

Roles, Responsibilities and Competencies for Clinical Staff (Bands 2- 8a) Policy

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**Roles, Responsibilities and Core Generic Competencies for Clinical Staff
(Bands 2-8a) Policy
Version Control Sheet**

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**Roles, Responsibilities and Core Generic Competencies for Clinical Staff
(Bands 2-8 A) Policy
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Roles, Responsibilities and Core Generic Competencies for Clinical Staff (Bands 1-8a) - Framework Document for Staff and Managers

Procedural Document Statement

“The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning” (Professor Don Berwick cited by HEE, 2016). Health Education England (HEE) also state that creating an environment where patients are at the centre of care, treated with openness and honesty and where staff are trained to focus on patient needs, in turn, provides safe care (2016). In order to deliver high quality, patient centred care, staff must ensure they are safe and competent to carry this out in line with their scope of practice. The NHS interim people plan (2019) supports the requirement for staff to be supported to deliver the care required of them.

1. Introduction

1.1. The purpose of this document is to clarify the roles, responsibilities and core competencies of clinical non-registered staff [support worker] and registered professionals working in all clinical areas within Lincolnshire Community Health Services NHS Trust (LCHS). It describes the generic aspects of bands 2-8a roles and also outlines the core generic competencies required for each band and the requirement for staff to have specialist skills aligned to the needs of the local health population. By complying with this policy, the organisation is able to set out and evidence competence in a structured and equitable way and continue to achieve LCHS aspirations to support the ethic of learning

1.2. There is considerable variation across clinical areas relating to specific competencies as well as support worker competencies. Support workers are key to delivering a timely and efficient healthcare service and must only undertake delegated activity of certain tasks and duties that are within their scope of competence, making sure that they fully understand the instructions (The Code, NMC 2018). Therefore, this document provides a framework to assure the competency of clinical staff (bands 2-8a) excluding medical staff, and must be used to ensure that a member of staff is competent to carry out the tasks delegated to them.

1.3. The overall purpose is to:-

- Identify knowledge and skills of varying bands required to be competent
- Quality assurance of competency level within the organisation
- Identify staff learning and development needs
- Guide continuing professional development
- Promote career progression

2. Background

2.1. The Shape of Caring Review (2015) recommends developing the support worker role in order to provide greater benefits for patients, the NHS and the individuals who are trained. There is a recognised need to expand the numbers of non-registered staff in order to meet the growing demands as well as looking at the skill mix of areas and subsequent workforce planning.

2.2. The Francis report (2013) and the review by Cavendish (2013) recommend a well-defined and consistent approach to training so that registered practitioners feel confident in delegating clinical care activities to all unregistered staff.

2.3. Key objectives for clinical staff (Bands 2-8a) can be found in the Overview of Scope of Practice and Accountability. Appendix 2

2.4. LCHS support a career pathway for staff and offer progression guidance and opportunities for those staff who want to develop.

2.5. LCHS support progression pathways for all clinical staff and this must be incorporated in to the annual appraisal process in discussion with line managers to identify individual learning, service needs and training needs analysis.

2.6. Staff progression to advanced banding must also be identified in workforce plans.

2.7. This framework applies to all Trust clinical staff (bands 2-8a) and will provide organisational assurance that all skills and competencies are centrally approved within a governance framework.

2.8. It is recognised that clinical staff who work within specialist teams or areas may be required to undertake tasks that are outside of the core generic competencies outlined in this policy. Where specific tasks are identified, there must be a Trust clinical competency to support this. All new competencies that are developed must be approved and ratified through LCHS standard governance routes. See Appendix 1 flowchart.

2.9. Implementation of this policy will ensure that:

- staff only carry out tasks and duties within their scope of competence
- staff have a clearly defined pathway for career progression
- staff are supported and developed and retention of existing staff is increased
- organisation is clear on clinical skills training etc. pipeline planning

2.10. The development and investment of the workforce in all professions is acknowledged to support the recruitment and retention of the workforce now and into

the future.

3. Responsibilities

3.1 All staff must be compliant with the responsibilities outlined in their job description with regards to responsibility for patient care as well as all other responsibilities stated including mandatory training requirements relevant to their role. Any gaps in knowledge must be identified and discussed with their line manager and an action plan agreed as outlined in LCHS Your Performance Matters policy.

3.2. All staff must actively participate in supervision sessions with their line manager and/or peers and this should be documented and evidenced in accordance with the LCHS Clinical Supervision policy. A minimum of one session 3 monthly is required.

3.3. Staff must keep their knowledge and skills up to date and relevant to their scope of practice through continuing professional development and must only practice within their own limits, skill and experience (HCPC, 2016). The staff member is responsible for maintaining accurate records of their CPD and competence to carry out their role, for registered staff this supports revalidation.

3.4. Any performance, conduct or capability issues should be managed in line with Trust policy.

3.5. Competence is about the possession of knowledge and skills required to carry out a skill or task. Competence however does not last forever, so in order to remain competent, staff must regularly perform the skill and continually update and adapt their practice when appropriate as processes and systems change. It requires reviewing as per individual competency requirement. See the Clinical competence library for renewal periods.

3.6. Annual appraisals should include discussion around the competencies required and any new competencies that may be needed for the job role and the in-house or external education and training that will be required. If core skills are not being achieved a plan of action to address this must be acknowledged in any appraisal documentation.

3.7. All staff must discuss with their line manager/supervisor at their appraisal and self-declare that they are compliant, competent and up to date with all competencies identified for their role. This will be completed via a discussion with their supervisor during their appraisal and signed off when both parties are in agreement. Staff are encouraged to take evidence of their competence with them to form part of this discussion. Where competencies are identified for achievement, this can form part of staff objectives for the coming year.

3.8 This framework applies to bank staff and those on fixed term contracts. Agency staff must have the required competencies to fulfil the responsibilities outlined in the job description for the role they are undertaking including mandatory training being up to date. The agency is responsible to ensure that these competencies are evidenced. In addition, it is the Agency staff's responsibility to provide evidence of competencies on appointment as well as identifying knowledge and skills where they are not competent to perform in relation to the role required. It is the responsibility of the organisation's clinical lead within the specific area of work to seek evidence of competence and assign duties accordingly.

4. Competencies

Definitions

4.1 Clinical Skill – for the purposes of this policy, a clinical skill relates to any patient-care related activity. Each service should have a list of the clinical skills that this policy covers.

4.2 Competency Assessment – an assessment that is both undertaken by the assessee and completed by the assessor. The competency assessment once completed only ensures that the person is competent at the time of assessment.

4.3 Assessor – a person who has the necessary attributes to assess see 6.2 for more detail.

5. Duties and responsibilities

5.1 The Chief Executive has overall responsibility for ensuring that the Trust meets its statutory and non-statutory obligations, with overview that staff are competent to undertake clinical skills delivery.

5.2 The Director of Nursing, AHP's and Operations is responsible for ensuring that staff uphold the principles of delivering safe care to patients, take personal accountability for care provision and omissions; that appropriate procedures are developed, implemented and maintained.

5.3 The Clinical Practice Education Team in collaboration with the Learning and Development team, and specialist leads, is responsible for the overarching management of the clinical competency library including the administration updating and the library remains reflective of the workforce needs, supporting the workforce to achieve identified core and specialist clinical skills to deliver care to the local population.

5.4 Service Management Teams are responsible for

- Ensuring that the requirements of this policy and related policies and procedures, are effectively managed within their services, and that clinical staff are aware of, and apply, those requirements.
- Developing and maintaining a list of the clinical skills that are covered by their service.

5.5 Line managers are responsible for:

- Ensuring staff have the skills and knowledge to perform their role safely and effectively, and to meet the needs of the service.
- Ensuring staff maintain their clinical skills.
- Ensuring there are local assessors of competence for each essential clinical skill, within their team or service, and that those staff have the skills and knowledge to do this effectively.

As a minimum all staff should have competency level reviewed annually at appraisal.

5.6 Assessors of clinical competency are responsible for:

- Assessing an individual practitioner's knowledge and competencies in designated skills.
- Ensuring they are trained, competent and current in performing the skill they are assessing.
- Ensuring they have sound knowledge of the relevant policies and procedures relating to the skill they are assessing.

5.7 Staff undertaking a new clinical competency are responsible for:

- Practicing the skill according to the relevant policies and procedures.
- Knowing their own limitations and to know when to seek advice or escalate to concerns.
- Seeking further training and assessment of competence after periods of extended absence or where lack of clinical opportunities has compromised potential competence.
- On completion of the competency assessment, the assessed staff member should record and safely store evidence to support competency and this will be reviewed annually at appraisal.

6. The Policy

6.1 Competency assessments

Each clinical skill must have its own set of identified competencies, outlined in the relevant policy or Standard Operating Procedure (SOP). The responsibility for this sits with the appropriate specialist lead for that skill.

If there is no competency assessment available for a specific clinical skill, a generic assessment form may be used and adapted for the skill being assessed. See appendix one competency flow.

All competency assessments for clinical skills are listed in the competency library within the staff intranet site once they have been ratified by the appropriate governance route and will be uploaded by the Clinical Practice Education Team.

6.2 Who Can Assess?

Registered professionals or Band 4 and above staff that are trained and competent in a clinical skill, may assess the competence of others in that skill.

6.3 The Assessment Process

The assessor is responsible and accountable for appropriate assessment of competence at the time the assessment is carried out, not for the ongoing practice of the individual assessed.

A period of supervised practice is recommended, prior to assessment of competence, where the skill is practiced under the direct supervision of a competent individual.

Following a recommended period of supervised practice, staff should be formally assessed using the competence form. If competence is achieved this must be signed before the staff member can undertake the clinical skill in practice, therefore supervised practice must continue until competence is signed.

If a member of staff does not reach the required level of competence following 2 formal assessments, even with appropriate support and guidance, the assessor of practice must refer to the individual's line manager for review.

6.4 Maintaining Competence and Reassessment of Competence

Each individual competence will have a statement to define if and when the competence requires reassessment; this will be documented within the competency library on the intranet.

It may be necessary for staff to access further updates/ training to enable them to practice competently and confidently. This should be considered after periods of extended absence through sickness or maternity leave or where lack of clinical opportunities has compromised potential competence. The requirement to undertake updates and competence will be on an individual basis with line manager or when out of scope to policy.

If a clinical skill has not been practiced regularly for up to 12 months, refresher training and reassessment of competence may be undertaken. If it has not been

undertaken for a longer period, then full training and reassessment of competence will be needed. The staff member must discuss and agree their ongoing training needs with their line manager, the Clinical practice educator or learning and development team if necessary.

6.5 New staff from other Healthcare Organisations

New staff (including bank staff) recruited from other healthcare organisations may continue to practice existing clinical skills once they have completed the following process:

- Produce a certificate of training and documentation of competency assessment from their previous healthcare employer.
- Familiarise themselves with the specific policies and procedures relating to that skill including Infection, Prevention and Control.
- Undergone a competency assessment of the skill/s.

If staff cannot produce the required certificates and assessment from their previous healthcare employer, they need to discuss their experience relating to this skill with an appropriate registered professional. If the registered professional is assured that the staff member has the appropriate skills and knowledge, the individual may then undergo the appropriate competency assessment for that skill before they practice the skill. If the registered professional is not assured, the staff member will be required to attend the relevant formal training course.

6.6 Agency Staff

Agency staff must provide written evidence of training and competence in a particular skill before utilising it as stated in section 3.8.

7. Monitoring compliance and effectiveness

7.1 Review of evidence of competency will be undertaken at the time of appraisal to ensure the staff member is still utilising their competencies and is still capable and confident in their abilities in line with their job description and local service needs.

7.2 All incidents, complaints and feedback relating to assessment of competence will be monitored locally by team leaders/ward managers and matrons. Good practice, any shortfalls, action points and lessons learnt will be discussed at the relevant Governance Groups, who will be responsible for ensuring improvements, where necessary, are implemented. The results and action plans resulting from any audits related to this policy will be disseminated through the Trust's communication methods.

8. Dissemination

8.1. The Royal College of Nursing (RCN) ((2015), citing (Cox, (2010)) states that the law imposes a duty of care on practitioners, whether they are healthcare assistants, assistant practitioners, students, registered nurses or others, when it is reasonably foreseeable that they might cause harm to patients through their actions or failure to act.

8.2. The HCPC Standards of conduct, performance and ethics (2016) state that registrants must make sure that their conduct justifies the public's trust and confidence in them and the profession.

8.3. Registrants must be open and honest when something has gone wrong with the care, treatment or other services they provide and make sure that service users or, where appropriate, their carers, receive a full and prompt explanation of what has happened and any likely effects. This is in line with Duty of Candor Policy.

8.4. LCHS is accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to LCHS via their contract of employment. The Trust provides employees with this insurance through vicarious liability.

8.5. The registered practitioner is accountable to their regulatory and professional bodies in terms of standards of practice and patient care and must ensure that they continue to meet them (HCPC, 2016). Registrants also have a duty of care and a legal liability with regard to the patient (NMC, 2018).

8.6. The registered practitioner is accountable for the appropriate and effective delegation of activities and it is their responsibility to ensure that the person they are delegating the activities to, has the competency, confidence and expertise to carry them out safely. Staff must continue to provide appropriate supervision and support to those they delegate work to (HCPC, 2016). The unregistered practitioner is responsible to feedback to the registered practitioner an activities completed under their delegation.

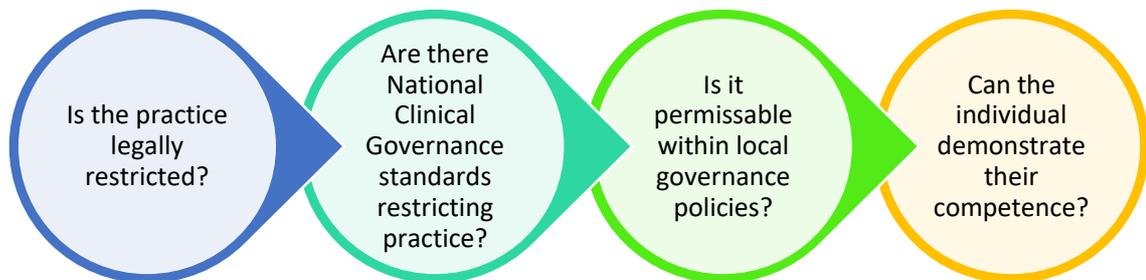
8.7. Having accepted the task, the support worker, is accountable for their actions. In a situation when the support worker feels they do not have the necessary skills or ability, or that the patient status has changed, then they must alert the registered practitioner immediately. The NMC (2018) states the following:

Support workers have a duty of care and therefore a legal liability with regard to the patient. They must ensure that they perform competently. They must also inform another when they are unable to perform competently.

8.8. The RCN: Accountability and Delegation Guide (2015) states that in order for anyone to be accountable, they must:-

- Have the ability, knowledge and skills to perform the activity
- Accept the responsibility to do the activity
- Have the authority to perform the activity within their role, job description and the policies and protocols of the organisation.

8.9. The 4 steps to safe practice that all clinical staff should adhere to are:-



9 Roles and responsibilities

9.1. The Care Process is the common thread uniting healthcare workers in every field and provides a framework in which to base holistic, patient centred practice.

This 4 step process is the core of everything we do as healthcare workers and consists of:

- Assessing
- Diagnosing
- Planning Intervention; and
- Evaluating care (Wilkinson, J, 2011)

9.2. Healthcare workers at different bandings will contribute to the Care Process in different ways. Overarching responsibility for this process will remain with the registered practitioner ensuring they have been suitably trained and competency assessed in accordance with Trust policy and procedure.

10. Academic progress Band 2 – 8A

10.1. Although this is not prescriptive the table below is an indication of the academic requirements.

10.2. Overview of qualifications by role:

Banding	Qualification and level required	Functional Skills (English and Maths)	Experience/entry criteria
Entry level Apprentice – annex 21 (70% of band2)	None, however must be willing to work towards a level 2 vocational qualification relating to their clinical area	None, however must achieve a level 1 by the end of the programme and attempt level 2	None
Band 2	Have, or be willing to work towards a Level 2 vocational qualification relating to their clinical area	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-7	Prior experience of working in care setting or college course desirable
Band 3	Have, or willing to work towards a Level 3	English L1 or GCSE English grade A-	Prior experience of working as a Band 2

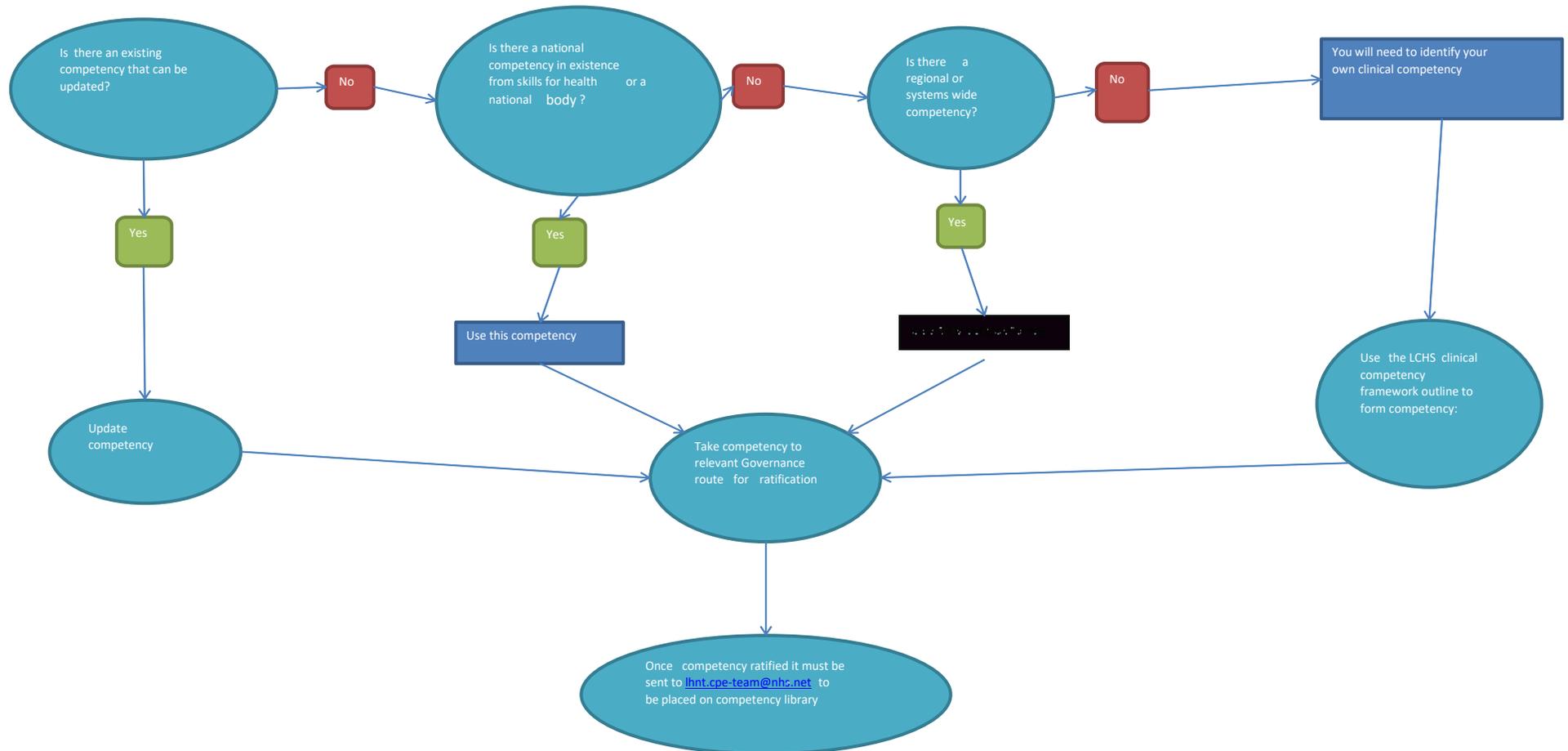
	vocational qualification relating to their clinical area	D/4-7 Maths L1 or GCSE Maths grade A-D/4-7	support worker essential (or relevant experience)
Band 4	Level 5 Foundation Degree relating to their clinical area.	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-7	Experience of working in a healthcare setting (minimum 6 months), L2 or L3 qualification
Band 5	Level 6 or above	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-	Experience of working in a healthcare setting (minimum 12 months),
Band 6	Level 6 or above	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-	Experience of working in a healthcare setting (minimum 12 months),
Band 7	Level 7 study or above	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-	Experience of working in a healthcare setting (minimum 12 months),
Band 8a	Level 7 qualification	English L1 or GCSE English grade A-D/4-7 Maths L1 or GCSE Maths grade A-D/4-	Experience of working in a healthcare setting (minimum 24 months),

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- Health Education England (March 2015) *Shape of Caring Review (Raising the Bar)*
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- HCPC (2016) *Standards of conduct, performance and ethics*
- Nursing and Midwifery Council (2018) *The Code: professional standards of practice and behaviour for nurses and midwives*
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- *Clinical Skills – Developing and Maintaining a Competent Clinical Workforce. Version 2, Musgrove Park Hospital*
- NHSLA (2011). *Risk Mandatory Standards – 2011/12. V1*
- *Royal Marsden Nursing Manual of Nursing procedures (2015) 9th Edn*
- Nursing and Midwifery Council. 2015. *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives.* London: NMC

Appendix 1 Competency flow chart

Competency required for clinical skills



Appendix 2

Overview of Scope of Practice and Accountability			
Band 2 Support Worker – Help, Support and Contribute to care of patients	Band 3 Senior Support Worker – Undertake, Monitor and Promote care of patients	Band 4 Assistant Practitioner/Nursing Associate – undertake & monitor the care of patients & act/respond accordingly	Band 5 Registered Practitioner (or non-registered therapy practitioner) is accountable for the care process and appropriately delegating activities

<ul style="list-style-type: none"> Accountable for accepting tasks delegated to them ensuring they are working within their scope of practice, skills and knowledge in line with the care process Supervised by a registered practitioner, assistant practitioner, nursing associate, senior support worker Compliant with responsibilities outlined in job description, personal profile and specific 	<ul style="list-style-type: none"> Accountable for accepting tasks delegated to them ensuring they are working within their scope of practice, skills and knowledge in line with the care process Accountable for delegating tasks to Bands 1 and 2 Supervised by a registered practitioner, assistant practitioner, nursing associate Able to supervise Bands 1 and 2 Compliant with responsibilities 	<ul style="list-style-type: none"> Accountable for accepting tasks delegated to them ensuring they are working within their scope of practice, skills and knowledge in line with the care process Accountable for delegating tasks to Bands 1, 2 and 3 NAs professionally accountable for delegating tasks Able to supervise and direct the work of Bands 1-3 Supervised by a registered 	<ul style="list-style-type: none"> Professionally accountable for accepting tasks delegated to them within their scope of practice, skills, knowledge and judgement in line with the care process Professionally accountable for delegating tasks to Bands 1-4 Able to supervise and direct the work of Bands 1-4 Responsible for:- Delivery of patient care – assessment, diagnosing, planning
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<p>competencies required</p> <ul style="list-style-type: none"> • Works within own sphere of competence, code of conduct and standards of practice at all times • Can assess Care Certificate 	<p>outlined in job description, personal profile and specific competencies required</p> <ul style="list-style-type: none"> • Works within own sphere of competence, code of conduct and standards of practice at all times 	<p>practitioner</p> <ul style="list-style-type: none"> • Compliant with responsibilities outlined in job description, personal profile and specific competencies required • Responsible for delivery of patient care, assessment and planning • Works within own sphere of competence, code of conduct and standards of practice at all times • Competent across nursing and AHP practices appropriate to specialty (Assistant Practitioners) • Working to NMC regulatory requirements (Nursing Associates) 	<p>and evaluation Care management Professionally accountable for unregistered staff bands 1-4</p> <ul style="list-style-type: none"> • Competent across wide range of clinical skills • Works within own sphere of competence, code of conduct and standards of practice at all times • Can assess Level 2 & 3 qualifications and mentor pre-registration students, nursing associates and assistant practitioners • Compliant with responsibilities outlined in job description, personal profile and specific competencies required • Educated to Degree level (or equivalent)
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Overview of Scope of Practice and Accountability

Band 6 Registered Practitioner is accountable for the care process and appropriately delegating activities

- Professionally accountable through registrations for accepting tasks delegated to them within their scope of practice, skills, knowledge and judgement in line with the care process
- Responsible for some managerial responsibility for clinical staff
- Taking on the responsibility to deputise for the Band 7 in their absence
- Professionally accountable for delegating tasks to Bands 1-5
- Able to supervise and direct the work of Bands 1-5
- Responsible for:-

Delivery of patient care – assessment, diagnosing, planning and evaluation o Care management

Professionally accountable for unregistered staff

- Competent across wide range of clinical skills
- Works within own sphere of competence, code of conduct and standards of practice at all times
- Can assess Level 2 & 3 qualifications and mentor pre-registration students, nursing associates and assistant practitioners
- Compliant with responsibilities outlined in job description, personal profile and specific competencies required
- Expectation that staff working at this level have been educated to Degree level (or equivalent) and have completed modules pertaining to Leadership and clinical specialties as appropriate
- Demonstrates the ability to work with teams motivating and empowering them to deliver excellent standards of patient care and service
- Demonstrates the ability to use professional knowledge and experience to influence decision making processes in order to improve outcomes for patients and staff
- Demonstrates excellent understanding of accountability issues in relation to delegation and is able to share knowledge with less experienced / junior staff
- Demonstrates the ability to delegate activities in an effective manner, recognising and respecting different job roles and competencies levels of staff to whom delegating
- Demonstrates clear clinical leadership and is a positive role model promoting the Trust values at all times
- Monitors team competency, effectiveness and efficiency
- Supports ward/clinical manager to maintain and improve quality and safety
- Supports ward/clinical manager in the operational management responsibility of the ward/service/team

Band 7 Registered Practitioner is accountable for the care process and appropriately delegating activities

- Professionally accountable through registrations for patient care within their scope of practice, skills, knowledge and judgement in line with the care process

- Responsible for managerial responsibility for clinical staff in their identified teams
- Taking on the responsibility to deputise for the Band 8 in their absence
- Professionally accountable for delegating tasks to Bands 1-6
- Able to supervise and direct the work of Bands 1-6
- Responsible for:-

Delivery of patient care – assessment, diagnosing, planning and evaluation of Care management
 Professionally accountable for unregistered staff

- Competent across wide range of clinical skills
- Works within own sphere of competence, code of conduct and standards of practice at all times
- Can assess Level 2 & 3 qualifications and mentor pre-registration students, nursing associates and assistant practitioners
- Compliant with responsibilities outlined in job description, personal profile and specific competencies required
- Expectation that staff working at this level have been educated to Degree level (or equivalent) and have completed modules pertaining to Leadership and clinical specialties as appropriate
- Demonstrates the ability to work with teams motivating and empowering them to deliver excellent standards of patient care and service
- Demonstrates the ability to use professional knowledge and experience to influence decision making processes in order to improve outcomes for patients and staff
- Demonstrates excellent understanding of accountability issues in relation to delegation and is able to share knowledge with less experienced / junior staff
- Demonstrates the ability to delegate activities in an effective manner, recognising and respecting different job roles and competencies levels of staff to whom delegating
- Demonstrates clear clinical leadership and is a positive role model promoting the Trust values at all times
- Monitors team competency, effectiveness and efficiency
- Acts to maintain and improve quality and safety
- Holds operational management responsibility of the ward/service/team
- Supports HOC/ matron in the operational management responsibility of the ward/service/team

- Band 8a Registered Practitioner is accountable for the care process and appropriately delegating activity

- Professionally accountable through registrations for patient care within their scope of practice, skills, knowledge and judgement in line with the care process
- Responsible for managerial responsibility for clinical staff in their identified teams
- Taking on the responsibility to deputise for the Matron in their absence
- Professionally accountable for delegating tasks to Bands 1-7
- Able to supervise and direct the work of Bands 1-7

- Responsible for:-
- Delivery of patient care – assessment, diagnosing, planning and evaluation of Care management
- Professionally accountable for unregistered staff
- Competent across wide range of clinical skills
- Works within own sphere of competence, code of conduct and standards of practice at all times
- Can assess Level 2 & 3 4 qualifications and mentor pre-registration students, nursing associates and assistant practitioners
- Compliant with responsibilities outlined in job description, personal profile and specific competencies required
- Expectation that staff working at this level have been educated to masters level (or equivalent) and have completed modules pertaining to Leadership and clinical specialties as appropriate
- Demonstrates the ability to work with teams motivating and empowering them to deliver excellent standards of patient care and service
- Demonstrates the ability to use professional knowledge and experience to influence decision making processes in order to improve outcomes for patients and staff
- Demonstrates excellent understanding of accountability issues in relation to delegation and is able to share knowledge with less experienced / junior staff
- Demonstrates the ability to delegate activities in an effective manner, recognising and respecting different job roles and competencies levels of staff to whom delegating
- Demonstrates clear clinical leadership and is a positive role model promoting the Trust values at all times
- Monitors team competency, effectiveness and efficiency
- Acts to maintain and improve quality and safety
- Holds operational management responsibility of the ward/service/team
- Supports HOC/ matron in the operational management responsibility of the ward/service/team

Appendix 3 - Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals /group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multi-disciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan

Appendix 4 - Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Rachel Higgins, Equality and Diversity lead.

Name of Policy/Procedure/Function*

**Equality Analysis Carried out by: V.Lightfoot and
R.Cocks**

Date:25/7/19

Equality & Human rights Lead:

Date:

Director\General Manager:

Date:

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	To provide quality assurance to roles, responsibilities and competency for clinical staff (Band 2 – 8A excluding medical workforce).		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	Patient Staff Systems working		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	

	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		V.Lightfoot R.Cocks		
Date:		25/7/19		