**Candidate Advanced Midwife Practitioner (cAMP) xxx/**

**Registered Advanced Midwife Practitioner (RAMP) xxx**

**Service Level Agreement**

**For xxx**

**In xxx Hospital/xxx Hospital Group/General Practitioner/Primary Care/Community Healthcare Organisation/Private Organisations.**

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# Section 1 - Introduction

The Service Level Agreement (SLA) is a contract between the service provider(s) and its internal or external clients. The SLA specifies the services that the cAMP/RAMP will provide.

# 1.1 Parties to the Agreement

This SLA is between the

* Local Implementation Groups, Directors of Midwifery and Key Stakeholders supporting cAMPs/RAMPs
* Consultant NNN working in NNN Hospital/NNNHospital Group/General Practitioner/Primary Care/Community Healthcare Organisation/ Private Organisations.

# 1.2 The Scope of the Agreement

This SLA documents the following:

* The Director of Midwifery in NNN is the professional line manager to the cAMPs/RAMPs NNN
* The Consultants/Consultant NNN provide clinical supervision and has a clinical reporting agreement with the cAMPs/RAMPs NNN.

# 1.3 The purpose of the Agreement is:

* To ensure that relevant governance structures and reporting relationships is in place for all parties to support on-going advanced midwifery services and clinical supervision to the cAMPs/RAMPs NNN.

# 1.4 Agreement Commencement Date

#

* The Local Implementation Group/Key Stakeholders in NNN will agree the commencement date
* The key stakeholders involved in reaching this agreement are detailed in Section 4.

# Section 2 - Service Description

#

# 2.1 Services provided by the cANP/RANP

The SLA sets out the services which will be provided by the cAMP/RAMP NNN as outlined below:

**1.** XXX

**2.** XXX

# 2.2 Resources required by the cAMP/RAMP

In order to provide the services as outlined above the cAMP/RAMP NNN will require the following resources:

**1.** XXX

**2.** XXX

# 2.3 Key Performance Indicators

The Key Performance Indicators associated with the delivery of these services will be reviewed on XXX by XXX.

# 2.4 Consultant/Consultants NNN

In fitting with a clinical reporting relationship, the Consultant/Consultants NNN, at NNN is responsible for clinically supervising the cANPs/RAMPs NNN.

# 2.5 Directors of Midwifery

#

In keeping with nursing governance, the Director of Midwifery in NNN is responsible for providing professional midwifery governance to the cAMPs/RAMPs.

# 2.6 The cAMPs/RAMPs NNN will:

#

Adhere to the Code of Professional Conduct and Ethics (NMBI 2014), Scope of Nursing and Midwifery Practice Framework (NMBI 2015), their Policies Procedures, Protocols, Guidelines and other relevant regulations/legislation and best practice guidelines.

# Section 3 - Communication and Operations

# 3.1 Review Details

#

A Service Level Review schedule will be defined and agreed periodically to review midwifery/ medical/clinical governance and clinical supervision.

# 3.2 Contact Details

#

List all cAMPs/RAMPs NNN Contact Details:

# 3.3 Procedure to make changes to the Agreement

SLA change requests should be made through Local Implementation Group/Key Stakeholders/Governance Group if still in place otherwise requests for changes to SLA should be submitted to XXX.

# Section 4 - Governance Structure NNN Hospital Group

#

|  |  |
| --- | --- |
| **Hospital Group Organisational Governance Structure** | Overview: Paragraph  |
|   | Outline of Hospitals within the Group: |
|   |   |
|   |   |
|   |   |
|   | The Objectives of the group are to: |
|   |   |
|   |   |
|   |   |
|   |   |
| **Directorates Structure** |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Midwifery Governance** | Overview: Paragraph |
|   |   |
|   |   |
|   | (Appendix 1: Organogram for xxx Group Governance Structure) |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Paragraph on Hospital** |   |
| **where cAMPs/RAMPs xxx** |   |
|   |   |
|   |   |
|   |   |
|   |   |
|  |   |
| **Paragraph on the Specialism** |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

# Section 5 - Signatories to the Agreement

#

The Parties to this SLA agree to the contents set out herein

**Name**

**Consultant**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Consultant**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Consultant**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Chief Director of Midwifery**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Director of Midwifery**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Director of Midwifery**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Candidate AMP**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Candidate AMP**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Registered AMP**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Appendix I: Organogram for NNN Group Governance Structure