

# THE GUIDING PRINCIPLES FOR PORTFOLIO MANAGEMENT – NURSE/MIDWIFE (LEVEL 2) CLASSIFICATIONS

## **Background**

The Nurses/Midwives (South Australian Public Sector) Enterprise Agreement 2007 provided for two new level 2 nursing and midwifery classifications which include portfolio responsibility as components of the roles.

### The Associate Clinical Services Coordinator:

- The Associate Clinical Services Coordinator (Ass/CSC) Level 2 provides specific support to the Clinical Services Coordinator (CSC) role in the leadership of nurses/midwives in the unit/service. This support role may incorporate the following portfolio responsibilities:
  - Promoting continuity and consistency of care in collaboration with other Associate Clinical Service Coordinators and the Clinical Service Coordinator of the ward/unit;
  - Assisting the Nursing/Midwifery Clinical Service Coordinator in ongoing communication and implementation of practice changes;
  - Assisting the Nursing/Midwifery Clinical Service Coordinator to maintain and record monitoring and evaluative research activities in the ward/unit;
  - Assisting the Nursing/Midwifery Clinical Service Coordinator and Nursing/Midwifery Educators to maintain a learning culture by encouraging reflection and professional development and assisting others to maintain portfolios/records of learning, and
  - Assisting the Nursing/Midwifery Clinical Service Coordinator in undertaking performance management processes and/or rostering and/or oversight of supplies and/or equipment.
- The time allocation for the coordination of the unit/service is provided for in the 'Indirect Clinical' time allocation in the unit/service. The CSC will be allocated up to 5 days per week (non clinical time) to fulfil the role requirements of unit/service coordination and the Ass/CSC will provide support to the CSC within this time allocation (The time allocation at a local level will be based on an assessment of the size and needs of the service.)

### Clinical Nurse/Midwife

- The Clinical Nurse/Midwife (CN/M), Level 2 is a proficient clinician and member of the clinical practice team. The CN/M is accountable for their own practice and activities delegated to others and for the guidance and development of less experienced staff. In addition the CN/M may be required to:
  - participate in and/or provide clinical teaching and/or research;
  - contribute to a wider or external area team working on complex or organisation wide projects such as clinical protocols, guidelines, process mapping;
  - undertake a specific activity and/or portfolio to support the practice area/Health Unit;

## THE GUIDING PRINCIPLES FOR PORTFOLIO MANAGEMENT – NURSE/MIDWIFE (LEVEL 2) CLASSIFICATIONS

- within pre-determined guidelines, and in a multi multidisciplinary primary health care setting, to assess clients, select and implement different therapeutic interventions and/or support programs and evaluate client progress.
- The inclusion of Portfolio responsibilities in addition to the role responsibility of direct clinical care enables the CN/M to lead projects and programs which are aligned to agreed local strategic service directions and plans.
- The allocation of portfolio responsibilities will be supported through the provision of portfolio management time.
  - The provision of portfolio management time has been calculated for specific portfolio management areas and responsibilities within a unit/service and is not based on a time allocation for each position.
- The agreed methodology used to calculate the FTE requirements for Portfolio Management was based on 1 FTE per 150 Nursing/Midwifery staff (FTE)

The following aim and guiding principles have been developed to assist Health Services in the determination and management of portfolio time and have been endorsed by the Career Structure Implementation Central Guidance Group.



# THE GUIDING PRINCIPLES FOR PORTFOLIO MANAGEMENT – NURSE/MIDWIFE (LEVEL 2) CLASSIFICATIONS

## Aims

To provide nursing and midwifery leaders and health units/services with guidance related to the processes for allocation and management of portfolios for Level 2 Nurses and or Midwives.

To provide a mechanism/opportunity for professional, clinical practice and leadership development and service provision improvement.

## Principles

### 1. The development of local service specific portfolio management plans

Regions (through Nursing and Midwifery Regional Leads) along with health units/services are responsible for developing, monitoring and evaluating portfolio management plans which ensure the following 5 key portfolio areas facilitate professional; clinical practice, leadership development and improvements in service provision. The portfolio plans must consider and be consistent with the SA Health, Regional and local health/units service's strategic directions and plans.

#### The 5 broad portfolio areas are;

- **Clinical Practice Development;** incorporating clinical practice planning, development/improvement and evaluation
- **Leadership Development ;** fostering the development of leadership knowledge and skills
- **Professional Development;** promoting the development, training and education of the nursing and midwifery staff.
- **Knowledge Resource;** incorporating the fundamentals of nursing and or midwifery care and the areas that a nurse or midwife has particular expertise and knowledge base
- **Coordination, Management and Planning;** incorporating involvement in resource and infrastructure planning and evaluation.

The provision of portfolio management time is essential to the achievement of the desired/required outcomes and improvement in the areas outlined above. Level 2 Nurses/ Midwives allocated portfolio responsibilities are to receive portfolio management time to assist the individual to meet the portfolio requirements and achieve agreed outcomes.

The following outlines example for each of the five key portfolio areas identified above however is not a complete list as this will be determined at the local service level and may vary according to the practice settings and service aims/objectives:



# THE GUIDING PRINCIPLES FOR PORTFOLIO MANAGEMENT – NURSE/MIDWIFE (LEVEL 2) CLASSIFICATIONS

## **Clinical Practice Development**

Policy and Procedure development  
Clinical Practice Improvement project team  
Application of best practice evidence to clinical practice  
Membership of Clinical Practice Committees/ working parties/project teams

## **Leaderships Development**

Preceptorship / mentoring  
Strategic thinking models

## **Professional Development**

Education/ Clinical teaching  
Peer review  
Staff professional development  
Preceptorship/peer support/mentoring coordination

## **Knowledge Resource**

Nutrition and Hydration Management  
Skin integrity management  
Comfort/pain management

## **Coordination, Management and Planning**

Maintenance planning and management  
Equipment management and evaluation  
Local fiscal planning and management  
Infrastructure planning committees and working parties membership/participation  
Quality improvement assignment  
Risk management

## **2. Responsibility for determining the portfolio allocation and outcome measures for evaluation of performance.**

The management of the portfolio time allocation for Level 2 Nurses/Midwives will be determined at the local level (with the exception of Country Health SA) to ensure local site specific portfolio plans are developed and outcome measures established which incorporate the needs of the Nursing and Midwifery profession, client/customers and the service.

Portfolio allocation and outcome measures will be negotiated through consultation between the individual Nurse and or Midwife and Nursing and Midwifery Leaders at the health unit/service and be based on a needs assessment which considers the time and resources required to achieve the agreed outcomes.

The individual Nurse and or Midwife will be responsible for the management of assigned portfolio and the achievement of the agreed outcome measures.



## THE GUIDING PRINCIPLES FOR PORTFOLIO MANAGEMENT – NURSE/MIDWIFE (LEVEL 2) CLASSIFICATIONS

The mechanism of monitoring performance and portfolio outcomes may be incorporated within the performance review and development framework or via locally established processes for performance review and evaluation.

The Country Health SA approach to Portfolio Management will be from a Regional perspective. The Country Nursing/Midwifery Executive will assume responsibility for identifying the priority portfolio areas and resource allocation in negotiation with the CHSA Directors of Nursing and Midwifery and will prepare, manage and submit the portfolio management plan for the Region.

### **3. Management and recording process for portfolio time allocation**

Essential to portfolio management is the establishment of processes for managing and recording portfolio time allocation.

Regions (through Nursing and Midwifery Regional Leads) and health units/services are responsible for establishing the mechanism for managing and recording the time assignment for the Level 2 Nurses/Midwives for portfolio management.

Regions (through Nursing and Midwifery Regional Leads) and health units/services will be required to report to the Department of Health their performance against the time as well as the FTE allocation for portfolio management provided for within their budgets.

One process example which could be considered is the development of a specific PROACT or rostering code for recording allocated portfolio time.

In addition Health unit's/service's are required to prepare an annual report outlining the health units/services performance against the identified key outcome measures in the local health unit's/service's portfolio management plan.

### **Summary**

The Aims and Principles provided are a guide for Nursing and Midwifery Regional Leads, Directors of Nursing/Midwifery, the Clinical Services Coordinator and unit/service leaders on how best to implement and support Ass/CSCs and Clinical Nurses/Midwives in their roles and their portfolio management. Key to this process is ensuring the determined material, physical and financial resources are effectively utilised.