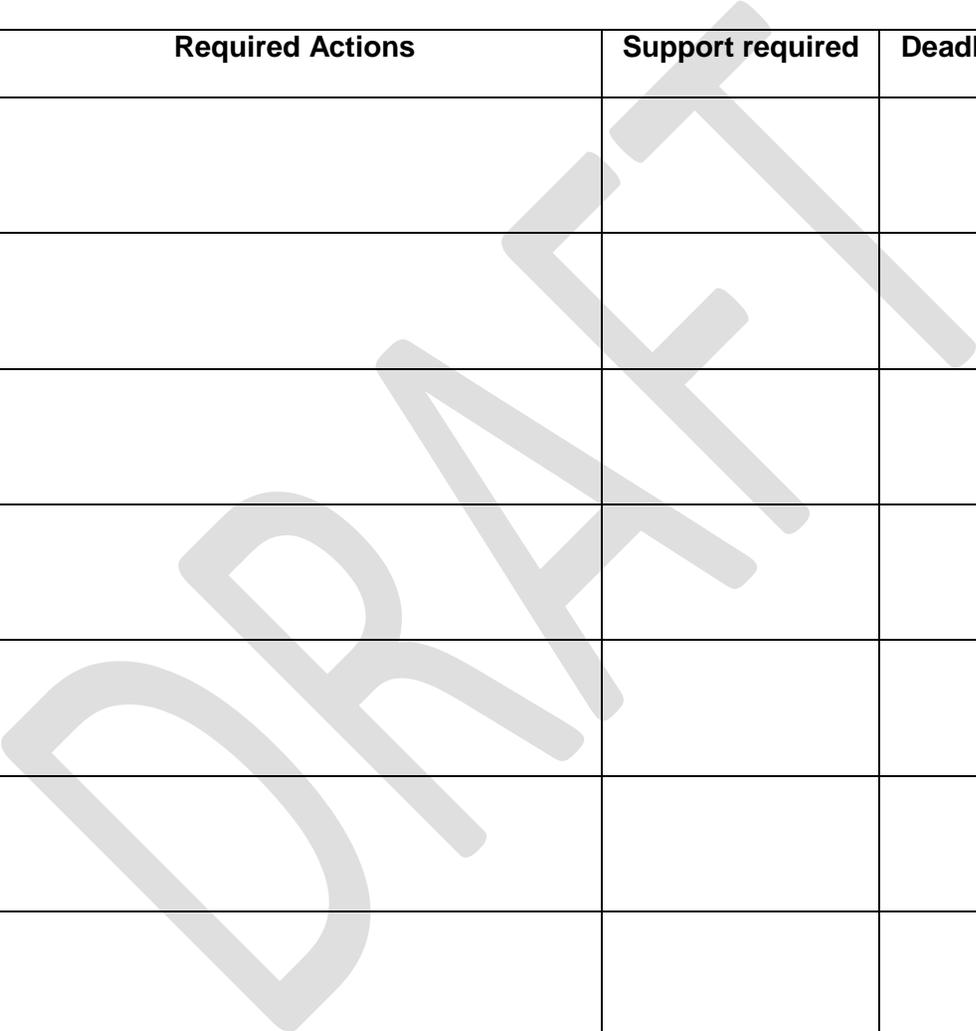
Year 2

Essential Skills and Knowledge Development:

	Skill	Training	Date attended training	Required Assessment	To be achieved by	Date assessment completed
1	<i>e.g. Wound Care</i>	<i>Wound Care Workshop (one day)</i>	<i>02/06/21</i>	<i>Wound care competencies</i>	<i>02/09/21</i>	<i>26/08/21</i>
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Year 2 Personal Development Plan: Assistant Practitioner

Objective	Required Actions	Support required	Deadline / review dates	Evaluation



Year 2: Review Meeting 3 months

Date of meeting	Name(s) of Reviewer / practice assessor present:
Key Issues/objectives to discuss	
Level 4 programme progress discussed	Please tick
Assistant practitioner comments regarding development needs and objectives :	
Practice Assessor/reviewer comments regarding development needs and objectives:	
Agreed actions and time frame: (please add additional objectives to PDP if required)	
Practice Assessor/reviewer signature	
HCSW Signature	

Year 2: Review Meeting 6 months

Date of meeting	Name(s) of Reviewer / practice assessor present:
Key Issues/objectives to discuss	
Level 4 programme progress discussed	Please tick
Assistant practitioner comments regarding development needs and objectives :	
Practice Assessor/reviewer comments regarding development needs and objectives:	
Agreed actions and time frame: (please add additional objectives to PDP if required)	
Practice Assessor/reviewer signature	
HCSW Signature	

Review Meeting 9 months

Date of meeting	Name(s) of Reviewer / practice assessor present:
Key Issues/objectives to discuss	
Level 4 programme progress discussed	Please tick
Assistant practitioner comments regarding development needs and objectives : Practice Assessor/reviewer comments regarding development needs and objectives: Agreed actions and time frame: (please add additional objectives to PDP if required) 	
Practice Assessor/reviewer signature	
HCSW Signature	

Appraisal will be held at 12 months and pathway sign off recorded

Appendix V:

Assistant Practitioner Scope of Practice Proforma

Guidance:

1. All assistant practitioner roles must have a scope of practice (ScoP) document which ensures that the assistant practitioner and delegating registrants have a clear understanding of the role.
2. This scope has been developed as a core document which can be adapted in line with role specifics.
3. Adaptations must be in line with the all Wales Assistant Practitioner (Nursing) Governance Framework.
4. The ScoP will enable assistant practitioners to work within role boundaries and also develop to the top of their scope.
5. The scope of practice must be reviewed annually by the line manager, educator and the assistant practitioner as part of the annual appraisal process.
6. A review should also be undertaken: if there are any practice/performance concerns; if the role changes or if the individual has not been working in the role for a significant period e.g. maternity leave.
7. If discussions instigated by the reasons indicated in point 6 result in the need to change the ScoP – a revised ScoP must be provided to the assistant practitioner.
8. A signed copy of the scope must be held by the individual and also a copy held on their personal file.

Appendix V: Assistant Practitioner Scope of Practice Proforma

Name of Assistant Practitioner		Date started Assistant Practitioner role	
Name of Line Manager/Educator holding discussion		Role	
Department, directorate and division		Directorate and Division	
Being an accountable professional	<ul style="list-style-type: none"> a. Act in accordance with the Code of Conduct for Healthcare Support Workers in Wales, role scope of practice, the all Wales Assistant Practitioner Governance Framework and HB policies and procedures at all times. Recognising own limitations and role boundaries and seeking immediate support where required. b. Document care provision and patient monitoring clearly, completely and accurately in patient records c. Prioritise own workload and effectively manage caseloads through effective delegation and time management, and support band 2 and 3 HCA to do the same d. Challenge or report behaviours which do not align to the HB values and code of conduct. e. Identify and report any concerns about the competence and practice of HCA to whom care is delegated 		
Promoting Health and preventing ill health	<ul style="list-style-type: none"> a. Promote preventative health behaviours b. Provide information to support people to make informed choices to improve their mental and physical wellbeing c. Apply principles of effective infection prevention and control to own practice and the practice of HCA 		
Provide and monitoring care	<ul style="list-style-type: none"> a. Provide and monitor person-centred, holistic care for an allocated group of patients, under the indirect supervision of a registered nurse. b. Provide timely provision of all aspects of fundamental care delegating care to band 2 and 3 HCA as appropriate c. Provide accurate information to patients, their families and carers before, during and after care interventions 		

	<ul style="list-style-type: none"> d. Monitor patient condition and response to treatments and provide regular updates to the RN to support evaluation of care e. Early recognition of deteriorating patients, reporting immediately to RN and implementing required care as per RN instructions f. Provide culturally sensitive end of life care to patients, families and carers, responding promptly to uncontrolled symptoms and signs of distress g. Support appropriate patient transfer including post-operative patient collection. h. Use enhanced communication skills to manage emotional conversations and to provide emotional support to patients, relatives and carers, escalating to the RN when conversation falls outside of role boundaries/own competence i. Identify when individuals lack the mental capacity to make care decisions and escalate to the RN j. Undertake wound dressings as planned by the RN. Seeking RN advice if any concerns or changes to the wound k. Promote mobility and support falls prevention. Ensure post fall guidance is followed in the event of a fall. l. Ensure effective monitoring to ensure that all patients receive adequate nutrition and hydration and that inadequate intake is escalated to the RN so that planned care can be reviewed.
Working in teams	<ul style="list-style-type: none"> a. Contribute to the provision of a healthy working environment and support and motivate others within the team b. Provide support and education to band 2 and 3 HCA and healthcare students c. Undertake annual appraisals for band 2 and 3 HCA in conjunction with the RN
Improving Safety and quality of care	<ul style="list-style-type: none"> a. Recognise and immediately report factors that impact upon patient/staff/visitor/carer safety and wellbeing b. Complete incident reports in conjunction with the RN and take appropriate action as delegated by the RN c. Support the RN to undertake patient risk assessments
Contributing to integrated care	<ul style="list-style-type: none"> a. Support the RN with discharge/transfer planning, ensuring that the RN is aware of all patient care and support needs b. Following discussions with the RN
Enhanced clinical skills to be undertaken in role	

<p>NB: Additional training and assessment of competence required</p>	
<p>Role exclusions: these activities must not be undertaken by an assistant practitioner</p>	<ul style="list-style-type: none"> d. Planning of care e. Being in charge of a clinical shift f. Blood transfusions g. Care of infusion devices h. First catheterisations: assistant practitioners can undertake routine repeat catheterisations for change of catheter if catheterisation has been assessed as being straightforward by an RN. i. Verifying expected death j. Line insertion e.g. long lines k. NG tube insertion and confirmation of tube placement l. Advanced physical assessment skills as per Annex B of the NMC nursing proficiencies
<p>Medicines management: agreed responsibilities</p> <p>Please provide specific detail re: agreed medicines management responsibilities including agreed routes of administration</p>	

<p>Medicines management: role exclusions.</p> <p>These activities must not be undertaken by an assistant practitioner</p>	<ul style="list-style-type: none"> ▪ Administration of intravenous medications and infusions ▪ Administration of subcutaneous infusions ▪ Administering controlled drugs ▪ Administration of cytotoxic drugs (all routes) ▪ Administration and care of total parental nutrition (TPN) ▪ Administering medication from Patient Group Directives (PGDs) <i>(The only variation to this exclusion is AsstP who are undertaking immunisation as part of their role where they work in accordance with the vaccine specific National Protocols and local guidance)</i> ▪ Transcription of medicines ▪ Non-medical prescribing 		
Initial discussion			
Confirmation of discussion:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:
Annual review			
Confirmation of review:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:

Annual Review			
Confirmation of review:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:
Annual Review			
Confirmation of review:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:
Annual Review			
Confirmation of review:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:

Annual Review

Confirmation of review:	Name and Role (educator/line manager:	Signature:	Date:
I can confirm that I understand the ScoP and my responsibilities to work within it	Name of assistant practitioner:	Signature:	Date:

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Appendix VI

Assistant Practitioner: approved level 4 qualifications				
Title	Occupational Codes	Related Qualification Titles		Qualifications in Development
Nursing Adult/ General, to include hospital-based HCAs in Adult focused areas.				
Assistant Practitioner	Band 4	NFA	L4 HCSW HE Cert (Adult) or equivalent	
			L4 Health and Social Care Professional Practice (pathway)	
Nursing Mental Health, to include hospital and community based HCAs.				
Assistant Practitioner	Band 4	NFD	L4 HCSW HE Cert (Mental Health) or equivalent	
		NFE	L4 Professional Practice (one of Dementia / Mental Health/ Positive Behaviour Support)	
Nursing Learning Disability, to include hospital, community/residential based.				
Assistant Practitioner	Band 4	NFG	L4 HCSW HE Cert (Learning Disability)	
		NFF	L4 Professional Practice (one of Learning Disability-Autism, Positive Behaviour Support, CYP)	
Nursing Community, HCAs in Adult District Nursing, Integrated and Rehabilitation Services				
Assistant Practitioner	Band 4	NFH	L4 HCSW HE Cert (Adult) or equivalent	L4 Complex Care Support Qualification
			L4 Professional Practice (one of Dementia / Mental Health/ Positive Behaviour Support)	

Maternity, hospital & community services including SCBU.				
Assistant Practitioner	Band 4	NFC NFL		L4 Perioperative Qualification
Education Support Staff				
Assistant Practitioner	NFK	N8K, N9K	Level 4 Education Requirements to be agreed Locally	
Multiple Therapies to include hospital & community services, where HCAs combine skills across professional groupings (possible from Nursing and Therapies).				
Assistant Practitioner	Band 4	S5K	L4 Diploma for Therapy Assistant Practitioners	
Nursing Child, to include HCAs both in-patient and community services, HV services, play room staff				
Assistant Practitioner	Band 4	NFB N8B	L4 HCSW HE Cert (Child) or equivalent	L4 Complex Care Support Qualification
			L4 Play Specialist Qualification	
		N8K NFK NFH	L4 Childcare Play Learning and Development: Professional Practice (Pathway i.e. Working with Families)	
Operating Theatres				
Assistant Practitioner	Band 4	S5T	L4 Perioperative Care Qualification	L4 Perioperative Care Qualification

Appendix VII

Definition of 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**)