

| | | | |
|---|--|---|--|
| Title: | Induction Policy and Management Guidelines | | |
| Policy Author(s) | Elaine Kehelly, Senior Manager, People and Organisational Development [REDACTED] Kevin Kennedy, Manager, People and Organisational Development [REDACTED] | | |
| Responsible Director: | Jacqui Kennedy, Director of Human Resources and Organisational Development | | |
| Policy Type: (tick as appropriate) | *Directorate Specific <input type="checkbox"/> | Clinical Trust Wide <input type="checkbox"/> | Non Clinical Trust Wide <input checked="" type="checkbox"/> |
| If policy type is confirmed as * Directorate Specific please list the name and date of the local Committee/Group that policy was approved | | | |
| | | | |
| Approval process: | Trust Policy Committee Executive Team | | Approval date: 05/08/2021 25/08/2021 |
| Operational Date: | August 2021 | | Review Date: August 2026 |
| Version No. | 4 | Supercedes | V3 – September 2017 – September 2022 |
| Key Words: | New employees, transition, induction, employee engagement | | |
| Links to other policies | | | |

| Title | Page |
|--|-------------|
| 1.0 Introduction | 3 |
| 1.1 Background | 3 |
| 1.2 Purpose | 3 |
| 1.3 Objectives | 4 |
| 2.0 Scope of the Policy | 4 |
| 3.0 Roles /Responsibilities | 5 |
| 3.1 Trust Responsibilities | 5 |
| 3.2 Manager Responsibilities | 5 |
| 3.3 Individual Responsibilities | 6 |
| 3.4 Responsibilities of HR People and Organisational Development Team | 6 |
| 5.0 Policy Statement/Implementation | 7 |
| 5.1 Key Policy Principles | 7 |
| 5.2 Policy Statements | 11 |
| 5.3 Review | 10 |
| 5.4 Dissemination | 10 |
| 5.5 Resources | 10 |
| 5.6 Exceptions | 10 |
| 6.0 Monitoring and Review | 10 |
| 7.0 Evidence Base/References | 11 |
| 7.1 Source(s) / Evidence Base | 11 |
| 7.2 Additional Reference Source | 11 |
| 7.3 Reference, including external guidelines | 11 |
| 8.0 Appendices | 12 |
| 9.0 Nursing and Midwifery Students | 12 |
| 10.0 Equality Statement | 13 |
| 11.0 Data Protection Impact Assessment | 13 |
| 12.0 Impact Assessments | 14 |
| 13.0 Reasonable Adjustments Assessment | 14 |

1.0 INTRODUCTION / SUMMARY OF POLICY

This policy addresses both corporate and local induction requirements, that is, Corporate Induction which all new to Trust employees must undertake and also Local Induction which is designed for staff new to post.

1.1 Background

The Belfast Health and Social Care Trust (BHSCT) is the largest single employer in Belfast providing employment to more than 20,000 staff. The Trust is committed to supporting new employees in their successful transition into our Organisation and into their new department/role.

We recognise that by providing a timely and robust induction for all new to Trust staff and staff new to role, it will enhance employee engagement and job satisfaction. Research has clearly shown that a well-designed and implemented induction programme will reinforce a new employee's job choice, and enhance their job satisfaction and levels of engagement.

Induction is an important organisational tool which helps to ensure that staff have an effective introduction to the Belfast Health & Social Care Trust and to their role. Delivered effectively, it creates a positive relationship between employer and employee and supports the post holder in making an effective contribution at an early opportunity, thus assisting the Trust to maximise the capacity of our biggest resource – our people. Furthermore, it is a requirement of quality standards such as controls assurance and Investors in People and assists new staff to feel part of the broader Trust community.

Induction in the Trust is a two-fold process consisting of:

- New Trust Welcome Programme issued to all new to Trust Staff which includes; the corporate position of the Trust including details of the Trust, Aim, Vision and HSC Values in addition to core Statutory and Mandatory training.
- Local Induction is mandatory for all staff new to Trust / Department / Role. This will consist of departmental orientation arrangements to include detailing job requirements, processes, procedures and policies.

1.2 Purpose

This policy identifies the steps that should be taken to ensure a well-designed induction process is completed both at a corporate and local level for all Trust staff and the arrangements in place to meet our obligations as an employer.

The purpose of this policy is to outline the importance of the induction process and the minimum standards required for the induction of staff both at a

corporate level through the Trust Welcome Programme and at departmental / local level through a structured approach.

Induction is an important organisational tool that helps to ensure that staff have an effective introduction to the Belfast Health & Social Care Trust and to their role. Delivered effectively, it creates a positive relationship between employer and employee and supports the post holder in making an effective contribution at an early opportunity, thus assisting the Trust to maximise the capacity of our biggest resource – our people.

Furthermore, it is a requirement of quality standards such as controls assurance and Investors in People and assists new staff to feel part of the broader Trust community.

1.3 Objectives

The objectives of this Induction Policy are:

- To provide a consistent approach to induction across the Trust.
- To ensure every new employee is welcomed to the Trust, receives appropriate essential information about the Trust and their role and gains an understanding of the Trust's purpose, objectives, values and behaviours.
- To ensure new staff are orientated sufficiently, enabling them to commence their employment in a positive and supportive environment thus promoting long-term staff retention.
- To support the safety of our staff, patients and service users by ensuring Statutory and Mandatory training is completed at the earliest opportunity.
- To ensure that staff who are new to post are adequately supported to deal with the transition to and the requirements of their new role.
- To support staff in carrying out their duties safely, effectively and efficiently.

2.0 SCOPE OF THE POLICY

The Policy applies to all new to Trust staff and those staff who have changed role within the Trust. This includes staff from the following professional groupings:

- Admin & Clerical
- Estates
- AHPs
- Medical and Dental
- Nursing & Midwifery
- Professional & Tech
- Social Services

- Support Services and User Experience

Please note that aspects of the policy which refer to the Trust Welcome Programme are relevant only to staff who have been newly appointed to the organisation.

This policy does not apply to Agency Staff in that they will not undertake the Trust's Welcome programme. Managers responsible for the engagement of Agency staff must ensure that they receive a local induction/orientation of the relevant area to include fire safety. Managers should refer to the Belfast Trust protocols for engagement of agency staff. The protocols can be found on the HR Policy and guideline section of the Trust Intranet.

Managers should adapt the local induction template (appendix 1) to inform local induction/orientation for Agency Staff. Managers need to ensure that the induction/orientation is appropriate and sufficient to meet the needs of the service and also the role that the agency staff member will undertake.

Medical and Dental Staff in Training are not covered within the scope of this policy. Managers responsible for the induction of Medical and Dental staff in training should contact the medical education team for further advice and guidance.

Trust volunteers will not routinely undertake the Trust Welcome Programme.

3.0 ROLES AND RESPONSIBILITIES

3.1 Trust Responsibilities:

- To provide all new to Trust staff with access to the Trust's Welcome Programme for all new employees as part of their onboarding process
- To provide guidance on local induction procedures to managers.
- To ensure all new appointees receive access to the Trust Welcome Programme in advance of taking up post.
- To ensure that completion of the Trust Welcome Programme is monitored and recorded to support governance arrangements.
- To ensure the Trust Welcome Programme is evaluated and updated as necessary

3.2 Manager Responsibilities:

- To ensure that all new staff complete the Welcome Programme prior to taking up post.
- To ensure the provision of an effective local induction for all new staff. Appendix 1 contains an Induction Checklist which includes the core

elements of local / and departmental induction. The checklist may be tailored to reflect departmental / Service requirements, and should be completed in the first month of employment or within an appropriate timescale to ensure the process is meaningful and comprehensive.

- To review local induction arrangements and ensure they are appropriate for new staff.
- To maintain records of completion of local induction and their arrangements.
- To satisfy themselves that a new member of staff has been adequately inducted to carry out their duties.
- To identify a preceptor / supervisor / buddy, as appropriate, for the new member of staff.
- To initiate the Staff Development Review KSF process with the inductee and ensure the relevant KSF Foundation for the post is used to inform the induction process and the agreement of the development needs during the first year.
- To ensure statutory mandatory training requirements are completed within an agreed timescale.
- To ensure that staff have an understanding of the HSC values and behaviours.
- To ensure that staff have read and understood key Trust policies and maintain a record.

3.3 Individual Responsibilities:

- To complete all Statutory and Mandatory training requirements
- Complete their local / departmental induction with their manager.
- Ensure training and development records are kept up-to-date
- Ensure they are confident that they have been provided with the appropriate skills and knowledge to undertake their role.
- Where an individual is concerned that they are not yet able to fulfil their role safely and competently, they should inform their manager as soon as possible.
- Adhere to the policies and safety measures whilst working within the Trust.
- To read key Trust policies as identified by their Manager and confirm their understanding.
- Acknowledge and adhere to HSC values and behaviours.

3.4 Responsibilities of HR People and Organisational Development Team:

The HR People and Organisational Development Team will coordinate and manage the onboarding process for new to Trust staff. This will include:

- Manage and oversee the Trust Welcome Programme.
- Obtain feedback and evaluate the Trust Welcome Programme

- Ensure all communications contained within the Trust Welcome Programme issued to new staff is relevant and up to date
- Ensure an invite to complete the Trust Welcome Programme is issued to all new to Trust staff within the agreed timeframe.
- Record attendance and update staff training records on HRPTS for all Core Mandatory Training completed as part of the Trust's Welcome Programme
- Inform managers as to the compliance/non-completion of their new to Trust staff member for the Trust Welcome Programme.
- Advise managers which staff have completed the Trust Welcome Programme in their own time and are therefore entitled to time back in lieu as agreed.
- Ensure measures are taken to increase completion of onboarding training
- Ensure all new to Trust staff are encouraged to submit the required information to the security team to enable ID pass to be issued on day one of employment
- Monitor compliance with onboarding process

4.0 CONSULTATION

This policy has been subject to consultation with Directors, Co-Directors and Senior Managers across the Trust. Trade Unions have been consulted through the Learning and Development Sub Committee

5.0 POLICY STATEMENT/IMPLEMENTATION

The Belfast Trust is committed to supporting new employees to make a successful transition into our organisation. We believe that providing a timely induction will enhance employee engagement and job satisfaction. Research has clearly shown that a well-designed and implemented induction programme will reinforce a new employee's job choice, and enhance their job satisfaction and levels of engagement.

Ensuring that newly appointed staff have the support and resources they need, including a welcoming environment and clear expectations from their line managers, will contribute to a positive induction experience, which ultimately the Trust and our patients and clients will benefit from.

Employers have a duty to provide information, as is reasonably practicable, to ensure health and safety in the workplace. Furthermore, it is a legal requirement under the Management of Health & Safety Regulations (NI) 2000 to provide adequate health & safety training. The Approved Code of Practice supporting these Regulations advises that new employees should receive basic induction training on health & safety, that particular attention

should be given to the needs of young workers and that risk assessments should indicate further specific training needs. Statutory / Mandatory training requirements will be identified during the induction process and attendance/completion organised within the agreed timescales.

5.1 Policy Statements

It is mandatory for all newly appointed staff to the Trust (**excluding medical and dental staff in training, to whom separate arrangements apply**) to complete the Trust Welcome Programme. Completion of the Trust Welcome Programme will be monitored for compliance.

Corporate and local induction are essential components of the Trust's governance framework, therefore staff new to the trust as well as new to post must comply with the contents of this policy.

All new staff must complete a comprehensive and structured local (i.e. within their department) induction process on commencement of their new post. Nurses, Midwives and Nursing Assistants/Senior Nursing Assistants, new to the Trust, attend a specific induction programme.

All staff who change post should also receive a sufficiently robust local induction in line with the requirements of their new role and the needs of the particular department.

Staff induction is an important aspect of managerial responsibility and should be planned and organised to ensure that new staff, and those new to their role, have a robust orientation to the department and their role. Induction should be approached in a facilitative way in order to meet the needs of each individual and will be influenced by the different methods available within the Trust, for example, shadowing, mentoring, coaching, placements, 'on the job training' etc.

The Trust will support the process with the provision of appropriate learning and development opportunities and has developed a generic checklist to guide managers (see Appendix 1). Managers must also refer to the Trust's health and safety induction checklist available from Trust health and safety managers. Checklists should be shared with the staff member and signed off. They may also be supplemented to meet local needs to ensure a comprehensive induction for the individual.

For staff new to the Trust and those new to post, the line manager will identify the statutory and mandatory training requirements with reference to the Statutory / Mandatory Training Policy and subsequently agree timescales for attendance / completion of training.

Managers will also need to take account of any specific induction requirements set out by professional bodies e.g. NMC, GMC, and NISCC etc.

The following points should be considered when organising an induction programme:

- It is the responsibility of the line manager to facilitate local induction arrangements for all staff. An individual within the team should be assigned to ensure that the new staff member is welcomed and that all elements of the induction programme are completed.
- New registrants to be assigned a preceptor, coach, buddy or mentor to support the inductee.
- The duties, role and responsibilities of the new staff member should be detailed and clarified as necessary.
- Core elements of the knowledge and skills to be achieved should be detailed with clear information as to how and when they are to be attained. The achievement of these will also contribute to other processes e.g. Staff Development Review (SDR).
- The induction process should be considered as a pathway linked to continuous professional / occupational and/or personal development.
- Adequate support and supervision should be provided to enable the individual to undertake the full role and responsibilities of the post. It should be recognised that this will vary with each individual, dependent on previous experience, training and development.
- In addition to the Trust Welcome Programme and specific induction, new Nursing and Midwifery registrants will also be required to undertake a period of preceptorship over the first 6 months of employment. This period of preceptorship will require completion of a satisfactory practice related portfolio to meet NMC recommendations and support transition from student to registrant
- Nursing Assistants and Senior Nursing Assistants new to the role or post should complete a mandatory induction programme prior to commencing post.
- All new Social Work and Social Care staff who are subject to mandatory registration with NISCC must successfully complete the NISCC [2007] Induction Standards NI. The NISCC registrant will be registered with the condition that they complete the Induction Standards within a three to six month period. The assessing manager will have the responsibility to sign off a Certificate of Successful Completion.
- The Trust's Leadership and Management Framework 'Being Belfast' must be shared with newly appointed staff by their Line Manager. These documents set out what is expected and required of leaders/managers in the Trust.

Completion of the Trust Welcome Programme will be recorded and monitored by the HR People and Organisational Development team. Completion of the Welcome Programme by new staff will be recorded and managers will be informed of their new staff's compliance/noncompliance.

The monitoring of local induction procedures is the responsibility of Directorates and they should put in place such arrangements to ensure that induction is carried out effectively.

New to Management: Newly appointed / promoted managers will have specific induction needs depending on their previous experience. As part of the induction process, due care should be taken by the person facilitating the induction, to identify the learning & development needs of new managers and put in place a specific training programme to ensure that they can perform effectively as managers.

As part of this induction, new managers must be provided with the Trust Leadership & Management Framework Being Belfast and Employee Engagement Framework (Links to both resources are available in the induction checklist). The resources set out the knowledge, actions and behaviours expected of leaders and managers in the Belfast Trust. The resources also contain information to help those new to role within their first 100 days as well as a useful managers' tool kit with a range of resources including fact sheets, videos, top tips, articles and information on accessing training. All new managers must ensure they fully understand the key policies and procedures relating to their managerial role.

Appendix 1 sets out a list of recommended people management training courses which should be completed by managers who have responsibility for managing staff.

Appendix 2 sets out the list of key policies managers must provide to new staff. It will be important that the new staff member confirms receipt that they have read and understood the policy.

The Knowledge and Skills Post Outline (Foundation level) will be used to ensure newly appointed staff understand what is expected of them in their post by describing what knowledge and skills are needed to do their job safely and effectively.

The KSF post outline will support Personal Development Planning which is part of the annual Staff Development Review process (SDR). It gives a focus for the development needs against what is required for the job.

The SDR process will apply to all staff (including bank and temporary staff) with the exception of Medical and Dental staff who have separate arrangements for their appraisal.

5.2 Review

This policy will be reviewed on a three yearly basis in consultation with key stakeholders and Trade Union Representatives.

5.3 Dissemination

This Policy should be disseminated throughout the Trust as it applies to all Belfast Trust staff

This policy must be implemented immediately from date of issue. In order to assess the operational effectiveness of this policy a review will be undertaken at regular intervals and not later than five years following implementation, in partnership with Trade Unions.

5.4 Resources

Further information about this policy can be obtained from:

Human Resources

People & Organisational Development Department

3rd Floor McKinney House

Musgrave Park Hospital

Stockman's Lane

Belfast

BT9 7JB

Tel: 028 961 59615 Or by email: hrpod@belfasttrust.hscni.net

5.6 Exceptions

This Policy does not apply to Agency Staff or Medical and Dental staff in training. Managers responsible for the local induction of Agency Staff should refer to the Belfast Trust Guidelines on Local Induction for these groups of staff as outlined in section 2.0 above.

6.0 MONITORING AND REVIEW

The HR People and Organisational Development (HRPOD) Team will be responsible for monitoring the overall compliance of the Trust Welcome Programme aspect of the Policy. The HR POD team will also issue communications to recruiting managers in order to advise of new staff's compliance. Local induction compliance will be monitored at a local level by manager.

7.0 **EVIDENCE BASE/REFERENCES**

7.1 **Sources(s) / Evidence Base:**

This Policy is based on Human Resources best practice. The guidelines in this policy ensure the Trust's compliance with mandatory requirements covered in legislation e.g. health and safety. They also offer an equitable and good practice approach to ensure effective and meaningful employment activity.

The following should be read in conjunction with this policy:

- Trust Equality and Support-related policies
- H&S Policy – Risk Assessment & Safety at Work
- Trust Learning & Development Strategy
- HSC Values
- Core Statutory and Mandatory Training Policy
- Managers Guidelines for new to Trust induction

7.2 **Additional reference sources:**

- Health and Safety at Work (NI) Order 1978
- Management of Health and Safety at Work Regulations 1999 as amended in 2003
- Young People at Work – a Guide for Employees
- Child Protection Policy
- Access N.I. Implementation Arrangement
- BHSC Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting & Barring Scheme Interim Guidance (pending)

7.3 **References, including external guidelines:**

- CIPD (2009) "CIPD Factsheet: Induction"
<http://www.cipd.co.uk/subjects/recruitment/induction/induction.htm>
- Lincolnshire Primary Care Trust (2006) "Induction Policy"
- Brighton and Sussex University Hospitals (2006) "Induction Policy & Procedure"
- The Queen Elizabeth Hospital King's Lynn NHS Trust "Induction Policy" (2010)
- Royal Marsden NHS Foundation Trust Policy (2014)
- Belfast Trust "Guidelines for local induction of medical staff"
- Belfast Trust "SDR Guidance Notes"
- Management of Health & Safety Regulations (NI) 2000
- Belfast Trust Health & Safety Induction Checklist
- Belfast Trust Statutory Mandatory Training Policy
- Belfast Trust Leadership & Management Framework

8.0 **APPENDICES**

- Appendix 1 Induction Checklist and Key Documents
- Appendix 2 Policies and Procedures
- Appendix 3 Working Time Regulations, Dual Employment Form

9.0 **NURSING AND MIDWIFERY STUDENTS**

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in the **Induction Policy and Management Guidelines**, where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 **EQUALITY IMPACT ASSESSMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact
Minor impact
No impact

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

[Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address \[equalityscreenings@belfasttrust.hscni.net\]\(mailto:equalityscreenings@belfasttrust.hscni.net\)](#)

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved
A full data protection impact assessment is required
A full data protection impact assessment is not required

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

[Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net](#)

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust’s legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



05/08/2021

Name: _____ **Date:** _____
Title: Senior Manager HR/People & Organisational Development



05/08/2021

Name: _____ **Date:** _____
Title: Director HR/Organisational Development

Appendix 1 – Induction Checklist and Key Documents

This Induction Checklist template is provided to give managers guidance as to the structure of their local induction process. This is a guidance framework only and managers may use this as a basis to develop an induction checklist which best suits their department. Heads of Department / Managers should consider what additional information, specific to their own area needs to be included and integrated into the checklist.

The induction checklist is used by the line manager to highlight the areas that employees need to be made aware of as soon as they commence post.

Line managers should ensure that every effort is made to cover the whole checklist within the first month of employment.

By the end of the month, the form must be completed, signed off by the employee and line manager and a copy retained on their file.

Managers may wish to consider issuing to employees an induction pack containing useful information relevant to their employment or signposting where the employee can access some key information

- Key documents for the induction pack are as follows, (available on trust intranet) Leadership & Management Framework – Being Belfast
- Learning and Development Portfolio
- Staff Development Review Guidelines
- Knowledge and Skills Framework Post Outline
- Core Statutory & Mandatory Training Policy
- Service Group Management Plan
- Directorate Management Plan
- Equality Diversity and Inclusion Policy
- Attendance Protocol Policy
- Working Time Disclosure Form and Regulations
- Harmonious Working Environment Statement and Joint Declaration of Protection Policy
- Whistle Blowing Policy
- Work Life Balance Flexible Working Policies and Arrangements
- Reward & Recognition Policy
- Health & Safety Policy
- Adverse Incident Reporting Policy
- ICT Security Policy
- Social Media Policy
- Records Management Policy
- Data Protection Policy
- Conflict, Bullying and Harassment in the Workplace Policy
- Child Protection Regional Policy & Procedures



caring supporting improving together

Departmental / Local Induction Checklist

Name of Employee:

Band:

Job Title:

Department:

Line Manager:


Date of Commencement of post:

KFS Gateway Review Dates
Foundation

Second

LOCAL INDUCTION CHECKLIST TEMPLATE

This checklist is to ensure that all aspects of your local induction are covered in a timely and effective manner. If you feel that any area has been missed, and you require further information, please bring it to the attention of your Line Manager.

| <i>Item</i> | <i>Manager initials and date</i> | <i>New Starter initials and date</i> |
|--|----------------------------------|--------------------------------------|
| 1. Trust and Directorate | | |
| Introduction to the team / department within the context of the Belfast Trust. (You may wish to refer to documents such as the Corporate Plan, Directorate Management Plan and organisational charts). | | |
| Introduction to HSC Regional Values stipulating the importance of behaviours aligned against these values. Trust Values: <ul style="list-style-type: none"> • Working Together • Excellence • Openness & Honesty • Compassion  | | |
| Introduction to the team and identification of key members of staff. List of key contacts with telephone numbers. | | |
| Signpost staff to the Information and Welcome site which sets out key information to new starts. | | |
| Tour of department and building including facilities e.g. Canteen, kitchen and toilets. | | |
| Introduction to the department operating procedures and quality standards | | |

| <i>Item</i> | <i>Manager initials and date</i> | <i>New Starter initials and date</i> |
|---|----------------------------------|--------------------------------------|
| <p>Explain the nature of the Chief Executive’s Team Brief/podcasts and protocol for communication including arrangements for team meetings.</p> <p>This enables staff to stay up to date with Trust and Directorate developments.</p> | | |
| Car Parking / transport arrangements | | |
| Fire Evacuation Plan | | |
| Explain on call / bleep arrangements and use of telephone system and/or mobile telephones | | |
| Introduce the Intranet and highlight the availability of Trust policies and information. | | |
| Introduce Computer Systems e.g. FPL (Finance, Procurement and Logistics), HRPTS (Human Resources, Payroll, Travel & Subsistence) | | |
| ICT Security Policy & Social Media Refers to electronic passwords, transfer of information, email and use of social media | | |
| Data Protection Policy and Records Management Policy Refer to these concerning issues regarding the handling of personal data and Subject access issues. | | |
| Equal Opportunity Refers to the promotion of equality of opportunity, the prevention of unlawful discrimination and compliance with statutory obligations | | |
| Issue of identity badge / security pass | | |
| 2. Terms and Conditions | | |
| Clarification of Job Description | | |
| Outline expectations of the post | | |

| Item | Manager initials and date | New Starter initials and date |
|--|----------------------------------|--------------------------------------|
| Work Life Balance and clarification of agreed flexible working arrangements Refer to Flexible Working Policy, flexi-time, compressed hours etc. | | |
| Hours and times of work and lunch break arrangements | | |
| Procedure for reporting absence from work | | |
| Highlight Probation Period (six months) | | |
| Brief on annual leave entitlement – bookings, timings, special leave arrangements | | |
| Explain arrangements regarding overtime and time off in lieu (TOIL) | | |
| 3. Financial | | |
| Pay arrangements Explanation of how and when the staff member will receive pay and the contact in Salaries and Wages should there be any queries | | |
| Travel / Expense Claim arrangements | | |
| Procedures for requisitioning of goods and services / budgetary management. Explanation of authorisation framework. | | |
| 4. Induction for Post-holders in Management Roles | | |
| Leadership & Management Framework 'Being Belfast' | | |
| Continuing Professional Development A number of learning and development programmes have been identified to support the Manager in their role, and specifically people management. These include: <ul style="list-style-type: none"> • The Engaging Manager • Quality Level 1 Attributes Framework | | |

| Item | Manager initials and date | New Starter initials and date |
|---|----------------------------------|--------------------------------------|
| <ul style="list-style-type: none"> • Managing Attendance • Recruitment & Selection • Staff Development Review • New Managers Toolkit on HR Processes • Mandatory Equality Training for Managers • Managing People’s Performance • Communication Skills • Managing and Leading Change • Disciplinary / Grievance / Capability Procedure | | |
| <p>Employee Involvement and Engagement</p> <p>Employee Engagement Framework and importance of Line Manager role</p> | | |
| <p>Team Effectiveness</p> <p>Importance of building effective team relationships.</p> | | |
| <p>Effective Communication</p> <p>Details of systems and processes to support communication, including the Trust Intranet, Corporate notifications and other localised methods such as huddles. Also reference to formalised training such as effective communication available as part of the HR Learning and Development portfolio.</p> | | |
| <p>5. Learning & Development</p> | | |
| <p>Post Outline which sets out the expected knowledge and skills for each post.</p> | | |
| <p>Outline the Staff Development Review process, including Personal Development Planning.</p> | | |

| Item | Manager initials and date | New Starter initials and date |
|--|----------------------------------|--------------------------------------|
| <p>Statutory Mandatory Training Policy</p> <p>Identify the statutory and mandatory training required as per Policy and agree timescales and frequency for attendance / completion of training. Statutory Mandatory training requirements for all staff include:</p> <ul style="list-style-type: none"> • Trust Welcome Programme • Local Induction • Fire Safety Awareness Training • Health & Safety Awareness Training • Equality for All Staff • Data Protection Training • Adverse Incident Reporting • Manual Handling Theory • Safeguarding Awareness • Quality 2020 • Adverse Incident Reporting <p>Briefing on the eLearning site Any other specific Mandatory training as identified as per staff group.</p> | | |
| <p>Refer to Learning & Development Portfolio & Learning and Development Site on the Intranet.</p> | | |
| <p>Explain the Human Resources, Payroll, Travel and Subsistence</p> | | |
| <p>Assistance to Study Policy</p> | | |
| <p>Consent Policy</p> | | |

| | | |
|---|--|--|
| 6. Health and Safety | | |
| Please Refer to Health and Safety induction checklist and information. (available on the Trust Intranet site) | | |
| Ensure staff member has completed Dual Employment form in Appendix 3 | | |

I confirm that this local induction Policy have been read and understood. I will ensure the principles and guidance set out in this Policy are adhered to during my employment in the Belfast Trust.

Signed Employee: **Date:**

Signed Manager: **Date:**

Appendix 2 – Policies & Procedures

In addition to the key Trust policies set out in Appendix 1 there is an extensive list of Trust policies and procedures that are listed on the Trust’s intranet. It is essential that the Manager must determine in relation to the role, the policies which should be read and understood. Managers may also wish to add any additional Directorate level protocols and procedures.

Policies include:

| Policy | Manager Initial & Date | New Start Initial & Date |
|---|-----------------------------------|-------------------------------------|
| Human Resources | | |
| HR Policies | | |
| - Attendance Protocol Policy | | |
| - Alcohol and Drugs in the Workplace – Prevention & management | | |
| - BWell Website and App | | |
| - Capability Procedure. | | |
| - Conflict, Bullying and Harassment in the workplace | | |
| - Core Statutory and Mandatory Training Policy | | |
| - Disciplinary Procedure | | |
| - Domestic and Sexual Violence and Abuse in the Workplace | | |
| - Employment of people with Disabilities - Disability Etiquette and Reasonable Adjustment Guidelines for Managers | | |
| - Employment of Overseas workers | | |
| - Equality and diversity policy | | |
| - Flexible Retirement Policy | | |
| - Gender Identity and Expression Employment Policy | | |
| - Grievance Procedure Policy | | |
| - Harmonious Working Environment Statement | | |
| - Sharps Injuries and blood and body fluid exposures | | |
| - Induction Policy and Management Guidelines | | |
| - Organisational Change and the Staff Redeployment Protocol | | |

| | | |
|---|--|--|
| - Manual Handling Policy and Procedural Arrangements | | |
| - Mediation Policy and Procedure - Placement Activity Policy | | |
| - Recruitment and selection | | |
| - Reward & recognition Policy | | |
| - Restrictive Interventions for Adults and Children's Services Policy | | |
| - Registration & Verification Policy | | |
| - Relocation Associated Expenses Policy | | |
| - Reward and Recognition Policy | | |
| - Special Leave Policy | | |
| - Study Assistance Policy | | |
| - Safer Recruitment and Employment Alert Notice System and Procedure Internal Operating Procedure | | |
| - Whistleblowing Policy | | |
| - Work Experience Placement Policy | | |
| - Work Life Balance Policy | | |

| Policy | Manager Initial & Date | New Start Initial & Date |
|---|-----------------------------------|-------------------------------------|
| - Special Leave Policy | | |
| - Study Leave Policy | | |
| - Temporary Across Site Relocation Protocol | | |
| - Working time Disclosure Form & Regulations | | |
| - Work Experience Placement | | |
| - Work Life Balance Policy | | |
| - Whistleblowing Policy | | |
| - Conflict, Bullying and Harassment Policy | | |
| - Communication | | |
| - Freedom of Information Act 2000 - Policy on the | | |
| - Social Media Policy | | |

| | | |
|--|--|--|
| Finance | | |
| - Environmental and Sustainability including Energy Policy | | |
| - Fraud Policy Statement | | |
| - Travel and Expenses Handbook policy | | |
| - Gifts & Hospitality Policy | | |
| - Estates Management | | |
| - Asset Disposal Policy | | |
| - Fire Safety Policy - Appendix 1 - Fire Manual | | |
| - Fire Safety Policy Inc. Procedure for Management of Oxy Acetylene | | |
| - Performance, Planning & Informatics | | |
| - Access to Patient Client and Personal Records - Policy for Processing Requests for | | |
| - Access to Patient Client and Personal Records - Policy for Processing Requests for | | |
| - Fax Policy | | |
| - Records Management Policy | | |
| - Record Retention and Disposal Schedule | | |
| - Transportation of Records | | |

| Policy | Manager Initial & Date | New Start Initial & Date |
|--|-----------------------------------|-------------------------------------|
| IT & Telecommunications | | |
| - ICT Policy | | |
| - ICT Security Policy | | |
| - Performance Management | | |
| - Access to Patient Client and Personal Records - Policy for Processing Requests for | | |
| - Access to Patient Client and Personal Records - Policy for Processing Requests for | | |
| - Integrated Elective Access protocol | | |
| - Patients who cancel or Do Not Attend Outpatient Appointments | | |
| Medical | | |
| - | | |
| - Adverse Incident Reporting Policy | | |
| - Health & Safety Policy | | |
| - Screening & Vaccinations policies – HEB A, MMR, TB, VZV, Staff against | | |
| - Skin Care Policy | | |
| Community Children’s Services | | |
| - | | |
| - Child protection, Regional Policy & Procedures, including ACPS (2005) Regional Child Protection and Procedures | | |
| - DHSSPS(2016) Co-operating to Safeguard Children and Young People in Northern Ireland | | |
| Adult Social & Primary Care | | |
| - | | |
| - DHSSPS & DoJ (2015) Adult Safeguarding Prevention and Protection in Partnership Policy | | |
| - NIASP (2016) Adult Safeguarding Operational Procedures | | |

| Policy | Manager Initial & Date | New Start Initial & Date |
|---|------------------------|--------------------------|
| Risk & Governance (Some of the below policies will be cross referenced to the Health & Safety Induction checklist). | | |
| - General Risk Assessment Form and Guidance Notes | | |
| - Claims Management | | |
| - Control of Substance Hazardous | | |
| - Lone Working | | |
| - Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace | | |
| - Prevention & Management of Alcohol & Drugs in the Workplace | | |
| - Manual Handling | | |
| - Medical Devices Policy/Medical Devices Procedures & Guidelines | | |
| - Display Screen Equipment | | |
| - Control of Substances Hazardous to Health | | |
| - New & Expectant Mothers | | |
| - Driving for Work | | |
| - Management of Stress, Health & Well Being | | |
| - Noise | | |
| - Vibration | | |
| - Work at Height | | |
| - Safety Spectacles | | |
| - Sharps Injuries & Blood & body Fluid Exposures | | |
| - First Aid at Work | | |
| - Radiation Safety Policy | | |
| - Health Surveillance | | |
| - Respiratory Health Surveillance | | |

| | | |
|---------------|--|--|
| - Fit Testing | | |
|---------------|--|--|

Guidelines which apply to all relevant clinical areas are located on the HUB under "Clinical" rather than in every service area.

I confirm that I have read and understood the policies which are applicable to my role as indicated above.

Signed Employee: **Date:**

Appendix 3



**Working Time Regulations
Dual Employment Form**

In accordance with the Working Time Regulations, the Trust must ascertain the number of hours per week worked by staff. This includes hours worked in other jobs and for other employers.

The Trust does not wish to debar you from additional employment. The information is required to ensure compliance with the Regulations.

Please complete the following details and return them to your Manager:

Information in relation to employment with Belfast Health & Social Care Trust.

Name: _____

Grade: _____

Location: _____

Staff Number: _____

Hours per week: _____

Secondary Employment details.

Employer Name & Address:

Grade: _____

Hours per week: _____

Signature: _____ Date: _____

It is important to advise your Manager if you take up additional employment after this date.



GUIDANCE FOR MANAGERS ON THE COMMENCEMENT OF NEW STAFF

IMPORTANT!

*It is very important that Recruiting Managers read these **guidelines prior to agreeing a start date** with the individual. Failure to do so may result in a loss of pay to the individual and an unplanned break in employment. A break in employment may affect certain employment rights and pension provision.*

CONTENTS

1. INTRODUCTION: THE BELFAST TRUST WELCOME EVENT 3

2. WHAT IS THE BELFAST TRUST WELCOME EVENT? 4

3. WHO SHOULD ATTEND THE BELFAST TRUST WELCOME EVENT? 5

4. AGREEING A START DATE 6

5. AVOIDING BREAKS IN EMPLOYMENT FOR NEW STAFF 7

6. VERIFICATION OF NEW START (VSA) 8

7. IT ACCOUNTS 8

APPENDIX 1: SCHEDULE OF START DATES & DEADLINES 9

APPENDIX 2: MANAGER'S NEW START CHECKLIST 10

DRAFT

***In this Guidance, for Medical & Dental staff (excluding junior doctors in training) Recruitment refers to Medical Recruitment, BHSCT.**

****For all other staff, Recruitment refers to BSO Recruitment & Selection Shared Services Centre**

1. INTRODUCTION: THE BELFAST TRUST WELCOME EVENT

The Belfast Health and Social Care Trust's (the Trust) People Strategy "caring supporting improving together" sets out a commitment to ensuring that our people practices are progressive, align to good practice and continuously improved upon. To ensure this is the experience of candidates during the recruitment and appointment process, the Trust has introduced measures to:

- Enhance communication with new recruits prior to joining the Trust;
- Deliver a first class corporate induction experience; and
- Streamline the delivery of statutory mandatory training.

Central to this is the monthly Belfast Trust Welcome Event, which new staff will attend on **their first day of employment**. As well as being formally welcomed to the Trust, elements of statutory mandatory training will be completed throughout the day.

There will be twelve start dates per year. **New staff cannot commence on any other date.**

Managers are key to the success of this approach, and the aim of this Guidance is to provide managers with all the information required to support this approach, including:

- An overview of the Welcome Event and what is covered during this day;
- Who should attend the Welcome Event;
- Arranging a start date with new appointees;
- Avoiding breaks in employment;
- Setting up PC log-ins and Trust email accounts; and
- The Verification of Start (VSA) process.

WHEN DO THESE NEW ARRANGEMENTS COME INTO EFFECT?

The first Welcome Event is scheduled to take place on **01 April 2019**. Therefore, this Guidance is relevant to all managers arranging start dates with new staff on or after 19 March 2019.



Appendix 2 provides a '*Manager's Checklist for New to Trust Staff*', which is an essential tool that sets out the various steps of this process. It is important managers familiarise themselves with this Checklist and use it.

2. WHAT IS THE BELFAST TRUST WELCOME EVENT?

The Welcome Event presents the Trust with a unique opportunity to warmly welcome new staff, help them settle in and ensure they have the knowledge and support needed to perform their role effectively.

During the course of this one-day event, new staff will get an overview of the Trust as an employer, what support and benefits are available, as well as receive key information required to provide safe, high quality care. By the end of the event, attendees will be compliant with the following eight pieces of Corporate Statutory & Mandatory training:



In addition to the above, staff attending the Welcome Event will be able to collect their ID passes. Attendance at this event will also be regarded as the individual having completed a standard working day.

3. WHO SHOULD ATTEND THE BELFAST TRUST WELCOME EVENT?

Only staff who are 'new to Trust' need attend the Welcome Event. Therefore, prior to agreeing a start date, managers must determine whether an appointee falls into this category.

(a) Who is 'new to Trust'?

- New employees commencing with the Trust, including those who were previously employed by another HSC organisation;
- Those who previously worked for the Belfast Trust and are returning;
- Recruitment Agency workers working with the Trust immediately prior to appointment;
- Those appointed to the Bank, who have no other posts in the Trust; and
- Anyone in a training role within the Trust taking up a substantive post, for example, a junior doctor in training taking up a Consultant post.

Please refer to the Section 3 for manager actions regarding start dates and deadlines for those who are 'new to Trust'.

(b) Who is NOT 'new to Trust'?

- Current Trust employees; and
- Those who currently hold one or more post in the Trust are now being appointed to an additional position. This includes staff who hold a current bank position.

As internal appointments/ transfers are not required to attend the Welcome Event, an appointee from this category can commence on any date as agreed with the manager.

(c) Exclusions from attending the Welcome Event

The below staff groups do not have to attend the Welcome Event. **These are the only agreed exceptions.**

- PCSS Summer Relief Staff
- HR Summer Scheme Staff
- Junior Doctors in Training
- Interns/ Graduate Management Trainees
- Non-Trust staff
- Non-Trust Executive
- International Recruits (Visa Requirements)
- TUPE Transfers
- Retire & Return

4. AGREEING A START DATE

The Recruiting Officer will notify the Recruiting Manager when all pre-employment checks have cleared and a start date can be arranged. For those identified as ‘new to Trust’, the Manager **must**:

| | |
|---|---|
| <p>Agree a start date in line with the Welcome Event dates</p> | <p>The manager and the appointee will agree a start date in line with the dates set out in Appendix 1. The manager must factor in the individual’s notice period with their current employer.</p> <p><u>For those new to Trust, there is no flexibility for agreeing a start dates outside of those identified in Appendix 1.</u></p> |
| <p>Provide appointee with additional information</p> | <p>The manager should provide the following information (see Manager’s Checklist in Appendix 2):</p> <ul style="list-style-type: none"> • Inform the appointee that an email will be sent with the Welcome Event joining instructions 2 weeks prior to the event and will include essential pre-reading on safeguarding; • Confirm details of the Welcome Event as follows: <ul style="list-style-type: none"> ➤ Start Time: 8.45 a.m. ➤ End Time: 4:45 p.m. ➤ Venue: Girdwood Community Hub, 10 Girdwood Avenue, Belfast, BT14 6EG • The appointee must email a digital passport-style photo (JPeg format) for their ID Pass to idpass@belfasttrust.hscni.net. This should be received no later than 7 days before the date of the Welcome Event. • A contact number in case the appointee has any questions between now and their first day. |
| <p>Deadlines for managers</p> | <p>The manager must advise Recruitment of the agreed start date by the deadline outlined in column 2 of the Schedule of Start Dates and Deadlines in Appendix 1.</p> <p>Failure to notify Recruitment by this date will result in the appointee not being able to attend the Welcome Event on the date arranged. The appointee will be required to attend the following month’s event, thereby <u>delaying their start date.</u></p> |

5. AVOIDING BREAKS IN EMPLOYMENT FOR NEW STAFF

It is important that managers familiarise themselves with the Schedule of Welcome Events and associated dates in [Appendix 1](#).

- For employees deemed 'new to Trust', the manager must agree the start date for the employee from the Schedule of Welcome Events. **No other start dates will be accepted.**
- The manager must contact the Recruiting Officer to confirm the start date by the deadline set out in [Appendix 1](#).
- If a start date is arranged outside of a Welcome Event date, Recruitment will reject the date and advise the manager via email. Recruitment will automatically move the start date to the Welcome Event **after** the date sent through by the Manager.
- If the deadline for a particular start date is missed, the individual will not be able to start until a subsequent Welcome Event.
- Failure to comply with the schedule of appointment dates for 'new to Trust' employees may result in unplanned breaks of employment.
- If the appointee has already agreed their notice period with their current employer, this may result in an unplanned period of unemployment between leaving their current employer and starting with the Trust.

A break in employment may have the following implications:

- The appointee will receive no pay;
- It may affect pension provisions;
- It may affect continuous employment for statutory purposes in connection with employment (for example, sick pay, statutory maternity pay, statutory paternity pay); and
- It may affect entitlements to other benefits (for example, occupational maternity pay, occupational sick pay, and occupational shared parental pay).

6. VERIFICATION OF NEW START (VSA)

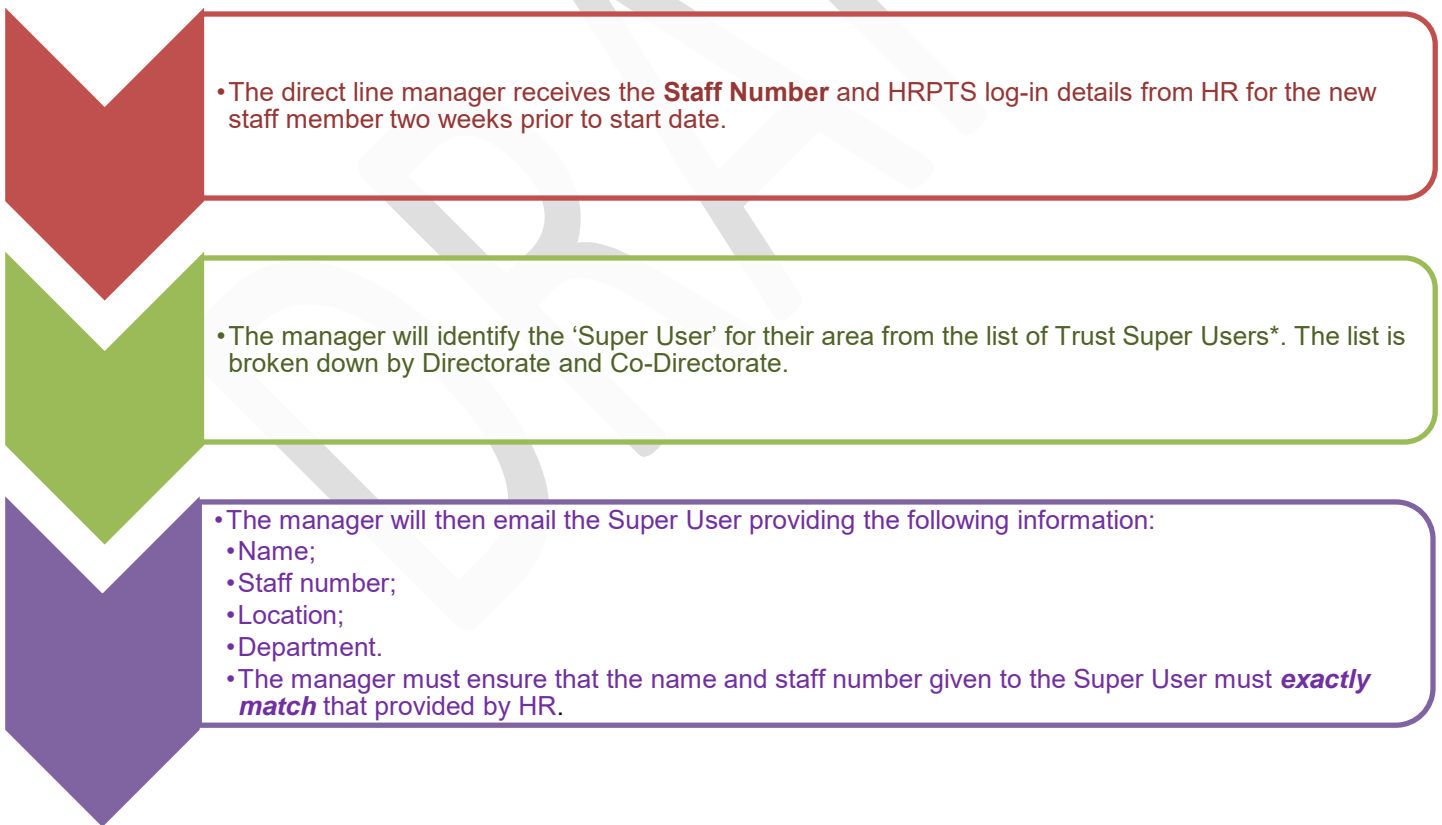
Please note this section is not applicable to Medical & Dental staff.

Attendees at the Welcome Event will receive a Certificate of Attendance. This should be presented to their manager on their next working day. Once the manager has confirmed attendance, the VSA should be completed on HRPTS. This should be done prior to the manager's deadline for payroll shutdown, otherwise the employee will not be paid.

7. IT ACCOUNTS

If the new staff member requires an ICT account for email and PC access for their job role, then this can be requested by their manager no earlier than two weeks prior to their start date. This will reduce delays in their access to IT systems in the early period of their new employment.

THE PROCESS



* You can access a list of Super Users [here](#). The list is broken down by Directorate and Co-Directorate.

If you require support with the ICT account creation process, please contact the **ICT Helpdesk on 0800 5873878**.

APPENDIX 1: SCHEDULE OF START DATES & DEADLINES

Appointees, who are **new to Trust**, and are planning to commence their new post on or after 18 March 2019, **MUST** take up post on one of the pre-determined start dates as outlined the schedule below. These start dates are in line with the Belfast Trust’s new monthly Welcome Event, which all ‘new to Trust’ appointees are required to attend on **the first day** of their employment:

| Date of Welcome Event | Recruiting Manager deadline to advise Recruitment of start date | Manager’s Payroll Deadline to Complete VSA |
|-----------------------|---|--|
| 01/04/2019 | 27/02/2019 | TBC |
| 07/05/2019 | 04/04/2019 | TBC |
| 03/06/2019 | 01/05/2019 | TBC |
| 01/07/2019 | 29/05/2019 | TBC |
| 05/08/2019 | 03/07/2019 | TBC |
| 02/09/2019 | 31/07/2019 | TBC |
| 07/10/2019 | 04/09/2019 | TBC |
| 04/11/2019 | 02/10/2019 | TBC |
| 02/12/2019 | 30/10/2019 | TBC |
| 06/01/2020 | 04/12/2019 | TBC |
| 03/02/2020 | 01/01/2020 | TBC |
| 02/03/2020 | 29/01/2020 | TBC |
| 06/04/2020 | 04/03/2020 | TBC |

APPENDIX 2: MANAGER'S NEW START CHECKLIST

| STEPS | WHAT TO DO | WHEN TO DO IT | COMPLETED |
|-------|--|---|-----------|
| 1 | Contact the individual to agree one of the start dates outlined in Schedule contained in Appendix 1 | When Recruitment has confirmed all pre-employment checks have been completed | |
| 2 | <p>Advise the appointee of the following:</p> <ul style="list-style-type: none"> • On day 1 of their employment they will be required to attend the Belfast Trust Welcome Event. • They will receive an email 2 weeks prior to the Welcome Event detailing arrangements and pre-reading on safeguarding; • Confirm details of the Welcome Event as follows: <ul style="list-style-type: none"> ➢ Start Time: 8.45 a.m. ➢ End Time: 4:45 p.m. ➢ Venue: Girdwood Community Hub, 10 Girdwood Avenue, Belfast, BT14 6EG • They must email a digital passport-style photo (Jpeg format) for their ID pass to idpass@belfasttrust.hscni.net. This should be received no later than 7 days before the date of the Welcome Event. • Issue the new employee with your contact number in case they have any questions between now and their first day. | When agreeing a start date with the individual | |
| 3 | Inform Recruitment of the agreed start date prior to the deadline in Appendix 1 | After a start date has been agreed with individual | |
| 4 | Contact Super User to set up PC login and Trust email | When a new staff number has been received from HR | |
| 5 | Complete the ' Verification of New Start (VSA) ' Process | When attendance at event has been confirmed through Certificate of Attendance | |
| 6 | Provide HRPTS login details | During local induction | |



**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

**PROJECT INITIATION DOCUMENT
FOR
REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR NURSES
AND MIDWIVES (BAND 5)**



1.0 Introduction

Chief Nursing Officer (CNO) has commissioned NIPEC in 2016 to conduct a scoping exercise in relation to Band 5 Nurse and Midwifery induction programmes within the 5 HSC Trusts.

Induction or induction training is described as a form of introduction for new starters in order to enable them to do their work in a new profession or job role within a business (or establishment).¹ Induction provides employees with a smooth entry into the organisation by providing them with the information they require to get started and is recognised as the end or final stage of the recruitment process.

In small organisations, the responsibility for carrying out induction training usually rests with one person. In larger organisations, the responsibility is shared between managers, supervisors and human resources. In the case of both big and small organisations the employees and his/her, senior manager play a major role in inducting an employee.

Within the HSC Trusts all new staff receive an induction. Induction programmes for Band 5 Nurses and Midwives comprises of:

- Human Resources Corporate Induction
- Nursing Induction
- Local or Departmental Induction

Human Resources Corporate Induction:

The Human Resources /Corporate aspect of induction aims to:

Increase knowledge of the organisation and its procedures and policies including those associated with the patient experience and health and safety, to provide the new employee with the information they need, to operate safely in the workplace.

Corporate Induction aims to:

- Make it easier for new members of staff to familiarise themselves with the organisation and the services that it provides

¹ Collins Dictionary, 2014. *Induction Training*. [Online] (Updated 2014) Available at: <http://www.collinsdictionary.com/dictionary/english/induction-training> accessed July 2016

- Enable new employees to understand the Trust's values and culture and the environment that they'll be working in
- Provide an overview of the organisation to enable the new employee to see where he/she fits into the overall picture
- Introduce new staff to key, relevant Trust policies, procedures and practices.
- Support the new nurse/midwife to registered to the correct originate on HRPTS

Nursing Induction:

Nursing Induction aims to:

- Provide the new employee an overview to the senior nursing team and nursing structures within the organisation
- Ensures initial clinical mandatory information/training needs are met
- Provide information and signpost access to relevant nursing policies and procedures of the organisation.

Local or Departmental induction:

Local Induction complements the induction process and ensures new-starts are inducted into local practice area settings.

The aim of Departmental Induction is to localise the induction process:

- address any new job concerns
- to provide the new nurse/midwife with the departmental information they need to operate safely in the workplace.
- to support the new nurse/midwife who moves across clinical settings and/or organisational boundaries
- share job specific information including KSF/PDP requirements

Background to project

There is a view that Band 5 Nursing and Midwifery induction programmes vary across the five HSC Trusts with regard to content, duration and how induction programmes are delivered.

In some instances induction programmes are delivered in-house by the Trust Nursing Team whilst in others the HSC Trust works in partnership with the Clinical Education Centre to deliver some or part of the Nursing/Midwifery induction programmes. It is also acknowledged that there is variation as to how nurses and midwives coming from various areas i.e. newly qualified, new to a Trust and international nurses are inducted across the region and how induction interfaces with preceptorship.

The initial scoping exercise has been requested by CNO to obtain accurate information regarding the range, type and extent of Band 5 Nursing and Midwifery induction programmes being delivered across the five HSC Trusts. It is anticipated this will lead to further work to agree and develop an induction programme for use across the HSC.

Objectives

To develop a regionally agreed programme to support the induction of Nurses and Midwives across the five HSC Trusts to include newly qualified registrants and registrants new to the organisation.

It is anticipated that the objectives of the project will be delivered over 2 phases

➤ **Phase1**

Scope the current education/training programmes commissioned by or employed within each of Trusts that relate to Band 5 Nursing and Midwifery induction programmes.

➤ **Phase2**

Develop a regionally agreed induction programme to support Nursing induction for Band 5 Nurses and Midwives across the five HSC Trusts.

To Note: this work stream is being progressed alongside the specific work to support the induction of International Nurses being progressed by the International Recruitment Professional Pathway Subgroup. A programme to be delivered by the

Clinical Education Centre has been developed regionally to support induction of International Nurses.

Objectives:

Phase 1

- a. Establish a regional steering group to achieve the expected outcomes.
- b. Agree a proforma to gather the information required in relation to the professional induction programmes for Band 5 Nurses and Midwives.
- c. Through Trust representatives, identify personnel, who can collect the data within their respective Trusts.
- d. Scope the current education/training programmes commissioned by or employed within each of five Trusts that relate to Band 5 Nursing and Midwifery induction.
- e. Agree a strategy for qualitative data analysis
- f. Review and analyse data received

Phase 2

- g. Develop a regionally agreed induction programme for Band 5 Nurses and Midwives across the five HSC Trusts to include
 - Newly qualified registrants
 - Registrants new to the organisation

Methodology Overview

NIPEC will lead this work programme, in partnership with key stakeholders. It is proposed that this should be conducted over a six month period commencing in September 2016. Following the establishment of a working group the methodology proposed below will be further defined. This project will be completed by February 2017. The work programme outlined below, is designed to achieve the objectives.

Work Programme

| |
|--|
| Activity:- |
| Phase 1 September 2016 – March 2017 |
| 1. Establish regional steering group to achieve expected outcomes |
| 2. Agree a proforma to gather the information required in relation to the range and extent of induction programmes within the five HSC Trusts. |
| 3. Scope the current education/training programmes commissioned by or employed within each of the five Trusts to support induction. |
| 4. Trust representatives; identify personnel, who can collect the data within their respective Trusts. |
| 5. Agree a strategy for data analysis |
| 6. Review and analyse data received. |
| 7. Draft findings and report to CNO |
| Phase 2 March- May/June 2017 |
| 8. Develop a regionally agreed induction programme to support induction for Band 5 Nurses and Midwives across the five HSC Trusts to include <ul style="list-style-type: none"> ➤ Newly qualified registrants ➤ Registrant New to HSC Trust organisation |

2.0 Scope

To include Band 5 Nursing and Midwifery induction programmes within the five HSC Trusts.

It is anticipated the outputs from the International Recruitment of Nurses into Northern Ireland - professional pathway sub group being led by the DHSSPS will compliment and this work stream

3.0 Resources

NIPEC will co-ordinate, host and provide professional nursing expertise as well as administrative support to the project, applying a project management approach. Individuals on the Group have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the project.

Participating organisations will undertake that relevant staff be released for all required meetings, for the duration of the project, and to support further participation in activities/groups, if required, to achieve the objectives of the project.

4.0 Dissemination and Implementation

Communication and consultation will be on-going throughout the project, using various mechanisms such as email, teleconferencing facilities and face-to-face meetings. The NIPEC website and news bulletin will reflect the progress of the project.

Dissemination of the Final Report of the project will be the responsibility of NIPEC.

5.0 Equality and Governance Screening

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

Consideration has been given to any equality implications relating to Phase 1 of this project and none were found as this is purely a scoping exercise to inform Phase 2. However, a full equality screening of Phase 2, i.e. the development of a regionally agreed framework/pathway to support nursing induction for Band 5s, will be undertaken at that stage, and will include any products arising from this phase of the project.

In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix A.

6.0 Evaluation

The project will be subject to an end of project evaluation report.

Equality and Governance Screening

| Area | Comments |
|--|--|
| Risk Management questions | |
| <ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? | No |
| Equality and Human Rights questions | |
| <ul style="list-style-type: none"> • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? <p>NB – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</p> | <i>Please see section 5.0 within the PID</i> |
| Privacy Impact Assessment (PIA) questions | |
| <ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? | See above |
| Personal and Public Involvement (PPI) questions | |
| <ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p> | See above |

MEMBERSHIP

Stakeholder organisation Representative

- 5 HSC Trusts Nursing Learning and Development Leads
- Moira Mannion (Proposed Chair), & representing the Education Leads 5 HSC Trusts
- Clinical Education Centre N&M
- DoH Workforce Policy
- NIPEC Frances Cannon (Project Lead)
- Staff side
- Human Resources representing HR Leads 5 Health & Social Care Trusts

Membership

| Member of Group | Organisation |
|----------------------------------|--|
| Frances Cannon (Project Lead) | NIPEC |
| Moira Mannion, (CHAIR) | Belfast Health & Social Care Trust |
| Eilish McDougal | Belfast Health & Social Care Trust |
| Adrian Bell | Belfast Health & Social Care Trust |
| Una St Ledger | Belfast Health & Social Care Trust |
| Claire McGuigan | Northern Health & Social Care Trust |
| Sharon McRoberts | South Eastern Health & Social Care Trust |
| Dawn Ferguson | Southern Health & Social Care Trust |
| Sally Martin | Western Health & Social Care Trust |
| Fiona Bradley | Clinical Education Centre |
| Linzi McIlroy | Royal College of Nursing |
| Mary Caddell | Royal College of Midwives |
| Ursula Doherty | Rep HR Director for 5 Trusts |
| Maura McKenna | Unions representatives |
| Heather Finlay | DoH Nursing |
| Marc Bailie | DoH Workforce Policy |



For further Information, please contact:

NIPEC
Centre House
79 Chichester Street
BELFAST
BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the NIPEC website
<http://www.nipec.hscni.net>

September 2016

**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

**REGIONAL SCOPING OF INDUCTION
PROGRAMMES FOR BAND 5 NURSES AND
MIDWIVES**

CONTENTS

| | Page |
|---|-------------|
| 1.0 Introduction | 1 |
| 2.0 Background | 1 |
| 3.0 Context | 3 |
| 4.0 Objectives of Project | 3 |
| 5.0 Methodology | 4 |
| 6.0 Findings | 5 |
| 7.0 Analysis of Overall Findings | 6 |
| 8.0 Professional Induction | 7 |
| 9.0 Continuous Professional Development | 9 |
| 10.0 Recommendations | 10 |

APPENDICES

Regional Scoping of Induction Programmes for Band 5 Nurses and Midwives

| | |
|------------|---|
| Appendix 1 | Membership of Steering Group |
| Appendix 2 | Membership of Subgroup 1 |
| Appendix 3 | Induction Band 5 Nurses and Midwives: Results of Initial Scoping: - Themes |
| Appendix 4 | Professional Induction for Band 5 Nurses and Midwives Sub Group 2 Membership & Terms of Reference |
| Appendix 5 | Theming and Summary Findings of Subgroup |
| Appendix 6 | Induction Band 5 HSC Trusts Scoping and Theming: Findings: Sub Group 2 |

1.0 Introduction

This report presents the findings of a scoping exercise in relation to induction programmes for Band 5 nurses and midwives within the 5 HSC Trusts and makes a number of key recommendations.

2.0 Background

Induction provides employees with a smooth entry into the organisation by providing them with the information they require to get started and is recognised as the end or final stage of the recruitment process.

Induction or induction training is described as a form of introduction for new employees in order to enable them to do their work in a new profession or job role within a business (or establishment).¹

Within the Health and Social Care (HSC) Trusts responsibility for carrying out induction training is shared between managers, supervisors and human resources. Induction programmes for Band 5 Nurses and Midwives comprises of:

- Human Resources / Corporate Induction
- Nursing Induction
- Local or Departmental Induction

Human Resources / Corporate Induction:

The Human Resources / Corporate aspect of induction seeks to increase the new employee's knowledge of the organisation. It provides an overview of the organisations aims and objectives, procedures and policies including those associated with the patient experience, health and safety and provides the new employee with the information they need to operate safely in the workplace.

Corporate induction aims to:

- enable new members of staff to familiarise themselves with the organisation and the services that it provides

¹ Collins Dictionary, 2014. *Induction Training*. [Online] (Updated 2014) Available at: <http://www.collinsdictionary.com/dictionary/english/induction-training> accessed July 2016

- support new employees to understand the Trust's values, culture and the environment that they will be working in
- provide an overview of the organisation to enable the new employee to see where he/she fits into the overall picture
- introduce new staff to key, relevant Trust policies, procedures and practices
- supports the new nurse/midwife to register on Human Resources Pay & Travel System (HRPTS).

Nursing Induction:

Nursing Induction aims to support the professional socialisation of the new nurse or midwife into the organisation, providing an overview of the senior nursing team and nursing structures within the organisation.

Nursing Induction aims to:

- ensure the new employee is aware of their professional nursing responsibilities and accountabilities including Nursing Key Performance Indicators (KPIs)
- ensures the registrant is aware of their professional regulatory responsibilities including professional registration with the Nursing and Midwifery Council (NMC), the NMC Code², Revalidation, Supervision and Preceptorship
- ensures arrangements are in place for completion of initial professional clinical mandatory information/training
- provide information and signpost access to relevant nursing policies and procedures of the organisation.

Local or Departmental Induction:

- Local Induction complements the induction process and ensures new staff are inducted into local practice area settings. It ensures the new employee is aware of local operational procedures for how that particular department functions e.g hours of service, key treatment pathways and medical equipment.

Local or Departmental Induction aims:

- address any new job concerns
- to provide the new nurse/midwife with the departmental information they need to operate safely in the workplace.
- to support the new nurse/midwife who moves across clinical settings and/or organisational boundaries
- share job specific information including KSF/PDP requirements

3.0 Context

In 2016/2017 the Chief Nursing Officer (CNO) commissioned NIPEC to conduct a scoping exercise in relation to Band 5 nursing professional induction programmes within the 5 HSC Trusts. This was in the context that there appeared to be an ever increasing demand for nursing induction programmes by the HSC Trusts. Additionally, there was intelligence which suggested that Band 5 Nursing and Midwifery induction programmes varied across the five HSC Trusts with regard to content, duration and how the programmes were being delivered and there was also an ever increasing list of mandatory training identified for inclusion within established induction programmes. Furthermore registrants who had completed their nursing induction and then changed their employer i.e. moved to another Trust, are under the current arrangements required to complete another induction programme.

4.0 Objectives of Project

To develop a regionally agreed programme to support the professional induction of nurses and midwives across the five HSC Trusts to include newly qualified registrants and registrants new to the organisation. The project was delivered over 2 phases.

Phase 1

- a. Establish a regional steering group to achieve the expected outcomes.
- b. Agree a proforma to gather the information required in relation to the professional induction programmes for Band 5 nurses and midwives

- c. Through Trust representatives identify personnel who can collect the data within their respective Trusts
- d. Scope the current education/training programmes commissioned by / or employed within each of Trusts that relate to Band 5 Nursing/Midwifery induction.
- e. Agree a strategy for qualitative data analysis
- f. Review and analyse data received

Phase 2

- a. Agree the content of a regional agreed induction programme for Band 5 Nurses and Midwives across the five HSC Trusts.

5.0 Methodology

To achieve the objectives of the project NIPEC convened a Steering Group with representation from the five HSC Trusts, the Department of Health (DOH), the Clinical Education Centre (CEC), a representative from Human Resources (HR) representing Human Resources Departments across the five Trusts and Union representation. The Project Steering Group was chaired by Moira Mannion Co-Director Belfast Health Social Care Trust (See Appendix 1 for membership of the Steering Group).

In order to capture as comprehensive an understanding of Nursing and Midwifery induction programmes across the five Trusts, a range of scoping tools were designed and piloted by the Project Steering group which included the following:

- adult nursing
- mental health nursing
- learning disabilities nursing
- children's nursing
- midwifery
- nurses on Part 3 of NMC register

The scoping tools which aimed to gather a range of information specifically relating to Nursing/Midwifery induction programmes encompassed the following aspects:

- Arrangements to provide the new employee with an overview of the senior nursing team and signposting to relevant nursing policies and procedures of the organisation
- Subject/topic title
- Duration
- Links to local or regional policy
- Methods of delivery
- Who delivers training

Scoping tools were issued to the HSC Trust organisations via the Executive Directors of Nursing (ExDoN). All five HSC Trusts returned scoping tools.

6.0 Findings

Through the Steering Group a subgroup, (subgroup 1, membership available at Appendix 2), was convened and the data submitted was analysed, reviewed and collated.

The most recurrent topics throughout the induction programmes across all areas of practice were themed under the following headings:

- Professional Practice
- Health and Social Care Documentation
- Clinical Practice
- Risk Assessment
- Safeguarding
- Health & Safety

Topics relating to each theme (available at Appendix 3), identifies if it was reported that the topic was being delivered within each field/area of nursing practice as part of induction.

Following presentation of the findings at a subsequent Steering Group meeting it was acknowledged there was information outstanding and it was agreed that the collated results should be sent back to the HSC Trusts for accuracy checking. This process yielded additional information.

The Steering Group convened a second sub-group (membership available at Appendix 4) to further analysis the returned data. The second sub group which had representation from across the fields and areas of practice from the five HSC Trusts had specific Terms of Reference (available at Appendix 4) i.e. from the information submitted clearly identify which topics were specifically professional Nursing induction.

Aligned to the practice areas i.e adult nursing, mental health nursing, learning disabilities nursing, children's nursing, midwifery, nurses on Part 3 of NMC register, the second sub-group established similarities in terms of subject title, duration, links to local or regional policy, methods of delivery and who delivered the training.

Additionally, the findings were aligned to the recommendations contained within two significant documents:

- a. Department of Health (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient ³
- b. Department of Health and Public Safety (2016) Delivering Care – Nurse Staffing⁴ agreed Mandatory Training

7.0 Analysis of Overall Findings

To help inform the decision of which topics constitutes Professional Induction versus Continuous Professional Development (CPD), the subgroup undertook a partial

³ Department of Health (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient available at XXXX

⁴ Department of Health and Public Safety (2016) Delivering Care – Nurse Staffing (2016) available at http://www.nipec.hscni.net/download/projects/current_work/provide_adviceguidanceinformation/deliveringcare/publications/Normative-staffing-Ranges-Section-1.pdf;

concept analysis. Theming and analysis of general comments from both sub group meetings informed the new approach to induction for Band 5 Nurses and Midwives (available at Appendix 5). Following further review of information and refinement of the data, a list of Professional Nursing Induction topics were agreed. (Full details of the final scoping and theming are available at Appendix 6).

8.0 Professional Induction

The list of topics for inclusion in the Professional induction are ***based on the assumption*** that Corporate Induction includes the range of topics as detailed in Table 1 below.

Table 1: Corporate Induction

| |
|---|
| Equality and Diversity |
| Human Rights / Complaints |
| Fire Safety |
| Information Governance: Data Protection, Records Management, Freedom of Information |
| Health and Safety: COSSH, Waste Management, Display Screen Equipment |
| Moving and Handling (Elearning) |
| Principles of Infection Prevention Control |
| Risk Management Awareness IR1 Adverse Incident Reporting |
| HRPTS |
| Quality 20:20 Attributes Framework Level 1 |

Professional nursing induction for Band 5 Nurses and Midwives is presented in Table 2 below.

Table: 2 Professional Nursing/Midwifery Induction:

| Topic | Content | Duration & Frequency |
|--|--|--|
| Nursing Induction | Professional Socialisation Introduction to Professional Nursing Team/Nursing Structures Professional responsibility/accountability Nursing KPIs Professional Regulation NMC Code Revalidation Supervision Perceptorship Signposting to Nursing policies and procedures | Half day locally delivered – once only |
| Life Support and Recognising the Deteriorating patient | To include: <ul style="list-style-type: none"> • Basic Life Support based on current guidelines issued by the UK Resuscitation Council (2015) • Recognising & Managing the Deteriorating patient • Sepsis • Early Warning Score • Fluid Balance | Regionally agreed one day programme delivered by CEC or in-house Yearly updates (please comment) Regionally agreed content is currently in development by CEC to incorporate Basic Life Support and Recognising & Managing the Deteriorating patient (draft note this is included in recommendations) |
| Safeguarding Adults Level 2 | Awareness in Recognising & Responding to Adult Safeguarding Issues, consistent with the Regional Policy on Adult Safeguarding: Prevention and Protection in Partnership (2015) and the Adult Safeguarding Partnership Training & Development Framework Level 2 (2013 - 2016) | CEC 3 hours 3 yearly update |
| Safeguarding Children | Safeguarding Children and Young People Core | CEC 3 hours |

| | | |
|---------|--|-----------------|
| Level 2 | Competency Framework Level 1 (NIPEC 2012) which is currently being updated to align with the SBNI Framework. | 3 yearly update |
|---------|--|-----------------|

9.0 Continuous Professional Development

A list of topics described as Continuous Professional Development requirements recommended for completion within 6 months of taking up post is presented in Table 3.

Section 1 details the topics identified as required by all areas/fields of practice.

Section 2 details topics identified as required by particular areas/fields of practice.

These topics are aligned to local or regional policies where relevant.

Table 3: Continuous Professional Development. Recommended for completion within 6 months of taking up post (probation period)

| Topic | Local or Regional Policy |
|--|----------------------------|
| Section 1. Across all Areas/Fields of practice | |
| NMC Legal & Professional Issues & Record Keeping | NMC Guidance |
| Preceptee Training | Regional Policy |
| Medicines Management | NMC Code * |
| Anaphylaxis/PGD | Resuscitation Council UK * |
| Domestic Violence MARAC | Regional Policy * |
| How to make an effective assessment and referral to SS UNOCINI | Regional Policy |
| Lone Worker | Licensed Programme |
| Supervisee Training | Regional Policy |
| Dementia Awareness | Regional Dementia Strategy |
| Manual Handling (area specific) | Regional Policy * |

| Section 2. Area/Field specific detail (see Appendix X) | |
|---|-----------------|
| NEWS / PEWS /MEWS | Regional Policy |
| MUST | Regional Policy |
| Fluid Balance Charts | Regional Policy |
| Falls Prevention | Regional Policy |
| Skin Assessment | Regional Policy |

| | |
|------|---------------------|
| MAPA | Licenced Programme* |
|------|---------------------|

*requires update

10.0 Recommendations

On the basis of the findings of this scoping of induction programmes across the five HSC Trusts for Band 5 Nurses and Midwives the following recommendations are offered:

- Human Resources should continue to work toward corporate induction delivery before an employee starts in the workplace
- Corporate Induction should include the range of topics as presented in this document at Table 1
- Each HSC Trust in discussion with CEC should agree how the proposed Band 5 Professional Nursing and Midwifery induction programme offered within this document are delivered locally
- Work to agree the content of a one day programme to include Basic Life Support and Recognising and Managing the Deteriorating patient should be finalised creating a regional “passport” standard
- HRPTS should be the “passport” used to record and evidence that induction training has been completed. The finding of this work should be included in the technology support to monitor and track training and education going forward, this would ensure nursing staff moving across HSC Trusts within a short time period are not required to repeat induction programmes unnecessarily
- Evidence of completion of professional induction should be linked into the registrant’s appraisal, contributing to NMC revalidation requirements
- A further work stream should be commissioned to agree the content, duration and frequency of the list of topics identified as Continuous Professional Development as presented in this document

- Continuous Professional Development requirements as identified within this paper should be completed within the 6 months' probationary period of a registrant's new position
- A further work stream should be commissioned to agree a specific regional induction programme for Band 6 Nurses and Midwives

Appendix 1

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Membership of Steering Group

| TRUST/Organisation | NAME |
|--|-----------------------|
| BHSCT | Moira Mannion (CHAIR) |
| BHSCT | Adrian Bell |
| BHSCT | Elish MacDougall |
| NHSCT | Claire McGuigan |
| SEHSCT | Sharon McRoberts |
| SHSCT | Dawn Ferguson |
| WHSCT | Sally Martin |
| Clinical Education Centre | Fiona Bradley |
| UNION representative | Maura McKenna |
| Royal College of Nursing | Linzi McIlroy |
| Royal College of Midwives | Mary Caddell |
| Representative HR Directorate for 5 Trusts | Ursula Doherty |
| Department of Health | Marc Bailie |

| | |
|----------------------|-------------------------------|
| Department of Health | Heather Finlay |
| NIPEC | Frances Cannon (Project Lead) |

Appendix 2

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Membership of Subgroup 1

| TRUST | NAME |
|-------|---------------------------------|
| NHSCT | Claire McGuigan |
| WHSCT | Sally Martin |
| CEC | Elish Boyle |
| NIPEC | Frances Cannon (sub group lead) |

FINAL DRAFT

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Induction Band 5 Nurses and Midwives: Results of Initial Scoping: -Themes

The most recurrent topics throughout the induction across all areas of practice were themed under the following heading:

- Professional Practice
- Health and Social Care Documentation, Clinical Practice
- Risk assessment
- Safeguarding
- Health & Safety

Table 2 below presents the topics relating to each theme and identifies if it was reported in the scoping exercise as being delivered within each field of practice/parts of the register.

Table 2

Professional Practice

| | Adult | Children’s | Mental Health | Learning Disability | Midwifery |
|----------------|-------|------------|---------------|---------------------|-----------|
| Record keeping | Yes | Yes | Yes | Yes | Yes |

Health Social Care Documentation

| | Adult | Children’s | Mental Health | Learning Disability | Midwifery |
|----------------------|-------|------------|---------------|---------------------|-----------|
| NEWS/PEWS /MEWS | Yes | Yes | | | Yes |
| MUST | Yes | | | | |
| Fluid Balance Charts | Yes | | | | Yes |
| Hyponatremia | Yes | Yes | | | |

Clinical Practice

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|---------------------------------------|-------|------------|---------------|---------------------|-----------|--------|
| Infection Control Corporate Induction | Yes | Yes | Yes | Yes | Yes | Yes |
| Medicines Management | Yes | Yes | | | Yes | |
| Venepuncture | Yes | Yes | | | Yes | |
| Cannulation | Yes | Yes | | | Yes | |
| Point of Care Testing | Yes | Yes | | | Yes | |
| Life Support (Basic level) | Yes | Yes | Yes | Yes | Yes | Yes |
| Haemovigilance | Yes | Yes | | | Yes | |
| Anaphylaxis | Yes | Yes | | | Yes | Yes |
| Syringe Pumps | Yes | Yes | | | Yes | |
| End of Life Care | | | | | | |

Risk Assessment

| | Adult | Children's | Mental Health | Learning Disability | Midwifery |
|------------------|-------|------------|---------------|---------------------|-----------|
| Falls Prevention | Yes | | | | |
| Tissue Viability | Yes | | | | |

Safeguarding

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | PART 3 |
|-------------------|-------|------------|---------------|---------------------|-----------|--------|
| Adult | Yes | Yes | Yes | Yes | Yes | Yes |
| Children's | Yes | Yes | Yes | Yes | Yes | |
| Domestic Violence | | | | Yes | Yes | |
| UNICONNI | | Yes | Yes | Yes | Yes | |

Health and Safety

| | Adult | Children's | Mental health | Learning Disability | Midwifery |
|-----------------|-------|------------|---------------|---------------------|-----------|
| Manual Handling | Yes | Yes | Yes | Yes | Yes |
| MAPPA | Yes | | Yes | Yes | |
| Lone Worker | | | | | |

Prepared by Induction Band 5 Nurses and Midwives Subgroup 1 on behalf of Steering group.

**Professional Induction for BAND 5 Nurses and Midwives
Sub Group 2 Membership &
Terms of Reference**

The sub-group are tasked to:

- Review all the data received from the scoping exercises relating to the areas/fields of practice
- Agree a regional **generic** professional induction programme for Band 5 Nurses and Midwives detailing a) topic titles and b) each topic programme content.
- The subgroup should draw on the recommendations within the following documents:
 - a. The review of the education and support of nurses and midwives to identify and manage the deteriorating patient (2017)⁵
 - b. Delivering Care – Nurse Staffing (2016)⁶ agreed Mandatory Training

The subgroup should include expertise across all fields of practice including Adult, Mental Health and Learning Disabilities, Children’s Midwifery, Nurses on Part 3 NMC register and a CEC representative.

Group members – Nominations

| TRUST | NAME | Practice Area |
|-------|-------------------------------|---|
| SCHST | Patricia Cosgrove | Midwifery |
| BHSCT | Seamus Coyle | RNLD |
| BHSCT | Adrian Bell | Adult (apologies) |
| SHSCT | Una Toland | Children’s |
| NHSCT | Nomination by Claire McGuigan | Part 3 NMC Register Maeve McGuigan nominated (could not attend) |
| SHSCT | Margaret Bunting | Part 3 NMC Register (nominated to represent Part 3) |
| BHSCT | Orla Tierney | Mental Health |
| WHSCT | Sally Martin | Adult |
| CEC | Fiona Bradley | CEC in service education |
| NIPEC | Frances Cannon | NIPEC (subgroup lead) |

⁵ Department of Health (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient available at [XXXX](#)

⁶ Department of Health and Public Safety (2016) Delivering Care – Nurse Staffing (2016) available at http://www.nipec.hscni.net/download/projects/current_work/provide_adviceguidanceinformation/deliveringcare/publications/Normative-staffing-Ranges-Section-1.pdf;

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Theming and Summary Findings of Subgroup

- Induction, continuous professional development (CPD) and mandatory training appear in many cases are viewed as one in the same and the terms are used interchangeably
- It was the opinion of the subgroup that clarification is needed as to what Professional Nursing Induction is and is not - i.e. *Nursing induction ensures that initial clinical mandatory information/training needs are met*
- Some of the responses to the scoping exercise suggested that topics regarded as induction were more aligned to CPD and training and development to be achieved over a set time frame rather than a requirement to allow the employee to get started in post and take up role
- Each Trust had in place their *own arrangements* to provide the new employee with an overview of the senior nursing team and nursing structures within the organisation and arrangements to provide information and signpost access to relevant nursing policies and procedures of the organisation
- Topic titles/names vary across HSC Trusts
- Across the HSC Trusts induction programmes have expanded in response to for example an untoward/serious adverse incident
- CEC is the main provider of induction programmes however some topics e.g. Life Support tends to be delivered in-house
- Trusts often request CEC to deliver to programmes to reflect local Trust policies
- Registrants who move across HSC Trusts are required to repeat their nursing induction. There was general consensus that a passport type arrangement would reduce duplication of effort
- Human Resources reported that they are working regionally toward corporate induction delivery for all employees before they start in the workplace.

- To note the content of each programme was not reviewed, the sub group made the assumption that the content varied where the duration of the session was different for example 3 hours *versus* 1 day.

FINAL DRAFT

Induction Band 5 HSC TRUSTS
Scoping and Theming: Findings: Sub Group 2

Based on the assumption that Corporate induction includes:

| |
|--|
| Equality and Diversity |
| Human Rights/Complaints |
| Fire Safety |
| Information Governance: Data Protection & Records Management, Freedom of Information |
| Health & Safety: COSSH Waste Management, Display Screen equipment |
| Moving and Handling Principles (eLearning) |
| Principles of Infection Prevention Control |
| Risk Management Awareness IR1 Adverse Incident Reporting |
| HRPTS |
| Q 20:20 Attributes Framework Level 1 |

CODE

L = Licenced
 RP = regional policy
 * Requires updating

| | |
|--|--------------------------|
| | Requirement in all areas |
| | 4 or more areas |
| | Less than 3 areas/fields |

Professional Induction Band 5

| |
|---|
| L. Basic Life Support |
| RP Recognising Deteriorating Patient:- Sepsis EWS, Fluid Balance, |
| RP Safeguarding Adult |
| R.P Safeguarding Children |

FINAL DRAFT

Table 2

Complete within 6 months

Professional Practice

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|---------------------------------------|-------|------------|---------------|---------------------|-----------|--------|
| NMC Legal Professional Record Keeping | Yes | Yes | Yes | Yes | Yes | Yes |
| RP Preceptee | Yes | Yes | Yes | Yes | Yes | Yes |
| RP Supervisee | Yes | Yes | Yes | Yes | Yes | Yes |

Health Social Care Documentation

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|-------------------------|-------|------------|---------------|---------------------|-----------|--------|
| RP NEWS/PEWS/MEWS | Yes | Yes | Yes | Yes | Yes | No |
| RP MUST | Yes | Yes | Yes | Yes | No | No |
| RP Fluid Balance Charts | Yes | Yes | Yes | Yes | Yes | No |
| RP * Hyponatremia | Yes | Yes | No | No | Yes | No |

Clinical Practice

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|--------------------------------------|-------|------------|---------------|---------------------|----------------|--------|
| NMC *Medicines Management | Yes | Yes | Yes | Yes | Yes | Yes |
| CEC Venepuncture | Yes | Yes | No | No | Yes | No |
| CEC Cannulation | Yes | Yes | No | No | Yes | No |
| RP ANTT | Yes | Yes | No | No | Yes | No |
| RP *Haemovigilance | Yes | Yes | No | No | Yes | No |
| RSUS C *Anaphylaxis /PGD | Yes | Yes | Yes | Yes | Yes | Yes |
| CEC *Syringe Pumps * inc IV drugs | Yes | Yes | No | No | Yes | No |
| CEC End of Life Care* certain groups | Yes | Yes | No | No | No Bereavement | No |
| Dementia Awareness | Yes | | Yes | Yes | | |

Risk Assessment

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|---------------------|-------|------------|---------------|---------------------|-----------|--------|
| RP Falls Prevention | Yes | Yes | Yes (OPMS) | Yes | No | No |
| RP Skin Assessment | Yes | Yes | Yes (OPMS) | No | Yes | No |
| RP MUST | No | Yes | Yes | Yes | No | No |
| RP PQC | No | No | Yes | Yes | No | No |

Safeguarding

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | PART 3 |
|---|-------|------------|---------------|---------------------|-----------|--------|
| RP *Domestic Violence MARAC | Yes | Yes | Yes | Yes | Yes | Yes |
| RP How to make an effective assessment and referral to SS UNOCINI | Yes | Yes | Yes | Yes | Yes | Yes |

Health and Safety

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|-----------------|-------|------------|---------------|---------------------|-----------|--------|
| L *MAPA | Yes | Yes | Yes | Yes | No | Yes |
| L *Lone Worker* | Yes | Yes | Yes | Yes | Yes | Yes |

Collated

| |
|---|
| L. Basic Life support |
| RP Recognising Deteriorating patient to include:- Sepsis EWS, Fluid Balance |
| RP Safeguarding Adult |
| R.P Safeguarding Children |
| Within 6 months |
| Legal & Professional Issues including Record keeping |
| RP Preceptee |
| NMC *Medicines Management |
| RSUSC *Anaphylaxis /PGD |
| RP *Domestic Violence MARAC |
| RP How to make an effective assessment and referral to SS UNOCINI |
| L *Lone Worker |
| NMC Supervisee |
| Area / field specific |
| RP EWS / PEWS /MEWS |
| RP MUST |
| RP Fluid Balance Charts |
| RP Falls Prevention |
| RP Moving & Handling (area specific) |
| RP Skin Assessment |
| L *MAPA |



FINAL

For further Information, please contact

NIPEC

Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the
NIPEC website www.nipec.hscni.net

May 2017

**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

**REGIONAL REVIEW OF INDUCTION
PROGRAMMES FOR BAND 5 NURSES AND
MIDWIVES**



CONTENTS

| | Page |
|-------------------------------------|-------------|
| 1.0 Introduction | 1 |
| 2.0 Context | 1 |
| 3.0 Background | 1 |
| 4.0 Objectives of Project | 4 |
| 5.0 Methodology | 4 |
| 6.0 Phase 1 Analysis of information | 6 |
| 7.0 Phase 1 Findings | 8 |
| 8.0 Themes and Summary Findings | 8 |
| 9.0 Phase 2 | 11 |
| 10.0 Recommendations | 14 |

APPENDICES

Regional Review of Induction Programmes for Band 5 Nurses and Midwives

| | | |
|------------|---|----|
| Appendix 1 | Membership of Steering Group | 15 |
| Appendix 2 | Membership of Sub Group | 16 |
| Appendix 3 | Induction Band 5 Nurses and Midwives: Results of Initial Scoping: - Themes | 17 |
| Appendix 4 | Professional Induction for Band 5 Nurses and Midwives Sub Group 2 Membership & Terms of Reference | 19 |
| Appendix 5 | Theming and Summary Findings of Subgroup | 20 |
| Appendix 6 | HSC Trust Corporate Induction/Welcome | 24 |
| Appendix 7 | HSC Trust Nursing & Midwifery Professional Welcome/Induction | 25 |

1.0 Introduction

This report presents the findings of a review of induction programmes for Band 5 Nurses and Midwives within the five HSC Trusts and makes a number of key recommendations.

2.0 Context

In 2016/2017 the Chief Nursing Officer (CNO) commissioned NIPEC to conduct a review of Band 5 Nursing and Midwifery professional induction programmes within the five HSC Trusts. This was in the context of an ever increasing demand for Nursing and Midwifery induction programmes by the HSC Trusts. There was also evidence to suggest that Band 5 Nursing and Midwifery induction programmes varied across the five HSC Trusts with regard to content, duration and method of programme delivery. In addition there was also an ever increasing list of mandatory training identified for inclusion within established induction programmes. Furthermore registrants who had completed their Nursing/Midwifery induction and subsequently then changed employer within a short timescale (i.e. moved to another Trust) are, under current arrangements required to complete another induction programme in their new organisation.

3.0 Background

Induction assists employees to integrate well into or across an organisation for the benefit of both parties.

The structure of induction training depends on the size and nature of an organisation and also on the type of employee. The process begins at the recruitment stage and continues into employment. New employees need to know the organisation, the culture and the people, and their role. For a large organisation, the process is likely to be a combination of one-to-one discussions and more formal group presentations, which may be given within an induction programme.

As part of the preparatory work to undertake this review it was established that the Health and Social Care (HSC) Trusts responsibility for carrying out induction training is shared between Managers, Professional Leads, Supervisors and Human

Resources. Induction programmes for Band 5 Nurses and Midwives currently includes:

- Corporate Induction/Welcome
- Nursing/Midwifery Induction
- Local or Departmental Induction.

Corporate Induction/Welcome:

Corporate Induction/Welcome is normally organised and facilitated by the Human Resources function and aims to:

- enable new members of staff to familiarise themselves with the organisation and the services that it provides support new employees to understand the Trust's values, culture and the environment that they will be working in
- outline what the Trust can offer new employees and how they can contribute to the organisation
- introduce new staff to key, relevant Trust policies, procedures and practices
- include information relating to statutory training.

Nursing/Midwifery Induction:

Nursing/Midwifery Induction supports the professional socialisation of the new Nurse or Midwife into the organisation, providing an overview of the senior nursing team and nursing structures within the organisation.

Nursing/Midwifery Induction aims to:

- ensure the new employee is aware of their professional nursing responsibilities and accountabilities including Nursing Key Performance Indicators (KPIs)

- ensure the registrant is aware of their professional regulatory responsibilities including professional registration with the Nursing and Midwifery Council (NMC), the NMC Code¹, Revalidation, Supervision and Preceptorship
- ensure arrangements are in place for completion of initial professional clinical mandatory information/training
- provide information and signpost access to relevant Nursing/Midwifery policies and procedures of the organisation.

Local or Departmental Induction:

Local Induction is an integral part of the induction process and ensures that new staff are inducted into local practice area settings. It ensures the new employee is aware of local operational procedures for how that particular department functions e.g. hours of service, key treatment pathways and medical equipment.

Local or Departmental Induction aims to:

- address any new job concerns
- ensure the nurse/midwife undertakes specific learning and development to meet the requirements of the role, including role specific clinical skills and mandatory training. For newly qualified registrants this is normally completed during a period of preceptorship² and defined as Continuous Professional Development (CPD).
- provide the new Nurse/Midwife with the departmental information they need to operate safely in the workplace.
- support the new Nurse/Midwife who moves across clinical settings and/or organisational boundaries

¹ NMC (2015) The Code: Professional standards of practice and behaviour for nursing and Midwives. London: NMC

² Preceptorship is defined as a period of structured transition for the perceptor (nurse /midwife) during which he or she will be supported by a preceptor to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviours and continue on a journey of life-long learning (adapted from the Department of Health (DH). 2010)

share job specific information including KSF/Appraisal and Development Review requirements.

4.0 Objectives of Project

To develop a regionally agreed programme to support the professional induction of Nurses and Midwives across the five HSC Trusts, inclusive of newly qualified registrants and registrants new to the organisation. The Project was delivered over 2 phases.

Phase 1

- a. Establish a regional Steering Group to achieve the expected outcomes..
- b. Agree a process to gather the information required in relation to the professional induction programmes for Band 5 nurses and midwives
- c. Through Trust representatives, identify personnel who can collect the data within their respective Trusts
- d. Scope the current education/training programmes commissioned by / or employed within each of Trusts that relate to Band 5 Nursing/Midwifery induction
- e. Agree a strategy for qualitative data analysis
- f. Review and analyse data received.

Phase 2

Make recommendations for a regional approach which supports the professional induction of Nurses and Midwives across the five HSC Trusts, inclusive of newly qualified registrants and registrants new to the organisation.

5.0 Methodology

To achieve the objectives of Phase 1 of the project NIPEC convened a Steering Group with representation from the five HSC Trusts, the Department of Health (DOH), the Clinical Education Centre (CEC), a representative from Human Resources (HR) representing Human Resources Directorates across the five Trusts and staff side representation. The Project Steering Group was chaired by Moira Mannion Co-Director Belfast Health Social Care Trust (See Appendix 1 for membership of the Steering Group).

In order to capture as comprehensive an understanding of Nursing and Midwifery induction programmes across the five Trusts as possible, a range of scoping tools were designed and piloted by the Project Steering Group including the following:

- adult nursing
- mental health nursing
- learning disabilities nursing
- children's nursing
- midwifery
- nurses on Part 3 of NMC register.

The scoping tools which aimed to gather a range of information specifically relating to Nursing/Midwifery induction programmes encompassed the following aspects:

- Arrangements to provide the new employee with an overview of the senior nursing/midwifery team and signposting to relevant nursing/midwifery policies and procedures of the organisation
- Subject area/topic title
- Duration
- Links to local or regional policy, regulatory requirements guidance and standards
- Methods of delivery
- Training provider.

Scoping tools were issued to the HSC Trust organisations via the Executive Directors of Nursing (ExDoN). All five HSC Trusts returned their respective scoping tools.

6.0 Phase 1 Analysis of information

Through the Steering Group a Sub Group, (Sub Group 1, membership available at Appendix 2), was convened and the data submitted was analysed, reviewed and collated.

The most recurrent topics throughout the induction programmes across all areas of practice were themed under the following headings:

- Professional Practice
- Health and Social Care Documentation
- Clinical Practice
- Risk Assessment
- Safeguarding
- Health & Safety.

Topics relating to each theme (available at Appendix 3), identifies if it was reported that the topic was being delivered within each field/area of nursing practice as part of nursing and midwifery induction.

Following presentation of the findings at a subsequent Steering Group meeting it was acknowledged there was information outstanding and it was agreed that the collated results should be returned to the HSC Trusts for accuracy checking. This process yielded additional information which fully completed the scoping.

The Steering Group convened a second Sub Group (membership available at Appendix 4) to further analyse the returned data. The second Sub Group which had representation from across the fields and areas of practice from the five HSC Trusts had specific Terms of Reference (available at Appendix 4) i.e. from the information submitted clearly identify which topics are specifically Professional Nursing/Midwifery induction.

Aligned to the practice areas i.e. adult nursing, mental health nursing, learning disabilities nursing, children's nursing, midwifery, nurses on Part 3 of NMC register, the second Sub Group established similarities in terms of subject title, duration, links to local or regional policy, methods of delivery and training provider. These findings are presented at (Appendix 5, Table 1 and Table 2).

The findings were considered in the context of significant policy and regulatory frameworks including:

- a) Department of Health (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient ³
- b) Department of Health, Social Services and Public Safety (2016) Delivering Care – Nurse Staffing⁴
- c) The Nursing and Midwifery Council (NMC) Standards for Pre-registration Nursing Education (2010) ⁵ (post initial scoping and analysis of findings)
- d) The Nursing and Midwifery Council (NMC) Standards for Pre-registration Midwifery Education (2010)⁶ (post initial scoping and analysis of findings).

The Sub Group sought to agree subject areas/ topics that are an absolute “must do” within Nursing and Midwifery induction and separate these from topics from those which are considered Continuous Professional Development (CPD)/mandatory training /or a requirement for a particular role or practice area.

³ Department of Health, Social Services and Public Safety (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient available at

⁴ Department of Health, Social Services and Public Safety (2016) Delivering Care – Nurse Staffing (2016) available at

http://www.nipec.hscni.net/download/projects/current_work/provide_adviceguidanceinformation/deliveringcare/publications/Normative-staffing-Ranges-Section-1.pdf;

⁵ NMC (2010) Standards for pre-registration Nursing Education (2010) NMC available at <https://www.nmc.org.uk/education/standards-for-education>

⁶ NMC (2009) Standards for pre-registration Midwifery Education <https://www.nmc.org.uk/.../standards/nmc-standards-for-preregistration-midwifery-educ...>

As the Sub Group 2 further reviewed and analysed the information from the scoping exercise a number of key findings became apparent, which have informed the way forward.

7.0 Phase 1 Findings:

The findings of this scoping confirmed that each HSC Trust has in place their own arrangements to provide the new employee with a Professional Nursing/Midwifery *Welcome induction* which includes an overview of the senior nursing/midwifery team and nursing/midwifery structures within the organisation, arrangements to provide professional information and signposting and access to relevant nursing/midwifery policies and procedures of the organisation

It was also evident from the findings that current Nursing and Midwifery induction programmes across the five HSC Trusts incorporate:-

- a range of topics which a Nurse/Midwife should have covered within their NMC pre-registration training, examples included:- basic life support, record keeping, medicines management, dementia awareness (Appendix 5 Table 1) the majority of these programmes are currently delivered through CEC.
- mandatory training - which is included as part of the NMC pre-registration Nursing and Midwifery programmes and therefore not necessarily required to be part of induction but rather should be included within a registrants on-going CPD
- topics which are aligned to Corporate induction including statutory training for example principles of infection prevention control and moving and handling

8.0 Themes and Summary Findings

As Sub Group 2 further reviewed and analysed the information from the scoping exercise a number of key findings became apparent which have been themed as follows:-

Content

- The content of induction programmes currently included subjects and topics which are included and covered within NMC pre-registration nursing and midwifery education programmes.

It is important to remind the reader that *at the point of registration a nurse or midwife has completed an NMC approved degree programme and met the standards for competence specified in the Standards for pre-registration Nurse Education (NMC 2010) or Standards for pre-registration Midwifery Education (2009). These standards clearly state what must be achieved in order to be registered with the NMC and ensure that a nurse or a midwife is fit to practise at the point of registration*

- In this context Topics currently included in induction programmes were considered more aligned to Continuous Professional Development and Learning which should be achieved over an agreed time frame, rather than a requirement to allow the employee to get started in post and take up role
- Topic titles/names vary across induction programmes within the HSC Trusts as does the duration of the programmes. The content of each topic was not reviewed as part of this project, the Sub Group made the assumption that the content varied where the duration of the session was different for example three hours *versus* one day
- Across the HSC Trusts induction programmes have lengthened, with additional training being included linked to for example an untoward/serious adverse incident/s
- CEC provides a significant part of Basic Life support training for all of the HSC Trust, some Life Support training is delivered in-house.

Delivery

- Currently induction programmes are targeted at registrants new to the organisation irrespective of whether they are experienced Band 5 Nurses/Midwives or have just joined the NMC register
- There is a sense that HSC Trusts use induction programmes to ensure registrants new to the organisation complete mandatory training irrespective of prior learning and/or experience
- Across the HSC Trusts there is overlap across the three elements of induction:- professional, corporate and local i.e. some topics regarded as corporate induction are included in professional Nursing and Midwifery induction
- The Clinical Education Centre (CEC) is the main provider of induction programmes and HSC Trusts often request CEC to deliver programmes to reflect local Trust policies leading to bespoke Trust inductions which is time consuming for the CEC
- Under current arrangements registrants who have completed their Nursing/Midwifery induction and subsequently then change employer within a short timescale (i.e. move to another Trust) are required to complete another induction programme in their new organisation, causing duplication of effort.
- Human Resources reported that they are working regionally toward corporate induction delivery for all employees before they start in the workplace

It is noteworthy, to highlight the strength of opinion expressed by colleagues regarding the current arrangements for the delivery or induction programmes particularly in terms of duplication of effort.

This was a very complex and multifaceted piece of work as Nursing and Midwifery induction impacts and interfaces with a significant number of systems and processes including pre-registration Nursing and Midwifery education programmes, statutory and mandatory training, revalidation, preceptorship and KSF/appraisal and corporate induction.

The aim of this Project was to agree a regional induction programme for Band 5 Nurses and Midwives. However, through a process of consultation, in the context of the findings of the subgroups coupled with constructive challenge from stakeholders the Steering Group has concluded that there should be a radical review of how Nursing and Midwifery induction programmes are delivered, which is presented in Phase 2

9.0 Phase 2

Make recommendations for a regional approach which supports the professional induction of Nurses and Midwives across the five HSC Trusts, inclusive of newly qualified registrants and registrants new to the organisation.

Discussion

In light of the findings of the subgroups identified during Phase 1 (Page 9 & 10) and following feedback from colleagues within the system it was agreed to reconvene the Project Steering Group to present the outcomes and agree a way forward.

The proposed approach to Professional Nursing and Midwifery Induction is based on the premises that Corporate/Welcome induction as currently configured includes the range of topics at (Appendix 6) which includes statutory training or these form part of on-going CPD programmes available in Trust organisations.

Although there was some variances in the Trust Nursing and Midwifery Welcome induction it was considered the content was essentially the same. A core Nursing and Midwifery Professional Welcome programme was agreed by the Project Steering Group and is available at (Appendix 7).

Currently Nursing and Midwifery induction programmes within the HSC Trusts are targeted at registrants new to the organisation irrespective of whether they have just joined the NMC register or are experienced Band 5 Nurses/Midwife.

At the point of registration, however, a nurse or midwife has completed an NMC approved degree programme and met the standards for competence specified in the Standards for pre-registration nurse education (NMC 2010) or Standards for pre-registration midwifery education (2009). These standards clearly state what must be achieved in order to be registered with the NMC and ensure that a nurse or a midwife is fit to practise at the point of registration. Post initial scoping and analysis of findings the Project Lead confirmed that the topics currently included in clinical induction form part of the pre-registration Nursing and Midwifery programmes.

The NMC Standards for Learning and Assessment in Practice require a sign-off mentor to verify a student's competence level before they can be admitted unto the NMC professional register. Therefore at the point of registration there is a recognised standard of competence, which through a period of preceptorship⁷ the preceptee (Nurse /Midwife) is supported by a preceptor to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviours and continue on a journey of life-long learning. Any additional training, therefore, in these core subject areas should form part of a registrants Continuous Professional Development/lifelong learning and arguably does not need to be included in initial clinical induction.

Additionally in order to maintain registration with the NMC registrants must abide by the professional standards of practice and behaviour for Nurses and Midwives set out within the NMC Code (2015) which clearly states "... registrants have a professional responsibility to keep their knowledge and skills up to date, and take part in appropriate and regular learning and professional development activities to maintain and develop their competence and improve performance...". Therefore there is an onus on all Nurses and Midwives to ensure their mandatory training and continuous professional

⁷ Preceptorship is defined as a period of structured transition for the perceptee (nurse /midwife) during which he or she will be supported by a preceptor to develop confidence as an autonomous professional, refine skills, values,

development relevant to their practice is current and up to date, aligned to the requirements of NMC revalidation.

It is the view of the Project Steering Group that rather than every Band 5 Nurse and Midwife undertaking a clinical induction programme, prioritisation of learning and development should be identified through an individual learning needs analysis and agreed through a professional discussion with the registrant's line manager. Learning needs should link with extant mandatory and statutory training and be considered in the broader context of arrangements for local induction, preceptorship, KSF appraisal/personal development planning, and revalidation - therefore negating the need for a nursing and midwifery induction programme which incorporates clinical training.

As referenced earlier in this document local/departmental induction is an integral part of the induction process and ensures that new staff are inducted into local practice area settings. It ensures the new employee is aware of local operational procedures for how that particular department functions.

Local induction also ensures the nurse/midwife undertakes specific learning and development to meet the requirements of their role, including role specific, clinical skills training, and statutory/mandatory training. For newly qualified registrants this is normally completed during a period of preceptorship or for an experienced registrant through the completion of an individual learning plan or appraisal process.

Prioritisation of learning and development and CPD within local induction should be agreed by the registrant with their line manager aligned to preceptorship, personal development planning/individual learning plans, or local induction arrangements therefore negating the need for an induction programme which incorporates clinical training.

It is also recognised that delivery of nursing and midwifery education through e-learning is increasingly being used and will influence the landscape of nursing and midwifery induction into the future.

On the basis of the findings of this review and following discussion and agreement by the Project Steering Group the following recommendation for a further phase of this work is offered:

10.0 Recommendations

- A further work stream to develop a CPD Framework supported by a Passport type arrangement which maps agreed learning -including statutory and mandatory training - at pre-registration level, during the preceptorship period and lifelong throughout the registrant's career should be progressed. (diagrammatically presented at Appendix 8)
- Topics currently included in Nursing and Midwifery Clinical induction should be addressed within a CPD Framework, aligned to extant mandatory training requirement, personal development plans and local induction
- As such there should not be standalone professional programmes as opposed to suites of programmes which are selected by individuals registrants to fulfil professional responsibilities as part of CPD
- CPD is the responsibility of individual registrants and should be taken forward through extant arrangements including mandatory training, preceptorship, supervision, professional discussions and CPD requirements aligned to revalidation, ect
- The CPD Framework should be supported by a passport, utilising HRPTS, to evidence currency of learning and inform and plan individual registrants learning requirements. This will ensure that nursing and midwifery staff moving across HSC Trusts within a short time period are not required to repeat mandatory training requirements unnecessarily
- Consideration should be given to using a portfolio, for example the NIPEC on-line Portfolio, which could act as the passport within pre-registration Nursing and Midwifery programmes. This could be accepted by the receiving organisation with no expectation of repeating training until learning is due to expire, therefore

the onus is on the registrant and host employer to plan updates as part of on-going CPD

- Nurse and Midwives on joining a HSC Trust should complete a Corporate Induction and Nursing and Midwifery Welcome as detailed at Appendix 6 and Appendix 7 respectively.

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Membership of Steering Group

| TRUST/Organisation | NAME |
|---------------------------|-------------------------------|
| BHSCT | Moira Mannion (CHAIR) |
| BHSCT | Adrian Bell |
| BHSCT | Elish MacDougall |
| BHSCT | Una St Ledger |
| NHSCT | Claire McGuigan |
| SEHSCT | Sharon McRoberts |
| SHSCT | Dawn Ferguson |
| WHSCT | Sally Martin |
| Clinical Education Centre | Fiona Bradley |
| UNION representative | Maura McKenna |
| Royal College of Nursing | Linzi McIlroy |
| Royal College of Midwives | Mary Caddell |
| HR Representative | Ursula Doherty |
| Department of Health | Marc Bailie |
| Department of Health | Heather Finlay |
| NIPEC | Frances Cannon (Project Lead) |

**REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5
NURSES AND MIDWIVES****Membership of Sub Group 1**

| TRUST | NAME |
|-------|---------------------------------|
| NHSCT | Claire McGuigan |
| WHSCT | Sally Martin |
| CEC | Elish Boyle |
| NIPEC | Frances Cannon (sub group lead) |

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Induction Band 5 Nurses and Midwives: Results of Initial Scoping: -Themes

The most recurrent topics throughout the induction across all areas of practice were themed under the following heading:

- Professional Practice
- Health and Social Care Documentation, Clinical Practice
- Risk Assessment
- Safeguarding
- Health & Safety

Table 1 below presents the topics relating to each theme and identifies if it was reported in the scoping exercise as being delivered within each field of practice/parts of the register.

Table 1
Professional Practice

| | Adult | Children’s | Mental Health | Learning Disability | Midwifery |
|----------------|-------|------------|---------------|---------------------|-----------|
| Record keeping | Yes | Yes | Yes | Yes | Yes |

Health Social Care Documentation

| | Adult | Children’s | Mental Health | Learning Disability | Midwifery |
|----------------------|-------|------------|---------------|---------------------|-----------|
| NEWS/PEWS /MEWS | Yes | Yes | | | Yes |
| MUST | Yes | | | | |
| Fluid Balance Charts | Yes | | | | Yes |
| Hyponatraemia | Yes | Yes | | | |

Clinical Practice

| | Adult | Children’s | Mental Health | Learning Disability | Midwifery | Part 3 |
|---------------------------------------|-------|------------|---------------|---------------------|-----------|--------|
| Infection Control Corporate Induction | Yes | Yes | Yes | Yes | Yes | Yes |
| Medicines Management | Yes | Yes | | | Yes | |
| Venepuncture | Yes | Yes | | | Yes | |
| Cannulation | Yes | Yes | | | Yes | |

| | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|
| Point of Care Testing | Yes | Yes | | | Yes | |
| Life Support (Basic Level) | Yes | Yes | Yes | Yes | Yes | Yes |
| Haemovigilance | Yes | Yes | | | Yes | |
| Anaphylaxis | Yes | Yes | | | Yes | Yes |
| Syringe Pumps | Yes | Yes | | | Yes | |
| End of Life Care | | | | | | |

Risk Assessment

| | | | | | |
|------------------|-------|------------|---------------|---------------------|-----------|
| | Adult | Children's | Mental Health | Learning Disability | Midwifery |
| Falls Prevention | Yes | | | | |
| Tissue Viability | Yes | | | | |

Safeguarding

| | | | | | | |
|-------------------|-------|------------|---------------|---------------------|-----------|--------|
| | Adult | Children's | Mental Health | Learning Disability | Midwifery | PART 3 |
| Adult | Yes | Yes | Yes | Yes | Yes | Yes |
| Children's | Yes | Yes | Yes | Yes | Yes | |
| Domestic Violence | | | | Yes | Yes | |
| UNICONNI | | Yes | Yes | Yes | Yes | |

Health and Safety

| | | | | | |
|-----------------|-------|------------|---------------|---------------------|-----------|
| | Adult | Children's | Mental health | Learning Disability | Midwifery |
| Manual Handling | Yes | Yes | Yes | Yes | Yes |
| MAPA | Yes | | Yes | Yes | |
| Lone Worker | | | | | |

**Professional Induction for BAND 5 Nurses and Midwives
Sub Group 2 Membership &
Terms of Reference**

The Sub Group are tasked to:

- Review all the data received from the scoping exercises relating to the areas/fields of practice
- Agree a regional **generic** professional induction programme for Band 5 Nurses and Midwives detailing a) topic titles and b) each topic programme content.
- The Sub Group should draw on the recommendations within the following documents:
 - a. The review of the education and support of nurses and midwives to identify and manage the deteriorating patient (2017)⁸
 - b. Delivering Care – Nurse Staffing (2016)⁹ agreed Mandatory Training

The subgroup should include expertise across all fields of practice including Adult, Mental Health and Learning Disabilities, Children’s Midwifery, Nurses on Part 3 NMC register and a CEC representative.

Group members – Nominations

| TRUST | NAME | Practice Area |
|--------|-------------------------------|---|
| SEHSCT | Patricia Cosgrove | Midwifery |
| BHSCT | Seamus Coyle | RNLD |
| BHSCT | Adrian Bell | Adult (apologies) |
| SHSCT | Una Toland | Children’s |
| NHSCT | Nomination by Claire McGuigan | Part 3 NMC Register Maeve McGuigan replaced by Margaret Bunting |
| SHSCT | Margaret Bunting | Part 3 NMC Register (replaced Maeve McGuigan) |
| BHSCT | Orla Tierney | Mental Health |
| WHsCT | Sally Martin | Adult |
| CEC | Fiona Bradley | CEC in service education |
| NIPEC | Frances Cannon | NIPEC (subgroup lead) |

⁸ Department of Health (2017) Review of the education and support of nurses and midwives to identify and manage the deteriorating patient available at XXXX

⁹ Department of Health and Public Safety (2016) Delivering Care – Nurse Staffing (2016) available at http://www.nipec.hscni.net/download/projects/current_work/provide_adviceguidanceinformation/deliveringcare/publications/Normative-staffing-Ranges-Section-1.pdf;

**HSC Trust Induction
Topics aligned to fields of Practice**

CODE

L = Licenced
 RP = regional policy
 * Requires updating

| | |
|--|--------------------------|
| | Requirement in all areas |
| | 4 or more areas |
| | Less than 3 areas/fields |

TABLE 1

Professional Practice

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|--|--------------|-------------------|----------------------|----------------------------|------------------|---------------|
| Basic Life Support Recognising Deteriorating Patient:- Sepsis EWS, Fluid Balance* | yes | yes | yes | yes | yes | yes |
| Safeguarding Adult | yes | yes | yes | yes | yes | yes |
| Safeguarding Children | yes | yes | yes | yes | yes | yes |
| NMC Legal Professional Record Keeping | Yes | Yes | Yes | Yes | Yes | Yes |
| RP Preceptee | Yes | Yes | Yes | Yes | Yes | Yes |
| RP Supervisee | Yes | Yes | Yes | Yes | Yes | Yes |

MAHI - STM - 102 - 9928

Health Social Care Documentation

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|-------------------------|-------|------------|---------------|---------------------|-----------|--------|
| RP NEWS/PEWS/MEWS | Yes | Yes | Yes | Yes | Yes | No |
| RP MUST | Yes | Yes | Yes | Yes | No | No |
| RP Fluid Balance Charts | Yes | Yes | Yes | Yes | Yes | No |
| RP * Hyponatremia | Yes | Yes | No | No | Yes | No |

Clinical Practice

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|--------------------------------------|-------|------------|---------------|---------------------|----------------|--------|
| NMC *Medicines Management | Yes | Yes | Yes | Yes | Yes | Yes |
| CEC Venepuncture | Yes | Yes | No | No | Yes | No |
| CEC Cannulation | Yes | Yes | No | No | Yes | No |
| RP ANTT | Yes | Yes | No | No | Yes | No |
| RP *Haemovigilance | Yes | Yes | No | No | Yes | No |
| RSUS C *Anaphylaxis /PGD | Yes | Yes | Yes | Yes | Yes | Yes |
| CEC *Syringe Pumps * inc IV drugs | Yes | Yes | No | No | Yes | No |
| CEC End of Life Care* certain groups | Yes | Yes | No | No | No Bereavement | No |
| Dementia Awareness | Yes | | Yes | Yes | | |

MAHI - STM - 102 - 9929

Risk Assessment

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|---------------------|-------|------------|---------------|---------------------|-----------|--------|
| RP Falls Prevention | Yes | Yes | Yes (OPMS) | Yes | No | No |
| RP Skin Assessment | Yes | Yes | Yes (OPMS) | No | Yes | No |
| RP MUST | No | Yes | Yes | Yes | No | No |
| RP PQC | No | No | Yes | Yes | No | No |

Safeguarding

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | PART 3 |
|---|-------|------------|---------------|---------------------|-----------|--------|
| RP *Domestic Violence MARAC | Yes | Yes | Yes | Yes | Yes | Yes |
| RP How to make an effective assessment and referral to SS UNOCINI | Yes | Yes | Yes | Yes | Yes | Yes |

Health and Safety

| | Adult | Children's | Mental Health | Learning Disability | Midwifery | Part 3 |
|-----------------|-------|------------|---------------|---------------------|-----------|--------|
| L *MAPA | Yes | Yes | Yes | Yes | No | Yes |
| L *Lone Worker* | Yes | Yes | Yes | Yes | Yes | Yes |

MAHI - STM - 102 - 9930

Table 2
Nursing and Midwifery Clinical Induction - Topics Core

| |
|---|
| Clinical Induction Topics Across all fields of Practice |
| L. Basic Life support |
| RP Recognising Deteriorating patient to include:- Sepsis EWS, Fluid Balance |
| RP Safeguarding Adult |
| R.P Safeguarding Children |
| Record keeping including Legal & Professional Issues |
| RP Preceptee |
| NMC *Medicines Management |
| RSUSC *Anaphylaxis /PGD |
| RP *Domestic Violence MARAC |
| RP How to make an effective assessment and referral to SS UNOCINI |
| L *Lone Worker |
| L Supervisee |

Nursing and Midwifery Clinical Induction Topics - Area Field Specific

| |
|---|
| Induction Topics - Area Field Specific |
| RP EWS / PEWS /MEWS |
| RP MUST |
| RP Fluid Balance Charts |
| RP Falls Prevention |
| RP Moving & Handling (area specific) |
| RP Skin Assessment |
| L *MAPA |

HSC Trust Corporate Induction/ Welcome

| Topic |
|--|
| <ul style="list-style-type: none"> • *Equality and Diversity |
| <ul style="list-style-type: none"> • *Complaints Handling |
| <ul style="list-style-type: none"> • *Human Rights |
| <ul style="list-style-type: none"> • *Fire Safety |
| <ul style="list-style-type: none"> • *Information Governance: Data Protection, Records Management, Freedom of Information |
| <ul style="list-style-type: none"> • *Health and Safety |
| <ul style="list-style-type: none"> • *Moving and Handling (E-learning) |
| <ul style="list-style-type: none"> • *Principles of Infection Prevention Control |
| <ul style="list-style-type: none"> • *Risk Management Awareness IR1 Adverse Incident Reporting |
| <ul style="list-style-type: none"> • HRPTS |
| <ul style="list-style-type: none"> • Quality 20:20 Attributes Framework Level 1 |
| <ul style="list-style-type: none"> • Fraud** |

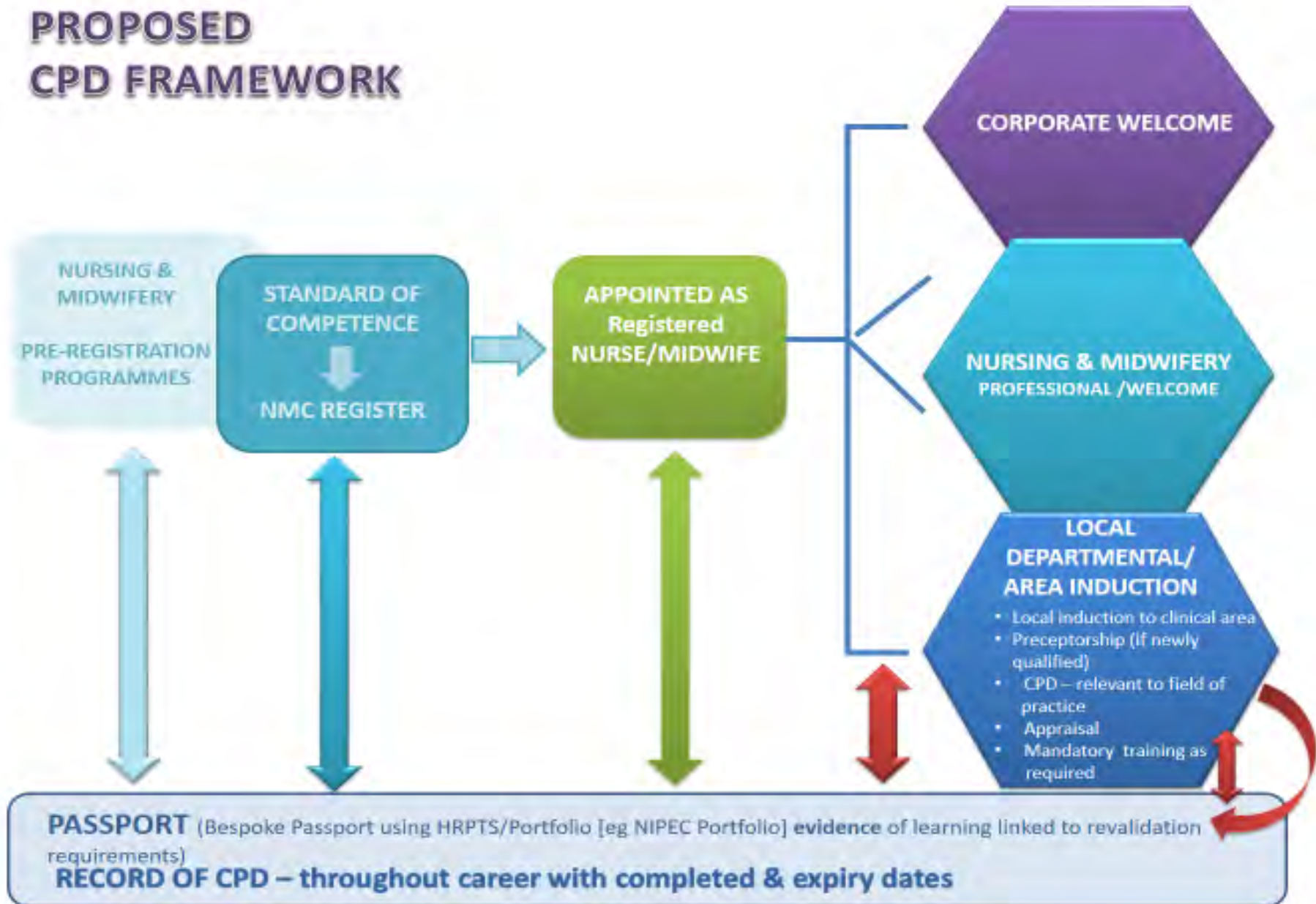
*Statutory training requirements aligned to Delivering Care – Nurse Staffing (2016)

**included after Nov 3rd 2017 meeting

HSC Trusts Nursing and Midwifery Professional Welcome Induction

| Core Topics |
|--|
| <ul style="list-style-type: none"> • Professional Socialisation |
| <ul style="list-style-type: none"> • Introduction to Professional Nursing Team/Nursing Structures |
| <ul style="list-style-type: none"> • Professional responsibility/accountability |
| <ul style="list-style-type: none"> • Nursing & Midwifery KPIs |
| <ul style="list-style-type: none"> • Professional Regulation |
| <ul style="list-style-type: none"> • NMC Code |
| <ul style="list-style-type: none"> • Revalidation |
| <ul style="list-style-type: none"> • Supervision |
| <ul style="list-style-type: none"> • Perceptorship |
| <ul style="list-style-type: none"> • Signposting to Nursing Policies and Procedures |

PROPOSED CPD FRAMEWORK



For further Information, please contact

NIPEC

Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the
NIPEC website www.nipec.hscni.net

Nov 2017

Professor Charlotte McArdle
Chief Nursing Officer



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

C5.14
Castle Buildings
Stormont Estate
BELFAST
BT4 3SJ

By e-mail

Trust Directors of Nursing

Date: 28 March 2018

Dear Colleagues

INDUCTION PROGRAMME FOR BAND 5 NURSES AND MIDWIVES

You will be aware that NIPEC has undertaken a Review of Induction Programmes for Band 5 Nurses and Midwives across the five HSC Trusts.

The key findings of the review found that:

- When a nurse or midwife, takes up a new post in a Trust they are routinely required to undertake an induction programme.
- Current induction programmes include topics and subjects which are regarded as mandatory training, including Life Support and Safeguarding.
- Attendance on induction programmes frequently does not take into account a nurse or midwife's prior learning - whether this is learning during their pre-registration NMC education programme or as a registered nurse or midwife.

This includes areas covered by mandatory training and other topics such as record keeping and medicines management which should be regarded as Continuous Professional Development (CPD).

As such, nursing and midwifery staff taking up a post in a new area of practice are often required by their organisation to repeat or undertake training they have already undertaken within recommended timescales.



Working for a Healthier People

The broad recommendation from the review of induction which has been endorsed at the CNO EDoN meeting on 15 January 2018 is that:

“... based on the concept of passport type arrangement, a regionally agreed CPD Framework should be developed for nurses and midwives beginning at pre-registration...”

You will be aware that the NMC are committed to introducing new Nursing and Midwifery Education Standards. As discussed on 15 January initiation of the work to develop the CPD Framework by NIPEC will depend on workload and timescales for the implementations of the new NMC standards. Until such times that this is completed and being mindful of current financial constraints and staffing pressures in the system, I am writing to ask that you:-

- review induction processes in your organisation to ensure as far as possible duplication of training/learning is minimised;
- ensure that prior learning undertaken through recognised organisations such as HEI's and CEC, is fully recognised and not repeated inappropriately;
- highlight to managers that nurses or midwives do not need to unnecessarily repeat programmes they have undertaken within the recommended timescale whilst working in another area within your organisation, as part of preregistration training or through another organisation.

CPD which includes mandatory training and induction should always be tailored to the needs of individual nurses and midwives taking into account prior attendance at mandatory and CPD training events.

Yours sincerely



Charlotte McArdle
Chief Nursing Officer

cc: Caroline Lee
Heather Finlay
Angela McLernon



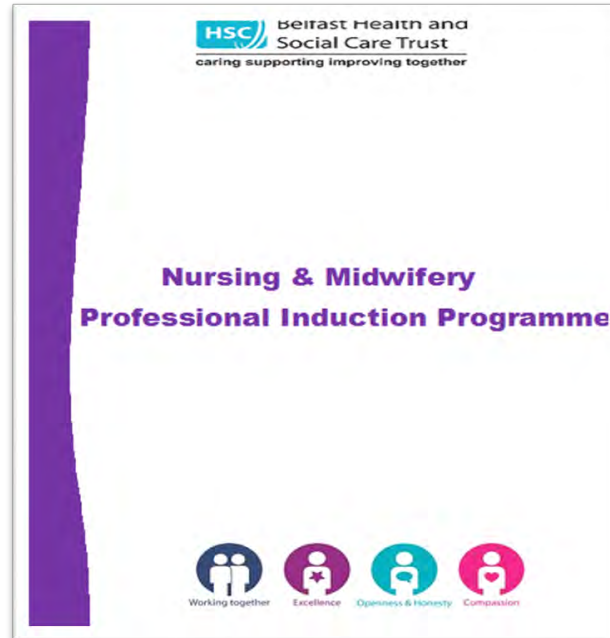
**BHSCT NURSING AND MIDWIFERY INDUCTION & MANDATORY TRAINING
WORKING GROUP
TERMS OF REFERENCE**

| TEAM | BHSCT Nursing and Midwifery Induction & Mandatory Training Working Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------|------------------|----------------|---------------------------------|-----------------|----------------------|-----------------|--------------------|-----------------------|-----------------|---|------------------|---------------------------------|--|----------------|--------------|-------------------|---|--------------|----------------------------------|-------------|------------|-------------------------------|---------------|---------------|------------|--------------|
| PURPOSE | <p>To provide a forum to establish a working group:</p> <ul style="list-style-type: none"> to review and oversee implementation of Regional recommendations for Nursing and Midwifery Induction Programmes to review existing Nursing & Midwifery Induction and Mandatory Training programmes to reflect BHSCT Statutory & Mandatory Training Proposals for New staff to enable clear lines of communication with service / directorate areas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEMBERSHIP | <p>Chair Elish MacDougall Senior Manager Nursing Education, Regulation and Informatics</p> <p>Co-chair: Ann Marie Ward Lead Nurse Regulation Learning & Informatics</p> <p>Membership:</p> <table border="1" data-bbox="531 1279 1372 1957"> <thead> <tr> <th>DIVISION</th> <th>DIVISIONAL NURSE</th> <th>Representative</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Surgery and Specialist Services</td> <td>Geraldine Byers</td> <td>Gabrielle Mc Keating</td> </tr> <tr> <td>Debbie Wightman</td> <td>Julie Anne McKeown</td> </tr> <tr> <td rowspan="2">Unscheduled and Acute</td> <td>Heather Jackson</td> <td>Heather Jackson Veronica Cartmill Lisa Clarke</td> </tr> <tr> <td>Joanna McCormick</td> <td>Carly Thompson Una St Ledger</td> </tr> <tr> <td rowspan="4">Specialist Hospital and Women's Health</td> <td>Angela Pollock</td> <td>Ruth Collins</td> </tr> <tr> <td>Patricia McKinney</td> <td>Patricia McKinney Pamela Moore Barbara Burnside</td> </tr> <tr> <td>Brenda Kelly</td> <td>Susanne Thomas Heather Watson</td> </tr> <tr> <td>Nuala Toner</td> <td>Ann Craven</td> </tr> <tr> <td rowspan="2">Adult Social and Primary Care</td> <td>Gabby Tinsley</td> <td>Linda Fennell</td> </tr> <tr> <td>Mel Carney</td> <td>Orla Tierney</td> </tr> </tbody> </table> | | | DIVISION | DIVISIONAL NURSE | Representative | Surgery and Specialist Services | Geraldine Byers | Gabrielle Mc Keating | Debbie Wightman | Julie Anne McKeown | Unscheduled and Acute | Heather Jackson | Heather Jackson Veronica Cartmill Lisa Clarke | Joanna McCormick | Carly Thompson Una St Ledger | Specialist Hospital and Women's Health | Angela Pollock | Ruth Collins | Patricia McKinney | Patricia McKinney Pamela Moore Barbara Burnside | Brenda Kelly | Susanne Thomas Heather Watson | Nuala Toner | Ann Craven | Adult Social and Primary Care | Gabby Tinsley | Linda Fennell | Mel Carney | Orla Tierney |
| DIVISION | DIVISIONAL NURSE | Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery and Specialist Services | Geraldine Byers | Gabrielle Mc Keating | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Debbie Wightman | Julie Anne McKeown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unscheduled and Acute | Heather Jackson | Heather Jackson Veronica Cartmill Lisa Clarke | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Joanna McCormick | Carly Thompson Una St Ledger | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialist Hospital and Women's Health | Angela Pollock | Ruth Collins | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patricia McKinney | Patricia McKinney Pamela Moore Barbara Burnside | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Brenda Kelly | Susanne Thomas Heather Watson | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nuala Toner | Ann Craven | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Social and Primary Care | Gabby Tinsley | Linda Fennell | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mel Carney | Orla Tierney | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

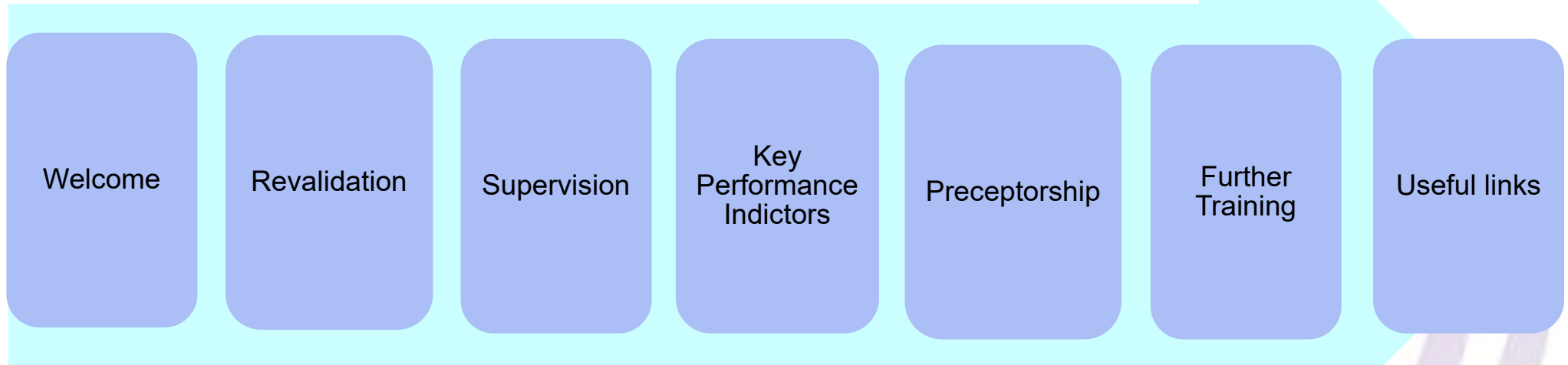
| | | | | | | | |
|--|---|--------------|-----------------|--------------|--|---------------|-----|
| | <table border="1" data-bbox="555 203 1393 275"> <tr> <td data-bbox="555 203 884 237"></td> <td data-bbox="884 203 1110 237">Esther Rafferty</td> <td data-bbox="1110 203 1393 237">Rhonda Scott</td> </tr> <tr> <td data-bbox="555 237 884 275"></td> <td data-bbox="884 237 1110 275">Paula Forrest</td> <td data-bbox="1110 237 1393 275">TBC</td> </tr> </table> <p>Additional Membership : Barbara Carson – Lead Resuscitation Officer Yvonne Connolly – HR Learning & Development Lynn Wightman – Lead Nurse Safety & Quality</p> <p>In Attendance: There may be an occasion that other members of staff with expertise in a different field may be required to attend.</p> | | Esther Rafferty | Rhonda Scott | | Paula Forrest | TBC |
| | Esther Rafferty | Rhonda Scott | | | | | |
| | Paula Forrest | TBC | | | | | |
| <p>ROLES & RESPONSIBILITIES</p> | <ul style="list-style-type: none"> • To communicate openly and consistently, ensuring appropriate information is shared • To update group of both Regional and Trust key pieces of work regarding Induction and Statutory Mandatory Training • Review existing arrangements for Induction and Statutory Mandatory Training and implement changes where required to meet Trust and Regional recommendations • Access appropriate expert resources/advice when required • Develop a robust communications plan to support implementation of revised Nursing & Midwifery Induction Programme and Mandatory Training Programmes • Report to SNMT meetings. | | | | | | |
| <p>AUTHORITY</p> | <p>Executive Director of Nursing and User Experience</p> | | | | | | |
| <p>MEETINGS</p> | <p>Quorum All directorates must be represented at each meeting by the agreed membership or agreed representative</p> <p>Frequency of Meetings Meetings to take place 6 weekly with a review in September 2018 A schedule of dates to be forwarded in advance to the working group membership</p> <p>Papers Agenda items to be forwarded one week in advance. Agenda and draft minutes forwarded to working group members one week in advance of the meeting.</p> <p>Minutes agreed at next meeting. Core Agenda (Chair to agree core agenda items) Additional proposed agenda items to be forwarded 1 week prior to meeting where possible.</p> | | | | | | |

| | |
|--|--|
| | <p>Meeting Etiquette</p> <p>Use of Mobile phones during the meeting is not permitted unless on call or with prior permission from the Chair</p> <p>Members must stay the duration of the meeting unless with the prior permission from the Chair, they can leave early.</p> <p>Presentations</p> <p>Presentations will be kept to a minimum and should be timely and focused on the agenda of the team</p> |
| REPORTING | The Executive Director of Nursing |
| CONFLICT/ DECLARATION OF INTEREST | The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the team. |
| REVIEW | These terms of reference and operating arrangements will be reviewed on an annual basis by the team. |

Nursing & Midwifery Induction



Professional Induction Overview



Further Training

E - Learning

- Protected time
- Introduction and signposting to CEC, HSC Learning Portal, HRPTS
- Support to undertake key E Learning programmes to include IPC, Anaphylaxis, Manual Handling
- Support to undertake key field specific E learning programmes

Deteriorating Patient Programme

- To enhance skills in assessment, recognition and management of the deteriorating Adult / Child
- NIPEC framework recommendation
- Delivered in Clinical Education Centre

Level 2 Adult & Children's Safeguarding

- To raise awareness in recognising and responding to safeguarding issues to Level 2
- Statutory Mandatory Training for all nurses and Midwives
- Field specific Level 3 arranged locally as per current arrangements



| NURSING & MIDWIFERY INDUCTION PROGRAMME DELIVERY TEAM CHECKLIST | |
|--|--|
| Resource 1 | NMIP Delivery Team Rota April 2019 – 2020 |
| Resource 2 | NMIP Delivery Team Roles & Responsibilities / Day 3 Teaching Plan |
| Resource 3 | 3A – Corporate Welcome Attendance Record 3B – E Learning Allocation 3C – NMIP Day 2 Attendance Record 3D – NMIP Day 3 Attendance Record |
| Resource 4 | 4A – Precedent NMIP Induction Booklet 4B – NMIP Access to Learning Guide |
| Resource 5 | NMIP Managers FAQ Guide |

Access to all resources for each NMIP can be found on

[Central Nursing & Midwifery Team Private Share Point Site](#)

Education & Learning – Nursing & Midwifery Induction Programme
2019 Resources.

RESOURCE 2:

NMIP DELIVERY TEAM ROLES & RESPONSIBILITIES

1. It is the responsibility of the allocated delivery team to ensure all resources are printed out in advance of each corporate / induction day.
2. Laptop and contact information folder to be collected in advance of each induction from Doris Stenhouse, Central Nursing Admin Office Room 1022, 1st Floor, King Edward Building RVH.
3. Identify educational needs for staff.
4. Completion of attendance sheet for each day.
5. Delivery Team incorporates Nurse Development Lead's, Practice Educators, Clinical Educators, Lead Resuscitation Officer.
6. Arrangements for collection of keys for IT suites KHCP / MAH
7. **TBA – JMcK / JA / SC**

| DAY1 CORPORATE WELCOME | |
|-------------------------|---|
| ROLE | RESPONSIBILITY |
| INDUCTION DELIVERY TEAM | <ol style="list-style-type: none"> 1. Arrive at venue 30mins prior to programme start time. 2. Set up designated Market Stall 3. Ensure attendance sheet and Induction booklet is available. 4. Allocation of E Learning venues 5. Request evidence (certificate of attendance) be made available to ward sister/ charge nurse if staff member has previously attended <ul style="list-style-type: none"> ➤ CEC Deteriorating Patient Programme. (Midwives will attend PROMPT with details of training dates provided at local induction) ➤ Safeguarding Adults / Children in date. 6. Signpost to CEC website and registration for Day 4 & 5 programmes. 7. Confirm venues for Day 2-5 8. Maps for direction and IT venue to be included <ul style="list-style-type: none"> • KHCP – IT suite 1 & 2 • Elliott Dynes – IT suite • MAH – IT suite <p style="text-align: right;">TBA – Julie Anne</p> |

| DAY 2 – PROFESSIONAL NURSING & MIDWIFERY INDUCTION | |
|--|--|
| ROLE | RESPONSIBILITY |
| INDUCTION DELIVERY TEAM | <ol style="list-style-type: none"> 9. Arrive at venue 30mins prior to programme start time 10. Co-ordinate registration / sign in participants on arrival. 11. Copy of 'Access Guide to Learning' (Resource 5B) to be given to all participants on arrival. 12. Introduction to include overview of the day and housekeeping. 13. Introduction to CEC and signposting to create staff profile and registration for programmes as required. 14. Introduce guest speakers to include Executive Director of Nursing / Deputy Director. 15. Delivery of presentations to include: <ul style="list-style-type: none"> ➤ Revalidation ➤ Supervision ➤ Preceptorship ➤ KPI's (Lynn Wightman to deliver every 4th month as per rota – Resource 1) ➤ Signposting 16. Ensure participants are in attendance for each session. 17. Process for recording attendance and upload to HRPTS to be agreed (TBA post April pilot) |

| DAY 3 INTRODUCTION TO E LEARNING | |
|--|--|
| ROLE | RESPONSIBILITY |
| <p>INDUCTION DELIVERY TEAM</p> <p>** site specific arrangements for collection of keys etc**</p> | <ol style="list-style-type: none"> 1. Arrive at venue 30mins prior to programme start time 2. Co-ordinate registration / sign in participants on arrival. 3. Introduction to include overview of the day and housekeeping. 4. Follow E-Learning teaching plan (appendix 1) 5. Introduction to HUB and E learning platforms / products. 6. Signpost to log on HRPTS and Register for Day 2 Professional Induction (retrospectively) for pilot in April. Review post April pilot 7. Signpost participants to complete E learning as agreed for field specific / midwifery. 8. Ensure participants have completed relevant e learning and save to 'my documents' |

RESOURCE 2 APPENDIX 1: E LEARNING TEACHING PLAN

| Topic | Aim | Time |
|--|--|---------|
| 1. Introduce & show the Hub | To access the Hub for information | 5 mins |
| 2. Certificates | That all staff save their certificates to "My documents" – as evidence of completed training | 5 mins |
| 3. Access internal BHSCT E-Learning platform / portal | To have the knowledge of how to access and register internal E-Learning programmes | 5 mins |
| 4. Access external E-Learning programmes | To have the knowledge of how to access external programmes | 10 mins |
| 5. Create an account with HSC | Ability to access E-Learning on HSC | 10 mins |
| 6. Log on HRPTS to retrospectively register for Day 2 Professional Nursing & Midwifery Induction | To access HRPTS learning portal and register record of attendance – Review post April pilot | 10 mins |
| 7. Infection Control | To complete Infection Control | 2hrs |
| 8. Anaphylaxis ** midwives exempt** | Complete anaphylaxis | 1hr |
| 9. NIPEC Midwives and Medicines | Midwives only | |
| 10. Admin of Meds ** except Learning Disability | To complete Administration of Medicines | 2+ hrs |
| 11. Learning disability only - Create an account with BILD | [British Institute Learning Disability] to undertake specific e learning | 10 mins |
| 12. Positive Behaviour Support ** Learning disability only** | To complete Positive Behaviour Support. | 2hrs |
| 13. Additional Programmes COSHH/Waste and Sharps Management | Choice of further topic(s) to complete | 1+hr |

Resource 3A: Corporate Welcome Attendance Record

Date:

| Surname | Forename | Staff No | Ward/ Directorate | Signature | Manager | New to BHSCT | New Registrant | Awaiting registration | | CEC Training already completed for Deteriorating patient | | Training already completed for Safeguarding Adults (please tick ✓) | | Training already completed for Safeguarding Children (please tick ✓) | | e-learning venue | |
|---------|----------|----------|----------------------|-----------|---------|--------------|----------------|-----------------------|---------------------|--|----|--|----|--|----|------------------|--|
| | | | | | | Tick ✓ | Tick ✓ | Band 3 Nurse ✓ | Band 5 Midwife ✓ | YES | NO | YES | NO | YES | NO | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

01.04.19 corporate welcome attendance Record – final version updated

| Surname | Forename | Staff No | Ward/ Directorate | Signature | Manager | New to BHSCT | New Registrant | Awaiting registration | | CEC Training already completed for Deteriorating patient | | Training already completed for Safeguarding Adults (please tick ✓) | | Training already completed for Safeguarding Children (please tick ✓) | | e-learning venue |
|---------|----------|----------|----------------------|-----------|---------|--------------|----------------|-----------------------|---------------------|--|----|--|----|--|----|------------------|
| | | | | | | Tick ✓ | Tick ✓ | Band 3 Nurse ✓ | Band 5 Midwife ✓ | YES | NO | YES | NO | YES | NO | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

01.04.19 corporate welcome attendance Record – final version updated

Resource 3B: NMIP E Learning Allocation

Date:

| Surname | Forename | Staff No | Ward/ Directorate | Select IT Venue |
|---------|----------|----------|-------------------|--|
| | | | | Please enter Initials of IT venue |
| | | | | <u>RVH</u> <u>KB1</u> <u>KB2</u> <u>MAH</u> |
| | | | | RVH No 1. |
| | | | | RVH No 2. |
| | | | | RVH No 3. |
| | | | | RVH No 4. |
| | | | | RVH No 5. |
| | | | | RVH No 6. |
| | | | | RVH No 7. |
| | | | | RVH No 8. |

Resource 3B NMIP E Learning Allocation Final V0.2 updated

| <u>KEY</u> | |
|----------------------|--|
| Month: | INSERT |
| IT Venues Available: | INSERT Y/N |
| | Max places Venue Available (Y/N) |
| Elliott | 8 |
| Dynes IT suite (ED) | |
| KHCP IT suite 1(KB1) | 8 |
| KHCP IT suite 2(KB2) | 12 |
| Muckamore (MAH) | 6 |

Resource 3B: NMIP E Learning Allocation
Date:

| Surname | Forename | Staff No | Ward/ Directorate | Select IT Venue |
|---------|----------|----------|-------------------|--|
| | | | | <u>RVH</u> <u>KB1</u> <u>KB2</u> <u>MAH</u> |
| | | | | KB suite 1 No 1 |
| | | | | KB Suite 1 No 2 |
| | | | | KB suite 1 No 3 |
| | | | | KB suite 1 No 4 |
| | | | | KB suite 1 No 5 |
| | | | | KB suite 1 No 6 |
| | | | | KB suite 1 No 7 |
| | | | | KB suite 1 No 8 |

| KEY | | |
|-----------------------------|------------|-----------------------|
| Month: | INSERT | |
| IT Venues Available: | INSERT Y/N | |
| | Max places | Venue Available (Y/N) |
| Elliott Dynes IT suite (ED) | 8 | |
| KHCP IT suite 1(KB1) | 8 | |
| KHCP IT suite 2(KB2) | 12 | |
| Muckamore (MAH) | 6 | |

Resource 3B NMIP E Learning Allocation Final V0.2 updated

MAHI - STM - 102 - 9953



Resource 3B: NMIP E Learning Allocation
Date:

| Surname | Forename | Staff No | Ward/ Directorate | Select IT Venue |
|---------|----------|----------|-------------------|--|
| | | | | <u>RVH</u> <u>KB1</u> <u>KB2</u> <u>MAH</u> |
| | | | | KB suite 2 No 1. |
| | | | | KB suite 2 No 2. |
| | | | | KB suite 2 No 3. |
| | | | | KB suite 2 No 4. |
| | | | | KB suite 2 No 5. |
| | | | | KB suite 2 No 6. |
| | | | | KB suite 2 No 7. |
| | | | | KB suite 2 No 8. |

| KEY | | |
|-----------------------------|------------|-----------------------|
| Month: | INSERT | |
| IT Venues Available: | INSERT Y/N | |
| | Max places | Venue Available (Y/N) |
| Elliott Dynes IT suite (ED) | 8 | |
| KHCP IT suite 1(KB1) | 8 | |
| KHCP IT suite 2(KB2) | 12 | |
| Muckamore (MAH) | 6 | |

Resource 3B NMIP E Learning Allocation Final V0.2 updated

Resource 3B: NMIP E Learning Allocation

Date:

| Surname | Forename | Staff No | Ward/ Directorate | Select IT Venue |
|---------|----------|----------|-------------------|--|
| | | | | <u>RVH</u> <u>KB1</u> <u>KB2</u> <u>MAH</u> |
| | | | | KB suite 2 No 9. |
| | | | | KB suite 2 No 10. |
| | | | | KB suite 2 No 11. |
| | | | | KB suite 2 No 12. |
| | | | | MAU No 1. |
| | | | | MAU No 2. |
| | | | | MAU No 3. |
| | | | | MAU No 4. |

| KEY | | |
|-----------------------------|------------|-----------------------|
| Month: | INSERT | |
| IT Venues Available: | INSERT Y/N | |
| | Max places | Venue Available (Y/N) |
| Elliott Dynes IT suite (ED) | 8 | |
| KHCP IT suite 1(KB1) | 8 | |
| KHCP IT suite 2(KB2) | 12 | |
| Muckamore (MAH) | 6 | |

Resource 3B NMIP E Learning Allocation Final V0.2 updated

Resource 3B: NMIP E Learning Allocation

Date:

| Surname | Forename | Staff No | Ward/ Directorate | Select IT Venue |
|---------|----------|----------|-------------------|--|
| | | | | <u>RVH</u> <u>KB1</u> <u>KB2</u> <u>MAH</u> |
| | | | | MAU No 5. |
| | | | | MAU No 6. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| KEY | | |
|-----------------------------|------------|-----------------------|
| Month: | INSERT | |
| IT Venues Available: | INSERT Y/N | |
| | Max places | Venue Available (Y/N) |
| Elliott Dynes IT suite (ED) | 8 | |
| KHCP IT suite 1(KB1) | 8 | |
| KHCP IT suite 2(KB2) | 12 | |
| Muckamore (MAH) | 6 | |

Resource 3B NMIP E Learning Allocation Final V0.2 updated

Resource 3C: Day 2 NMIP Attendance Record

Date:

| PLEASE PRINT | | Staff No | Ward / Dept | Divisional Nurse | Directorate | Signature |
|--------------|----------|----------|-------------|------------------|-------------|-----------|
| Surname | Forename | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Resource 3C: Day 2 NMIP Attendance Record

Date:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Resource 3D: Day 3 NMIP E Learning Attendance Record

Date:

| PLEASE PRINT | | Staff No | Ward / Dept | Directorate | Divisional Nurse | Signature |
|--------------|----------|----------|-------------|-------------|------------------|-----------|
| Surname | Forename | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Resource 3D: Day 3 NMIP E Learning Attendance Record

Date:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Nursing & Midwifery Professional Induction Programme



respect & dignity



openness & trust



leading edge



learning & development



accountability

WELCOME LETTER FROM EXEC DIRECTOR OF NURSING

Welcome to the Belfast Trust:-

Dear Colleague

Welcome to the Nursing and Midwifery family of the Belfast Health and Social Care Trust. We are delighted that you chose to further your nursing and midwifery career with us.

The Nursing and Midwifery profession in the Belfast HSCT takes pride in caring for all of our patients and clients, demonstrating a love for nursing and a commitment to working together as members of a multidisciplinary team. Patients and clients are at the heart of all we do.

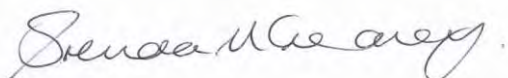
You will join a multidisciplinary team which covers a diverse range of professional and occupational groups, cultures, age and ethnicity.

As a Trust, we continue to engage with, support and educate you to meet the challenges and opportunities that lie ahead. To ensure your success and better prepare you for your new role, you are invited to attend the Mandatory Nursing and Midwifery Induction programme.

The Trust is committed to continuous personal and professional development of the nursing and midwifery workforce in order to equip you to meet the challenge of service requirements and to achieve sustainable improvements in the delivery of safe and effective person-centred care.

I hope that you enjoy your induction and I look forward to seeing you in your clinical environment.

Yours sincerely



Brenda Creaney
Executive Director of Nursing & User Experience
Belfast Health & Social Care Trust

NURSING & MIDWIFERY INDUCTION OVERVIEW

| | Induction | Date | Time | Venue |
|-------|--|--|--------------|--|
| Day 1 | Corporate Welcome Event | Monday INSERT DATE | 9am – 4.30pm | Girdwood Community Hub |
| Day 2 | Professional Nursing & Midwifery Induction | Tuesday INSERT DATE | 9am –3pm | INSERT VENUE |
| Day 3 | Introduction to Mandatory ELearning | Wednesday INSERT DATE ** venue to be allocated at corporate welcome event – please speak to member of nursing or midwifery staff at market place event | 8am -4.30pm | IT suite Elliott Dynes RVH |
| | | | | Knockbracken |
| | | | | Muckamore Abbey Hospital |
| Day 4 | Deteriorating Patient Programme | Thursday INSERT DATE | 9am -4.30pm | Clinical Education Centre, Clady Villa, KHCP |
| Day 5 | Safeguarding Adults Level 2 Programme | Friday INSERT DATE | 9am -4.30pm | Clinical Education Centre, Clady Villa, KHCP |
| | Safeguarding Children’s Level 2 Programme | | | |

DAY 1 - CORPORATE WELCOME EVENT



| | |
|--------|---|
| Date: | FIRST Monday of each month (with Bank Holiday exception) |
| Venue: | Girdwood Community Hub 10 Girdwood Avenue Belfast BT14 6EG |
| Time : | 9am – 4.30pm |

Safeguarding Awareness information sent to all staff to read prior to event on Page Tiger.

Access to photographic ID and swipe access on the day

Chief Executive Briefing

| Topic | Statutory Mandatory Training completed | Awareness only |
|------------------------------|--|----------------|
| Fire Safety | √ | |
| Quality 2020 | √ | |
| Equality | √ | |
| Adverse Incident Reporting | √ | |
| Data Protection | √ | |
| Infection Prevention Control | | √ |
| Safeguarding Awareness | | √ |

Marketplace – number of exhibitions TBC

DAY 2 Professional Nursing and Midwifery Induction

| | |
|--------|---|
| Date: | FIRST Tuesday of each month (with exception of bank holiday) |
| Venue: | INSERT |
| Time : | 9am – 3pm |

** Timetable Subject to Change**

| TIME | CONTENT |
|---------------|---|
| 09:00-09:30 | Registration |
| 09:30-10:15 | Signposting to Nursing policies & Procedures Signposting to Registering with CEC |
| 10:15-10:45 | Coffee Break |
| 10:45 -11:15 | Supervision |
| 11.15 -12.15 | Enabling Professionalism Revalidation |
| 11:45-12.15 | KPI Awareness |
| 12:15-13:15 | Lunch |
| 13.15 – 14.15 | Preceptorship ➤ Group discussion |
| 14:00 – 15.00 | Welcome from Brenda Creaney – Executive Director of Nursing Introduction to professional Nursing & Midwifery Team / Structures |

Please ensure you have registered online with CEC and booked your place – see appendix

DAY 3 INTRODUCTION TO E LEARNING

| | |
|--------|---|
| Date: | FIRST Wednesday of each month (bank holiday exception) |
| Venue: | TBC – allocation at corporate welcome event |
| Time : | 8am – 4.45pm |

| | |
|---------------------|---|
| 08:00- 08.15 | Registration |
| 08:15- 08:45 | Introduction and signposting <ul style="list-style-type: none"> • CEC (Clinical Education Centre) Learning Profile • HSC Learning Portal • BILD [British Institute Learning Disability] • HRPTS log on to learning portal and register for Day 2 Professional Induction (retrospective registration) |
| 08:45-10.45 | Infection Prevention Control |
| 10.45- 11.00 | Coffee Break |
| 11.00- 12.00 | Anaphylaxis/PGD – all fields Nursing NIPEC Midwives & Medicines - Midwives only |
| 12.00- 13.00 | Lunch |

| AFTERNOON SESSION - FIELD SPECIFIC E- LEARNING TO BE COMPLETED | | | | | |
|---|---|--|---|---|--|
| Time | Adult | Children’s | Learning Disability | Mental Health | Midwifery |
| 13.00 – 15.15 | Administration of Medications | Administration of Medications | Positive Behaviour Support | Administration of Medications | Administration of Medications |
| 15.15 – 15.30 | Coffee Break | | | | |
| 15.30 – 16:45 | COSHH +/-Waste & Sharps Management | COSHH +/- Waste & Sharps Management | COSHH +/- Waste /Sharps Management | COSHH +/- Waste/ Sharps Management | COSHH +/- Waste & Sharps Management |

| Additional E-learning to be completed as part of ongoing Induction for all fields of Nursing and Midwifery | | | |
|--|----------------|-----------------|--------------------------------|
| | Within 1 month | Within 3 months | Within 6 Months |
| Waste & Sharps Management | √ | | |
| COSSH | √ | | |
| Manual Handling Theory | | √ | |
| Prevention Pressure Ulcers in Adults | | | √ |
| Delirium Awareness | | | √ Recommended for Midwifery |
| Medical Devices | | | √ |
| Hyponatraemia (BMJ) | | | √ |
| Display Screen Equipment | | | √ Recommended for Midwifery |

DAY 4 Deteriorating Patient Training

| | |
|--------|---|
| Date: | FIRST Thursday of each month(bank holiday exception) |
| Venue: | Clinical Education Centre Clady Villa Knockbracken Health Care Park Saintfield Road Belfast |
| Time : | 9am – 4.30pm |

Please ensure you have registered online with CEC and booked your place – see appendix 1

[Deteriorating Patient: Assessment, Intervention and Management \(Adult\) -
http://cec.hscni.net/Courses/Details/3222](http://cec.hscni.net/Courses/Details/3222)

Day 5 Safeguarding Adults Level 2 Training

Safeguarding Children’s Level 2 Training

| | |
|--------|---|
| Date: | FIRST Friday of each month (bank holiday exception) |
| Venue: | Clinical Education Centre Clady Villa Knockbracken Health Care Park Saintfield Road Belfast |
| Time : | 9am – 4.30pm |

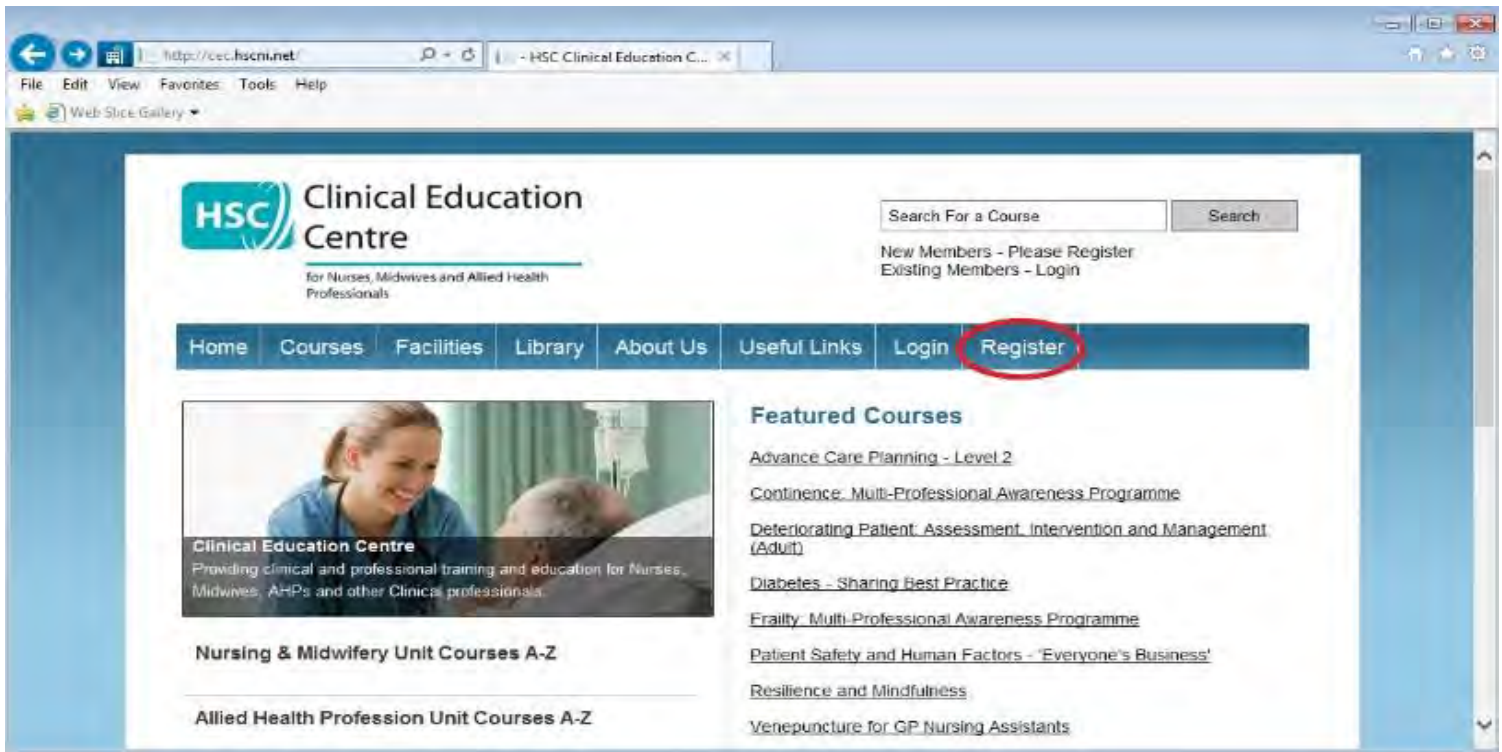
[BHSCT Induction Programme - Safeguarding Adults \(Level 2\) -
http://cec.hscni.net/Courses/Details/2795](http://cec.hscni.net/Courses/Details/2795)

[BHSCT Induction Programme – Safeguarding Children Level 2
http://cec.hscni.net/Courses/Details/279](http://cec.hscni.net/Courses/Details/279)

APPENDICES - 1

STEP 1

1. Access the website at www.cec.hscni.net and click on New Members – Please register.



Resource 4: Precedent: Nursing & Midwifery Professional Induction Programme Final 2019 V 0.5

STEP 2

2. Complete the personal details section of the registration form and press submit.



Search For a Course

New Members - Please Register
Existing Members - Login

- Home
- Courses
- Facilities
- Library
- About Us
- Useful Links
- Login
- Register

Register

To register, please complete the form below and then click on the 'Register' button.

Important: You must use your own email address when registering, please do not use a shared email address. If you do not have a HSC email address, then please register with a personal one. Email accounts can be created with various providers, such as, [Hotmail](#), [Google Mail](#), or [Yahoo Mail](#).

Step 1 - Personal Details

| | |
|---|---|
| <p>Title <input type="text" value="Select"/></p> <p>Firstname <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Profession <input type="text" value="Select"/></p> <p>Job Title <input type="text"/></p> <p>Email <input type="text"/></p> <p>Confirm Email <input type="text"/></p> <p>Password <input type="text"/></p> <p>Confirm Password <input type="text"/></p> <p>Telephone <small>We may need to contact you at short notice, please provide a number you can be contacted on</small> <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Would you like to receive course booking reminders via SMS Text Messaging? <input type="text" value="Select"/></p> | <p>Employer <input type="text" value="Select"/></p> <p>Work Address Line 1 <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>Address Line 3 <input type="text"/></p> <p>Address Line 4 <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Do you need any adjustments to assist your learning experience? <input type="text" value="Select"/></p> <p><input type="checkbox"/> Please confirm you have read our Privacy Notice</p> <p><input type="button" value="Submit"/></p> |
|---|---|

STEP 3

3. Select your line Manager

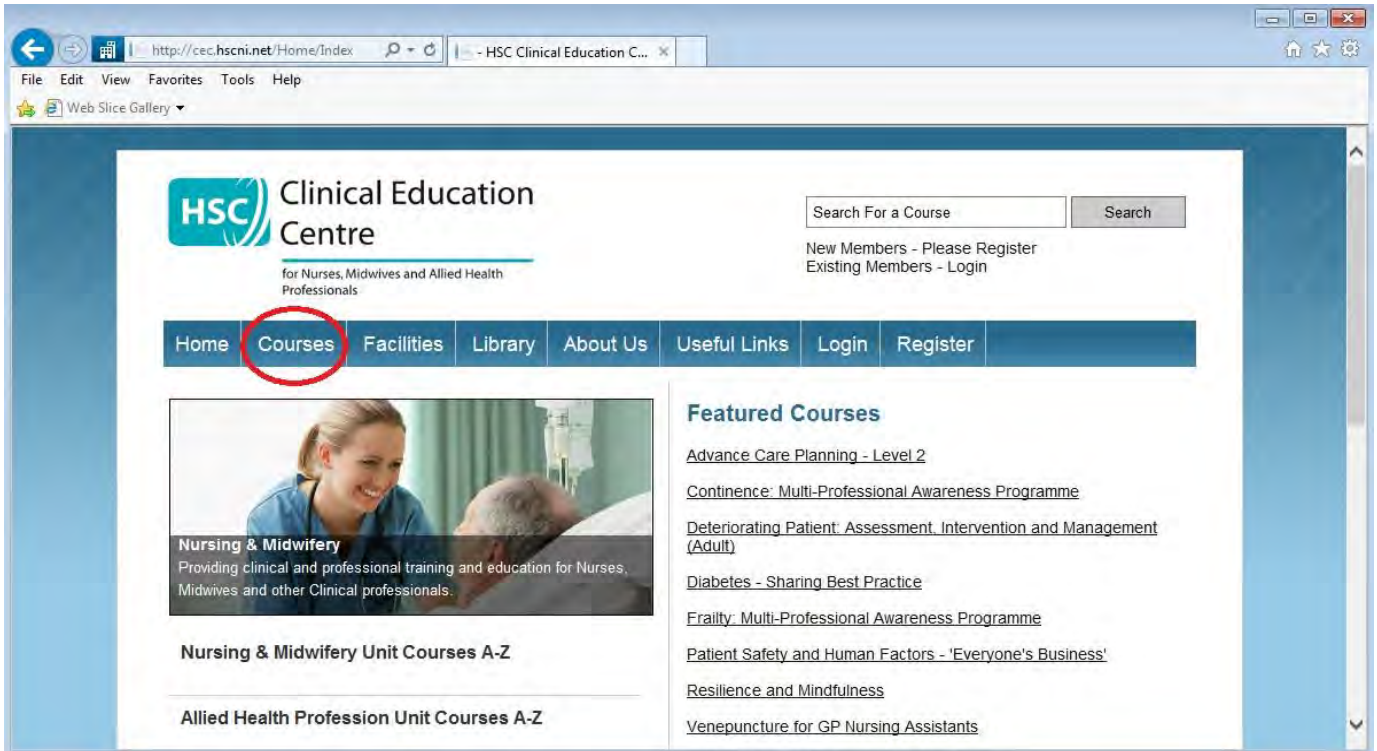
The screenshot shows the HSC Clinical Education Centre website. At the top left is the logo for HSC Clinical Education Centre, with the tagline 'for Nurses, Midwives and Allied Health Professionals'. To the right is a search bar labeled 'Search For a Course' and a 'Search' button. Below the search bar are links for 'New Members - Please Register' and 'Existing Members - Login'. A navigation menu contains links for Home, Courses, Facilities, Library, About Us, Contact Us, Useful Links, Login, and Register. The main heading is 'Register'. Below this is a paragraph explaining the registration process: 'To complete your registration we need to find your line manager on our system. Please enter the first name and last name of your line manager and click 'Search'. If your line manager appears in the search results, please select them, otherwise, click 'I can't find my line manager' and you'll be able to manually enter your line manager details.' The section is titled 'Step 2 - Line Manager'. It contains two input fields: 'Line Manager First Name' and 'Line Manager Last Name', followed by a 'Search For My Line Manager' button. Below this is a link 'I can't find my line manager'. A modal window is open with the title 'Close - I have found my line manager'. The modal contains the text: 'If the search you performed above does not list your line manager, then please enter their details below and complete your registration.' It has several input fields: 'Manager Title' (a dropdown menu with 'Select' and a downward arrow), 'Manager First Name', 'Manager Last Name', 'Manager Email', 'Manager Confirm Email', and 'Manager Telephone'. At the bottom of the modal is a 'Manually Add Line Manager' button.

Registration is now complete.

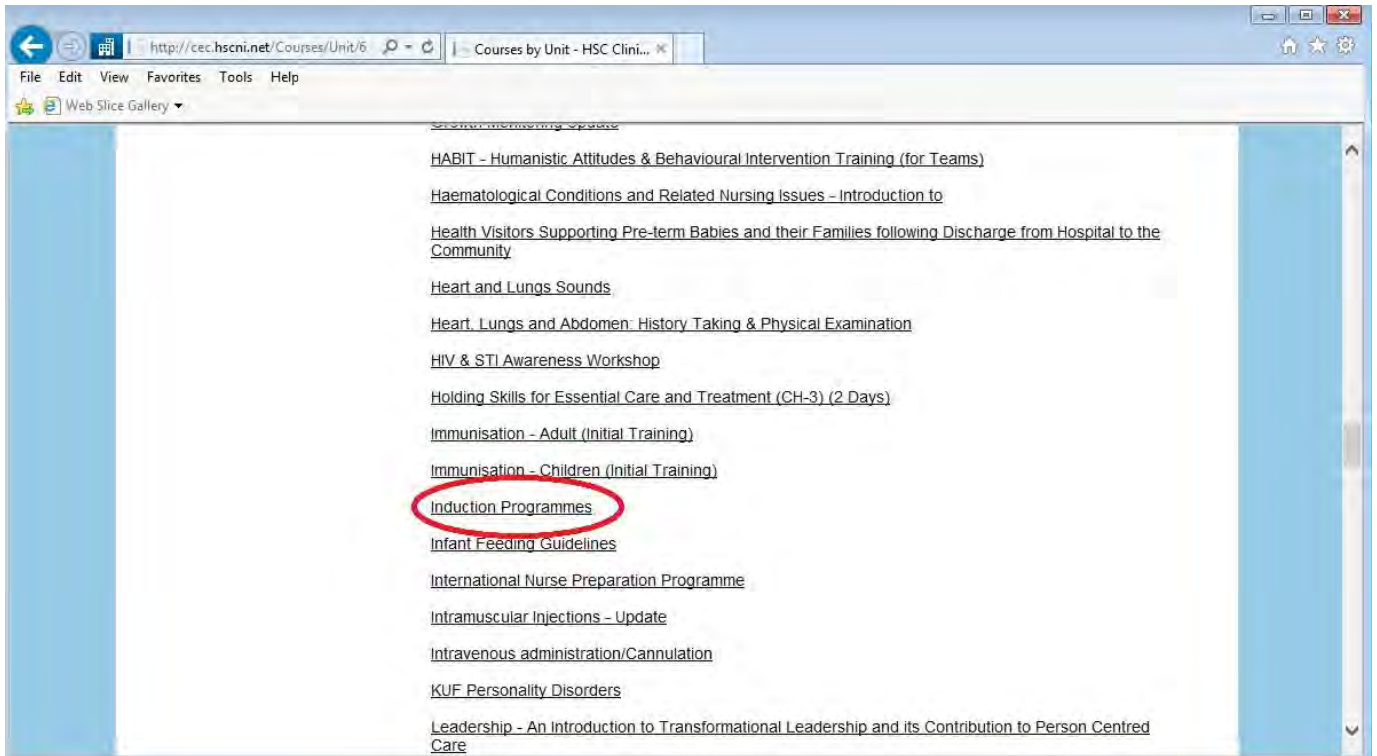
The screenshot shows the HSC Clinical Education Centre website. At the top left is the logo for HSC Clinical Education Centre, with the tagline 'for Nurses, Midwives and Allied Health Professionals'. To the right is a search bar labeled 'Search For a Course' and a 'Search' button. Below the search bar are links for 'New Members - Please Register' and 'Existing Members - Login'. A navigation menu contains links for Home, Courses, Facilities, Library, About Us, Contact Us, Useful Links, Login, and Register. The main heading is 'Registration Status'. Below this is a paragraph: 'Your registration was successful, you will receive an email shortly confirming this. You can now [Login](#) using your email address and password.'

STEP 4

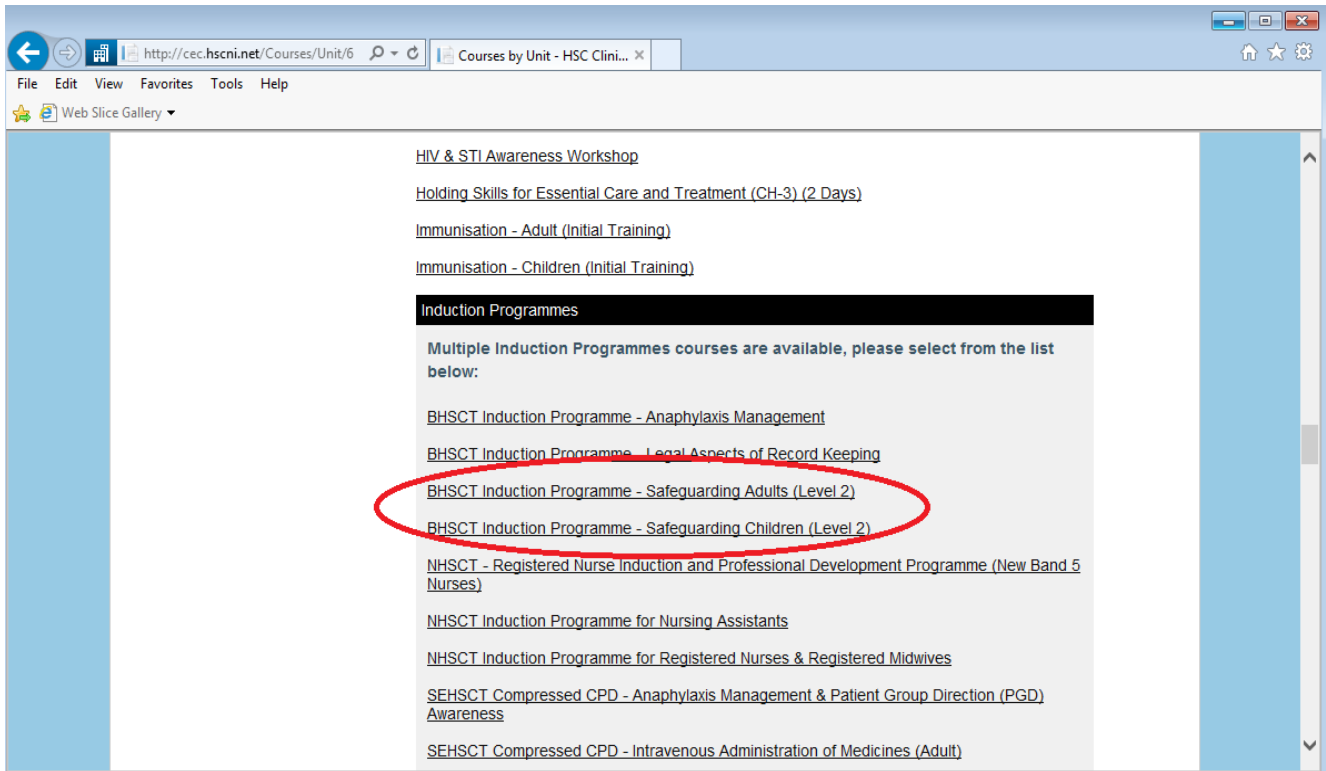
Please Register for BHSC Clinical Education Programmes



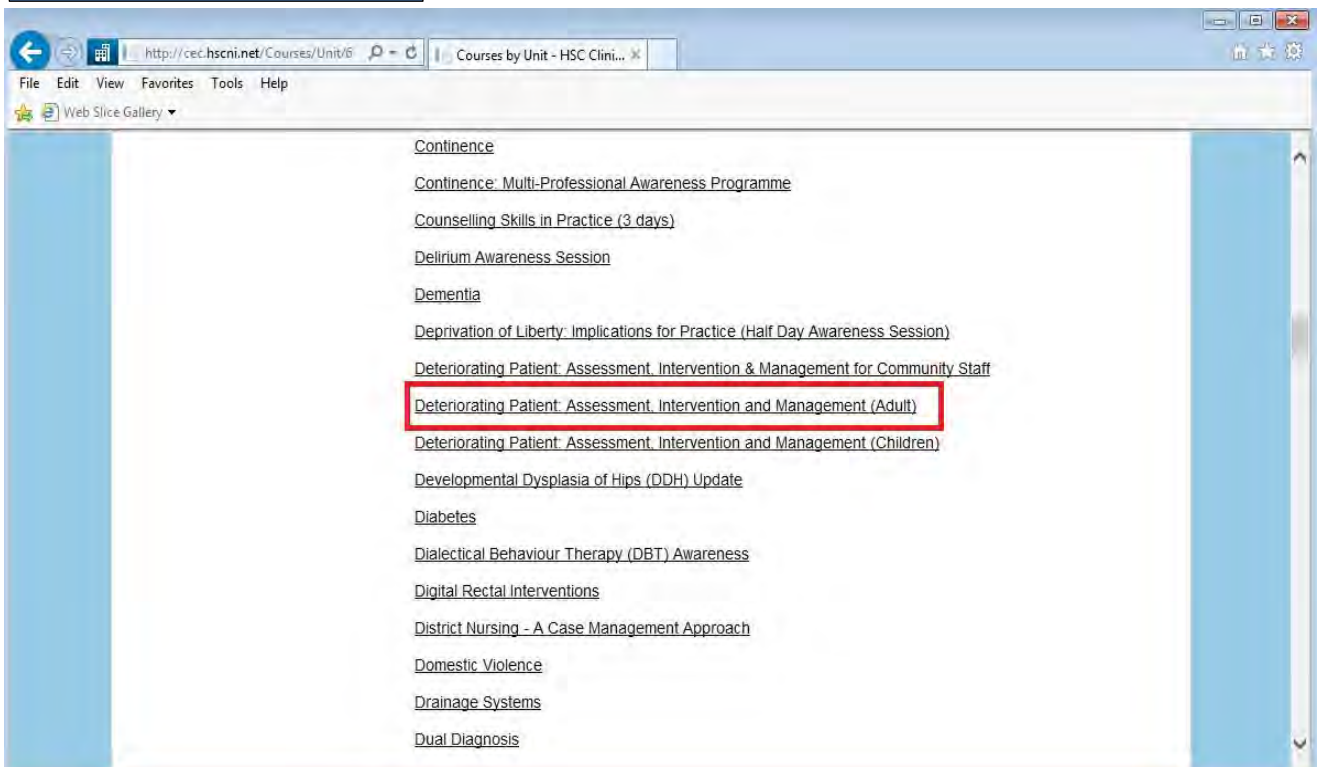
STEP 5



STEP 6



STEP 7



Resource 4: Precedent: Nursing & Midwifery Professional Induction Programme Final 2019 V 0.5

Key messages in relation to Clinical Education Centre (CEC) programmes

To ensure you get the best possible service from CEC, please follow the tips below.



Set up a CEC account at: www.cec.hscni.net

Soon this will be the only way to apply for a programme. Include your staff number and your mobile phone number to receive programme reminders.



Update your CEC account if any of your personal details change.

(e.g. staff number, employer)



Do not use your CEC account to apply for programmes on behalf of others.

This can result in inaccurate data being collected and shared.



If you do not cancel more than four working days before a programme you will be recorded as 'Did Not Attend' (DNA) and you/your organisation will be charged.

Contact CEC on: 028 9536 1200 or enquiries@cec.hscni.net to cancel your place



Please arrive to the programme on time.



Please sign the programme attendance sheet.

If you do not sign the attendance sheet there will be no record of your attendance and you will be recorded as DNA.



Our website is continuously updating so please check it regularly for new dates and programmes.

You can access the website from anywhere (home or work) and on any device (PC, tablet or mobile phone).

www.cec.hscni.net

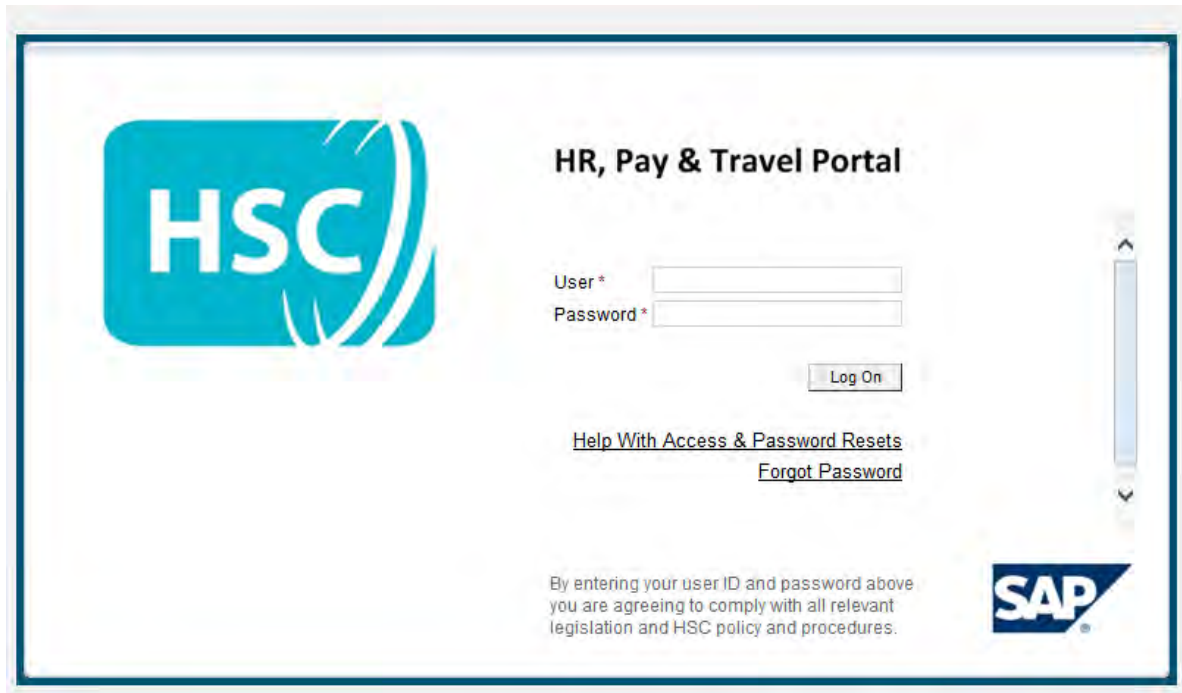
Designing and Delivering Education for Today and Transforming Education for Tomorrow



Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

1.HRPTS

HYPERLINK - <http://hrportal.hrpts.hscni.net:8440/irj/portal>



Resource 4B: NMIP Access Guide to Learning FINAL 22.03.19 V0.2



Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

Dear Staff Member,

We have been advised that your HRPTS account was locked due to failed logon attempts or through inactivity.

Your account has now been unlocked by the HRPTS Security Team and your USER ID and temporary PASSWORD are displayed in the box below. **Please read the information provided below** to guide you through the log on process and to prevent your account becoming locked again. You should retain this email for future reference.

| | |
|---|--|
| HRPTS USER ID: | |
| TEMPORARY PASSWORD (all in lowercase): | |

Resource 4B: NMIP Access Guide to Learning FINAL 22.03.19 V0.2

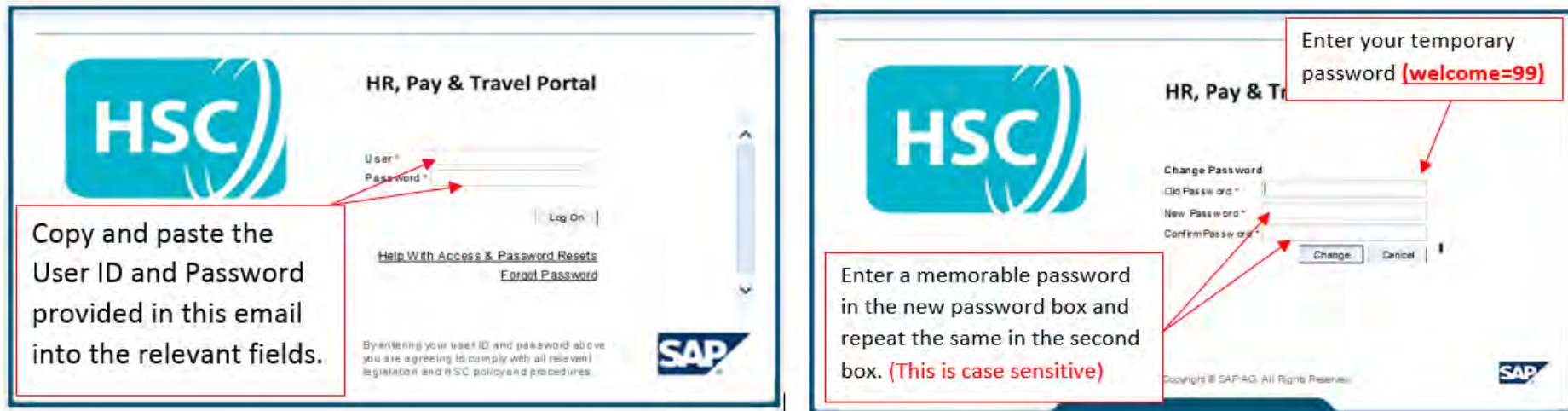
Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

PLEASE ENSURE THAT YOU READ THE FOLLOWING IMPORTANT INFORMATION PRIOR TO LOGGING ON

STEP 1:

- To avoid any errors that may result in locking your account, please copy and paste your username and password provided in this email into the required fields on the main HRPTS page.
- When you log on using your USER ID and temporary password **welcome=99** you will be prompted to change password. Your Old password will be **welcome=99**.
-
- Once you have completed an initial login using the username and password provided above, you will be asked to change your password:
 - Your new password must contain **at least 8 characters**,
 - It must include a combination of alphanumeric characters (i.e. **letters and numbers**)
 - The password must include one of the following special characters:
! " # \$ % & () * + , - . / : ; < = > ? @ [\] ^ _ { | } ~ ,
- The password is **case sensitive**, so please ensure you remember the password in the exact case it was created (i.e. small letters and capital letter used in your password)
- **If you fail to log on to HRPTS within a 90 day period**, your HRPTS account will be “locked”. Therefore, it is important for you to logon on a regular basis.

Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning



Step 2:

- When you have created your new password you will be prompted to create a security PIN and answers to 3 questions (also refer to screen shots below for guidance)
 - Your PIN must be a 5 digit number of your choice.
 - You must select 3 different questions from each drop down.
 - Enter your answer to the question in the answer box. Each answer is case sensitive. For future reference, please ensure you remember or record the answers in the exact case they were entered (i.e. small letters and capital letter used in your answers)

Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

Security PIN and Answers update

Security PIN and Questions :

Input Security PIN :

* SecurityPIN:

* Confirm SecurityPIN:

Input Security Questions and Answers :

* Question: What was your main transport to school post primary?

* Answer: What was your main transport to school post primary?

What is your favourite animal?

* Question: What type of TV programmes do you prefer watching?

* Answer: How many time did you sit your driving test?

An memorable date other than your birthday?

* Question: In what city did you meet your spouse/significant other?

* Answer: What is the name of your favourite childhood friend?

In what city does your nearest sibling live?

* Question: What street did you live on as a child?

* Answer: In what city does your nearest sibling live?

What was your favourite place to visit as a child?

Select three **Different** questions from each drop down box.

Security PIN and Answers update

Security PIN and Questions :

Input Security PIN :

* SecurityPIN:

* Confirm SecurityPIN:

Input Security Questions and Answers :

* Question: What was your main transport to school post primary?

* Answer:

* Question: What is your favourite animal?

* Answer:

* Question: How many time did you sit your driving test?

* Answer:

Enter a memorable **5-digit** number in the first "Security PIN" box and repeat the same in the second box **(It is good practice to record these exactly as you entered them and keep them somewhere safe for future reference.)**

Once you are happy with your entries, click save.

Enter three different answers in each answer box. **(These are case sensitive so it is good practice to record these exactly as you entered them and keep them somewhere safe for future reference.)**

Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

2. STAFF DEVELOPMENT REVIEW (SDR)

HYPERLINK - <http://intranet.belfasttrust.local/directorates/hr/Pages/SDR%20PCF%20KSF/SDR-Review.aspx>

3. BHSCT NURSING & MIDWIFERY EDUCATION & DEVELOPMENT SITE

HYPERLINK - <http://intranet.belfasttrust.local/Learning/Pages/Nursing%20and%20Midwifery/NursingAndMidwiferyHome.aspx>

4. CLINICAL EDUCATION CENTRE

HYPERLINK - <http://cec.hscni.net/>

HSC Clinical Education Centre
for Nurses, Midwives and Allied Health Professionals

Search For a Course Search

New Members - Please Register
Existing Members - Login

Home Courses Facilities Library About Us Useful Links Login Register

Featured Courses

- Advance Care Planning - Level 2
- Co-Production: An Awareness
- Deteriorating Patient: Assessment, Intervention and Management (Adult)
- Dual Diagnosis
- Patient Safety and Human Factors - 'Everyone's Business'
- Resilience and Mindfulness

Clinical Education Centre
Providing clinical and professional training and education for Nurses, Midwives, AHPs and other Clinical professionals.

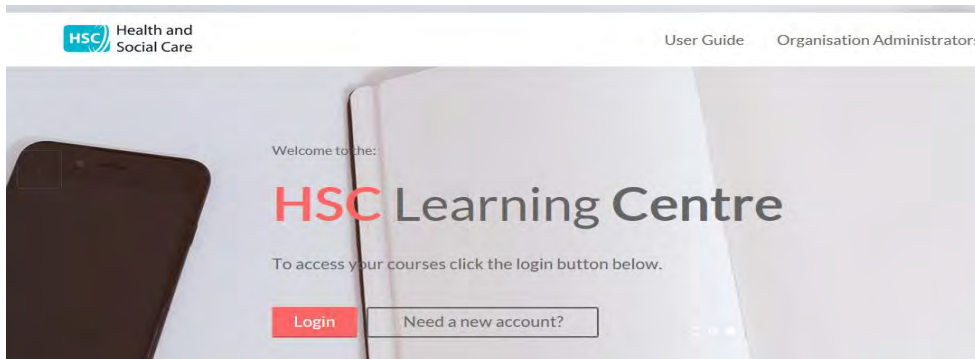
Nursing & Midwifery Unit Courses A-Z

Resource 4B: NMIP Access Guide to Learning FINAL 22.03.19 V0.2

Resource 4B:
Nursing & Midwifery Induction Access Guide to Learning

5.HSC LEARNING CENTRE

HYPERLINK - <http://www.hsclearning.com/>



7.NMC

HYPERLINK - <https://www.nmc.org.uk/>



Resource 4B: NMIP Access Guide to Learning FINAL 22.03.19 V0.2

BHSCT PROFESSIONAL NURSING & MIDWIFERY INDUCTION FOR NEW STAFF MANAGERS FAQs –

1. WHAT IS THE BELFAST TRUST NURSING & MIDWIFERY INDUCTION?

BHSCT Nursing & Midwifery Induction aims to support the professional socialisation of the new Nurse or Midwife into our organisation.

Following attendance at corporate welcome it is intended that staff will attend 4 Day Nursing & Midwifery induction to include

- Day 2 Professional Induction
- Day 3 E Learning (introduction to field specific mandatory E learning topics)
- Day 4 Deteriorating Patient
- **Day 5 Level 2 Adult & Children's Safeguarding**

Inclusion of hyperlink to timetable - do you think this would be useful?

2. HOW FREQUENT ARE THE NURSING & MIDWIFERY INDUCTIONS?

There is one-week Nursing & Midwifery Induction Programme (inclusive of Corporate Welcome) per month commencing April 2019(see attached Appendices 1 schedule of dates 2019-2020)

Following Trust Welcome Event on the first Monday of each month, newly qualified nurses, midwives and those new to the organisation will be expected to attend a full week professional induction prior to commencing the first day of work in their new service/ ward area

WHO SHOULD ATTEND?

All Nursing and Midwifery **staff who are 'new to Trust'**
All Band 5 Midwives awaiting Registration
All Band 3 Nurses awaiting Registration

3. WHO IS 'NEW TO TRUST'?

New employees:

- newly qualified Nurses or Midwives
- previously employed by another HSC organisation;
- Bank Only Nurses and Midwives, with no other posts in the Belfast Trust

4. ARE THERE ANY EXCEPTIONS?

YES

- International Recruits to attend Professional Induction in line with visa requirements. (please contact nominated Practice Education Facilitator for further details)

5. WHAT TRAINING WILL BE DELIVERED AT INDUCTION?

In addition to, Day 1 – Corporate Welcome

- Day 2 - Professional Induction
- Day 3 Introduction to Mandatory Field Specific E Learning programmes
- Day 4 - Deteriorating Patient programme
- Day 5 – Level 2 Safeguarding Adults and Children
 - ** Please note all staff to attend life support training provided by Trust Resuscitation Team as specified for specialist areas.
 - ** Please note for all identified staff who require Level 3 training, this will need to be completed as per current local arrangement

6. WILL I HAVE TO ORGANISE ADDITIONAL TRAINING?

Following the Professional Induction any additional training deemed necessary to carry out the role which is field specific should be accessed via the ward / service area at local induction.

A training checklist should be available locally and included within the preceptorship portfolio for all newly qualified staff.

It will remain the responsibility of the individual in partnership with the manager to access and attend any additional training / E-Learning not covered by the Professional Induction which is necessary to carry out the post safely.

7. WHERE CAN I FIND THE DATES OF THE NURSING & MIDWIFERY INDUCTION?

A Schedule of the Nursing & Midwifery Induction can be found in Appendices1.

In addition, schedules can be found on the Hub Nursing Education Site - click [hyperlink](#)

Please ensure the requirement to attend Mandatory Nursing & Midwifery Induction Programme prior to commencing work in the ward / service area is discussed with your new member of staff when arranging a start date.

Please ensure staff are rostered for one week (Monday – Friday) to attend Nursing & Midwifery Induction following attendance at Corporate Welcome Event.

8. ARE UNIFORMS AVAILABLE ON THE DAY?

No, the arrangements for uniforms remains the same.

9. WHEN WILL THE APPOINTEE RECEIVE NOTIFICATION REGARDING INDUCTION DATES?

Please ensure the requirement to attend Mandatory Nursing & Midwifery Induction Programme is discussed with your new member of staff when arranging a start date. (see Appendices 1)

Representatives from Nursing & Midwifery will meet all new starts at Corporate Welcome event and signpost to attendance at Professional Nursing & Midwifery Induction as outlined in Appendices 1.

All Nursing & Midwifery Staff will receive Induction booklet and allocation of venue for Day 3 E learning at corporate welcome event.

10. WHAT IF THE EMPLOYEE IS NOT ROSTERED/ SCHEDULED TO WORK ON THE DAYS OF INDUCTION?

The appointee must attend the Nursing & Midwifery Induction on the designated days even if the day does not fall on a rostered/scheduled working day.

Please ensure staff are rostered for one week (Monday – Friday) to attend Nursing & Midwifery Induction following attendance at Corporate Welcome Event.

11. DO ATTENDEES REQUIRE A PC LOGIN FOR INDUCTION?

It is imperative that appointees attend Induction with their staff number and HRPTS details set up by manager in advance of Corporate Welcome Event. (as per HR managers guide)

Attendees will require PC login and HRPTS access to register for Day 3 E Learning Training

The manager will receive a staff number and HRPTS login details via email from HR 2 weeks prior to the Start date. The manager should **identify and email the 'Super User' within their Directorate with**

12. HOW DO I KNOW IF THE PERSON ATTENDED?

The attendee will receive evidence of attendance which they can provide to their manager.

- Day 1 corporate Welcome – certificate
- Day 2 Professional Induction – certificate available HRPTS
- Day 3 E Learning – **certificates for completed E Learning training saved to 'my documents '**
- Day 4 Deteriorating Patient – certificate provided by CEC
- **Day 5 Level 2 Adult & Children's Safeguarding** – certificate provided by CEC

Appendices 1

Schedule of Professional Nursing & Midwifery Programme April 2019 - 2020

** Please note exception to Nursing & Midwifery Induction commencing on first Tuesday of the month where Bank Holiday applies *** May 2019 Nursing & Midwifery Induction commences 13th May **

| NURSING & MIDWIFERY INDUCTION PROGRAMME DATES April 2019- April 2020 | | | | |
|---|--|--|--------------------------------|--|
| Day 1 Corporate Welcome | Day 2 Professional Nursing & Midwifery Induction | Day 3 Introduction to E Learning | Day 4 Deteriorating Patient | Day 5 Level 2 Safeguarding Adults & Children |
| 01/04/2019 | 02/04/2019 | 03/04/2019 | 04/04/2019 | 05/04/2019 |
| 07/05/2019 | ** 13/05/2019 | 08/05/2019 | 09/05/2019 | 10/05/2019 |
| 03/06/2019 | 04/06/2019 | 05/06/2019 | 06/06/2019 | 07/06/2019 |
| 01/07/2019 | 02/07/2019 | 03/07/2019 | 04/07/2019 | 05/07/2019 |
| 05/08/2019 | 06/08/2019 | 07/08/2019 | 08/08/2019 | 09/08/2019 |
| 02/09/2019 | 03/09/2019 | 04/09/2019 | 05/09/2019 | 06/09/2019 |
| 07/10/2019 | 08/10/2019 | 09/10/2019 | 10/10/2019 | 11/10/2019 |
| 04/11/2019 | 05/11/2019 | 06/11/2019 | 07/11/2019 | 08/11/2019 |
| 02/12/2019 | 03/12/2019 | 04/12/2019 | 05/12/2019 | 06/12/2019 |
| 06/01/2020 | 07/01/2020 | 08/01/2020 | 09/01/2020 | 10/01/2020 |
| 03/02/2020 | 04/02/2020 | 05/02/2020 | 06/02/2020 | 07/02/2020 |
| 02/03/2020 | 03/03/2020 | 04/03/2020 | 05/03/2020 | 06/03/2020 |
| 06/04/2020 | 07/04/2020 | 08/04/2020 | 09/04/2020 | 10/04/2020 |

Options Paper

Provision of Monthly BHSCT Nursing and Midwifery Induction

Compiled following

Implementation of 9-month Pilot Monthly
Nursing & Midwifery Induction Programme for
Band 5 Nurses and Midwives

April 2019 – December 2019

Ann Marie Ward
Lead Nurse Regulation Learning & Informatics

Contents

- 1.0 Introduction
- 2.0 Background and Context
- 3.0 Overview of Pilot 4 Day Induction Programme
- 4.0 Achievements
- 5.0 Challenges
- 6.0 Proposed Options
- 7.0 Conclusion

1.0 Introduction

In 2018 a BHSCT Working Group was formed Chaired by Elish Mac Dougall Senior Manager for Education Regulation and Informatics and Co-chaired by Ann Marie Ward Lead Nurse Regulation Learning and Informatics.

With representation across the divisions the group were tasked with the review of existing arrangements for Nursing & Midwifery Induction and the implementation of a revised Induction Programme to meet NIPEC Framework Recommendations aligned to New Corporate Welcome arrangements in place from April 2019.

2.0 Background and Context

In 2016/2017, the CNO commissioned NIPEC to conduct a scoping exercise in Relation to Band 5 Nursing and Midwifery Professional Induction programmes within HSC Trusts to agree a Regionally agreed Framework to support the Professional Induction of Nurses and Midwives across the five HSC Trusts to Include newly qualified registrants and registrants new to the organisation.

In 2018, BHSCT Working Group was established to review existing arrangements for Nursing & Midwifery Induction within BHSCT and oversee the implementation of NIPEC Framework recommendations

From April 2019, implementation of New Corporate Welcome Event for all staff on 1st Monday of each month was introduced with one single start date for all staff joining BHSCT organisation.

Prior to April 2019, BHSCT delivered a 5-day Nursing & Midwifery Induction Programme, 3 times per year. The programme content included elements of Statutory Mandatory training, awareness sessions relating to a wide range of subjects. Attendance at Induction varied from 50% - 86% throughout 2017-2018

Induction provides employees with a smooth entry into the organisation by providing them with the information they require to get started and is recognised as the end or final stage of the recruitment process.

Within the Health and Social Care (HSC) Trusts responsibility for carrying out induction training is shared between managers, supervisors and human resources. Induction programmes for Band 5 Nurses and Midwives comprises of three components. Corporate Induction, Nursing Induction and Local or Departmental Induction

3.0 Overview of Pilot 4 Day Induction Programme

On Corporate Welcome Day All New Registrants will meet members of the Nursing & Midwifery Team. Following corporate welcome all Band 5 Nurses and Midwives will be invited to undertake a 4-day programme prior to commencing work in their respective service area.

Nursing & Midwifery Professional Day (½ day)

- Introduction to Professional nursing team and structures
- Preceptorship, Supervision, Revalidation, KPI awareness as recommended by NIPEC framework.
- Signposting to Nursing & Midwifery policies and procedures

E Learning Day

- Introduction to E learning
- Protected time
- Introduction and signposting to CEC, HSC Learning Portal and HRPTS.
- Support to undertake key E Learning programmes to include IPC, Anaphylaxis, Manual Handling
- Support to undertake key field specific E learning programmes

Deteriorating Patient Programme

- To enhance skills in assessment, recognition and management of the deteriorating Adult / Child
- NIPEC framework recommendation
- Delivered in Clinical Education Centre

Safeguarding Adults / **Safeguarding Children's Programme**

Level 2

- To raise awareness in recognising and responding to safeguarding issues to Level 2
- Statutory Mandatory Training for all Nurses and Midwives
- NIPEC framework recommendation
- Field specific Level 3 arranged locally as per current arrangements

4.0 Achievements

- Implementation and delivery of a monthly Nursing & Midwifery Professional Programme
- Revised content meets Regional recommendations
- Delivered on first week of employment prior to commencing work in the service / clinical area
- From feedback and evaluation enhances the overall Registrant experience joining our organisation
- Improved attendance compliance

5.0 Challenges

- Significant Admin resource required to support monthly induction
- Significant NDL /Clinical Educator resource required to deliver and support a monthly induction
- HR processing of new staff up until day before Corporate welcome impacts on ability to plan for each month and communicate to attendees and managers in a timely manner, the requirement to attend 4-day Professional Nursing & Midwifery Induction following Corporate welcome
- Lack of IT Resources across the Trust available to Nurses and Midwives that can be booked in advance to facilitate E Learning Day.
- Unanticipated increase in recruitment numbers in September and October has impacted on CEC capacity to deliver additional Deteriorating Patient Programmes to meet demand.

| |
|---|
| 6.0 Proposed Options |
| OPTION 1 |
| Do Nothing Continue with Pilot 4 day induction to follow corporate welcome event |
| Pros |
| Registrants attend Profession Induction prior to first day in service area |
| Cons |
| <p>Potential delay in communications outlining induction arrangements to attendees and managers</p> <p>Monthly new start information sent on HR - 1st report 16 - 20th of each month (dependant on HR processes)</p> <p>Additional report sent with updated new starts last working day prior to corporate welcome event. As a consequence, information to new staff in relation to 4-day Nursing & Midwifery Induction to follow Corporate Welcome may not be actioned and sent in timely manner.</p> <p>Reduced availability for booking IT resources to undertake facilitated E learning – max places = 34 With increased recruitment in Sept – November service areas have been advised to facilitate E Learning locally within service area</p> <p>With increased recruitment in Sept & October not all new registrants secured places on: Deteriorating Patient within Induction week Maximum places 18</p> <p>Safeguarding Adults and Children’s with Induction week. Maximum places 35</p> <p>No capacity within CEC to deliver additional programmes December 2019 to April 2020</p> <p>Currently in discussion with CEC to increase numbers of places to meet demand from April 2020</p> <p>Potential miscommunication in arrangements as not all staff will secure places for the 4-day induction</p> |

| |
|---|
| OPTION 2 |
| From April 2020 deliver 4-day Induction to follow corporate welcome event with increased places for Deteriorating Patient Programme and Safeguarding Adults/ Children's Programmes |
| Pros |
| All registrants would be attending these programmes on first week of joining the Trust |
| Cons |
| No change with potential delay in communications outlining induction arrangements to attendees and managers |
| Continued reduced IT resource to support E learning. Additional attendance over 34 places to be facilitated within local areas |

| OPTION 3 – PREFERRED OPTION |
|---|
| <p>3 Day Induction to be delivered one month following Corporate Welcome Event</p> <p>E Learning Day to be delivered locally with NDL/ Clinical Educator support</p> |
| Pros |
| <p>Meets Regional recommendations</p> <p>New Registrants feel welcomed in to the organisation – improved experience.</p> <p>Increased compliance with attendance at Induction</p> <p>Time to process HR new start information</p> <p>Communications to attendees and managers advising of Induction arrangements sent out in timely manner improving the overall experience of Induction</p> <p>From April 2020 a proposed Increase in provision of CEC Induction places for Deteriorating Patient and Safeguarding Programmes to meet increased recruitment for September, October, March and April months.</p> <p>Introduction to E Learning requirements supported locally within team</p> |
| Cons |
| <p>We require continued NDL/ Clinical Educator support to:</p> <p>Attend Monthly Corporate Welcome events on a rota basis to meet new registrants joining the organisation and signpost to Induction</p> <p>To support and facilitate Professional Day on a rota basis</p> <p>To provide local support with organisation of protected time to facilitate introduction to E learning</p> <p>Commitment from service areas to release staff to attend.</p> |

In Conclusion

Following the pilot of revised 4 Day Professional Nursing & Midwifery Induction to follow immediately after corporate welcome.

Informed by operational arrangements required to deliver a successful Induction experience within the constraints of HR processes and limited resources to deliver E Learning and CEC required Programmes.

Option 3 would be the preferred option for future success and sustainability to deliver Nursing & Midwifery Induction on a monthly basis.

Thank you for your consideration.

Update position February 2020

| |
|--|
| OPTION 3 – PREFERRED OPTION |
| <p>3 Day Induction to be delivered one month following Corporate Welcome Event</p> <p>E Learning Day to be delivered locally with NDL/ Clinical Educator support</p> |
| Pros |
| <p>Meets Regional recommendations</p> <p>New Registrants feel welcomed in to the organisation – improved experience.</p> <p>Increased compliance with attendance at Induction</p> <p>Time to process HR new start information</p> <p>Communications to attendees and managers advising of Induction arrangements sent out in timely manner improving the overall experience of Induction</p> <p>Introduction to E Learning requirements supported locally within team</p> |
| Cons |
| <p>Commitment from service areas to release staff to attend.</p> <p>We require continued NDL/ Clinical Educator support to:</p> <p>Oversee operational arrangements for monthly induction to include processing of new start information on a monthly basis to inform nursing induction invites</p> <p>Attend Monthly Corporate Welcome events on a rota basis to meet new registrants joining the organisation and signpost to Induction</p> <p>To support and facilitate Professional Day on a rota basis</p> <p>To provide local support with organisation of protected time to facilitate introduction to E learning</p> <p>CEC have confirmed they do not have the capacity throughout 2020-21 to protect additional places requested to meet recruitment requirements to support monthly BHSC for Deteriorating Patient Programme.</p> |

BHSCT NURSING INDUCTION 2020/21

****Please note Corporate Welcome Event postponed from April 2020 as consequence of Covid-19**

HR will Email each participant on commencement of post a link for completion of core Statutory Mandatory Training currently available digitally**

****4 Day Induction cancelled as consequence of Covid-19 April 2020 until further notice**

Digital Professional Nursing Induction & signposting resource to currently available training content**

| MONTH | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------------|--------|--------------------------------|-----------------|---|--|
| OCT 2020 | | 6 th | 7 th | 8 th | 9 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme | CEC Safeguarding Adults, Level 2 Safeguarding |
| NOV 2020 | | 3 rd | 4 th | 5 th | 6 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme | CEC Safeguarding Adults, Level 2 Safeguarding Children's Level 2 |
| DEC 2020 | | 8 th | 9 th | 10 th | 11 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme unavailable | CEC Safeguarding Adults, Level 2 Safeguarding Children's Level 2 |
| MONTH | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| JAN 2021 | | 5 th | 6 th | 7 th | 8 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme | CEC Safeguarding Adults, Level 2 Safeguarding Children's Level 2 |
| FEB 2021 | | 2 nd | 3 rd | 4 th | 5 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme | CEC Safeguarding Adults, Level 2 Safeguarding Children's Level 2 |
| MARCH 2021 | | 2 nd | 3 rd | 4 th | 5 th |
| | | Nursing Professional Induction | E-Learning | CEC Deteriorating Patient Programme | CEC Safeguarding Adults, Level 2 Safeguarding Children's Level 2 |

Sept 2020 - BHSCT Digital Nursing Induction Dates Sept 2020- Mar 2021

Dear Colleagues,

We would like to invite you to participate on a **Pilot Digital Nursing Induction Programme** from _____ to _____ inclusive.

Please discuss attendance with ward manager / service area Nurse Development Lead

Link to digital resource on Page Tiger will be sent to you in advance of the Induction Programme. Please ensure you provide contact email to access the link

As you may be aware all face to face training over recent months has been deferred or significantly reduced as result of Covid-19 pandemic and unfortunately as a consequence we have been unable to facilitate your 4 day Nursing Induction Programme on commencement to post.

We have developed an interim digital resource on Page Tiger to allow our Band 5 Registrants access to Professional Nursing Induction content and signposting to additional programme requirements and required E Learning.

Your Service area Nurse Development Lead / Clinical Educator will have discussed saving the dates for completion of this programme

Key components within the digital Induction page Tiger resource include:

| | | |
|-----------------------------------|--|---|
| Welcome & Introduction | Professional Nursing Teams & Structures | Revalidation |
| Reflective Supervision | KPI's (Key performance indicators) | Preceptorship |
| Introduction to E learning | Deteriorating Patient Programme - Adult | Safeguarding Level 2 (Adult & Children) |

Next Steps:

Please discuss with your ward manager / Nurse Development Lead

- Confirmation of full attendance
- Protected time to complete the programme.
- It is important to note participation in this programme must be facilitated in a quiet area with minimal interruptions
- Elements of the digital Induction can be undertaken from home. Please discuss with ward manager.
- Access to Page Tiger resource is accessible from both work and home
- Deteriorating Patient Programme date to be booked via www.cec.hscni.net
- Access to 'zoom' for CEC programmes is accessible for both work and home. (Please note whilst webcam is useful for interaction / engagement it is not necessary)
- If accessing in work please ensure you download google chrome on your IT resource and test prior to commencing the programme.

- Access to IT facilities will be required at ward / service area for any key E learning training components that are only be accessed inside the Trust. (Internal to BHSCT)
- The digital Induction will run from week commencing _____
- Training Time required to complete:

| Induction | Content | Training Method | Required Time |
|-----------|---|---|---------------|
| DAY 1 | Professional Nursing Induction | Self-directed learning via page tiger | 3.5hrs |
| DAY 2 | Introduction to E learning | Various E Learning links | 7.5hrs |
| DAY 3 | Deteriorating Patient Programme - Adult | To be booked via Clinical Education Centre Via zoom | 7.5hrs |
| DAY 4 | Safeguarding Adult & Children Level 2 | To be booked via Clinical Education Centre Via zoom | 7.5hrs |

Please ensure you have created a participant profile on Clinical Education Centre to ensure you receive pre programme information

A place has been allocated for you to attend Clinical Education Centre Safeguarding Adults Level 2 and Safeguarding Level 2 Children's Programme

Please ensure you register and book on required programmes in advance of Induction.

All cancellations of CEC programmes **must be** cancelled by participant at least 4 working days in advance of programme date to avoid a non-attendance/ cancellation cost to the Trust.

We would appreciate your feedback and comments on Evaluation to inform and improve on future digital Induction programmes.

- Please ensure you access www.cec.hscni.net website to create a profile for attendance on the programmes to allow for programme information zoom link to be sent to each participant.
- Please download your evaluation and return to your service area Nurse Development lead on completion of programme by _____

Your Nurse Development Lead will be in contact with you to discuss arrangements and any further support you may require to complete.


Kind Regards


Programme Evaluation

Completion of each section is necessary in order to generate a certificate at the programme end.

| Revalidation & Supervision | | |
|--|---|----------|
| Revalidation- | Multiple choice answers (tick all that apply) - | v |
| 1a. What is your understanding of Revalidation? | | |
| a) It demonstrates that they are able to practise safely and effectively. | | |
| b) Revalidation is a continuous process. | | |
| c) It requires nurses and midwives to reflect on feedback from colleagues and patients. | | |
| 1b. Please select 3 benefits of Revalidation | | |
| (participant can select 3 they feel are most beneficial) | | |
| <ul style="list-style-type: none"> • It helps encourage a culture of sharing, • It promotes reflection and improvement • Is an ongoing process throughout your career • It is about promoting good practice across the whole population of nurses and midwives • It strengthens public confidence in the nursing and midwifery professions. | | |
| 1c. What do you need to to Revalidate? (select one from each line) | | |
| a) Practice hours: 1) 400hrs 2) 450hrs 3) 500hrs b) CPD hours: 1) 20hrs 2) 25hrs 3) 30hrs 4) 35hrs c) Number of Practice-related Feedback: 1) 3 2) 5 3) 7 d) Number of Reflective Accounts: 1) 3 2) 5 3) 7 | | |
| NMC Revalidation videos – | | |
| The Revalidation process | http://revalidation.nmc.org.uk/download-resources/films.html | |
| How to complete revalidation online | https://www.youtube.com/watch?v=bY8gWlOhh0Y | |
| Selection of videos on revalidation – | http://www.knowledge.scot.nhs.uk/knowledgelab/resources-library/resources-tagged-list.aspx?tagname=nmc | |

| Supervision - | Multiple choice answers (tick all that apply) - | |
|---|---|--|
| 2a. What is your understanding of Supervision? | | |
| a) It is a formal and structured process of guided reflection b) It can be 1-1 or a group session c) It allows nurses to explore, critically reflect and evaluate our practice | | |
| 2b. Please select 3 benefits of Supervision | | |
| (participant can select 3 they feel are most beneficial) <ul style="list-style-type: none"> • Better outcomes for service users. • Better professional relationships. • Opportunities to reflect and link knowledge and practice. • Increased confidence. • Skill development. • Greater awareness and understanding. • Reduced stress | | |
| 2c. What is the minimum number of formal Supervision Registrants are required to undertake | | |
| a) Monthly b) 6-8 Weekly c) Twice yearly d) Annually e) As required | | |

| | | |
|--|--|--|
| Key Performance Indicators | | Please rate the following on a scale of 1-5 (1 not at all, 5 very much so) |
| 3. Please select your views on the KPI section | | |
| a) The session was interesting b) The session was enjoyable c) I have acquired knowledge on KPI's from completing this session d) Overall the session was: <ul style="list-style-type: none"> • Excellent • Very Good • Good • Fair • Poor | | |
| Can also use emoji's to indicate participants level of agreement/satisfaction |  | |
| Preceptorship | | |
| Preceptorship | Multiple choice answers (tick all that apply) – | |
| 4a. What are the aims of Preceptorship? | | |
| a) To support nurses in transition from student to registrant b) Build confidence c) Develop further skills and knowledge | | |
| 4b. Preceptorship period should last for – | | |
| a) 3 months b) 6 months c) 9 months d) 12 months | | |
| Video-link | https://youtu.be/OAxLV-tJe7I | |

| Overall programme Evaluation | | |
|---|----------------|--|
| Use Emojis rating scales e.g (agree - disagree) | | |
|  | | |
| The sessions were interesting | | |
| The programme met my expected outcomes | | |
| The session was enjoyable | | |
| I have acquired knowledge from completing the programme | | |
| I feel better prepared as my role as Registrant following completion of the programme | | |
| Overall assessment of the programme | | |
| Participant Comments | | |
| Further information | | |
| Where did participants access the programme from | Home Work | |
| Did participants have issues accessing the programme e.g IT issues | Please comment | |

| We welcome your comments and feedback | |
|---------------------------------------|--|
| | |
| Thank you for your participation 😊 | |

Dear All,

Please see induction page tiger resource to be shared with the participants as identified for November Induction 7th – 11th Dec 2020 inclusive

<https://view.pagetiger.com/bjanfwh>

Please share with your service area nominations

following our last meeting the nominations per directorate were to be selected to allow for update on our data base

Given the challenges discussed we have agreed that subsequent release of induction will be slightly different in the first instance with a revised page tiger signposting to CEC programmes Day 4 and 5 to ensure those registrants joining the Trust from April to sept have access to day 2 with day 3 , 4 and 5 signposting

December 2020 Induction as previously discussed will not have deteriorating patient Safeguarding Adult / Children's places on 7th December. Please ensure your staff book a place on programme as was previously discussed and agreed in Oct/Nov

In addition please forward your Nominations to XXXX and update [on database created on teams](#).

Please note this will not replace the requirement for your staff to register and book on the programme

Please see attached some additional resources for Induction for new colleagues joining our Induction Group Meeting last week and for existing colleagues for reference that have been previously discussed and agreed or disseminated – I have also uploaded on our MS Teams Induction channel for easy access

- Standardised Invite Template – this will need amended to reflect monthly induction date and sign posting to CEC programmes where not available within the specified weeks
- Overview Induction content
- Induction Evaluation Form – to be sent to participants for completion from NDL/CE supporting induction

Timetable of monthly induction dates updated to reflect changes to digital deliver induction. No changes to existing dates released pre pandemic however may be useful for future roster planning for attendance

Digital Induction Programme for new staff

February 2023



INVESTORS
IN PEOPLE

Silver
Until 2022



VIRTUAL TRAINING ETIQUETTE

EXPECTATIONS & BEST PRACTICE



TEST YOUR TECH
BEFORE THE TRAINING



JOIN MEETING 10
MINUTES EARLY



MUTE MOBILE PHONE
AND REDUCE
DISTRACTIONS



MUTE YOUR
MICROPHONE
UNTIL REQUIRED



USE CHAT BOX TO
COMMENT OR ASK QUESTIONS



BE RESPECTFUL AND
MINDFUL OF OTHER PEOPLE



ANSWER QUESTIONS AND
SHARE INPUTS WITH THE
GROUP



TURNING ON YOUR CAMERA IS
A GREAT WAY TO IMPROVE
INTERACTION.



Belfast Health and
Social Care Trust

caring supporting improving together



INVESTORS
IN PEOPLE

Silver
Until 2022



Explanation of the buttons in the training session

Click to post a comment during the training session

Click to turn your camera on or off during the session



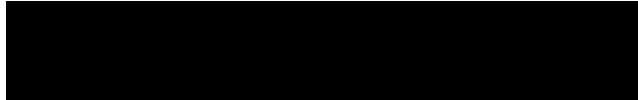
Click to raise or lower your hand during the training session

Click to mute or unmute yourself during the training session

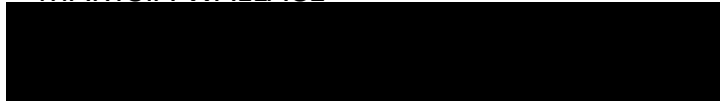
MEET THE TEAM



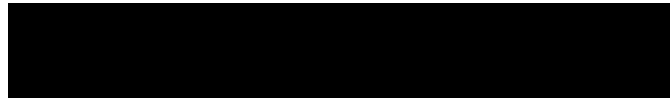
MARGARET SMITH



MARYSIA WALLACE



JEMMA HEASLEY



INVESTORS
IN PEOPLE

Silver
Until 2022



Learning Outcomes

- Training experiences over next week
- Introducing the team
- Belfast Health and Social Care Trust
- Duty of Care
- Trust Values 'What is expected?'
- Nursing Assistants Standards
- Role within the Nursing Workforce
- Induction and development pathway for Nursing Assistants



Nursing Assistant Induction

- Timetable for Main Programme
- IHLS slots



Business of the Belfast Trust

- It is the business of the Belfast Health and Social Care Trust to deliver safe, effective and compassionate care to all it's users.



INVESTORS
IN PEOPLE

Silver
Until 2022



Duty of Care

What is it ?

Why is it important ?



HSC Values



Working together

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.



Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.



Openness & Honesty

We are open and honest with each other and act with integrity and candour.



Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.



Belfast Health and Social Care Trust

caring supporting improving together



INVESTORS
IN PEOPLE

Silver
Until 2022



Personal Attitudes and behaviours

- Will impact on service delivery



A Positive Impact

Or



A negative impact

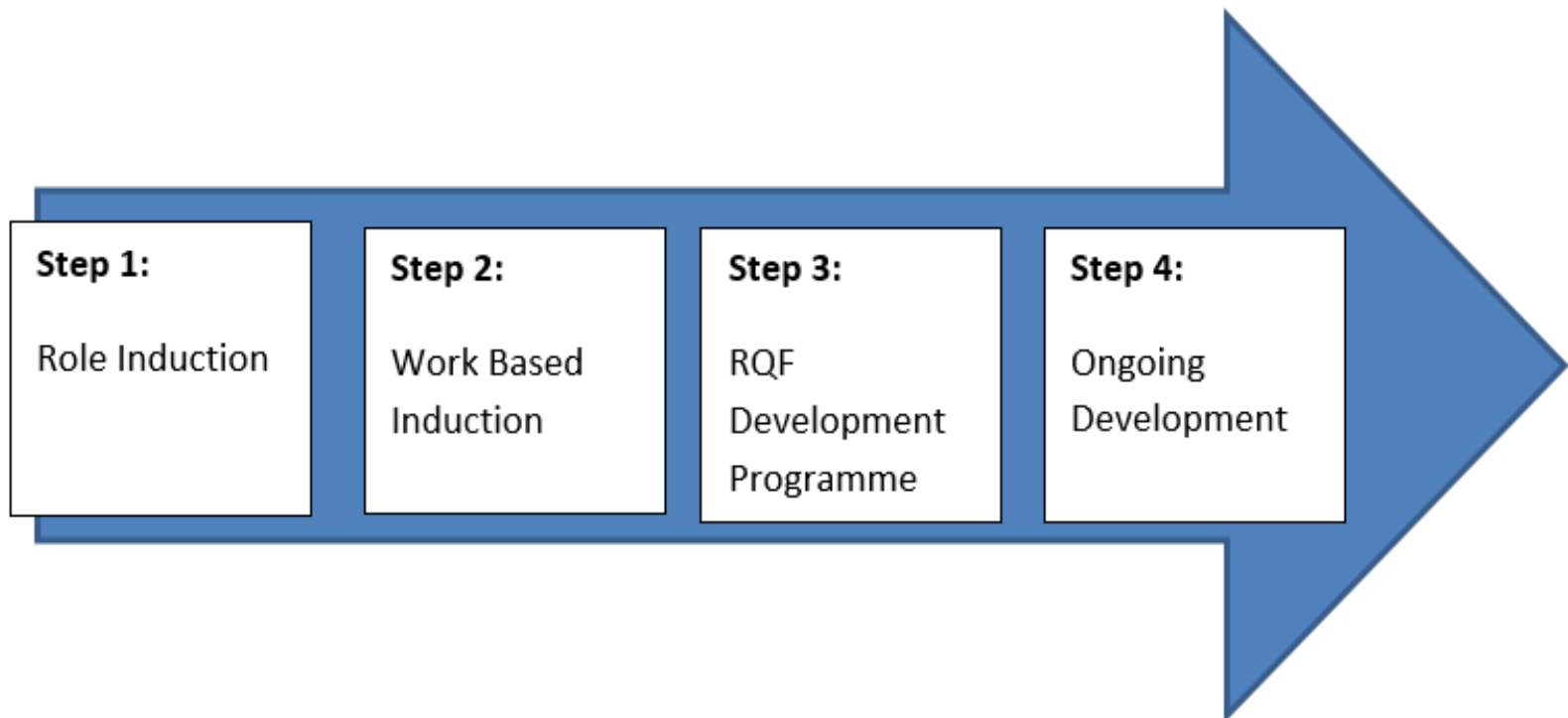


Disclosures

- Any disclosures made may need to be shared with others if there is a concern about yourself or another individual / s



Induction and development pathway for Nursing assistants (Department of Health 2018)



The Standards for Nursing Assistants

1) Support the delivery of safe, person-centred and compassionate care to people who use our services



The Standards for Nursing Assistants

- 2) Communicate openly and honestly to promote the health and wellbeing of people who use our services



The Standards for Nursing Assistants

3) Maintain your knowledge, skills and experience to enable you to do your job properly, in order to improve the quality of care to people who use our services



The Standards for Nursing Assistants

4) Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services



Role within the Nursing workforce

Nursing assistants Senior Nursing assistants are an essential part of the healthcare team



Francis Enquiry 2013

‘People must always come before numbers. Individual patients and their treatment are what really matters’

Robert Francis QC,
Report into Mid Staffordshire NHS



Kate led the **#hello my name is....campaign** across the NHS

<http://www.youtube.com/watch?v=UmeQjgy4QnE>



Belfast Health and
Social Care Trust

caring supporting improving together



INVESTORS
IN PEOPLE

Silver
Until 2022



Conclusion

- Enjoy the week
- Don't be afraid to ask questions
- You are now part of a massive organisation but remember what you do will make a difference to the Patients and Clients that you will care for.



Nursing Assistant Induction

Person Centred Care and Fundamentals of Nursing

1) Standards for Nursing Assistants

In 2018 the Department of Health released guidance for Nursing Assistants, including new Standards for Nursing Assistants, aimed at strengthening the vital role undertaken by Nursing Assistants working in Northern Ireland HSC Trusts (DoH, 2018).

A Nursing Assistant is someone who works in a nursing context, undertakes delegated aspects of nursing care and is supervised by a Registered Nurse (DoH, 2018).

As a Nursing Assistant, there are four standards you must adhere to (DoH, 2018).

1

Support the delivery of safe, person-centred and compassionate care to people who use our services.

2

Communicate openly and honestly to promote the health and wellbeing of people who use our services.

3

Maintain your knowledge, skills and experience to enable you to do your job properly, in order to improve the quality of care to people who use our services.

4

Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.

[Click here to read 'Standards for Nursing Assistants'](#)



Reflection



How do the Standards for Nursing Assistants apply to your role?

2) The Nursing Process

The Nursing Process is designed to consider the holistic needs of the patient, rather than prescribed care based solely on physical symptoms (Stonehouse, 2017).

- Nursing Assistants work closely with patients and multidisciplinary staff to assess the patient and ensure the delivery of high quality person centred care.
- Nurses will plan care using the 'Nursing Process'.
- The Nursing Assistant will, likely be, the person who implements the care and evaluates its success.
- The Nursing Assistant should have an awareness and understanding of the Nursing Process, and the role of the nurse.
- Nursing Assistants make a valuable contribution to the Nursing Process and have a vital role to play in patient care!

Assessment: collection of information from patient/ relatives/carers relating to health condition. Nursing Assistant will help to gather information both, formally and informally.

Evaluation: has the planned care achieved the desired result?



Planning: clinical interventions are planned to reduce, resolve or prevent problems.

Implementation: care will be delivered by clinical staff, including Nursing Assistant. Good record keeping and communication is essential for excellent person centred care.

Nursing Assistants work closely with Nurses to implement the Nursing Process, leading to the delivery of high quality person centred care. Hamilton and Price (2013) state, 'the corner stone of the nursing process is assessment' which is guided by the Roper, Logan and Tierney Model of Nursing, Activities of Daily Living (1980) used within Belfast H&SC Trust.

Reflection



How do the Standards for Nursing Assistants apply to your role?

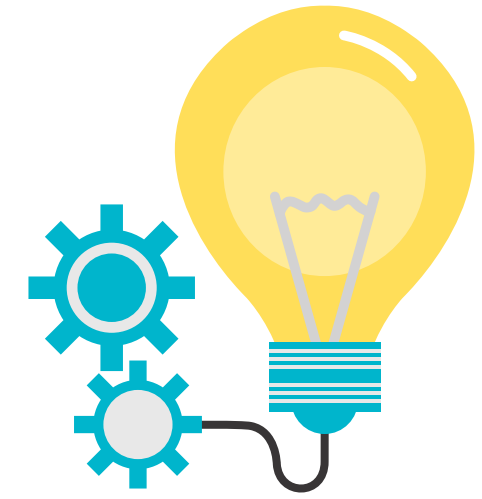
3) Activities of Daily Living

- Every patient will carry out these activities, but in their own unique way, influenced by their life circumstances, their level of dependence and any other influencing factors.
- By assessing the patient using the 12 Activities of Daily Living (ADL's) you will be able to identify how they normally carry out an activity and how this might have changed as a result of a medical condition.

- Maintaining a safe environment
- Communicating
- Breathing
- Eating and drinking
- Elimination
- Washing and Dressing
- Controlling body temperature
- Mobilising
- Working and Playing
- Expressing Sexuality
- Sleeping
- Death and dying

Key Learning Points

Summary



- ▶ **Nursing Assistants are key to success of all stages of the Nursing Process.**
- ▶ **Roper, Logan and Tierney's nursing model (ADL's) guides the assessment stage of the Nursing Process.**
- ▶ **Applying this nursing model will support the delivery of high quality person centred care.**
- ▶ **Person centred care is influenced by patient beliefs, attitudes and preferences.**
- ▶ **Nursing Assistants are vital in the delivery of person centred care.**



Bibliography

Hamilton P, Price T (2013) The Nursing Process, Holistic Assessment and Baseline Observations. In: Brooker C, Waugh A (eds) Foundations of Nursing Practice: Fundamentals of Holistic Care. Mosby Elsevier, London. 303-336

Health, D. o., 2018. Standards for Nursing Assistants and associated resources. [Online]
Available at: <https://www.health-ni.gov.uk/publications/standards-nursing-assistants-and-associated-resources>
[Accessed 20th October 2020].

Roper N, Logan W, Tierney A J (1980) The Elements of Nursing: A Model for Nursing Based on a Model of Living. Churchill Livingstone: Edinburgh

Stonehouse, D., 2017. A support worker's guide to models of living and nursing. [Online]
Available at:
https://usir.salford.ac.uk/id/eprint/46572/8/Roper%20Logan%20Tierney%20Model%20of%20Nursing%20Care_.pdf
[Accessed 20th October 2020].

Stonehouse, D., 2017. Understanding the nursing process. [Online]
Available at: <https://www-magonlinelibrary-com.rcn.idm.oclc.org/doi/full/10.12968/bjha.2017.11.8.388>
[Accessed 4th November 2020].



WELCOME

TO YOUR NURSING ASSISTANT INDUCTION

Your induction week is 7/3/23 - 9/3/23

[CLICK TO ACCESS TIMETABLE >](#)



[Reasonable Adjustments & Alternative Format Information](#) ⓘ

ONLINE NURSING ASSISTANT INDUCTION WEEK





Thank you for joining our Belfast Trust!

Nursing Assistants are essential in Belfast Trust and we are delighted to have you as part of our team. You will be at the forefront of patient care, spending a high proportion of their time providing direct fundamental nursing care to patients and clients.

It is essential that you complete the Nursing Assistant Induction in full to ensure you have the skills, knowledge and tools to deliver safe, effective and compassionate care.

BEFORE YOUR FIRST DAY

Please ensure you have access to the following to ensure you can complete your induction week:

-  Laptop or Computer
-  A quiet/private space to concentrate
-  Ensure your device has speakers and a microphone or a pair of headphones so you can hear and speak
-  Live training sessions that are at set times and should not be missed are marked with this symbol

PLEASE REVIEW THE FOLLOWING FAQ'S BEFORE BEGINNING YOUR INDUCTION

[CLICK HERE FOR FAQ'S](#)

DAY 1: TUESDAY 7TH MARCH 2023

Click each element to access


PLEASE COMPLETE AHEAD OF YOUR LIVE ONLINE TRAINING DAY


1 [CLICK HERE TO DOWNLOAD AND COMPLETE PRE-READ ON PERSON CENTERED CARE](#) 


 **Live ONLINE Training Day: 8.45AM- 4.30PM**

2 [LIVE ONLINE TRAINING SESSION - CLICK HERE TO JOIN @8.45 AM](#)

Note: The link above will always bring you back to the live session if you can't find your way back in after breaks etc.

 This is the first of your live online training sessions. Click the link above **10 minutes before starting time** to attend the meeting.


 This live online training session will take the following format:
 - 8.45AM - 12.30PM | Introduction to Role & Knowledge Skills Framework
 - 1.30PM - 4.30PM | Person Centered Care

 If you have any issues accessing the live training, please call this number 028 9615 9615 ask to speak to the People and Organisational Development Team


DAY 2: WEDNESDAY 8TH MARCH 2023

Click each element to access

1 [Interactive Online Resource](#)
[CLICK HERE TO COMPLETE 'GRIEF & BEREAVEMENT' TRAINING](#)

 This training will open in a new tab, please navigate back to this tab when completed.

2 [Video Presentation](#)
[CLICK HERE TO ACCESS INFECTION PREVENTION AND CONTROL VIDEO](#)

 This training will open in a new tab, please navigate back to this tab when completed.

3 [Interactive Online Resource](#)
[CLICK HERE TO COMPLETE 'COMPLAINTS AWARENESS' TRAINING](#)

This training will open in a new tab, please navigate back to this tab when completed.

Live ONLINE HIV Awareness Training: 1:30PM - 3:30PM

4 [LIVE ONLINE TRAINING SESSION - CLICK HERE TO JOIN @1:20PM](#)

If you have any issues accessing, please call this number 0289615 9615 and ask to speak with the People and Organisational Development Team.

Note: The link above will always bring you back to the live session if you can't find your way back in after breaks etc.

DAY 3: THURSDAY 9TH MARCH 2023

Click each element to access

IF YOU ARE REQUIRED TO COMPLETE YOUR 'IN HOSPITAL LIFE SUPPORT PRACTICAL TRAINING' AND COMPLETED THE QUESTIONNAIRE IN THE WELCOME EMAIL YOU SHOULD HAVE NOW RECEIVED A NOTIFICATION EMAIL OUTLINING THE SLOT TIME AND VENUE OF YOUR PRACTICAL TRAINING SESSION. THE SLOTS RUN ON WEDNESDAY 5TH OCT FROM 9.00 AM - 16.00 PM, PLEASE CHECK YOUR EMAIL TO FIND OUT WHEN YOUR SLOT IS.

Note: If you think you should have received info for a slot and have not, please email VLTRQF@BELFASTTRUST.HSCNI.NET.

1 [Interactive Online Resource](#)
[CLICK HERE TO COMPLETE 'IN HOSPITAL LIFE SUPPORT' THEORY](#)

This training must be completed prior to your practical

2 [Online Training](#)
[CLICK HERE TO COMPLETE 'SWALLOW AWARENESS \(DYSPHAGIA\)' TRAINING](#)

This training will open in a new tab, please navigate back to this tab when completed.

3 [Book onto Safeguarding Training](#)
[CLICK HERE TO BOOK ONTO SAFEGUARDING TRAINING](#)

PLEASE AGREE A DAY WITH YOUR MANAGER TO ACCESS A TRUST DEVICE TO COMPLETE THESE MODULES ASAP

Click each element to access 



WE RECOMMEND SECURING ACCESS TO A BELFAST TRUST COMPUTER OR LAPTOP TO COMPLETE THE LEARNING TASKS BELOW.



You will need access to a Belfast Trust laptop or computer to complete this

1

CLICK HERE TO COMPLETE 'WASTE MANAGEMENT' TRAINING

You will need access to a Belfast Trust laptop or computer to complete this

2

CLICK HERE TO COMPLETE 'HEALTH & SAFETY AWARENESS' TRAINING

You will need access to a Belfast Trust laptop or computer to complete this

3

CLICK HERE TO ACCESS INFECTION PREVENTION & CONTROL TRAINING

You will need access to a Belfast Trust laptop or computer to complete this

4

CLICK HERE TO ACCESS COSHH TRAINING

KEY CONTACTS & FAQ'S

Click here for a list of key contacts 

Click here to learn more about the Nursing Future Development Pathway 

THANK YOU & GOOD LUCK!



EVALUATION & COMPLETION

CLICK HERE TO COMPLETE EVALUATION FORM

CLICK HERE TO COMPLETE AND TO APPLY FOR YOUR CERTIFICATE



Person Centred Care & Fundamentals of Nursing

Nursing Assistant Induction

Jemma Heasley

13th May 2022



Aims and Objectives

- Understand the importance of Person-Centred Care in Health and Social Care
- Increased knowledge of Nursing Process
- Learn about 12 ADL's and how they impact Person Centred Care





Nursing Assistant Induction Week
Person Centred Care and Fundamentals of Nursing

1) Standards for Nursing Assistants

In 2018 the Department of Health released guidance for Nursing Assistants, including new Standards for Nursing Assistants, aimed at strengthening the vital role undertaken by Nursing Assistants working in Northern Ireland HSC Trusts (DoH, 2018).

A Nursing Assistant is someone who works in a nursing context, undertakes delegated aspects of nursing care and is supervised by a Registered Nurse (DoH, 2018).

As a Nursing Assistant, there are **four standards** you must adhere to (DoH, 2018).

| | |
|--|--|
| 1 Support the delivery of safe, person-centred and compassionate care for people who use our services. | 2 Communicate openly and honestly to plan, coordinate the health and wellbeing of people who use our services. |
| 3 Work safely and professionally using your knowledge, skills, experience and judgement to deliver the highest quality of care to people who use our services. | 4 Follow and protect all legal and regulatory requirements and uphold the rights of people who use our services. |

[Click here to read 'Standards for Nursing Assistants'](#)



What was one point you have learnt from the Pre-Reading document on Person Centred Care?



Person Centred Care

- Care focused on needs of person Vs needs of service
- Care must be flexible to fit with lifestyle and routine of individual
- Person is an equal partner in the provision of care and is central to delivery of care.
- Care planning should consider the impact of any decision made.
- Safety and comfort of person must be maintained at all times.



Person Centred Care is...

- Respect, dignity and compassion for all individuals in our care
- Care to be co-ordinated to ensure treatment and care delivered to individual is supportive and compassionate
- Personalised care - each person is unique
- Supporting people to recognise and develop own strengths and abilities to live independent and fulfilling life
- Consent
- Encouraging active participation



What is Confidentiality?

CONFIDENTIALITY
= TRUST



Confidentiality is about preserving information within a service and sharing it only on a need-to-know basis



Standards for Nursing Assistants (DoH, 2018)

Standard 4:

Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.



Why is Confidentiality important?

Trust

Safety

The Law

Professional
Responsibility

How to maintain Confidentiality

- Store information safely
- Secure passwords
- Need to know basis
- Permission given?
- Use information appropriately
- Adhere to legislation
- Avoid inappropriate discussions





When can you breach confidentiality in Healthcare?



When can Confidentiality be breached?

- An individual is at risk of harm to themselves and others
- An individual is at risk of being harmed or in need of protection from abuse
- If the individuals health is at risk
- If there is information that a serious crime has been or is about to be committed
- If you receive information about abuse, you have a legal duty to pass on this information, whether the child / vulnerable adult agrees or not.

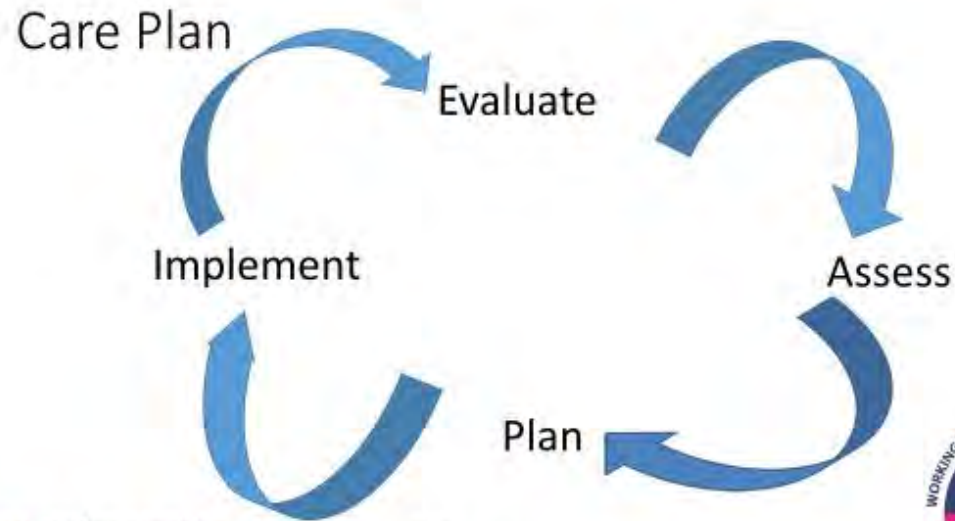


Maintaining confidentiality vs disclosing concerns

- Legal duty to protect confidentiality
- Information disclosure
- Potential for conflict
- Breakdown in trust
- Keep individual informed



The Nursing Process



Assessing daily living needs

- Healthcare professionals tend to assess ADL's in isolation
- Holistic assessment is needed
- Ensure you refer to Patient Care Plan





What are the 12 activities of daily living?



Activities of Daily Living

- Eating and Drinking
- Washing and dressing
- Mobilising
- Breathing
- Communication
- Sleeping
- Maintaining a safe environment
- Death and dying
- Work and play
- Expressing Sexuality
- Elimination
- Controlling body temperature



BHSCT assesses ADL's by...

- Using specific assessment tools
- Use of individual care plans
- Multi-disciplinary team approach
- Holistic approach



INVESTORS
IN PEOPLE

Silver
Until 2022



1. Maintaining a safe environment

- Avoid dangers – knowledge and awareness
- Motivation to comply with sensible precautions
- Initial assessment of patients
- Diversity of disabling conditions



What could impact this?

- Sensory deficits
- Physically disabled/ physically ill
- Learning disability
- Impaired consciousness
- Depression/ anxiety
- Alcohol/ substance abuse
- Change of environment
- Diminished awareness



What is your responsibility?

- Minimise environmental dangers
- Fire exits/ fire alarm
- No smoking
- Locked hazardous substances
- Clean spillages
- Maintenance of electrical equipment
- Suitable attire/ footwear
- Safe use, storage and disposal



2. Communication

- Establish and maintain human relationships
- Effective communication
- Assist patient to regain optimal level of ADLs



What could impact this?

- Aphasia/ dysphagia
- Cleft palate or other abnormalities
- Ill-fitting dentures
- Stroke
- Hearing impaired
- Foreign language
- Altered consciousness
- Cerebral palsy
- Tracheostomy/ laryngectomy
- Medications
- Depression
- Mania
- Neurotic states
- Schizophrenia
- Alcohol/ substance abuse



What is your responsibility?

- Know your patient
- Use alternative methods of communication
- Effective handovers
- Help from families
- Communication aids
- Seek support from MDT
- Be patient/ take time



3. Breathing

- Essential to sustain life
- Usually effortless, unconscious activity until abnormal circumstances
- Such as inability to breathe independently



What could impact this?

- Allergy/ anaphylaxis
- Obstruction
- Disease of upper and lower respiratory tract
- Head injuries
- Anaemia
- Disease of cardiovascular system
- Medication
- Alcohol/ substance abuse
- Bleed
- Hyperventilation – anxiety
- Ventilation



What are your responsibilities?

- Physiological measurements
- Smokers
- Anaesthetised
- Unconscious
- Respiratory conditions



4. Eating and drinking

- Provide fluids and nutrients to permit growth of body cells
- Maintain adequately functioning body
- Food/ drink



What could impact this?

- GI upset
- Mouth diseases
- Swallow problems
- Stomach ulcers/ gastric cancers
- Allergies
- Stroke
- Age
- Eating disorders
- Religion
- Alcohol/drug misuse



What are your responsibilities?

- Fluid balance – fluid restriction
- Food chart
- Feed patients
- Escalate to SN
- Refer to SALT instructions/ NBM
- Patient autonomy/ encourage independence
- Special diets










5. Elimination

To rid body of its waste product – urine and faeces

- Contenance
- Incontinence
- Fluid balance chart
- Bristol stool scale
- Urinalysis
- Equipment /appliances / products

Bristol Stool Chart

| | | |
|--------|---|---|
| Type 1 |  | Separate hard lumps, like nuts (hard to pass) |
| Type 2 |  | Sausage-shaped but lumpy |
| Type 3 |  | Like a sausage but with cracks on its surface |
| Type 4 |  | Like a sausage or snake, smooth and soft |
| Type 5 |  | Soft blobs with clear-cut edges (passed easily) |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool |
| Type 7 |  | Watery, no solid pieces. Entirely Liquid |

What could impact this?

- Medication
- Stress
- Following surgery
- Pain
- Psychiatric disorders
- Dehydration
- Kidney disease
- Enlarged prostate
- Neurological disease
- Venereal disease



What are your responsibilities?

- Support people to use toilet facilities.
- Find out how much support they need – mobility/cleansing
- Wear appropriate PPE.
- Make the activity as private as possible.
- Communicate with sensitivity.
- Some people prefer to have a care worker of the same sex.
- Correct waste disposal.
- Report/Record fluid balance chart.



6. Washing and dressing

- Skin cleansing
- Clothing patients
- Prevent infection

HSC Belfast Health and Social Care Trust

24 Hour SKIN Bundle Chart (V0.11)
 These charts must be continued until the Patient is no longer viewed by nursing staff to be 'at risk' of Pressure Damage. The Braden Score must be greater than 18.

Name: _____
 DOB: _____
 ID: _____
 Dept/ Ward: _____ or affix label
 Date: _____ Time: _____

Pressure Ulcer Patient /Carer Advice Leaflet available – see Tissue Viability Section of the Trust Intranet

Daily* Braden Score: Initial
 (*Monthly* in continuing care areas – see policy 4:4)

Weekly MUST Score: Initial

Mattress Type: _____
Cushion Type: _____
 Document changes as a VARIANCE

This patient must be repositioned:
 Hourly during the day. Initial _____
 Hourly during the night. Initial _____
 Document changes as a VARIANCE

Patient advised TODAY of what they can do to reduce their pressure risk YES NO
 Think S.K.I.N. (see Poster on Tissue Viability Section of the Trust Intranet)
 If you have answered NO please record as a VARIANCE Initial _____

Pressure Point Checks – please update at least once every 8 hours or when new damage noted

| Time | Occipital | Sacrum | Buttock | Hip | Heel | Other (state area affected) | Initial |
|------|-----------|--------|---------|-----|------|-----------------------------|---------|
| | | | Rt. | Rt. | Rt. | | |
| | | | Lt. | Lt. | Lt. | | |
| | | | Rt. | Rt. | Rt. | | |
| | | | Lt. | Lt. | Lt. | | |
| | | | Rt. | Rt. | Rt. | | |
| | | | Lt. | Lt. | Lt. | | |
| | | | Rt. | Rt. | Rt. | | |
| | | | Lt. | Lt. | Lt. | | |
| | | | Rt. | Rt. | Rt. | | |
| | | | Lt. | Lt. | Lt. | | |

Pressure Ulcer Codes

| | | | | | |
|----|---|----|--|-----|---|
| A | Intact | 3 | Grade 3 Pressure damage (subcutaneous fat) | DTI | Unable to grade. Potential Deep Tissue Injury (discoloured skin/leathery/char/ blood blister) |
| VA | Verbal Check (area intact) | 4 | Grade 4 Pressure damage (muscle/tendon/cartilage/bone visible) | Mu | Mucous Membrane Pressure Ulcer |
| BE | Blanching Erythema | UC | Unable to check (State Reason in comments section) | O | Other e.g. laceration record in comments section |
| 1 | Grade 1 Pressure damage (non-blanching Erythema) | ML | Moisture Lesion | SC | Scar e.g. healed pressure ulcer |
| 2 | Grade 2 Pressure damage (shallow crater / serous blister) | | | | |



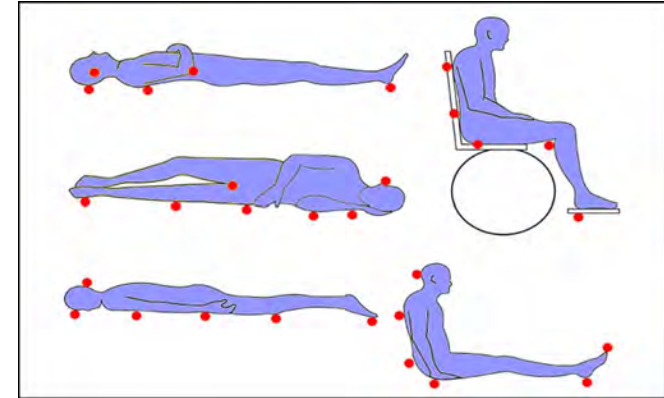
What could impact this?

- Visual impairment
- Sensory deficit
- Tremors
- Musculoskeletal conditions
- Stroke
- Plaster casts
- Illness
- Age
- Mental health
- Alcohol/ substance abuse
- Dementia
- Pain



What are your responsibilities?

- Religion/ culture
- Sexuality
- Equipment
- Mandatory training
- Care plan
- Skin bundle
- Repositioning
- Check skin



7. Controlling body temperature

- Maintenance of constant body temperature is essential for all cellular chemical processes
- Excessive rise or fall can damage cells and possible death
- Normal body temperature is between 36°C and 37.5°C
- Avoid hazards/discomfort of heat/cold by varying clothing and amount of activity etc.



What could impact this?

- Extremes of temperature
- Age
- Infection
- Illness
- Alcohol/ substance abuse
- Dementia
- Brain injury



What are your responsibilities?

- Know the patient's baseline
- Heating and ventilation of facility
- Increased physiological measurements if condition changes
- Appropriate use of blankets
- Escalate any concerns



8. Mobilising

- Movement produced by large muscles enabling people to stand, sit, walk and run
- Essential and valuable activity to assist promotion of independence
- Could be affected by acute or chronic condition e.g. fracture or arthritis



© Can Stock Photo - csp20041474



What could impact this?

- Posture
- Bad footwear
- Restrictive clothing
- Prolonged bed rest
- Neurological disease
- Medication
- Mental health
- Alcohol/ substance abuse
- Dementia



What are your responsibilities?



- Encourage independence/ dignity
- Listen and assist
- Assistance with walking, standing, bathing, dressing, feeding
- Use equipment appropriately
- Mandatory training
- Ensure aids are available
- Adhere to care plans



9. Working and playing

- Provides income, sense of purpose, accomplishment, company, status in family and society
- Play – non work time, leisure, relaxation, recreation, hobbies, exercise
- “one man’s work and another man’s play”
- If can’t work, can’t play
- Illness/hospital admission can have significant impact on work/play



What could impact this?

- Sensory restrictions
- Illness- acute/chronic
- Allergy
- Pain
- Obesity
- Medication
- Mental health
- Alcohol/ substance abuse



What are your responsibilities?

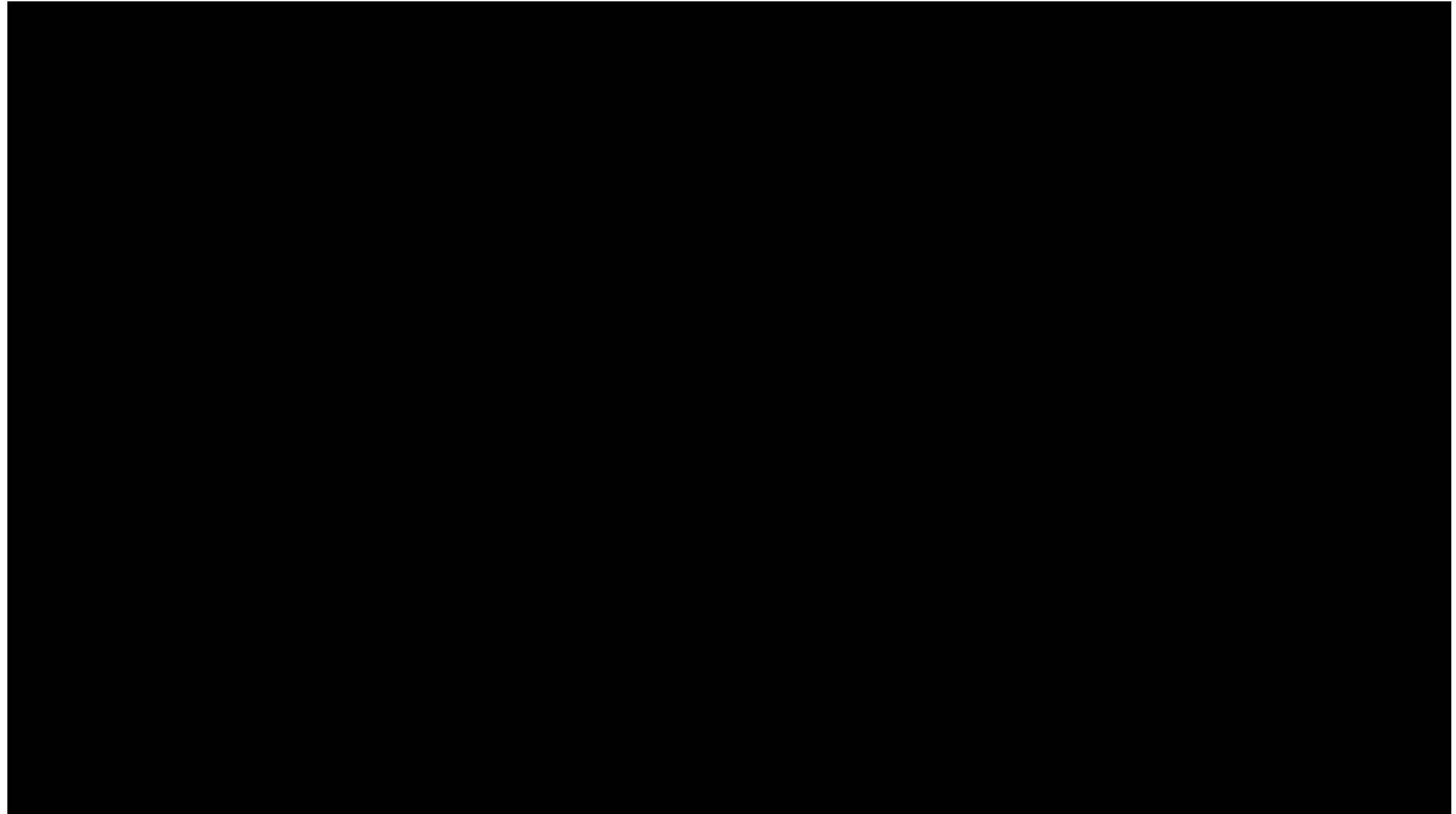
- Positive attitude
- Encourage participation in all interventions
- Reassure patient, empathy, active listening
- Seek out appropriate support



10. Expressing sexuality

- Could be a sensitive topic
- How does a person express their gender?
- Significant part of a person's personality and behaviour
- Is the person's illness/accident (reason they are in hospital) going to have an impact on how they express their sexuality?
- Body image
- Feeling attractive
- What is their status in their family??





What could impact this?

- Surgery e.g. Mastectomy, Stoma etc
- Venereal Disease
- Illness/Disease
- Sexual Assault
- Gender Identity
- Medications causing reduced libido
- Ageing
- Mental health conditions
- Alcohol/substance misuse



What are your responsibilities?

- Establish rapport with patient/client
- Provide reassurance
- Remain professional
- Maintain dignity, privacy and respect at all times



11. Sleeping

- How does patient/client normally sleep?
- Is their condition/illness (reason they are in hospital) impacting on their ability to sleep?
- What is their normal bedtime routine?
- Bedtime/sleep medications?
- Sleep promotes growth and restoration of cells
- Poor sleep can affect healing/recovery



© Can Stock Photo



What could impact this?

- Change to environment e.g. hospital admission
- Medication
- Stress/anxiety/low mood or other Mental Health symptoms e.g. mania
- Aging
- Incontinence
- Alcohol/Substance misuse



What are your responsibilities?

- Promote peaceful environment during rest periods and night time
- Reduce noise
- Reduced procedures at night (where possible)
- Dim lights and use night call buzzer system
- Regulate visiting times
- Encourage patients to use headphones to allow other patients to rest
- Encourage patients and visitors to respect other patients



12. Death and dying

- Only essential if relevant to patient care or patient wants to discuss (Roper et al, 2006)
- Patient may want to discuss bereavement or grief
- Death may be sudden or prolonged
- What are the patients wishes?
- Do they have any worries or concerns?



What could impact this?

- Patient may experience symptoms associated with dying e.g. pain, breathing difficulties, nausea & vomiting (all symptoms should be appropriately managed)
- Pressure sores (reduced mobility)
- Incontinence
- Sleeplessness/restless/fear/agitation/delirium
- Loneliness/isolation
- Religion/cultural beliefs



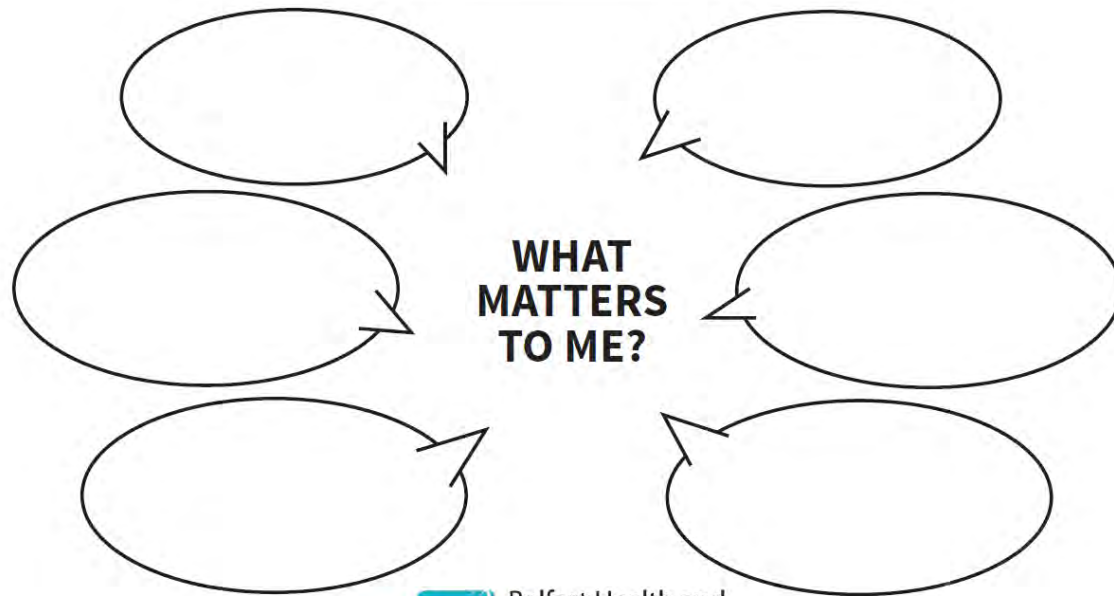
What are your responsibilities?

- Establish rapport with patient/family and provide reassurance where required
- Support patient/family to implement any religious/cultural wishes
- Ensure dignity and privacy are maintained at all times
- Respect the wishes of the patient/family
- Be aware of Bereavement Guidance and implement as required
- Support family to, or provide, after care to the patient as appropriate
- Remain calm and professional



What matters to me?

Patients Name



Any questions?



Conclusion

- These are the 12 ADL's as defined by Roper, Logan and Tierney in 1990
- We have discussed what they are and how they are all linked to each other and what can impact them/go wrong.
- Illness will impact on how these activities are carried out and how we might assist and help individuals in these daily needs of life



STANDARDS FOR NURSING ASSISTANTS

EMPLOYED BY HSC TRUSTS IN NORTHERN IRELAND



Department of
Health

An Roinn Sláinte

Máiréad O Poustie

www.health-ni.gov.uk

FOREWORD

Nursing Assistants are an essential part of the healthcare team. They provide a vital role supporting the registered nursing workforce to deliver high quality nursing care. Mandating these Standards across the HSC will serve to recognise and support the valued contribution made by this cohort of staff.

The Department of Health commissioned these Standards for Nursing Assistants employed by Health and Social Care Trusts in Northern Ireland, and wishes to acknowledge the role of the Northern Ireland Practice and Education Council and the Working Group established to lead the development of these Nursing Assistant Standards and associated resources in partnership with the HSC.

Charlotte McArdle Chief Nursing Officer

Andrew Dawson Director of Workforce Policy (Acting)

Introduction

These Standards are for all Nursing Assistants employed in Health and Social Care (HSC) Trusts across Northern Ireland. A Nursing Assistant is someone who undertakes delegated aspects of nursing care and is supervised by a Registered Nurse. The Department of Health (DoH) and HSC Trusts have a duty and a responsibility to protect and improve the health and wellbeing of people who use our services. Nursing Assistants will be supported by their employers to adhere to these Standards in order to deliver person-centred, safe, effective and compassionate care, across all healthcare settings.

Nursing Assistants make a valuable and important contribution to the delivery of high quality, person-centred healthcare. They have a responsibility and a duty of care to ensure their conduct does not fall below these Standards and that no act or omission, within the sphere of their role, harms the safety and wellbeing of people who use our services.

Department of Health Mandate

The DoH fully endorses the Standards for Nursing Assistants and requires that they be implemented and enforced across all HSC Trusts. HSC Trusts must monitor the implementation of the Standards and take action where concerns have been raised. The Department will monitor and seek assurances from Trusts regarding implementation. The Standards are consistent with and complement the overarching Code of Conduct for HSC Employees (DoH, 2016).

Purpose

This document presents the Standards of care, conduct and behaviours required of Nursing Assistants and informs employers, colleagues, people who use our services and the public about these. The Standards form part of employers' existing policies and procedures which Nursing Assistants must adhere to.

Scope

The Standards apply to all Nursing Assistants employed to support Registered Nurses in HSC Trusts, providing care and services for people who use our services. The Standards will also be referenced in Nursing Assistant job descriptions relevant to the Agenda for Change band and in the Knowledge and Skills Framework (KSF) post outline.

Employers' Responsibilities

Employers of Nursing Assistants are required to have systems and processes in place, including the provision of relevant training and ongoing development, which enables and supports these employees to achieve the Standards.

The key principles for employers are as follows. Employers will:

- ensure that individuals recruited and employed as Nursing Assistants have the necessary attributes for the role;
- provide training on these Standards so that Nursing Assistants understand their role, accountabilities and responsibilities;
- have systems, processes and procedures in place, including KSF post outlines and personal development plans, appraisal and ongoing support/ supervision, to enable Nursing Assistants to meet the requirements of the Standards;
- provide access for Nursing Assistants to education, training and development activities to develop and enhance their knowledge, skills and behaviours relevant to their role;
- support Nursing Assistants with opportunities for career development and ensure that adherence to the Standards is integrated into day-to-day practice within the organisation.

What the Standards will mean for Nursing Assistants

The Standards for Nursing Assistants are informed by the Nursing and Midwifery Council's guidance for Registered Nurses regarding the act of delegation (NMC, 2015¹). It is important to note that a Registered Nurse is accountable for the decision to delegate care and should only delegate care to a Nursing Assistant who has had appropriate training and whom they deem competent to perform a delegated activity. The Nursing Assistant should also understand their role, which includes the nature of the activity, what is expected of them, their limitations and, if circumstances change, when to seek advice. The Nursing Assistant is then accountable for their actions and decisions when undertaking a delegated activity, although the registered practitioner remains accountable for the overall management of the person in their care.

By following these Standards, Nursing Assistants can be assured that they are working to the standard agreed by the DoH, which is essential to protect the people who use our services and others. This document sets clear Standards for Nursing Assistants to:

- help them fulfil the requirements of the role;
- identify the learning and development to be undertaken to develop their knowledge, skills and behaviours;
- enable them to do the right thing at all times.

¹ Nursing and Midwifery Council (2015) The Code: Professional Standards for Practice and Behaviour for Nurses and Midwives. London: NMC

What the Standards will mean for people who use our services

The Standards have been developed on the principle of protecting the public. They assist people who use our services to understand the standards expected of Nursing Assistants and their employers.

What the Standards will mean for Registered Nurses and Managers

The Standards will help Registered Nurses, employers and managers understand the standards expected of Nursing Assistants. Line managers will, as part of annual KSF and Personal Development Review/appraisal meetings and ongoing support/supervision, agree areas for the Nursing Assistant's personal development. This will be achieved by reviewing the individual's knowledge, skills and attributes in line with the Standards, the individual's job description and KSF post outline.

The Standards for Nursing Assistants

As a Nursing Assistant you must adhere to these four Standards:

1

Support the delivery of safe, person-centred and compassionate care to people who use our services.

2

Communicate openly and honestly to promote the health and wellbeing of people who use our services.

3

Maintain your knowledge, skills and experience to enable you to do your job properly, in order to improve the quality of care to people who use our services.

4

Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.

Standards and Guidance Statements

Each of the four Standards has associated guidance statements which will help you to enhance your knowledge, skills and behaviours to continuously improve your performance and the care you provide for people who use our services. It is essential that you familiarise yourself with these Standards and adhere to them whilst working within your organisation's policies and procedures.



Standard 1:

Support the delivery of safe, person-centred and compassionate care to people who use our services.

1. Care for people who use our services safely and compassionately at all times, to enhance person-centred care.
2. Be accountable by making sure you can always answer for your actions and omissions, in relation to caring for people who use our services.
3. Be honest with yourself and others and only carry out those activities within your remit and delegated to you, for which you have undertaken relevant training and education and have been deemed competent by a Registered Nurse.
4. Do not misuse your privileged position to neglect, harm, abuse or exploit people who use our services.
5. Work collaboratively with colleagues across all disciplines to support person-centred care.

Standard 2:

Communicate openly and honestly to promote the health and wellbeing of people who use our services.

1. Communicate in an open, honest, accurate and timely way with people who use our services and with colleagues to support the delivery of person-centred care.
2. Document and maintain clear and accurate records relevant to the care you have given to a person using our services in line with your organisation's policy.
3. Report any changes in or concerns about the condition of a person who uses our services immediately to the Registered Nurse, who is responsible for the overall management of the person's care.
4. Always take complaints or concerns seriously and raise issues that you are concerned about with your line manager, in line with your organisation's policies.
5. When communicating with people who use our services and with colleagues, recognise the limitations of your role, knowledge and competence.

Standard 3:

Maintain your knowledge, skills and experience to enable you to do your job properly, in order to improve the quality of care to people who use our services.

1. Participate in training and personal development required by your employer and take responsibility for the achievement of the competence essential for your role, in line with KSF and organisational requirements.
2. In agreement with your line manager, ensure you comply with all statutory and mandatory training required for your role.
3. Maintain an up to date record of your own training and development.
4. Contribute to the learning and development of others where appropriate.

Standard 4:

Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.

1. Do not discuss or share personal information about people and their treatment inappropriately or with anyone other than relevant colleagues in the team.
2. Uphold and promote the principles of equality, diversity and inclusion for people who use our services and your colleagues, as everyone is entitled to be treated fairly and without bias.
3. Establish and maintain clear and appropriate boundaries in your relationships with people who use our services and with colleagues at all times. Always behave in a professional manner.
4. Refuse to accept any offers of loans, gifts, benefits or hospitality from anyone in your care, or anyone close to them, which may be seen to compromise your position.
5. Do not use social media to share information about the environment you work in or the people for whom you care.



Department of Health,
Castle Buildings, Stormont, Belfast,
Northern Ireland, BT4 3SQ.

www.health-ni.gov.uk

February 2018

INDUCTION AND DEVELOPMENT PATHWAY FOR NURSING ASSISTANTS

EMPLOYED BY HSC TRUSTS IN NORTHERN IRELAND



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

INTRODUCTION

This Induction and Development Pathway is for all Nursing Assistants employed in Health and Social Care (HSC) Trusts across Northern Ireland. A Nursing Assistant is someone who undertakes delegated aspects of nursing care and is supervised by a Registered Nurse.

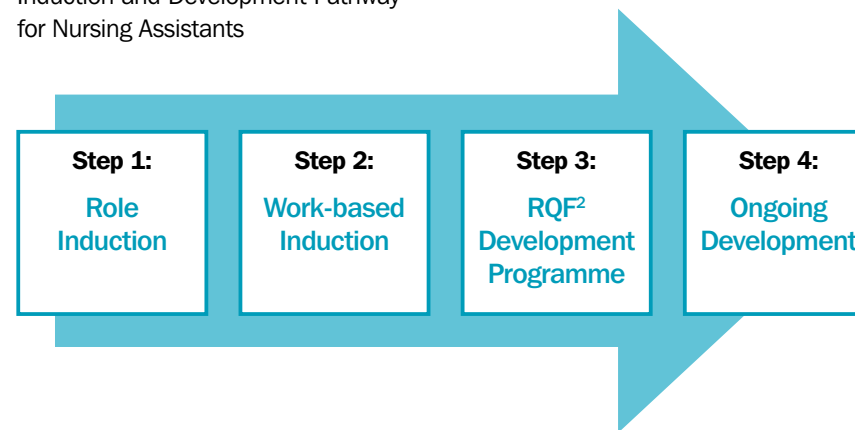
Nursing Assistants spend a high proportion of their time providing direct fundamental nursing care to patients and clients delegated by Nursing and Midwifery Council registrants. It is therefore crucial that employers develop the competence (knowledge, skill and attitude) of Nursing Assistants to enable them to provide safe, effective, compassionate and person-centred care.

The Department of Health’s Nursing Assistant Induction and Development Pathway is designed to equip Nursing Assistants (Band 2) and Senior Nursing Assistants (Band 3) in HSC Trusts with the necessary knowledge, skills and attitudes to fulfil their role. Those Nursing Assistants already employed in a Band 2 or Band 3 position should be supported by their employer to attain the Development Programme relevant to their role, within an agreed timeframe.

Induction and Development Pathway for Nursing Assistants

The Induction and Development Pathway is underpinned by the Standards for Nursing Assistants¹ (DoH, 2018). The Pathway comprises four steps which HSC Trusts can build on to develop Nursing Assistants in their role and to help meet the needs of people who use our services and of the organisation. The steps in the Pathway (Figure 1) highlight the concept of ongoing learning and development for Nursing Assistants in their role, as they progress through their career. The steps are described in more detail pages 4-8.

Figure 1:
Induction and Development Pathway for Nursing Assistants



¹ Department of Health Standards for Nursing Assistants employed in HSC Trusts in Northern Ireland (DoH, 2018).

² The RQF (Regulated Qualifications Framework) has replaced the QCF (Qualification and Credits Framework) as the overarching UK structure for vocational qualifications.

Steps in the Induction and Development Pathway

The first two steps in the Induction and Development Pathway are supported by training programmes which will be standardised across HSC Trusts. It is intended that these steps will contribute to the portfolio of evidence required for the attainment of the RQF Qualification.

These steps will follow the same format in regard to:

- title of programme
- core components
- duration of programme
- aim and learning outcomes
- content and documentation
- assessment strategy
- evaluation process.

The RQF Development Programme, the third step in the Pathway, will be accredited and awarded in line with existing RQF processes within HSC Trusts. Ongoing Development, the fourth step, is aided through the implementation of the annual review and personal development planning processes within HSC Trusts. This review process facilitates the Nursing Assistant and Senior Nursing Assistant to meet with their line manager or reviewer and plan their development following identification of their learning needs.

Each one of the four steps in the Induction and Development Pathway is described as follows.

Step 1: Role Induction

It is anticipated that in all cases individuals who have been successful in their appointment as a Nursing Assistant or Senior Nursing Assistant in the relevant HSC Trust will complete the core elements of the regional Role Induction programme **prior to** commencing work in the clinical environment/workplace. *Any change to this should be by exception and should be signed off by the professional head of service/senior nurse for the division.*

The core components of the Role Induction programme are mapped against the NHS Knowledge and Skills Framework³ (see Table 1).

Table 1
Core Content of Role Induction Programme

| |
|--|
| Principles of person-centred care and Patient and Client Experience Standards ⁴ . |
| NHS Knowledge and Skills Framework awareness. |
| Standards for Nursing Assistants (DoH, 2018). |
| *Mandatory Training elements: Moving and handling theory, infection prevention and control, waste management, record keeping and Basic Life Support, Level 1 Quality 2020 Attributes Framework (DHSSPS, 2014) ⁵ . |
| Fundamental nursing care to support those who use our services with for example eating, drinking, washing, toileting, pressure area care and communication. |
| Role within the nursing workforce. |
| Values clarification. |

**Other elements of mandatory training should be identified and delivered by the employer*

³ Department of Health, London (DH) (2004) NHS/KSF and the Development Review Process. London: DH.

⁴ Department of Health Social Services and Public Safety, Belfast (DHSSPS) (2009) Improving the Patient and Client Experience.

⁵ Department of Health Social Services and Public Safety, Belfast (DHSSPS) (2014) Supporting Leadership for Quality Improvement and Safety: An Attributes Framework for Health and Social Care.

Step 2: Work-based Induction

The Work-based Induction will continue over a six month period following the Nursing Assistant's commencement in the ward/department or community team and will be supported through a training programme. This programme should be completed in parallel with the probationary period⁶.

The core components of the Work-based Induction programme are mapped against the NHS Knowledge and Skills Framework (see Table 2).

The Ward Sister, Charge Nurse or Community Team Leader should ensure that during this programme Nursing Assistants and Senior Nursing Assistants are partnered with a Registered Nurse who will act as a facilitator/supervisor/assessor throughout this programme. This will also form part of the development review process.

Table 2

Core Content of Work-based Induction Programme

Orientation to the clinical environment/workplace.

Awareness and understanding of reporting structures.

Application of learning into practice which will include:

- fundamental nursing care to support the people who use our services with for example eating, drinking, washing, toileting, pressure area care and communication;
- clinical skills (Senior Nursing Assistants only).

Step 3: RQF Development Programme

In parallel with the Work-based Induction programme, the Nursing Assistant and Senior Nursing Assistant will be supported by their employer and Ward Sister, Charge Nurse or Team Leader to complete the relevant RQF Development Programme (see Table 3). The line manager is responsible for partnering the Nursing Assistant and Senior Nursing Assistant with a Registered Nurse who will act as a facilitator/ supervisor/assessor throughout the programme.

Table 3

RQF Development Programmes

| Nursing Assistant | Senior Nursing Assistant |
|--|---|
| Completion of RQF Level 2 Certificate** (health specific). | Completion of RQF Level 3 Certificate** (health specific). |
| Completion of RQF Level 2 Certificate** (health specific) must comprise as a minimum the following three compulsory units: communication, personal development and safeguarding. | Completion of RQF Level 3 Certificate** (health specific) must comprise as a minimum the following four compulsory units: communication, personal development, safeguarding and maintain quality standards in health and the social care environment. |
| Individuals will in discussion with their line manager and assessor choose additional units to complete which are relevant to their job and clinical environment/workplace. | Individuals will in discussion with their line manager and assessor choose additional units to complete which are relevant to their job and clinical environment/workplace. |

** "Certificate" has been regionally agreed as the minimum qualification standard

⁶ Individuals who fail to meet the requirements of this induction will be managed through the organisation's existing probationary process.

Step 4: Ongoing Development

It is important that Nursing Assistants and Senior Nursing Assistants understand the importance of continuing to learn and develop within their role and that they are supported by their employer and line manager to do so. The KSF Development Review process facilitates this. The Nursing Assistant and Senior Nursing Assistant with their line manager or reviewer will identify and plan to meet their learning and development needs in conjunction with the requirements of the Standards for Nursing Assistants (DoH, 2018) and their job description.

Nursing Assistants may also consider the option to progress to becoming a Registered Nurse.

Department of Health,
Castle Buildings, Stormont, Belfast,
Northern Ireland, BT4 3SQ.

www.health-ni.gov.uk

February 2018



Staff Development Review

Awareness session for all staff under Agenda for Change



Objectives of Session

- ❖ Explain what a Staff Development Review is
- ❖ Explain the importance of the review discussion
- ❖ Describe how the Knowledge and Skills Framework (KSF), and Trust Values are integrated into the review discussion
- ❖ Outline how to agree objectives for the year and a Personal Development Plan

SDR

- ❖ Staff Development Review must be undertaken by all staff within BHSCT
- ❖ Provides opportunity for discussion about work tasks (objectives) and personal development needs
- ❖ Integral part of how the Trust continues to support a culture of lifelong learning
- ❖ Enables staff to provide a service focused on the needs of patients, clients and service users

What is a SDR?

Two way discussion

Developing



Contributing

Supporting

Valuing

Purpose of Staff Development Review Process

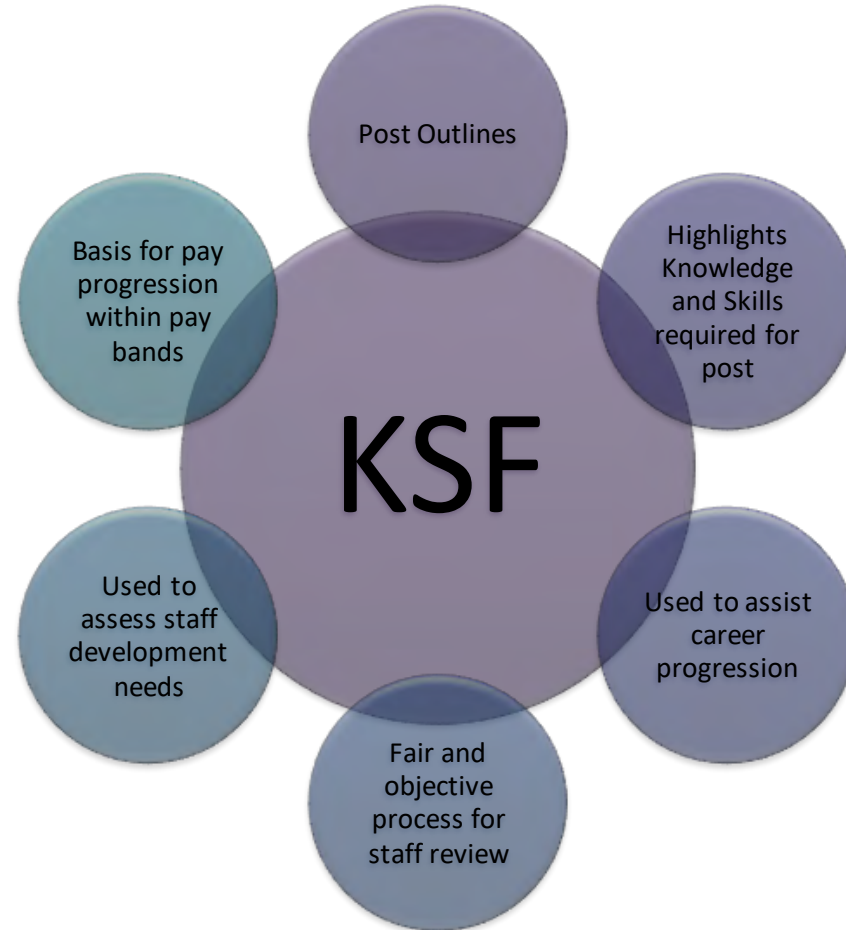
Assist the Trust to develop services to meet the needs of patients and clients by:-

- ❖ **Investing** in the development of staff
- ❖ **Supporting** staff to understand their role
- ❖ Discussing staff **contributions** to the success of the Trust
- ❖ Assisting staff to **develop** themselves
- ❖ Career progression

Staff Development Review



Knowledge and Skills Framework



Reflect on Values

- ❖ Consider each of the values and think –
 - ❖ Do you always behave in a way that reflects these values?
 - ❖ If not, why not?
 - ❖ What can you do to ensure you show the values at all times?

Preparing for your Review

Think about:

- Your strengths/what you do well, have examples
- Achievements/contributions you have made
- Challenges you have or are currently facing
- Development or learning undertaken/needed
- Career goals
- Support required to do your job/achieve goals etc

Remember

- ❖ This is your review, use it to ask for help and to develop yourself
- ❖ Your manager can contribute to the SDR process, you should discuss and agree the overall content of the SDR
- ❖ Only discuss tasks, objectives and development that is relevant to your role at the time of the SDR



ANNUAL STAFF DEVELOPMENT REVIEW

| | | | |
|--------------------------------|----------------------------------|--------------------|----------------------------------|
| Name of Person Being Reviewed: | Click or tap here to enter text. | Reviewer / Manager | Click or tap here to enter text. |
| Job Title / Band: | Click or tap here to enter text. | Job / Title / Band | Click or tap here to enter text. |
| Date of meeting: | Click or tap to enter a date. | | |

Review Of Previous Year

Discuss areas of greatest and/or least satisfaction over the past twelve months. This discussion should reflect upon all achievements including KSF, individual objectives and contributions, PDP and how the Trust values have been demonstrated in undertaking your day-to-day role and interactions with others.

Click or tap here to enter text.

- respect & dignity
- openness & trust
- leading edge
- learning & development
- accountability



MAHI - STM - 102 - 10112

| Knowledge & Skills Framework (KSF) Development | | |
|--|--|----------------------------------|
| CORE KSF dimensions and their level | Provide examples to show knowledge & skills (Examples can include work activities, feedback ,observations, records of work, information from supervision and training undertaken) | Development Areas |
| 1 Communication | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 Personal and people Development | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 Health, safety and security | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 Service improvement | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 Quality | Click or tap here to enter text. | Click or tap here to enter text. |
| 6 Equality and diversity | Click or tap here to enter text. | Click or tap here to enter text. |
| Specific KSF dimensions | Click or tap here to enter text. | Click or tap here to enter text. |



MAHI - STM - 102 - 10113

| Individual Objectives & contributions |
|--|
| Individual objectives/contributions for the year ahead (include target completion date). The Trust priorities should be considered – Safety, Quality and Experience; Service Delivery; People and Culture; Strategy and Partnerships; Resources. Click or tap here to enter text. |

| Personal Development Plan | Planned date of completion |
|---|----------------------------------|
| Include all development needs which may arise from the knowledge and skills framework, key objectives for the post, continuing professional development requirements, career progression, application of the Trust values and statutory/mandatory training. Click or tap here to enter text. | Click or tap here to enter text. |

| | | | |
|-------------------------------|----------------------------------|--------------|-------------------------------|
| Signature of Reviewee: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| Signature of Reviewer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

Conclusion

- ❖ All staff must have a Staff Development Review
- ❖ Your annual review should be a meaningful discussion which allows you to:
 - ❖ Receive feedback
 - ❖ Have your contributions recognised
 - ❖ Review/set personal objectives
 - ❖ Identify and agree development activities

Conclusion

- ❖ **SDR** = Agreeing your personal **intent** to contribute to the achievement of the team/service objectives and ensuring your own personal development meets the skills and knowledge requirements of your KSF post outline =

Competence and Clarity



Questions

Please raise your hand to ask a question



Policy Code: BHSCT/HR (07) 2022

| | | | |
|--------------------------------|--|-----------------------|----------------------------------|
| Title: | Nurse, Midwifery and Social Care Bank Operational Policy | | |
| Author(s) | Monica Molloy, Senior HR Manager Sinead Douthart, Senior Manager, Nursing [REDACTED] | | |
| Ownership: | Jacqui Kennedy, Director of Human Resources & Organisational Development Brenda Creaney, Director of Nursing and User Experience | | |
| Approval by: | Trust Policy Committee Executive Team | Approval date: | 03/02/2022 09/02/2022 |
| Operational Date: | March 2022 | Next Review: | March 2027 |
| Version No. | 3 | Supersedes | V2 – October 2011 – October 2013 |
| Key words: | Nurse, midwifery, bank staff | | |
| Links to other policies | BHSCT Management of attendance protocol (2018) TP 57/10 BHSCT Work life balance flexible working policies and arrangements (2020) TP 25/09 BHSCT Recruitment and selection policy (2016) TP 47/10 BHSCT Statutory and mandatory training policy (2020) TP 71/11 BHSCT Registration and verification policy (2019) TP 57/08 BHSCT Capability procedure (2015) TP 56/08 BHSCT Disciplinary policy (2015) TP 52/08 BHSCT Grievance procedure – regional (2018) TP 53/08 Policy Code: BHSCT/Gen (04) 2021 Roster management (Nursing & Midwifery) policy BHSCT Adverse Incident reporting and management policy (2020) TP 08/08 BHSCT General Health and Safety policy (2018) TP 50/08 BHSCT The Reporting of Injuries, Disease and Dangerous Occurrences Regulation (RIDDOR) Policy (2020) TP 42/08 Authorisation Framework Family Policy Pack | | |

1.0 INTRODUCTION / SUMMARY OF POLICY

The establishment of a Trust-Wide Bank ensures the availability of temporary cover as and when required at short notice and for short periods to cover where applicable, planned and unplanned shortfalls to meet service needs and ensure patient safety.

Guidance is provided to managers on how to deal with short and long term fluctuations in service activity and staff levels (**in Appendix A**).

The Nursing and Midwifery Roster Management Policy (**Appendix B**) outlines best and the agreed practice in relation to the rostering of nursing and midwifery staff. The purpose of the policy is to maximize the Belfast Health & Social Care Trust staffing resource in order to enhance patient safety and minimize clinical risk. Before establishing the need for temporary cover, managers should follow the guidance within the Nursing and Midwifery Roster Management Policy and the aforementioned document at 1.2 above. This reflects the introduction of Health Rostering and may be referenced by all other staff groups.

2.0 SCOPE OF THE POLICY

The Operational Policy Handbook aims to provide guidance to all Managers throughout the Trust on the:

- Principles and Processes for using the Bank
- Internal and External Recruitment Process for Selection to the Bank
- The process for identification of need and the booking of Bank Staff
- The operation and responsibility of the Central Bank Office including:
 - Allocation of shifts
 - Maintenance and updating of the Health Rostering System
 - Process to carry out appropriate checks required to ensure adherence to good governance and safe practice.
 - Process for payment of Bank Staff
 - Checking and authorizing payments for agency use
- Cancellation Process
- Terms and Conditions pertaining to Bank Staff
- Process for dealing with complaints
- Financial Accountability

3.0 ROLES AND RESPONSIBILITIES

It is the responsibility of all Nurse Bank Staff to adhere to this policy and also the responsibility of the Nurse Bank Manager and Trust Management to adhere to and follow the guidance within this policy.

4.0 CONSULTATION

This policy has been consulted with all internal management that are directly Affected by the content of this policy. This includes Divisional Nurses, Senior Nurse Manager and Nurse Bank Managers. It has also been consulted by the Trust Health and Safety Management team.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Use of Bank Staff

A deficit identified in the duty roster should in the first instance be filled from existing directorate resources. If this is not possible, staff can be offered additional hours, bank or overtime. Authorisation for such a request must be sought at Directorate level. Authorisation pathways are built into the Health Rostering System for Bank staff. A database of authorised requestors will be maintained on the Health Rostering system.

Planned use of Bank Staff must only be approved by designated authorised manager and only where not to do so would place patients at risk.

All requests for Bank Staff should be **affordable** within the department/ward/community/locality funded established budget.

5.2 Internal and External Recruitment for Bank

Recruitment to the Bank will be processed as follows:

- Internally –staff who currently hold substantive posts within the Belfast Health and Social Care Trust may wish to avail of the opportunity to hold a second contract to provide cover as and when they are available and there is a service requirement.[WTD 48 HOURS]
- Externally – individuals who do not currently hold a substantive contract with the Belfast Health and Social Care Trust but wish to be placed on the Trusts Bank to avail of opportunities as and when required.

5.2.1 Internal Process

Internal applicants are required to complete a proforma in order to formally register with the Bank. This can be found in **(Appendix C)**.

Internal applicants will bypass the normal selection process and will follow the process outlined in **(Appendix D)** however if necessary checks will be carried out in the following areas:

- a) Current capability
- b) Appropriate registration, in accordance with the relevant professional body/organization.
- c) Mandatory and Statutory Training to include Supervision and SDR
- d) Specific job related training where applicable
- e) Current Disciplinary sanctions
- f) Where appropriate Access NI checks

g) Job related reference from current line manager

5.2.2 External Process

External applicants to the Belfast Health & Social Care Trust Bank will follow a formal process in accordance with the Trust's Recruitment and Selection Procedure. This will include all relevant checks pertaining to the appointment.

Interviews for external applicants to the Bank will take place as and when required and will be in accordance with the Trust's Recruitment and Selection Policy. The Central Nursing Team who manage the bank service will notify relevant managers who will identify appropriate panel members which will include representatives from the relevant Service Groups.

There will be a requirement for applicants to meet the criteria pertaining to the post.

5.3 Request Process

Bank requests will automatically be generated from the Health Roster system.

In order to assist prioritisation of shift allocations, all information must be provided and specifically the following information:

- a) Name of Ward/Department/Community/Facility Location
- b) Date cover required/shift hours etc.
- c) Reason for request – ref. 3.1
- d) Type of cover e.g. Band 5 Nurse/Band 2 Nursing Assistant
- e) Codes
- f) Special skills required (if appropriate)
- g) Cost Centre number
- h) Signature of authorised officer/deputy

5.4 Operation of Bank Office

The Central Bank Office is located First Floor Dunluce Health Centre and will operate from 9 to 7pm Monday to Friday and 9-2pm Saturday and Sunday.

All requests for cover must be processed through the Central Bank Office.

On receipt of an approved request, Bank Office Staff will allocate appropriately skilled staff according to the priorities as indicated on the request form. Managers can directly allocate shifts to bank staff through the rostering system.

Where it has not been possible to match exactly with the request, Bank Office Staff will aim to match the hours as closely as possible.

It may not be possible to meet all requests through the utilisation of bank staff. Unfilled requests where possible and with the agreement of the Bank Manager in discussion with the relevant Service Manager may be filled through the relevant contracted agency. In the event that cover cannot be

provided from the contracted agencies, then off framework agency approval must be sought and approved by Tier 4 level manager and the relevant approval form completed. A checklist for the Recruitment of Agency Personnel is contained in **(Appendix E)**.

Employees should complete their availability online and where applicable directly self-book into shifts that match the required grade. In the absences of this staff can contact the bank office directly.

Hours worked on bank will be generated electronically for payment purposes on a weekly basis.

The Bank Office will process an interface report to BSO Salaries for payment.

It is the responsibility of the Nurse Bank Manager to ensure all nurses and midwives participating on the Bank maintain the appropriate registration. All registrations will be recorded and monitored on the trust's Human Resources, Payroll and Travel System (HRPTs).

It is the responsibility of facility managers to ensure social care staff maintain their registration. Professional Registration for other staff groups will be the responsibility of the designated manager.

The Health Rostering Systems Manager is responsible for information held on the Health Rostering System. He/she will be responsible for monitoring and reviewing information to enable appropriate auditing.

The Bank Office in conjunction with Payroll and HR will regularly undertake staff audits to identify bank employees who have not worked on the bank in the previous 12 month period. Staff who have not worked on the Bank will be given the option to remain or resign from the bank in accordance with the process set out in **(appendix F)**.

It is the responsibility of the Nurse Bank Manager or the Deputy Nurse Bank Manager to ensure all **Nurse** Bank Staff receives mandatory training. **For all other staff groups** it is the responsibility of all designated managers to ensure bank staff have the necessary statutory and mandatory training to meet the requirements for the post. Managers and Staff should refer to the Trust Statutory and Mandatory Training Policy. It is the employees' responsibility to be aware of their personal training requirements. It is the responsibility of all staff to maintain their own mandatory training. The central nursing team at the Bank Office will provide support and assistance where required.

Training records will be held on the Trust's Healthroster system and monitored by Bank office staff.

5.5 Cancellation Process

Where a request for bank cover has been submitted and is no longer required, the Manager must immediately notify the Bank Office by email and where possible at the latest 4 hours before the beginning of the shift. Failure to do so may result in the cost of cover being deducted from the Service Group budget.

He/she should provide the following information:

- Name of ward/department/community/facility location
- Details of the individual allocated
- Reason for cancellation

In the event of a bank staff reporting for duty and is surplus to requirements, the Manager should contact the Bank Office or if out of hours, the site manager i.e. the patient flow co-ordinator immediately in order to reallocate. Managers are reminded that staff are under no obligation to work the reallocated shift but where possible bank staff will support the needs of the service and maybe required to work elsewhere rather than the initially proposed location.

Where cancellations occur on a frequent basis, it is the responsibility of the Bank Manager to conduct a review of the persistent short notice cancellations or failure to report for duty without prior notice. This will be managed under the trust's disciplinary policy.

Where a bank staff fails to attend for duty it is the responsibility of the Manager (or deputy) to notify the Bank Office immediately. Where this occurs outside normal office hours, it is the responsibility of the Manager/Deputy Manager to inform the Bank Office the next day the office is open.

It is the responsibility of the Bank Manager to monitor non-attendance and where necessary take appropriate action. For social care staff this should be conducted in consultation with the bank staffs designated manager.

5.6 Responsibilities of Staff Participating On Bank

All Bank Staff will provide details of preference areas of work by completing the appropriate section on the Internal Bank Application Form.

Nurses midwives and social care staff who wish to be considered for specialist areas and carry out a specific role should complete the appropriate section on the preference sheet.

Employees should complete their availability online and where applicable directly self-book into shifts that match the required grade. In the absences of this staff can contact the bank office directly.

It is the employees' responsibility to be aware of their personal training requirements and complete this in line with the Trust's Statutory and Mandatory Training Policy.

Where staff find that due to unforeseen circumstances they are unable to cover a shift, they must contact the Bank Office immediately. In the event of this happening out of hours they should contact the ward/department/community/locality/facility to which they were allocated.

Where cancellations occur on a frequent basis, it is the responsibility of the Bank Manager to conduct a review of the situation.

Where a shift is allocated to a particular individual, they will be expected to undertake the shift.

Substantive post holders with personal working patterns agreed under Work Life Balance Flexible Working Policies and Arrangements cannot regularly work bank shifts on the days they are unavailable to work in their substantive post without first discussing this with their manager.

Sickness Absence: all Bank Staff will be managed in line with the Management of Attendance Protocol.

Where an individual is working over the maximum limit between employers or employments they will need to confirm his/her agreement in writing to opt out (**Appendix G**) of the maximum weekly limit. Such agreements must be retained by the Trust Bank Manager. Agreements for staff holding a post within the Trust will be held by their Manager and a copy sent to the Trust Bank Manager. A copy of the agreement should also be sent to the Human Resources Department. Patient and service user care must not be affected as a result of workers working over the weekly limit and it could affect their continuing employment and professional registration

It is the staffs' responsibility to review their timesheet through Employee on Line to ensure it has been finalised prior to contacting the bank office with pay queries. In the first instance staff should enquire from the allocated clinical area to confirm their timesheet has been correctly finalised. The bank office team are required primarily to prioritise filling vacancies in clinical departments and will only investigate pay queries if they remain unresolved after staff have raised these with the relevant managers/deputy managers.

To take reasonable care for their own health and safety and that of other People who may be affected by your actions at work.

Co-operate with the Trust, including participating in any necessary health and Safety training and instruction.

To use any machinery or equipment provided in line with the training you Receive, and to inform the person that provided the equipment or machinery If it is lost or damaged.

5.7 Responsibilities of the Manager

To ensure Bank staff are subject to the health and safety requirements established for Trust staff.

To ensure Bank staff have an appropriate induction to the Service Area to include health and safety policies, local procedures, training etc.

To ensure Bank staff have completed the appropriate training relevant to the shift they are working eg management of aggression training, equipment etc

To ensure that a suitable and sufficient risk assessments are completed, reviewed and records maintained of the risk to the health and safety for bank staff and communicated to provide understanding of the information and instructions they need to work safely, and have the necessary statutory, mandatory and competency training.

5.8 Processing Of Time Sheets for Payment

For prompt payment to staff all shifts worked must be finalised by the appropriate manager via the healthroster system on or before midnight on Monday. When a bank holiday falls on the Monday the latest time for timesheet finalization is on Tuesday at 10 am.

Payment for bank shifts will be made through BACS. Payment slips are available either to view by employees on HRPTS self-service (ESS) or advice slips posted to the staffs home address.

5.9 Terms and Conditions Of Employment

Terms and Conditions of Service will be in line with the DHSSPS Circular Ref HSC (AfC) (3) 2012.

5.10 Remuneration

All staff working on the Trust Bank will be paid in accordance with Agenda for Change T&C of Service and DHSSPS Circular commensurate to the duties and responsibilities of the post to be covered.

Staffing who hold a substantive position with the Trust and participate on the Trust Bank will receive payment for bank shifts worked based on the band of the position covered. Remuneration will be in accordance with HSC Circular (AFC)(3) 2012. The payment will be equivalent to the pay point of the substantive post but will not exceed the maximum point of the band for the post.

Incremental progression will be in line with the individual's substantive post.

Staff on a bank only contract will be paid at an appropriate pay point on the band pertaining to the post to be covered. Recognition for previous service will be in accordance with the Agenda for Change Circular 9/2006.

Increments will be due subject to 488 bank hours having been worked or at intervals of 12 months whichever is the longer.

5.11 Unsocial Hours

Payment for hours worked will be in accordance with the Agenda for Change Handbook and where shifts are carried out in the evening, at night, over weekends and on general public holidays a percentage enhancement will be paid.

5.12 Annual Leave

Staff will accumulate annual leave allowance calculated at one hours annual leave accrued for every 8 hours worked.

5.13 Statutory Holidays Entitlements

Payments for working on statutory holidays will be at the rate specified in the Agenda for Change Handbook. Time off in lieu of public holidays is not available.

5.14 Maternity/Paternity/Sick /Adoption

In relation to the above entitlements staff on Bank only contracts will only receive statutory entitlements. Arrangements for staff holding a substantive post within the Trust will be in accordance with the main contract of employment.

5.15 Working Time Regulations

The Health Rostering system will record and monitor Bank hours worked to ensure adherence to Working Time Regulations. Staff who hold a substantive post within the Trust, will have their hours relating to this post recorded with the hours of any bank shifts worked. **(Appendix G)**

Staff must declare on the appropriate pro-forma **(Appendix H)**, any other outside employment they may hold. Employees are personally accountable for accepting bank work and ensuring other employment does not affect their ability to carry out their role.

5.16 Training / Induction / Development

It is accepted that staff holding substantive contracts will, as part of their induction, have completed both the Trust's Welcome Programme and Department Induction Training, and their mandatory and statutory training as outlined within the Trust's Statutory and Mandatory Training Policy. All training

should be completed within 6 months of starting and any staff working in Mental Health sectors will have to have completed MAPA training before they take up their shift.

Staff on bank only contracts will be required to attend the Trust's Welcome Programme. All other mandatory/statutory training as set out in the Trust's Statutory and Mandatory Training Policy will be provided by the Trust and individuals will be expected to attend. Bank staff will be responsible for maintaining the appropriate skills level.

Mandatory and statutory training will depend on the Service Area, the grade and type of staff. Information can be obtained from the Bank Office or the manager.

Training required to work in specialist areas is held by the Bank Office.

5.16.1 Newly Registered Nurses

The NMC strongly recommend that all newly qualified nurses undertake a period of preceptorship (NMC 2006). In line with this recommendation all newly registered nurse who join the nursing and midwifery bank will be offered a period of preceptorship. The newly qualified nurses will be allocated to a ward/ area that has agreed to offer support and preceptorship during this period of consolidation for the nurse. A Preceptor will be appointed by the ward/ department manager to support the nurse in line with the Trust Preceptorship Programme. Preceptorship will be organized by the Nurse Bank Office and newly qualified nurses joining the Nurse and Midwifery bank should contact the Bank Office regarding their preceptorship.

5.17 Personal Contribution Framework

Staff on substantive contracts will participate in a review as required.

Staff on bank only contracts will have a personal review organised by the Bank Manager to be undertaken by the most appropriate person. It is the responsibility of the Bank Manager to ensure reviews take place within the agreed timeframe. SDR process for nursing staff will be undertaken at the nurse bank and recorded on HRPTS. The SDR process for other staff will be undertaken by the most appropriate manager.

5.18 Conduct

Issues in relation to personal conduct or professional conduct of any Bank employee will be addressed (where applicable) in accordance with the Trust's Disciplinary or Capability Procedure.

Issues of concern regarding performance **MUST** be addressed by the nurse in charge/Manager of the area /facility at the time concerns are raised. He/she must liaise with the Bank Manager in order to address the issue.

Where no improvement occurs further concerns/issues regarding performance will be addressed in accordance with the Trust's Capability or Disciplinary Procedure.

5.19. Grievance

Bank staff should normally in the first instance, address issues of concern/grievances with the Bank Manager, in order to reach a satisfactory resolution before progressing to formal grievance.

5.20 Incident Reporting

If the responsibility of Bank staff to report or advise their Managers of any incidents that occur. Managers should ensure that a Trust incident form is completed on Datix and RIDDOR checked as yes if applicable.

The Service Area Manager should contact the Health & Safety Team as per the requirements detailed in the Trust RIDDOR policy.

5.21 Complaints

In the first instance, any alleged performance or conduct issues should be discussed on the unit with the staff alleged to be involved, prior to any further escalation. Wherever possible this should be conducted face to face during the shift when the alleged incident occurred. Our preferred approach is to try to manage most issues at the lowest level where we can and to work with people to improve.

The Ward Sister/Charge Nurse or nominated deputy must forward a fully completed staff performance template (**Appendix H**) by email to nursing.bank@belfasttrust.hscni.net using Staff Performance Issue in subject title. This should be actioned within 24 hours of incident.

Upon receipt, The Staff performance form will be reviewed by the Nurse Bank Professional Lead or nominated deputy, a confirmation email will be issued to Ward Sister/Charge Nurse. Following this a course of action will be determined and communicated to the referred Bank staff member, The Ward Sister/Charge Nurse and Divisional Nurse (in the case of professional misconduct and/or potential/actual harm to patients)

In the case of referrals that indicate perceived/potential or actual harm to patients and an Adult Safeguarding Referral is required the Professional Lead/Nominated Deputy will place restrictions on the referred staff member from undertaking further work within the trust while the ASG process is underway and will remain in weekly communication with the ASG team.

Following the outcome of the ASG investigation appropriate action will be determined by the Professional Lead/Nominated Deputy. If full investigation is required, the referred registrant will be placed on precautionary suspension pending outcome of the investigation and a Fitness to Practice process

instigated and followed through. A PSNI & NMC referral and CNO alert shall be considered. The Professional Lead/Nominated Deputy will maintain monthly communication with Investigating panel and the Lead Nurse (workforce) will present cases at the monthly Fitness to Practice Clinics.

The Senior Manager, Nursing Workforce will report at the bimonthly FtP Assurance Meeting and will act on the recommendations of the ASG Team.

A Risk Assessment considering all factors will be undertaken on a case-by-case basis to determine if a staff member can continue to work in other areas – e.g. Non Clinically.

5.22 Dissemination

This policy is for dissemination trustwide to all managers that currently use Nurse Bank staff.

5.23 Resources

At this time there have been no additional resources identified or allocated for the implementation of this policy

5.24 Exceptions

There are no exceptions to where this policy does not apply. Line managers should be informed if there are any problems complying with this policy.

6.0 MONITORING AND REVIEW

The effectiveness of this policy can be demonstrated by audit, if deemed appropriate or necessary. This policy is effective if relevant staff have been made aware of it, know how to access it and are consistently adopting these guidelines. It will be deemed ineffective if relevant staff are not aware of it and are either not employing these guidelines or doing so inconsistently. This policy should be reviewed periodically in consultation with recognized staff side representatives via the HSC (NI) Joint Negotiation Forum.

7.0 EVIDENCE BASE / REFERENCES

Within this policy there have been numerous references made towards other policies and procedures namely:

- Management of Attendance Protocol
- Work Life Balance Flexible Working Policies and Arrangements
- Authorisation Framework
- Recruitment and Selection Policy
- Statutory and Mandatory Training Policy
- Family Policy Pack
- Registration and Verification Policy

- Capability Procedure
- Disciplinary Procedure
- Grievance Procedure
- Roster Management (Nursing & Midwifery) Policy
- Adverse Incident Reporting & Management Policy
- General Health & Safety Policy
- RIDDOR Policy

8.0 APPENDICES

- Appendix A Effectively dealing with short and long term fluctuations in service activity and staffing levels.
- Appendix B Expression of Interest Form for Internal Applicants
- Appendix C Internal Recruitment Process for joining Nurse Bank
Internal Recruitment Process for joining Social Care Bank
- Appendix D Recruitment of Agency Personnel-Manager Checklist
- Appendix E Process for Terminating Bank Contracts
- Appendix F Working Time Regulations Opting Out Agreement Form
- Appendix G Declaration of any other work form
- Appendix H Staff performance Form
- Appendix I Request for Booking of Agency Staff
- Appendix J Flowchart for booking agency staff

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in the **Nurse, Midwifery and Social Care Bank Operational Policy** where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

- Major impact**
- Minor impact**
- No impact**

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

- Not necessary – no personal data involved**
- A full data protection impact assessment is required**
- A full data protection impact assessment is not required**

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

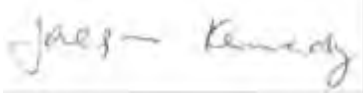
Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).



30/03/2022

Date: _____

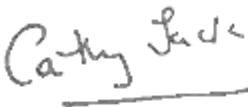
Jacqui Kennedy
Director Human Resources/Organisational Development



30/03/2022

Date: _____

Brenda Creaney
Executive Director of Nursing and User Experience



30/03/2022

Date: _____

Cathy Jack
Chief Executive

Appendix A**Effectively dealing with short and long term fluctuations in service activity and staffing levels****Guidance to Managers****1. INTRODUCTION**

Throughout the Belfast Health and Social Care Trust most departments/service groups will encounter fluctuations in activity and the amount of staff available at any given time throughout the year for various reasons such as sickness, vacancies, annual leave etc. They may also experience peaks and troughs in work activity over a particular period or on a more frequent basis e.g. weekly/monthly.

It is during such periods that managers must assess the most effective way to cover a gap whether planned or unplanned.

2. PURPOSE

As a Trust it is important to ensure there is a consistent and equitable approach in dealing with short and long term gaps whether as a result of changes in service activity or staffing levels. It is necessary to provide guidance to managers to ensure that they are aware of the various options open to them and follow agreed guidelines to assist them in their assessment of need and the appropriate solution.

This guidance sets out the various steps open to managers in order to effectively assess need and provide the appropriate solution, which provide the most efficient and effective means of covering planned and unplanned staffing needs in order to ensure patient safety and high quality patient care.

3. CURRENT POSITION

All managers must ensure their areas are adequately resourced in the most efficient and effective way. Where staffing shortfalls occur whether planned or unplanned appropriate steps should be taken to assess need, reduce risk and ensure appropriate action is taken.

Shortfalls may occur as a result of:

- Vacancies
- Staff absences
- Increased activity
- Regional/National shortfall
- Difficulties with recruitment and retention
- Financial constraints
- Budget overspend
- Productivity targets

Managers should consider as part of their assessment the risks involved in not addressing the shortfall and the financial resources available within their funded budget.

4. STAGE 1: Preventative Measures

There may be many reasons for a shortfall in staffing levels, these may for example include; high staff turnover, high level of sickness absence, hard to fill posts, increased activity levels.

In order to address shortfalls managers need to take a proactive role in sustaining agreed establishment and identification of high and low activity in relation to their area of responsibility.

Managers through effective utilisation of staff will reduce the level of short term cover required. The following are examples of ways managers can be more proactive to alleviate staffing shortfalls.

1. Frequently review, current establishment levels and structure to ensure that they adequately and effectively deliver the provision of service required.
2. Establish an effective staff rota which is fair and equitable to all staff and avoid where possible drawing up rotas on a week-to-week basis and late detection of shortfall.
3. In line with good practice and Improving Working Lives Standard [BHSCT](#) and in order to reduce adverse impact to staff, managers should ensure that through effective management of the rostering process, adequate notice of the ward/department working pattern/staff rota should be provided, where possible at least four weeks in advance of operation, in accordance with Annex G of the Agenda for Change Handbook . www.nhsemployers.com
4. Managers should ensure they are up-to-date with the Trust's Strategic Plans, Government Policies and other indicators in order to adequately respond to changes and meet service need. Managers will therefore need to accurately forecast the fluctuations in activity levels throughout the year.
5. Managers should at all times be in control of their budgets and ensure where possible any cover for shortfalls in staffing levels can be met within existing budgets.
6. Where vacancies occur managers should assess the need to fill the position and consider whether to:
 - a. Replace the post in its current format if it meets service need.
 - b. Redesign the post by reviewing duties and responsibilities and update/change in line with Service need

5. **STAGE 2 – Identification of Need**

Where a shortfall in staffing levels occurs, consideration should be given to the following:-

➤ **Vacancy**

- Is it necessary to replace like with like?
- Is there scope within the existing structure to reallocate duties?
- Is there a need to cover full-time/part-time?
- Does the post meet service requirements or is there a need to redesign?
- Should the vacancy be filled on a temporary basis in the first instance?
- Are there any financial constraints which may affect the outcome?

Managers should refer to general guidance on vacancy controls issued by the MORE HR Work Stream Project Steering Group.

➤ **Staff Absence**

- Establish whether absence will be long term/short term.
- Assess the need to cover shortfall together with the financial resources available.
- Establish the type of cover required e.g. is specialist knowledge/experience required
- Assess whether there is a need to cover all or part of the absence.
- Assess the most cost effective way to cover the shortfall taking due consideration of patient safety and service need.

Managers should refer to the Trust's Management of Absence Policy (not yet finalised).

➤ **Increased Activity**

- Identify the cause of increased activity.*
- Establish whether additional funding is available.
- Assess the likely duration of increased activity.
- Assess financial impact on current budget.
- Assess capacity within the current workforce to meet increased need.

*where a patient/patients are assessed as requiring one to one nursing (special) and funded establishment/available staffing levels do not allow for this, managers must be satisfied based on professional judgement, not to provide "a special" would place patient(s) at risk.

It is recommended that service groups and where applicable sub-specialities within service groups, agree criteria for the provision of "a special".

➤ **Recruitment & Retention**

- Establish the reason for difficulties in the recruitment process. These could range from:
 1. Shortages within a particular profession either nationally or regionally.
 2. Delay in pre-employment checks.
 3. Successful applicant(s) delayed commencement due to personal/employment circumstances.
 4. Vacancy controls in place.

- Establish reason for medium/high turnover within ward/department by means of Exit Interview. This may be due to one of the following: The reasons listed below are not exhaustive but for illustrative purposes only.
 1. Unfair and inequitable practices/decisions.
 2. Lack of progression opportunities.
 3. Low staff morale.
 4. High staff absence.
 5. Work pressures
 6. Poor working environment

➤ **Financial Constraints/Budget Overspend**

- Assess impact of any financial constraint or overspend in respect of ward/department staff budget.
- Assess impact of increased productivity to meet set targets.
- Establish whether it is likely to be a short or long term problem.
- Assess whether it is possible to reduce current staffing levels for a short period without risk to patient safety.
- Consider the possibility of utilising staff more effectively through appropriate delegation of duties and/or increased skill mix.

6. STAGE 3- Consideration of Options

Options open to managers are set out below in no particular order. Managers at this stage need to ensure they select the most appropriate method of cover based on assessment of need, patient safety and identification of cost implications.

➤ **Cover for long-term absence may include one of the following:-**

- Advertise as secondment/temporary position for specific period;
- Reduce the number of hours covered where possible, at all times ensuring adherence to appropriate guidance in relation to patient safety;
- Offer staff within the ward/department additional hours/overtime, in adherence to WTD. Payment of overtime time rates will be in accordance with part 2, section 3 of the Agenda for Change Handbook www.nhsemployers.com and where an individual works more than 37.5 hours per week.

- Provide cover via Trust Bank
- Provide cover via Agency.

➤ **Cover for short term absence may include :-**

- Temporary adjustment to staff rota.
- Temporary relocation of staff (refer to Temporary Across Site Staff Relocation Protocol).
- Offering staff within the ward/department additional hours/overtime. Payment of overtime time rates will be in accordance with part 2, section 3 of the Agenda for Change Handbook www.nhsemployers.com and where an individual works more than 37.5 hours.
- Details of Enhanced rates for unsocial hours worked are in accordance with part 2, Section 2 of the Agenda for Change Handbook. Table 2 below contains a summary:

| Table 2 | | |
|----------|---|--|
| Pay Band | All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am | All time on Sundays and Public Holidays (midnight to midnight) |
| 1 | Time plus 50% | Double Time |
| 2 | Time plus 44% | Time plus 88% |
| 3 | Time plus 37% | Time plus 74% |
| 4-9 | Time plus 30% | Time plus 60% |

- Cover within existing resources and skill mix?
- Cover through Trust Bank.
- Cover through Agency.

7. Conclusion

It is important where managers, following assessment of need and patient safety, choose one of the above methods of cover, they comply with M.O.R.E., higher principles which dictate that, other than in exceptional circumstances and with agreement of the relevant Co Director.

- No more than 75% of hours to be covered by bank/agency/temporary staff.
- No more than 50% where cover is provided by overtime.

Managers must comply with all Trust policies pertaining to bank and agency and follow the appropriate recruitment and selection arrangements for temporary cover.

An important aspect of managing long and short term need is ensuring that a proactive approach is taken to reduce the need and where this is unavoidable, it is

the manager responsibility to ensure the most effective and efficient method of cover is applied at all times, which will deliver safe and appropriate patient care and ensure staff are treated in a fair and equitable manner.

Further advice in respect of bank and agency cover may be obtained by contacting the Bank office on 02896158400. Advice and guidance in respect of terms and conditions may be obtain by contacting the Employee Relations Section, Human Resources Department, 5th Floor McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast.

Appendix B



| | |
|--|--------------------------|
| Please indicate which Bank you wish to apply for: | |
| Nurse Bank & Dental | <input type="checkbox"/> |
| ATO Bank | <input type="checkbox"/> |
| Social Care Bank | <input type="checkbox"/> |

Internal Bank Application Form

To be completed by Applicant: [PLEASE PRINT IN BLOCK CAPITALS]

Surname [Dr/Mr/Mrs/Miss/Ms] _____ [Nee] _____

Forenames _____

Home Address _____

Postcode _____

| Existing Staff Number* | | | |
|------------------------|--|--|--|
| | | | |
| | | | |

*Please note that your application cannot be processed without this information

Do you consider yourself to have a disability? Yes No

If yes, describe what reasonable adjustment if any, needs to be carried out to enable you to work on the Bank?

| National Insurance Number | | | | |
|---------------------------|--|--|--|--|
| | | | | |

Are you currently paying Superannuation contributions : Yes No

Qualifications : _____

Service group : _____

Ward/Department/Facility : _____

Existing Contracted Hours : _____

Current AFC Band : _____

Home Telephone Number : _____

Mobile Number : _____

Ward/Dept/Facility Extension : _____
**Registration Details e.g. NMC,
Social Care Council etc.**

Number : _____

Date Admitted/PIN Expiry Date : _____

Please specify which locations
you would like to be offered a
Bank Shift : _____

EMPLOYEE DECLARATION

1. I declare that I fulfil the criteria overleaf and am eligible to work for the Trust Bank.
2. I accept that if I agree to work within wards/departments/areas outside of my own normal area of employment, it is my responsibility to ensure that I can demonstrate relevant competencies and that I am aware of any policies and procedures [eg infection control policy] pertaining to my area of work.
3. I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.
4. I understand that any wilful misstatement or omission renders me liable to disqualification or, if appointed, to dismissal.

Signed : _____ Date _____

TO BE COMPLETED BY THE APPROPRIATE LINE MANAGER

I declare that the above-named applicant fulfils the following Bank joining criteria:

1. Satisfactory performance record.
2. Satisfactory attendance record.
3. Has at least six months direct patient care experience.

Name: _____

[Please print in block capitals]

Ward/Dept/Facility: _____ Contact No: _____

Signed: _____ Date: _____

*** Applicable to Social Care Staff** - As the Line Manager for this Employee, under the Social Care Bank you have responsibility to ensure this employee maintains their registration, and that their training and development requirements are met. You must ensure their mandatory training meets regulatory residential and domiciliary standards. Guidance on this can be obtained from the Belfast Trust Bank Operational Policy Handbook.

Please do not write below this line. PTO

Input By : _____ Date : _____

Month/Week No: _____

Internal Recruitment Process for Joining Nurse Bank

Belfast Trust Employee expresses interest in joining the Nurse Bank



Employee contacts Nurse Bank Office to obtain internal application form and a copy of this process.

Internal application are returned to Nurse Bank Office.



Nurse Bank Office completes "HR Commencement Form" and forwards this to Employee Relations



Employee Relations (HR) checks employment status using HRPTS¹.



Employee Relations checks the form and completes per Bank Terms & Conditions of Service



Employee Relations enters employees' details on HRPTS weekly payroll and issues Bank contract. ER notifies Nurse Bank Office of new bank staff number.

Nurse Bank Office informs employee of staff number.

HR commencement form forwarded to:



Management A/c.



Salaries and Wages.



Information held in substantive post personnel file

**Internal Recruitment Process for Staff Joining the Social Care Bank
(Learning Disability, Mental Health, OPS and IDSS)**

Belfast Trust Employee expresses interest in joining the Social Care Bank



Employee contacts Line Manager to obtain an Expression of Interest Form and a copy of this process.



Expression of Interest Forms are returned to the Line Manager for completion and forwarded to the Bank Office, Malone Hospital, Malone Place, Belfast BT12 5FD



Bank Office completes "HR Commencement Form" and forwards this to Employee Relations¹



Employee Relations checks the form and completes as per Bank Terms & Conditions of Service



Employee Relations enters employees' details on HRPTS weekly payroll and issues Bank contract.

ER notifies Bank Office and employee of new bank staff number.
HR commencement form forwarded to:



Management A/c.



Salaries and Wages.



Information held in substantive post personnel file

¹ Employee can start working bank shifts however initial pay may be delayed by up to 3 weeks



Recruitment of Agency Personnel from Contracted Agencies
Manager's Checklist

This document must be completed and retained by the manager for EVERY agency worker engaged within the Directorate.

Supplying Agency: _____

Agency worker's Name: _____

Dates Engaged From: // To: // _____

Employed as: _____

Directorate: _____

| | Key Check | Done | N/A |
|----|---|-------------|------------|
| 1 | Ensure correct procedure is followed in requesting Agency and Locum staff including contacting Agencies in the order specified within the Contract. (Please note a record of all contact made should be retained for audit purposes). | | |
| 2 | Ensure the agency is advised of your cost centre and asked to include this on their invoice. Note the cost centre format has changed. The new format has added an A at the front and a 0 (Zero) at the end i.e. was 5G12 now A5G120. | | |
| 3 | Forward a copy of the Job Description for the Post to be filled to the recruitment Agency where they do not already hold a copy. Agencies hold copies of Band 2, Band 3 and Band 5 Job Descriptions. | | |
| 4 | Hiring manager to confirm with Agency at the point of request that the Agency has checked, where applicable, relevant qualifications, professional registration and Access NI, has received two satisfactory references, End of Placement Form, and has checked if the individual is currently under investigation or has been under investigation for any reason. | | |
| 5 | For Locums working with patients under 16 years old, Hiring manager to confirm with Agency that evidence has been produced to demonstrate completion of eBMJ Hyponatraemia training (updated within the past three years from date of hire). | | |
| 6 | In the case of Locum, Nursing, AHP or Social Care Agency personnel, hiring manager to check at point of request with Agency that a "Fitness to Work Declaration" has been completed and forwarded to the manager. | | |
| 7 | For Locums, hiring manager to check with the Agency that a statement of eligibility to work (see attached) has been completed and forwarded to the manager. | | |
| 8 | Photographic ID must be checked at the beginning of a shift. | | |
| 9 | Agency personnel to wear the ID badge provided by the Agency (or a Trust ID badge where this is appropriate) at all times whilst on Trust premises. | | |
| 10 | Where applicable Agency worker to present evidence of their professional registration, and hiring manager to check online that registration is valid. | | |
| 11 | When hiring Locums ensure a copy of their signature is recorded for pharmacy records. | | |
| 12 | Agency worker as part of their induction to have completed the Trust's Welcome Programme, and mandatory and statutory training (as outlined in Trust's Statutory and Mandatory Training Policy | | |
| 13 | Agency worker to be given an induction/ orientation of the relevant area, to include health and safety and local fire safety arrangements Please see below link and refer to Appendix 2 https://bhsct.sharepoint.com/sites/Policies/PolicyLibrary/Forms/AllItems.aspx?id=%2Fsites%2FPolicies%2FPolicyLibrary%2FGeneralHealthandSafetyPolicy%2Epdf&parent=%2Fsites%2FPolicies%2FPolicyLibrary | | |
| 14 | Agency worker to be conversant with and adhere to necessary policies and procedures, particularly Health and Safety, Fire and Data Protection procedures. Policies and Procedures must be accessible. | | |
| 15 | Time sheets to be checked to ensure that they are reflective of the hours worked and signed off by an appropriate manager. | | |
| 16 | When hiring locums, ensure the relevant manager completes an Agency worker placement assessment form on completion of a shift or placement. Completed form to be sent to the Agency and a copy retained by the manager. | | |

Signed: _____

Date: _____

**Recruitment of Agency Personnel for ‘Off-Contract’ Agency Staff
Manager’s Checklist**

This document must be completed by the Agency and returned and retained by the
Manager for **EVERY** agency worker engaged within the Directorate.
Please note: Off-Contract Agencies are only permitted in exceptional circumstances

Supplying Agency: _____

Agency worker’s Name: _____

Dates Engaged From: // To: // _____

Employed as: _____

Directorate: _____

| Key Check | |
|------------------------------------|---|
| For completion by Agencies: | |
| 1. | Verification of Identity Verify the identity of the prospective personnel, by checking against valid identification documents as set out in Access NI Guidance. All documentation provided to prove identity should be photocopied, certified and retained on file in compliance with Data Protection Act. |
| 2. | Pre-Employment Health Assessment Confirmation of fitness to undertake the role must be received prior to appointment and a signed “Fitness to Work Declaration” has been received from the Agency |
| 3. | Qualifications Qualifications relevant to the position should be verified. |
| 4. | Work Permits If the prospective personnel is not a British Citizen or a citizen of the European Economic Area (EEA) countries, they will require a work permit to work in NI. It is the responsibility of the Agency to apply for a work permit and fund the cost of the application. |
| 5. | Visas If the prospective personnel require a work permit or visa this must be obtained prior to final offer. If the prospective personnel require to be registered under the Workers Registration Scheme this must also be obtained prior to final offer. |
| 6. | SVG SVG requirements should be adhered to in relation to posts with access to children and vulnerable adults. Confirmation that ANI/DBS has been completed within last 12 months. |
| 7. | Professional Registration Before appointing a health and social care professional, a check must be made whether the prospective personnel is registered with the relevant regulatory body and also if any special conditions apply in line with the Professional Registration Policy and system. |
| 8. | eBMJ Hyponatraemia training For Locums working with patients under 16 years old, Agency to confirm that evidence has been produced to demonstrate completion of eBMJ Hyponatraemia training (certified within the past three years from date of hire). If the Locum does not have this training, please tick this box: <input type="checkbox"/> |

| | |
|-----|--|
| 9. | <p>Alert Letter An alert letter is a way of notifying NHS bodies about any person whose performance or conduct could place patient or staff at serious risk. The Recruitment Agency must ensure they are in receipt of all Alert notifications and checking mechanisms are in place and appropriate action taken.</p> |
| 10. | <p>Eligibility to Work For Locums, the Agency must provide the hiring manager with a statement of eligibility to work (see attached).</p> |
| 11. | <p>Investigations References must be forwarded to the Hiring Manager and reviewed by the Hiring Manager. The Agency to have checked if the individual is currently under investigation or has been under investigation for any reason and that the Agency is assured as to the suitability of the candidate for the role, and has no concerns in relation to the candidate.</p> |
| 12. | <p>References Two satisfactory referee reports must be reviewed, one from each of the current and most recent employment held by the prospective personnel. References should cover at least 3 years of previous employment and/or training history. Check all referees are bona fide and references are genuine.</p> |
| 13. | <p>Responsible Officer For Locums, the Agency must ensure that the individual has a GMC Licence to practice and an identified Responsible Officer or other Suitable Person (as required by the GMC Licence to Practice and Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010)</p> |
| 14. | <p>Indemnity For Locums, the Agency shall indemnify the Trust for any claim arising from Medical Negligence or Medical Malpractice arising from the conduct of any agency worker provided to the Trust.</p> |

The Agency is required to retain evidence of all pre-employment checks for all employees.

I confirm that the agency complies with all of the above requirements.

Signed : _____

Agency: _____

Date: _____

| |
|--------------|
| Agency Stamp |
|--------------|

| For completion by BHSCT: | |
|---------------------------------|---|
| 1. | Ensure Recruitment of Agency and Locum Services Template is completed for the engagement of agency and locum services from a non-contracted agency and an explanation must be given as to why it was deemed necessary to use a Non-Contracted Agency. |
| 2. | Ensure the Agency is advised of your cost centre and asked to include this on their invoice. Note the cost centre format has changed. The new format has added an A at the front and a 0 (Zero) at the end i.e. was 5G12 now A5G120. |
| 3. | Forward a copy of the Job Description for the Post to be filled to the recruitment Agency where they do not already hold a copy. |
| 4. | Refer to Key Check 8 in the Agency standards above. If Locum does not have eBMJ Hyponatraemia training (certified within the past three years from date of hire), the hiring manager must only proceed with booking when: <ul style="list-style-type: none"> (a) Prospective approval of the Service Manager and Clinical Director is obtained prior to the placement commencing and; (b) Alternative arrangements are made in relation to Hyponatraemia expertise for the duration of the placement. |
| 5. | Photographic ID must be checked at the beginning of a shift. |
| 6. | Agency personnel to wear the ID badge provided by the Agency (or a Trust ID badge where this is appropriate) at all times whilst on Trust premises. |
| 7. | When hiring Locums ensure a copy of their signature is recorded for pharmacy records. |
| 8. | Agency workers as part of their induction to have completed the Trust's Welcome Programme, and mandatory and statutory training (as outlined in Trust's Statutory and Mandatory Training Policy). |
| 9. | Agency worker to be given an induction/orientation of the relevant area. |
| 10. | Agency worker to be conversant with and adhere to necessary policies and procedures, particularly Health and Safety/Fire Procedures and Data Protection procedures. Policies and Procedures must be accessible. |
| 11. | Time sheets to be checked to ensure that they are reflective of the hours worked and signed off by an appropriate manager. |
| 12. | When hiring Locums, ensure an Agency worker placement assessment form is completed by the relevant manager. The completed form should be sent to the Agency and a copy retained by the manager. |

Signed by: _____

Print Name: _____ Grade: _____

Date: _____

Process for terminating Bank Contracts

Step 1 - The Bank office conducts an audit on staff and their participation on bank shifts



Step 2 – Staff are identified as not having worked within the last 12 months.



Step 3 – Staff are issued a letter from the bank office with the following options:



Option 1 – To remain on the bank



Step 4 – Staff who respond stating they wish to remain on the bank may require appropriate and relevant employment checks to be carried out e.g. access NI, statutory and mandatory training.



Option 2 – To resign from the bank



Step 5 – Staff who respond stating they wish to leave the bank – bank office will follow normal leaver procedures.

Step 6 – Staff who do not respond are sent a reminder letter with their options



Step 7 – Staff who respond stating they wish to remain on the bank may require appropriate and relevant employment checks to be carried out e.g. access NI



Step 8 - Staff who respond stating they wish to leave the bank – bank office will follow normal leaver procedures.

Step 9 – The bank office will follow normal leaver procedures to terminate bank contracts of staff who do not respond to either letter.

Belfast Health and Social Care Trust

Working Time Regulations

Opting Out Agreement Form

I wish to advise that I may work above an average of 48 hours per week over a 26 week reference period, if required and suitable to me, in the Belfast Trust or other employment.

I understand that the Trust will review this arrangement should the European Commission make any changes to the Agreement.

I also agree to give one months notice, in writing to terminate this agreement.

Name: _____

Grade: _____

Staff Number: _____

Location: _____

Signature: _____

Date: _____

Please return to: **Your Line Manager**



Working Time Regulations

Dual Employment Form

In accordance with the Working Time Regulations, the Trust must ascertain the number of hours per week worked by staff. This includes hours worked in other jobs and for other employers.

The Trust do not wish to debar you from additional employment, the information is required to ensure compliance with the Regulations.

Please complete the following details and return them to:

Information in relation to employment with Belfast Health & Social Care Trust.

Name: _____

Grade: _____

Location: _____

Staff Number: _____

Hours per week: _____

Secondary Employment details.

Employer Name
& Address: _____

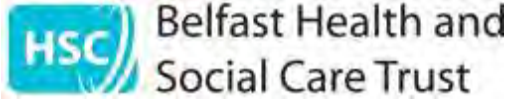
Grade: _____

Hours per week: _____

Signature: _____

Date: _____

It is important to advise your Manager if you take up additional employment after this date.



NURSE BANK / AGENCY STAFF PERFORMANCE FORM

This form should be used when ward staff have concerns about the ability or performance of Bank or Agency Nursing Staff. The concerns should be discussed with the person. The Nurse Bank Office is unable to consider verbal **only** concerns. If the nature of the concern is serious the Nurse-In-Charge should contact the Bank Office or the Senior Nurse on Site for advice.

SECTION FOR COMPLETION by WARD/DEPARTMENT

Date & Time of Incident _____

Ward/Dept _____

Details of shift: ie. Early / Late / Nightduty _____

Full Name of Nurse: _____

Substantive Staff Member YES/NO (delete as appropriate)

Bank

Agency

Registrant

Non-Registrant

Band _____

If Agency please state what agency: _____

Is the incident related to:

Clinical Skills Attitude Communication Appearance

Please detail below precisely the reason for this referral it is vital that the person filling out this form provides as much information as possible:

Immediate action taken by Nurse in Charge / Ward Sister / Ward Charge Nurse

Was this incident discussed with the person: Yes

Name of Nurse completing form _____

Signature _____

Date of completion _____

—

When fully completed this form should be returned to NURSE BANK OFFICE, 1st Floor
Dunluce Health Centre BTxxxxxx

Section for completion by **Nurse Bank Office**

Action Taken

Agency Informed Yes No

If no please give
reason _____

Fitness to Practice referral made Yes Date done _____ No

Ward Sister / Charge Nurse sent a follow up response to actions taken Yes No

If no please give
reason _____

Name _____ Date completed _____



Appendix I

BELFAST TRUST PROTOCOL FOR BOOKING OF NURSING & MIDWIFERY AGENCY STAFF

REQUESTING SHIFTS TO BE FILLED

During Office Hours Tel: 02896158400

E-mail: nursing.bank@belfasttrust.hscni.net

- 09:00hrs to 19:00hrs Monday - Friday
- 09:00hrs to 14:00hrs Saturday - Sunday.
- **ALL** bookings for nursing and midwifery agency staff **must be requested** through the centralized nurse bank office.

Agencies have been advised that they must not accept bookings directly from any ward or department and must ascertain the name and job title of the requester and advise the Belfast Trust Bank Office should they receive any such requests.

Outside Office Hours

All staffing deficits should be highlighted to the Patient Flow department within each site for further escalation. Where the shift to be filled occurs outside the Belfast Trust Bank Office hours of operation agencies must only accept requests directly from the Patient Flow Coordinator or Site Coordinator. Agencies are required to provide the Belfast Trust Bank Office of these bookings the next working day.

Filling Of Shifts

The Belfast Trust Bank Office will at all times, in the first instance, attempt to fill shifts with internal bank staff. Where it is not possible to fill a shift with internal bank staff contact will be made with the contracted agencies in rank order. If the shift cannot be filled, off contract approval will be advised and must come from the Co-Director in writing to the Nurse Bank via off contract approval form.

URGENT REQUESTS

Where the shift to be filled is within 24hrs of the request the agency must advise within 30 minutes as to whether they are in a position to fill the shift. If the agency cannot confirm this, the requester will move to the next agency on the ranked list.

NON-URGENT REQUESTS

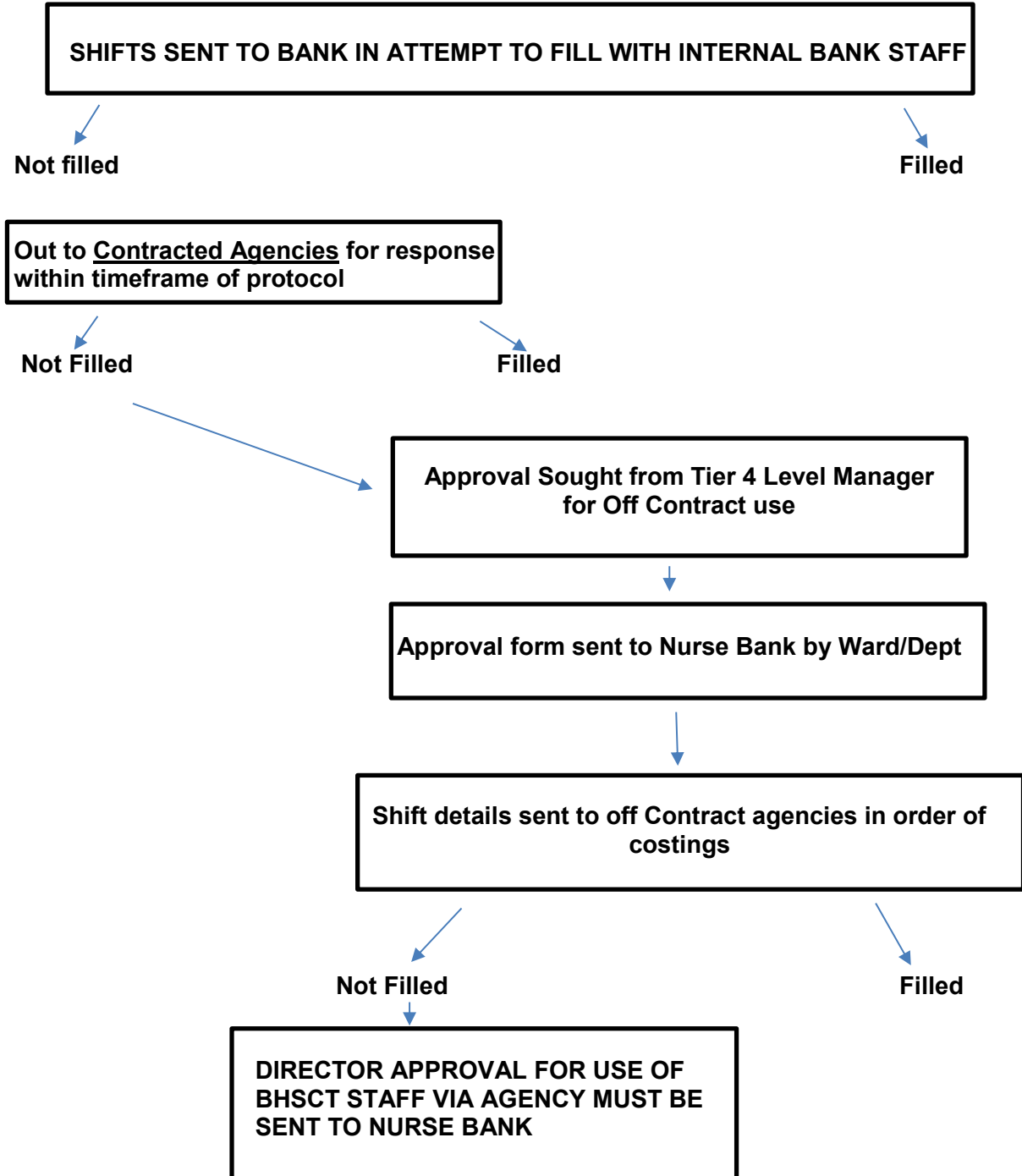
| Date of Scheduled Shift | Agency response |
|-------------------------------------|----------------------------------|
| Within 24hrs - 48hrs of the request | Within 1 hour of time of request |
| 48hrs - 7 days from request | 12 hours from time of request |
| 7- 14 days from request | 4 days from time of request |
| Greater than 14 days from request | 7 days |

USE OF 'TRUST OWN STAFF' FOR VACANT SHIFTS THROUGH AGENCY

When all other options for ensuring safe provision of care have been explored and exhausted the relevant service Director or Director-on-call may consider the use of 'Trust Own Staff' (TOS) who will be employed through a nursing agency NB the terms of the Agency Framework preclude the contracted agencies supplying staff in these circumstances. The Belfast Trust Bank Office or the Patient Flow Team (out-of-hours) will only proceed with this when there is written instruction from the relevant Director. This method for shift cover should only be considered within 24 hours of the start of the shift required.

NURSING, MIDWIFERY & SOCIAL CARE BANK
FILLING OF SHIFTS

FLOW CHART



Recruitment of Nursing Personnel from Bank and Agencies

Manager's Checklist

Nursing staff only

This Check List must be completed for all bank and agency staff members undertaking a shift on the ward for the first time or if the member of staff has not worked in the area for some time. The document **must** be completed, signed, and retained at ward level by the Ward Sister /Charge Nurse as a record of the Key Checks having been undertaken.

In the case of agency workers:

Supplying Agency: _____

Agency worker's Name: _____

Dates of Appointment to Ward: From: ____ / ____ / ____ to: ____ / ____ / ____

Employed as: _____

Directorate: _____

| | Key Check | Done | N/A |
|----|---|------|-----|
| 1 | Photographic ID must be checked at the beginning of a shift. | | |
| 2 | Bank / Agency personnel to wear the ID badge provided by the Agency at all times whilst on Trust premises. | | |
| 3 | Bank and Agency worker to be given an induction / orientation of the relevant area to include necessary policies and procedures and how these could be accessed, particularly Health and Safety, Fire and Data Protection procedures. | | |
| 4 | Agency worker should be introduced to the Nurse in Charge of the shift. | | |
| 5. | Time sheets to be checked to ensure that they are reflective of the hours worked and signed off by an appropriate nurse in charge of the shift or confirmed via the E roster system as appropriate | | |
| 6 | A signed copy of this sheet to maintained at ward level for 1 year - | | |

Bank / Agency staff member

Signed: _____

Date: _____

Nurse in Charge

Signed _____

Date: _____



Belfast Health and Social Care Trust

WARD BANK/VISITOR INDUCTION

| | |
|---------------------------------------|--|
| Name of Employee / visitor: | |
| Staff Number (if applicable): | |
| Band: | |
| Job Title: | |
| Department: | |
| Date of Induction: | |

| | Date | Reviewee | Reviewer |
|---|------|----------|----------|
| Introduction to the team/department within the context of the Belfast Trust | | | |
| Ward philosophy, values, purpose, and aims and objectives. | | | |
| Introduction to the team and identification of key members of staff | | | |
| Issue of key, security pass and locker. | | | |
| Use of Personal alarm and pager system | | | |
| Orientation to department and building including facilities eg. Staff room, kitchen and toilets | | | |
| Overview of Patients / Service Users to include: | | | |
| Person centred care plan | | | |
| Comprehensive risk assessments / risk screening tools (where appropriate) | | | |
| Behaviour support plans | | | |
| Levels of supervision/observation | | | |
| Introduction to Patients | | | |
| Communicating and Reporting | | | |
| Raising and Escalating concerns (whistleblowing) How to contact Hospital Management team. | | | |
| Complaints and Compliments | | | |
| Procedure in event of Accident/incident | | | |
| Patient Finances (Policy, staff responsibilities and capable/incapable) | | | |
| | Date | Reviewee | Reviewer |
| Maintaining a safe environment | | | |



| | | | |
|---|--|--|--|
| Procedures in the event of a medical emergency | | | |
| Procedures in the event of a fire- alarm points, equipment, exits and manual. | | | |
| Location of Emergency Equipment including ligature cutters and resuscitation equipment. | | | |
| Ward Security-Doors/Windows/Cutlery/other | | | |
| Health and Safety- COSHH, Risk Management strategy and risk register | | | |
| | | | |
| | | | |

I confirm that all the relevant aspects of this induction, as outlined above have been completed.

| Signature of staff | | Date |
|----------------------|--|------|
| Employee | | |
| Signature of Manager | | |

Additional Comments by reviewee (if none please indicate this):



Department of

**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Nursing Agencies

Minimum Standards

| Contents | Page |
|--|-------------|
| Introduction | 3 |
| Values underpinning the standards | 6 |
| | |
| SECTION 1 - MINIMUM STANDARDS | |
| Management of the nursing agency | |
| 1. Management and control of operations | 11 |
| 2. Policies and procedures | 15 |
| 3. Management of records | 16 |
| 4. Recruitment of staff | 17 |
| 5. International recruitment of nurses | 19 |
| 6. Staff training and development | 21 |
| 7. Assessment and placement of nurses | 22 |
| 8. Complaints | 23 |
| 9. Protection of vulnerable adults and safeguarding children | 25 |
| 10. Obtaining comments from people using the nursing agency | 27 |
| | |
| Quality care for private patients | |
| 11. Responding to requests for private nursing care | 30 |
| 12. Provision of nursing care | 31 |
| 13. Completion of case records | 32 |
| 14. Consent to treatment and care | 33 |
| 15. Management of medicines | 34 |
| | |
| SECTION 2 - REQUIREMENTS FOR REGISTRATION | |
| Statement of purpose | 37 |
| Fitness of the registered person | 38 |
| Fitness of the registered manager | 39 |
| Suitability of the nursing agency premises | 40 |
| | |
| APPENDICES | |
| Appendix 1 - The service user's guide | 41 |
| Appendix 2 - The service contract | 42 |
| Appendix 3 - Policies and procedures | 43 |
| Appendix 4 - Glossary of terms | 45 |

Introduction

This document sets out minimum standards for Nursing Agencies providing services to both adults and children in all spectrums of health care delivery including Mental Health and Learning Disability. The standards specify the arrangements, and procedures that need to be in place and implemented to ensure the delivery of a quality service.

Background

In 2001, the Department of Health, Social Services and Public Safety (DHSSPS) issued a consultation paper, entitled “Best Practice – Best Care”, setting out proposals for improving the quality of health and social care in Northern Ireland. The results of this consultation showed widespread support for a new system of regulation covering a wider range of care services. This in turn led to the development of The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, (“the Order”).

The Order allows for the establishment of the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Quality Improvement Authority), an independent body with responsibility for, and powers to, regulate establishments and agencies in the statutory and independent sectors. Responsibility for all services previously regulated by the Registration and Inspection Units of the Health and Social Services Boards is transferred to the Regulation and Quality Improvement Authority.

Nursing agencies

The Order defines a nursing agency as “an employment agency or employment business, being (in either case) a business which consists of or includes supplying, or providing services for the purpose of supplying, registered nurses, registered midwives or registered health visitors.” Such services are required to register as nursing agencies under the Order.

Development of standards

Article 38 of the Order confers powers on the DHSSPS to prepare, publish and review statements of minimum standards applicable to all services including regulated services.

DHSSPS has developed minimum standards for a range of regulated services including nursing agencies. These standards were developed with the help of people who use the services, their representatives or carers, staff, professionals, inspectors, commissioners and providers. The standards were also subject to a full public consultation process between September and December 2004.

Standards for nursing agencies

This document sets out standards for nursing agencies that apply to the:-

- the supply of nurses to settings such as hospitals, community Trusts and registered establishments
- the supply of nurses to private patients in their own homes.

How the standards and regulations work together

Article 38 of the Order gives powers to the DHSSPS to publish minimum standards that the Regulation and Quality Improvement Authority must take into account in the regulation of establishments and agencies.

The regulations for nursing agencies were published by DHSSPS in accordance with Article 23 of the 'Order', which sets out the range of areas for which regulations may make provision. These include the management, staff, premises, financial position and conduct of health and social care establishments and agencies.

Compliance with the regulations is mandatory and non-compliance with some specific regulations is considered an offence. The Regulation and Quality Improvement Authority must take into account the extent to which the minimum standards have been met in determining whether or not a service maintains registration or has its registration cancelled, or whether to take action for breach of regulations.

The regulations and minimum standards have been prepared in response to extensive consultation. **They are the minimum provisions below which no provider is expected to operate.**

Using the standards

The regulations and minimum standards for nursing agencies focus on ensuring that people using the services provided by nursing agencies are protected and the care is quality-assured.

The standard statements and associated criteria cover key areas of service provision, are applicable across various settings, and are designed to be measurable through self-assessment and survey processes.

The Regulation and Quality Improvement Authority will look for evidence that the standards are being met through: -

- discussions with people who are using the services provided by the nursing agency, staff, managers and others
- inspection of written policies, procedures and records.

Values underpinning the standards

The standards are based on a set of values that recognise the rights that people have as citizens and all aspects of planning, delivery and review of services must reflect these values.

Managers and staff must base their practice on these values, recognising peoples rights and aim to provide quality services that meet individual's needs.

When the nursing agency supplies nurses to provide care for private patients in their own homes, those patients should experience quality care and support from the nursing agency and should be fully informed and involved in all decisions affecting the care provided, and contribute to the planning and evaluation of services.

Dignity and respect

The uniqueness and intrinsic value of the individual patient is acknowledged and each person is treated with respect.

Independence

Patients have as much control as possible over the care provided by the nursing agency whilst being protected against unreasonable risks.

Rights

Patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

Equality and diversity

Patients are treated equally and their background and culture are valued. The services provided by the agency fit within a framework of equal opportunities and anti-discriminatory practice.

Choice

Patients are offered the opportunity to select independently from a range of options based on clear and accurate information.

Consent

Patients have a legal right to determine what happens to them and their informed, genuine and valid consent to the treatment and care provided is essential.

Confidentiality

Patients know that information about them is managed appropriately and will not be disclosed without permission, except when required by legislation or the need to protect the wellbeing of others. Everyone involved in the nursing agency respects confidential matters.

Safety

Patients feel safe in all aspects of their treatment and care, and are free from exploitation, neglect and abuse.

The belief that people in receipt of services are **central** in all aspects of planning, delivery, review and improvements of the service is a conviction that underpins these standards.

When these values are integrated into all aspects of planning, delivery and review of services and the minimum standards are being met, the nursing agency will be a resource that delivers the best possible outcomes for people who use their services.

Regulation of nurses

All nurses who are supplied by the nursing agency must be registered with the Nursing and Midwifery Council (NMC), the UK regulatory body that is responsible for education, practice and conduct of nurses and midwives. The NMC requires all nurses to carry out their duties in accordance with the current NMC guidance on Standards for conduct, performance and ethics.

The guidance is kept under review, and shares its values with all UK health care regulatory bodies such as the General Medical Council and the Health Professions Council. These values are:

- **Respect for the individual**
- **Obtaining consent**
- **Protecting confidential information**
- **Co-operating with others**
- **Maintaining professional knowledge and competence**
- **Being trustworthy**
- **Acting to identify and minimise risk**

SECTION 1

MINIMUM STANDARDS

Management of the nursing agency

Managers of establishments and settings in which agency nurses are placed and private patients in their own homes expect agency nurses to provide safe nursing care. To this end, the underpinning values in these standards are that agency nurses are suitably recruited and assessed by experienced nurses and that skills and expertise of agency nurses are matched to the requirements of placements prior to that placement. To facilitate the placement of competent nurses in establishments, care settings and patients' own homes, there must be effective management systems and processes in place that take account of the views and comments of people who use services provided by the nursing agency, and demonstrate a total commitment to continuous quality improvement.

Management and control of operations

Standard 1: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Criteria

- 1.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.
- 1.2 The registered manager ensures the nursing agency delivers services effectively with good professional relationships on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.
- 1.3 The registered manager provides the Regulation and Quality Improvement Authority with documentary evidence of his or her NMC registration either annually or on request.
- 1.4 The registered person ensures that a registered nurse is responsible for the recruitment, assessment and supply or placement of all agency nurses.
- 1.5 Any absence of the registered manager of more than 28 days is notified to the Regulation and Quality Improvement Authority, and arrangements for managing the nursing agency in the absence of the registered manager are approved by the Regulation and Quality Improvement Authority.
- 1.6 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.
- 1.7 Services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.
- 1.8 The statement of purpose is kept under review.

- 1.9 Any change to: -
- The statement of purpose
 - The person registered on behalf of the organisation

or any change in: -

- The registered manager, or
- The registered premises

is only made with the approval of the Regulation and Quality Improvement Authority.

- 1.10 The service user's guide is kept under review, revised when necessary and up dated versions are provided to the Regulation and Quality Improvement Authority.
- 1.11 Management practices and arrangements for the supply of nurses are systematically audited to ensure they are consistent with documented policies and procedures and action is taken when necessary.
- 1.12 The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.
- 1.13 The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.
- 1.14 All accidents, incidents, communicable diseases and deaths occurring in the nursing agency or in a patient's home where a nurse has been supplied are reported to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures.
- 1.15 The registered person has arrangements in place for dealing with alert letters, managing identified lack of competence and

poor performance and reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies.

- 1.16 The registered manager ensures that all nurses are registered with NMC, that they abide by the NMC Code of Professional Conduct and obtains evidence that professional registration requirements are met and maintained on an ongoing basis.
- 1.17 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.
- 1.18 There are appropriate mechanisms to support staff in reporting concerns about poor practice.
- 1.19 There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud.
- 1.20 Insurance cover is in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixture, fittings and equipment.
- 1.21 Insurance cover is held, to limits commensurate with the level and extent of activities undertaken by the agency or to the minimum required by the Regulation and Quality Improvement Authority, for employers liability, public and third party liabilities, business interruption costs, including loss of earnings and costs to providers of meeting contract liabilities.
- 1.22 The agency requires all nurses to have professional indemnity insurance.
- 1.23 All legally required certificates and licences are kept up to date, and displayed if required and are accessible for the purpose of inspection.
- 1.24 The nursing agency has systems in place for confirming that any medical device or equipment used by nurses in a patient’s own home has been maintained and checked in accordance

with the manufacturer's and installer's guidance, and records kept of the confirmation received and that the nurse is competent in the use of the equipment.

- 1.25 The registered person has arrangements in place to ensure that:
- all necessary pre-employment checks are carried out;
 - criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
 - all appropriate referrals necessary are made in order to safeguard children and vulnerable adults¹.

¹ **Note:** AccessNI is unable to obtain overseas criminal records or other relevant information as part of its disclosure service - only details of offences committed in the UK will be provided. A person who has recently moved to the UK may not appear on any of the records searched by AccessNI. Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard. More information about AccessNI can be found at: <http://www.accessni.gov.uk/index.htm>

Policies and procedures

Standard 2 : There are policies and procedures in place that direct the quality of services provided by the nursing agency.

Criteria

- 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements.
- 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.
- 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.
- 2.4 Policies and procedures are dated when issued, reviewed or revised.
- 2.5 Policies and procedures are subject to a systematic three yearly review or as required, and the registered person ratifies any revision to, or introduction of, new policies and procedures.

Management of records

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

Criteria

- 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes, those patients have access to their records in accordance with the Data Protection Act 1998.
- 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.
- 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.
- 3.4 The information held on record is accurate, up to date and necessary.
- 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.
- 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.
- 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.

Recruitment of staff

Standard 4 : Staff are recruited and employed in accordance with relevant statutory employment legislation.

Criteria

- 4.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidelines.
- 4.2 Before making an offer of employment: -
- the applicant's identity is confirmed;
 - two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
 - any gaps in an employment record are explored and explanations recorded;
 - criminal history disclosure information at the enhanced disclosure level is sought from AccessNI for the preferred candidate(**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
 - professional and vocational qualifications are confirmed;
 - evidence is obtained of ongoing learning, professional development and practice experience relevant to areas of practice;
 - current registration with NMC is confirmed for nurses;
 - current status of work permit/employment visa is confirmed;
 - communication skills as appropriate for the job are assessed;
 - a pre-employment health assessment is obtained.
- 4.3 In the case of a midwife registered with NMC, the following evidence is required:
- a copy of the relevant statement of entry on an annual basis;
 - that the midwife has notified her or his intention to practise with the local Health and Social Services Board responsible midwifery officer;
 - that a supervisor of midwives has been identified for the individual midwife.

- 4.4 Records of all the documentation relating to the recruitment process are kept in compliance with the principles of the Data Protection Act 1998, and with AccessNI's Code of Practice².
- 4.5 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.
- 4.6 Job descriptions are issued on appointment.

² AccessNI's Code of Practice is available at <http://www.accessni.gov.uk/code-of-practice.pdf>

International recruitment of nurses

Standard 5: International recruitment is carried out on a good practice, ethical basis in accordance with inter-country arrangements.

Criteria

- 5.1 The policy and procedures for international recruitment detail the process and comply with legislative requirements guidance as defined by professional bodies and national standard setting organisations.
- 5.2 There is a system for checking the up to date position in relation to formal agreements with DHSSPS before considering recruiting in a specific country.
- 5.3 The nursing agency provides accurate information to international nurse applicants about the type of jobs in which they might be placed, and this includes advance information on the following:
- HSC and independent sector employment;
 - minimum terms and conditions of employment;
 - job and person specification;
 - adaptation programmes;
 - professional associations and trade unions;
 - NMC registration process;
 - geographical area and the cost of living in the area to which they will be moving; and
 - all other costs that they might incur, for example, accommodation, uniform and transport costs.
- 5.4 The recruitment and selection of internationally recruited nurses includes procedures for carrying out a pre-employment health assessment that are determined in advance in conjunction with the occupational health guidelines.
- 5.5 The nursing agency does not charge fees to international nurses to be considered for recruitment or placement in the UK.

- 5.6 The nursing agency confirms with NMC that international nurses' experience and qualifications are validated.
- 5.7 The nursing agency has a follow up process to ensure that the internationally recruited nurses who have been placed receive help to settle successfully.
- 5.8 The nursing agency is a member of a human resources agency such as the Recruitment and Employment Confederation (REC) and adheres to the relevant code of practice.

Staff training and development

Standard: 6 **The agency has procedures in place to ensure all staff are appropriately trained and qualified for their roles.**

Criteria

- 6.1 Newly appointed staff, are required to complete structured orientation and induction.
- 6.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.
- 6.3 Mandatory training requirements are met.
- 6.4 The agency obtains from nurses evidence of ongoing learning, professional development and practice experience relevant to areas of practice, and maintains a record of all details given.
- 6.5 The training needs of individual agency staff for their roles and responsibilities (including infection control) are identified, and arrangements are in place to meet them.
- 6.6 A record is kept in the agency of all training completed by agency staff. The record includes: -
- the date(s) of the training;
 - the name and qualification of the trainer or the training agency;
 - content of the training programme; and
 - the names and signatures of those attending the training event.
- 6.7 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual agency staff and the aims and objectives of the nursing agency.
- 6.8 The effect of training on management practices and supply of nurses is evaluated as part of quality improvement.

Assessment and placement of nurses

Standard 7: The nursing agency matches skills and expertise of nurses to the requirements of placements.

Criteria

- 7.1 The nursing agency establishes the needs and requirements of each request for an agency nurse placement.
- 7.2 The selection of nurses for supply to any setting is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting.
- 7.3 An identified nurse with appropriate skills and expertise carries out and records periodic reviews and re-assessment of skills, expertise and competency with each nurse. These reviews take account of comments from private patients and managers of settings in which nurses have been placed.
- 7.4 The nurse on a clinical placement should be made aware of the local clinical supervision arrangements and how to access these.

Complaints

Standard 8: All complaints are taken seriously and dealt with promptly and effectively.

Criteria

- 8.1 Agencies should operate a complaints procedure that meets the requirements of the HPSS Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance.
- 8.2 Arrangements for dealing with complaints should be publicised.
- 8.3 A copy of the complaints procedure is provided to service users and their representatives and this is available in a range of formats if required.
- 8.4 The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency and contact details for the Authority.
- 8.5 Agency staff know how to receive and deal initially with complaints.
- 8.6 Advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.
- 8.7 Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.
- 8.8 Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure.

- 8.9 Complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays.
- 8.10 Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.
- 8.11 The registered provider co-operates with any complaints investigation carried out by the HSC Trust, the Regulation and Quality Improvement Authority or the NI Commissioner for Complaints.
- 8.12 Where a complaint relates to a registered provider's failure to comply with the statutory regulations, then that complaint should be referred directly to the Regulation and Quality Improvement Authority for consideration.
- 8.13 Where a complaint relates to abuse, exploitation or neglect, the Regional 'Safeguarding Vulnerable Adults' Policy and Procedural Guidance and the associated Protocol for Joint Investigation of Alleged or Suspected cases of Abuse of Vulnerable Adults should be activated.
- 8.14 When required, a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority.
- 8.15 Information from complaints is used to improve the quality of services.
- 8.16 The complainant must be advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.
- 8.17 The policy and procedure for dealing with complaints from children complies with The Representations Procedure (Children) Regulations (NI) 1996.

Protection of vulnerable adults and safeguarding children

Standard 9: Vulnerable adults and children are protected from abuse.

Criteria

- 9.1 Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts³.
- 9.2 Where the agency provides a service to children there are written procedures for safeguarding children and young people consistent with legislation, DHSSPS guidance and regional procedures⁴.
- 9.3 Procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.
- 9.4 Staff have completed training on and can demonstrate knowledge of: -
- protection from abuse;
 - indicators of abuse;
 - responding appropriately to suspected, alleged or actual abuse; and
 - reporting suspected, alleged or actual abuse.
- 9.5 All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.
- 9.6 All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with the procedures.
- 9.7 All relevant persons and agencies are notified of the outcome of any investigations undertaken by the nursing agency.

³ Information on protection of vulnerable adults can be accessed at <http://www.dhsspsni.gov.uk/pova.pdf>

⁴ Information about child protection matters can be accessed at: http://www.dhsspsni.gov.uk/index/hss/child_care/child_protection/child_protection_guidance.htm

- 9.8 Written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the nursing agency.
- 9.9 Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place.
- 9.10 Refresher training on the protection of vulnerable adults and safeguarding children is provided for staff at least every three years.

Obtaining comments from people who use the nursing agency

Standard 10: The views and comments of people who use the services provided by the nursing agency are obtained and acted on in the evaluation and planning of services provided by the nursing agency.

Criteria

- 10.1 People who use services provided by the nursing agency are asked for their comments on the quality of services information and care received. The information is collected in an anonymised format, summarised and used by the nursing agency to make improvements to services.
- 10.2 A summary of the comments made is available to people who use the nursing agency including private patients, prospective patients and other interested parties.
- 10.3 Reports summarising comments made by people who use the services provided by the nursing agency and action taken by the nursing agency are made available to staff and agency nurses.

Quality care for private patients (being cared for in their own home)

The following standards apply where the nursing agency supplies nurses to private patients in their own homes. The need for the nursing agency to have relevant information about the patient before supplying an agency nurse is essential, in ensuring that skills and expertise of agency nurses are matched to the requirements of placements, prior to that placement. The need for ongoing assessment and identification of risks to ensure a fit between the care being provided and the changing care needs of the patient is also vital in ensuring safe, effective nursing care. This means that care planning is balanced between the reasonable risks the patient wishes to take, the safety and well being of the patient, the agency nurse and other people living in the patient's home.

Responding to requests for private nursing care

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.

Criteria

- 11.1. The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.
- 11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.
- 11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.
- 11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.
- 11.5 A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)
- 11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)

Provision of nursing care

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.

Criteria

- 12.1 The agency nurse implements a person-centred nursing care plan that is based on an initial assessment of the patient's care needs and is agreed with the patient.
- 12.2 The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.
- 12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.
- 12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their carers/representatives at time intervals as recorded.
- 12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.
- 12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.

Completion of case records

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.

Criteria

- 13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer of and access to those records.
- 13.2 All entries in case records are contemporaneous; dated, timed and signed, with the signature accompanied by the name and designation of the signatory.
- 13.3 Any alterations or additions are dated, timed and signed, and made in such a way that the original entry can still be read.
- 13.4 Agency nurses record all care given and recommendations in patients' case record.
- 13.5 Where private patients decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.
- 13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.

Consent to treatment and care

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.

Criteria

- 14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.
- 14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.
- 14.3 Nursing procedures are explained to patients, and their representatives, informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.
- 14.4 Completed consent forms are maintained within individual nursing care records.

Management of medicines

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.

Criteria

- 15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients. These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.
- 15.2 The agency provides private patients and their carers/representatives with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.
- 15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.

SECTION 2

REQUIREMENTS FOR REGISTRATION

Registration

This section sets out the requirements that must be met by private nursing agencies to obtain registration. Articles 12 to 22 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 deal with registration and should be read in conjunction with this section.

The statement of purpose defines what services and facilities the nursing agency will provide whilst the operational policy describes how they will be provided.

An individual who intends to carry on a nursing agency must be registered and is referred to as the registered person. An organisation that intends to carry on a nursing agency is required to nominate one person to be registered on behalf of the organisation, who is referred to as the registered person.

The registered person is required to register one person as the manager of the nursing agency, referred to as the registered manager.

The manager of the nursing agency must be registered and is referred to as the registered manager. The registered person may also be the registered manager.

Those applying for registration as registered persons and/or registered managers must meet the relevant criteria for these positions.

There must be evidence that the following requirements are met prior to nursing agencies and persons being registered.

Statement of purpose

The written statement of purpose for the agency includes the following information: -

Part 1

- details of the person or organisation with overall responsibility for the agency;
- the status and constitution of the agency;
- the organisational structure of the agency;
- the aims and objectives of the or agency;
- the philosophy of care;
- the services provided by the agency; and
- types of settings in which agency nurses are supplied to work.

Part 2

- the operational policy for the nursing agency which includes the following:-
 - the arrangements for management and control of the nursing agency;
 - the arrangements in place to ensure the fitness of persons to work at the nursing agency;
 - the arrangements for safeguarding and promoting the health and well-being of people using services provided by the nursing agency;
 - the arrangements for the training and development of people who work in the nursing agency;
 - the accounting and financial control arrangements for the nursing agency;
 - the insurance arrangements;
 - the arrangements for the keeping of documents and records;
 - the arrangements for the notification of reportable events;
 - the arrangements for dealing with complaints and the steps for publicising these arrangements;
 - the arrangements for the management of medicines in the home of private patients; and
 - the policies and procedures listed in Appendix 3.

Fitness of the registered person

To determine the fitness of the person applying for registration the following are required: -

- two satisfactory written references;
- pre employment health assessment;
- satisfactory criminal history disclosure information, at enhanced disclosure level;
- evidence of qualifications (if any) and registration with professional regulatory bodies;
- confirmation of identity;
- financial/business plan; and
- adequate insurance arrangements.

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person or organisation: -

- has knowledge and understanding of his or her legal responsibilities;
- intends to carry on the establishment or agency in accordance with legislative requirements, DHSSPS minimum standards and other standards set by professional regulatory bodies and standard setting organisations;
- intends to undertake up date training to ensure he or she has the necessary knowledge and skills; and
- will adhere to the professional codes of conduct of the relevant regulatory bodies.

Fitness of the registered manager

To determine the fitness of the person applying for registration as the registered manager, the Regulation and Quality Improvement Authority is assured through the registration process that the person:-

- is a nurse with current NMC registration;
- has at least 5 years post-qualification experience; and
- has a management qualification or 2 years managerial experience within the last 5 years.

The following are also required: -

- a satisfactory employment history, together with a written explanation of any gaps in employment;
- a pre-employment health assessment;
- two satisfactory written references one of which is from the applicant's present or most recent employer;
- satisfactory criminal history disclosure information, at the enhanced level (**Note:** Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard – see standard 4.2);
- evidence of professional and vocational qualifications;
- evidence of registration with NMC; and
- confirmation of identity.

In addition, the Regulation and Quality Improvement Authority is assured through the registration process that the person: -

- has knowledge and understanding of his or her legal responsibilities;
- intends to carry on the nursing agency in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations;
- intends to undertake update training to ensure he or she has the necessary knowledge and skills; and
- will maintain registration with NMC and adhere to the Code of Professional Conduct.

Suitability of the nursing agency premises

The design of the premises complies with current legislation and good practice guidance notes.

The premises are fully commissioned and operational and are suitably equipped for the day-to-day operation and management of the service.

Appendix 1: The service user's guide

The service user's guide includes information on the following areas and subjects: -

- the nursing agency, its structure and name of the registered person;
- the name of the registered manager and general staffing arrangements of the nursing agency;
- a summary of the statement of purpose, and the services provided;
- the range of qualifications and skills of nurses and the settings to which they may be supplied;
- procedures for supply and placement of nurses;
- arrangements for obtaining the views of patients and people who use services provided by the nursing agency;
- results of patient and service user satisfaction surveys;
- a statement on confidentiality that complies with NMC Code of Professional Conduct;
- arrangements for inspection of the nursing agency and details about how to access Regulation and Quality Improvement Authority inspection reports;
- arrangements that will apply during the sickness and other absence of a nurse supplied by the nursing agency;
- how to access services provided by the nursing agency;
- general terms and conditions for receipt of services provided by the agency;
- costs of services; and
- response times to requests for services.

Appendix 2: The service contract

The contract between the person using the service and the nursing agency specifies the following: -

- date of commencement of service and duration (if known), and the arrival and departure times of staff;
- arrangements for gaining access to and security of the patient's home;
- the nursing care to be provided;
- terms and conditions of the care provided with reference to relevant policies;
- health and safety responsibilities of the patient and the nursing agency;
- a copy of the complaints procedure;
- telephone numbers for both in and out of hours contact;
- arrangements for reviewing the contract;
- responsibility for the maintenance of devices or medical equipment provided or on loan from a HSS Trust;
- supplies and/or equipment to be made available by the patient or the person using the service and by the nursing agency;
- fees payable for the service, the arrangements for payment and the minimum period of notice for any change to the fees;
- arrangements for monitoring and supervising agency nurses; and
- procedures for terminating the contract.

Appendix 3: Policies and procedures

The following policies and procedures are associated with the minimum standards and are required to be in place in nursing agencies:

Absence of the registered manager
 Accidents and adverse incidents
 Accounting and financial control procedures
 Assessing, planning, implementing and evaluating nursing care for private patients in their own homes
 Clinical nursing procedures
 Complaints
 Completion of case records
 Confidentiality
 Confirmation with NMC of nurses' registration status
 Consent
 Consultation with private patients and their representatives
 Dealing with alert letters issued by DHSSPS and NMC
 Disclosure of patient information
 General communications arrangements
 Infection prevention and control
 Inspections of the nursing agency
 Insurance arrangements
 International recruitment of agency nurses
 Management and use of medical devices and equipment in the homes of private patients
 Management, control and monitoring of the nursing agency
 Management of medicines in the homes of private patients
 Management of records and information
 Managing service contracts
 Matching skills and expertise of nurses to the requirements of placements
 Monitoring and auditing the quality of services
 Moving and handling
 Obtaining comments from people who use the nursing agency
 Occupational health arrangements
 Operational policy
 Orientation and induction for newly appointed agency staff and nurses
 Pre-employment health assessment for nurses
 Providing 24 hour support for patients in their own homes and agency nurses
 Protection of vulnerable adults and safeguarding children
 Recruitment of staff

Quality improvement

Reporting arrangements to the registered person.

Reporting, recording and notifying accidents, incidents, infectious diseases and deaths inc. RIDDOR arrangements

Responding to requests for private nursing care

Review and revision of policies and procedures

Review and revision of service user's guide

Reviews and reassessment of nurses

Risk assessment and management

Smoking

Staff induction

Staff discipline and grievance

Staff meetings

Staff records

Staff training and development

Supply and placement of nurses

Suspected, alleged or confirmed instances of abuse

Uniforms for agency nurses

Whistle blowing

Appendix 4: Glossary of terms

AccessNI

Access NI helps organisations in Northern Ireland to make more informed recruitment decisions. It does this by providing criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with children or vulnerable adults.

Agency nurse

A qualified nurse, midwife or health visitor currently registered with the NMC (Nurses and Midwives Council) who is supplied by the nursing agency to provide care in establishments, care settings and the homes of private patients.

Agency staff

Those staff who are employed to work in the nursing agency. This includes administrative staff and nurses who have responsibility for selection, recruitment, supply and placement of agency nurses.

Assessment

Collection and measurement of data to determine a patient's need for health, personal and social care and support services, undertaken with the individual, his/her relatives/representatives, and relevant professionals.

Assessment tool

Aid to assess residents' health status.

Assistance with medicines

The act whereby a nurse reminds a patient to take or apply medicines.

Administration of medicines

Involvement of the nurse in any of the following:

- Helping the patient to identify medicines to be taken or applied
- Preparing the medicine dose
- Giving or applying the medicine dose to the patient.

Evidence-based (care / practices)

An approach to decision making where a nurse uses the best evidence available, in consultation with residents their representatives and relevant health care professionals to decide upon the option which suits each resident best.

Holistic care

Care that meets social, psychological, emotional and physical and spiritual needs.

Nurse

A nurse, midwife or specialist community public health nurse (formerly known as a health visitor) who is registered with the Nursing and Midwifery Council.

Nursing and Midwifery Council (NMC)

The UK regulatory body that is responsible for education, practice and conduct of nurses and midwives.

Nursing Care Plan

A written, structured plan of action for care of patients based on holistic assessment of care needs, identification of specific care problems and the development of a plan of action for their resolution.

Outcome

The end result of the care provided to a patient. Evaluation of the outcomes of the nursing care plan can be used to measure the effectiveness of the service.

Private Patient

A patient who receives nursing care from a nurse supplied by the nursing agency outside any HSC Trust arrangements.



RQIA Provider Guidance 2021-22

Nursing Agencies

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

How We Will Inspect

We will inspect every nursing agency at least once every year from April 2021 to March 2022. Our inspectors carry out both announced and unannounced inspections which these inspections may include remote, blended and onsite inspections.

When we inspect a nursing agency, we aim to:

- Seek the views of the people who use the service, and or their representatives. In some cases we will do this before our inspection visit
- Talk to managerial and other staff on the day of the inspection
- Communicate with trust commissioners and professionals, where appropriate
- Review a range of records including policies, recruitment records, incidents and complaints
- Provide feedback on the day of the inspection to the person in charge on the outcome of the inspection
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Nursing Agencies Minimum Standards (2008)

For the purposes of this inspection the term

“service user” means a person to whom an agency-

- (a) supplies a nurse who is employed by the agency; or

- (b) provides services for the purpose of supplying the service user with a nurse for employment by that service user;
“patient” means a person to whom nursing is provided by a nurse supplied by an agency;

What We Look For When We Inspect

We will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed; this should not be considered exhaustive and may on occasion include particular themes.

Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them.

Indicator 1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of patients.

Examples of Evidence

- There is a written policy and procedure for staff recruitment and induction
- Pre-employment checks are undertaken and written confirmation of this is provided by the registered person in accordance with Regulation 12, Schedule 3 and Standards 4 and 5
- The agency has a structured induction programme
- A system is in place to ensure that nurses receive supervision/appraisal in accordance to the required standard and records are retained
- Arrangements are in place to ensure that nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these
- A system is in place to ensure all nurses are registered with the Nursing and Midwifery Council (NMC) and that registration of each nurse is maintained and kept under review
- A system is in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland
- A system is in place to identify and provide any additional training needed to meet the requirements of service users

Indicator 2

The service promotes and makes proper provision for the welfare, care and protection of patients.

Examples of Evidence

- Safeguarding training is provided to nurses during induction and updated in accordance to the required standard. The content of the training is retained and available for inspection
- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and Adult Safeguarding Operational Procedures 2016, Cooperating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees Regional Policies and Procedures, 2005
- There are arrangements in place to identify the Adult Safeguarding Champion
- There are arrangements in place and evidence of the annual Adult Safeguarding Position Report
- There are arrangements in place for ensuring that the regional operational safeguarding procedures are adhered to
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- There are arrangements in place for patients to raise concerns within and out of hours (private patients)
- The agency has a whistleblowing policy and procedure
- Nurses are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- Nurses are knowledgeable about the human rights of patients and are aware of the potential impact of any restrictive practices
- There are arrangements in place that highlight any Serious Adverse Incidents (SAI) and Significant Event Audit (SEA) reports in line with the HSCB Procedure for the Reporting and Follow up.

Indicator 3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated.

Examples of Evidence

- There are arrangements in place to ensure the nursing agency appropriately assesses the needs and requirements of each request for an agency nurse placement
- Notifiable events when appropriate are reported to RQIA and other relevant organisations
- Arrangements are in place to assure the agency that the nurse's NMC registration is maintained
- The selection of nurses for supply is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting
- The agency has systems in place to monitor the performance of nursing staff
- Care plans and risk assessments include the views of the patients and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed (private patients).
- There is evidence in place that staff have completed appropriate Deprivation of Liberty Safeguards (DoLS) training and any other training deemed appropriate to their job roles

Indicator 4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose

The right care, at the right time in the right place with the best outcome.

Indicator 1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance with the Data Protection Act (DPA) and General Data Protection Regulation (GDPR)
- The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes guidance for nurses on the implementation and use of restrictive practices
- The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis (private patients)
- The provision of care is regularly evaluated and reviewed (private patients)
- There is evidence of the best interests of patients being considered where the service user lacks capacity to consent to or decline proposed elements of their care (private patients)
- There is evidence that DoLS risk assessments have been completed as required (private patients)
- The communication needs of patients have been assessed and where appropriate, communication support plans put in place (private patients)
- Patients are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plan (private patients)

Indicator 2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users and where appropriate patients at appropriate intervals.

Examples of Evidence

- The agency has systems in place to seek, record, monitor and retain service user and where appropriate patient's comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by the agencies monitoring and auditing the quality of services policy and procedure
- The registered person monitors the quality of services and completes a monitoring report on a monthly basis
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner (private patients)

Indicator 3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders and where appropriate patients.

Examples of Evidence

- The agency maintains records of its contact with service users and where appropriate patients or their representatives to which it provides staff
- Staff communicate effectively with patients, families and trust professionals when there are quality issues arising (private patients)
- There are arrangements in place to ensure that the views of patients with specific communication needs are sought (private patients)

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator 1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients.

Examples of Evidence

- Staff are aware of the agency’s policy and procedure on confidentiality and can demonstrate how this is implemented
- Patients are consulted with in relation to the confidentiality of their personal information (private patients)
- Staff have received human rights training or guidance
- There are arrangements in place to ensure that restrictive practices are kept under regular review (private patients)
- The autonomy of patients is respected and they are encouraged to exercise choices and control over all aspects of their care planning (private patients)

Indicator 2

Service users and where appropriate patients are listened to valued and communicated with, in an appropriate manner.

Examples of Evidence

- The agency has appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- The agency seeks and records the views of service users and where appropriate patients on a regular basis and these are used to improve the quality of the service provision
- There are arrangements in place for promoting fairness and involving patients to make informed decisions about all aspects of their care and these are used to improve the quality of service provision (private patients)

Indicator 3

There are systems in place to ensure that the views and opinions of service users, where appropriate patients and or their representatives are sought and taken into account in all matters affecting them.

Examples of Evidence

- Service user/ patient consultations about the standard and quality of care are carried out in accordance with the agency’s policy and procedure
- The agency publishes its findings regarding service user/patient satisfaction
- The agency has an action plan to develop and improve on the services it provides

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator 1

There are management and governance systems in place to meet the needs of service users/patients.

Examples of Evidence

- The agency ensures that required policies and procedures are in place and are reviewed at least every three years
- Policies are retained in a manner which is easily accessible
- The agency's governance arrangements highlight the identification and management of risk
- The agency maintains and implements a complaints policy and procedure in accordance to legislation and DHSSPS standards
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints and identify learning
- The agency has an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- The management have systems in place to consider equality for patients (private patients)
- Staff are aware of equality legislation and recognise and respond to the diverse needs of patients (private patients)
- An alphabetical index of service users , including the full name, address and telephone number of each of them and any serial numbers assigned to them
- An alphabetical index of nurses supplied or available for supply by the agency, including any serial numbers assigned to them; this should include the date the nurses were first supplied by the agency.

Indicator 2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- The agency manages incidents/notifiable events in accordance to local and regional guidelines
- Audits of incidents are undertaken and learning outcomes are disseminated as appropriate
- Arrangements are in place for staff supervision, review of training and development and performance management
- The agency has a system to ensure that nursing staff are appropriately trained at all times
- The agency's management and governance systems focus on improving positive outcomes for patients

Indicator 3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Service users, private patients and/or representatives are aware of roles of nurse within the agency and who to speak with if they want advice or have issues/concerns
- There are opportunities for staff awareness regarding equality legislation to recognise and respond patient's diverse needs.
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation

Indicator 4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Service User Guide are kept under review, revised and updated as required
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision
- The agency has effectively responded to previous RQIA quality improvement plans

Indicator 5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. service providers/ private patients, HSC Trusts and NMC
- Arrangements are in place for nurses to access their line manager
- There are arrangements in place to support nursing staff (e.g. supervision)
- Feedback from nursing staff indicates that there are good working relationships and that management are responsive to suggestions/concerns

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



Regulation and Quality Improvement Authority
7th Floor
Victoria House
15-17 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care



RQIA Provider Guidance 2022-23

Nursing Agencies

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's Health and Social Care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- to register and inspect a wide range of independent and statutory health and social care services
- to work to assure the quality of services provided by the Department of Health (DoH) Strategic Planning and Performance Group (SPPG), HSC trusts and agencies through our programme of reviews
- to undertake a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA registers and inspects a wide range of HSC services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote peoples' rights. Users of nursing agencies have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

How We Will Inspect

We will inspect every nursing agency at least once every year from April 2022 to March 2023. Our inspectors carry out both announced and unannounced inspections, however from time to time we need to give some notice of our inspections. We will also undertake a range of inspections including remote, blended and onsite inspections.

When we inspect a nursing agency, we aim to:

- seek the views of the people who use the service, and/or their representatives. In some cases we will do this before our inspection
- talk to managerial and other staff on the day of the inspection
- communicate with trust commissioners and professionals, where appropriate
- review a range of records including policies, recruitment records, incidents and complaints
- provide feedback on the day of the inspection to the person in charge on the outcome of the inspection.
- provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Nursing Agencies Minimum Standards (2008)

For the purposes of this inspection the term “service user” means a person to whom an agency-

- (a) supplies a nurse who is employed by the agency; or
- (b) provides services for the purpose of supplying the service user with a nurse for employment by that service user; “patient” means a person to whom nursing is provided by a nurse supplied by an agency;

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive and may, on occasion, include particular themes.

Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them.

Indicator 1

There are at times suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for health and welfare of patients.

Examples of Evidence

- There is a written policy and procedure for staff recruitment and induction
- Work permits of any potential employee are checked and adhered to
- Pre-employment checks are undertaken and written confirmation of this is provided by the registered person in accordance with Regulation 12, Schedule 3 and

Standards 4 and 5

- The agency has a structured induction programme and written records are maintained
- A system is in place to ensure that nurses receive supervision and appraisal in accordance with the required standard and records are retained
- Arrangements are in place to ensure that nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these
- A system is in place to ensure all nurses are registered with the Nursing and Midwifery Council (NMC) and that registration of each nurse is maintained and kept under review
- A system is in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland
- A system is in place to identify and provide any additional training needed to meet the requirements of service users.

Indicator 2

The service promotes and makes proper provision for the welfare, care and protection of patients.

Examples of Evidence

- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and Adult Safeguarding Operational Procedures (2016), Cooperating to Safeguard Children and Young People in Northern Ireland 2016 and Area Child Protection Committees Regional Policies and Procedures, 2005
- Safeguarding training is provided to nurses during induction and updated as necessary, in line with policies and procedures. The content of the training is retained and available for inspection
- Content of the Safeguarding training includes – Physical, Sexual, Psychological, Financial, Institutional, Neglect, Exploitation, Domestic Violence, Human Trafficking and Hate Crime are additional types of abuse
- There is an identified Adult Safeguarding Champion (ASC)
- The annual Adult Safeguarding Position Report is completed and available for review (excluding trusts)
- The regional operational safeguarding procedures are adhered to
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- There are arrangements in place for patients to raise concerns within and out of hours (private patients)
- The agency has a whistleblowing policy and procedure
- Nurses are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns about poor practice
- Nurses are knowledgeable about the human rights of patients and are aware of the potential impact of any restrictive practices
- There are arrangements in place that highlight any Serious Adverse Incidents (SAI), Significant Event Analysis (SEA) reports and Early Alerts in line with the SPPG Procedure for the Reporting and Follow up

Indicator 3

There are systems in place to ensure that unnecessary risks to health, welfare or safety of patients are identified, managed and where possible eliminated.

Examples of Evidence

- There are arrangements in place to ensure the nursing agency appropriately assesses the needs and requirements of each request for an agency nurse placement
- Notifiable events, when appropriate, are reported to RQIA and other relevant organisations
- The agency must keep a record of any referrals made to the NMC
- The selection of nurses for supply is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting
- The agency has systems in place to monitor the performance of nursing staff
- Care plans and risk assessments include the views of the patients and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed (private patients)
- There is evidence in place that staff have completed appropriate Deprivation of Liberty Safeguards (DoLS) training and any other training deemed appropriate to their job roles. All staff have completed training at Level 2 and staff with overseeing responsibility at level 3 or above.

Indicator 4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Example of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

The right care, at the right time in the right place with the best outcome.

Indicator 1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance with the Data Protection Act (DPA) and General Data Protection Regulations (GDPR)
- The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes guidance for nurses on the implementation and use of restrictive practices

- The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis (private patients)
- The provision of care is regularly evaluated and reviewed (private patients)
- The communication needs of patients have been assessed and where appropriate, communication support plans put in place (private patients)
- Patients are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plan (private patients)
- There is a policy and procedure on enteral feeding
- Staff are trained on enteral feeding, where applicable, and assessed as competent and capable. A record of training is to be retained
- Patients' care plans and risk assessments have been updated to reflect if enteral feeding is required (private patients)
- There is evidence of consultation with the dietician regarding enteral feeding (private patients)
- Staff are trained and deemed competent and capable if specialised equipment is required for patients. A record of training must be recorded and retained (private patients)
- There is robust managerial oversight of the risk assessment and care plan for patients who require the use of specialised equipment
- Staff must record what equipment is used if two or more types of equipment are in the patient's home
- There is a robust system to record any medication errors and the actions taken to prevent recurrence are recorded
- Staff are to be trained in administering medication and written records maintained
- The medication policy must include the use of oral syringes
- Staff are trained in Dysphagia/swallowing awareness and records of this training retained
- The care plan includes all relevant assessed risks and notes, when relevant, Dysphagia needs (private patients)
- The agency can demonstrate a good knowledge of patients' wishes, preferences and assessed needs as identified within the care plans and associated Speech and Language Therapy (SALT) dietary requirements
- The agency must ensure that a copy of the SALT assessment, including the recommendations, is contained in the patients' files
- Patients are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plans

Indicator 2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users and where appropriate patients at appropriate intervals.

Example of Evidence

- The agency has systems in place to seek, record, monitor and retain patients' comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by a policy and procedure on quality

assurance

- The registered person must ensure the quality of services is monitored and a report is prepared on a monthly basis
- The agency has put in place robust arrangements for identifying and managing service failures in a timely manner (private patients)
- The quality of service provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.

Indicator 3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders and where appropriate patients.

Example of Evidence

- Patients and their representatives are aware of who to contact if they want advice or have any issues/concerns (private patients)
- The agency maintains records of its contact with service users and, where appropriate, patients or their representatives to which it provides staff
- Staff communicate effectively with patients, families and trust professionals when there are quality issues arising (private patients)
- There are arrangements in place to ensure that the views of patients with specific communication needs are sought (private patients)

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

Indicator 1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients.

Examples of Evidence

- Staff are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented
- Patients are consulted with in relation to the confidentiality of their personal information (private patients)
- Staff have received human rights training or guidance
- There are arrangements in place to ensure that restrictive practices are kept under regular review (private patients)
- The autonomy of patients is respected and they are encouraged to exercise choice and control over all aspect of their planning (private patients).
- Consultation with (private) patients and staff demonstrates that those who use the service are treated with dignity and respect.

Indicator 2

Service users and where appropriate, patients and their representatives are listened to, valued and communicated with in an appropriate manner; their views and opinions are sought and taken into account in all matters affecting them.

Examples of Evidence

- Service user/ patient consultations about the standard and quality of care are carried out in accordance with the agency's policy and procedure
- The findings regarding service user/patient satisfaction surveys are summarized and included within the annual quality report; action plans should be developed to address any identified areas for improvement
- There are appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- There are arrangements in place for promoting fairness and involving patients to make informed decisions about all aspects of their care (private patients).

There is effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator 1

There are management and governance systems in place to meet the needs of service users/patients

Examples of Evidence

- There are policies and procedures in place which are reviewed at least every three years
- Staff can easily access policies and procedures
- Governance arrangements effectively support the identification and management of risks
- A complaints policy and procedure is maintained in accordance with legislation, DHSSPS Standards and regional guidance
- There are arrangements in place to support patients to make a complaint
- Records are kept of all complaints and these include details of all communications with complainants, the result of the investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints, identify trends and learning and to enhance service provision
- There is an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- There is an accurate alphabetical index of service users, including the full name, address and telephone number of each of them; for private patients, a unique identifier should be assigned
- There is an accurate alphabetical index of nurses supplied or available for supply by the agency, including any unique identifier assigned to them; this should include the date the nurses were first supplied by the agency.

Indicator 3

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- Arrangements are in place for managing incidents/notifiable events
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the agency
- Arrangements are in place for staff supervision, appraisal and performance management
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality.

Indicator 4

There is a clear organisational structure and all staff are aware of their role and responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details the responsibilities of all staff
- Nurses are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Nurses are made aware of the management structure within the agency and who to speak with if they want advice or have issues/concerns
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, HSC values, standards and legislation.

Indicator 5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. HSC trusts, NMC
- Arrangements are in place for nurses to access their line manager
- Discussion with nurses confirms that there are good working relationships and that management are responsive to suggestions/concerns.
- There are arrangements in place to ensure that staff are registered as appropriate with the relevant regulatory body (NMC) and registration is maintained and reviewed by management.

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice. Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website



Regulation and Quality Improvement Authority
7th Floor
Victoria House
15-17 Gloucester Street
Belfast
BT1 4LS

Tel: 028 9536 1111
Email: info@rqia.org.uk
Web www.rqia.org.uk
Twitter [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care



**Monitoring Quality in a Nursing
Agency: Guidance for Registered
Providers**

**(Regulation 20 of the Nursing Agencies Regulations
(Northern Ireland) 2005)**

**7th Floor Victoria House 15-27 Gloucester Street Belfast BT1 4LS
Tel: (028) 9536 1111**

Who must visit the Nursing Agency?

Main points

Registered providers are responsible for monitoring the quality of service provided in their agency.

Where the registered provider of a nursing agency, the Nursing Agencies Regulations require that the registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. The nature of the required monitoring is set out within paragraph 1.12 of the Minimum Standards for Nursing Agencies

In accordance with Regulation 20 of the Nursing Agencies Regulations (Northern Ireland) 2005, RQIA may request submission of any monitoring report compiled. The registered provider must retain a copy of the report for examination by the Regulation and Quality Improvement Authority (RQIA).

The registered provider must develop a system which includes a visit to the agency by or on behalf of the registered person by someone who is not the manager and who is not directly involved in the day to day running of the agency, to carry out the monthly visits and report on what they find. This individual is referred to as “the monitoring officer” in this document.

How frequently must the registered provider/monitoring officer visit the domiciliary care agency?

The visit by the or on behalf of the registered provider individual/monitoring officer must visit the agency once per month. Taking into account the nature of the service, the responsible individual should record within the report a clear rationale for whether each visit is carried out on an announced or unannounced basis. Standard 1.1.12

What must the registered provider/monitoring officer do at the monitoring visit?

The visit provides an opportunity for the registered provider/monitoring officer to monitor the quality of the service being provided in their agency. They may wish to concentrate on aspects of the service that people using it have told them they need to improve. They should include all the issues requiring action in their quality improvement plan. The registered provider/monitoring officer should look at how they are promoting equality and meeting the diverse needs of the people using the service.

They must interview, with consent and in private, a sample of:

- Users of the nursing agency
- Representatives of service users
- Staff working for the nursing agency
- Professionals who refer people to the nursing agency
- They should select a sample that will give a good overview of the experiences of people using and working in the agency with particular regard to their equality and diversity.
- They must inspect the agency's record of accidents / incidents and records of any complaints.

How must the registered provider/monitoring officer record their visit?

The registered provider/monitoring officer must write a report about their visit. The report should reflect what they did and what they found out about the service being provided and report on what progress is being made on the agency's improvement plan. The report should include a commentary on the experiences of people using and working in the agency. Any actions incorporated into an improvement plan should be clearly set out with associated timescales and actions allocated to the relevant staff member.

The report is primarily a tool that the registered provider can use as part of their management of the quality of their service and will support their responsibilities to review the quality of care as detailed under Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

The form in Appendix 2 provides a suggested format for the report that the registered provider may wish to use. However, the registered provider may wish to develop their own format for the report that fits in with other aspects of their quality monitoring.

What must they do with the report?

- The report helps the registered provider to monitor and improve the quality of their service in ways that matter to the people using it. Progress against any necessary actions identified in the course of one monitoring visit should be evaluated and recorded on subsequent monitoring visits.
- They must keep the report available for inspection by RQIA on file and provide the RQIA with a copy of this if requested.
- RQIA will use any submitted reports to monitor action against the registered provider's quality improvement plan.
- If RQIA requires the registered provider to supply a copy of their monitoring report, RQIA will specify the form and manner of delivery. The registered provider may wish to consider sending the report by secure means if it contains any confidential, particularly private, personal information.
- The registered provider must also make the report available to:

The service's registered manager and If the registered provider is an organisation, to each of the directors or other people responsible for the management of the organisation; or If the registered provider is a partnership, to each of the partners

Expected outcomes

- The registered provider can monitor the quality of the service provided in their domiciliary care agency.
- The registered provider can track progress between monitoring visits against any improvement actions specified following a monitoring visit.
- The registered provider will support the registered manager in making necessary improvements to the quality of the service.
- The views of service users, relatives and/or their representatives, staff and other stakeholders can be taken into account.
- Trend data on the number of incidents by type can be reviewed and any learning disseminated early to all staff.
- The number of complaints by type and action taken to resolve these will be reviewed and recorded.
- The agency will continuously improve the quality and standard of care provided.

Appendix 1**Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005**

20.— (1) *the registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.*

(2) *The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.*

(3) *The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.*

(4) *The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.*

(3) *The report referred to in paragraph (2) shall be supplied to the Regulation and Quality Improvement Authority (RQIA) within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the RQIA.*

(4) *The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.*

(5) *The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.*

Extract from Standard 1.12. The Nursing Agencies Minimum Standards, 2008

Standard 1 Management systems and arrangements are in place that supports and promote the delivery of quality care services:

1.12

The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the service and/or their representatives about the quality of care provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with the minimum standards.

APPENDIX 2

Report of registered provider/monitoring officer's visit to their nursing agency:

| | |
|--|--|
| Name and address of the nursing agency | |
| | |
| | |
| Name of the registered provider and their position in the organisation | |
| | |
| Date and time of visit | |
| Name and designation of the monitoring officer | |
| Was this visit announced or unannounced? | |
| Name of person in charge of the agency during the monitoring visit | |

| Actions from previous visit | Progress |
|-----------------------------|----------|
| | |

Number of service users including: Nursing Home managers, HSCT contracts departments and patients as appropriate.

Number of service users/patients consulted and summary of their views on the quality of care and support provided by the agency.

Number of staff interviewed and summary of their comments on the standard of care provided.

Number of referring professionals interviewed /consulted and a summary of their comments on the standard of care provided by the agency.

The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined the DHSS 2005 guidance on restraint.

Have all accidents/incidents been reported to the RQIA, as appropriate?

Key findings from looking at the records of complaints during this month including updates on ongoing complaints

Recruitment checks

Record the number recruitment files checked with staff unique identifier.

| Name | Date | Comments |
|------|------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

CNO alerts

Provide information on recent alerts.

| |
|--|
| |
|--|

NMC Checks

How many checks completed re staffs NMC status

| Name | NMC Number | Comments |
|------|------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Staff misconduct

Record any incidents of staff misconduct with detail and outcomes.

| Name | Incident | Outcome | Comment |
|------|----------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Supervision/Appraisal

Supervision/appraisal records are up to date and in line with agency policy? Record number of staff files reviewed.

| Name | Date | Supervision | Appraisal |
|------|------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Training

Are all training records up to date and recorded appropriately? Have all staff undertaken dysphagia training and moving and handling training including the use of specific equipment? Record the number of training topics audited.

| Training topic | Date/s | Names of attendees | Comments |
|----------------|--------|--------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Areas for improvement specified in the RQIA’s quality Improvement plans. **(QIP)**

| Areas for improvement | Completion date | Progress |
|-----------------------|-----------------|----------|
| | | |

Commentary on progress made on planned improvements.

Other improvements planned as a result of observations during this monitoring visit.

| |
|--|
| |
|--|

Other areas for audit during this monitoring visit.

| |
|--|
| |
|--|

Action plan agreed as a result of this visit - by whom and timescale for completion.

| Action | By whom | Completion date |
|--------|---------|-----------------|
| | | |

| | |
|--|--------------------------|
| Signed: | |
| Designation: | |
| Date completed: | |
| Report reviewed by the Responsible individual | Date: Signed: |



The **Regulation** and
Quality Improvement
Authority



RQIA Provider Guidance 2019-20

Nursing Agencies

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights.

The Four Domains: Stakeholder Outcomes



How We Will Inspect

We will inspect every nursing agency at least once every year. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect a nursing agency, we aim to:

- Seek the views of the people who use the service, and or their representatives. In some cases we will do this before our inspection visit
- Talk to the manager and available staff on the day of the inspection
- Talk to trust professionals and commissioners, where appropriate.
- Examine a range of records including policies, care records, incidents and complaints
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Nursing Agencies Minimum Standards (2008)

For the purposes of this inspection the term

“service user” means a person to whom an agency-

- (a) supplies a nurse who is employed by the agency; or
- (b) provides services for the purpose of supplying the service user with a nurse for employment by that service user;

“patient” means a person to whom nursing is provided by a nurse supplied by an agency;

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is Care Safe?

Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of patients.

Examples of Evidence

- Pre-employment checks are undertaken
- There is a written policy and procedure for nurse recruitment
- The agency has a structured induction programme
- A system is in place to ensure that nurses receive supervision in accordance to the required standard and records are retained
- Arrangements are in place to ensure nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these
- A system is in place to identify and provide any additional training needed to meet the requirements of service users.

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of patients.

Examples of Evidence

- Safeguarding training is provided to staff during induction and updated in accordance to the required standard
- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and Adult Safeguarding Operational Procedures 2016, Cooperating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees Regional Policies and Procedures, 2005
- The agency annual safeguarding report is available for review during the inspection
- There are arrangements in place to identify the Adult Safeguarding Champion
- There are arrangements in place to embed the new regional operational safeguarding procedures
- All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with regional adult safeguarding procedures
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- There are arrangements in place for patients to raise concerns within and out of hours (private patients)
- The agency has a whistleblowing policy and procedure
- Nurses are aware of their duty in relation to raising concerns about poor practice
- Nurses are knowledgeable about the human rights of patients and are aware of the potential impact of any restrictive practices

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated.

Examples of Evidence

- There are arrangements in place to ensure the nursing agency appropriately assesses the needs and requirements of each request for an agency nurse placement
- Notifiable events when appropriate are reported to RQIA and other relevant organisations
- Arrangements are in place to assure the agency that the nurse's NMC registration is maintained
- The selection of nurses for supply is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting
- The agency has systems in place to monitor the performance of nursing staff
- Care plans and risk assessments include the views of the patients and where possible, their understanding of risks, the choices provided regarding care provision and the right to decline elements of the care proposed (private patients)

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose

Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance to the data protection act
- The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes guidance for nurses and agencies on the implementation and use of restrictive practices
- The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis. (private patients)
- The provision of care is regularly evaluated and reviewed (private patients)
- There is evidence of the best interests of patients being considered where the service user lacks capacity to consent to or decline proposed elements of their care (private patients)
- The communication needs of patients have been assessed and where appropriate, communication support plans put in place (private patients)
- Patients are provided with a copy of their care plan in a suitable format and receive information in relation to potential sources of (external) support/advocacy to discuss their needs and care plan (private patients)

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users and where appropriate patients at appropriate intervals.

Examples of Evidence

- The agency has systems in place to seek, record, monitor and retain service user and where appropriate patient's comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by the agencies monitoring and auditing the quality of services policy and procedure
- The registered person monitors the quality of services and completes a monitoring report on a monthly basis
- The agency has in place robust arrangements for identifying and managing service failures in a timely manner (private patients)

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders and where appropriate patients.

Examples of Evidence

- The agency maintains records of its contact with service users and where appropriate patients or their representatives to which it provides staff
- Staff communicate effectively with patients, families and trust professionals when there are quality issues arising (private patients)
- There are arrangements in place to ensure that the views of patients with specific communication needs are sought (private patients)

Is Care Compassionate?

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients.

Examples of Evidence

- Staff are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented
- Patients are consulted with in relation to the confidentiality of their personal information (private patients)
- Staff have received human rights training or guidance
- There are arrangements in place to ensure that restrictive practices are kept under regular review (private patients)
- The autonomy of patients is respected and they are encouraged to exercise choices and control over all aspects of their care planning (private patients)

Indicator C2

Service users and where appropriate patients are listened to valued and communicated with, in an appropriate manner.

Examples of Evidence

- The agency has appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- The agency seeks and records the views of service users and where appropriate patients on a regular basis and these are used to improve the quality of the service provision
- There are arrangements in place for promoting fairness and involving patients to make informed decisions about all aspects of their care and these are used to improve the quality of service provision (private patients)

Indicator C3

There are systems in place to ensure that the views and opinions of service users, where appropriate patients and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Service user/ patient consultations about the standard and quality of care are carried out in accordance with the agency’s policy and procedure
- The agency publishes its findings regarding service user/patient satisfaction
- The agency has an action plan to develop and improve on the services it provides

Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to meet the needs of service users/patients.

Examples of Evidence

- The agency ensures that required policies and procedures are in place and are reviewed every three years
- Policies are retained in a manner which is easily accessible
- The agency’s governance arrangements highlight the identification and management of risk
- The agency maintains and implements a complaints policy and procedure in accordance to legislation and DHSSPS standards
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints and identify learning
- The agency has an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- The management have systems in place to consider equality for patients (private patients)
- Staff are aware of equality legislation and recognise and respond to the diverse needs of patients (private patients)

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- The agency manages incidents/notifiable events in accordance to local and regional guidelines
- Audits of incidents are undertaken and learning outcomes are disseminated as appropriate
- Arrangements are in place for staff supervision, review of training and development and performance management
- The agency has a system to ensure that nursing staff are appropriately trained at all times
- The agency’s management and governance systems focus on improving positive outcomes for

patients

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Service users, private patients and/or representatives are aware of roles of nurse within the agency and who to speak with if they want advice or have issues/concerns
- There are opportunities for staff awareness regarding equality legislation to recognise and respond patient's diverse needs.
- There are arrangements in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values standards and legislation

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Service User Guide are kept under review, revised and updated as required
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision
- The agency has effectively responded to previous RQIA quality improvement plans

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. service providers/ private patients, HSC Trusts and NMC
- Arrangements are in place for nurses to access their line manager
- There are arrangements in place to support nursing staff (e.g. supervision)
- Feedback from nursing staff indicates that there are good working relationships and that management are responsive to suggestions/concerns

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care

Nursing Agencies

Click on any of the headings below to access the relevant legislation, standards and guidance in relation to this area of work.

| | | |
|---|---|------------------------------|
| Safeguarding Adults, Children and Young People | Infection Prevention and Control | Management of Records |
| Complaints Management | Medicines Management | |

MAHI - STM - 102 - 10253

| TRAINING SUBJECT | FREQUENCY | REGULATION | STANDARD | GUIDANCE / LINK |
|--|---|---|---|---------------------------------------|
| 1) Safeguarding Adults, children and young people | At Induction and mandatory every 3 years. | | <u>9.4</u> <u>9.10</u> | |
| 2) Infection Control | All staff commensurate with their role | | <u>6.5</u> | <u>NIPEC Guidance</u> |
| 3) Management of Records | All staff commensurate with their role | | <u>3.6</u> | |
| 4) Complaints management | All staff commensurate with their role | | <u>8.8</u> | |
| 5) Medicines Management | All staff commensurate with their role | <u>12 (1) (b) and (d)</u> | <u>6</u> | |



RQIA Provider Guidance 2018-19

Nursing Agencies

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The Four Domains



How We Will Inspect

We will inspect every nursing agency at least once every year. Our inspectors are most likely to carry out unannounced inspections, however from time to time we need to give some notice of our inspections.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect a nursing agency, we aim to:

- Seek the views of the people who use the service, and or their representatives. In some cases we will do this before our inspection visit
- Talk to the manager and available staff on the day of the inspection
- Talk to trust professionals and commissioners, where appropriate.
- Examine a range of records including policies, care records, incidents and complaints
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Nursing Agencies Minimum Standards (2008)
- Previous inspection outcomes and any information we have received about the service since the previous inspection

For the purposes of this inspection the term

“service user” means a person to whom an agency-

- (a) supplies a nurse who is employed by the agency; or
- (b) provides services for the purpose of supplying the service user with a nurse for employment by that service user;

“patient” means a person to whom nursing is provided by a nurse supplied by an agency;

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is Care Safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of patients.

Examples of Evidence

- Pre-employment checks are undertaken
- There is a written policy and procedure for nurse recruitment
- The agency has a structured induction programme
- The agency has a procedure in place for induction of nurses required for short notice/emergency arrangements
- A system is in place to ensure that nurses receive supervision in accordance to the required standard and records are retained
- Arrangements are in place to ensure nurses providing clinical care are aware of the local clinical supervision arrangements and how to access these

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of patients.

Examples of Evidence

- Safeguarding training is provided to staff during induction and updated in accordance to the required standard
- The agency's policies and procedures are in line with the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and Adult Safeguarding Operational Procedures 2016, Cooperating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees Regional Policies and Procedures, 2005
- There are arrangements in place to identify the Adult Safeguarding Champion
- There are arrangements in place to embed the new regional operational safeguarding procedures
- All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with regional adult safeguarding procedures
- Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place
- The agency has a whistleblowing policy and procedure
- Nurses are aware of their duty in relation to raising concerns about poor practice

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated.

Examples of Evidence

- There are arrangements in place to ensure the nursing agency appropriately assesses the needs and requirements of each request for an agency nurse placement
- Notifiable events when appropriate are reported to RQIA and other relevant organisations
- Arrangements are in place to assure the agency that the nurse's NMC registration is maintained
- The selection of nurses for supply is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurse(s) to the requirements of the placement setting
- The agency has systems in place to monitor the performance of nursing staff

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose

Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which supports the creation, storage, recording, retention and disposal of records in accordance to the data protection act
- The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes guidance for nurses and agencies on the implementation and use of restrictive practices
- The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis. (private patients)
- The provision of care is regularly evaluated and reviewed (private patients)

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users and where appropriate patients at appropriate intervals.

Examples of Evidence

- The agency has systems in place to seek, record, monitor and retain service user and where appropriate patient's comments regarding the quality of care provided by the agency
- The agency has arrangements in place to complete regular audits and review of service provision. This should be informed by the agencies monitoring and auditing the quality of services policy and procedure
- The registered person monitors the quality of services and completes a monitoring report on a monthly basis

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders and where appropriate patients.

Examples of Evidence

- The agency maintains records of its contact with service users and where appropriate patients or their representatives to which it provides staff

Is Care Compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients.

Examples of Evidence

- Staff are aware of the agency's policy and procedure on confidentiality and can demonstrate how this is implemented

Indicator C2

Service users and where appropriate patients are listened to valued and communicated with, in an appropriate manner.

Examples of Evidence

- The agency has appropriate systems to ensure that nurses can report concerns they may have regarding a placement
- The agency seeks and records the views of service users and where appropriate patients on a regular basis
- There are arrangements in place for involving patients to make informed decisions (private patients)
- There are arrangements for providing information in alternative formats (private patients)
- There is a system to ascertain and take into account the patient's wishes and feelings (private patients)

Indicator C3

There are systems in place to ensure that the views and opinions of service users, where appropriate patients and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Service user/ patient consultations about the standard and quality of care are carried out in accordance with the agency's policy and procedure
- The agency publishes its findings regarding service user/patient satisfaction
- The agency has an action plan to develop and improve on the services it provides

Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to meet the needs of service users/patients.

Examples of Evidence

- The agency ensures that required policies and procedures are in place and are reviewed every three years
- Policies are retained in a manner which is easily accessible
- The agency's governance arrangements highlight the identification and management of risk
- The agency maintains and implements a complaints policy and procedure in accordance to legislation and DHSSPS standards
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Staff know how to receive and manage complaints
- Appropriate governance systems are in place to audit complaints and identify learning
- The agency has an incident policy and procedure which details reporting arrangements to RQIA and other relevant agencies
- The management have systems in place to consider equality for patients (private patients)

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

- The agency manages incidents/notifiable events in accordance to local and regional guidelines
- Audits of incidents are undertaken and learning outcomes are disseminated as appropriate
- Arrangements are in place for staff supervision, review of training and development and performance management
- The agency has a system to ensure that nursing staff are appropriately trained at all times

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s has an understanding of their roles and responsibilities under legislation
- Service users, private patients and/or representatives are aware of roles of nurse within the agency and who to speak with if they want advice or have issues/concerns
- There are opportunities for staff awareness regarding equality legislation to recognise and respond to service users' diverse needs.

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Service User Guide are kept under review, revised and updated as required
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)

- RQIA certificate of registration is on display and reflective of service provision
- The agency has effectively responded to previous RQIA quality improvement plans

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There are collaborative working arrangements with external stakeholders e.g. service providers/ private patients, HSC Trusts and NMC
- Arrangements are in place for nurses to access their line manager
- There are arrangements in place to support nursing staff (e.g. supervision)
- Feedback from nursing staff indicates that there are good working relationships and that management are responsive to suggestions/concerns

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care