**BNSSG Governance Maturity Matrix Guidance**

Credible governance of Advanced Practice is central to the safe, effective, and successful employment of advanced practitioners. The Centre for Advancing Practice Governance Maturity Matrix aims to help organisations assess and improve advanced practice standards. The maturity matrix allows organisations to self-assess their progress on the governance of advanced practice against each domain. This indicates whether they are making early progress, substantial progress, or are mature in the governance of advanced practice.

1. The credible governance of the processes for developing and implementing Advanced Practice in health and care provider organisations is central to the safe, effective, and successful employment of Advanced Practitioners.
2. Reliable and consistent governance processes support the Advanced Practitioner workforce to be maximally productive, expedite access to care and optimise patient outcomes
3. The leadership of Advanced Practice in health and care provider organisations is fundamental to effective governance. The key to success is having leaders who are Advanced Practitioners.

Health and care organisations across all settings can formatively self-assess their progress on governance of advanced practice against each domain. This will indicate whether they are making either early progress, substantial progress, or are mature in the effective implementation of advanced practice within their system/organisation/team. The matrix is designed to be used across all NHS settings including acute, community, mental health and primary care.

**Above information taken from: The Centre for Advancing Practice** <https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/>

Aims of this guide

This guide has been produced to support employers, supervisors and advanced practitioners to enable them to complete the matrix and identify areas of development.

The Matrix is divided into 8 sections (see below)

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Text BoxText Box

Each section should be rated to their extent of readiness, with a RAG rating (black- Green) with three different progress levels (Early – Mature)

**Black –** No evidence **Amber –** Nearly fully embedded **Red –** Partially embedded **Green –** Fully embedded

**Governance**

There is a clear understanding of the role of APs within the organisation with support and commitment for a lead AP role at senior level.

There is clear leadership and oversight for the governance of AP across the organisation

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Map and scope practice * Recognise need for AP lead * No formal lead in place | * Small team allows for rapid change * Clear PCN structure | * Job description and job plans in place * Small team enable rapid change * Training hub to support | * Complete Governance Maturity Matrix annually * Consider the role of AP lead and how to embed the role into the organisation |
| **Substantial**   * Clear overview of AP role * AP Lead in place * Oversite of the AP role | * PCN co-ordination * Where is the additional funding coming from? * Individual surgery variability | * Consider AP requirement (how many needed per thousand patients) * Network through PCN * Small teams = higher awareness | * AP are mapped against the governance matrix and 4 pillars of clinical practice. * Electronic records in place Standardised processed |
| **Mature**   * Clear overview reflected in records AP represented at executive level * Consistent reporting | * No data base in place * Time constraints | * Software available such as team net * Appraisals and team structure | * Develop organisation maturity * Implement processes including SEA and complaints |

**Continuing Professional Development (CPD)**

Organisational CPD and structures in place to ensure AP are retained though continued professional development to ensure high quality, safe and effective patient care.

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Recognition of AP CPD requirements | * Time constraints * Lack of engagement * Funding * Unaware of how to access CPD | * Access to Training Hub  resources * Access to E-portfolios | * Appraisals * Individual action plans in place * Create PDP’s & Job Plans |
| **Substantial**   * CPD standard included in planning across the organisation including weekly CPD time * AP have job plan that includes CPD allocation * Knowledge of what CPD is * Ensure capacity for CPD including time, funding, and access | * Lack of organisational knowledge of what CPD is * Not embedded within the organisation culture. | * Does daily supervision occur to maintain safety * Consider building COPD into the practice day * Consider prorate time off for clinical staff for CPD | * Document daily supervision / SEA meetings |
| **Mature**   * AP is not seen as the end point within the organisation rather than a step towards lifelong learning * 4 Pillars of practice embedded * Appraisals used to analysis AP development needs * AP COPD reflects all pillars of practice with individual mapping | * Clear non medication consultation roles * Lack of awareness of the AP role * Time constraints | * Protected time for CPD * Portfolios of developmental learning post MSC as a requirement * Peer support * Various national guidelines linked to workforce planning * Personal development plan & job plans in place including a clear training plan | * Training for managers for appraisals * AP strategy * Supervision education * Utilize experience AP to train GPs and other APs * Standardised Appraisal templates * Training Policy in place with allocated study days * In house training and CPD events |

**Leadership**

Robust organisational structures, guidance and support in place. AP is valued and able to influence relevant leadership groups.

Advance Practice is understood both at a clinical and operational level.

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Awareness of guidelines to enable leadership but none in place * AP forum to influence the AP agenda | * Isolation of AP’s within practice * Lack of engagement with the Training Hub * No AP voice on the SMT / board | * Training hub / forums and updates * Peer support within the local PCN | * Create guidelines * Identify leadership resource and opportunities * Access Clinical supervision / educational supervisor training |
| **Substantial**   * Clear AP leadership in place * Practice lead & AP forum in place * Appropriate reporting lines to influence change * AP oversight group | * Clear hierarchy and reporting structure in place * AP role established and embedded in the culture of the organisation | * Utilise existing practitioner leadership roles * Integrated primacy care collaborative board | * AP Policy and strategy * Regular meetings established across the PCN |
| **Mature**   * AP represented in key areas, including clinical, educational, workforce, and governance * AP within lead roles within the organisation  and across the PCN | * Time constrains to release from clinical duties * Lack of understanding of the AP role, especially in small organisations | * Academic and analytical abilities of the AP * Practice website to have an AP areas * Competency skill matrix | * Identify key projects to enable AP leadership within the organisation * Set up Peer Support groups within the organisation / PCN |

**Clinical**

Clinical governance and arranges in place to ensure safe practice within the professional registration and agreed scope of practices.

The organisation is taking steps to ensure both patient and practitioner safety.

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Supports to maintain registration, portfolio and review the scope of practice | * Capacity * Access to support | * Informal supervision in place | * Ensure record of revalidation date as part of personal file |
| **Substantial**   * AP competency and capabilities mapped on a skill matrix * Defined levels of supervision * Recognises scope of practice based upon background and implement solution to overcome gaps * Meaningful induction in place | * Time limitations * No national accreditation for APs within primary care | * NHSE Framework for supervised / observed practice * AP multiprofessional framework | * Appraisal / framework * Peer support * Appraisal templates in place |
| **Mature**   * Policy, guidelines and protocols inclusive of AP * Clear consistent governance for APs * Portfolio of competencies mapped, maintained and underpinned from trainee to retirement to support lifelong learning * Preceptorship program in place | * Out of date policies * No specific to the AP role * Funding | * AP Leadership established * Supervision established * Dedicated time given to AP for supervision * Clinical governance in place | * AP policies in place and up to date * Ensure all AP’s have job plan in place. |

**Training**

Standardised, equitable, supported training and assessment in place to enable AP are competence, capable and safe practitioners.

Partitioners are supported to follow national, regional and local accreditation

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Aware of training pathways and looks at a standardised approach * Undertaken AP training scope exercise * NSHE apprentice course considered. | * Funding * Time constraints * Lack of engagement from APS * No clear framework in place for APs within the organisation | * Engage with the training hub  & local HEE’s * Consider apprenticeship levy to assist with the funding for training | * Engage with training hub to support training and ascertain training requirements of AP |
| **Substantial**   * Clear consistent framework reflects commitment to AP training and development / financial / training / time and supervision | * No Clear AP training framework in place, | * Training strategy in place and built into the every day practice * Develop individual skills according to their job plan and competencies * Review national frameworks that relate to primary care * AP capabilities match Job description | * Training strategy in place * Personal Development plans in place and reviewed annually as part of appraisal |
| **Mature**   * 4 pillars represented across the AP framework * Multi-faceted final assessment in place for AP including portfolio * Workplace assessment of ACP carried out by those familiar with assessment tools * Recognises and supports development * Annual review uses defined structure * Educational programmes are accredited course and meets both the AP and organisational needs. * AP preceptorship program embedded in organisation | * Staffing levels * Time constraints * Funding | * NHSE standards of supervision * Consider specific course on individual needs * Training Hub engagement * Recognises range of AP roles within the workforce and development plan in place * Training and learning culture established within the organisation | * Work based learning framework established and embedded * Utilize existing AP’s skills to provide in house training for both clinical and non-clinical staff. * Access and utilise funding available to the organisations |

**Business cases**

Business cases are reflective of the true cost of AP training, induction and future requirements of the role of an AP

AP training is consistent and equitable across the organisation setting

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Working towards alignment of future AP role | * Small business-related issues | * Workforce planning | * Consider special interest of individual APS |
| **Substantial**   * Clear business case and funding plan in place * All AP funded through substantive posts reflected in business plan * Agreed Business model that reflects the costs of training including supervision, education, and off the job training | * No formal business plan * ARRS funding sustainability | * AP policy and strategy documentation in place | * Include AP role in business * Consider dynamic skills of the AP team. |
| **Mature**   * AP training posts are consistent and reflective of the financial model * Financial plans look beyond the single cohort of AP * AP carer progression, future roles across all pillars reflected in the business model | * Lack of requirement for continuous training may prevent development of the role. | * Long term workforce planning * Links with training hub or NHSE AP facility | * Long terms workforce Strategy in place, and Advanced Practioners established as part of the workforce |

**Workforce**

Workforce planning and recruitment across the organisation

Evidence there is a need for the role of an AP within the organisation

Feedback mechanisms in place for the impact of the AP within the organisation, including impact upon service provision, access, and patient outcomes.

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Allowing Job description and job planning * AP discusses in workforce planning to build practice capabilities within regional AP teams | * Clinical templates do not reflect ability v’s qualifications * AP job descriptions include non-clinical work / roles | * Embedding the 4 pillars of practice into everyday work | * Discuss with AP team how they achieve the 4 pillars in reality * Training hub engagement |
| **Substantial**   * Job description templated with agreed terminology * Inclusive recruitment processes * Consistent hob plans including scope of practice inclusive of 4 pillars * ICS AP groups and workforce supports NHSE oversite of APs | * Small business approach to primary care * ARRS funding is not available for all roles * No specifical AP credential within primary care | * Consider 5-year plan * Existing AP to be part of the recruitment process | * Up to date policies and procedures specific to AP * Standardised appraisal to incorporate the 4 pillars |
| **Mature**   * Guidance and structure in place for recruitment of APs * Recognises range of AP qualities workforce strategy in place | * Time restraints * Multi-faceted clinical work force spanning across many areas | * Workforce documentation * Patient engagement process | * AP policy / strategy in place and embedded |

**Supervision**

Governance in place for supervision of the development of AP in line with the NHSE national guidelines for supervision.

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| **Progress** | **Obstacles** | **Enablers** | **Action plan** |
| **Early**   * Started scoping of AP * AP supervision across organisation * Aware of NHSE Frameworks | * Supervision not in place in the practice * Lack of engagement of workforce * Lack of knowledge surrounding Supervision requirements | * Training hub support and engagement * Supervision Framework * Supervision training provided for Practitioners. | * Scope supervisors * Identify training needs * Identify minimum standards for supervision * Identify supervisor capability guidance |
| **Substantial**   * APs have supervision provision included in workforce strategy * Support for AP and induction process | * Supervision not embedded into the surgery culture * Time constraints * Funding | * Formal supervision policy embedded * On going training for supervisors * Designated supervisor lead | * Educational and clinical supervisors in place * Supervision build into every day environment |
| **Mature**   * Clear governance for all APs * Process to identify the years supervision * Trained supervisors supported within the organisation * Structure in the workplace to support supervision |  | * Readiness checklist for supervisors * BNSSG Training Hub Preceptorship toolkit | * Workforce planning in place * Developed Buddy system * Embedded Learning culture within the workforce. |

**For further information please go to:**

[Governance Maturity Matrix - Governance of advanced practice - Advanced Practice](https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/)

[Governance of advanced practice - Advanced Practice](https://advanced-practice.hee.nhs.uk/our-work/governance/)