ORGANISATIONAL MODULES 2024

MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT

Statement of Linda Kelly
Date: 3rd May 2024

I, Linda Kelly, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of The Northern Ireland Practice and Education Council (NIPEC) in response to a request for evidence by the Inquiry Panel.

This is my first formal statement to the Inquiry.

I will number any exhibited documents, so my first document will be “Exhibit 1”.

Qualification and Position

1. I am the Chief Executive and the Accounting Officer for NIPEC. I have been in this post since March 2022. My professional address is NIPEC 4th Floor James House, 2-4 Cormac Avenue Belfast, BT7 2JA.

2. As Chief Executive, I am an executive member of the NIPEC Council. I report to the Chair of NIPEC and am directly responsible in my role to the Permanent Secretary of the Department of Health (DoH) and ultimately, to the Minister for Health in Northern Ireland (NI). In my role I support the Chair and NIPEC Council to fulfil their statutory responsibilities of the Organisation and provide leadership to the Senior Management

Team within NIPEC. This role includes overseeing the business of NIPEC to ensure delivery of the statutory functions outlined in paragraph 9 below.

3. The sponsoring department for NIPEC is the Northern Ireland (NI) Department of Health (DoH) Nursing Midwifery and Allied Health Professionals Directorate (NMAHP) which is led by the DoH Chief Nursing Officer (CNO). NIPEC plays a particular role in supporting the vision and objectives of the CNO in the DoH, in the continued pursuit of excellence in the delivery of nursing and midwifery services to the population of NI.

4. Linda Kelly RN, MSc, PGDip, BSc.

I am a qualified a registered nurse on Part 1 of the Nursing and Midwifery Council (NMC) register since 1990. I hold the following qualifications:

- Register Nurse with the NMC, 1990
- BSC (hons) degree in Nursing (District Nursing Option), 2002
- Post Graduate Diploma in Health and Social Services Management, 2007
- Master's degree in Public Administration, 2011
- Post Graduate Certificate in Leadership in Healthcare, 2019.

5. As a registered nurse (with the NMC) since 1990, I have worked in the NI Health and Social Care (HSC) system throughout my career in a number of nursing positions, my early career was spent working in a range of acute hospitals, as a Community Nurse, a District Nursing Sister and a Team Leader for multiprofessional community teams. Since 2011, I progressed into the following roles:

- With a background of District Nursing, Care Management and Governance Lead roles, I took up a post as Assistant Director of Nursing: Safe and Effective Care, in the South Eastern Health and Social Care Trust in 2011,
- From February 2020 to November 2021, I held a seconded post of the Deputy Chief Nursing Officer (DCMO) role in the DoH, NI,
- From November 2021 to March 2022, I was appointed as the Interim Chief Nursing Officer (CNO), DoH, NI.

- In March 2022, I moved to my present post as Chief Executive NIPEC for Nursing and Midwifery.

6. NIPEC was established as a Non-Departmental Public Body (NDPB) on the 7th October 2002.

7. The Council is comprised of a Chair, Chief Executive and members up to a maximum of 16 in total, appointed by the Department of Health, Social Services and Public Safety (DHSSPS), now the Department of Health (DoH).

8. NIPEC was established to support the best performance of nurse and midwives in all contexts, through developing their practice and enhancing their education, as outlined in in a note of Royal Ascent at NIPEC meeting on the 6th November 2002 (Exhibit 1).

9. The Council hold their meetings in public and meet on a quarterly basis. NIPEC's statutory responsibilities are:

   To promote:
   - high standards of practice among nurses and midwives;
   - high standards of education and learning for nurses and midwives;
   - professional development of nurses and midwives;

   and provide:
   - guidance on best practice for nurses and midwives;
   - advice and information on matters relating to nursing and midwifery.

10. As Chief Executive of NIPEC, I am the Accountable Officer to the DoH, I am responsible for:

    - planning and monitoring of NIPEC Corporate and Business plans
    - advising the Council of the discharge of its responsibilities
    - managing risk and resources
    - accounting for NIPEC's activities
    - consolidation of information in regards to its financial results and position (Exhibit 2)

11. As Chief Executive, I am keen to support the Muckamore Abbey Inquiry in delivering their Terms of Reference in any way I can. In preparing this statement input has been provided by staff working in NIPEC, who have supported through a review of the documentary evidence held by NIPEC. Given the passage of time and the fact that myself nor the current staff were employed with NIPEC since its inception in 2002, it is possible that some recollections may be incomplete.

Modules/Topics to be addressed

12. In this statement I will address issues relating to Module 8: Professional Organisation and Oversight.

13. My evidence relates to paragraphs 19, 10 - 13, 17 and 18 -19 of the Inquiry's Terms of Reference.

14. I have been asked to address a number of questions/issues for the purpose of my statement. I will address those questions/issues in turn.

Q1. Please describe any work undertaken by NIPEC between 1999 and 2021 on competencies for Registered Nurses in Learning Disability.

15. Since it was established in 2002, NIPEC's programme of work has focused on promoting high standards of practice, education and professional development across the nursing and midwifery professions to meet its statutory responsibilities. Whilst not specific to the Learning Disability field of practice, a significant number of projects within NIPEC's programme of work would have been applicable to registrants working in all fields of nursing and across many settings. Whilst some records of early work have been disposed of in line with NIPEC's retention and disposal schedule, a synopsis is provided below of a selection of work projects that I have identified as supporting competency for all nurses, including those working as Registered Nurse Learning Disabilities (RNLD). By way of example, we have included the following pieces of work undertaken by NIPEC which were either relevant to the role of RNLDs as part of the registered nursing

workforce or focused exclusively on the competencies for RNLDs within their specific field of practice.

NIPEC work relevant to all registrants are included in paragraphs 16.1 to 30.6

- Enabling Professionalism (EP)
- NIPEC Recording Care Project
- Safeguarding Children
- Safeguarding Adults
- Supervision and Preceptorship
- Nursing and Midwifery Supervision Framework for NI
- Preceptorship
- Future Nurse Future Midwife (FNFM)

NIPEC work specific to RNLDs are outlined in paragraphs 31.1 - 46

- UK Learning Disability Nursing: Strengthening the Commitment (StC)
- UK Strengthening the Commitment (StC) Steering Group
- Strengthening the Commitment NI Action Plan
- Strengthening the Commitment NI Collaborative
- Learning Disability Nursing Professional Development Forum
- CNOs Position Strengthening the Commitment 2019

16. <u>Enabling Professionalism (EP)</u>

16.1 The publication of the NMC Code in 2015, set out standards and a clear expectation of the practice, behaviours and attitudes required from registrants. Revalidation processes, launched in 2016, also set out requirements for individual nurses and midwives to demonstrate through a range of evidence that they were fit to practise against the standards of the Code. It was in that context NIPEC supported the CNO NI, working alongside the UK Chief Nursing Officers (CNOs) and the Nursing and Midwifery Council (NMC) to take forward a nationwide initiative to define what professionalism means in practice. The work was Chaired by the NI CNO on behalf of the UK CNOs.

16.2 The resulting framework supported by NIPEC: Enabling Professionalism (EP), launched on the 12th May 2017, considered the impact of autonomous, competent, accountable practitioners and the difference that they make to a person's health and wellbeing. This was accompanied by a range of resources which were made available on the NMC website and NIPEC website: including three animations demonstrating how the framework might be used to support professionalism in practice. This information was shared across nursing and midwifery leaders in NI for dissemination, to support registrants to understand what professionalism can look like in everyday practice and support them in applying the principles and standards of the Code.

16.3 In 2019, The Chief Nursing Officers (CNOs) of the United Kingdom (UK) and Ireland pledged to undertake a collaborative workstream aligning with the ethos of the Year of the Nurse and Midwife and Nursing Now 2020, linked to the EP framework (2017).

16.4 NIPEC supported the refreshing of the original EP (2017), leading a co-produced resource to support the collection of 'narratives' describing 'Defining characteristics' of nurses and midwives in a modern context. Produced and consulted on by a Five Country Task and Finish Group using the lens of EP, a campaign was launched on 12 May 2022, to encourage nurses, midwives and the public to tell their story and why they are 'Here for Life'. NIPEC supported the CNO in the launch of this campaign across NI.

16.5 The refreshed, 2022 EP Framework, (Exhibit 3) was also launched at this stage and shared widely across senior leaders for dissemination across their registrant teams. NIPEC used social media and their website to make the resources available to registrants and promote professionalism within the nursing and midwifery workforce across NI.

17. NIPEC Recording Care Project

17.1 The Recording Care Project facilitated by NIPEC began as a small-scale pilot in 2009, the aim of which was to develop tools and resources to improve the standard of nurse record keeping in NI. When the larger regional project began in 2011, the aim had moved to a more encompassing nature of improving the standard of nurse record keeping practice in adult acute wards across the five Health and Social care (HSC) Trusts. The work was Chaired by an Executive Director of Nursing on behalf of the Chief Nursing Officer for NI from the outset and brought a range of regional stakeholders to the programme table including HSC Trusts, staff side organisations, higher education institutions, training organisations, regional bodies including the system regulator and NI DoH representatives. Through a process of audit, improvement activity and professional review, the Recording Care project aimed to demonstrate improvement in specific areas of record keeping practice over the years in a range of care settings.

17.2 The work of NIPEC facilitated Recording Care continued to grow from its beginnings in 2009 concluding in its 12th year. This significant work included the following outlined in Table 1:

TABLE 1 Timescales	**Summary of Action/Achievement**
Jan '09	Pilot of audit and improvement methodology in hospital-based care for adults.
April '10	Construction of data set for regional record
Nov '11 – April 2013	Regional testing across 105 wards in HSC Trusts of improvement programme.
Nov '11 – April 2013	Testing of nursing assessment and plan of care document across all appropriate wards in adult hospital services in all HSC Trusts.
Nov '13	Production of Standards for Record Keeping Practice for nursing and midwifery. (This included public consultation processes and multiple engagement meetings with RCN UK).

Nov ‘13	Production of regional under 24 hour stay nursing assessment and plan of care record
Aug ’13 – Apr ‘14	Production of regional endoscopy day case nursing assessment and plan of care record.
Mar ’14 – Apr ‘15	Production of outline business case for regional nursing e-record
Sept ‘14 – Dec ‘15	Development of regional children’s in-patient nursing assessment and plan of care data set and record.
Feb ’14 – Mar ‘15	Development of a record keeping practice framework for Health Care Support Work Staff (HCSW).
‘16	Development of principles for use for a record keeping practice framework for HCSW
April ’13	Maintenance of improvement methods and audit process regionally
Nov ’13	Engagement with other organisations to inform of work and audit process.
Mar ’15 – Mar ‘16	Development of an electronic short version of the NIPEC Online Audit Tool (NOAT) for use in all practice areas and two professions.
Mar ’14 – on-going	Liaison with pre-registration nursing and midwifery to embed record keeping tools and resources.
Oct ’14 – Nov ‘15	Review of nurse care planning approach in Northern.
Sept ‘15	Small scale pilot of new approach to nurse care planning
Feb – Apr ‘16	Pilot of new approach to nurse care planning
Aug ’15 – Sept. ‘17	Development of regional learning disabilities nursing assessment and plan of care data set and record. Following a review of this data set by the Regional LD Collaborative, implementation of this data set was stalled in 2017 pending a change of ERG membership and further review. This commenced in 2018 under the guidance of the Collaborative and then again in 2019, as a result of leadership changes in LD nursing

Jan ’16 – Sept. ‘17	Review of NOAT to improve applicability across all care settings and professions
Mar ’16 – Dec ‘16	Review of NIPEC guidance for record keeping practice and Standards for person Centred Record Keeping Practice
June ’16 – March ‘20	Review of NIPEC online resources for record keeping practice improvement
July ’16 – December 2021	Evaluation of implementation of PACE approach to nurse care planning including growth of resources
Jun ’16 – Oct ‘16	Review of regional endoscopy day case nursing assessment and plan of care record.
Oct 16 – Oct 17.	Review of regional children’s in-patient nursing assessment and plan of care data set and records
Aug ’16 – Oct ‘17	Production of a data set for ED nursing and accompanying document
September ’17 – Mar ‘18	Review of regional person-centred adult data set.
Jul ’17 – October 2018 Incomplete and paused 2018	Production of principles for recording the practice of special nurses in HSC Trusts
’13 - current	Production of an electronic approach to recording nursing and midwifery care and treatment. This area of work was situated within the ‘Encompass’ programme from Jan 2017.
Mar’18 – initiated – and subsequently ‘paused’ during the response to the COVID-19 pandemic arrangements.	Implementation of improvement methods for children’s in-patient areas and learning disabilities nursing services.

Sept. '18 – April 2020	Implementation of PACE principles to all adult hospital based wards and testing in one team per district nursing locality in each HSCT.
September 2018 – April 2019	Review of regional person-centred adult data set.
April '19 – March 2020.	Review of regional children's in-patient nursing assessment and plan of care data set and records. Four documents in total produced. This review was completed to a final version with no implementation due to the response required for the global pandemic in March 2020.
April '19 – March 2020.	Review of regional district nursing assessment and plan of care data set and records. This review was completed to a final version with no implementation due to the response required for the global pandemic in March 2020.
April '19 – March 2020.	Review of regional learning disabilities nursing assessment and plan of care data set and records. This review was completed to a final version in February 2020 and then subsequently stalled following meetings with the Nursing Officer at the DoH. Ultimately implementation was stalled completely due to the response required for the global pandemic in March 2020.
April '19 – March 2020.	Review of short stay nursing assessment and plan of care data set and records.
April 2021 – August 2021.	Review of under 12-hour nursing assessment and plan of care data set and records
April 2021 – August 2021.	Review of endoscopy nursing assessment and plan of care data set and records
March 2020 – May 2021	Review of the Recording Care / TNMD process and action plan for further implementation/ progress

18. Development of regional learning disabilities nursing assessment and plan of care data set and record

18.1 During August 2015 – 2017 the Recording Care project (see section 17) planned to develop a regional learning disabilities nursing assessment and plan of care data set and record. This was based on achievements in data set production for Recording Care in other areas and fields of nursing practice and a desire from practitioners to have regional consensus on the required record data set across acute and community settings.

18.2 Following a review of an agreed data set by the NI Collaborative for Learning Disabilities Nursing (paragraph 32.2), implementation of this data set was stalled in 2017, pending a change of ERG membership and further review of the group's functions. There were particular issues relating to the development of the regional Learning Disability nursing record as there were a variety of formats already in existence including some e-records platforms and a range of views from stakeholders as to how this work would be best taken forward and achieving consensus agreement.

18.3 During 2019 -2020 the learning disabilities nursing assessment and plan of care data set and records review culminated in the production of updated draft versions: children's (Exhibit 4) and adult's (Exhibit 5). These documents were presented to the Recording Care project (section 17) in February 2020 for consideration. Regarding progressing this work, a review of the documented evidence and staff recall of events at that time, it appears that the combination of the global pandemic in March 2020 and the standing down of the Recording Care Regional Project resulted in a change of focus. Future standards for record keeping standards was incorporated in work associated with the roll out of digital recording and Encompass implementation.

19. Safeguarding Children

19.1 In 2011, the Department of Health Social Services and Public Safety (DHSSPS now DoH), approached NIPEC to conduct a review of the safeguarding training provided in the five Health and Social Care Trusts (HSCTs). The aim of the review was to make recommendations for the training and development needs of registered nurses and midwives working within the Health and Social Care (HSC) who hold varying degrees of responsibility in relation to safeguarding children.

19.2 NIPEC established a regional Expert Reference Group (ERG), chaired by a Nurse Consultant, from the Public Health Agency (PHA). The group, comprised of representatives drawn from the PHA, the five HSCTs including the Trust Safeguarding Lead Nurses, representatives from Midwifery, Mental Health and PHA's Safeguarding Nurse.

19.3 The ERG provided expertise in identifying best practice in relation to safeguarding practice and training and development of nurses and midwives required. It facilitated gathering of data to inform the review and verify the factual accuracy of the data presented. As a result, the Safeguarding Children and Young people: A Core Competency Framework for Nurses and Midwives (NIPEC, 2012) was produced (Exhibit 6).

19.4 This framework outlined the core competencies that the nursing and midwifery workforce are required to have in order to address the safeguarding needs of children during their contact with health and social care. It also supported nursing and midwifery staff in their ongoing learning and development. NIPEC shared this framework across relevant HSC organisations for implementation and made the resource accessible for the workforce on their website.

19.5 This framework was superseded by the PHA Guidance for Nurses, Midwives and Allied Health Professionals in relation to implementing the SBNI 'Child Safeguarding Learning and Development Strategy and Framework' in 2016 (Exhibit 7).

20. Safeguarding Adults

20.1 In 2015, the adult safeguarding policy 'Adult Safeguarding Prevention and Protection in Partnership' was jointly developed and published by the Department of Health and the Department of Justice on behalf of the NI Executive. The aim of the policy was to improve safeguarding arrangements for adults who were at risk of harm from abuse, exploitation or neglect and to promote a culture where safeguarding is everyone's business.

20.2 The Nursing and Midwifery Council (NMC) provides very clear guidance within The Code (2015) on the professional standards of practice and behaviour expected of all nurses and midwives. Every nurse and midwife is responsible for recognising, preventing and managing different types of harm, abuse and neglect, including poor practice. To achieve this, Nurses and Midwives need to have a clear understanding of local safeguarding policy and processes and take reasonable steps to support and protect individuals in their care.

20.3 Following the successful development of the Safeguarding Children: Core Competency Framework (NIPEC, 2012), the Chief Nursing Officer (CNO) requested that NIPEC work in partnership with the Public Health Agency (PHA) a Safeguarding Adults: Core Competency Framework for Nurses and Midwives. The aim of the project was to develop a competency framework for all nurses and midwives that would reflect the skills and knowledge required to safeguard adults.

20.4 A steering group was established, co-chaired by Assistant Director of Nursing and Consultant Nurse from the Public Health Agency (PHA). Membership of the steering group included key stakeholders drawn from the following organisations: HSC Trusts, Clinical Education Centre, NI Adult Safeguarding Partnership (NIASP), PHA, Regulation and Quality Improvement Authority, Independent Health and Care Providers, Four Seasons Health Care, Health and Social Care Board, Royal College of Nursing, Royal College of Midwifery.

20.5 A total of 6 meetings were held between June 2017 and Sept 2018. An Expert Reference Group (ERG) was established from the membership of the Steering

Group with the purpose of writing the competency framework and ensuring that consultation with stakeholders was carried out and informed the final framework.

20.6 The framework had been developed taking cognisance of the NI Adult Safeguarding Partnership (NIASP) Training Strategy (2013, revised 2016) which succinctly outlined the levels of training for staff involved in the lives of adults at risk in NI. The competency framework for Nurses and Midwives was developed to enable nurses and midwives to identify their learning and development needs in relation to Adult Safeguarding ensuring the provision of safe, effective person-centred services. This would support each registered nurse and midwife to identify the skills, knowledge and attributes they required in relation to their own role.

20.7 Following widespread engagement workshops across all Trusts and Independent Sector over 2018 year, the Safeguarding Adults: Core Competency Framework for Nurses and Midwives was agreed (Exhibit 8). This was endorsed at CNMAC in February 2019 and subsequently, in June 2019, the CNO for NI issued a circular to HSC organisations advising of use of framework by the nursing and midwifery workforce (Exhibit 9).

20.8 It was agreed that implementation of the framework would be the responsibility of those organisations employing nurses and midwives who should ensure that appropriate education, training and support was in place to enable registrants meet the competencies relevant to their role. Organisations providing adult safeguarding programmes were expected to ensure that the content of education and training programmes required for nurses and midwives reflected the requirements of the Competency Framework (Exhibit 10).

21. <u>Supervision Guidance</u>

21.1 In 2006, NIPEC undertook a Review of Clinical Supervision for Nursing on behalf of the Department of Health and Social Services and Public Safety (DHSSPS). It reported on the extent and nature of supervision activity across the eighteen Trusts at that time in NI.

21.2 On the back of that review, in August 2007, the CNO, asked NIPEC to facilitate a project to assist the implementation of the Regional Standards for Supervision in nursing which were published in July 2007.

21.3 To support full implementation, NIPEC established a Supervision Regional Forum consisting of a Main Working Group (MWG) and Learning and Development Subgroup that provided Health and Social Care (HSC) organisations with tools and guidance to implement supervision in nursing.

21.4 The membership of the Supervision Regional Forum was drawn from the wider health and care sector, with one representative from each Trust at assistant/co-director level who were mandated by the Executive Directors of Nursing to undertake the necessary steps to implement the Regional Supervision Standards within their respective Trusts. A learning and development strategy was produced to help Trusts to build capacity in supervisor roles at the close of the project (Exhibit 11).

21.5 At the end of March 20228 the strategy was issued alongside a Supervision: Common Questions leaflet (Exhibit 12).

22. Nursing and Midwifery Supervision Framework for NI

22.1 At the request of the CNO a Reflective Supervision programme of work began in 2016 and explored the potential of the development of a Nursing and Midwifery Supervision Framework for NI that could be positioned under one policy directive. The work recognised that nursing and midwifery are two separate professions along with legislative changes to the Nursing and Midwifery Order 2001 order, which removed the statutory supervision of Midwives on 31st March 2017.

22.2 NIPEC facilitated four Programme Groups with representation across NI, statutory, voluntary, education and staff and organisations. They were: Programme Board, Nursing Sub Group, Safeguarding Sub Group and Midwifery Sub Group. Work progressed included:

- review of the three types of supervision in NI by individual sub groups (December 2016 – May 2017)
- reports on the efficacy and strengths of the approaches (December 2016 – May 2017)
- shared learning around enablers for implementation and maintenance of approaches (December 2016 – May 2017)
- a workshop to consider an outline for a future framework based on learning from sub group review activities which included a consideration of the relevant literature and evidence for each area of supervision practice (May 2017)
- co-production of an outline framework agreed by the four project groups (May 2017 – August 2017)
- presentation of the outline to the CNO business team, review and agreement of a final format (August 2017 – Jan 2018)
- reconstitution of the sub groups to coproduce final development of a draft framework, working forward from the outline. (Feb 2018 – November 2018)

22.3 A pilot of the Draft Reflective Supervision Framework for Nurses and Midwives in NI was completed 28th June 2021. The aim of this pilot was to test the usefulness of the model to Nurses, Midwives and also the 'fit' of the draft framework with the revised safeguarding children supervision policy.

22.4 The findings of the testing process were provided via a report at the end of September 2021 to the Chief Nursing Officer and Executive Directors of Nursing in NI. Following endorsement at the at the CNO Business meeting the Reflective Supervision Framework was issued in October 2022, (Exhibit 13), and issued to Nursing and Midwifery leads for implementation with the Preceptorship Framework as outlined in paragraph 24.5. This direction was followed by the issuing of Reflective Supervision Safeguarding Policy and Standards for Nurses and Midwives (Exhibit 14) to be used to supplement the overarching Reflective Supervision Framework as appropriate. On the 2nd November 2022, the CNO issued a letter to Executive Directors of Nursing in HSC Trusts indicating that the Regional Safeguarding Policy and Standards for Nurses and Midwives is should be used to supplement the overarching Reflective Supervision Framework as appropriate, (Exhibit 15).

23. Preceptorship

23.1 In 2011, the Chief Nursing Officer commissioned the NIPEC to develop a regional Preceptorship Framework. NIPEC established a project steering group with membership drawn from a wide range of stakeholders, including the five HSC Trusts, Independent Sector, Education Providers, Union Representatives, the Department of Health and the Patient and Client Council (PCC).

23.2 The Preceptorship Framework aimed to ensure a standardised approach to the effective implementation of preceptorship for nurses and midwives and was launched on February 7th 2013. It provided guidance for NI employers and managers of Nursing and Midwifery Council (NMC) registrants in the implementation, auditing and evaluation of preceptorship. The framework also aimed to provide a useful resource for preceptees and preceptors including those responsible for leading and managing preceptorship within their organisations (Exhibit 16).

24. NMC Principles for Preceptorship (2020)

24.1 In 2020, the Nursing and Midwifery Council (NMC) in partnership with the CNO's and the Chief / Lead Officers for midwifery in England, NI, Scotland and Wales developed revised *NMC Principles for Preceptorship* (2020).

24.2 In February 2021, NIPEC sought to review the *NIPEC Preceptorship Framework* and supporting microsite, in order to ensure consistency with the new *NMC Principles for Preceptorship*.

24.3 NIPEC established a time limited task and finish Steering Group using a co-production approach with invites from HSC Trusts to include Nursing Workforce Leads, Preceptors and Preceptees, Universities, DoH, representatives from Independent and Voluntary Sector, Royal College of Nursing, Royal College of Midwives, Unison, Unite, and the NMC.

24.4 A table top exercise was used in order to review, the *NMC Principles for Preceptorship* (2020) with the *NIPEC Preceptorship Framework* (NIPEC, 2013). In addition, focus groups were used to gain a deeper understanding from individuals, managers, organisations, professional bodies and the CNO NI on what would be useful for inclusion in the redesigned *NIPEC Preceptorship Framework* and microsite.

24.5 NIPEC issued the Preceptorship Framework (Exhibit 17), alongside the Reflective Supervision Framework on behalf of the Chief Nursing Officer (CNO), Midwifery Officer and Executive Directors of Nursing, following endorsement at the CNO Business meeting in October 2022, for adoption and implementation by all organisations employing NMC Registered Nurses and Registered Midwives, in NI (Exhibit 18).

24.6 Both the Supervision and Preceptorship Frameworks were disseminated widely across organisations and were to be used to update existing policies, processes and procedures. It was noted that the Frameworks superseded the previous Preceptorship Framework and Supervision Guidance. As outlined in the letter in Exhibit 18, the Executive Director of Nursing or Lead Nurse/Midwife of each organisation were responsible for the implementation and assurance within their organisations. In addition, the Clinical Education Centre (CEC) was tasked with reviewing the content of both their Preceptorship and Supervision education programmes in line with the new framework.

25. <u>Future Nurse Future Midwife (FNFM)</u>

25.1 The Nursing and Midwifery Council (NMC) regulate nurses and midwives in the UK and exist to protect the public. It also sets standards of education, training, conduct and performance so that nurse and midwives can deliver high quality care throughout their careers.

25.2 In May 2018, the NMC published proficiencies and standards for nursing and midwifery education. These standards and proficiencies aimed to raise the ambition in terms of what is expected of a nurse at the point of registration and

aimed to provide nurses and midwives the knowledge and skills they need to deliver excellent care across a range of settings now and in the future (Exhibit 19).

25.3 The NMC undertake approval visits to ensure that Approved Education Institutions (AIEs) meet the programme standards specific for each pre-registration or post registration programme they deliver. AEIs must comply with the NMC standards to be approved to run any NMC approved programme.

25.4 In NI, NMC approved programmes are delivered by the three AEIs i.e. Queens University, Ulster University and Open University.

25.5 In September 2018, NIPEC was asked to lead the programme of work in support of DoH to introduce the new pre-registration NMC 2018 standards. Subsequently, the CNO for NI established a Future Nurse Future Midwife (FNFM) Programme Board and Working Group to oversee arrangements to cohesively embed the outworking's of the new NMC education standards

25.6 The FNFM Programme Board was jointly chaired by the CNO and the DoH Workforce Policy Director who reported through the Human Resources Directorate of DoH to the Permanent Secretary. A FNFM Working Group co-chaired by the DoH and NIPEC was established to progress the work. Both the FNFM Programme Board and the FNFM Working Group included membership from a broad range of key stakeholders across the system and included representation from the NMC. FNFM Project plan including membership of the FNFM Programme Board and FNFM Working Group (Exhibit 20).

26. <u>FNFM Workstreams</u>

26.1 The FNFM Programme Board identified five key areas of work as critical to the success of the project. As a result, sub-groups aligned to the five areas of work, which were co-chaired by working group members from practice and education/policy, were established. Membership of the sub-groups included representation from across the HSC system including representation from

education and practice, the independent/voluntary sector, NMC and other key stakeholder organisations.

26.2 The workstreams included: -

FNFM Work stream	Aim
1. Curriculum Development across Nursing & Midwifery	- to ensure 2020 curricula across the Fields of Nursing and Midwifery* Practice reflected strategic policies and the NI transformation agenda
2. Standards for Student Supervision and Assessment (SSSA)	- to ensure regional implementation of the Standards for Student Supervision & Assessment (SSSA) across all NMC approved programmes
3. Practice Assessment Document	- to develop a regional NI Practice Assessment Document (NIPAD)
4. Practice Learning Environments	- to maximise practice learning opportunities for nursing and midwifery students across all settings
5. Communication and Engagement	- to deliver effective communication which would support implementation of the FNFM education standards

26.3 The Future Midwife, NMC Midwifery standards of proficiency were published in November 2019, which prompted curriculum development thereafter for midwifery (Exhibit 21).

26.4 The infrastructure to support the work also included the establishment of Local Implementation Groups across the HSCT Trusts, the AEIs and the Independent Sector.

26.5 Transformation funding enabled the appointment of small dedicated team of nursing and administrative staff to drive forward this initiative and to support the

implementation of the Transformation agenda outlined in Delivering Together 2026. The team comprised the following:

- A senior professional officer to work with NIPEC to act the FNFM project manager.
- A fulltime Professional Officer and a fulltime administrative and clerical officer within NIPEC
- Part-time (0.5wte) Professional Officers in each of the five HSC Trusts and the PHA (6 in total = 3 wte)

26.6 The FNFM Professional Officers acted as the conduit between the FNFM Project manager, the FNFM workstreams and local FNFM implementation established the FNFM Project infrastructure (Exhibit 22). One FNFM Professional Officer specifically worked to support the Independent Sector. The FNFM Professional Officers were members of the various FNFM project groups and were critical to the success of the project.

27. Curriculum Development: Across the Fields of Nursing & Midwifery Practice

27.1 Through the FNFM Project stakeholder groups relevant to the four fields of practice and midwifery were established. Events were organised which allowed the opportunity for key stakeholders to hear firsthand about the curriculum content, influence and ensure 2020 curricula across the fields of Nursing and Midwifery Practice reflected strategic policies and the NI transformation agenda/s relevant to the Field of practice.

27.2 FNFM Curriculum planning events included:

- 14th January 2019 Children's Nursing using the Children's Nurses Network
- 17th January 2019 Learning Disabilities Nursing using the NI Collaborative
- 18th December 2018 Mental Health – aligned to outputs from the DOH Mental Health Nursing Review – workshop with AEIs & Professional Leads
- 3rd April 2019 Adult Nursing
- 16th September 2020 Midwifery

27.3 In particular to learning disabilities nursing, on the 17th January 2019 NIPEC hosted a workshop to enable Queens University Belfast to present the new Learning Disabilities curriculum aligned to the NMC standards, presentation provided, (Exhibit 23). NI RNLD Collaborative members were invited to attend as were RNLDs from across the system. This was an opportunity to engage first hand with RNLDs, to get their views and feedback on the curriculum and provide an opportunity for discussions in key areas to support the further development of the pre-registration learning disabilities nursing curriculum content.

27.4 Through all these workshops the newly developed curricula were tested and where necessary amendments agreed and thereafter endorsed by senior nursing colleagues from service.

28. Standards for Student Supervision and Assessment

28.1 Two areas of work were established to progress this work stream

(a) implementation of the standards for student supervision and assessment (SSSA). Through the sub group, significant work was progressed to develop an agreed regional model for student supervision which would be operational by September 2020. To support this NIPEC held a SSSA workshop on the 19th January 2019, with an audience of 102 participants. This was used to considered how the new standards could work in practice.

The information obtained was used as the basis for

- an agreed model for student supervision and assessment in NI and
- a guide for those responsible for student supervision and assessment in practice.

This resulted in:

May 2019: First draft of SSSA Guide – *A guide for those responsible for Supporting and Supervision Students*
June 2019: Published SSSA Guide – A guide for those responsible for Supporting and Supervision Students (Exhibit 24)
March 2020: Final SSSA Preparation Programmes were published and made available for delivery of face to face and eLearning (Exhibit 25).

(b) Practice placements/practice learning environments

As part of this workstream significant work was progressed involving a range of key stakeholders to explore how existing practice placements could be expanded to enhance the delivery of pre-registration nursing in the context of the NMC's new education standards across all fields of practice including Learning Disabilities nursing. The new NMC Future Nurse Future Midwife (FNFM) standards provided a unique opportunity to re-evaluate the systems and processes involved in the placement of student nurses and midwives in health and social care environments.

A one-day workshop on practice placement/ practice learning environments (PLE) was organised through the FNFM project. The aim of the workshop was to establish the views and opinions of students, registered nurses and midwives, academic staff and service users in how the FNFM standards could be achieved for students when on placement. 53 participants attended the PLE workshop representing stakeholders from across the system including HSCTs, Independent Sector, Universities, service users and students.

Following on from this and building on the information gathered, a PLE workshop was held on the 8th March 2019 (Exhibit 26) to

- Confirm the Classification of Placements in the PLE to maximise and expand capacity

- Review the Practice Placement Learning Education Audit in line with new FNFM standards
- Review student evaluation of PLE's

In terms of output, a new tool to audit practice placements, for use by all AEIs delivering programmes in NI, and a student evaluation aligned to the new standards were produced via this work stream:

- Student Evaluation (Exhibit 27)
- Practice Learning Environments Education Audit Tool (Exhibit 28)
- Practice Learning Environments Education Audit Tool Guidance (Exhibit 29).

29. Practice Assessment Document

29.1 A specific work stream was established and chaired by Associate Head of School Ulster University and PHA, (Exhibit 30). The intention was to develop a regional NI Practice Assessment Document (NIPAD) which would be adopted into electronic format by the 3 AEIs.

29.2 Development of the NIPAD underwent and testing and refinement and several iterations before a final draft version (9th) was prepared. The NIPAD comprises a core template with adaptations to reflect the specifics of each field of practice. The NIPAD has since been adopted across all 3 AEIs who provide pre-registration nursing programmes in NI.

29.3 In particular to learning disabilities nursing, on the 9th May 2019, a workshop was hosted by Queens University Belfast to showcase the NIPAD for Learning Disabilities Nursing (Exhibit 31). RNLDs from across the system were invited to attend. This was an opportunity to engage first hand with RNLDs to get their views and feedback on the NIPAD for Learning Disabilities Nursing with round table discussions in key areas to support the further development of the practice

assessment document. As a result, comments, feedback and discussion informed the final Learning Disabilities version of the NIPAD (Exhibit 32a and 32b and 32c).

30. Engagement and Communication

30.1 In 2018, an 'Engagement and Communication Strategy was developed for all affected by this work across the Nursing and Midwifery professions (Exhibit 33). The aim of which was the delivery of accurate, timely, relevant and reliable communication in a range of formats. An extensive variety of tools were used including regular communiques, publications, a micro-site on the NIPEC website and social media. Outputs included:

- NIPEC FNFM Microsite including a Resources Section (Exhibit 34)
- FNFM Roadshows x 12 delivered by the FNFM Professional officers (458 registrants attended in person (Exhibit 35)
- FNFM Communiques disseminated to all registrants/key stakeholders across the HSC system. Example included for information (Exhibit 36)
- FNFM SSAA Frequently Asked Questions Leaflets (Exhibit 37)
- FNFM Key Fact Leaflet (Exhibit 38)
- FNFM SSSA Twitter chats (Exhibit 39)
- Video clips by CNO to mark the Launch of Future Nurse
- Future Nurse: - Countdown Clock on NIPEC FNFM microsite - coincided with commencement of the new programme

30.2 By May 2020, the had NMC had undertaken successful approval visits across the three AEIs in NI, ensuring that the education providers and their practice partners met the standards for nursing and midwifery education.

30.3 In July 2020, as agreed by the FNFM Programme Board, the FNFM programme entered a transition phase. At this phase, a range of work incrementally migrated across formally to the Practice Education Teams (PETs) in Trusts responsible for the day to day co-ordination and management of students in practice settings.

30.4 The Programme Board established a NI Practice Learning Collaborative (NIPLC) to ensure the continued implementation of the NMC Education Standards (2018) from September 2020 and were specifically tasked with monitoring the implementation of the regionally agreed FNFM products and resources (Exhibit 40).

30.5 The FNFM Programme Board continued to have oversight of the implementation of FNFM and NIPLC which co-ordinated the transfer of work from the project, so that it is effectively embedded within Trusts until 13th September 2021, when the successful approval of the Midwifery programme by the NMC was complete.

30.6 The FNFM Programme Board was stood down November 2021 when the last meeting was held and a high-level summary of the project objectives and achievements were presented (Exhibit 41).

31. Learning Disability Nursing: Strengthening the Commitment

31.1 In February 2011, the four Chief Nursing Officers (CNOs) from the United Kingdom (UK) commissioned a UK wide project that aimed to reflect upon, review and shape the future of the Learning Disabilities Nursing Profession. The review, was led by the CNO for Scotland on behalf of the four country CNOs. The review aimed to maximise the contribution of the learning disabilities nursing profession across the UK to improve the experience of and outcomes for people with a learning disability and their families and carers. The review also fully acknowledged and recognised the multi-professional and multi-agency context within which learning disability nurses work.

31.2 The resulting report of the UK Modernising Learning Disabilities Nursing Review, titled "Strengthening the Commitment was launched in 2012 http://www.scotland.gov.uk/Resource/0039/00391946.pdf with an overarching aim to ensure that people with learning disabilities of all ages, would have access to the expert learning disabilities nursing they need, want and deserve. This required a renewed focus on learning disabilities nursing as a service, and strategic consideration in building and developing the workforce. The review

aimed to set the direction of travel for learning disabilities nursing across the UK, to ensure they could meet current and future demand, and that the workforce would be ready and able to maximise its role throughout the entire health and social care system.

31.3 Following the launch of the review in Edinburgh on 25th April 2012, a UK Steering Group was established (June 2012), in which each of the four countries were represented. The UK wide Steering Group comprised of representation from the Departments of Health from the four UK countries, UK Learning Disabilities Nurse Consultant Group, Learning/Intellectual Disability Nursing Academic Network (LIDNAN), the Independent Voluntary Sector and pre and post registration Learning Disabilities nursing students. This group was led by the CNO Scotland on behalf of the four CNOs, and met four times a year. At that time there was no Nursing Officer for Learning Disability at the DoH in NI, therefore a Senior Professional Officer from NIPEC represented NI on the UK Steering Group. Through the Steering Group it was agreed that each of the four countries should produce it's own country specific Action Plan to take forward the recommendations of the Strengthening the Commitment (StC) Report, for local implementation.

32. <u>NI Action Plan</u>

32.1 At the request of the CNO a NI draft Action Plan was developed by NIPEC, on behalf of and in partnership with the DHSSPS (now the DoH). The action plan was initially developed through an engagement workshop with key stakeholders and further refined following discussion with CNO. It reflected the recommendations from *Strengthening the Commitment, the UK Modernising Learning Disabilities Nursing Review* (Exhibit 42). The draft action plan was informed by the expert opinion of key stakeholders within NI who either worked or had an interest in learning disabilities nursing policy, practice and education. In May 2013, the draft action plan was shared as a public consultation for a period of 3 months: Draft STC NI Action Plan 2013 (Exhibit 43). The NI Action Plan for Modernising Learning Disability Nursing was published in March 2014, and officially launched in June 2014 (Exhibit 44) to take forward the recommendations stemming from the review.

The recommendations were set out under four themes:

1. Strengthening Capacity,
2. Strengthening Capability,
3. Strengthening Quality
4. Strengthening the Profession.

32.2 At the request of the then CNO, NIPEC established the Northern Ireland (NI) Collaborative in 2014 to support and oversee the delivery of the actions of the NI Action Plan. The NI Collaborative was chaired by then Chief Executive of NIPEC and included representation from; the independent sector; the five HSCTs, educational providers, NIPEC, the Health and Social Care Board, PHA, RCN, Regulation Quality Improvement Authority (RQIA) and service user groups. The NI Collaborative met quarterly, (Exhibit 45). The workplan and the priorities for the Collaborative, were aligned to the NI Action Plan as identified by the members and agreed by the CNO.

32.3 The NI Collaborative provided a formal report of progress on an annual basis to the Chief Nursing Officer. Reports were submitted as follows 2014 – 2016, 2016-2017, 2018-2019. 2020 (Exhibit 46). Whilst the role of the Collaborative had evolved since 2014, it continued to meet and progress work on behalf of the CNO.

34. <u>Engagement and Communication: NI Action Plan</u>

34.1 One of the key actions of the NI Collaborative during 2014/15, was to promote engagement with RNLDs across NI through regional information seminars organised in each Trust to:

- raise awareness of Strengthening the Commitment and the NI Action Plan and the role of the NI Collaborative
- facilitate front line RNLDs and other key stakeholders to contribute to decision making both locally and regionally in the identification of key priorities and on-going implementation of the NI Action Plan

34.2 Exhibit 47, outlines a summary report of engagement and communication of Strengthening the Commitment NI Action Plan at the time.

34.3 A Strengthening the Commitment NI Action Plan microsite was established on the NIPEC website to ensure timely and accessible information about the activity of the NI Collaborative, and provide access to a range of relevant resources (Exhibit 48).

34.5 To maintain ongoing communication with key stakeholders, NI Actions Plan Communiques were developed by the NI Collaborative, posted on the microsite, and issued electronically on a regular basis across the HSC system, an example of a communique is included (Exhibit 49).

34.6 During 2014/2015, NIPEC facilitated the NI Collaborative to undertake a workforce review for Learning Disabilities Nursing in NI. This workforce review considered statutory and non-statutory sectors delivering learning disability services. This resulted in the report: A Description of the Learning Disabilities Nursing Workforce in NI (Exhibit 50). This report was presented to the CNO and used to inform further actions of the NI Collaborative with a specific focus on building workforce capability and capacity going forward as outlined in the NI Action plan.

34.7 Additionally, during 2014/15 as part of the delivery of the Action Plan, the NI Collaborative supported a number of initiatives to build leadership capability within the RNLD workforce including supporting four third year learning disability nursing students studying at Queens University, to undertake a national two-day leadership event organised by Positive Choices. The students were invited to work with key practice partners from all sectors to support the development of flexible visible leadership within learning disabilities nursing.

34.8 Between February - March 2015, in association with the NI Collaborative, the CNO commissioned a bespoke Senior Nurse Leadership Development Programme for RNLDs, delivered by the RCN (Exhibit 51). A total of 19 participants attended the

programme, five from the independent sector and 14 from five HSCTs, with an Agenda for Change (AfC) Band mix ranging from band 5 to band 8a.

34.9 During 2015, the NI Collaborative contributed to the Strengthening the Commitment, Living the Commitment report which was published in June 2015. This report celebrated the achievements of Learning Disabilities Nursing in the UK (Exhibit 52). The Senior Nurse Leadership Development Programme was used as example of positive practice in Strengthening the Commitment: the Living the Commitment four country report.

34.10 One of the key objectives for the Collaborative stemming from the NI Action Plans was to develop outcome measurement for Learning Disabilities Nursing. In order to progress this, NIPEC supported the NI Collaborative to deliver a learning event held on the 23rd October 2015 to explore outcome measures relevant to Learning Disabilities nursing and reach a consensus about the way forward for this specific requirement of the NI Action Plan. The aim of the learning event was to:

- Develop and agree a process of measuring and demonstrating the outcomes of nursing practice.
- Link with the Regional Key Performance Indicators (KPIs) project to consider the introduction of relevant KPIs within settings where registered nurses - learning disabilities work.
- Ensure that key themes and issues identified via patient experience measures (locally and regionally) inform, improve and develop the practice of registered nurses - learning disabilities.

A summary report which includes the Programme for the event is included (Exhibit 53).

34.11 During 2015 -2016, NIPEC supported the NI Collaborative to engage with the RCN, to establish a Regional Learning Disabilities Nurses Network to include HSCTs, the education sector and the independent/voluntary. The network, aimed at reaching the RNLD workforce in NI, had its inaugural meeting on the 3rd June 2015.

34.12 At a Collaborative meeting in October 2015, a member raised the concern that as the Regional Learning Disabilities Nurses Network was hosted by the RCN, non-RCN members were unable to participate as anticipated. To widen access to all Learning Disabilities Nurses, a joint NIPEC/RCN Professional Development Forum (PDF) for Learning Disabilities Nursing was launched on the 2nd March 2017 - Programme for Event (Exhibit 54), Terms of Reference for the NIPEC/RCN Professional Development Forum (PDF) (Exhibit 55).

34.13 The PDF Forum was primarily aimed at RNLDs, however attendance by nursing students and registrants from across all fields of nursing practice who care for people with learning disabilities and their families were welcomed. The Forum had attendances from across all settings including HSC Trusts, the education sector and the Independent and Voluntary sector. The PDF aimed to provide a platform for RNLDs to exchange best practice, explore professional issues, promote networking and offer an opportunity to present work being undertaking to promote learning disabilities nursing.

34.14 Building from the Outcomes Measurement Learning Event in October 2015, during 2016– 2017, NIPEC supported the NI Collaborative to prepare an outcomes measurement framework specifically applicable to Learning Disabilities field of practice, as a resource for RNLDs working in a range of services across the life span, to enable the demonstration outcomes of nursing practice. Using the expertise of RNLDs across NI including representation from the HSCTs, AEIs, the Independent Sector, the RCN, the RQIA, the CEC, the PHA, a library of outcomes measures resource was developed.

34.15 The resource provides a short synopsis of the tool and a link to outcome measurement tools for use in practice.

34.16 For ease of access the tools and resources were presented in two sections:

- Section 1 relates to outcomes measurement tools used in Children's services
- Section 2 relates to outcomes measurement tools used in Adult services

34.17 Some tools are used in both Children and Adult services and are referenced in both sections. In addition, some of the tools listed in each section may be of use for either children or adults depending on their abilities and needs, so RNLDs are advised to read both sections of the document.

34.18 The Outcomes Measurement Resource was officially launched by the CNO in October 2018 at the RNLD Practice Development Forum (see paragraph 34.24 below) (Exhibit 56).

34.19 During 2017, NIPEC supported the NI Collaborative to develop regionally agreed draft Key Performance Indicators (KPIs) (Exhibit 57) for Learning Disabilities Nursing. Whilst the collaborative progressed work on this initiative, it was aligned to the approach being taken through a regional KPI group, chaired by the CNO and supported by the PHA and NIPEC. A small Task and Finish Group was established, under the guidance of the NI Collaborative, to consider KPI/KPIs for Learning Disabilities Nursing. This group drafted one KPI which was reviewed by the regional KPI Group for consideration. Following refinement, the KPI was piloted by RNLDs across the five HSCTs. Findings were presented at a Collaborative meeting and shared with the CNO led KPI Group for further consideration.

34.20 In 2017, NIPEC established a project steering group to take forward the development of a Learning Disabilities Nursing: Career Pathway. The Group was chaired by DoH Professional Officer for Learning Disabilities Nursing, and comprised of key stakeholders across the HSC system. It developed a resource to profile career opportunities for RNLDs and was officially launched by CNO at the NIPEC & RCN PDF in June 2018 (Exhibit 58). At the time, this resource was made available electronically on the NIPEC Nursing and Midwifery Career Pathway website to support those tasked with workforce planning and for RNLDs to inform career progression.

34.21 During 2017, NIPEC engaged with participants who had completed the Senior Nurse Leadership Development Programme to undertake an impact measurement

evaluation to feedback to the NI Collaborative. Nine participants contributed to the evaluation, highlighting attendance at the programme was a valuable experience, which introduced the participants to a range of leadership concepts, tools and resources which could support to learning in practice. A full copy of the report is available at (Exhibit 59).

34.22 The NI Collaborative specifically co-opted participants who had completed the Senior Nurse Leadership Development Programme onto the Learning Disability Career Framework work stream as a means of enhancing and developing their leadership potential.

34.23 During 2018 a survey was conducted to evaluate the NIPEC/RCN Professional PDF as referenced at paragraph 34.12 with n=79 nurses responding. The results indicated that participants found the PDF extremely beneficial regarding the topics being presented along with the opportunity to network with colleagues (Exhibit 60). As a direct outcome from the feedback of this survey the PDF meeting on the 3rd July 2019 focused on the care of the person with Dysphagia.

34.24 During 2018 – 2019 the PDF met on six occasions in locations across the region with an attendance of between forty and sixty nurses at each event.

Examples of topics presented at the Forum included:

a. Presentations by RNLD who were finalists of Nurse of the Year (Exhibit 61)
b. Nursing & Midwifery Task Group: RNLD Nursing Workforce (Exhibit 62)
c. Launch of the RNLD Career Framework (Exhibit 63)
d. Launch of the Learning Disabilities Nursing Outcome Measurement Framework (Exhibit 64)
e. Workshop on the NIPEC Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery Document (Exhibit 65)
f. The presentation of the evaluation of the RNLD Professional Development Forum (Exhibit 66)
g. Supporting people with Epilepsy July 2019 (Exhibit 67)

34.25 Under the theme of strengthening capacity and at the request of the NI FNFM Programme Board, the NI Collaborative meeting on the 17th January 2019 was used to provide an opportunity for RNLDs from across NI to hear about the proposed QUB pre-registration Learning Disabilities Nursing 2020 Curriculum in the context of the new NMC Future Nurse Education standards. The purpose was to "sense check" curriculum content with experts working in services to ensure it reflected strategic priorities and the transformation agenda in the NI context. A report of the event and associated presentation was shared with The Collaborative and posted on the NIPEC FNFM webpage.

34.26 In May 2019 NIPEC supported the NI Collaborative in the delivery of two workshops. The first workshop was held on the 3rd May 2019, in Omagh and focused on practitioners sharing a variety of practice related case presentations relating to the nursing and interdisciplinary care and management of people requiring specific interventions due to behaviours that challenge (Exhibit 68).

34.27 The second workshop was held on the 23rd May 2019 in Belfast. The purpose of this workshop was to create a learning opportunity around the roles and responsibilities of RNLDs in the context of safeguarding both adults and children (Exhibit 69).

35. <u>CNOs Position Strengthening the Commitment 2019</u>

35.1 In 2019, the CNOs across the UK noted intention to stand down the four countries *Strengthening the Commitment* groups, following the publication of *Living the Commitment* in (2015) and the pending Sustaining the Commitment (2020) which provided a summary of the activity linked to the UK *Modernising Learning Disabilities Nursing Review Strengthening the Commitment* across the four countries (Exhibit 70). Sustaining the Commitment acted as a springboard for each country to progress their own programme of work around the role of RNLDs through their respective CNOs.

35.2 At the request of the then Deputy Chief Nursing Officer (DCNO), a meeting was convened on the 30th May 2019, with the Collaborative Co-Chairs and NIPEC to

agree the next steps. The DCNO advised that the DOH had commissioned a review of the role of registered nurses; learning disabilities workforce in NI and it was anticipated that the recommendations from that review would inform the workplan of the Collaborative going forward which would incorporate outstanding actions from the existing NI Action Plan (paragraph 32.1). It was also noted that the DoH was commencing a Learning Disabilities Service Model Review, wider than nursing. In the intervening period, NIPEC continued to facilitate the Collaborative whilst this work was progressing.

36. Impact of Pandemic

36.1 The 31st January 2020 marked the start of the pandemic. At the outset of the pandemic it was apparent that the impact on frontline services and at every level of the Health and Social care system would require new ways of working and reconsideration of strategic and operational priorities. During the pandemic, some meetings and activity of the Collaborative was paused due to system pressures - scheduled meetings were impacted as presented at (Table 2).

Table 2

Dates of scheduled meetings NI Collaborative	**Venue**	**Status**
21st April 2020	Boardroom, Omagh Hospital Complex	**Stood down** due to HSC system pressures
7th July 2020	Boardroom, Tower Hill, Armagh	**Stood down** due to HSC system pressures
8th October 2020	Zoom	Held Via Zoom (keeping in touch meeting) Opportunity to provide update to members
11th January 2021		**Stood down** due to HSC system pressures
15th June 2021	Zoom	Held Via Zoom (keeping in touch meeting) Opportunity to provide update to members

36.2 As the NI HSC progressed through the impact of the pandemic, in winter 2022, the Collaborative and PDF were reviewed and refreshed following the establishment of the Strategic Workforce Development Group tasked with developing a model for the future of RNLDS. This resulted in the establishment of an Expert Reference Group and Learning Disability Community of Practice referred to in para 51.1, 52.1 and 53.1.

Q2. Please describe any work undertaken by NIPEC between 1999 and 2021 on the delegation of work from Registered Nurses in Learning Disability to unregistered staff.

37. The following account outlines the NIPEC work to develop a delegation framework for all nursing and midwives in NI and whilst not specific to this field of nursing, it is applicable to delegation of work from Registered Nurses to unregistered staff working in learning disability services across all settings.

38. In 2014, the Central Nursing and Midwifery Advisory Committee (CNMAC) agreed that the practice of delegating aspects of nursing care in NI required further exploration. The HSC CEC, then completed a regional scoping exercise to obtain information regarding the range, type and extent of tasks and procedures currently being delegated by nurses to other staff groupings in all programmes/settings across HSC Trusts, reporting to CNMAC in February 2015.

39. In response to the findings of the scoping exercise, the CNO asked the NIPEC and the CEC to host a regional workshop to consider aspects of the delegation of nursing and midwifery care. This workshop was held on 10th June 2015.

40. A number of priorities for consideration were identified by participants and presented to CNMAC to determine immediate and future action. The priorities included:

- A review/refresh of the existing Delegation Framework for nursing and midwifery Staff (CNMAC, 2009), within a multi-disciplinary approach if possible
- Consideration of assessment of risk along with guidance and the effective use of a traffic light system that is explicit regarding activity that should not be delegated.

41. NIPEC subsequently established a Task and Finish Group on behalf of the CNO, jointly chaired by the Director of Nursing, RQIA and the Chief Executive, NI Social Care Council (NISCC) to develop an approach to delegation of nursing and midwifery care that addresses these priorities (Exhibit 71).

42. A workshop held on the 11th October 2016, was attended by representation across statutory, non-statutory, education, policy and staff-side organisations, facilitating input from a range of nursing and midwifery colleagues from across sectors. With a view to the intersection of nursing and midwifery care and services with social care, a number of social work colleagues attended the event to enable future thinking for social care settings and inter-professional teams.

43. Subsequent to this workshop, NIPEC led on the development of a draft delegation framework for Nurses and Midwives. Following a number of workshops, liaison with the Executive Directors of Nursing and two phases of testing between May – June 2017, the final product was approved by CNMAC in March 2018. The launch of the delegation framework took place in January 2019. Short videos were recorded from senior staff working across Trust areas to promote the framework and associated resources.

    Resources from the project included:

    - 'Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery'
    - A Key Facts pocket sized document
    - A Delegation microsite housing a range of resources including documents, presentations, podcasts and practice examples
    - Deciding to Delegate A Decision Support Framework (Exhibit 72)

44. At the Deciding to Delegate Launch on 31/01/2019, it was agreed that NIPEC would deliver a series information/awareness session for Nurses and Midwives across NI to increase awareness and share the resources to support registrants at all levels within the organisation when delegating Nursing or Midwifery tasks or duties. The aim was to engage with as many nurse and midwives as possible through 1-hour sessions held

across all HSC Trusts sites over the year 2019/20. Flyer advertising information sessions across the HSC system were issued – and example is provided (Exhibit 73).

45. In addition, NIPEC utilised opportunities to present at existing fora in NI as thought beneficial in sharing this information. This included presentation at the RNLD PDF on the 26th March 2019, the main theme of the Forum focused on the *Deciding to Delegate: A decision support Framework for Nursing and Midwifery* document. A Senior Professional Officer, NIPEC provided an overview of the Delegation Framework and engaged in group work scenarios using the decision support tool. The record states that '*some lively discussion and debate took place regarding the professional issues of accountability, autonomous nursing practice, nursing care planning and evidencing the decision-making process'*.

46. Following the launch of the delegation framework, the Chief Executive of NIPEC, CNO, and the Office of Social Services at DoH agreed a second phase of this work should be progressed to develop a multi-professional framework to support governance arrangements for delegation across professions working in organisations. This work was paused in March 2020 due to the Covid-19 pandemic pressures. Testing of the draft Multi-Professional Governance Framework took place over the 2021-year, however progress was challenged due to workforce pressures experienced during the pandemic. In 2023, this work was refreshed through joint working between NIPEC and NISCC, to develop a draft Multi-professional Governance Framework. The work continues to be progressed with discussions between the CNO and Chief Social Worker (CSW) at the DoH.

Q3. The Inquiry understands that NIPEC is leading work on the future scope of Learning Disability Registered Nurses in Northern Ireland. Please explain:

i. The impetus behind this work;

47. Over the past few decades, in response to a better understanding of how best to meet the needs of the population of people with a learning disability, there has been a shift in the strategic direction regarding models of service provision. In line with strategic direction Health and Wellbeing - Delivering Together (DOH, 2016) service models should be designed so that care and support can be delivered close to people's homes and

communities, inclusive of a person-centred approach and informed by population health needs. Therefore, access to RNLD specialist health and care should be available in Primary Care both as the main entry point to Health and Social Care and the interface between associated services.

48. In 2019, the Chief Nursing Officer, Department of Health (DoH) at that time, initiated a review of the role of the registered nursing for learning disabilities workforce in NI. This work, undertaken during 2020/2021, included engagement with a wide range of stakeholders including, people with a learning disability, their carers and staff - who shared their vision for the future role of the RNLDs identifying areas for improvement and reform within the professional model.

49. The overarching aim of the DoH review was to examine the existing role of a RNLD and make recommendations to support the future role within health and social care settings across NI to enable people with a learning disability, their families and carers to be supported to achieve and maintain good health and to live long, healthy, active and fulfilled lives.

50. In September 2022, the current CNO commissioned NIPEC to establish a Regional Strategic Workforce Development Group (hereafter referred to as the Development Group) to rapidly build on the findings from the DoH Review and previous learning reports and consider a new model for RNLDs.

51. <u>RNLD Strategic Workforce Development Group</u>

51.1 NIPEC established the RNLD Strategic Workforce Development Group, who sought to define the roles that RNLDs should be delivering, in line with evidence-based practice, to meet the needs of the population in NI. The ToR included the development of a proposed model to ensure the availability of a suitably skilled and resourced registrant workforce across primary, secondary and specialist health and social care service in NI, in line with the strategic direction (Exhibit 74). The group also took cognisance of the NI Action Plan which was being led by the NI Collaborative for Learning Disability Nursing (Section 32).

52. RNLD Expert Reference Group (ERG)

52.1 At the request of the Co-Chairs of the Registered Nurse Learning Disabilities – Strategic Workforce Development Project Group, a RNLD Expert Reference Group (ERG) was established in December 2022. The RNLD ERG is chaired by Professor Owen Barr supported by a NIPEC Associate Senior Professional Office and includes membership from a range of relevant organisations and sectors across the system.

52.2 The primary function of the RNLD ERG from the outset was to support the outworking's of the Registered Nurse Learning Disabilities – Strategic Workforce Development Project Group and has contributed extensively to the work of the Project. Terms of Reference and membership (Exhibit 75).

53. RNLD Communities of Practice

53.1 Supported by the Co-chairs of the Registered Nurse Learning Disabilities, Strategic Development Project Group, the RNLD ERG members requested that an RNLD Communities of Practice (CoP) be established. The RNLD CoP is open to all Registered Learning Disabilities Nurses and other nurses who have an interest in supporting people with learning disabilities - across all settings to include HSC Trusts, the education sector and the independent/voluntary sector.

53.2 The RNLD CoP launch event on the 28th April 2023 marked the "standing down" of the RCN/NIPEC PDF Forum. The RNLD CoP is Co-chaired by two senior RNLDs, one from WHSCT who is also an ERG member and the other RNLD is from NHSCT and has established Terms of Reference (Exhibit 76).

53.3 The RNLD CoP is now well established and provides a very useful and well supported fora to share thoughts, ideas and practice focused on the development and enhancement of nursing services provided to people with learning disabilities and their families. The CoP three times with an average of 80 -90 attendees, primarily RNLDs although other medical staff and registered nurses. It has

provided a platform to share the work of the RNLD Strategic Development Group, enable information flow to and from frontline staff. This CoP has enabled engagement, dissemination of information and gathered feedback from a wide range of staff across the system who have an interest in improving the care for people living with a learning disability. NIPEC will continue to facilitate the functioning of the CoP going forward.

54. Equity of Access and Outcome Report: The future role of RNLDs in supporting people with learning disabilities to achieve the best health possible.

I am aware that the Inquiry Team will have an interest in accessing this report to inform the inquiry. As this is commissioned work from the DoH and is in draft format, it currently cannot be shared until endorsed by the DoH. However, it is anticipated that this report will be issued within the next 10 weeks, therefore I will endeavour to share the report with the Inquiry Team as an addendum to this statement as soon as possible, when endorsed by the DoH. The following account is based on the work facilitated by NIPEC in delivering the ToR and sets out the intended direction of the work to date, however it is not approved by the DoH and may change prior to final issue.

54.1 The RNLD Strategic Workforce Development Group have, through a process of collaborative working with the RNLD Expert Reference Group, the RNLD Consultant Nurses employed across HSCTs and the RNLD Communities of Practice developed a draft *Equity of Access and Outcome Report: The future role of RNLDs in supporting people with a learning disabilities to achieve the best health possible* The work of the RNLD Strategic Workforce Development Group and the Report has been presented widely within the HSC system, including the independent sector: e.g. to people with a Learning Disability, those close to them, over 400 RNLDs, the EDONs/ CNMAC, the Muckamore Abbey Departmental Assurance Group (MDAG), Directors of Mental Health and Learning Disability & DoH Learning Disability Service Model Group, DoH Policy Leads, the Patient Client Council (PCC), representative User Groups and Education Providers and expert advisors across other jurisdictions. This report sets out a proposed future model for RNLDs in supporting people with Learning Disabilities to achieve the

best health possible and is currently in draft awaiting final feedback from consultation prior to presentation for endorsement by the CNO/CNMAC and DoH.

54.2 In line with evidence-based practice and population health data, the model as presented within the draft report aims to provide timely access to services, reduce variation and improve outcomes for people with a learning disability across their lifespan through RNLD input as part of the interdisciplinary team.

54.3 The recommendations from the Draft *Equity of Access and Outcome Report: The future role of RNLDs in supporting people with learning disabilities to achieve the best health possible* aligns to the CNO vision for the future of the professions in NI and establish a sustainable model for RNLD nursing which will provide: the right staff, with the right skills, in the right place based on local population learning disability healthcare.

ii. How this work might change the role of Registered Nurses in Learning Disability:

54.4 I am mindful that the proposed model remains in draft and not yet approved by the commissioner, DoH, therefore the following information in based on the detail included in the draft report. The future model for RNLD's working across the HSC recommends a change in how RNLD's work to meet the health and social care needs of people with a learning disability. The model places care closest to the individual with a learning disability and promotes access to existing health and social care services, reducing the health inequalities experienced by this group. This means that RNLD's will be required to support continuity of care and will work across and be integrated into a wider range of Health and Social Care Services particularly through liaison, specialist and enhanced roles.

54.5 The model strives to strengthen the nursing contribution across all sectors within the interdisciplinary team and promotes that, when required, RNLDs expertise will be available through specialist services within an equitable, timely, safe and effective manner. It recognises the RNLD contribution across the lifespan in: promoting wellness and prevention of ill health, self-management, anticipatory

care through early intervention, responding to deterioration and acute needs, and providing monitoring and treatment of long-term conditions including palliative and end of life care. Furthermore, as part of the interprofessional team, the model promotes RNLDs support across the biological, psychological, and social well-being of people with a learning disability from early years to the end of life.

54.6 The draft proposed model recognises support required in *Primary and Community Care Services across the lifespan (including prison health care)* for the person with learning disability are paramount. The starting point for healthcare for the person with a learning disability should be *Access* on an equal basis, to general services, making reasonable adjustments where necessary to ensure equal outcome. The model recognises the role RNLDs could have in promoting this approach.

54.7 RNLD's working in primary and community care settings will seek to improve health outcomes for the person with a learning disability through primary prevention, early intervention, secondary prevention (targeting those at risk) and tertiary prevention (supporting those who develop conditions to prevent recurrence or the occurrence of comorbidities). The model recognises that they will do this through supporting both the person with a learning disability and their family/carer(s) in navigating general health, social and community services. They will also support the wider professional team within a range of settings through their specialist knowledge and skills.

54.8 The draft model promotes, RNLDs in primary and community care (including prison healthcare) as a case load holder for the relevant period of time, providing responsive and timely evidence-based assessment and treatment. This will require RNLD's to have modest caseloads to undertake targeted and specific time limited pieces of therapeutic work with clear outcomes.

54.9 The proposed draft model reinforces the importance of RNLDs in providing person-centred care, through working in partnership with people with a learning disability and those closest to them to reflect and act on '*what matters to them'*. The model strengthens the focus on person centred care and continuity of care across the

lifespan, through the embracing of a biopsychosocial approach to assessment and treatment across all ‘activities of living’ for the person with a learning disability.

54.10 The model will promote the availability of a suitably skilled and resourced registrant learning disability workforce, primarily focused on supporting people to live in their community. This will require the workforce to be strategically planned across primary, community, secondary and hospital care, including specialist learning disability services.

54.11 It is anticipated this will require new ways of working and reconfiguration of services, including in some instances, RNLDs being embedded within a range of services where their expertise has greatest impact and improves health outcomes for the person with a learning disability whilst supporting working in collaborative systems of care between general health services.

54.12 The model for RNLD nursing identifies 4 key areas, ensuring RNLDs are suitably skilled and resourced to provide the:

Right Care, at the Right Time, in the Right Place by Right Person for the person with a learning disability

Right Care, Right Time, Right Place, Right Person:

Right Care: RNLDs will provide evidence-based, person-centred care using a biopsychosocial model to:

- promote wellness and prevent ill health,
- support self-management, anticipatory care and early intervention,
- respond to deterioration and acute needs,
- monitoring and treat long-term conditions including palliative and end of life care.

54.13 In the proposed draft model, the skills and expertise of RNLDs will be maximised across the lifespan ensuring continuity of care for the person with a learning disability.

Key outcome: People with a learning disability will experience evidence-based care enabling equity of outcome.

Right Time: People with learning disabilities are more prone to co-morbidities and a wide range of additional physical and mental health problems when compared with the rest of the population. RNLDs will be accessible as part of the interdisciplinary team in a timely and proactive manner to:

- monitor health and wellbeing as required
- facilitate access to assessment, diagnosis and treatment (where indicated) ensuring reasonable adjustments and reducing the risk of diagnostic overshadowing (scheduled and unscheduled)
- co-ordinate, progress and/or navigate clinical care smoothly as the patient moves between different parts of the health and social care system across the lifespan

Key outcome: People with a learning disability will experience timely intervention and co-ordinated care, involving RNLDs when required.

Right Place: RNLDs will work across the HSC system to support people with a learning disability access services in the same way as the rest of the population. To ensure expertise at every point within the health and social care system RNLDs will be available in:

- Community settings including Primary Care
- Secondary and Hospital Care settings
- Specialist Learning Disability Services
- Supportive/navigation roles, such as liaison roles

Key outcome: People with a learning disability will receive assessment and where indicated intervention from an RNLD in an environment most appropriate to meet their needs.

Right Person/Skills:

RNLDs will have appropriate skills, knowledge and behaviours, and working within their scope and sphere of practice and role, will support people with a learning disability to access services in the same way as the rest of the population. Undergraduate and postgraduate education will enable professional competencies and expertise which are transferable across:

- Clinical roles
- Operational roles
- Leadership roles
- Education and Clinical Academic Roles

Key outcome: People with a learning disability will receive evidence-based interventions from clinicians with appropriate skills and level of expertise, working as part of the wider interdisciplinary team**.**

Anticipated changes of the implementation of the proposed model for RNLDs will include the following:

- A stronger role of RNLDs in supporting continuity of care
- RNLD roles embedded with general/specialist services where they have the most impact e.g. mental health services
- Increased RNLD Acute Liaison Posts
- Increase in RNLD Community Liaison Posts
- Requirement for an Acute Bed Nurse to Patient Ratio review
- Consideration of a 24/7 response where required – focus on community where possible
- Building knowledge and capability in general nursing workforce of reasonable adjustments/needs of the person with a learning disability
- RNLD support through the 4 pillars of practice as part of interdisciplinary teams as outlined in 54.12 Right Care section.
- Outcomes focused for the person and population of those with a learning disability

- Promoting enhanced RNLD roles: advance practice/specialist practice/consultant roles etc
- Action planning to implement all the recommendations highlighted within the report for RNLDs across the following four components: workforce/workload planning, career pathways, assurance and accountability, learning and development
- Shift of focus of care from hospital to community services as required to meet needs of the population

In order to realise the benefits from this proposed model, a number of recommendations to support implementation of the proposed model for RNLDs are presented within the report for endorsement by the DoH.

Q3. The implications that this work may have for the inpatient care of people with Learning Disability with a mental health diagnosis and/or challenging behaviour(s).

55. The proposed model recognises the importance of maximising RNLDs skills and expertise to facilitate people with a learning disability (including those with mental health diagnosis/ complex needs) receiving care where appropriate through general and specialist services. This will include RNLDs providing a continuity of care and a supporting role, including reasonable adjustments where required, to enable safe and effective care for the person with a learning disability, across the complex HSC system.

56. To improve the experience for the person with a learning disability, new RNLD roles have evolved to enable access to scheduled and unscheduled care; such as attendance in emergency departments and ongoing support throughout their acute hospital journey. e.g. the Acute Liaison Disability nursing role. At present this is not universally available across acute hospitals in NI. Given the evidence base to support the need for acute liaison roles for people with a learning disability, this model assumes a significant increase in the number of RNLD's working in acute liaison roles which will improve the experience and the inpatient care of people with Learning Disability with a mental health diagnosis and/or challenging behaviour(s).

57. In keeping with policy direction as outlined in the Bamford vision and best practice guidance, people with a learning disability should have their mental health needs met by existing mental health services, where appropriate, or by mental health services specialist in meeting the mental health needs of people with a learning disability. The report acknowledges, that when the mental health and/or treatment needs of a person with a learning disability needs cannot be met in the community, they should to be able to access high-quality inpatient assessment and treatment with expertise in meeting the mental health needs of people with a learning disability. The proposed draft model recognises that this may mean that RNLDs expertise will need to be available and embedded as required within existing mental health services.

58. In July 2023, the DoH set June 2024 as the planned closure date for MAH. This announcement was made following a public consultation on the future of the hospital. This means there will be a further reduction in the number of specialist learning disability inpatient beds in NI. This is likely to mean that patients requiring inpatient assessment and treatment are those most acutely unwell and are likely to have a very different set of presenting needs to that of patients currently in inpatient care whom are delayed in their discharge from hospital. The proposed draft model recognises that this will need to be factored into future workforce planning for inpatient care and an assumption has been made that future specialist inpatient learning disability assessment and treatment will require a higher nurse to patient ratio. This will require further analysis based on the progress of changes to the current delivery model.

59. Whilst the current review by the DoH of the wider service model for people with a learning disability continues, it has been assumed that whilst there will be a reduction in specialist learning disability inpatient beds, there is likely to be an increased need for RNLD expertise across both specialists learning disability and mental health inpatient services. People with a learning disability will therefore benefit from the skills and expertise, and continuity of care, provided by RNLDs through their employment in liaison roles within hospital and community services or roles as part of the interdisciplinary team in mental health acute assessment and treatment services.

60. Key recommendations: In addition to the proposed draft model, a number of key recommendations have been made within the report that aim to improve the experience, safety and outcomes for a person with learning disability. Out of the full range of recommendations included in the draft report, a selection of specific recommendations which are highlighted below which will have a direct impact on meeting needs of people with a learning disabilities with mental health/complex needs in an acute setting as follows:

- Develop processes to ensure all registered nurses working in general and specialist services across settings have access and opportunities to acquire the required knowledge and skills to care for a person with a learning disability
- Ensure workforce models that support RNLD employment in areas that supports continuity of care in: acute and community liaison roles and where relevant in general and specialist services e.g. mental health
- Proactively recruit RNLDs into funded RNLD specified posts to ensure the right people with the right skills are providing the right care in the right place

Q4. What guidance is available on which tasks may be delegated by Registered Nurses to unregistered staff (healthcare assistants)?

61. As outlined above at paragraph 43, the CNO launched the NIPEC Deciding to Delegate: A decision support Framework for Nursing and Midwifery in January 2019. The framework does not specify tasks that may or may not be delegated but rather guide nurses and midwives in making the decision to delegate care that satisfies the following requirements:

- NMC Code,
- supports the delivery of person-centred outcomes for care and service,
- work in primary, secondary and community care contexts,
- support practice delegated to staff working within an employed capacity e.g. domiciliary, healthcare support staff, classroom education support staff,
- and utilise an approach that informs effective and consistent decision making.

62. The framework recognises that safe, effective, person-centred delegation of nursing and midwifery tasks requires three main considerations:

    1. *Care and Practice environments* are organised to support effective decision-making processes.
    2. *Organisational governance arrangements* are in place to support effective delegation decisions.
    3. *Professional, legislative and regulatory requirements* that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered.

64. This framework aims to provide structure for evidencing decisions to delegate practice and also to prompt thinking about review of outcomes and is underpinned by seven elements that should be applied to each decision They are:

    a. Accountability
    b. Responsibility
    c. Process which comprises the **right:**
        i. Task
        ii. Circumstance
        iii. Person
        iv. Direction
        v. Support and evaluation

65. Where a decision to delegate tasks requires critical analysis and direction, a risk-based decision support matrix is available to guide decision making (Exhibit 77). This matrix considers three domains of: potential for patient/ client harm, complexity of care and predictability of the outcome. Examples of scenarios in practice are included in the framework document. The NIPEC microsite also hosts examples of decision to delegate from different fields of practice, including an example regarding delegation of task within a learning disability service.

66. NIPEC have made the framework readily available as a document for download on a microsite on the NIPEC website, along with supporting resources to guide staff on

delegation of tasks - NIPEC Deciding to Delegate: A decision support Framework for Nursing and Midwifery and included the key messages on a microsite available on the NIPEC website. Delegation | NIPEC (hscni.net).

Q5. Who determines that guidance at a local level and how is it recorded?

67. The responsibility for determining the guidance at a local level and how it is recorded would sit with the employing organisation, their manager and supported through an operational and professional governance framework.

68. A further piece of work was paused during the pandemic and refreshed in 2023 to develop a multiprofessional governance framework for delegation that could potential support organisations in this function. This joint working initiative with NI Social Care Council (NISCC) is continuing at present see paragraph 46.

Q6. Does NIPEC monitor how any such guidance is used in practice across Northern Ireland?

69. NIPEC do not automatically monitor how such guidance is used in practice. The monitoring would usually fall within the remit of the organisation where the delegation is taking place. NIPEC produce standards/guidance frameworks for organisations to use and the responsibility for implementation and monitoring lies with organisations.

70. In 2014, NIPEC developed and published an Impact Measurement Framework (Exhibit 78). The NIPEC Impact Measurement Framework facilitates NIPEC to review resources it has developed in partnership with key stakeholders, and assess the impact of the resources in relation to the intended outcomes. The framework describes how project outcomes are related to impact measurement, and incorporates five key areas of focus which should be considered within the impact measurement process as follows:

- Alignment: The extent to which the outcomes were aligned to stakeholder's objectives
- Attainment: How well the stakeholders' specific objectives were met
- Adoption: The extent to which the desired target was reached

- Utility: The extent to which the outcomes have been utilised
- Efficiency The efficiency and/or cost effectiveness of the outcomes

71. The decision as to which resources or projects are subject to impact measurement is agreed and prioritised by Chief Executive of NIPEC in partnership with stakeholders including the CNO.

Q7. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraphs 9, 10-13, 17 and 18-19 of the Terms of Reference?

72. In July 2023, the CNO requested NIPEC facilitate a regional approach to the development of a multidisciplinary assurance dashboard for learning disability inpatient services. The purpose of the dashboard is to enhance existing arrangements in place across each Trust organisation and agree a standardised model which will form an integral part of future regional assurances (Exhibit 79).

73. Subsequently, a number of regional groups have been established to understand existing processes and metrics currently used for assurance reporting and aim to agree consensus on the development of a regional draft measurement plan.

74. Following a prioritisation meeting on 31 January 2024, the proposed metrics were reduced to focus on those regarded as high priority. The full list of proposed metrics was shared with the Learning Disability Expert Reference Group for comments by Friday 1st March 2024 and feedback is being considered.

75. A Multi-professional Steering Group is currently being established to focus on prioritising metrics, the governance process for collection, presentation and monitoring of these. This group will be chaired by the Executive Director of NMAHP, Southern HSC Trust with the first meeting haven taken place in April 2024. This work is ongoing and will report back to the CNO DoH.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 3rd May 2024

List of Exhibits (Linda Kelly)

Exhibit 1: Minutes - Note of NIPEC meeting 6th Noting Royal Ascent, November 2002

Exhibit 2: Document - Management Statement between DHSSPS and NIPEC, 2011

Exhibit 3: Document - NIPEC Enabling Professionalism Framework, 2022

Exhibit 4: Document - Person Centre Nursing Assessment Learning Disability Children, 2020

Exhibit 5: Document - Person Centre Nursing Assessment Learning Disability Adult, 2020

Exhibit 6: Document - A Core Competency Framework for Nurses and Midwives NIPEC, 2012

Exhibit 7: Document - PHA Child Safeguarding Learning and Development Strategy and Framework, 2016

Exhibit 8: Document – Competency Framework Safeguarding Adults, 2018

Exhibit 9: Letter - CNO letter safeguarding to HSC provider organisations, June 2019

Exhibit 10: Letter – CNO letter safeguarding to education providers, June 2019

Exhibit 11: Document - DHSSPS/NIPEC Supervision Learning and Development Strategy including Supervisee Competencies and Indicators & Self Evaluation Tools for Supervisors, 2008

Exhibit 12: Document - Supervision: Common Questions, 2008

Exhibit 13: Document - Reflective Supervision Framework, 2022

Exhibit 14: Document – Reflective Supervision Safeguarding Children Regional Policy and Standards for Nurses and Midwives, 2022

Exhibit 15: Letter from CNO to EDON re: Safeguarding Supervision, 2nd November 2022

Exhibit 16: NIPEC Document - NI Preceptorship Framework, 2013

Exhibit 17: NIPEC Document - Preceptorship Framework, 2022

Exhibit 18: Letter from CNO re Reflective Supervision and Preceptorship, 31st August 2022

Exhibit 19: Document - NMC Proficiencies and Standards for pre-registration nursing education, original publication 2018, newly published 2023

Exhibit 20: Document - Future Nurse Future Midwife Project Plan, 2018

Exhibit 21: Document - NMC Midwifery standards of proficiency, 2019

Exhibit 22: Document - Future Nurse Future Midwife Project infrastructure, 2019

Exhibit 23: PowerPoint - Queens University Belfast (QUB) FNFM Curriculum Planning Event: Learning Disabilities Nursing, 2019

Exhibit 24: Document - SSSA Guide – A guide for those responsible for Supporting and Supervision Students, 2021

Exhibit 25: Flyer – example: SSSA Preparation Programmes, 2020

Exhibit 26: Document - Note of meeting Practice Placement Environments (PLE) workshop, March 2019

Exhibit 27: Document – FNFM Student Evaluation, 2019

Exhibit 28: Document – FNFM Practice Learning Environments Education Audit, 2020

Exhibit 29: Document – FNFM Practice Learning Environments Education Audit Tool Guidance, 2021

Exhibit 30: Document - FNFM Practice Assessment Document: Terms of Reference, 2018

Exhibit 31: Document – Agenda: Northern Ireland Practice Assessment Document (NIPAD) for Learning Disabilities Nursing: QUB Workshop, 9th May 2019

Exhibit 32a, 32b, 32c: Document - Learning disabilities Nursing Northern Ireland Practice Assessment Document (NIPAD) Part 1, Part 2, Part 3, 2020

Exhibit 33: Document - FNFM Engagement and Communication Strategy, 2019

Exhibit 34: Document - NIPEC FNFM Micro-site including a Resources Section, 2019

Exhibit 35: Flyer – FNFM Roadshows x 12 delivered by the FNFM Professional offices, 2019

Exhibit 36: Documents - FNFM Communique, 2021

Exhibit 37: Documents - FNFM SSAA Frequently Asked Questions Leaflets, 2019

Exhibit 38: Document - FNFM SSSA Key Fact Leaflet, 2021

Exhibit 39: Documents - FNFM SSSA Twitter chats, 2019

Exhibit 40: Document - Northern Ireland Practice Learning Collaborative Terms of Reference, 2020

Exhibit 41: Document - Note of FNFM Programme Board Notes: final meeting, Nov 2021

Exhibit 42: Flyer - for workshop UK Modernising Learning Disabilities Nursing Strengthening the Commitment, 2012

Exhibit 43: Document - Modernising Learning Disabilities Nursing Review - Draft STC NI Action Plan, 2012

Exhibit 44: Flyer – launch of the NI Action Plan for Learning Disability Nurses, 2014

Exhibit 45: Document - NI Collaborative Terms of Reference, Version 1 - August 2014 Reviewed - November 2017, Reviewed - November 2019

Exhibit 46: Documents - NI Action Plan: Progress/Annual Reports, 2014 -2016

Exhibit 47: Document - NI Action Plan Engagement and Communication Summary Report, 2015

Exhibit 48: Document - NIPEC StC NI Action Plan Microsite, 2015

Exhibit 49: Document - StC NI Action Plan Communiques (example), August 2015

Exhibit 50: Document - A report: A Description of the Learning Disabilities Nursing Workforce in Northern Ireland, September 2015

Exhibit 51: Document - RCN Senior Nurse Leadership Development Programme for Registered Nurses Learning Disabilities, February 2015

Exhibit 52: Document - Strengthening the Commitment, Living the Commitment UK Report, June 2015

Exhibit 53: Document - Outcome measurement learning Disabilities Nursing: Learning Event, 23 Oct 2015

Exhibit 54: Flyer - Regional Registered Learning Disabilities Nurses Forum: - Launch Event, 2nd March 2017

Exhibit 55: Document - Regional Learning Disabilities Nurses Forum: - Terms of Reference, November 2017

Exhibit 56: Document - Outcomes Based Resource pack for Registered Nurses Learning Disabilities, October 2018

Exhibit 57: Document - Draft Key Performance Indicators (KPIs) for Learning Disabilities Nursing, 2017

Exhibit 58: PowerPoint - Learning Disabilities Nursing: Career Pathway launch, June 2018

Exhibit 59: Document – RCN Senior Nurse Leadership Development Programme: Evaluation, 2017

Exhibit 60: PowerPoint - NIPEC RCN Professional Development Forum: Evaluation, October 2018

Exhibit 61: Flyer - Forum presentation: Nurse of the Year, 1st March 2018

Exhibit 62: Flyer - Forum presentation: Nursing & Midwifery Task Group: RNLD Nursing Workforce, 23rd November 2017

Exhibit 63: Flyer - Launch of the RNLD Career Framework, 19th June 2018

Exhibit 64: Flyer - Forum presentation: Launch of the Learning Disabilities Nursing Outcome Measurement Framework, October 2018

Exhibit 65: Flyer - Forum presentation: NIPEC Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery Document, 26th March 2019

Exhibit 66: Flyer - Forum presentation, Decision to Delegate and the Evaluation of the RNLD Professional Development Forum, 26th March 2019

Exhibit 67: Flyer - Forum presentation: Supporting people with Epilepsy, 17th February 2020

Exhibit 68: Flyer: NI Collaborative Forum Workshop: Supporting People who are Experiencing or at Risk of Behavioural Distress in Learning Disabilities Nursing, 3rd May 2019

Exhibit 69: Flyer: NI Collaborative Forum Workshop - Safeguarding Children and Adults, 23rd May 2019

Exhibit 70: Document – Sustaining the Commitment, UK report, January 2020

Exhibit 71: Document - Delegation Task and Finish Group Terms of Reference, 2016

Exhibit 72: Document - Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery, January 2019

Exhibit 73: Flyer – Example of Awareness Sessions: Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery, March 2020

Exhibit 74: Document - RNLD Strategic Workforce Development Group, Terms of Reference, September 2022

Exhibit 75: Document - RNLD Expert Reference Group (ERG) Terms of Reference, December 2022

Exhibit 76: Document - RNLD Communities of Practice (CoP) Terms of Reference, 2023

Exhibit 77: Document - Decision to Delegate support matrix, 2019

Exhibit 78: Letter – requesting nominations for membership on NIPEC led development of assurance dashboard, July 2023

NIPEC/4/2002

Minutes of the fourth meeting of the Northern Ireland Practice and Education Council Meeting held on Wednesday, 6th November 2002, in the Boardroom, Centre House, 79 Chichester Street, Belfast at 2.00 pm

PRESENT:	**Mrs M Griffith, Chair** **Miss P Blaney, Chief Executive** **Prof J Boore** **Mrs T Byrne** **Miss J Hill** **Dr S Magee** **Dr B McCarthy** **Mrs D McCormick** **Mr I McGowan** **Mrs M O'Hagan** **Mrs M O'Hare** **Mrs P Patten**
IN ATTENDANCE:	**Miss L Barrowman, Senior Professional Officer** **Dr T McCance, Senior Professional Officer** **Mr B McGrath, Senior Professional Officer** **Mrs H Craig, Administrative Team Leader**

OPEN SESSION

1.0 APOLOGIES

1.1 Apologies had been received from Mr M Rea and Ms F McMurray, NIPEC members, Mr E N Thom, Head of Corporate Services and Ms T Scott, Senior Professional Officer.

2.0 CHAIR'S BUSINESS

2.1 The Chair updated members in regard to the seminar scheduled for the 7th/8th January 2003. It was noted that one of the items that would be discussed at the seminar would be to consider how business would need to be conducted when meetings of NIPEC became public.

2.2 Members noted the late mailed papers in respect of items 5.0 and 10.1.1. Copies of an updated Consultation Activity Report also for item 5.0 were tabled for members.

2.3 Receipt was noted of a letter dated 17th October 2002, from the Nursing and Midwifery Council (NMC) inviting attendance at a Reference Group Meeting to be held on Wednesday, 20th November 2002. Copies of this correspondence had been tabled for members. (Item 5.2 of the agenda also referred).

It was **agreed** that item 5.2 should be discussed in conjunction with this item and should be taken at this point in the meeting.

Copies of the NMC Consultation on the new Register and other Issues had been previously circulated to members. The Chief Executive gave a brief visual

presentation on aspects involved and potential options. Handouts on the presentation were tabled for members' convenience.

Members noted that NMC had invited nominees to attend a Reference Group meeting on the 20th November 2002 in London. It was also noted that Mrs Mary Hanratty, Vice Chairman of NMC, had agreed to facilitate a meeting at NIPEC on the 11th December 2002 and would talk to members and officers on the options available. The Chief Executive indicated that due to other commitments officers could not attend the Reference Group meeting in London on the 20th November 2002 and asked if any member would wish to attend. The Chair indicated that it might be useful if the members attending the Reference Group could also attend the meeting being facilitated by Mrs Hanratty. It was **agreed** that Mr Iain McGowan and Mrs Maria O'Hare would represent NIPEC at both the meetings. Mrs P Patten indicated that she was unable to attend the meeting on the 11th December 2002 but she would like to attend the meeting in London on the 20th November 2002. This request was **agreed**. Mrs M O'Hagan also indicated that she would like to attend the Reference Group meeting, but she would need to check her schedule first to see if she was free. This request was also **agreed** subject to Mrs O'Hagan's availability.

It was **agreed** that the final response to the consultation exercise would be finalised by Chair's Action.

3.0 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on 25th September 2002 – NIPEC/3/02, copies of which had been circulated, were **agreed** and signed as a correct record.

4.0 MATTERS ARISING

4.1 STATUTORY RULES OF NORTHERN IRELAND 2002 NO.X (MINUTE 4.1)

It was noted that the legislation had now been granted Royal Assent and NIPEC had commenced as a non-departmental public body from the 7th October 2002. Statutory Rules had now got ministerial approval and would be printed in the near future.

4.2 NIPEC CORPORATE STRATEGY AND BUSINESS PLAN (MINUTE 4.2)

It was noted that the DHSSPS were currently looking at NIPEC's Corporate Strategy and Business Plan. It was hoped that the Corporate Plan would be returned by the DHSSPS to allow time for printing so that the Plan could be presented at NIPEC's official Launch in December.

4.3 EQUALITY ACTIVITY (MINUTE 4.5)

In the absence of Mr Thom, Head of Corporate Services, Miss Blaney, the Chief Executive updated members. It was noted that Mr Thom had met with CSA's Equality Section on the 4th October 2002 and raised the issues that NIPEC had alluded to at their previous meeting. These issues had now been taken on board. The agreed timescale was that the document had gone out to consultation on the 4th November 2002 with a response deadline of 31 January 2003. The consultation details would also appear in the three local newspapers as well as the document and details being available on NIPEC's website.

4.4 DHSSPS – CLINICAL PLACEMENTS (MINUTE 8.1)

Miss Barrowman, Senior Professional Officer updated members on this project.

It was noted that work was well under way, it was anticipated that the first phase would be completed by the 19th December 2002 and an interim report would be presented to the DHSSPS in January 2003. The timescale for finalisation of the report would be February 2003.

5.0 CONSULTATION ACTIVITY REPORT

Copies of a Consultation Activity Report had been previously circulated to members with copies of an updated Report being tabled. Members noted the Consultation Activity Report.

5.1 DRAFT PROGRAMME FOR GOVERNMENT

Mr McGrath, Senior Professional Officer gave members a verbal report on this item. He reported that in its response NIPEC acknowledged the references in the document to the policies and strategies being employed to raise the quality of health and personal social services, and also supported the development of the workforce to meet the changing personal and services needs. Members **received** the officer's verbal report.

Copies of the document and relevant correspondence had been available on the Members' Table.

5.2 NMC CONSULTATION ON REGISTER AND OTHER ISSUES

Discussion at item 2.3 refers.

6.0 CORRESPONDENCE

6.1 INVITATIONS TO PROVIDE PRESENTATIONS

It was noted that the Chair and Chief Executive had given a presentation on NIPEC's corporate strategy to the Nurse Leaders' Network, and this had been a very useful meeting.

7.0 NIPEC PRACTICE

7.1 PRACTICE AND PERFORMANCE

It was noted that Senior Professional Officers had commenced practice and performance work on objectives identified in the first two corporate areas of Development Framework and Development of Practice Activities.

8.0 NIPEC EDUCATION

8.1 DIPLOMA IN NURSING SCIENCES: SHORTENED CHILDREN'S PROGRAMME – Queen's University of Belfast (QUB)

Miss Barrowman, Senior Professional Officer updated members on the above programme. It was noted that NIPEC and QUB had jointly approved the above programme for a period of four years commencing September 2002.

3.00 pm – Miss J Hill left the meeting at this juncture.

8.2 NURSE PRESCRIBING; JOINT SUBMISSION BY QUEEN'S UNIVERSITY, BELFAST AND THE UNIVERSITY OF ULSTER

The Chief Executive updated members on discussions that were ongoing for a tripartite approval process involving NIPEC and the two universities.

9.0 NIPEC PERFORMANCE

9.1 "USING AND DOING" PROJECT

Dr McCance, Senior Professional Officer reported on the joint project with the Research and Development Office on behalf of DHSSPS.

It was noted that the project would be in two stages the first would be a mapping exercise with the second stage dealing with setting future priorities. A meeting had taken place on the 10th October 2002 to discuss work carried out to date with Dr C Mason from the DHSPSS and Miss P Blaney the Chief Executive, and the feedback had been very positive.

Item 13.3 in the Closed Session also refers.

10.0 REPORTS FROM STANDING COMMITTEES

10.1 AUDIT COMMITTEE

It was noted that the initial meeting of the Audit Committee was scheduled for the 27th November 2002.

10.1.1 FINANCE STATEMENT OF ACCOUNTS for period ending 30.9.02

Copies of the Finance Statement of Accounts for period ending 30th September 2002 had been circulated to members. In the absence of Mr Thom, Head of Corporate Services, Miss P Blaney, Chief Executive presented the accounts. It was noted that in future the accounts would be presented to the Audit Committee prior to being presented to NIPEC but unfortunately due to the scheduling of meetings this was not possible on this occasion.

Mr Magowan asked if the surplus in budget currently shown on the statement would be used during the current financial year, and if not would it be re turned to the DHSSPS. He was worried that if returned this could have the potential adverse effect of the DHSSPS reducing NIPEC's budget for the next financial year. The Chair reported that the issue of the three vacant Project

Officer posts and the delay in appointing the Chief Executive and the two Professional Officers had contributed to the surplus in budget, and she had already discussed this with the DHSSPS. An assurance had been given by the DHSSPS that they would take cognisance of this when agreeing NIPEC's budget for 2003/04 financial year.

Members **received** the Accounts for the period ending 30th September 2002.

11.0 ANY OTHER BUSINESS

11.1 NIPEC LAUNCH EVENT 4TH DECEMBER 2002

It was noted that the Launch would be taking place in NIPEC headquarters on Wednesday, the 4th December 2002 at 1.30 pm. A buffet meal would be served and it was anticipated that between 70 and 80 people would be attending. A programme was currently being drawn up and it was hoped that the Corporate Strategy would be finalised and printed for presenting on that day. The Chair in her speech would be making reference to the Corporate Strategy, and if it was not available then a hand out leaflet would be prepared showing the five corporate areas that NIPEC would be taking forward during this current year.

12.0 NOTICES OF MOTION

No business.

CONFIDENTIAL BUSINESS

13.0 MATTERS ARISING (CONFIDENTIAL BUSINESS)

13.1 LEASE AND LETTING ISSUES (MINUTE 13.1)

In the absence of Mr Thom, Head of Corporate Services, Miss Blaney, Chief Executive updated members on this issue. It was noted that staff from DIS (Department of Information Services) would be moving into the first floor accommodation during November 2002. Discussion was ongoing with the DHSSPS in finalising the arrangements regarding additional costs involved, eg postage, electricity etc.

13.2 PARTNERSHIP SUBMISSION (MINUTE 15.1)

The Chief Executive reported that this item was still in the confidential business section as the project was still under discussion. There was a meeting with colleagues planned for November 2002 in Scotland in regard to this project and when she had more substantive information available she would report back to members.

13.3 "USING AND DOING" RESEARCH (MINUTE 17.1)

Discussion at Item 9.1 in the Open Session refers.

13.4 PUBLIC LAUNCH OF NIPEC (MINUTE 18.1)

Discussion at 11.1 in the Open Session refers.

14.0 CORRESPONDENCE

No business.

15.0 NIPEC PRACTICE

15.1 BELFAST CITY HOSPITAL – MAGNET REPORT

Mrs M O'Hagan, NIPEC member declared an interest in this item.

Mr McGrath, Senior Professional Officer updated members on the involvement of NIPEC in this project and gave an overview of the aims and approach for the programme.

It was noted that NIPEC was pleased to be invited to participate in this education and development project with the Belfast City Hospital and University of Ulster. This is a two-phase project consisting of Part A – Developing and Culture and Context for Excellence and Part B – Implementing Magnet Hospital Standards. The duration of the project would be approximately 18 months. A meeting between the interested parties to discuss the project further has been arranged for the 29th November 2002.

16.0 NIPEC EDUCATION

No business.

17.0 NIPEC PERFORMANCE

No business.

18.0 ANY OTHER CONFIDENTIAL BUSINESS

No business.

19.0 NOTICES OF MOTION OF A CONFIDENTIAL NATURE

No business.

20.0 DATE, TIME AND VENUE OF NEXT MEETING

Wednesday, 12th March 2003 in the Boardroom, Centre House, 79 Chichester Street, Belfast at 2.00 pm - **Public Meeting.**

The meeting ended at 3.45 pm

Chair_____ Date_____

MANAGEMENT STATEMENT

BETWEEN

The Department of Health, Social Services and Public Safety

And

The Northern Ireland Practice and Education Council for Nursing and Midwifery

April 2011

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí
www.dhsspsni.gov.uk

NIPEC

MANAGEMENT STATEMENT

BETWEEN

The Department of Health, Social Services and Public Safety and The Northern Ireland Practice and Education Council for Nursing and Midwifery

March 2011

1 INTRODUCTION

1.1 This Document

1.1.1 This Management Statement, and its associated Financial Memorandum, have been drawn up by the Department of Health, Social Services and Public Safety (henceforth DHSSPS) in consultation with the Northern Ireland Practice and Education Council for Nursing and Midwifery (henceforth NIPEC).

1.1.2 This Management Statement, and its associated Financial Memorandum (APPENDIX 3) have been approved by the Minister for Health, Social Services and Public Safety and the Department of Finance and Personnel (DFP).
The terms and conditions set out in the combined Management Statement and Financial Memorandum may be supplemented by guidelines or directions issued by the sponsor Department/Minister in respect of the exercise of any individual functions, powers and duties of the NDPB.

1.1.3 During the suspension of the Northern Ireland Assembly, all references to the Assembly should be taken to mean the UK Parliament at Westminster and all references to 'The Minister' should be taken to mean the relevant Direct Rule Minister with responsibility for DHSSPS.

1.1.4 Taken together, and subject to the legislation noted below, the Management Statement and Financial Memorandum set out the broad framework within which NIPEC will operate, in particular:

a. NIPEC's overall aims, objectives and targets in support of DHSSPS's wider strategic aims and the outcomes and targets contained in its current Public Service Agreement (PSA);

b. The rules and guidelines relevant to the exercise of NIPEC's functions, duties and powers;

c. The conditions under which any public funds are paid to NIPEC;

d. How NIPEC is to be held to account for its performance.

1.1.5 The Financial Memorandum sets out in greater detail certain aspects of the financial provisions, which NIPEC is required to observe.

1.1.6 The Management Statement/Financial Memorandum does not convey any legal powers or responsibilities. The documents shall be periodically reviewed by DHSSPS (see Section 8).

1.1.7 NIPEC or DHSSPS may propose amendments to either document at any time. Any such proposals shall be considered in the light of evolving DHSSPS policy aims, operational factors and the performance of NIPEC. The guiding principle shall be that the extent of flexibility and freedom given to NIPEC shall reflect both the quality of its internal controls and its operational needs. DHSSPS will determine what changes, if any, are to be incorporated. Requirements resulting from legislative changes will take precedence over any part of this Management Statement. Significant variations to this document will be cleared with the Department of Finance and Personnel (DFP) and the Public Service Reform Unit (PSRU), Office of the First Minister and Deputy First Minister. The definition of 'significant' will be determined by DHSSPS, in consultation with DFP and PSRU.

1.1.8 Any question regarding the interpretation of these two documents shall be resolved by DHSSPS after consultation with NIPEC, and, as necessary with DFP and/or OFMDFM. The MS/FM is approved by DFP Supply, and signed and dated by the sponsor Department and the NDPB's Chief Executive.

1.1.9 The combined document is signed and dated by the Permanent Secretary on behalf of DHSSPS and the Chief Executive on behalf of NIPEC. It should be copied to PSRU for information.

1.1.10 Copies of these documents and any subsequent substantive amendments will be placed in the library of the Northern Ireland Assembly (henceforth the Assembly). The document will also be placed on DHSSPS's and NIPEC's web sites.

1.2 Founding Legislation: Status of the Body

1.2.1 NIPEC was established with effect from 7 October 2002 under the powers of Section 2(1) of the Health and Personal Social Services Act (Northern Ireland) 2002. NIPEC does not carry out its functions on behalf of the Crown.

1.3 Classification

1.3.1 For policy/administrative purposes, NIPEC is classified as an executive non-Departmental public body (NDPB).

1.3.2 For national accounts purposes NIPEC is classified to the central government sector.

1.3.3 References to NIPEC include (where they exist), all its subsidiaries and joint ventures that are classified to the public sector for national accounts purposes. If such a subsidiary

or joint venture is created, there shall be a document setting out the arrangements between it and NIPEC.

1.4 The Duties And Powers Of NIPEC

(a) Article 2 of the Health and Personal Social Services Act (Northern Ireland) 2002 sets out the duties of NIPEC, which are reproduced in full at Appendix 1.

2 AIM AND OBJECTIVES

2.1 Overall Aim

2.1.1 Within the founding legislation, the Minister has approved the following overall aim for NIPEC:

The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) aims to improve the quality of health and care by supporting the practice, education and performance of nurses and midwives.

2.2 Key Objectives, Targets and Performance Measures

2.2.1 DHSSPS determines NIPEC's performance framework in the light of its wider strategic aims and current PSA objectives and targets.

2.2.2 DHSSPS has approved the following key objectives and targets for NIPEC, which are set out in the Corporate Strategy and Business Plan:

- Provide strategic leadership to support nursing and midwifery practice and education developments
- Promote effective nursing and midwifery practice
- Contribute to improving patient and client care through leading regional developments in collaboration with key stakeholders
- Ensure organisational compliance with corporate governance and accountability

2.3 Performance Measurement

The following methodologies will be used to assess progress against these objectives by providing a basis for establishing the key performance targets:

i. Annual accountability meetings with, and arranged by DHSSPS;

ii. Annual audit conducted by the Northern Ireland Audit Office;

iii. Occasional inspections arranged by DHSSPS.

iv. Quarterly meetings with the Chief Executive arranged by DHSSPS.

3 RESPONSIBILITIES AND ACCOUNTABILITIES

3.1 The Minister of Health, Social Services and Public Safety

3.1.1 The Minister is accountable to the Northern Ireland Assembly for the activities and performance of NIPEC. The Minister's responsibilities include:

- Keeping the Northern Ireland Assembly informed about NIPEC's performance;
- Agreeing the amount of grant in aid to be paid to NIPEC, and securing Assembly approval;
- Carrying out responsibilities specified in the founding legislation including appointments to NIPEC, including its Chairman, and laying of the annual report and accounts before the Assembly.

3.2 The Accounting Officer of the Department of Health, Social Services and Public Safety

3.2.1 The Permanent Secretary of the Department of Health, Social Services and Public Safety is appointed by the Department of Finance and Personnel (henceforth DFP) as DHSSPS's Accounting Officer. DHSSPS Accounting Officer is accountable to the Assembly for the issue of any grant-in-aid to NIPEC. The Accounting Officer designates the Chief Executive as NIPEC's Accountable Officer and may withdraw the accountable officer designation if he believes that the incumbent is no longer suitable for the role.

3.2.2 In particular the DHSSPS Accounting Officer shall ensure that:

- NIPEC's strategic aims and objectives support DHSSPS's wider strategic aims and current PSA objectives and targets;
- The financial and other management controls applied by DHSSPS to NIPEC are appropriate and sufficient to safeguard public funds and for ensuring that NIPEC's compliance with those controls is effectively monitored. ("public funds" include not only funds granted to NIPEC by the Assembly but also any other funds falling within its stewardship).
- The internal controls applied by NIPEC conform to the requirements of regularity, propriety and good financial management;
- Any grant-in-aid to NIPEC is within the ambit and the amount of the Request for Resources and that Assembly authority has been sought and given.

3.2.3 The responsibilities of DHSSPS Accounting Officer are set out in more detail in Chapter 3 of Managing Public Money Northern Ireland (MPMNI).

3.3 The Sponsoring Team in the DHSSPS

3.3.1 Within DHSSPS, the Education and Training Unit within the Human Resources Directorate is the sponsoring team for NIPEC. The Team is the primary source of advice to the Minister on the discharge of Ministerial responsibilities in respect of NIPEC, and the primary point of contact for NIPEC itself within DHSSPS on policy issues. The sponsoring team shall carry out its duties under the management of a senior officer, who shall have primary responsibility within the team for overseeing the activities of the NDPB.

3.3.2 The Education and Training Unit shall advise the Minister on:

- objectives and targets for NIPEC in the light of DHSSPS's strategic aims and current PSA targets;
- an appropriate budget for NIPEC in the light of DHSSPS's overall public expenditure priorities;
- how well NIPEC is achieving its strategic objectives and whether it is delivering value for money.

3.3.3 In support of the DHSSPS Accounting Officer, the Education and Training Unit shall:

- monitor NIPEC's activities on a continuing basis through an adequate and timely flow of information on performance, budgeting, control and risk management, including NIPEC's Statement on Internal Control;
- address in a timely manner any significant problems arising in the Council, whether financial or otherwise, making such interventions in the affairs of the Council as DHSSPS judges necessary;
- periodically carry out a risk assessment of NIPEC's activities to inform DHSSPS's oversight of NIPEC; strengthen these arrangements if necessary; and amend the *Management Statement* and/or *Financial Memorandum* accordingly. The risk assessment shall take into account the nature of NIPEC's activities; the public monies at stake; its corporate governance arrangements; its financial performance; internal and external auditors' reports; and any other relevant matters;
- inform NIPEC of relevant Government policy in a timely manner; if necessary, advise on the interpretation of that policy and issue specific guidance to NIPEC as necessary;
- bring concerns about the activities of NIPEC to the attention of the full DHSSPS Board and require explanations and assurances from NIPEC that appropriate action to address those concerns has been taken.

3.4 The Chairman of NIPEC

3.4.1 The Chairman of NIPEC is appointed by the Minister, usually for a period of up to four years (The Northern Ireland Practice and Education Council for Nursing and Midwifery (Appointment and Procedure Regulations) (Northern Ireland) 2002 SR 2002 No 386 refer.) The appointment is made in line with the Code of Practice issued by the Commissioner for Public Appointments.

3.4.2 The Chairman of NIPEC is accountable to the Minister through DHSSPS Accounting Officer for ensuring that NIPEC's policies are compatible with those of DHSSPS and for probity in the conduct of NIPEC's affairs. The Chairman shares with other NIPEC members the corporate responsibilities set out in paragraph 3.5.2.

3.4.3 The Chairman has a special responsibility for providing effective strategic leadership on the following matters in particular:

i. formulating NIPEC's strategy for discharging its statutory duties;

ii. ensuring that NIPEC, in reaching decisions, takes proper account of guidance provided by the Minister or DHSSPS;

iii. encouraging high standards of propriety;

iv. promoting the efficient and effective use of staff and other resources;

v. ensuring that NIPEC meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and where appropriate, the views of individual NIPEC members;

vi. advising DHSSPS on the needs of NIPEC when vacancies arise, with a view to ensuring a proper balance of professional, non-professional and financial expertise.

vii. representing the views of NIPEC to the general public; and

viii. providing an assessment of performance of individual NIPEC members.

3.4.4 The Chairman should ensure that all members of NIPEC, when taking up office, are briefed on the terms of their appointment and on their duties, rights and responsibilities and receive appropriate induction training. The Chairman shall ensure that a Code of Practice for Members is in place, based on the Cabinet Office publication "Guidance on Codes of Practice for Board Members of Public Bodies" (February 2000). The Code shall commit the Chairman and the other NIPEC members to the Nolan seven principles of public life (available at www.public-standards.gov.uk), and shall include a requirement for a comprehensive and publicly available register of Members' interests. The register should also be copied to the Education and Training Unit.

3.4.5 Communications between NIPEC and the Minister shall normally be through the Chairman. The Chairman shall ensure that the other NIPEC members are kept informed of such communications.

3.5 THE COUNCIL

3.5.1 Members of the Council are appointed for periods of different duration not exceeding 4 years (The Northern Ireland Practice and Education Council for Nursing and Midwifery (Appointment and Procedures) Regulations (Northern Ireland) 2002 SR 2002 No 386 refers). The Council comprises a Chair, a Chief Executive and members up to a maximum of 16 in total (60% of non-executive members must be registered nurses or midwives and 40% not registered nurses or midwives). DHSSPS Chief Nursing Officer shall be an ex-officio member of the Council.

3.5.2 Council members have corporate responsibility for ensuring that NIPEC complies with any statutory or administrative requirements for the use of public funds and fulfils the aims and objectives set by the Minister and for promoting the efficient and effective use of staff and other resources. Other important responsibilities of Council members are to:

i. ensure that high standards of corporate governance are observed at all times, including using NIPEC's internal audit committee to address the key financial and other risks facing NIPEC;

ii. ensure that DHSSPS is kept informed of any changes which are likely to impact on the strategic direction of NIPEC or on the attainability of its targets, and determine the steps needed to deal with such changes;

iii. ensure that the Council receives and reviews regular financial information concerning its management; is informed in a timely manner about any concerns about its activities; and to provide positive assurance to DHSSPS that appropriate action has been taken on such concerns;

iv. establish the overall strategic direction of the organisation within the policy and resources framework agreed with DHSSPS;

v. ensure that NIPEC's performance fully meets its aims and objectives as efficiently and effectively as possible;

vi. ensure that NIPEC operates within the limits of its statutory authority and any delegated authority agreed with DHSSPS, and in accordance with any other conditions relating to the use of public funds;

vii. ensure that, in reaching decisions, the Council has taken into account any guidance issued by DHSSPS and any other relevant organisations, such as the Equality Commission or the Human Rights Commission.

viii. in the development of significant new policies, the Council should ensure that it consults with DHSSPS and other relevant organisations as is considered appropriate.

ix. appoint the Chief Executive and, in consultation with DHSSPS, set performance objectives remuneration terms linked to these objectives for that post which give due weight to the proper management and use of public monies. The appointment of the Chief executive is approved by the Minister.

Council members shall act in accordance with their wider responsibilities to:

- comply at all times with the code of practice adopted by NIPEC and with the rules relating to the use of public funds and to conflicts of interest as set out in the Financial Memorandum;

- not misuse information gained in the course of their public service for personal gain or for political advantage, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations; and to declare publicly any private interests that may be perceived to conflict with their public duties;

- comply with rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and

- act in good faith and in the best interests of NIPEC.

- DHSSPS shall have access to all Council meeting minutes.

3.5.3 A list of matters, which are delegated by DHSSPS for the Council's decision, should be maintained by NIPEC.

3.5.4 Members of the Council (including the Chairman) must not give the Chief Executive instructions which conflict with the latter's duties as NIPEC's Accounting Officer.

3.6 The Chief Executive

3.6.1 The Chief Executive is appointed, by the DHSSPS Principal Accounting Officer, as the Accountable Officer for NIPEC.

3.6.2 As NIPEC's Accountable Officer, the Chief Executive is personally responsible for propriety and regularity in the management of the public funds for which he has charge, and for the day-to-day operations and management of NIPEC.

3.6.3 The Chief Executive is responsible for promoting the efficient and effective use of staff and other resources.

3.6.4 As NIPEC's Accountable Officer, the Chief Executive shall, in particular:

on planning and monitoring -

- establish, in agreement with DHSSPS, NIPEC's corporate and business plans in support of DHSSPS's wider strategic aim(s) and current PSA objectives and targets;

- inform DHSSPS of NIPEC's progress in helping to achieve DHSSPS's policy objectives and in demonstrating how resources are being used to achieve those objectives;

- ensure that timely forecasts and monitoring information on performance and finance are provided to DHSSPS; that DHSSPS is notified promptly if overspends or underspends are likely and that corrective action is taken, as approved by DHSSPS; and that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to DHSSPS in a timely fashion;

on advising the Council -

- advise the Council on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be issued from time to time by DFP, or DHSSPS;

- advise the Council on its performance and finance compared with its aim(s) and objectives;

- ensure that financial considerations are taken fully into account by the Council at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately;

- take action as set out in paragraphs 15-18 of the NDPB Accountable Officer Memorandum if the Council, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration or efficiency or effectiveness;

on managing risk and resources -

- ensure that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;

- ensure that an effective system of programme and project management and contract management is maintained;

- ensure that all public funds made available to NIPEC (including any approved income or other receipts) are used for the purpose intended by the Assembly, and that such moneys, together with NIPEC's assets, equipment and staff, are used economically, efficiently and effectively;

- ensure that adequate internal management and financial controls are maintained by NIPEC, including effective measures against fraud and theft;

- maintain a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations;

- ensure that effective personnel management policies are maintained;

on accounting for NIPEC's activities -

- sign the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Minister, DHSSPS or DFP;

- sign a Statement of Accountable Officer's responsibilities, for inclusion in the annual report and accounts;

- sign a Statement on Internal Control regarding NIPEC's system of internal control, for inclusion in the annual report and accounts;

- ensure that effective procedures for handling complaints about NIPEC are established and made widely known within NIPEC;

- act in accordance with the terms of this document and with the instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by the sponsor Department, and DFP; in particular Chapter 3 of MPMNI , the DFP document *The Responsibilities of an NDPB Accounting Officer* and the Treasury document *Regularity and Propriety*, both of which the Chief Executive shall receive on appointment. The attached *Financial Memorandum* refers to other key guidance;

- give evidence, normally with the Accounting Officer of DHSSPS, if summoned before the Public Accounts Committee on the use and stewardship of public funds by NIPEC;

- ensure that an Equality Scheme is in place and reviewed and that new policies are equality impact assessed as required by the Equality Commission;

- ensure that New Targeting Social Need (New TSN) is taken into account;

- ensure that the requirements of the Data Protection Act 1998 are complied with; and

- ensure that the requirements of the Freedom of Information Act 2000 are complied with.

- Ensure that Lifetime Opportunities is taken into account.

as Consolidation Officer -

- For the purposes of Whole of Government Accounts, the Chief Executive of NIPEC is normally appointed by DFP as NIPEC's Consolidation Officer.

- As NIPEC's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of NIPEC; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DFP.

- As Consolidation Officer, the Chief Executive shall comply with the requirements of the NDPB Consolidation Officer Memorandum as issued by DFP and shall, in particular:
- ensure that NIPEC has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process;
- prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ["Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM) letters] issued by DFP on the form, manner and timetable for the delivery of such information.

3.6.4 The Chief Executive may delegate the day-to-day administration of these accounting officer responsibilities to other employees in NIPEC. However, she shall not assign absolutely to any other person any of the responsibilities set out in this document.

3.6.5 The Chief Executive is the Principal Officer for the purpose of handling of cases involving the Northern Ireland Commissioner for Complaints (the Ombudsman). The Principal Officer is responsible for informing the Permanent Secretary of DHSSPS about any complaints accepted by the Ombudsman for investigation, and their outcome, including NIPEC's response to any recommendations from the Ombudsman.

3.7 Customer Service

3.7.1 Nine standards of public service, as detailed in **Appendix 2** to this document, have come into effect across the Northern Ireland Civil Service and its satellite bodies. NIPEC should set its own targets, subject to DHSSPS approval, within the bounds of those standards.

3.8 Relationships

3.8.1 Relationships between NIPEC, the Minister and DHSSPS are governed by the "arm's length" principle, wherein the primary role of the Minister is to set NIPEC's legal, and financial, policy and performance framework, including appointments to NIPEC and the structure of its funding and management. Within this framework, it is the role of NIPEC to determine its policy and activities, in keeping with its statutory responsibilities and the requirements of the Northern Ireland Executive policy. DHSSPS has the right of access to carry out any examination of the internal financial control systems as may be required to enable DHSSPS's Accounting Officer to discharge his/her responsibilities in a proper manner**.**

4 PLANNING

4.1 The Corporate Plan

4.1.1 NIPEC will submit annually to DHSSPS a Corporate Plan covering the next three years. NIPEC will agree with DHSSPS the issues to be addressed in the plan and the timetable for its preparation. The timetable should enable the Plan to inform the PES process.

4.1.2 The Plan will reflect NIPEC's statutory duties and, within those duties, the priorities set from time to time by DHSSPS. In particular, the Plan shall demonstrate how NIPEC contributes to the achievement of DHSSPS's strategic aims and PSA objectives and targets. DFP reserves the right to ask to see and agree NIPEC's corporate plan.

4.1.3 The Corporate Plan will set out:

i. NIPEC's key objectives and associated key performance targets for the next three years and its strategy for achieving these objectives;

ii. a review of NIPEC's performance in the preceding financial year, together with comparable outturns for the previous 3 years, and an estimate of performance in the current year;

iii. alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;

iv. a forecast of expenditure and income taking account of guidance on resource assumptions and policies provided by DHSSPS at the beginning of the planning round. These forecasts should represent NIPEC's best estimate of its available income, including any grant or grant-in-aid and other expenditure within NIPEC's provision within Total Managed Expenditure;

v. additional forecasts derived from alternative forward scenarios and estimates and the impact of these on the achievement of NIPEC's objectives**;**

vi. wherever possible, external comparators for bench marking NIPEC's performance.

vii. other matters as agreed between DHSSPS and NIPEC.

4.1.4 The main elements of the Plan – including the key performance targets – will be agreed between DHSSPS and NIPEC in the light of DHSSPS's decisions on policy and resources taken in the context of the Government's wider policy and spending priorities and decisions. In reaching annual decisions on NIPEC's rolling corporate plan and in monitoring progress, DHSSPS shall aim to give NIPEC greater planning certainty by observing the normal end year flexibility (EYF) principles.

4.2 The Business Plan

4.2.1 The first year of the Corporate Plan, amplified as necessary, will form the Annual Business Plan, and will be agreed with DHSSPS. The Business Plan will include key targets and performance measures for the year immediately ahead, together with

NIPEC's internal management targets and performance measures linked to budgeting information.

4.2.2 The Corporate and Business Plans shall be published and also made available on the Internet. A summary version shall be made available to staff.

4.2.3 DFP reserves the right to ask to see and agree the NDPB's annual business plan.

4.2.4 Corporate and business plans will be formally approved by Senior sponsor.

4.3 DHSSPS Monitoring of NIPEC's Performance against Key Targets

4.3.1 NIPEC shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed corporate and business plans.

4.3.2 NIPEC's performance against key targets will be reported to DHSSPS on a quarterly basis. Overall performance will be formally reviewed twice yearly by officials of the DHSSPS. Senior officials of DHSSPS will meet NIPEC formally on a regular basis to discuss NIPEC's performance, its current and future activities and any policy developments relevant to these activities.

4.3.3 NIPEC's performance against key targets will be reported in NIPEC's Annual Report and Accounts (see Section 6.1.1 - 4).

4.3.4 NIPEC shall inform DHSSPS promptly of changes in external conditions which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives set out in the Corporate or Business Plans.

4.3.5 DHSSPS will review the NIPEC's terms of reference for internal audit service provision. NIPEC shall notify DHSSPS of any subsequent changes to internal audit's terms of reference.

4.3.6 DHSSPS will review the NIPEC's audit committee terms of reference. NIPEC shall notify DHSSPS of any subsequent changes to the audit committee's terms of reference.

4.3.7 DHSSPS will review the NIPEC's Anti Fraud Policy and Fraud Response Plan. NIPEC shall notify DHSSPS of any subsequent changes to the policy or response plan.

5 BUDGETING AND MONITORING ARRANGEMENTS

5.1 NIPEC's budgeting procedures shall be as set out in the Financial Memorandum (see APPENDIX 3).

5.2 Internal Audit

5.2.1 NIPEC shall establish and maintain arrangements for internal audit in accordance with circular DAO (DFP) 3/02, the Treasury's Government Internal Audit Standards (GIAS) and DAO (DFP) 25/02 *Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies (NDPBs)*.

5.2.2 NIPEC shall consult DHSSPS to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with GIAS and relevant DFP guidance.

5.2.3 NIPEC shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's *Guidance on Codes of Practice for Public Bodies* (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.

5.2.4 The Council shall arrange for periodic quality reviews of its internal audit in accordance with the GIAS. DHSSPS shall consider whether it can rely on these reviews to provide assurance on the quality of internal audit. However, DHSSPS reserves a right of access to carry out independent reviews of internal audit in NIPEC.

5.2.5 DHSSPS Internal Audit Service shall also have a right of access to all documents prepared by NIPEC's internal auditor, including where the service is contracted out. The audit strategy, periodic audit plans and annual audit report, including NIPEC's Head of Internal Audit's opinion on risk management, control and governance shall be forwarded as soon as possible to the Education and Training Unit who shall consult the Head of Internal Audit as appropriate.

5.2.6 NIPEC shall report immediately to DHSSPS all frauds (proven or suspected), including attempted fraud. DHSSPS shall then report the frauds immediately to DFP and the C&AG. In addition NIPEC shall forward to DHSSPS the annual fraud return, commissioned by DFP, on fraud and theft suffered by NIPEC; notify any changes to internal audit's terms of reference, the audit committee's terms of reference or NIPEC's Fraud Policy and Fraud Response Plan.

5.3 Additional Departmental Access to NIPEC

5.3.1 In addition to the right of access referred to above, DHSSPS shall, in exceptional circumstances as deemed appropriate by the Departmental Accounting Officer, have a right of access to all NIPEC's records and personnel.

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

6.1.1 After the end of each financial year NIPEC shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of NIPEC. The report shall be submitted to DHSSPS in accordance with annual deadlines determined by DHSSPS to meet government reporting and accounting requirements.

6.1.2 The report and accounts shall comply with the Financial Reporting Manual (FReM), issued by DFP. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by DHSSPS.

6.1.3 The report and accounts will be prepared in line with FREM and shall outline NIPEC's main activities and performance during the previous financial year and set out in summary form NIPEC's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit conducted by NIAO.

6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant FD letter issued by DFP.

6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts, requires the prior written approval of DHSSPS.

6.2 External audit

6.2.1 The Comptroller and Auditor General (C&AG) audits NIPEC's annual accounts and passes the accounts to DHSSPS who shall lay them before the Assembly. For the purpose of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

6.2.2 The C&AG has agreed to liaise with NIPEC on who - the NIAO or a commercial auditor – shall undertake the actual audit on his behalf. The decision rests with the C&AG.

6.2.3 The C&AG has agreed to share with DHSSPS information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on DHSSPS's responsibilities in relation to financial systems within NIPEC. The C&AG will also, where asked, consider providing DHSSPS and other relevant bodies with Regulatory Compliance Reports and other similar reports which DHSSPS may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 Value For Money (VFM) examinations

6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which NIPEC has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. When making payment of a grant, or drawing up a contract, NIPEC should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7. STAFF MANAGEMENT

7.1 General

7.1.1 Within the arrangements approved by DHSSPS NIPEC will have responsibility for the recruitment, retention and motivation of its staff.

7.1.2 NIPEC will ensure that:

i. Its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;

ii. the level and structure of its staffing, including grading and numbers of staff, is appropriate to its functions and the requirements of efficiency, effectiveness and economy;

iii. the performance of staff at all levels is satisfactorily appraised and the performance measurement systems are periodically reviewed, and if necessary, revised;

iv. its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve NIPEC's objectives;

v. proper consultation with staff takes place;

vi. adequate grievance and disciplinary procedures are in place which comply with the Code of Practice on Disciplinary and Grievance Procedures published by the Labour Relations Agency;

vii. a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk).

viii. procedures consistent with the Public Interest (NI) Order 2003 are in place and communicated to staff.

8. REVIEWING THE ROLE OF NIPEC

8.1 DHSSPS will conduct a Financial Management and Policy Review of NIPEC at least every five years or at such other intervals as DHSSPS may determine. The next review of NIPEC will take place in the financial year 2011/12**.** Such reviews will be in two stages:

- The initial stage of the review will focus on whether NIPEC continues to be required and whether NDPB status is appropriate.

- If it is decided that NIPEC should continue, the second stage of the review will focus on the efficiency and effectiveness with which NIPEC carries out its activities; its financial and other management systems; and the efficiency and effectiveness of DHSSPS procedures for monitoring NIPEC's activities.

8.2 The NDPB shall provide DHSSPS with full details of all agreements where the NDPB or its successors have a right to share in the financial gains of developers. It should also pass to DHSSPS details of any other forms of claw back due to the NDPB.

Dr A McCORMICK

PERMANENT SECRETARY

DATE:
On behalf of the Department of Health Social Services and Public Safety

Mrs M. DEVLIN

ACTING CHIEF EXECUTIVE

DATE:
On behalf of the Northern Ireland Practice and Education Council for Nursing and Midwifery

APPENDIX 1

The Health and Social Services Act (Northern Ireland) 2002

Article 2

Duties of NIPEC

2- (1) There shall be a body corporate know as the Northern Ireland Practice and Education Council for Nursing and Midwifery (referred to in this Act as "the Council")

(2) It is the duty of the Council to Promote-
- (a) high standards of practice among nurses and midwives;
- (b) high standards in the education and training of nurses and midwives; and
- (c) the professional development of nurses and midwives.

(3) Without prejudice to the generality of subsection (2) the Council may -
- (a) provide guidance on the best practice for nurses and midwives; and
- (b) provide advice and information on matters relating to nursing and midwifery.

(4) The Council shall, in the exercise of its functions, act-
- (a) in accordance with any directions given to it by DHSSPS; and
- (b) under the general guidance of DHSSPS.

APPENDIX 2

NIPEC should apply the Nine Standards of Customer Service, which apply across the Northern Ireland Civil Service, its Agencies and NDPBs. The Nine Standards of Customer Service are:

Standard 1 Publishing service standards

NIPEC will publish a set of customer service standards setting out the level of service its customers can expect. The standards should be challenging, relevant, measurable and meaningful and should be publicised widely. Performance against the standards should be made available to customers.

Standard 2 Informing the Customer

NIPEC will provide clear and straightforward information about its services and those of related service providers in a variety of ways, including the Internet. The information will include one or more telephone enquiry numbers, text phone numbers and email addresses and should be timely, updated regularly, and easily accessible, of professional quality and in plain language. Where NIPEC requires particular actions or information from customers or otherwise considers customers have certain responsibilities, it should explicitly state this.

Standard 3 Service Accessibility

NIPEC will make its services accessible to its customers by doing everything reasonably possible to make its services available to everyone including people with special needs and those whose first language is not English. Where it is necessary for customers to attend NIPEC premises, NIPEC should ensure that its premises are clean, comfortable and welcoming.

Standard 4 Consulting with customers

NIPEC will consult with and will involve customers and potential customers about how its services will be delivered. It will consult in a variety of ways and use their views to improve the services provided. The results of consultation should be reported to customers together with plans for service improvement.

Standard 5 Polite and Helpful Staff

NIPEC will ensure that staff are polite and helpful and that appropriate training in customer care is provided. Staff must be identifiable and should normally wear name badges when dealing with the public.

Standard 6 Seeing Callers

NIPEC will ensure that callers are seen without undue delay by setting a target for seeing callers with and without appointments. Callers should be informed of any likely delays. Procedures should be put in place to ensure that queuing systems are fair and flexible and that, where appropriate, waiting time information is provided.

Standard 7 Answering telephone calls

NIPEC will ensure that telephone calls are answered quickly. The name of the organisation and that of the person answering the call should be given and the person answering the call should be able to deal with the enquiry or transfer the caller to a person who can do so.

Standard 8 Answering letters, faxes and emails

NIPEC will set targets for ensuring that letters, faxes and emails are answered quickly and clearly. Responses will include the name and address of the organisation and contact details. If it is likely to take more than 10 working days to respond, an acknowledgement will be sent within two working days, which will give a target date for the full response. All correspondence, whether letter, fax or email should be clear and presentable.

Standard 9 Having a complaints procedure

NIPEC will have a complaints procedure – or procedures – for services provided which should include its policy on redress. They should be publicised through a variety of means, including on the Internet and should be clear and straightforward with an option for independent review. NIPEC will set and report on targets for dealing with complaints.

APPENDIX 3

FINANCIAL MEMORANDUM

BETWEEN

The Department of Health, Social Services and Public Safety

And

Northern Ireland Practice and Education Council for Nursing and Midwifery

March 2011

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí
www.dhsspsni.gov.uk

NIPEC

FINANCIAL MEMORANDUM

BETWEEN

The Department of Health, Social Services and Public Safety And The Northern Ireland Practice and Education Council for Nursing and Midwifery

Agreement of Terms

The Financial Memorandum, revised in March 2011, sets out the strategic control framework within which NIPEC is required to operate, including the conditions under which government funds are provided, according to the guidance in DAO (DFP) 04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland.* It aims to achieve prudent and effective management of resources by NIPEC, combined with a reasonable degree of day-to-day freedom for the Authority to manage its operations.

The Memorandum has been drawn up by DHSSPS, in consultation with NIPEC, who agree to conduct their finances within the conditions contained therein. The contents of the Memorandum have been approved by the Department of Finance and Personnel.

SIGNED

Andrew McCormick (Dr)	**Mrs Maura Devlin**
On behalf of the Department of Health, Social Services and Public Safety	**Acting Chief Executive** (on behalf of NIPEC)

FINANCIAL MEMORANDUM

BETWEEN

THE DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY
AND
THE NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL FOR NURSING AND MIDWIFERY

1 INTRODUCTION

1.1 This Document

1.1.1 This Financial Memorandum supplements the Management Statement. It sets out in greater detail certain aspects of the financial framework within which NIPEC is required to operate. The Memorandum must therefore be read in conjunction with the Management Statement.

1.1.2 The terms and conditions set out in the combined Management Statement and Financial Memorandum may be supplemented by guidelines or directions issued by DHSSPS/ Minister in respect of the exercise of any individual functions, powers and duties of NIPEC.

1.1.3 NIPEC must satisfy the conditions and requirements set out in this memorandum and in the Management Statement, together with such other conditions as DHSSPS/Minister may from time to time impose in order to be entitled to grant in aid.

2 NIPEC'S INCOME

2.1 Grant-in-Aid

2.1.1 NIPEC is funded:

(a) by grant-in-aid under DHSSPS Estimate;

(b) by fees and charges.

2.1.2 DHSSPS will notify NIPEC, normally not later than February in the previous financial year, of the amount of grant-in-aid which DHSSPS has allocated to it for the forthcoming financial year.

2.1.3 NIPEC shall comply with any general procedures, including guidance in DAO(DFP) 04/03 and the general principle enshrined in Annex 5.1 of

Managing Public Money NI, laid down for the allocation of and accounting for grant-in-aid.

2.1.4 (a) The grant-in-aid system by which NIPEC is funded is cash limited. Under this system, amounts can be drawn to finance payments made during the year which are properly chargeable against the grant-in-aid provided that in total the cash limit is not exceeded.

(b) The grant-in-aid will be paid in monthly instalments on the basis of a written application showing evidence of need. This application shall certify that the conditions applying to the use of grant-in-aid have been observed to date and that further grant-in-aid is now required for purposes appropriate to NIPEC's functions.

(c) Applications to draw down grant-in-aid should be signed by the Chief Executive or by a person notified by her to DHSSPS as authorised to sign on her behalf. The signed application should certify that the grant-in-aid is required now for purposes appropriate to the statutory functions of NIPEC, as approved by DHSSPS.

(d) NIPEC shall not draw down grant-in-aid in excess of immediate requirements. Cash balances during the year shall be held at the minimum consistent with the efficient operation of the functions of NIPEC. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, DHSSPS will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

(e) Any grant-in-aid not paid to NIPEC by DHSSPS by the end of the financial year will not be available for use by NIPEC in the year following. NIPEC shall not, except with the prior approval of DHSSPS, carry over grant-in-aid from one financial year to the next. DHSSPS will aim, with the approval of DFP, to allow NIPEC to carry over from one financial year to the next, any grant-in-aid not spent due to slippage.

(f) NIPEC must notify DHSSPS immediately in writing if it becomes apparent at any time, that an overspend of estimated expenditure for the year is probable. Similarly NIPEC shall notify DHSSPS if an underspend of grant-in-aid is probable.

2.2 Resource and Cash Limit Control

2.2.1 NIPEC is required by statutory provisions not to exceed its cash and resource limits. Resource limits are initially set annually by DHSSPS, but can vary in-year.

NIPEC will:

(a) prepare and agree annual balanced budgets, which meet all probity, value for money and effectiveness requirements;
(b) agree Annual Service and Business Plans for approval by DHSSPS;
(c) provide monthly reports in the form required by DHSSPS;
(d) ensure money drawn from DHSSPS against financing requirement arising from the resource limit is required for approved expenditure only, and is drawn down only at the time of need; and
(e) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable NIPEC to fulfil its statutory responsibility not to exceed its Annual Revenue and Capital Resources Limits.

2.3 Fees and Charges

2.3.1 NIPEC will endeavour to maximise receipts from sources other than the NI Consolidated Fund, subject to the Treasury's Fees and Charges Guide. If in any financial year receipts realised or expected to be realised are less than estimated, NIPEC shall make a corresponding reduction in its gross expenditure. If revenue or capital receipts realised or expected to be realised are greater than estimated, NIPEC should use those receipts against its expenditure and reduce the amount of Grant-in-Aid required accordingly.

2.3.2 Fees and charges for services provided by NIPEC shall be determined in accordance with HM Treasury's guidance as published in Chapter 6 of MPMNI, and the Freedom of Information Act 2000 and associated regulations covering fees.

2.4 Proceeds From Sales of Assets.

2.4.1 NIPEC shall dispose of those assets that are surplus to its requirements. Assets should be sold for best price, taking into account any costs of sale. Assets shall be sold by auction or competitive tender (unless otherwise agreed by DHSSPS) and in accordance with the principals in MPMNI.

2.4.2 Subject to any special directions given by DHSSPS, NIPEC is authorised to dispose of by sale or otherwise any articles up to a value of £1,000 of any description, provided that;

(a) NIPEC is satisfied that the articles are spent, redundant or surplus to requirements, and

(b) other than at a public auction, no article shall pass into the possession of any member of staff of NIPEC or member of the Council without approval of DHSSPS.

2.4.3 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to DHSSPS, which will consult with DFP on the appropriate treatment.

2.5 Receipts from sale of goods or services

2.5.1 Receipts from the sale of goods and services (including certain licences where there is a significant degree of service to the individual applicant), rent of land, and dividends are classified as negative public expenditure in National Accounts and are therefore normally offset against the DEL (i.e. they provide additional spending power). If a body wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of DHSSPS.

2.5.2 If there is any doubt about the correct classification of a receipt, NIPEC shall consult DHSSPS, which may consult DFP as necessary.

2.6 Gifts and bequests received

2.6.1 NIPEC is free to retain any gifts, bequests or similar donations subject to paragraph 2.6.2. These will be capitalised on receipt and must be notified to DHSSPS.

2.6.2 NIPEC must keep a written record of gifts, bequests and donations received and of their estimated value and whether (and how) they are disposed of, or retained. Before accepting a gift, bequest or similar donation, NIPEC shall consider if there are any costs associated in doing so or any conflicts arising. NIPEC shall not accept a gift, bequest or similar donation if there are conditions attached to its acceptance that would be inconsistent with NIPEC's function.

2.7 **Fines and taxes as receipts**

2.7.1 Most fines and taxes (including levies and some licences) are treated as such in National Accounts and are not termed as negative public expenditure receipts. These fines and taxes do not provide additional DEL spending power and should be surrendered to DHSSPS.

2.8 Interest earned

2.8.1 Any interest earned by NIPEC on its assets shall be given the same budgeting treatment as the cost of capital charge on the assets.

2.8.2 Under resource budgeting rules, the cost of capital charge and any interest receipts on most DEL financed assets score as resource DEL.

2.8.3 Interest earned on cash balances cannot necessarily be retained by NIPEC. Depending on the budgeting treatment of this receipt, and its impact on NIPEC's cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via the DHSSPS. If the receipts are used to finance additional expenditure by NIPEC, DHSSPS will need to ensure it has the necessary budget cover.

2.9 Unforecast changes in in-year income

2.9.1 If the negative DEL income realised or expected to be realised in-year is less than estimated, NIPEC shall, unless otherwise agreed with DHSSPS, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. (NOTE: For example, if NIPEC is allocated £100 resource DEL provision by DHSSPS and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5, NIPEC will need to reduce its expenditure to £105 to avoid breaching its budget. If NIPEC still spends £110 DHSSPS will need to find £5 of savings from elsewhere within its total DEL to offset this overspend.)

If the negative DEL income realised, or expected to be realised, in the year is more than estimated, NIPEC may apply to DHSSPS to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. DHSSPS shall consider such applications, taking account of competing demands for resources, and will consult with DFP in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via DHSSPS.

2.10 Build-up and draw-down of deposits

2.10.1 NIPEC shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL and that the build-up of deposits may represent a saving to DEL (if the related receipts are negative DEL in the relevant budgets). NIPEC shall ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

2.11 Other Receipts

2.11.1 NIPEC should ensure that effective control is maintained, and records kept, of receipts from other sources (e.g. provision of fire certificates, reports etc).

3. NIPEC'S EXPENDITURE – GENERAL PRINCIPLES

3.1 Expenditure Not Proposed in the Budget

3.1.1 NIPEC shall not, without prior written Departmental approval, enter into any undertaking to incur any expenditure which falls outside NIPEC's delegations or which is not provided for in NIPEC's annual budget as approved by DHSSPS.

3.2 Economic Appraisal

3.2.1 NIPEC is required to comply with the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:

- involve capital or current spending, or both;
- are large or small;
- are above or below delegated limits (see Annex 1)

3.2.2 Business cases must be submitted to DHSSPS in support of expenditure above the delegated limits set out in Annex 1. DHSSPS may also from time to time request sight of the appraisals for projects below these limits.

3.2.3 The Chief Executive should ensure that the guidelines are being complied with. Information and regular evaluation should be maintained on the project from inception to completion in a form which can be submitted to DHSSPS, if required, and which conform to requirements for audit and value-for-money scrutiny.

3.2.4 Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that apply to NDPBs can be found in:

- DFP's on-line guide *The Northern Ireland Guide to Expenditure Appraisal and Evaluation* ("NIGEAE", 2009). See http://www.dfpni.gov.uk/eag

- The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government* (2003).

See paragraph 5.1.1 on Capital Expenditure

3.3 Value for Money

3.3.1 NIPEC shall not enter into any contracts for procurement of works, equipment, goods or services without ensuring that full regard has been paid to value for money considerations, including quality (in terms of fitness for purpose) and delivery against price, and where appropriate, that it has complied with the EC Supplies Directive and the GATT Agreement on Competitive Tendering. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

3.4 Competition

3.4.1 Contracts shall be awarded on a competitive basis and tenders accepted from suppliers who provide best value for money overall.

3.4.2 Single tender action is the process where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition. In light of their exceptional nature. All Single Tender Actions should be subject to Departmental Accounting Officer approval.
It is advisable that NIPEC seek an assurance from CPD/CoPE, or their legal adviser, to provide assurance for the Accounting Officer that the use of single tender action is legitimate in a particular case. Further information is published in Procurement Guidance Note 02/10 on the 'Award of Contracts without a Competition'. www.cpdni.gov.uk/index/guidance-for-purchasers/guidance-notes.htm]

3.4.3 The NDPB shall send to DHSSPS after each financial year a report for that year explaining any contracts above £5,000 in which competitive tendering was not employed.

3.5 Procurement

3.5.1 [For those bodies covered by the NI Procurement Policy] NIPEC's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002. NIPEC's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); Procurement Guidance Notes; and any other guidelines or guidance issued by Central Procurement Directorate (CPD) and the Procurement Board. NIPEC's procurement activity should be carried out by means of a Service Level Agreement with CPD or another recognised Centre of Procurement Expertise (CoPE) – this should ensure compliance with relevant UK, EU and international procurement rules.

3.5.2 Periodic reviews of NIPEC's procurement activity should be undertaken. The results of any such review will be shared with DHSSPS.

3.5.3 The Centres of Procurement Expertise for NIPEC are the Regional Supplies Service, Central Services Agency, and the Central Procurement Directorate. This list is not exhaustive, and NIPEC may use the services of UK wide Centres of Procurement Excellence

3.6 Prudence

3.6.1 NIPEC shall take all reasonable steps to appraise the financial standing of any firm or other body with whom it intends to enter into a contract and its capacity to deliver the contract.

3.7 Timeliness In Paying Bills

3.7.1 NIPEC shall collect receipts and pay all matured and properly authorised invoices in accordance with Annexe 4.5 and 4.6 of Managing Public Money Northern Ireland and any guidance issued by DFP or DHSSPS.

3.7.2 The payment for goods and/or services before receipt shall be made only in exceptional circumstances. Where advance payment is made, the agreed internal control processes for all other payments shall apply. The following list includes some appropriate instances. However, any payment for items/circumstances which do not appear below must have the prior written approval of the Director of Finance and Performance (or a delegated officer) before payment can be made. This approval must be retained for audit

inspection. These payments must come within the normal terms of business, and NIPEC must establish, maintain and provide evidence that appropriate safeguards are in place to ensure that the service is received to a satisfactory standard.

(a) Annual subscriptions for books or periodicals
(b) Annual maintenance charges under contract
(c) Annual or quarterly utility charges (phone, water etc.)
(d) Annual leasing charges under contract
(e) Charges for training and professional courses
(f) Annual insurance premiums
(g) Cash with order under £250.00

For payments in advance in respect of goods or services, the delivery of which traverses accounting periods, appropriate accounting entries (prepayments, debtors) must be included in the financial records and accounts.

3.8 Novel, Contentious or Repercussive Proposals

3.8.1 NIPEC shall obtain the prior approval of DHSSPS and DFP as follows:

(a) before incurring expenditure on any project (including grant schemes) which is considered novel, unusual or contentious, potentially repercussive, or which has significant cost implications;

(b) before making any changes to policy or practice which have wide financial implications, or which may affect the future level of the resources required; and

(c) before making any significant changes in the operation of funding of initiatives or particular schemes previously approved by the DHSSPS.

3.8.2 NIPEC shall not, without prior DHSSPS approval, enter into any undertaking to incur any expenditure outside the remit of NIPEC.

4 EXPENDITURE ON STAFF

4.1 Staff Costs

4.1.1 The number of staff appointed by NIPEC will be subject to a staffing ceiling approved by the DHSSPS. The ceiling may be varied from time to time to reflect changes in the scale of NIPEC's operations or functions. In such cases the new ceiling together with the associated pay and related costs will be reflected in the administration costs total.

4.1.2 NIPEC shall submit to the DHSSPS on an annual basis a statement of its approved establishment and staff in post by rank.

4.1.3 Subject to its delegated limits of authority, NIPEC will ensure that the creation of any new/additional posts does not incur future commitments which may exceed its ability to pay for them.

4.1.4 Within the approved ceilings NIPEC may create and re-grade posts, but specific DHSSPS approval is required for the following:

(a) any proposal to create a new post, or to re-grade a post, at a level which is not already represented in the staff structure;

(b) any proposal to re-grade a post which is the only one at that particular grade within the staff structure;

(c) any proposal to re-grade all posts at a particular grade.

4.1.5 All proposals involving the creation of new or additional posts above approved ceilings, or a substantive change of duties among existing posts above this level, require prior DHSSPS approval.

4.1.6 The Chief Executive should ensure that staffing is reviewed at least every three years, or more often if necessary, to confirm that levels and costs are appropriate.

4.1.7 Payments shall be made to NIPEC members in respect of travelling expenses, fees or other allowances in accordance with the relevant Determinations issued by DHSSPS, which DHSSPS may, from time to time, amend.

4.1.8 Employees of NIPEC, whether on permanent or temporary contract, will be subject to levels of remuneration, and terms and conditions of service (including Superannuation) as approved by DHSSPS; NIPEC has no delegated power to amend these terms and conditions.

4.1.9 Annual pay increases of NDPB staff must be in accordance with the annual FD letter on Pay Remit Approval Process and Guidance issued by DFP. Therefore, all proposed pay awards must have prior approval of DHSSPS and the Minister for Finance before implementation.

4.2 Pension Costs

4.2.1 Current terms and conditions for staff of the NDPB are those set out in its Employee Handbook. The NDPB shall provide DHSSPS and DFP with a copy of the Handbook and subsequent amendments. NIPEC's employees shall normally be eligible for a pension provided by the HPSS Superannuation Scheme.

4.2.2 Staff may opt out of the occupational pension scheme provided by NIPEC. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

4.2.3 Any proposal by NIPEC to move from the existing pension arrangements, or to pay any redundancy, or compensation for loss of office requires the approval of DHSSPS and DFP.

5 EXPENDITURE OTHER THAN ON STAFF

5.1 Capital Expenditure

5.1.1 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis. Expenditure to be capitalised shall include the:

(a) acquisition, reclamation or laying out of land;
(b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and
(c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.

5.1.2 Proposals for large-scale individual capital projects or acquisitions will normally be considered within NIPEC's corporate and business planning process. Subject to paragraph 5.1.4, applications for approval within the corporate/business plan by DHSSPS and, DFP if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the Board. Regular reports on the progress of projects shall be submitted to DHSSPS.

5.1.3 Approval of the corporate/business plan does not obviate NIPEC's responsibility to abide by the economic appraisal process.

5.1.4 Within its approved overall resources limit NIPEC shall, as indicated in the attached annex on delegations, have delegated authority to spend up to £10,000 on any individual capital project or acquisition. Beyond that delegated limit, DHSSPS's and where necessary, DFP's prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

5.2 Transfer of Funds

5.2.1 Unless financial provision is subject to specific DHSSPS or DFP controls (e.g. where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need DHSSPS approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require DHSSPS and possibly DFP approval. *[NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]*

5.3 Borrowing, Guarantees or Indemnities

5.3.1 NIPEC shall not, without the prior written consent of the DHSSPS (and, where necessary, DFP), borrow money (including prearranged overdraft facilities), lend money, charge any asset or security, give any guarantees or indemnities, letters of comfort, or make any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in the legally binding form.

5.4 Grants or loans by NIPEC (if applicable)

5.4.1 All grants or loan schemes proposed by NIPEC, and the terms and conditions under which such grant or loan is made, must be approved by DHSSPS and where necessary DFP before any payments are issued. If grants or loans are to be made under a continuing scheme, statutory authority will be requested.

5.4.2 The terms and conditions of such grant or loan shall include the requirement on the recipient organisation to prepare accounts, and to ensure that its books and records in relation to the grant or loan are readily available to NIPEC, DHSSPS and Comptroller and Auditor General (see also 5.12.2).

5.5 Write–offs, Losses and Other Special Payments

5.5.1 (a) NIPEC shall have delegated authority to make special payments and write off losses within the limits specified in DAO(DFP) 06/05 and in Circular HSS (F) 38/98, and supplemental updates, an extract of which is included in Annex 1. Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.

(b) NIPEC shall obtain the prior written approval of DHSSPS and where necessary DFP for all write-offs and special payments beyond those limits and for all cases where fraud is proven or suspected (even where the sum involved is within the delegated limit); and for the assigning of the delegation in whole or part to any other body.

(c) NIPEC shall keep a record of all losses of cash, equipment and, stores, and abandoned claims and shall notify DHSSPS of write-offs and ex-gratia payments made or sanctioned during the previous 12 months and disclose these in its Statement of Accounts.

(d) NIPEC may authorise ex-gratia payments within the set limits of delegation. DHSSPS approval must be obtained for all payments in excess of the delegated authority in line with DAO(DFP) 06/05 and Circular HSS (F) 38/98.

(e) NIPEC shall maintain a Losses and Compensation Register which details the nature, gross amount and cause of each loss, the action taken, total recoveries, and where appropriate the date of write-off. At the end of each financial year NIPEC shall submit to DHSSPS a statement of the annual losses incurred and special payments made in line with Annex 4.10, MPMNI.

5.6 Gifts, Hospitality, Awards

5.6.1 NIPEC should maintain a policy in line with DHSSPS guidance on the provision and receipt of hospitality, to which all staff must adhere. If in doubt, any queries on the provision or receipt of hospitality should be referred to the DHSSPS for advice.

5.6.2 Public money should not be used to provide for gifts to members of staff. This shall also apply to members of the Council.

5.6.3 Gifts by management to staff are subject to the requirements of DAO (DFP) 05/03.

5.7 Leasing

5.7.1 Prior DHSSPS approval is required for all property and finance leases. NIPEC must have capital DEL provision for finance leases and other transactions that are, in substance, a form of borrowing.

5.7.2 Before entering any lease NIPEC must demonstrate that the lease offers better value for money than purchase.

5.8 Public Private Partnerships

5.8.1 NIPEC should seek opportunities to enter into public/private partnerships where this is better value for money than conventional procurement.

5.8.2 In such cases NIPEC should be aware of the need to consult DHSSPS in cases where different cash flow projections may result in delegated spending authority being breached.

5.8.3 Any partnership controlled by NIPEC shall be treated as part of NIPEC and consolidated with it (subject to any particular treatment required by the FReM). Where judgement over the level of control is difficult, DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment).

5.9 Subsidiary Companies and Joint Ventures

5.9.1 NIPEC shall not establish subsidiary companies or joint ventures without the express approval of DHSSPS and DFP. In judging such proposals DHSSPS will have regard to the DHSSPS's wider strategic aim[s] objective and current Public Service Agreement.

5.9.2 For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by NIPEC shall be consolidated with it in accordance with FReM, subject to any particular treatment required by FReM. Where the judgement over the level of control is difficult, DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with DHSSPS and DFP, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement* and *Financial Memorandum*, and to the further provisions set out in supporting documentation.

5.10 **Use of consultants**

5.10.1 The NDPB shall adhere to the guidance issued by DFP, as well as any produced by DHSSPS in relation to the Use of Consultants. Please see the delegated limits set out in Appendix A.

5.10.2 The NDPB will provide DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

5.10.3 **Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.**

5.11 **Financial Control Systems**

5.11.1 NIPEC shall maintain to the satisfaction of DHSSPS an appropriate financial control system taking account of guidance issued by DHSSPS. It should also comply with all relevant guidance/instructions as issued periodically. NIPEC should:

- ensure the existence of safeguards against fraud and theft,
- keep within delegated limits,
- have regard to MPMNI and to FReM, as amended periodically.

5.12 Risk Management/Fraud

5.12.1 NIPEC shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview ("The Orange Book")* issued under cover of DAO(DFP) 15/05 and DAO(DFP) 07/06.

5.12.2 NIPEC shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or which it intends to give grant or grant-in-aid.

5.12.3 NIPEC shall take all reasonable steps to ensure it has adequate safeguards from incidents of fraud and theft. In cases of suspected theft, fraud or misappropriation NIPEC will provide immediate notification in line with HSS (F) 38/98 Supplement 1 and any subsequent amendments, HSS(F) 38/05 and any subsequent amendments, DAO(DFP) 24/2003, DAO (DFP) 15/04 and DAO (DFP)04/06 (issued undercover of HSS(F) 24/03, HSS(F) 44/0 4 and HSS(F)26/06 respectively).

5.12.4 All cases of attempted suspected or proven fraud shall be reported to DHSSPS and other relevant authorities (see section 5.2 in the Management Statement) as soon as they are discovered, irrespective of the amount involved.

5.13 Commercial Insurance

5.13.1 NIPEC shall not take out any insurance without the prior approval of DHSSPS and, where appropriate, DFP, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPNI.

5.13.2 DHSSPS shall have a written agreement with NIPEC about the circumstances in which, in the case of a major loss or third-party claim, an appropriate addition to budget out of DHSSPS's funds and/or adjustment to NIPEC's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

5.13.3 A Certificate of Exemption for Employer's Liability Insurance has been issued to NIPEC.

5.14 Payment/Credit Cards

5.14.1 NIPEC, in consultation with DHSSPS, shall ensure that procedures on the issue of payment cards (inc credit cards) are in place. Reference should be made to DAO (DFP) 24/02 and HSS(F) 11/2003. No payment/credit cards should be issued without the prior written approval of the Accountable Officer.

5.15 Financial Investments

5.15.1 NIPEC shall not make any investments in traded financial instruments without the prior written approval of DHSSPS, and where appropriate DFP, nor shall it build up cash balances or net assets in excess of what is required for operational purposes. *[Unless specifically provided for:]* Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in aid is determined. Equity shares in ventures which further the objectives of NIPEC shall equally be subject to DHSSPS and DFP approval unless covered by a specific delegation.

5.16 Unconventional Financing

5.16.1 NIPEC shall not enter into any unconventional financing arrangements.

6. BUDGETING PROCEDURES

6.1 Setting the Annual Budget

6.1.2 In advance of each 3-Year Public Expenditure Planning Round, and following an assessment, by the DHSSPS, of NIPEC's own forward projects, DHSSPS will send to NIPEC:

(a) a formal statement of any funding provision by DHSSPS, in light of competing priorities across DHSSPS, and

(b) a statement of any change in policies affecting NIPEC.

6.1.3 NIPEC's Business Plan will take account of its approved funding provision and any other forecast receipts. It will also include, on both a cash and accruals basis, a budget of estimated payments and receipts, along with a profile of expected expenditure and of drawdown of DHSSPS funding and/or other income during the year.

6.1.4 Any Grant-in-Aid provided by DHSSPS for the year in question will be voted in DHSSPS's Estimate and will be subject to Assembly control. These elements will form part of the approved business plan for the year in question (section 4.2 of the management statement).

6.2 General Conditions for Spending Authority

6.2.1 Once NIPEC's budget has been approved by DHSSPS [and subject to any restrictions imposed by Statute/the Minister/this MSFM], NIPEC shall have authority to incur expenditure approved in the budget without further reference to DHSSPS, on the following conditions:

- NIPEC shall comply with the delegations set out in Annex 1 of this document. These delegations shall not be altered without the prior agreement of DHSSPS and DFP;

- NIPEC shall comply with the conditions set out in paragraph 3.8 above regarding novel, contentious or repercussive proposals;

- inclusion of any planned and approved expenditure in NIPEC's budget shall not remove the need to seek formal DHSSPS (and, where necessary, DFP) approval where such proposed expenditure is above the delegated limits as set out in Annex 1, or is for new schemes not previously agreed; and

- NIPEC shall provide DHSSPS with such information about its operations, performance, individual projects or other expenditure as DHSSPS may reasonably require (see paragraph 6.3 below).

- NIPEC shall comply with NI Procurement Policy and carry out procurement via CPD or another recognised CoPE.

6.3 Providing Monitoring Information to the DHSSPS

6.3.1 NIPEC shall provide DHSSPS with, as minimum, information on a monthly basis which will enable the satisfactory monitoring by DHSSPS of:

- NIPEC's cash management;
- its draw-down of any grant-in-aid;
- the expenditure for that month;
- forecast outturn by resource headings; and
- other data required for the DFP Outturn and Forecast Outturn Return

7 BANKING: CASH MANAGEMENT

7.1 The Chief Executive is responsible for ensuring that the banking arrangements are carried out efficiently, economically and effectively and in accordance with the requirements of annex 5.7 of MPMNI and the guidance in the Treasury document "Departmental Banking: A Manual for Government Departments". He/she should ensure that:

(a) the banking arrangements are suitably structured and represent the best value for money;

(b) sufficient information about banking arrangements is supplied to DHSSPS's Accounting Officer to enable the latter to fulfil his own responsibilities;

(c) the banking arrangements are subject to review and approval by DHSSPS at least every two years, with a comprehensive review to competitive tendering at least every 3-5 years to ensure the best terms are received;

(d) NIPEC maintains effective controls over the preparation and authorisation of payments;

(e) NIPEC's banking arrangements are kept separate and distinct from those of any other person, NDPB or organisation, and

(f) adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

8. ASSET MANAGEMENT

8.1. Register of Assets

8.1.1 NIPEC shall maintain an accurate and up to date register of stocks, stores and assets.

8.2 Recovery of Grant – Financed Assets

8.2.1 Where NIPEC has financed expenditure on capital assets by third parties, NIPEC should make appropriate arrangements to ensure that assets are not disposed of without NIPEC's prior consent.

8.2.2 NIPEC shall therefore ensure that such repayment conditions are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to DHSSPS.

8.2.3 NIPEC shall ensure that if the assets created by grants made by NIPEC cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to NIPEC for surrender to DHSSPS. The amount recoverable shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

9 RETENTION OF DOCUMENTATION

9.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under the direction of DHSSPS.

9.2 NIPEC will agree with DHSSPS a record management strategy, identifying the resources needed to ensure that records of all types (administrative and operational) are:

(a) properly controlled
(b) readily accessible and available for use, and eventually
(c) archived or otherwise disposed of.

9.3 Documents held by NIPEC without prescribed retention times shall only be destroyed at the express instigation of the Chief Executive. Records shall be

maintained of documents so destroyed.

10 COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

10.1 NIPEC shall comply with the instructions or guidance set out in:

(a) Managing Public Money Northern Ireland (MPMNI);

(b) *Government Internal Audit Standards*, issued by DFP;

(c) Relevant DFP Dear Accounting Officer and Finance Director letters;

(d) The Treasury guidance document *Regularity, Propriety and Value for Money*;

(e) Recommendations made by the UK or Northern Ireland Public Accounts Committees or other Assembly authority which have been accepted by the Government and which are relevant to NIPEC.

(f) The *Consolidation Officer Letter of Appointment*, issued by DFP;

(g) Other relevant instructions and guidance issued by the central DHSSPS (DFP/OFMDFM) including Procurement Board and CPD Guidance;

(h) Specific instructions and guidance issued by DHSSPS;

(i) Recommendations made by the Public Accounts Committee, or by other Assembly authority, which have been accepted by the government and which are relevant to the NDPB.

10.2 NIPEC shall keep accounts of all monies received and of all monies paid out by it. As proceedings to recover monies must generally be made within six years of money becoming due, NIPEC, in line with DHSSPS guidance, shall retain financial and other records.

10.3 NIPEC shall provide DHSSPS with such information about the organisation, operational and financial control of its affairs as it may request periodically.

11. REVIEW OF FINANCIAL MEMORANDUM

11.1 DHSSPS shall in writing resolve any questions arising from the interpretation of any statement in this Memorandum after consultation with NIPEC.

11.2 This Financial Memorandum will be formally reviewed in March 2015. It will normally be formally reviewed every four years subsequent to this, or following a review of NIPEC's functions as provided for in Section 8 of the Management Statement.

11.3 In consultation with NIPEC, DHSSPS may, with the consent of the Department of Finance and Personnel, from time to time amend, revoke or add to any of the terms of this Memorandum. The Department of Finance and Personnel will be consulted on any significant variation proposed to the Management Statement and Financial Memorandum.

ANNEX 1

DELEGATED EXPENDITURE LIMITS

General

These delegated expenditure limits have been agreed by DHSSPS and the Department of Finance and Personnel.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services
(All costs exclude VAT)

THRESHOLDS	NUMBER/TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £2,000	A single order for goods, services or materials may be placed without seeking quotations.	Head of Corporate Services
> £2,000 - £30,000	4 Tenders	The Chief Executive
> £30,000 – EU Thresholds	Publicly advertised tender competition (Newspapers / Website)	The Chief Executive

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, NIPEC should

undertake a comprehensive business case of all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

For any purchase where the minimum number of quotations/tenders is not obtained, the purchase may proceed if the accountable officer is satisfied that every attempt has been made to obtain competitive offers and that value for money will be achieved. In these cases, the accountable officer should complete a report and records of all correspondence should be retained on file including any justification given and/or approvals obtained.

2. DELEGATED LIMITS FOR EXPENDITURE PROJECTS (excluding IT projects)

The Chief Executive may authorise capital expenditure on discreet capital projects of up to £10,000. Capital projects over this amount require the approval of DHSSPS, and may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of DHSSPS and DFP.

3. DISPOSAL OF SURPLUS EQUIPMENT

See paragraph 2.4

4. LEASE AND RENTAL AGREEMENTS

See paragraph 5.7

5. APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. ICT-enabled projects should be appraised and evaluated according to the general guidance in the Northern Ireland Guide to Expenditure

Appraisal and Evaluation (*NIGEAE)* and managed using the new *Successful Delivery (NI)* guidance which was issued in June 2009.

> *The purchase of IT equipment and systems should be in line with the guidance on Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at www.dfpni.gov.uk/successful-delivery) and be subject to competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.*

Table 2 Delegation Arrangements for Information Technology Projects, Systems And Equipment

(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £10,000	The Chief Executive
£10,000 - £50,000	The Chief Executive with prior approval from DHSSPS
Projects over £50,000	The Chief Executive with prior approval from DHSSPS and DFP

6. ENGAGEMENT OF CONSULTANTS

General

NIPEC has delegated authority to appoint consultants for a **single contract** up to a ***total*** cost of £20,000, subject to HSS(F) 20/06 and any subsequent guidance as may be issued by DFP or DHSSPS. All Single Tender Actions require Departmental Accounting Officer approval.

NIPEC will provide DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold. (All assignments expected to exceed £50,000 will also be subject to Ministerial approval, and those expected to exceed £75,000 will be subject to both Ministerial and DFP approval).

7. LOSSES AND SPECIAL PAYMENTS

DELEGATED LIMITS TO HSS BODIES/NON-DEPARTMENTAL PUBLIC BODIES TO WRITE-OFF LOSSES AND AUTHORISE SPECIAL PAYMENTS

LIMITS OF AUTHORITY (PER CASE)

The Chief Executive with prior approval from DHSSPS, will have the authority to write off losses and make special payments up to:

			£
Losses			
1.	Cash losses due to:-		
	a.	theft, fraud, arson (whether proved or suspected), neglect of duty or gross carelessness.	5,000
	b.	overpayments of salaries, wages, fees and other allowances.	5,000
	c.	other causes, including unvouched or incompletely vouched payments, overpayments other than those included under (b); loss by fire (other than arson); physical cash losses and losses of stamps, or similar cash equivalents.	5,000
2.	Fruitless payments (including payments in respect of abandoned capital schemes).		5,000
3.	Bad debts and claims abandoned due to:-		
	a.	Road Traffic Order claims	5,000

	b.	Others	5,000
4.	Losses, etc of Equipment and Property in stores and in use due to:-		
	a.	incidents of the service (as a result of fire, flood etc motor vehicle accidents, damage to vehicles)	10,000
	b.	theft, fraud or arson (whether proved or suspected), neglect of duty or gross carelessness	
		i. bedding and linen	10,000
		ii. other equipment and property	10,000
	c.	discrepancies and unexplained issues	
		i. bedding and linen	10,000
		ii. other equipment and property	10,000
	d.	malicious damage (see Note below)	
	e.	other causes	10,000

Special Payments

5.	Compensation payments where written legal advice is that NIPEC should not fight a court action because it is unlikely that it would win .	Up to £1000 per case
6.	Ex-gratia payments:-	
	a. extra-contractual payments to contractor.	NIL
	b. for personal injury claims involving negligence where legal advice obtained and relevant guidance has been applied (see Note below).	5,000 including plaintiff's costs
	c. other payments (including Personal Injury not covered at 'c' above) (see Note below).	5,000
	d. maladministration where there was no financial loss by claimant.	NIL

Item 4d All cases which result in repair work costing more than

£2,000 should be notified to DHSSPS.

7. Extra-statutory payments. NIL

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the Chief Executive and DHSSPS, where appropriate.

For all cases outside these limits, the approval of DHSSPS and, where appropriate, the Department of Finance and Personnel, is necessary before any write-off or special payment can be actioned.

Where total losses exceed £10,000 in any financial year, an explanatory note should be included in the NIPEC's accounts.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the Chief Executive] for amounts below the delegated limit, and DHSSPS, where appropriate.

Exhibit 3

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Enabling professionalism 2022

Enabling professionalism

Defining what the contribution of nursing or midwifery 'is' sets out where nurses and midwives and the broader family of nursing and midwifery might be most effectively used in current and future services. The creation of a collective voice to outline the contribution of nursing and midwifery to others, such as policy makers, the media and the public, through the use of stories[1] is intended to strengthen professional identity building confidence and motivation within nursing and midwifery teams.[2]

If people are to understand where nurses and midwives contribute most value to future services distinct to other professions, the art and science of the professions should be spoken of in a tangible way that has meaning to all[3]. It is hoped that the construction of a conceptual framework, completed during a refresh of Enabling Professionalism work, should support future generations of nurses and midwives to personal and professional fulfilment through an understanding of purpose and strengthened professional identity.

The framework is constructed under 'defining characteristics',[4] developed to articulate the breadth of practice through the domains of:

1. a. Descriptors of registration and level of educational achievements. **[Context]**

   b. Descriptors of the varied and changing environments and models of care / practice that nurses and midwives work in, including the potential for leading and co-producing future transformation. **[Context]**

2. Descriptors of what nurses and midwives do as professions for the public when they prescribe and provide care, treatment and services. This includes the contribution of leaders, public health nurses, educators and researchers. **[Mode of Intervention]**

3. The core attributes of nurses and midwives that prepare them to work in a particular way to make their particular contributions. **[Attributes]**

4. The impact of nurses and midwives as regulated professions to the health and wellbeing of populations and society as a whole. **[Professional Impact]**

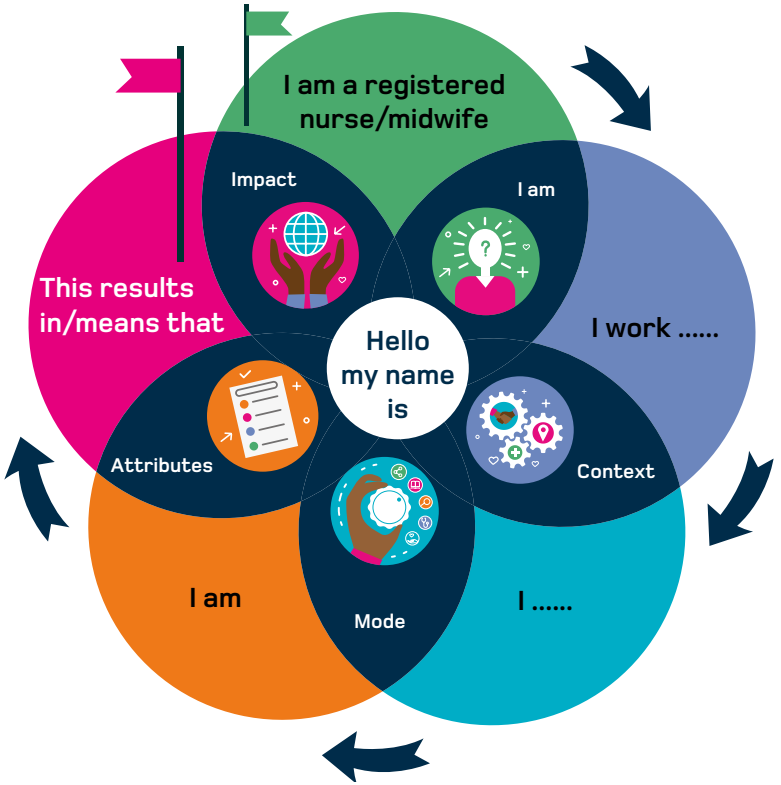
Using the framework to create a collective voice

The development of a conceptual framework to define what nursing and midwifery 'is' offers some guidance for the construction of stories, presented by nurses and midwives across the United Kingdom and Ireland, initially in celebration of the extended Year of the Nurse/Midwife and Nursing Now 2020.

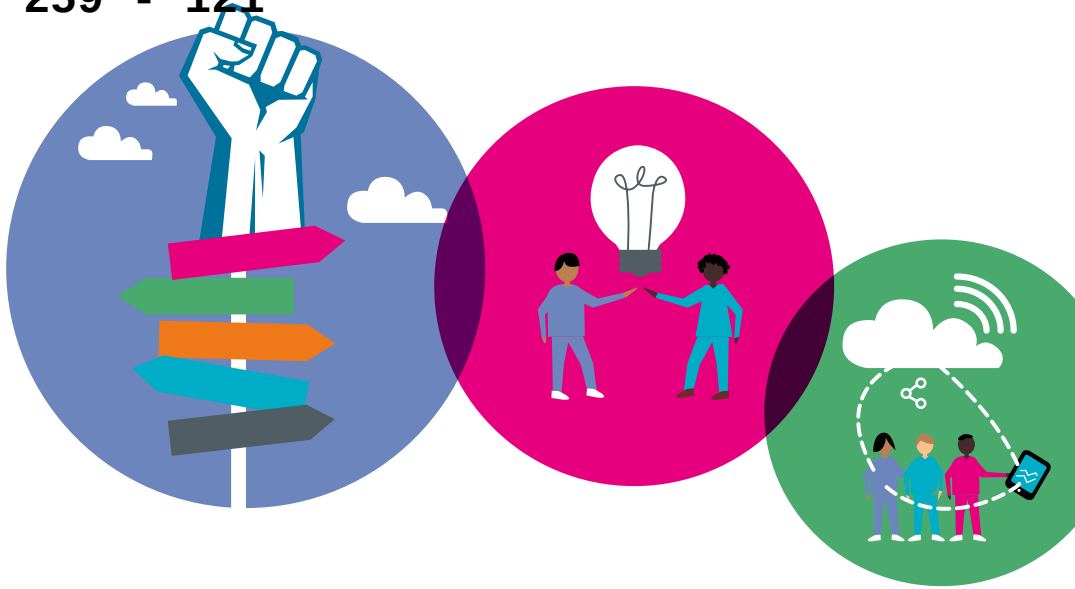
Nurses and midwives across the five countries will be able to access the framework and use it to talk about their work - it is hoped that by using a similar format each time, the public and others will begin to hear consistent messaging around the professions and make sense of the breadth of nursing and midwifery careers, including the impact that nurses and midwives have on population health.

Construct of the Framework

The concepts arranged within the framework are organised in an order below, but can be used in any order deemed useful to the audience:



Prompt Sentences



After a nurse or midwife introduces him or herself, each part of the framework should be worked through providing further detail. Prompts have been provided as an example of what a nurse or midwife might say in each section to guide the development of each story:

Prompts for Context:

I am:

- A registered nurse/ midwife
- Educated to [insert level of academic achievement]

I work in:

- type of environment e.g. government, regional organisation, education, research, hospital based, community based, schools, care homes, day centres, prisons etc.

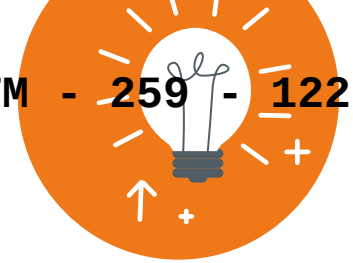
I work in partnership with:

- stakeholder group e.g. children, families, adults, pregnant women, student nurses, student midwives, researchers, policy makers, ministers, educators, regulators, civil servants, multi-professional health and social care partners, etc.
- people with increasingly complex conditions [provide example]
- people with associated conditions of ageing such as dementia and Long Term Conditions [provide example]
- people, families, carers, communities and significant others [provide example]
- health and social care leaders and policy makers

Prompts for Mode of Intervention:

I:

- connect with the person, building a relationship to understand need
- assess, diagnose, prescribe, treat, educate and advocate for and with people
- evaluate plans of care
- use evidence to guide decision making
- work with other professions whilst acting independently (autonomy)
- supervise, lead and manage teams, organisations, policy and strategy decisions
- carry out clinical interventions including advanced interventions
- use leadership knowledge and behaviours
- promote improvement in health and wellbeing at population, national and community levels
- educate others
- carry out research
- enable safe environments



I am knowledgeable/expert in:

- building trusting relationships with people to minimise distress
- when and how to facilitate difficult and challenging conversations [include example e.g. end of life care, changes in lifestyle, raising concerns of safety]
- screening for appropriate referral/signposting to other services
- risk assessment to promote safety, health and wellbeing
- interpretation of results and findings of screening, diagnostic tests and risk assessments
- recognising and anticipating deviation to support accurate decision making
- safety and quality improvement
- leading and coordinating care across other professions
- a broad range of research methodologies
- techniques to teach and engage future nurses and midwives
- mentoring future multi-professional leaders
- global impacts of the wider family of nursing and midwifery to lead and advise policy decisions

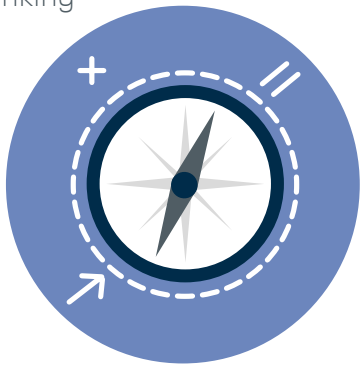
Prompts for Attributes:

I am Accountable [Practise effectively]

- Problem solving
- Able to make clinical decisions
- Able to challenge
- Reflective
- Evidence informed

I am a leader [Promote professionalism and trust]

- Autonomous
- A coordinator
- Trustworthy
- Innovative
- System thinking
- Strategic



I am an advocate [Prioritise people]

- Emotionally intelligent
- Resilient
- Impartial
- Compassionate

I am competent [Preserve safety]

- Technically competent
- Critically thinking
- Professionally curious
- Always learning and developing throughout my career

Stem sentences for Professional Impact:

This means that I:

- Provide treatment to people, families and communities
- Prevent illness [specific example]
- Enable people to engage in self-care and recovery [specific example]
- Promote the independence of people [specific example]
- Support people to optimise healthy choices and live well [specific example]
- Support people to partner in their care and service arrangements [specific example]
- Support women and families towards a safe transition to parenthood [specific example]
- Support people through adversity/ reverse adversity in the lives of people [specific example]

- Encourage and support equitable care and services across populations [specific example]
- Reduce inequalities and improve safety in maternity care
- Address health inequalities [specific example]
- Shape policy [specific example]
- Shape practice [specific example]
- Shape education [specific example]
- Produce new knowledge [specific research example]
- Educate and develop new generations of nurses and midwives [specific example]
- Initiate, lead, guide and direct innovation, change and service transformations [specific example]

Using the Framework to build a story

To use the framework, prompts should be selected from each section of the framework. Individuals can use as many or as few as they feel necessary to describe their work.

The worked examples at page 7 and page 8 are intended to assist in the construction of stories demonstrating how the framework is used. Page 8 particularly picks out messages of impact for a short 90 second type podcast.

I am

I am a registered nurse with a degree in nursing and a postgraduate diploma in specialist nursing practice for community nursing. That means I can work as a District Nurse in a community in Northern Ireland.

C

I provide district nursing services to the people of West Belfast. I have an office located in a GP practice but my work mainly takes me into the homes of the people I am caring for. This means I get to meet family, carers and the occasional pet!

M

I have 25 people on my weekly case load, who I know individually and with whom, my team work at various points of the day and week depending on their needs. There are many more people in my full caseload – that I see monthly or three monthly. I, or members of my team, have assessed each one of these individuals for specific nursing needs and planned their nursing care along with them.

Betty, one of the people I work with, has a chronic leg ulcer. Initially this meant that she was in pain and couldn't get out of the house the way she wanted to. I showed her a number of appropriate treatments that research indicated would work best for her symptoms. To make sure Betty had the right treatment I also talked to specialist nurses in a local trust to make sure my prescription of care was the best one available. Betty chose the best option for her leg ulcer with my advice and guidance.

I

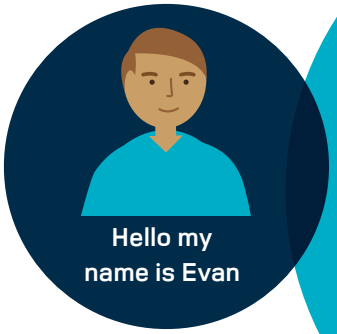
For Betty this meant that within one week her pain was under control and the wound on her leg which had previously been limiting her life, was beginning to heal. She now has the independence again to catch the bus and visit her daughter and grandchildren, whenever she wants. She agrees that keeping mobile and socially active is crucial to keeping her healthy in the longer term. There are lots of people, like Betty, whose lives I and my team make a difference to, keeping them healthier for longer and independent – to do the things they want.

A

I am accountable – for all of the people on my case load and also for managing a team of people who report directly to me. I lead them as they provide care and treatment to other people on my caseload. I coordinate this small team and review the practice being delivered, helping my colleagues to reflect on the services we are providing to people and families.

I am always learning – making sure that my knowledge and skills are appropriate to make decisions in line with best practice with and for the people I care for. Lifelong learning is a requirement to maintain my professional registration with the Nursing and Midwifery Council that allows me to practice as a registered nurse.

Shortened Re-ordered Version:



M

I, or members of my team, assess each person for specific nursing needs and plan nursing care in partnership – like Betty, one of the people I work with, who has a chronic leg ulcer. She was in pain and couldn't get out of the house the way she wanted to. I showed her treatments that research showed would work best for her symptoms. Betty chose the best option for her leg ulcer.

I

I For Betty this meant that within one week her pain was under control and the wound on her leg which had previously been limiting her life, was beginning to heal. She now has the independence again to catch the bus and visit her daughter and grandchildren, whenever she wants.

C

My work mainly takes me into the homes of the people I am caring for. This means I get to meet family, carers and the occasional pet!

A

I manage a team of people and review the practice being delivered, helping my colleagues to reflect on the services we are providing to people and families. I am always learning – making sure that my knowledge and skills are appropriate to make decisions in line with best practice with and for the people I care for. Lifelong learning is a requirement to maintain my professional registration with the Nursing and Midwifery Council that allows me to practice as a registered nurse.

I am

I am a registered nurse with a degree in nursing and a postgraduate diploma in specialist nursing practice for community nursing. That means I can work as a District Nurse in a community in Northern Ireland.

References

1 Wadsworth, P., Colorafi, K. and Shearer, N. (2017). Using Narratives to Enhance Nursing Practice and Leadership: What Makes a Good Nurse? *Teaching and Learning in Nursing*. 12: 28 – 31.

2 Traynor, M. and Buus, N. (2016). Professional identity in nursing: UK students' explanations for poor standards of care. *Social Science and Medicine*. 166: 186 – 194.

3 Barrett, E.A.M. (2017). Again, What is Nursing Science? *Nursing Science Quarterly*. 30(2): 129 – 133.

4 Royal College of Nursing. (2014). *Defining Nursing*. London, RCN. P3.

The original work of: *Enabling Professionalism in nursing and midwifery practice* can be found at:
www.nmc.org.uk/professionalism

Enabling professionalism

PERSON-CENTRED NURSING ASSESSMENT

Learning Disability – Child's/Young Person's Care Record

March 2020

Name:		**I would like to be called:**
Address including postcode:		
H&C number:		
DOB:	**Marital status:**	**Gender:**
Telephone number:	**Home:**	**Mobile:**
GP:	**Address:** **Telephone number:**	
Consultant (if applicable): **Specialty:**		**Named nurse:**
Date and time of assessment:		
HSC trust and care setting where assessment taking place:		

PERSON WITH PARENTAL RESPONSIBILITY/LEGAL GUARDIANSHIP/NOK	**MAIN CARER/FIRST CONTACT** (if different from PERSON WITH PARENTAL RESPONSIBILITY/LEGAL GUARDIANSHIP/NOK)
Name:_____ Relationship: _____ Address:_____ _____ Contact Number:_____ ☐ Parental responsibility ☐ Legal guardian ☐ Next of kin	Name:_____ Relationship: _____ Address (if different):_____ _____ Contact Number:_____ ☐ Main carer ☐ First Contact
Name:_____ Relationship: _____ Address (if different):_____ _____ Contact Number:_____ ☐ Parental responsibility ☐ Legal guardian ☐ Next of kin	**Appropriate person from list of contacts advised of referral:** ☐ Yes ☐ No Details: **Consent to share information:** ☐ Yes ☐ No Details: Consider capacity to consent to share information **Did the child/young person participate in the assessment?** ☐ Fully ☐ Partially ☐ No Details: Consider capacity to consent to assessment and plans of care

Primary communication method:
First language: _____
Uses sign language: ☐ British ☐ Irish sign ☐ Makaton ☐ None
Interpreter required: ☐ Yes ☐ No

Would you like to see the designated hospital Chaplain during admission? (Hospital only) ☐ Yes ☐ No ☐ NA
Have you particular religious/spiritual/cultural needs that need to be taken into account: ☐ Yes ☐ No
If Yes, specify your religion/denomination/belief group/body:

Legal status:

SIGNIFICANT OTHERS/ RELEVANT PROFESSIONALS		
Full Name (Block capitals)	**Role**	**Contact Details**

REASON FOR REFERRAL

Referral agent: **Date of referral:**

THE CHILD'S/YOUNG PERSON'S UNDERSTANDING

Consider: understanding of referral, expectations, concerns, worries, what child/young person would like to achieve

Tell me about yourself and what is important to you:

INFORMATION AVAILABLE	YES	NO	NA	ACTION REQUIRED (including dates)
FACE Risk Screening Tool	☐	☐	☐	
FACE Comprehensive Risk assessment	☐	☐	☐	
PQC Risk Screening tool	☐	☐	☐	
PQC Comprehensive Risk assessment	☐	☐	☐	

SUMMARY OF RELEVANT MENTAL AND PHYSICAL HEALTH HISTORY

ALLERGIES/SENSITIVITIES

Medicines	Reaction (e.g. rash)	Carries EpiPen (Y or N)	Food	Reaction (e.g. rash)	Carries EpiPen (Y or N)

Other allergen (e.g. latex)	Reaction (e.g. rash)	Carries EpiPen (Y or N)	Other allergen (e.g. latex)	Reaction (e.g. rash)	Carries EpiPen (Y or N)

☐ **No known allergies/sensitivities**

ALERTS

Consider: physical, mental and emotional alerts, child's/young person's environment, safeguarding

RESUSCITATION STATUS ON ADMISSION TO HOSPITAL

Do **N**ot **A**ttempt **C**ardiopulmonary **R**esuscitation (**DNACPR)** order in place:
☐ Yes ☐ No ☐ Not known
Details:

RESUSCITATION STATUS ON ADMISISON TO CASELOAD

Do **N**ot **A**ttempt **C**ardiopulmonary **R**esuscitation (**DNACPR)** order in place:
☐ Yes ☐ No ☐ Not known
If Yes, complete below:

Source of **DNACPR** order in place:
☐ Hospital ☐ GP ☐ Other (e.g. hospice)

Review of **DNACPR** order by GP scheduled: ☐ Yes
Details:

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT IN HOSPITAL AND COMMUNITY SETTINGS	
Has the child/young person recent history of/contact with infective diarrhoea at e.g. home, nursery, school? If Yes, details:	☐ Yes ☐ No
Has the child/young person recent history of/contact with contact of respiratory infection e.g. influenza, whooping cough, Bronchiolitis, TB? If Yes, details:	☐ Yes ☐ No
Has the child/young person history of/contact with contact of Multidrug Resistant Organisms e.g. MRSA, GRE, ESBL, CPE? If Yes, details:	☐ Yes ☐ No
Recent childhood infectious diseases e.g. scarlet fever, chicken pox, measles, rubella? If Yes, details:	☐ Yes ☐ No
Recent contact with childhood infectious diseases e.g. scarlet fever, chicken pox, measles, rubella? If Yes, details:	☐ Yes ☐ No
Is the child/young person immunocompromised? If Yes, details:	☐ Yes ☐ No
Child/young person has transferred from another inpatient setting and MRSA swabs sent? (Hospital only) If Yes, details:	☐ Yes ☐ NA

COMMUNICATION	
Child/young Person – All About Me	Initial Assessment (including assessment of risk)
How best to communicate with me? Have you any communication aids? ☐ Yes ☐ No Details: Have any communication barriers been identified? ☐ Yes ☐ No Details: Have you any sensory impairment? ☐ Yes ☐ No Details: Have you an HSC Hospital Passport? ☐ Yes ☐ No Details:	Consider: interpreter required, glasses/hearing aids with child/young person, contact alarm in child's/young person's reach and aware how to use

What's important to me:

MENTAL HEALTH AND EMOTIONAL WELLBEING

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
How do you feel today/how do you view your mental health and emotional wellbeing? Have any recent events affected your mental health or emotional wellbeing? Do you have any diagnosed mental health conditions? What keeps you well? Antipsychotic blood monitoring? ☐ Yes ☐ No If Yes, frequency:_____	Consider: coping methods, body image. When a child/young person requires planning and implementation of care, the least restrictive option(s) must be in place and capacity to consent to activity or care (ongoing process) must be considered. Consideration to the compliance to DoL safeguards must be evident. Consider child's/young person's condition/assessment in view of the MCA. Include and highlight relevant dates. Ensure other relevant documentation and communication is completed

What's important to me:

SOCIAL

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Do you avail of any day care/day opportunities? ☐ Yes ☐ No Details: Are you undertaking any training? ☐ Yes ☐ No Details: Are you employed? ☐ Yes ☐ No ☐ NA Details: What are your hobbies, activities and pastimes? Do you live alone? ☐ Yes ☐ No If No, who do you live with? Do you manage your daily personal and household needs without help? ☐ Yes ☐ No If No, details of support: Please indicate if there are any other significant people who are important in your life:	Consider: **SAFEGUARDING** concerns. Document usual living arrangements, supports in place, suitability of accommodation. Consider need if care/living arrangements need review on discharge

SOCIAL

Have you attended school/are you attending school?
☐ Yes ☐ No ☐ NA Details:

Child/young person resides:
☐ With parent(s)
☐ Foster care
☐ Kinship
☐ Residential
☐ Other
Details:

People residing with child/young person:

Does the child/young person family have any current social work involvement?
☐ Yes ☐ No Details:

Is the child's/young person's name on the CP register?
☐ Yes ☐ No Details:

Current/previous detail of CP register information, including category of abuse if known:

Is the child/young person a LAC?
☐ Yes ☐ No Details:

Social work involvement required on admission (consider child protection/ safeguarding concerns): ☐ Yes ☐ No
Referred to: ☐ Hospital Social Worker ☐ Gateway Team ☐ Regional Emergency Social Work Service (RESWS)
Reason:

☐ UNOCINI completed Date and Time referral made:_____
Name: Designation: Department:

Are you a main carer/ any caring responsibilities for another person? ☐ Yes ☐ No ☐ NA

If Yes, complete questions below:
Have you had a carer's assessment? ☐ Yes ☐ No ☐ Unknown

Who do you care for? Child/young person (0 – 18yrs) ☐ Yes ☐ No
Dependant Adult ☐ Yes ☐ No

Are you happy with the care arrangements in place? ☐ Yes ☐ No ☐ NA

If No, what further actions are required?

What's important to me:

FINANCES

☐ NA Details:

Are you in receipt of benefits ? ☐ Yes ☐ No If Yes specify:	Who manages your finances? ☐ Self ☐ Other Specify:

Have you had a financial capability assessment completed? ☐ Yes ☐ No ☐ NA

Consider: e.g. date of assessment, outcome

PHYSICAL HEALTH

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Does your physical condition have an impact on your daily living? ☐ Yes ☐ No Details: Do you have any difficulties with: ☐ Airway ☐ Breathing ☐ Circulation ☐ No difficulties Details: Do you have epilepsy? ☐ Yes ☐ No If Yes, do you have a management plan? ☐ Yes ☐ No Details: Do you have diabetes? ☐ Yes ☐ No If Yes, do you have a management plan? ☐ Yes ☐ No Details: Do you smoke? ☐ Yes ☐ No If Yes, details: Do you drink alcohol? ☐ Yes ☐ No If Yes, details: Do you take recreation drugs? ☐ Yes ☐ No If Yes, details: Date of LMP: ☐ NA Pregnancy test: ☐ Yes ☐ No ☐ NA Result: Do you have diagnosed life limiting/palliative care needs? ☐ Yes ☐ No Details: Do you have a dignity/funeral plan? ☐ Yes ☐ No ☐ NA Details:	Consider: ways of supporting people to address addictions e.g. smoking cessation. Consider vaccinations required and administered, including in other locations of care/other HSC trusts. Document health screening completed/need for same e.g. MMR

What's important to me:

PAIN

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Pain: ☐ Acute ☐ Chronic ☐ None (document pain score) Details: Pain management strategies: ☐ Yes ☐ No If in pain, how would you show us? Details:	

CHILD'S/YOUNG PERSON'S MEDICATIONS

Consider: has medication been brought to hospital, retained for medication reconciliation and consent obtained for retention and use in accordance with HSC trust's patient's own drugs scheme, securely stored in dedicated place e.g. fridge, CD cupboard and entered in the appropriate register. Does the child/young person take over the counter medication/alternative medicine products, involved in clinical trial, patch in place.

How do you take your medications?

Other information:

Time Critical Medications refers to medications where timeliness of administration is crucial to minimise harm for patients. Please follow the guide list at:
http://www.medicinesgovernance.hscni.net/secondary-care/safety-documents/safety-toolkits/omitted-and-delayed-medicines-material/
to identify whether the child/young person is on any of the medicines listed. Please note this list is not exhaustive

Is the child/young person on *any of the medicines listed:* ☐ No ☐ Unable to establish ☐ Yes
Details of action taken:

AUDIT- C

(NA due to age of child/young person)

DATE			
TIME			
	☐ NA	☐ NA	☐ NA
How often do you have a drink containing alcohol? Never = **0** / Monthly or less = **1** / 2-4 times per month = **2** / 2-3 times = **3** / 4+ times = **4**			
SCORE			
How many units of alcohol do you drink on a typical day when you are drinking? 1-2 = **0** / 3-4 = **1**/ 5-6 = **2**/7-9 = **3**/ 10 + = **4**			
SCORE			
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Never = **0** / Less than monthly = **1** / Monthly = **2**/ Weekly = **3**/ Daily or almost daily = **4**			
SCORE			
TOTAL SCORE			
Signature			

under 4 No further action required	**5-7** Harmful drinkers: Advice, leaflet available	**8+** Dependent drinkers: Advice, leaflet available and consider onward referral to alcohol/substance misuse liaison nurse (if relevant)

BEHAVIOUR	
Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Has your behaviour changed recently? ☐ Yes ☐ No Details: Do you have a PBS? ☐ Yes ☐ No Details: Do you recognise your new behaviours? ☐ Yes ☐ No Details: How can we support you?	Consider: behaviour history and triggers
What's important to me:	

SLEEP	
Child/young Person – All About Me	Initial Assessment (including assessment of risk)
What is your night time routine? What is your usual sleep pattern? Do you use any aids/equipment/medication to sleep? ☐ Yes ☐ No Details: What is your wakening routine?	Consider: sleeping arrangements, audible assistance to sleep, herbal remedies, medications
What's important to me:	

EATING AND DRINKING

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Do you require help with eating / drinking? ☐ Yes ☐ No Details: Do you have any special dietary requirements? ☐ Yes ☐ No Details: Do you wear dentures? ☐ Yes ☐ No Details: Is it safe for you to eat and drink orally? Do you have a modified diet? ☐ Yes ☐ No Details: Do you have a history of choking/aspiration? ☐ Yes ☐ No Details: <u>Enteral/Parenteral feeding</u> ☐ Yes ☐ No If Yes, complete below: Enteral/Parenteral device type: _____ Enteral/Parenteral Device size: _____ cm Frequency of change: _____	Consider: appetite, likes/dislikes, requiring insulin, consider if child/young person is nauseous/has vomited

What's important to me:

STAMP SCREENING FORM©				
DATE				
TIME				
STEP 1 - DIAGNOSIS				
Does the child/young person have a diagnosis that has any nutritional implications	Score	1st Assessment	2nd Assessment	3rd Assessment
Definite nutritional implications	3			
Possible nutritional implications	2			
No nutritional implications	0			
STEP 2 - NUTRITIONAL INTAKE				
What is the child's/young person's nutritional intake?	Score	1st Assessment	2nd Assessment	3rd Assessment
No nutritional intake	3			
Recently decreased or poor nutritional intake	2			
No change in eating patterns and good nutritional intake	0			
STEP 3 - WEIGHT AND HEIGHT				
Use a growth chart or the centile quick reference tables to determine the child's/young person's measurements	Score	1st Assessment	2nd Assessment	3rd Assessment
>3 centile spaces/≥3 columns apart (or weight, 2nd centile)	3			
>2 centile spaces /=2 columns apart	2			
0 to 1 centile spaces/columns apart	0			
STEP 4 - OVERALL RISK OF MALNUTRITION				
Add up the scores from the boxes in steps 1-3 to calculate the overall risk of malnutrition	Score	1st Assessment	2nd Assessment	3rd Assessment
High Risk	≥4			
Medium Risk	2-3			
Low Risk	0-1			
Signature				

STEP 5 - CARE PLAN	
What is the child's/young person's overall risk of malnutrition, as calculated in step 4?	**Use management guidelines and/or local nutrition policies to develop a care plan for the child/young person**
High Risk	• Take action • Refer the child/young person to a dietician, nutritional support team or consultant • Monitor as per care plan
Medium Risk	• Monitor the child's/young person's nutritional intake for 3 days • Repeat the STAMP screening after 3 days • Amend care plan as required
Low Risk	• Continue routine clinical care • Repeat the STAMP screening weekly while the child/young person is an inpatient • Amend care plan as required

ELIMINATION

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Can you use the toilet on your own? ☐ Yes ☐ No Details: Do you need any assistance? ☐ Yes ☐ No Details: Do you use any continence products? ☐ Yes ☐ No Details: Do you have a history of constipation or diarrhoea? ☐ Yes ☐ No Details: Do you have a catheter? ☐ Yes ☐ No If Yes, complete below: Size: _____ Type: Urethral/Suprapubic (circle as appropriate) Insertion /last change (date):_____ Frequency of change:_____ Do you have a stoma? ☐ Yes ☐ No Details:	

What's important to me:

PERSONAL HYGIENE/DRESSING

Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Can you wash/ bath/ shower yourself without anyone with you or helping you? ☐ Yes ☐ No Details: Do you prefer to shower or bath? How do you like your hair washed? Do you have any skin conditions and how do they affect you? Can you carry out your own oral/dental hygiene? ☐ Yes ☐ No Details: Can you dress yourself? ☐ Yes ☐ No Details: Do you have any clothing preferences? ☐ Yes ☐ No Details: Do you use any aids/appliances/equipment? ☐ Yes ☐ No Details:	Consider: level of help required, condition of mouth

What's important to me:

SKIN ASSESSMENT

☐ Actual skin check ☐ Verbal skin check Details:

_____

_____

All skin observed and intact unless indicated on map: ☐ Yes ☐ Unable to check skin, reason:

_____

_____

Document on the map and table below:

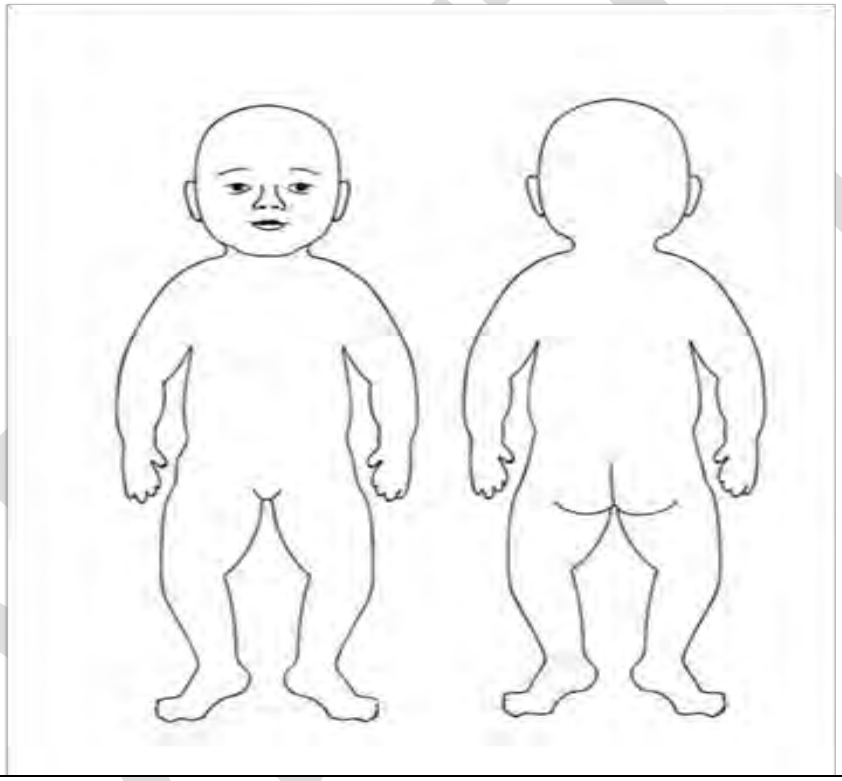
Pressure damage - check over bony prominence / around devices and use codes in descriptor box

Tissue damage - marks, bruising, rashes, skin conditions or any other wounds write description

People with diabetes - check both feet: is there a skin break below the ankle: ☐ Yes ☐ No

Type of tissue damage and reason/duration (if known) should be documented on map:

R L L R



Wound assessment chart commenced: ☐ Yes ☐ NA

Pressure ulcer descriptors and codes

S/G1 **Stage/Grade 1** - Non blanching erythema. Non blanchable redness of intact skin of a localised area usually over a bony prominence.	**S /G4** **Stage/Grade 4** - Full thickness skin loss with exposed bone, tendon or muscle slough or eschar may be present on some parts of the wound bed. The depth varies by anatomical location.
S /G2 **Stage/Grade 2** - Partial thickness skin loss of dermis presenting as a shallow open ulcer with a pink wound bed, without slough. May also present as an intact or ruptured serum filled blister.	**US /UG** **Unstageable/Ungradable** Depth unknown. Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed.
S /G3 **Stage/Grade 3** - Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. The depth varies by anatomical location.	**SDTI** **Suspected Deep Tissue Injury** Purple or maroon localised area of discoloured intact or blood-filled blister.

MU – Mucosal Ulcer	**ML** – Moisture Lesion	**IAD** – Incontinence Associated Dermatitis

Date and time of observation, type of pressure/ tissue damage (use descriptor and codes table if pressure related) **and reason/duration** (if known) **should be documented on the child's body map**	Date and time of repeat observation	Skin observed and intact? If No, complete map as directed	Signature
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

THE GLAMORGAN SCALE©				
DATE				
TIME				
RISK FACTORS	**Score**	**1st Assessment**	**2nd Assessment**	**3rd Assessment**
MOBILITY **Child/young person cannot be moved** without great difficulty or deterioration in condition/general anaesthetic	**20**			
Unable to change his/her position without assistance/cannot control body movement	**15**			
Some mobility, but reduced for age	**10**			
Normal mobility for age	**0**			
Significant anaemia (Hb <90g/L) — If result is not available, write not known and score 0	**1**			
Low serum albumin (<35g/L) — If result is not available, write not known and score 0	**1**			
Persistent pyrexia - temp > 38ºC >4 hours	**1**			
Poor peripheral perfusion cold extremities/capillary refill > 2 seconds/cool mottled skin	**1**			
Inadequate nutrition - discuss with dietician if in doubt	**1**			
Weight less than 10th centile	**1**			
Incontinence - inappropriate for age	**1**			
Total score for mobility section	**M**			
DEVICES Equipment/objects/hard surface pressing or rubbing on skin	**10** **D**			
TOTAL SCORE FOR BOTH SECTIONS	**M+D**			
If the score is 10 or more then child/young person is 'AT RISK' of pressure damage				
ACTION TAKEN? Yes or NA– document details in nursing record (complete SSKIN bundle/care pathway)		☐ Yes ☐ NA	☐ Yes ☐ NA	☐ Yes ☐ NA
Signature:				

Risk Score	Category	Action
10+	**At Risk**	• Pressure ulcer care plan/SSKIN bundle • Follow HSC trust guidance
15+	**High Risk**	
20+	**Very High Risk**	

MOBILITY/FALLS	
Child/young Person – All About Me	Initial Assessment (including assessment of risk)
Can you walk on your own? ☐ Yes ☐ No Details: Do you require aids/equipment? ☐ Yes ☐ No Details: Can you go up or down stairs? ☐ Yes ☐ No Details:	Consider: equipment used, level of assistance needed, if bedrails needed, suitable footwear. **Discuss incidence of falls, if relevant.**
What's important to me:	

MOVING AND HANDLING			
Is the child's/young person's weight within safe working load of equipment e.g. bed, chair, hoist, wheelchair	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:
Is the equipment wide enough for the child's/young person's safety and comfort e.g. bed, chair, hoist, wheelchair	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:
Does the child/young person use a mobility aid e.g. walking frame, wheelchair	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:
The mobility aid is available	☐ Yes ☐ No ☐ NA If Yes, child's/young person's own ☐ Yes ☐ No	☐ Yes ☐ No ☐ NA If Yes, child's/young person's own ☐ Yes ☐ No	☐ Yes ☐ No ☐ NA If Yes, child's/young person's own ☐ Yes ☐ No
Is the child/young person experiencing handling constraints e.g. pain, external attachments, fractures, behaviour, environment, posture	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:
Is the child/young person independent for all moving and handling activities	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the child/young person If No, commence care pathway/care plan for the moving and handling of the child/young person	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the child/young person If No, commence care pathway/care plan for the moving and handling of the child/young person	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the child/young person If No, commence care pathway/care plan for the moving and handling of the child/young person
Date:			
Time:			
Signature:			

BEDRAILS ASSESSMENT OUTCOME	
DATE: **TIME:**	Decision making details (include alternative to bedrails, if applicable):
SIGNATURE:	
☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	
DATE: **TIME:**	Decision making details (include alternative to bedrails, if applicable):
SIGNATURE:	
☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	
DATE: **TIME:**	Decision making details (include alternative to bedrails, if applicable):
SIGNATURE:	
☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	

CHILD'S/YOUNG PERSON'S VALUABLES	
☐ NA (Hospital only)	
Have the child's/young person's valuables been sent home:	☐ Yes ☐ No ☐ NA
Advised that valuables kept at own risk:	☐ Yes ☐ No ☐ NA
Has the valuables/property policy been explained:	☐ Yes ☐ No ☐ NA
Have the child's/young person's valuables been stored and recorded as per HSC trust policy: Details:	☐ Yes ☐ No ☐ NA

MAINTAINING A SAFE ENVIRONMENT

ANY OTHER INFORMATION

RECORD INCOMPLETE SECTIONS FROM INITIAL ASSESSMENT (pages 1-16)				
Page	Details	Date	Time	Signature
Completed				
Completed				
Completed				
Completed				
Completed				
Completed				
Completed				

Child/young Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the child/young person? Communicating with the child/young person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the child/young person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the child/young person feel? Progress towards outcomes/meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

CHILD/YOUNG PERSON'S DISCHARGE INFORMATION/CHECKLIST FROM HOSPITAL SETTINGS		
Letters, medications and property		**Comments/Details**
Discharge letter completed and forwarded	☐ Yes ☐ No	To whom:
Discharge medications dispensed and checked	☐ Yes ☐ NA	
Discharge medications explained to child/young person/carer (circle as appropriate)	☐ Yes ☐ NA	Consider: regular and/or PRN medications, O^2 therapy, anticoagulants:
Stored medications and property returned to child/young person/carer (circle as appropriate)	☐ Yes ☐ NA	
Follow up plan		**Comments/Details**
Follow up appointment made and details given to child/young person/carer	☐ Yes ☐ No ☐ NA	
Follow up referrals made/relevant personnel informed of discharge	☐ Yes ☐ No ☐ NA	Consider referral letters to CLDN/case manager:
Discharge advice		**Comments/Details**
Discharge advice/leaflets given	☐ Yes ☐ NA	
Child/young person accompanied	☐ Yes ☐ No ☐ NA	By whom:
Primary carer aware of discharge	☐ Yes ☐ No ☐ NA	
Discharge location:		
Transport on discharge:		

Any further information:
Consider: care & support plan provided, CRA/FACE reviewed and shared, DoLs application, PBP provided and explained, AHP assessments shared e.g. swallowing, HSC Hospital Passport shared

Discharging Nurse's Signature: _____ Date: _____Time: _____

CHILD'S/YOUNG PERSON'S INFORMATION ON DISCHARGE FROM COMMUNITY CASELOAD

Tick the appropriate information relating to either discharge or transfer:

Consider: letters required, medications, follow up and discharge/transfer advice, MCA in relation to discharge, HSC Hospital Passport.

☐ **Discharge** or ☐ **Transfer**

Consent to share discharge/transfer information:	☐ Yes ☐ No If No, details:
Updated risk assessments/assessments/plans of care shared appropriately:	☐ Yes
Discharge/transfer information provided:	☐ Yes
Meeting held (transfer only)	☐ Yes Date/time/location of meeting:
Letter to:	☐ Child/young person ☐ Person with parental responsibility ☐ Legal guardian ☐ NOK ☐ Main carer ☐ First contact (including emergency contacts)

Letter to professionals involved and/or referrer (include outcome of care): ☐ Yes

Any other relevant information:

Closure/transfer completed (electronic or manual form):	☐ Yes

Discharging Nurse's Signature: _____ Date: _____Time: _____

SIGNATURE REGISTER	MAHI - STM - 259 - 147			
To be completed by all staff making an entry into this document This section will serve as a record of your full signature and thus satisfy professional and legal requirements				
Date	**Full Name** (Block capitals)	**Designation** (Staff Nurse, Student Nurse)	**Full Signature**	**Status** (Permanent = P Temporary = T Bank = B, Agency = A)

HOSPITAL/ WARD TRANSFER				
Hospital	Ward	Date	Time	Details handed over

GLOSSARY OF TERMS

CAMHS	Child & Adolescent Mental Health Service
CCN	Community Children's Nurse
CD	Controlled drugs
CP	Child Protection
CPE	Carbapenemase Producing Enterobacteriaceae
DOB	Date of Birth
DoL	Deprivation of Liberty
ESBL	Extended-Spectrum Beta-Lactamase Producers
GP	General Practitioner
GRE	Glycopeptide Resistant Enterococci
H&C	Health & Care
HSC	Health and Social Care
HV	Health visitor
IV	Intravenous
L	Left
LAC	Looked after child
LMP	Last menstrual period
MRSA	Meticillin Resistant Staphylococcus Aureus
NA	Not Applicable
NBM	Nil by mouth
NNU	Neonatal Unit
R	Right
RESWS	Regional Emergency Social Work Service
SSKIN	Acronym associated with prevention of skin breakdown
STAMP	Screening Tool for the Assessment of Malnutrition in Paediatrics
TB	Tuberculosis
UNOCINI	Understanding the Needs of Children in Northern Ireland

Exhibit 5

MAHI - STM - 259 - 149

PERSON-CENTRED NURSING ASSESSMENT

Learning Disability – Adult Care Record

February 2020

Name:		**I would like to be called:**
Address: **Postcode:**		
H&C number:		
DOB:	**Marital Status:**	**Gender:**
Telephone Number:	**Home:**	**Mobile:**
GP:	**Address:** **Telephone Number:**	
Consultant (if applicable): **Specialty:**		**Named Nurse:**
Date and time of assessment:		
HSC trust and Care Setting where assessment taking place:		

PERSON WITH LEGAL GUARDIANSHIP/NOK	**MAIN CARER/FIRST CONTACT** (if different from PERSON WITH LEGAL GUARDIANSHIP/NOK)
Name:_____ Relationship: _____ Address:_____ _____ Contact number:_____ ☐ Legal guardian ☐ Next of kin	Name:_____ Relationship: _____ Address (if different):_____ _____ Contact number:_____ ☐ Main carer ☐ First Contact
Name:_____ Relationship: _____ Address (if different):_____ _____ Contact number:_____ ☐ Parent ☐ Legal guardian ☐ Next of kin	**Appropriate person from list of contacts advised of referral:** ☐ Yes ☐ No Details: **Consent to share information:** ☐ Yes ☐ No Details: **Did the person participate in the assessment?** ☐ Fully ☐ Partially ☐ No Details: Consider capacity to consent to assessment and plans of care

Primary communication method:
First language: _____
Uses sign language: ☐ British ☐ Irish sign ☐ Makaton ☐ None
Interpreter required: ☐ Yes ☐ No ☐ includes sign language

Would you like to see the designated hospital Chaplain during admission? (inpatient only) ☐ Yes ☐ No ☐ NA
Have you particular religious /spiritual /cultural needs that need to be taken into account while you are in hospital:
☐ Yes ☐ No **If Yes, specify your religion/denomination /belief group/body:**

Legal status:

SIGNIFICANT OTHERS/ RELEVANT PROFESSIONALS		
Full Name (BLOCK CAPITALS)	**Role**	**Contact Details**

REASON FOR REFERRAL

Referral Agent: **Date of referral:**

THE PERSON'S UNDERSTANDING

Consider: understanding of referral, expectations, concerns, worries, what person would like to achieve

Tell me about yourself and what is important to you:

INFORMATION AVAILABLE	YES	NO	NA	ACTION REQUIRED (including dates)
PQC Risk Screening tool	☐	☐	☐	
PQC Comprehensive Risk assessment	☐	☐	☐	

SUMMARY OF RELEVANT MENTAL AND PHYSICAL HEALTH HISTORY

ALLERGIES/MEDICINE SENSITIVITIES

Medicines	Reaction(e.g. rash)	Carries EpiPen (Y or N)	Food	Reaction(e.g. rash)	Carries EpiPen (Y or N)

Other allergen (e.g. latex)	Reaction(e.g. rash)	Carries EpiPen (Y or N)	Other allergen (e.g. latex)	Reaction(e.g. rash)	Carries EpiPen (Y or N)

☐ **No known allergies/medicine sensitivities**

ALERTS

Consider: physical, mental and emotional alerts, person's environment, safeguarding

RESUSCITATION STATUS

Do **N**ot **A**ttempt **C**ardiopulmonary **R**esuscitation (**DNACPR)** order in place:

☐ Yes ☐ No ☐ Not known

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT IN HOSPITAL SETTING	
Infective Diarrhoea - The person:	
Is currently having diarrhoea that may be infective	☐ Yes ☐ No ☐ Unknown
Has been in a ward or nursing /residential home where others have a history of diarrhoea and/or vomiting in the last 5 days	☐ Yes ☐ No ☐ Unknown
Has family members who have had diarrhoea and /or vomiting in last 5 days	☐ Yes ☐ No ☐ Unknown
Has suspected/confirmed viral gastroenteritis/norovirus ***circle as appropriate**	☐ Yes ☐ No ☐ Unknown
Has a history of Clostridium Difficile	☐ Yes ☐ No ☐ Unknown
Respiratory assessment - The person:	
Has respiratory symptoms indicative of tuberculosis	☐ Yes ☐ No ☐ Unknown
Has confirmed tuberculosis (pulmonary)	☐ Yes ☐ No ☐ Unknown
Has symptoms of Influenza	☐ Yes ☐ No ☐ Unknown
Multi Resistant Organisms (MDROs) - The person has a history of:	
CPE/CPO (Carbapenemase Producing Enterobacteriaceae /Organism)	☐ Yes ☐ No ☐ Unknown
MRSA (Meticillin Resistant Staphylococcus Aureus)	☐ Yes ☐ No ☐ Unknown
ESBL (Extended-Spectrum Beta-Lactamase producers)	☐ Yes ☐ No ☐ Unknown
VRE/GRE (Vancomycin/Glycopeptide Resistant Enterococci)	☐ Yes ☐ No ☐ Unknown
Has been in close contact/living in the same house as a person with CPE/CPO:	☐ Yes ☐ No ☐ Unknown
Has been admitted to a hospital outside NI (or has been transferred) in last 12 months:	☐ Yes ☐ No ☐ Unknown
Has the person ever been admitted to an Intensive Care Unit:	☐ Yes ☐ No ☐ Unknown
Is the person immunocompromised:	☐ Yes ☐ No ☐ Unknown
INFECTION PREVENTION AND CONTROL RISK ASSESSMENT IN COMMUNITY SETTING	
Has the person recent history of/contact with infective diarrhoea (e.g. gastroenteritis, norovirus, Clostridium Difficile) or vomiting at e.g. home, clinical setting, nursing home, residential home If Yes, details:	☐ Yes ☐ No ☐ Unknown
Has the person recent history of/contact with someone symptomatic of a communicable respiratory infection e.g. TB, influenza: If Yes, details:	☐ Yes ☐ No ☐ Unknown
Has the person history of/contact with Multidrug Resistant Organisms (MDROs) e.g. MRSA, GRE, ESBL, CPE/CPO, VRE/GRE If Yes, details:	☐ Yes ☐ No ☐ Unknown
Has been in close contact/living in the same house as a person with CPE/CPO:	☐ Yes ☐ No ☐ Unknown
Is the person immunocompromised: If Yes, details:	☐ Yes ☐ No ☐ Unknown

COMMUNICATION	
Person – All About Me	Initial Assessment (including assessment of risk)
How best to communicate with me? Have you any communication aids? ☐ Yes ☐ No Details: Have any communication barriers been identified? ☐ Yes ☐ No Details: Have you any sensory impairment? ☐ Yes ☐ No Details: Have you an HSC Hospital Passport? ☐ Yes ☐ No Details:	Consider: interpreter required, glasses/hearing aids with person, contact alarm in person's reach and aware how to use
What's important to me:	

MENTAL HEALTH AND EMOTIONAL WELLBEING

Person – All About Me	Initial Assessment (including assessment of risk)
How do you feel today/how do you view your mental health and emotional wellbeing? Have any recent events affected your mental health or emotional wellbeing? Do you have any diagnosed mental health conditions? What keeps you well? Antipsychotic blood monitoring? ☐ Yes ☐ No If Yes, frequency:_____ Have you noticed any changes to your memory? Have you been becoming confused or 'mixed up' about things you usually do?	Consider: coping methods, body image. When a person requires planning and implementation of care, the least restrictive option(s) must be in place and capacity to consent to activity or care (ongoing process) must be considered. Consideration to the compliance to Deprivation of Liberty safeguards must be evident. Consider person's condition/assessment in view of the Mental Capacity Act (MCA). Include and highlight relevant dates. Ensure other relevant documentation and communication is completed

What's important to me:

SOCIAL

Person – All About Me	Initial Assessment (including assessment of risk)
Do you avail of any day care/day opportunities? ☐ Yes ☐ No Details: Are you employed? ☐ Yes ☐ No ☐ NA Details: Are you undertaking any training? ☐ Yes ☐ No Details: What are your hobbies, activities and pastimes? Do you live alone? ☐ Yes ☐ No If No, who do you live with? Do you manage your daily personal and household needs without help? ☐ Yes ☐ No If No, details of support: Please indicate if there are any other significant people who are important in your life: Are you a main carer/ any caring responsibilities for another person? ☐ Yes ☐ No ☐ NA **If Yes, complete questions below:** Have you had a carer's assessment? ☐ Yes ☐ No ☐ Unknown Who do you care for? Child (0 – 18yrs) ☐ Yes ☐ No Dependant Adult ☐ Yes ☐ No Are you happy with the care arrangements in place? ☐ Yes ☐ No ☐ NA If No, what further actions are required?	Consider: **SAFEGUARDING** concerns. Document usual living arrangements, supports in place, suitability of accommodation. Consider need if care/living arrangements need review on discharge

What's important to me:

FINANCES

☐ NA Details:

Are you in receipt of benefits ? ☐ Yes ☐ No If Yes specify: Have you had a financial capability assessment completed? ☐ Yes ☐ No ☐ NA Consider: e.g. date of assessment, outcome	Are you in receipt of benefits ? ☐ Yes ☐ No If Yes specify:

PHYSICAL HEALTH

Person – All About Me	Initial Assessment (including assessment of risk)
Does your physical condition have an impact on your daily living? ☐ Yes ☐ No Details: Do you have any difficulties with: ☐ Airway ☐ Breathing ☐ Circulation ☐ No difficulties Details: Do you have epilepsy? ☐ Yes ☐ No If Yes, do you have a management plan? ☐ Yes ☐ No Details: Do you have diabetes? ☐ Yes ☐ No If Yes, do you have a management plan? ☐ Yes ☐ No Details: Do you smoke? ☐ Yes ☐ No If Yes, details: Do you drink alcohol? ☐ Yes ☐ No If Yes, details: Do you take recreation drugs? ☐ Yes ☐ No If Yes, details: Date of last Menstrual period (LMP): ☐ **NA** Pregnancy test: ☐ Yes ☐ No ☐ **NA** Result: Do you have diagnosed life limiting/palliative care needs? ☐ Yes ☐ No Details: Do you have a dignity/funeral plan? ☐ Yes ☐ No ☐ NA Details:	Consider: ways of supporting people to address addictions e.g. smoking cessation. Consider vaccinations required and administered, including in other locations of care/ other HSC trusts. Document health screening completed/ need for same e.g. breast and bowel cancer

What's important to me:

ALCOHOL USE DISORDERS IDENTIFICATION TEST – CONSUMPTION (AUDIT-C)			
☐ **NA** Details:			
DATE			
TIME			
How often do you have a drink containing alcohol? Never = **0** / Monthly or less = **1** / 2-4 times per month = **2** / 2-3 times = **3** / 4+ times = **4**			
SCORE			
How many units of alcohol do you drink on a typical day when you are drinking? 1-2 = **0** / 3-4 = **1**/ 5-6 = **2**/7-9 = **3**/ 10 + = **4**			
SCORE			
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Never = **0** / Less than monthly = **1** / Monthly = **2**/ Weekly = **3**/ Daily or almost daily = **4**			
SCORE			
TOTAL SCORE			
Signature			

under 4 No further action required	**5-7** Harmful drinkers: Advice, leaflet available	**8+** Dependent drinkers: Advice, leaflet available and consider onward referral to alcohol/substance misuse liaison nurse (if relevant)

PAIN

Pain: ☐ Acute ☐ Chronic ☐ None (document pain score) Details: Pain management strategies: ☐ Yes ☐ No If in pain, how would you show us? Details:	

PERSON'S MEDICATIONS

Consider: has medication been brought to hospital, retained for medication reconciliation and consent obtained for retention and use in accordance with Trust's Patients own drugs scheme, securely stored in dedicated place e.g. fridge, controlled drugs cupboard and entered in the appropriate register. Does the person take over the counter medication /alternative medicine products, involved in clinical trial, patch in place.

Time Critical Medications refers to medications where timeliness of administration is crucial to minimise harm for patients. Please follow the guide list at:
http://www.medicinesgovernance.hscni.net/secondary-care/safety-documents/safety-toolkits/omitted-and-delayed-medicines-material/
to identify whether the person is on any of the medicines listed. Please note this list is not exhaustive

Is the person on *any of the medicines listed:* ☐ No ☐ Unable to establish ☐ Yes Details of action taken:

How do you take your medications?

Other information:

BEHAVIOUR	
Person – All About Me	Initial Assessment (including assessment of risk)
Has your behaviour changed recently? ☐ Yes ☐ No Details: Do you have a Positive Behaviour Support Plan (PBS)? ☐ Yes ☐ No Details: Do you recognise your new behaviours? ☐ Yes ☐ No Details: How can we support you?	Consider: behaviour history and triggers
What's important to me:	

SLEEP	
Person – All About Me	Initial Assessment (including assessment of risk)
What is your night time routine? (consider sleeping arrangements) What is your usual sleep pattern? Do you use any aids/equipment/medication to sleep? ☐ Yes ☐ No Details: What is your wakening routine?	Consider: audible assistance to sleep, herbal remedies, medications
What's important to me:	

EATING AND DRINKING

Person – All About Me	Initial Assessment (including assessment of risk)
Do you require help with eating / drinking? ☐ Yes ☐ No Details: Do you have any special dietary requirements? ☐ Yes ☐ No Details: Do you wear dentures? ☐ Yes ☐ No Details: Is it safe for you to eat and drink orally? Do you have a modified diet? ☐ Yes ☐ No Details: Do you have a history of choking/aspiration? ☐ Yes ☐ No Details: <u>Enteral/Parenteral feeding</u> ☐ Yes ☐ No If Yes, complete below: Enteral/Parenteral device type: _____ Enteral/Parenteral Device size: _____ cm Frequency of change: _____ Allergies/medicine sensitivities/food sensitivities: ☐ None known Details of allergies/ sensitivities (if applicable): Date: Time: Signature:	Consider: appetite, special diets, food intolerances/ allergies, dentures required, enteral/parenteral nutrition, requiring insulin, consider if person is nauseous/has vomited

What's important to me:

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST) ©				
	BMI	**Date/Time** **Height**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:______________ Ulna length:_________ **Weight**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:______________	**Date/Time** **Height**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:________________ Ulna length:_________ **Weight**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:________________	**Date/Time** **Height**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:________________ Ulna length:_________ **Weight**: ☐ Actual☐ Recalled ☐ Unable to measure/recall Reason:________________
Step 1: BMI score – BMI kg/m2	**Score**			
Over 20 (over 30 obese)	0			
18.5 to 20	1			
Less than 18.5	2			
If unable to calculate BMI: Estimating BMI category can be done from Mid Upper Arm Circumference (MUAC) MUAC less than 23.5 BMI likely <20 MUAC greater than 32.0cm BMI likely >30				
Step 2: weight loss - unplanned weight loss in last 3- 6 months				
Less than 5%	0			
Between 5 – 10%	1			
More than 10%	2			
Step 3: acute disease effect score				
If the person is acutely ill and there has been, or likely to be no nutritional intake for more than 5 days	2			
Total MUST score				

LOW RISK = 0	**MEDIUM RISK = 1**	**HIGH RISK ≥ 2**

Malnutrition Universal Screening Tool (MUST) flowchart for hospital setting

Low risk – MUST score = 0	Medium Risk – MUST score = 1	High Risk – MUST score ≥ 2
↓	↓	↓
• Record MUST details • Recommend a well balanced diet	• Record MUST details • Recommend high protein/energy diet • Monitor intake for 3 days (record on food chart)	• Record MUST details • Refer to dietitian • Recommend high protein/energy diet • Monitor intake as per dietitian (record on food chart)
↓	↓	
Rescreen Weekly	**Rescreen** 1 week and refer to dietitian if risk status changes	

Malnutrition Universal Screening Tool (MUST) flowchart for community setting

Low Risk MUST Score = 0	**Medium Risk MUST Score = 1**	**High Risk MUST Score ≥ 2**
• Record MUST details • Recommend a WELL-BALANCED DIET	• Record MUST details • Record nutritional care plan in patient/ client notes • Promote 'Food First' • Recommend High Protein/ Energy Diet (Food First Advice Leaflet) • If improving continue until 'low risk. 'If deteriorating consider treating as 'high risk' • Monitor nutritional care plan	• Record MUST details • Record nutritional care plan in patient/ client notes • Promote 'Food First' • Recommend High Protein/ Energy Diet (Food First Advice Leaflet) • Refer to Dietician • Review nutritional care plan
	Food First Advice leaflet provided: Signature: _____ Designation: _____ Date: _____ Food First information discussed Signature: _____ Designation: _____ Date: _____ Comments: _____ _____	Referral to Dietician requested: Signature: _____ Designation: _____ Date: _____ Food First information discussed Signature: _____ Designation: _____ Date: _____ Comments: _____ _____
RE-SCREEN annually or as clinically indicated	**RE-SCREEN every 2-3 months** (unless patient/ client condition deteriorates to high risk)	**RE-SCREEN monthly**

ELIMINATION

Person – All About Me	Initial Assessment (including assessment of risk)
Can you use the toilet on your own? ☐ Yes ☐ No Details: Do you need any assistance? ☐ Yes ☐ No Details: Do you use any continence products? ☐ Yes ☐ No Details: Do you have a history of constipation or diarrhoea? ☐ Yes ☐ No Details: Do you have a catheter? ☐ Yes ☐ No If Yes, complete below: Size: _____ Type: Urethral/Suprapubic (circle as appropriate) Insertion /last change (date):_____ Frequency of change:_____ Do you have a stoma? ☐ Yes ☐ No Details:	

What's important to me:

PERSONAL HYGIENE/DRESSING	
Person – All About Me	Initial Assessment (including assessment of risk)
Can you wash/ bath/ shower yourself without anyone with you or helping you? ☐ Yes ☐ No Details: Do you prefer to shower or bath? How do you like your hair washed? Do you have any skin conditions and how do they affect you? Can you carry out your own oral/dental hygiene? ☐ Yes ☐ No Details: Can you dress yourself? ☐ Yes ☐ No Details: Do you have any clothing preferences? ☐ Yes ☐ No Details: Do you use any aids/appliances/equipment? ☐ Yes ☐ No Details:	Consider: level of help required, condition of mouth
What's important to me:	

SKIN ASSESSMENT

☐ Actual skin check ☐ Verbal skin check Details:

_____

_____

All skin observed and intact unless indicated on map: ☐ Yes ☐ Unable to check skin, reason:

_____

_____

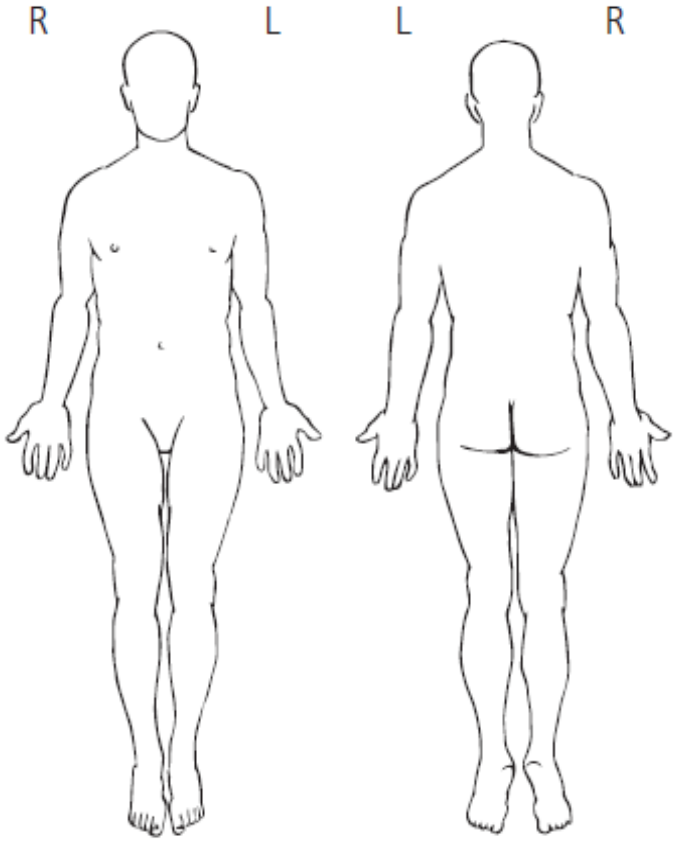
Document on the map and table below:

Pressure damage - check over bony prominence / around devices and use codes in descriptor box

Tissue damage - marks, bruising, rashes, skin conditions or any other wounds write description

People with diabetes - check both feet: is there a skin break below the ankle: ☐ Yes ☐ No

Type of tissue damage and reason/duration (if known) should be documented on map:



ADULT

Wound assessment chart commenced: ☐ Yes ☐ Not Required

Date and time of observation, type of pressure/ tissue damage (use descriptor and codes table if pressure related) **and reason/duration** (if known) **should be documented on either the adult or children's body map**	Date and Time of repeat observation	Skin observed and intact? If No, complete map as directed above	Signature
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

THE BRADEN SCALE©

Sensory perception – Ability to respond meaningfully to pressure-related discomfort						
COMPLETELY LIMITED Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation **OR** Limited ability to feel pain over most of body surface.	**VERY LIMITED** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness **OR** Has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.	**SLIGHTLY LIMITED** Responds to verbal commands but cannot always communicate discomfort or need to be turned **OR** Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	**NO IMPAIRMENT** Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.			
1	**2**	**3**	**4**			
Moisture – Degree to which skin is exposed to moisture						
CONSTANTLY MOIST Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned.	**OFTEN MOIST** Skin is often but not always moist. Linen must be changed at least once a shift.	**OCCASIONALLY MOIST** Skin is occasionally moist, requiring an extra linen change approximately one a day.	**RARELY MOIST** Skin is usually dry: linen only requires changing at routine intervals.			
1	**2**	**3**	**4**			
Activity – Degree of physical activity						
BEDFAST Confined to bed.	**CHAIRFAST** Ability to walk severely limited or non existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**WALK OCCASSIONALLY** Walks occasionally during day but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. **SLIGHTLY LIMITED** Makes frequent though slight changes in body or extremity position independently.	**WALKS FREQUENTLY** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.			
1	**2**	**3**	**4**			
Mobility – Ability to change and control body position						
COMPLETELY IMMOBILE Does not make even slight changes in body or extremity position without assistance.	**VERY LIMITED** Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	**SLIGHTLY LIMITED** Makes frequent though slight changes in body or extremity position.	**NO LIMITATIONS** Makes major and frequent changes in position without assistance.			
1	**2**	**3**	**4**			
Nutrition – Usual food intake pattern						
VERY POOR Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement **OR** Is NIL Per Orally and/or maintained on clear fluids or Intra Venous for more than 5 days.	**PROBABLY INADEQUATE** Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement **OR** Receives less than optimum amount of liquid diet or tube feeding.	**ADEQUATE** Eats over ½ of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal but will usually take a supplement if offered **OR** Is on tube feeding or Total Parenteral Nutrition regime which probably meets most of nutritional needs.	**EXCELLENT** Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat or dairy products. Occasionally eats between meals. Does not require supplementation.			
1	**2**	**3**	**4**			
Friction and Shear						
PROBLEM Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair requiring frequent repositioning with maximum assistance. Spasticity contractures or agitation leads to almost constant friction.	**POTENTIAL PROBLEM** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	**NO APPARENT PROBLEM** Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.				
1	**2**	**3**				
			Total Score			
			Date			
			Time			
			Signature			

IF PERSON SCORES 18 OR BELOW, PERSON IS AT RISK OF PRESSURE DAMAGE. COMMENCE A PRESSURE ULCER PREVENTION PLAN OR SSKIN BUNDLE

Use professional judgement and critical thinking in relation to risk of damage to skin integrity

MOBILITY/FALLS	
Person – All About Me	Initial Assessment (including assessment of risk)
Can you walk on your own? ☐ Yes ☐ No Details: Do you require aids/equipment? ☐ Yes ☐ No Details: Can you go up or down stairs? ☐ Yes ☐ No Details:	Consider: equipment used, level of assistance needed, if bedrails needed, suitable footwear. **Discuss incidence of falls, if necessary (children)**
What's important to me:	

MOVING AND HANDLING			
Is the person's weight within safe working load of equipment e.g. bed, chair, hoist, wheelchair	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:
Is the equipment wide enough for the person's safety and comfort e.g. bed, chair, hoist, wheelchair	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:	☐ Yes ☐ No ☐ Unknown If No/ Unknown, details:
Does the person use a mobility aid e.g. walking frame, wheelchair	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:
The mobility aid is available	☐ Yes ☐ No ☐ NA If Yes, person's own ☐ Yes ☐ No	☐ Yes ☐ No ☐ NA If Yes, person's own ☐ Yes ☐ No	☐ Yes ☐ No ☐ NA If Yes, person's own ☐ Yes ☐ No
Is the person experiencing handling constraints e.g. pain, external attachments, fractures, behaviour, environment, posture	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:	☐ Yes ☐ No ☐ Unknown If Yes/Unknown, details:
Is the person independent for all moving and handling activities	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the person If No, commence care pathway/care plan for the moving and handling of the person	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the person If No, commence care pathway/care plan for the moving and handling of the person	☐ Yes ☐ No If Yes, no requirement to commence care pathway/care plan for the moving and handling of the person If No, commence care pathway/care plan for the moving and handling of the person
Date:			
Time:			
Signature:			

FALLS RISK ASSESSMENT	
History of falls within the last 12 months:	☐ Yes ☐ No
Have you a fear of falling:	☐ Yes ☐ No
Problems with walking and balance:	☐ Yes ☐ No
Details of falls history (if applicable):	

If person answers Yes to any of the below, complete falls assessment:

- any falls related questions in this section
- person is 65 or older
- has a condition that could increase the risk of falling
- in professional judgement person could be at increased risk of falling

FALLS ASSESSMENT	
Have you postural hypotension :	☐ Yes ☐ No ☐ Unable to check, reason:
Lying BP: Standing BP:	
Pulse check - arrhythmias present:	☐ Yes ☐ No ☐ Unable to check, reason:
Approximately when was your last eye test:	☐ Unknown, reason:

Complete if falls incident and/or fear of falling and/or new problem with balance or walking since admission			
Date of fall incident:			
New fear of falling since admission	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
New problem with walking/balance since admission	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Lying and standing Blood Pressure (BP)	Lying BP: _____ Standing BP: _____ ☐ Not able to stand	Lying BP: _____ Standing BP: _____ ☐ Not able to stand	Lying BP: _____ Standing BP: _____ ☐ Not able to stand
Date:			
Time:			
Signature:			

BEDRAILS ASSESSMENT – adult decision making matrix

		MOBILITY		
Mental State		Person is very immobile (bedfast / hoist dependent)	Person unable to mobilise independently	Person can mobilise without help from staff
	Person is confused and disorientated	Use bedrails with care	Bedrails NOT recommended	Bedrails NOT recommended
	Person is drowsy	Recommend Bedrails	Use bedrails with care	Bedrails NOT recommended
	Person isorientatedandalert	Recommend Bedrails	Recommend Bedrails	Bedrails NOT recommended
	Person is unconscious	Recommend Bedrails	N/A	N/A

BEDRAILS ASSESSMENT OUTCOME

Use risk assessment in conjunction with clinical judgement and discussion with the person/ family/carers for all people

DATE: **TIME:** **SIGNATURE:** ☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	Decision making details (include alternative to bedrails, if applicable):
DATE: **TIME:** **SIGNATURE:** ☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	Decision making details (include alternative to bedrails, if applicable):
DATE: **TIME:** **SIGNATURE:** ☐ NA ☐ Bedrails NOT recommended ☐ Use bedrails with care ☐ Recommend bedrails	Decision making details (include alternative to bedrails, if applicable):

PERSON'S VALUABLES	
Have the person's valuables been sent home:	☐ Yes ☐ No ☐ NA
Advised that valuables kept at own risk:	☐ Yes ☐ No ☐ NA
Has the Valuables/Property Policy been explained:	☐ Yes ☐ No ☐ NA
Have the person's valuables been stored and recorded as per Trust policy Details:	☐ Yes ☐ No ☐ NA

MEASURES TAKEN TO MAINTAIN SAFETY

ANY OTHER INFORMATION

RECORD INCOMPLETE SECTIONS FROM INITIAL ASSESSMENT (pages 1-32)				
Page	Details	Date	Time	Signature
	Completed			
	Completed			
	Completed			

Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the person? Communicating with the person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the person feel? Progress towards outcomes/ meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the person? Communicating with the person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the person feel? Progress towards outcomes/ meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the person? Communicating with the person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the person feel? Progress towards outcomes/ meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the person? Communicating with the person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the person feel? Progress towards outcomes/ meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

Person	*Assessment*	*Plan of Care*	*Evaluation*
What matters to the person? Communicating with the person and family to identify their needs.	*Using nursing assessment skills to identify the needs of the person. Collecting ongoing information/ clinical observation. Building a picture.*	*Plan Care/Treatment/Support based on the identified abilities and needs from P and A. Specify desired outcome (aim). Obtain consent for the plan.*	*Look at the effectiveness of the plan. How does the person feel? Progress towards outcomes/ meeting needs.*

Record of person-centred assessment, care and evaluation

Date & Time		Signature & Designation

ADULT DISCHARGE INFORMATION/CHECKLIST FROM HOSPITAL SETTINGS		
Letters, medications and property		**Comments/Details**
Discharge letter completed and given to person/carer (circle as appropriate)	☐ Yes ☐ No	
Discharge medications dispensed and checked (include anticoagulants)	☐ Yes ☐ NA	
Discharge medications explained to person/carer (circle as appropriate)	☐ Yes ☐ NA	(consider O^2 therapy)
Stored medications and property returned	☐ Yes ☐ NA	
Follow up plan		**Comments/Details**
Follow up appointment made and details given to person/carer	☐ Yes ☐ No ☐ NA	
Follow up referrals made/relevant personnel informed of discharge	☐ Yes ☐ No ☐ NA	(consider referral letters)
Discharge advice		**Comments/Details**
Discharge advice/leaflets given	☐ Yes	
Person accompanied by carer	☐ Yes ☐ No	
Primary carer aware of discharge	☐ Yes ☐ No ☐ NA	
Discharge to:	☐ Home ☐ Carer's home ☐ Other _____	
Transport on discharge:	☐ Personal transport ☐ Ambulance	

Any further information:

Consider: care & support plan provided, CRA reviewed and shared, Dols application, Positive Behaviour Plan provided and explained, AHP Assessments shared e.g. swallowing, Hospital Passport shared

Discharging Nurse's Signature: _____ Date: _____Time: _____

ADULT INFORMATION ON DISCHARGE FROM COMMUNITY CASELOAD

Consider: letters required, medications, person's property, wound management, follow up and discharge advice.
Also consider: care & support plan provided, CRA reviewed and shared, DoLs application, Positive Behaviour Plan provided and explained, AHP Assessments shared e.g. swallowing, HSC Hospital Passport shared.

Tick the appropriate information relating to either discharge or transfer:

Consider: letters required, medications, follow up and discharge/transfer advice, MCA in relation to discharge, HSC Hospital Passport.

☐ **Discharge** or ☐ **Transfer**

Consent to share discharge/transfer information	☐ Yes ☐ No If No, details:
Updated risk assessments/assessments/plans of care shared appropriately	☐ Yes ☐ NA
Discharge/transfer information provided	☐ Yes
Meeting held (transfer only)	☐ Yes Date/time/location of meeting:
Letter to:	☐ Person with parental responsibility ☐ Legal guardian ☐ NOK ☐ Main carer ☐ First contact (including emergency contacts)
Letter to professionals involved and/or referrer (include outcome of care)	☐ Yes
Any other relevant information:	
Closure/transfer completed (electronic or manual form)	☐ Yes

Discharging Nurse's Signature: _____ Date: _____Time: _____

SIGNATURE REGISTER	MAHI - STM - 259 - 177			
To be completed by all staff making an entry into this document This section will serve as a record of your full signature and thus satisfy professional and legal requirements				
Date	**Full Name (BLOCK CAPITALS)**	**Designation** (Staff Nurse, Student Nurse)	**Full Signature**	**Status** (Permanent = P Temporary = T Bank = B, Agency = A)
HOSPITAL/ WARD TRANSFER				
Hospital	Ward	Date	Time	Details handed over

GLOSSARY OF TERMS

Descriptors and Codes		
S/G1 **Stage/Grade 1** - Non blanching erythema. Non blanchable redness of intact skin of a localised area usually over a bony prominence.		**S /G4** **Stage/Grade 4** - Full thickness skin loss with exposed bone, tendon or muscle slough or eschar may be present on some parts of the wound bed. The depth varies by anatomical location.
S /G2 **Stage/Grade 2** - Partial thickness skin loss of dermis presenting as a shallow open ulcer with a pink wound bed, without slough. May also present as an intact or ruptured serum filled blister.		**US /UG** **Unstageable/Ungradable** Depth unknown. Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed.
S /G3 **Stage/Grade 3** - Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. The depth varies by anatomical location.		**SDTI** **Suspected Deep Tissue Injury** Purple or maroon localised area of discoloured intact or blood-filled blister.
MU – Mucosal Ulcer	**ML** – Moisture Lesion	**IAD** – Incontinence Associated Dermatitis

Safeguarding Children and Young People

A Core Competency Framework

for

Nurses and Midwives

DHSSPS

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
Published 2012

MAHI - STM - 259 - 181

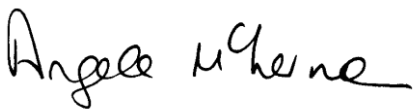
CONTENTS

PREFACE:

This core competency framework is the outcome of a successful partnership between the Office of the Chief Nursing Officer (DHSSPS), the Public Health Agency (PHA), the Five Health and Social Care Trusts (HSCTs) and the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

I would like to extend my thanks to those who have been involved in the development of this innovative and exciting publication. I am happy to endorse this core competency framework to all nurses and midwives who come into contact with children and young people. My challenge to you is to own and drive the implementation of this framework, which will help to inform, guide and develop your practice as we move into a new era of safeguarding children and young people across health and social care in Northern Ireland.

This working document will be updated as new evidence evolves and in support of the Safeguarding Board for Northern Ireland



Angela McLernon

Acting Chief Nursing Officer

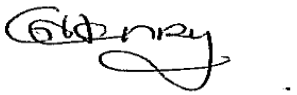
FOREWORD

NIPEC, on behalf of the partnership with the DHSSPS, Public Health Agency (PHA) and the five Health and Social Care Trusts (HSCTs) is pleased to present this core competency framework for nurses and midwives in promoting Safeguarding Children and Young People through health and social care services in Northern Ireland. In the climate and context within which nurses and midwives work, the development of this core competency framework is timely. The framework takes cognizance of current regional policy direction and policies associated with the care of children and young people (Appendix 1). It is anticipated that the framework will support the future implementation of standards which are being developed as part of the enhancements of Understanding the Needs of Children in Northern Ireland (UNOCINI), and ongoing developments within the Regional Safeguarding Board for Northern Ireland.

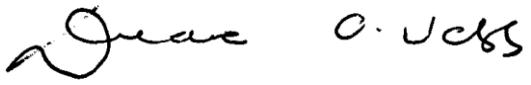
This core competency framework reflects the current knowledge base and scope of practice required by nurses and midwives for safeguarding children and young people. However, mindful of the dynamic and changing nature of modern society and as new evidence emerges, it is anticipated that nursing and midwifery practice in the field of safeguarding will respond to such change, advancing and strengthening further. It is therefore essential that effective arrangements are put in place to ensure periodic review and updating of these core competencies. Thereby ensuring that currency is maintained and advances in theory and developments in practice are incorporated.

NIPEC would like to thank all those who contributed to the development of this competency framework and in particular the following:

- The members of the Expert Reference Group
- Those who contributed as part of the development and refinement process through various workshops and stakeholder events
- Those who reviewed the competency framework to test for and ensure fit with the core and specific dimensions of the NHS Knowledge and Skills Framework



Glynis Henry
Chief Executive
NIPEC



Deirdre Webb
Chair
Expert Reference Group

SECTION 1

1.1 INTRODUCTION

Although parents/carers have the primary responsibility for safeguarding their children and young people[1], statutory and voluntary agencies, relatives, friends and neighbours also have responsibilities. All professionals and agencies, including those in the voluntary and community sectors, play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development.

Safeguarding incorporates all preventable harm that impacts on the lives of children, including children in need, with a clear focus on children's personal development and well-being and making children's lives better (OFMDFM, 2006).

Following every serious case of child abuse or neglect, there is considerable anxiety that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK over the last three decades often identify the same issues - among them, supervision, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children (DoH, 2010).

This core competency framework was primarily developed to support the nursing and midwifery community[2] who come into contact with children and young people. They have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child safeguarding (DoH 2010). In addition, nurses and midwives are bound by the Nursing and Midwifery Council's 'The Code' (NMC 2008) ensuring that they work with others to protect and promote the health and well-being of those in their care, their families and carers, and the wider community.

This core competency framework aims to enable the nursing and midwifery community to identify their learning and development needs in relation to the prevention of harm and promotion of safeguarding children and the provision of accessible, safe and effective services. It is, however, recognised that all staff working within the Health and Social Care sector, either through delegation[3] of duties or in the course of their work, come into contact with children and these competencies could equally apply. Further development of this work, however needs to be conducted regionally to be inclusive of the multi-agency input into safeguarding.

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[1] 'Safeguarding children and young people' will be referred to 'safeguarding children ' throughout the document

[2] Nursing and Midwifery community includes registered and non registered staff in all settings

[3] NMC (May 2008) 'The delegation of nursing or midwifery care must always take place in the best interests of the person the nurse or midwife is caring for and the decision to delegate must always be based on an assessment of their individual needs'. http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/ site accessed 6th Jul 2011

The ways in which the nursing and midwifery community will use this core competency framework will differ, depending on their area of practice and what level of responsibility/role they have in safeguarding children. In discussion with their line managers, the nursing and midwifery community should determine which level of responsibility in safeguarding children is appropriate to their role. It is, therefore, the responsibility of individuals, their line managers and the organisation to ensure that safeguarding children is embedded. In addition, individuals should use a learning and development framework to plan, with their line manager, appropriate learning and development activities that will meet their needs.

This relates in particular to those who:

- Are in contact at any time across a range of settings with children, young people and their families/carers
- Have contact with parents/carers who care for children who are subject to Looked after Children Reviews, have been identified as Children in Need or whose names have been placed on the Child Protection Register
- Have contact with adults who may pose a risk to children or young people.

1.2 DEVELOPMENT OF THE CORE COMPETENCY FRAMEWORK

This core competency framework has been developed through:

- A review of the literature on competency frameworks related to Safeguarding Children (Appendix 1)
- Review of current practices in relation to previous levels 1-3 and training opportunities
- Consultation with healthcare staff throughout Northern Ireland
- Review of safeguarding training available
- Advice from Expert Reference Group members (Appendix 2)
- Within the legislation of the Children's (NI) Order.

For additional copies of this core competency framework, visit www.nipec.hscni.net for downloading.

1.3 PURPOSE OF THE CORE COMPETENCY FRAMEWORK

This framework outlines the core competencies that the nursing and midwifery community are required to have in order to address the safeguarding needs of children during their contact with health and social care. These core competencies outline the integrated knowledge and skills required for a nurse or midwife or pre-registration student (under supervision) to practise safely and ethically in a health and social care setting, regardless of patient/children populations or practice environments. It also supports nursing and midwifery staff in their ongoing learning and development.

The core competency framework can be used by the nursing and midwifery community to:

- Identify the relevant expertise and skills that they need, when in contact or working directly with children and families
- Assist them, employers and their managers, to identify gaps in knowledge and skills, assisting with planning of ongoing training and development needs and preparing for career progression
- Assist them in understanding the value and expertise they bring to a team
- Assist them to understand different factors that may cause particular risks for children and young people, and that it may be appropriate to seek support from other colleagues and agencies to intervene early.

In addition, this core competency framework should inform commissioners, and those developing and providing continuing education and training programmes, plus employers and individuals, to ensure that appropriate and validated programmes are in place, accessible and delivered at the right level for all staff.

This core competency framework is designed to be read and used in conjunction with other relevant health and social care documents, including legislation, NMC code of practice, other competency frameworks, action plans, and strategies.

SECTION 2

2.1 WHAT IS A COMPETENCY FRAMEWORK?

A competency framework is a collection of competencies that are thought to be central to effective performance (NIPEC, 2006). Competence reflects:

- Knowledge, understanding and judgment
- Skills: cognitive, technical or psychomotor and interpersonal
- A range of personal attributes and attitudes
- Learning and development activities.

Competency frameworks, therefore, have wide utility in relation to professional regulation, supervision, quality assurance, educational review, recruitment and deployment of the nursing workforce, in role development and/or job specification and performance appraisal (ICN, 2003).

A core competency framework is a statement of good practice and should be used in a structured manner, to allow practitioners to develop their knowledge, skills and attitudes, thereby maximising their contribution to the modernisation of health and social care services.

Learning and Development

Learning and development encompasses a wide range of activities designed to improve the performance of the nursing and midwifery community. A learning and development framework facilitates individuals in planning opportunities to develop skills, knowledge, attitudes and behaviours in order to improve their performance and competence.

This core competency framework outlines the skills, knowledge and minimum training required for the nursing and midwifery community in relation to safeguarding children. To support this framework, learning and development activities need to be integral to the process.

Conceptual Model for a Core Competency Framework for Nurses and Midwives

Learning and development activities are varied, which may include experiential learning and other development opportunities, such as:

Self Directed Learning

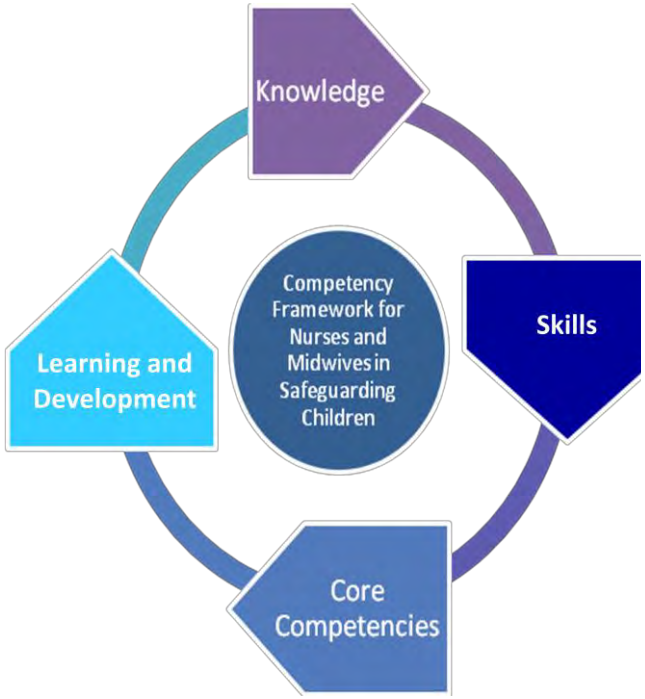
- Reflective Diary
- Reflective Practice
- Peer Review

Workplace Learning

- Appraisal
- Clinical Supervision
- Shadowing

Formal Learning

- Courses
- Workshops
- eLearning



A flexible approach to learning and development is promoted in and supported by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) through the Development Framework. This will help nurses and midwives and pre-reg students make best use of the wide range of learning opportunities available to them. For more information on the different learning and development activities and the various types of learning styles, visit https://www.nipecdf.org/learn/ (which includes a pre-reg student section).

2.2 WHO IS THIS CORE COMPETENCY FRAMEWORK FOR?

This framework has been designed for use by the nursing and midwifery community, those workers who support them and pre-registration nursing and midwifery students. It is important that membership of this wide team clearly understand their responsibilities in safeguarding children and are able to recognise and take effective action where there might be a need for protection. The universal nature of health provision means that healthcare workers have an important role to play in recognising and supporting children and families in need and are often the first to be aware that families are experiencing difficulties looking after their children.

The following pages will assist in identifying the different levels of responsibility in relation to safeguarding children. Each level has an identified set of core competencies and suggested learning and development guidance which should be discussed with the line manager in planning any personal development.

The framework comprises 4 Levels as follows:-

Basic Awareness Level which is appropriate to all health care workers who support nursing and midwifery staff
Level 1 Registered Nurses and Midwives
Level 2 Registered Nurses and Midwives working with children, young people and/or their parents and carers where there is a potential safeguarding issue
Level 3 Nurses working in roles where specialist knowledge of safeguarding is required

The following scenarios outline how the nursing and midwifery community work at the various levels in terms of their safeguarding responsibilities. A basic awareness level has been included to incorporate all staff who support the nursing and midwifery community

The core competency statements are found from pages 15-19.

Scenarios: The scenarios on the following pages demonstrate the impact the different levels have in their responsibility relating to Safeguarding. In Level 2 there are four examples to show the diversity at this level.

2.3 SCENARIOS - LEVELS OF RESPONSIBILITY IN SAFEGUARDING

Example - Basic Awareness Level

Carrie is a Nursing Auxiliary working in a Care of the Elderly Unit for the past 10 years and has come to know relatives who visit the unit on a regular basis. The unit provides care for people who are physically debilitated as well as suffering from dementia.

Carrie does come into contact with children who are visiting relatives. It is important because of this that Carrie is aware of her role and responsibilities as an employee of the Trust. She needs to be aware of the challenges this could pose as well as being able to recognise, and how to respond appropriately to, situations relating to the welfare of a child.

It is essential that Carrie knows what to do if any such concerns arise and to whom she should report these concerns when they do.

Example - Level 1- involves all registered nurses and midwives

Margaret is a District Nurse, she visits people mainly in their own homes, providing treatment and care and supporting family members. Her patients can be of any age, but often many of them will be elderly, while others may have been recently discharged from hospital, be terminally ill or have physical disabilities. In her role, Margaret can come into contact with children as members of the household she is visiting.

Margaret needs to understand the kinds of experiences that can affect children's health and well being, including the kinds of family circumstances and situations that can indicate a child is being placed at increased risk of harm or needs protection.

It is important that Margaret understands what to look for that indicates possible harm to children, knows what to do about those concerns, whom to contact, where to seek advice and is clear about what information needs to be shared and recorded.

Margaret also needs to appreciate that repeated low level concerns, or combinations of low level concerns, can present as a significant risk to a child's health and well-being.

Example a - Level 2

Stuart is a charge nurse of a ward in an acute hospital where adults are admitted with a variety of medical conditions. Many of these adults are parents, carers or have regular contact with children. Young People (YP) between the age of fourteen and eighteen years are also admitted to the ward.

Stuart needs to be able to recognise when children/YP (including unborn babies) may need additional support or protection or when an individual poses a risk to their welfare. This includes considering the needs of children who are patients or the dependents of patients and the impact of behaviours and medical conditions on a Young Person's needs or on parenting capacity.

Stuart needs to ensure that a culture of safeguarding children is embedded in all aspects of ward activity and that all staff on his ward are confident and competent in recognising and responding to safeguarding children issues, commensurate with their role and responsibilities. This includes conducting a learning needs analysis, ensuring that staff access identified learning opportunities and that local and regional policy, procedures and protocols are adhered to.

Stuart should demonstrate leadership through his ability to advise, support and guide staff when they raise a concern, and to assist staff in making a risk assessment and UNOCINI assessment and onward referral to relevant agencies.

He will need to identify, raise and discuss concerns with other members of the multidisciplinary team, including effective information sharing, resolving dissenting views and escalation of these concerns. He will need to know when to seek further advice from his line manager and professionals with a defined safeguarding role, for example, the safeguarding children nurse specialist.

This level differs from Level 1 by focusing on the safeguarding children, leadership role of the ward sister/charge nurse.

Example b - Level 2

Linda is a midwifery sister on a postnatal ward in a maternity unit. The team in her ward cares for mothers ranging in ages that include young girls under eighteen who have had babies of their own.

Linda needs to ensure that she and her team can recognise when mothers, including teenage mothers, need extra support, protection and referral as well as being aware of the potential safeguarding risks and concerns of all babies. This includes safeguarding and protection needs for those teenage children as mothers.

Consequently, Linda needs to promote an ethos of safeguarding within the ward as there is the potential for safeguarding issues to teenage mothers and their babies as well as other babies born into families that have possible safeguarding risks.

She needs to ensure that all staff in the unit are trained in safeguarding protection and promotion, to the required level for their responsibility and sphere of practice. This training should provide them with the knowledge and skills to recognise and deal with issues in a prompt manner.

Many women now leave hospital very shortly after birth into the care of the community midwife, so there is a small window for recognition and referral to take place. However, it is essential for the safety of the baby that this identification does occur and that it is communicated to the appropriate persons.

Linda also needs to be aware of other possible problems which may impact on safeguarding children such as domestic violence, drug and alcohol dependency and to raise these concerns within the multidisciplinary team immediately.

This level differs from Level 1 by focusing on the safeguarding children, leadership role of the midwife who has managerial and/or supervision of midwifery practice responsibilities.

Example c - Level 2

Michael works as a Community Psychiatric Nurse (CPN) and sees a range of adult patients in both the home and the clinic. In his role, Michael needs to appreciate that approximately one in four adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents, and that parental mental ill health may have an adverse impact on a child's health and development. Children of parents with a mental health condition may be considered as vulnerable and in need of additional support. Michael, therefore, needs to routinely enquire about dependent children as well as understand and support a family focus to the delivery of care.

He should be alert to potential risks a patient may present to children as a consequence of their condition and/or the potential harmful consequences of a parent's mental illness on a child's social and emotional development. Michael also needs to be alert to the impact of domestic abuse on mental health well-being, parenting and children's well-being.

Using a Think Child, Think Parent, Think Family approach to working with other agencies, he should consider the needs of individuals in the context of their relationships and their environment and routinely signpost/refer families on to appropriate support services.

He needs to know when to intervene, what to do about concerns, whom to contact and where to seek advice, as well as knowing what information needs to be recorded and shared.

This level differs from Level 1 by focusing on the role of the CPN in Safeguarding Children while working with Adults experiencing Mental Health difficulties.

Example d - Level 2

Jane is a Specialist Community Public Health Nurse (SCPHN) working in a rural setting with GP alignment. She is responsible for a caseload of 220 pre-school children with varying levels of need and vulnerability.

Jane uses the UNOCINI framework and other relevant risk frameworks to undertake assessments, plan, implement and evaluate interventions to meet the needs of children and their families in her caseload. Jane needs to be able to recognise indicators of child abuse and neglect and refer to other agencies and social services using Regional and Trust policy and procedures, if concerned that a child may have suffered, or is likely to suffer, significant harm or is in need. Jane also needs to be aware of possible factors which may impact on safeguarding children, such as domestic abuse, drug and alcohol dependency and to raise concerns within the multidisciplinary team. She needs to understand her role and responsibility at child protection case conferences and other multidisciplinary safeguarding meetings, including case planning and Looked After Reviews. Jane needs to be able to analyse risks and needs by taking into consideration any strengths and resilience factors in a child's life, family and environmental factors and parenting capacity by sharing appropriate and relevant information and contributing to the health and nursing perspective in interagency safeguarding assessments and risk analysis.

Jane needs to ensure that health needs are appropriately addressed and included in safeguarding plans and contribute to practice improvement initiatives, including the application of learning from research, audit and case reviews. Jane needs to undertake regular learning and development needs analysis and to access relevant safeguarding learning and development opportunities. Jane needs to know when to seek further advice and supervision from her line manager and safeguarding nurse specialist.

This differs from Level 1 as SCPHNs work closely with vulnerable families and children.

Level 3 involves

- The Safeguarding Children Nurse Advisor/ Specialist[4], who offers and provides safeguarding advice, support and supervision to all nurses, midwives and public health nurses involved in safeguarding children.

Example - Level 3
Janine works as a Safeguarding Children's Nurse Advisor/Specialist in a large geographical Trust, offering and providing safeguarding support advice and supervision to all nurses and midwives.

She contributes to the development of safeguarding policy, procedures and guidelines and ensures effective dissemination of these and messages from research or serious case reviews to relevant staff groups.

Janine monitors practice standards through the provision of regular supervision to nursing staff using the Northern Ireland regional supervision model, through the audit of case files, reviewing caseload weighting, conducting practice audits, training needs analysis and the delivery of uni and multi-agency training. She also supports nursing staff through attendance at case conferences, assisting them in their analysis of risk and need, using assessment frameworks e.g. Understanding the Needs of Children in Northern Ireland (UNOCINI) to support interpretative analysis of the strengths, needs, risks and resilience factors in a child's life, family and environmental factors and parenting capacity. She also supports them when using the assessment framework for the purpose of referrals to social services childcare teams and with the development of appropriate care/action plans and interventions to meet identified need(s) and the identification and recording of unmet need(s).

To do all this, Janine requires a sound grasp of the principles, theories and concepts that inform approaches to safeguarding and protecting children and interagency working. She also requires a comprehensive knowledge of research and evidence based practice that underpins safeguarding to enable her to lead on practice development and improvement plans.

Janine also provides advice and support to staff when compiling reports for Court, Police Service Northern Ireland and case conferences. In order to do this, Janine must also undertake an educational module relating to childcare and the law.

This Level differs from Level 1 and 2 by focusing on the provision of expert knowledge advice and support for staff at operational level across the Trust.

[4] Including Child Protection Nurse Specialists, Looked After Children Nurses, Named Nurses for Safeguarding, Designated Nurses, and Senior Nurses who have a lead role in safeguarding

SECTION 3

3.1 CORE COMPETENCY FRAMEWORK

This framework describes the core competencies relating to the promotion of safeguarding children. It is essential that the nursing and midwifery community are aware of, and ensure that they have, this knowledge and these skills.

By reviewing the competencies set for each level, the nursing and midwifery community can identify their learning and development needs. This should facilitate them in preparing for their annual appraisal and discussion with their line manager in terms of their personal development plan. In addition, this core competency framework is closely aligned to, and can be used in conjunction with, the Knowledge and Skills Framework (NHS/KSF, 2004). This core competency framework supports and underpins the KSF, enabling the practitioner to better prepare for the Development Review process. To support this, the core competencies outlined for each of the levels have been cross-referenced with the core and specific dimensions of the KSF.

3.2 BASIC AWARENESS LEVEL

Level	Group	Basic Knowledge and Skills	Core Competencies in Safeguarding responsibilities	Minimum Learning Activity	KSF
Basic Awareness Level	All health care staff who support the nursing and midwifery community	Signs of symptoms of child abuse and contributory factors Own role and that of others Own agency/staff group policy and guidance Reporting procedures Record Keeping Maintain a child focus	Be able to: Recognise and respond to safeguarding children issues Understand own role and role of others	**Aim:** To provide safeguarding children awareness training to all members of supporting staff for the nursing and midwifery community **Frequency: at induction, with updates every three years (1 hour)** **Indicative Content;** Definitions of child abuse and neglect Clarity of the role nursing and midwifery community has in safeguarding children	C1 C3 C5 HWB5

Knowledge and Skills – Core Competency Statements - Minimum Learning Activities

MAHI - STM - 259 - 196

3.3 LEVEL 1

Level	Group	Knowledge and Skills	Core Competencies in Safeguarding responsibilities	Minimum Learning Activity	KSF
1	All nursing and midwifery	Establishes effective relationships with clients/patients and their families How and when to share information Current evidence based approaches to the care and protection of children Be aware of: Key agencies involved in safeguarding children Reporting procedures Aware of key agencies involved Child abuse and contributory factors Legislation and policy UNOCINI and other risk assessment frameworks The range of support services available Interagency partnership working	Understands own role and responsibilities and that of multiagency team Recognises child abuse and neglect Understands importance of keeping accurate and complete records Demonstrates an understanding of national, regional and local safeguarding policies and procedures Demonstrates an understanding of benefits of early interventions to support and protect children Demonstrates an understanding of the factors that can affect parenting and increase the risk of abuse for example domestic violence, mental health and substance abuse Recognises and understands the potential impact of a parent's/carer's physical and mental health and environmental factors on the well-being of a child or young person	**Aim:** To provide safeguarding children awareness training to all members of the nursing and midwifery community **Frequency:** At induction, followed by basic information awareness training every three years **Indicative Content;** Clarity of the role nursing and midwifery community has in safeguarding children Definitions of child abuse and neglect Legislation and nursing policy UNOCINI framework Role of child protection nurse specialists Governance structures Referral pathway process	C1 C3 C5 HWB2 HWB3

3.4 LEVEL 2

Level	Group	Knowledge and Skills All of above in Level 1	Core Competencies in Safeguarding responsibilities	Minimum Training	KSF
2	Registered nurses and midwives working with children, young people and/or their parents/carers who: Could potentially contribute to assessing, planning, intervening and evaluating the needs of child / young person and parent capacity where there are safeguarding issues Managerial or safeguarding supervisory role	To have a more in-depth knowledge as outlined for Level 1 As outlined above, plus: Clinical/Safeguarding supervision procedures Learning and development needs of staff Understands the importance of, and the process for, escalating professional concerns Understands the impact of child abuse and staff well-being Understands the importance of supporting staff	As outlined for Level 1 Acts as an effective child advocate Uses UNOCINI framework and other risk frameworks to undertake assessments, plan, implement and evaluate interventions to meet the needs of children and their families Makes appropriate referrals to other agencies, including Social Services Shares appropriate and relevant information with other teams and contributes health and nursing perspective to interagency safeguarding assessments and risk analysis Ensures that health issues are appropriately included in safeguarding plans Contributes to practice improvement initiatives, including the application of learning from research, audit and case reviews Ensures appropriate management of professional concerns and incidents Undertakes learning and development needs analysis Facilitates learning and development opportunities Undertakes supervision/staff appraisal Disseminates information to staff	**In addition to meeting Level 1 competencies, at Level 2 you should undertake Level 2 learning and activities relevant to your role and responsibilities.** **Aim:** As outlined for Level 1 and associated scope professional practice **Frequency:** At induction, followed by updating every three years, plus at least 1 personal learning and development activity per year **Indicative Content:** UNOCINI training Preferably multi-disciplinary/interagency training opportunities with emphasis on those which relate to the nurse's role, responsibility and area of practice, for example: Alcohol/substance misuse on parenting Promoting healthy attachment Domestic violence Learning disability Effective inter-agency working advocacy, human rights Contribution to case conferences Report writing	C1 C2 C4 C5 G1 HWB2 HWB3 HWB6

Level	Group	Knowledge and Skills All of above in Levels 1 & 2 plus:	Competencies in Safeguarding responsibilities	Minimum Training	KSF

3	Safeguarding Nurse Advisors Child Protection Nurse Specialists 'Looked After' Nurses Named Nurses, Safeguarding Designated Nurses Senior Nurses who have a lead role in Safeguarding	Sound knowledge of and ability to apply local and regional safeguarding policy, practice and standards into practice Legislative context and specific legislation relating to sharing confidential information Interpretation of strategic direction, research evidence and regional/ national consultations Clarity of roles and responsibilities in safeguarding, including other agencies involved in safeguarding Understand key principles of risk analysis and risk management Principles and practice of inter-agency working and processes to safeguard children Knowledge of evidence based practice, research evidence and critical thinking Utilisation of UNOCINI assessment framework, Family Health Assessment and Caseload Weighting Case management review processes Models of Safeguarding supervision Co-ordination and delivery of safeguarding training Effective communication skills /strategies, ability to carry out audits, monitor practice standards, set performance indicators Governance and accountability arrangements	As for Level 2, plus: Provides specialist/expert safeguarding advice and support to all nurses and midwives Provides safeguarding supervision to all nurses and midwives as per regional safeguarding supervision policy Contributes to and/or develops safeguarding policy, procedures and guidelines Communicates safeguarding knowledge, evidence based practice, research and audit findings Interprets the impact of the findings from Child Death Inquiries, RQIA inspections on safeguarding practice Facilitates safeguarding training, conducts training needs analysis Identifies risk and risk management	**Aim:** In addition to meeting Level 2 minimum training learning activity; Level 3 minimum training also requires the following in terms of frequency and content: **Frequency:** Annual, plus three personal learning and development activities per year – including non-clinical knowledge acquisition, such as management, appraisal and supervision training **Content:** Safeguarding nurses should also have: UNOCINI Child care and the law module Regional safeguarding supervision course as soon as possible after appointment Advance or Enhanced Court Room skills training Named nurses should complete a senior management/senior leadership programme within two years of taking up post and also advise on planning, strategy, development and audit of quality standards.	C1 C3 C5 G1 G6 HWB2 HWB3 HWB6

3.5 LEVEL 3

GLOSSARY OF TERMS

This Glossary of terms is taken from Co-operating to Safeguard Children (May 2003) and should be read in conjunction with definitions

Definition of a Child

For the purpose of this guidance a child is a person under the age of 18.

TYPES OF ABUSE

Physical

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional Abuse

Emotional Abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failure to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

Significant Harm

The legislation defining the circumstances in which compulsory intervention in family life is justified in the best interests of children is based on the concept of "significant harm". The relevant articles in the Children Order are Articles 2(2) and 50(3). Where a Trust has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (Article 66), it is under a duty to make enquiries, or cause enquiries to be made. A court may only make a care order (committing the child to the care of the Trust) or supervision order (putting the child under the supervision of the Trust) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- that the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Article 50)

UNOCINI – Understanding the Needs of Children in Northern Ireland.

UNOCINI has three assessment areas which are divided into four domains.

- The needs of the child or young person
- The capacity of parents "or carers" to meet these needs
- Wider family and environmental factors that impact on parental capacity and children's needs

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Appendix 1

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Appendix 2

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Public Health Agency

Guidance for Nurses, Midwives and Allied Health Professionals in relation to implementing the SBNI 'Child Safeguarding Learning and Development Strategy and Framework'

Improving your health and wellbeing

Version 1.0

Date of Issue: December 2016

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Introduction

The primary responsibility for safeguarding children and young people and promoting their welfare rests with their parents or carers. They provide help, support and protection to their children. Extended family, friends, neighbours and the wider community can help parents and carers to safeguard and promote the welfare of children[1]. However those who work with children, young people or families, in whatever capacity, have a particular responsibility to promote their welfare and ensure they are safe. Nurses, midwives and allied health professionals play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development.

The 'Child Safeguarding Learning and Development Strategy and Framework 2015-2018' was developed by the Safeguarding Board for Northern Ireland (SBNI) Education and Training Committee and endorsed by the SBNI Board in June 2015. This Strategy is informed by the SBNI's Strategic Plan 2013-2017 and its associated vision statement, function and values. The strategy contributes to the improvement of child protection and safeguarding training and education in Northern Ireland by setting out the key minimum learning outcomes to equip staff and volunteers in organisations, with the skills, knowledge and competence to promote the safety and well-being of children and young people, within the remit of their roles and responsibilities.

Learning and development encompasses a wide range of activities designed to improve the performance of nursing, midwifery and allied health professional staff. It can include self-directed learning such as reflective practice or peer review, workplace learning for example appraisal, supervision and shadowing or formal learning such as attendance at courses, workshops and eLearning.

[1] Co-Operating to Safeguard Children and Young People, DoH 2016

Guidance

It is intended that this guidance document will assist nurses, midwives and allied health professionals in planning opportunities to develop skills, knowledge, attitudes and behaviours in order to improve their performance and competence in relation to safeguarding children and young people. This document should be read and used in conjunction with the overarching learning and development framework. www.safeguardingni.org/sbni-learning-and-development-strategy.

It replaces:

- Safeguarding Children and Young People. A Core Competency Framework for Nurses and Midwives (NIPEC/PHA/DHSSPSNI) Core Competency Framework, 2012
- Interim Guidance Safeguarding Children: Safeguarding Care A core competency framework For Allied Health Professions (PHA, 2012)

This guidance document has been developed by the regional Nursing, Midwifery and AHP Safeguarding Children Forum to:

- Provide a standardised approach in relation to implementing the SBNI Child Safeguarding Learning and Development Strategy and Framework
- Support staff and managers to identify gaps in knowledge and skills, assist with planning induction, on-going training and development needs and preparing for career progression
- Inform commissioners and those developing and providing continuing education and training programmes including employers and individuals to ensure that appropriate and validated programmes are in place, accessible and delivered at the right level for all staff
- Support nurses, midwives and allied health professionals to meet their professional standards and registration requirements

Target Audience

This guidance document is relevant for all nursing, midwifery, allied health staff, including non-registered/support staff and their education and training providers, including staff who:

- Are in contact at any time across a range of settings with children, young people and their families and carers.
- Have contact with parents/carers who care for children who are subject to Looked After Children Reviews, have been identified as a Child In Need or whose names have been placed on the Child Protection Register
- Have contact with adults who may pose a risk to children and young people

Professional Standards

The **Nursing Midwifery Council** (**NMC) Code (2015)** states that nurses and midwives must:

(17.1) "take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse"

(17.2) "share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information," and

(17.3) "have knowledge of and keep to the relevant laws and policies about protecting"

The Health and Care Professions Council (HCPC) stipulates that all registrants must:

(3.4) 'keep up to date with and follow law, our guidance and other requirements related to your practice'

7.3) 'take appropriate action if you have concerns about the safety or well-being of children or vulnerable adults'

Using the SBNI Learning and Development Framework

The SBNI Safeguarding Learning and Development Framework consists of 4 levels which are not incremental but offer a continuum of learning and development. It is important to refer to the SBNI Safeguarding Learning and Development Framework in identifying the learning and development needs of staff. Professional judgement will be required in determining the learning and development needs within the range of nursing, midwifery and allied health professional staff in relation to the level required to meet the staff member's job role and the most suitable format to achieve this.

At each level, the framework identifies safeguarding knowledge and skills, key learning outcomes, target audience, potential development opportunities and organisation responsibility for implementation**. It is important to note that if a practitioner attends a course or undertakes learning and development at a higher level they do not need to also undertake learning at a lower level (**See appendix 1 for overview)

Roles and Responsibilities

Organisations

Organisations have a responsibility to**:**

- ensure that the SBNI Child Safeguarding Learning and Development Framework is fully integrated into internal governance/professional assurance arrangements
- ensure nurses, midwives and allied health professionals have the appropriate knowledge, skills and competence to effectively safeguard and protect children and young people and to meet the requirement of the SBNI Child Safeguarding Learning and Development Framework

Managers

All nursing, midwifery and allied health professional managers have a responsibility to:

- introduce SBNI Child Safeguarding Learning and Development Strategy to newly appointed staff during induction
- ensure staff in their sphere of responsibility are aware of the minimum level of child safeguarding learning and development required to fulfil duties of their post

- consider the current levels of individual staff and identify future development needs, commensurate with their roles and responsibilities
- maintain an up-to-date record of safeguarding children learning and development activities for relevant staff group, which can be submitted for quality assurance and audit activity
- include levels in KSF outlines, job descriptions as appropriate
- consider learning needs of staff when undertaking annual training needs analysis
- contribute to the commissioning process and deliver safeguarding children training as appropriate to meet the team/service needs
- support staff with personal and professional learning opportunities and include relevant level of competence for practitioner in annual appraisal and safeguarding children supervision
- identify gaps in knowledge and skills of staff and assist with planning and ongoing training and development needs and for preparing for career progression
- promote a culture of learning

Practitioners

All nurses, midwives and allied health professionals have a responsibility to:

- familiarise themselves with the SBNI Child Safeguarding Learning and Development Strategy
- determine, in line with their role, and through discussion with line managers their appropriate level of responsibility in safeguarding children
- avail of minimum levels of safeguarding children learning and development to ensure safeguarding practice is up-to-date and evidence-based
- avail of additional levels of training to ensure they maintain safeguarding skills, knowledge and practice applicable to their role and responsibility
- discuss safeguarding children learning and development needs during supervision and appraisal with line manager and safeguarding supervisor such as, Safeguarding Children Nurse Specialist
- promote a culture of continuous learning
- maintain an up to date record of their own safeguarding children learning and development activity, which can be used for professional validation and audit exercises

Nursing, Midwifery and Allied Health Professional Education and Training Providers

Nursing, midwifery and allied health professional education providers represented on the regional Nursing, Midwifery and Allied Health Professional Forum have a responsibility to:

- introduce SBNI Child Safeguarding Learning and Development Strategy to newly appointed education staff during induction

- ensure staff in their sphere of responsibility are aware of the minimum level of child safeguarding learning and development is required to fulfil duties of their post
- consider the current levels of individual staff and identify future development needs, commensurate with their roles and responsibilities
- maintain an up-to-date record of safeguarding children learning and development activities within the relevant staff group, which can be submitted for quality assurance and audit activity
- ensure training and education programmes support nurses, midwives and allied health professionals to gain the appropriate knowledge, skills and competence to effectively safeguard and protect children and young people and to meet the requirement of the SBNI Child Safeguarding Learning and Development Framework
- identify levels of training in programme outlines and associated flyers for staff
- contribute to the commissioning process and deliver safeguarding children training in response to annual training needs analysis

Conclusion

An appropriately trained and supported nursing, midwifery and allied health professional work force is central to safeguarding children and young people in Northern Ireland. Organisations must invest in training their staff to ensure all those who come into contact with children/young people understand their contribution to safeguarding and promoting the welfare of children and young people and are competent and confident to carry out their role.

Review

This guidance document will be reviewed on a yearly basis to ensure it remains fit for purpose, and reflects any relevant developments in safeguarding practice, policy and legislation

Appendix 1: Overview of SBNI Safeguarding Levels

This table provides an overview only and is by no means exhaustive please refer to the SBNI framework for full details.

LEVELS	Target Audience	Examples (list not exhaustive)	Overview of Knowledge and skills and learning outcomes	Development Requirement
1	All staff/volunteers within the organisation	Administration/clerical staff Portering staff Catering/domestic staff etc Staff working in areas with no direct contact with children and young people, adult carers/parents Eg. elderly care	Basic knowledge of Signs and indicators of child abuse and **Ability to**: - to recognise and respond appropriately to child safeguarding issues.	3 Yearly Could take form of • A leaflet on induction or refresher training, • ELearning programme • corporate/departmental induction • Face to face awareness raising sessions
2	All staff/volunteers who have direct contact with: • Children and young people • Adult carers/parents and those who have regular contact with children • Adults known or suspected of posing a risk to children and young people	All registered Nurses , midwives, allied health professionals and health care assistants/support staff working in such environments	More in depth knowledge of signs and indicators of child abuse and contributory factors, legislation, referral process, support services, confidentiality and information sharing. **Ability to:** - recognise and respond to children and young people's safeguarding issues, - understand own role and that of others. - contribute to the assessment and management of risk.	Minimum of 3 hours face to face formal training every 3 years as a stand-alone event • Face to face • ELearning • Relevant safeguarding conferences or child protection events
3	All staff/volunteers who: • Could potentially contribute to assessing, planning, intervening and evaluating the needs of children and parental capacity where there are safeguarding issues	Those nurses, midwives, AHPs who have on-going interventions with children, young people and their families. Midwives Health Visitors /School Nurses/Family Nurses/LAC nurses, AHPs working in CDC, School Teams and paediatric teams etc.	Knowledge of key tasks to safeguard children, thresholds of significant harm, National, Local and Regional policy and procedure, standards and guidance and models of assessment **Ability to:** - Develop working relationships with other professionals - Understand role of self and	Access to learning and development activity that enables staff/volunteers to develop skills in level 3 • Face to face/direct training • Relevant safeguarding conferences or child protection events • Other learning and

		Other community based nurses midwives and AHPs e.g. CCN, community mental health nurses, community disability nurses Nurse managers/supervisors / AHP leads and professional AHP Heads of Service/Team Leads with supervisory role	others, work with others to meet needs of children - Identify learning from case management reviews - Contribute to interagency safeguarding assessments, risk analysis and safeguarding plans - Engage and challenge families in safeguarding - Challenge decision making - Understand the impact of child abuse and neglect	development activity
4	Those staff/volunteers with specialist safeguarding roles and responsibilities	Safe guarding Children Nurse Specialists. Named Nurses for safeguarding children Designated Safeguarding Leads in nursing midwifery and AHP	Provides expertise in development of policy, guidelines and protocols. Contributes to international, national, regional and local governance, strategic and operational processes **Ability to:** - Develop effective professional judgement and decision making skills - Investigate safeguarding issues - Provide verbal and written evidence ensure effective interagency working - Meet ongoing professional development standards and other requirements	Access to learning and development activity that enables staff/volunteers to develop skills in level 4

NB: important to note that if a practitioner attends a course at a higher level they do not need to also undertake learning at a lower level

Northern Ireland Practice and Education Council for Nursing and Midwifery

SAFEGUARDING ADULTS

CORE COMPETENCY FRAMEWORK

for Nurses and Midwives

2018

CONTENTS

Foreword:

Safeguarding adults is everybody's business. All nurses who work with vulnerable adults have the responsibility to safeguard their wellbeing and safety in different ways. Safeguarding forms part of core business by ensuring health and patient safety, promoting independence and wellbeing and protecting people from harm. However, it also refers to a very specific area of work- the reactive inter-agency response to protect adults who are at risk of significant harm.

I am delighted to endorse my support of this framework which sets out the knowledge, skills and attitudes that nursing staff across the public and private sectors will require in order to interact and respond effectively to the needs of people presenting with safeguarding needs. Training of nurses is needed to ensure those working with adults who are at risk have the right knowledge and skills to do their job well, to be able to protect, identify and take the appropriate action to sure people in their care are kept safe from harm.

It is the culmination of considerable efforts by staff working within adult protection services, academics and regulators and I am delighted that this document complements the work already undertaken through the NI Adult Safeguarding Partnership (NIASP) with the development of a multi-disciplinary training strategy.

This will allow individual nursing staff and their managers to assess their training needs and those of their staff team and will enable educationalists to design and deliver targeted training programmes.

Ultimately this framework will enhance the quality of life, improve care and treatment for adults who are at risk and higher standards of service will be delivered by a competent and professional nursing workforce.

Professor Charlotte McArdle
DOH Chief Nursing Officer

SECTION 1

1.1 Introduction

Safeguarding in its simplest terms is identifying harm or the risk of harm and acting in such a way as to prevent or reduce that risk. Safety, along with respect, dignity and choice, is a basic human right and something most of us take for granted. At times we will all be vulnerable, whether through accident or injury, physical or mental illness, disability or the ageing process. Our ability to remain in control of our own lives may be challenged and our own level of dependence on others to meet these needs will vary. This makes the process of adult safeguarding complex and challenging.

The Policy (DHSSPSNI & DoJNI, 2015) Adult Safeguarding; Prevention and Protection in Partnership highlights the importance of prevention in relation to the safeguarding continuum. It would be the intention of this framework, that by bringing safeguarding competency to the fore, potential abuse may be identified in a timely manner, and preventative steps taken, to prevent the protection threshold being reached; whilst equipping registrants with the essential skills to effectively deal with this should it occur.

While adult safeguarding is everybody's business and should be a core aspect of all professional practice, the Northern Ireland Adult Safeguarding Partnership (NIASP) recognises that no single person or professional group can possibly address these complex situations in isolation. NIASP continues to promote the importance of positive partnership working across professional boundaries, with service users, patients and their families/carers to achieve the best possible outcomes for the victims/potential victims of adult abuse, neglect or exploitation. It is therefore the responsibility of all staff within health and social care, irrespective of background, department or sector to be aware of their roles and responsibilities in relation to adult safeguarding and, as stated by the Nursing and Midwifery Council (NMC, 2015), it should be part of everyday practice for all nurses and midwives.

The aim of this competency framework is to ensure staff gain and maintain the correct level of skills and knowledge in relation to adult safeguarding practice. It is intended that this will provide nurses and midwives with the confidence and skills to recognise and effectively

manage those situations which may arise where there is suspicion of abuse, neglect or harm to an individual. This framework clearly identifies the skills, knowledge and attributes each registered nurse and midwife should have in relation to their own role. It emphasises an understanding of the processes within each Trust area, the need to know who the safeguarding team are and how to access them. The competency framework aims to enable nurses and midwives to identify their learning and development needs in relation to Adult Safeguarding ensuring the provision of safe, effective person centred services. It is an important addition to a range of tools for best practice which include *The Code* (NMC, 2015), *Enabling Professionalism* (NMC, 2017), *Adult Safeguarding; Prevention and Protection in Partnership* **(**DHSSPSNI & DoJNI, 2015).

1.2 Development of the Competency Framework

This Competency framework has been developed through;

- A review of the literature and existing competency frameworks to ensure identification and prioritisation of the key areas to be included in the competency framework
- Consideration of available training on adult safeguarding.
- Consultation with Nurses and midwives working throughout Northern Ireland in both the independent and statutory sectors.
- Advice from the Expert Reference group and Steering group members (Appendix 2)

1.3 What is a competency framework?

A competency framework defines the knowledge, skills and attitudes needed in order to perform effectively in a given job, role or situation. The main goal of a competency framework is to clearly identify and communicate the knowledge, skills and attitudes an employee needs to thrive in a job; it can increase clarity around performance expectations.

This competency framework has been designed to help you prepare for:

- Supervision meetings.
- KSF development review or annual appraisal meetings.
- Job interviews
- Revalidation

1.4 Who is this competency framework for?

- This competency framework is aimed at all registered nurses and midwives regardless of practice area or speciality. The framework has been developed taking cognisance of the NIASP Training and Development Framework which succinctly outlines the levels of training for everyone who is involved in the lives of adults at risk in Northern Ireland. The table below will assist you to identify which level of competence you require for your role. Each level builds on the competencies identified in the preceding level.
- Those staff not registered with the NMC should discuss their training needs with their line manager and refer to the NIASP Training and Development Framework for guidance as to the level of training they require to fulfil their role.

1.5 Using the Competence Assessment Tool

The *Assessment Tool* has been devised to be used alongside a range of general competency frameworks (that focus on core skills and competencies for all qualified nurses and midwives). The Competence Assessment Tool can help you think about the knowledge and skills required for your current role. You may use the Tool to prepare for supervision meetings or to gather evidence that you can bring to your annual development review and/or appraisal meetings.

Your assessment results and any related reflections can be entered into your professional portfolio, online or in hard copy. This means you can demonstrate your learning and development and meet Revalidation requirements.

To assess your personal competence identify which competency level is relevant to your current role. You should use the following rating scale to assess your learning and development needs against each of the attribute statements within your level:

- **LD** - You need a **lot of development**.
- **SD** - You need **some development**.
- **WD** - You feel you are **well developed**.

It generally takes about 15 minutes to assess yourself against the competence statements. Place a ✓ to rate the statement which is applicable to your individual learning and development. When you have finished, review the number of LDs,

SDs, and WDs. You can then plan, with your line manager, the learning and development activities which are relevant to your role.

Practice Tips

Before starting your assessment, you may find it helpful to discuss the statements with one of your peers. You can also test your self-assessment with your line manager. Be honest with yourself when thinking about your role and your learning and development needs and rate them realistically.

Adult Safeguarding Competency Framework

Level 1 – General Awareness (See NIASP Training and Development Framework)
Target Audience All staff and volunteers in the organisation
Level 2 – Awareness Raising, Recognising & Responding
Target Audience All Nurses & Midwives who have direct contact with adults at risk of harm or in need of protection
Level 3 – Managers Training
Target Audience All front line Managers / nominated Managers/and Safeguarding Champions
Level 4 – Investigating Officer and Specialist Nurse[1]
Target Audience 4a – All Trust Nurses & Midwives who are nominated for the Investigating Officer role 4b – All Adult Safeguarding Nurse Specialists who are nominated for Investigating Officer role and should be read in conjunction with the *'Career Framework for Specialist Nursing Roles'(2018* pending publication*).*

The core specific competency areas have also been mapped to the relevant themes of the NMC's Code – Professional standards of practice and behaviour for nurses and midwives (2015)[2] and specific dimensions of the Knowledge and Skills Framework (KSF), (Department of Health, 2004)[3]

[1] Only those Nurses with a Specialist Practice Qualification should use the title Specialist (*Career Framework for Specialist Practice Nursing roles* (DoH 2018 pending publication)

[2] NMC (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. London: NMC

[3] Department of Health (2004) *NHS/HPSS Knowledge and Skills Framework.* London: DH.

SECTION 2

LEVEL 2	LD	SD	WD
Knowledge • Recognise those contributory factors which increase an individual's vulnerability, risk of harm or need of protection. • Understand the impact of social media in relation to adult safeguarding. • Have an understanding of adult safeguarding legislation including Human Rights Legislation. • Understand the importance of, and the local process for, escalating adult safeguarding concerns. • Understand local and regional Adult Safeguarding Policies and Procedures and Regional Guidance. • Understand the interface between adult and child safeguarding. **Skills** • Use nursing assessment skills to recognise an adult who is potentially at risk of harm or in need of protection. • Take immediate action within your level of expertise, to safeguard an individual whilst maintaining personal safety and the safety of others. • Report and record accurately details of issues of concern according to local and regional policies/procedures. • Record factual, succinct, person centred and contemporaneous records being mindful of the need for confidentiality and issues regarding data protection when sharing information. • Preserve potential evidence as part of any possible Health and Social Care (HSC) Trust or Police Service of Northern Ireland (PSNI)			

investigation, seeking advice and guidance in relation to what needs to be preserved.			

LEVEL 2	LD	SD	WD
• Communicate clearly with the multi professional team in a timely way. • Contribute to the development and implementation of a protection plan, contributing to the evaluation of its effectiveness. • Participate in learning by reflecting on outcomes, applying what has been learnt, and sharing any learning to improve practice and service delivery. • Participate in preventative strategies, to minimise risk before it occurs, and minimise the impact of harm where it is unavoidable. • Support others to report concerns. • Advocate for the rights of individuals, their families and carers within the care environment recognising influences such as power, control and conflict. • Communicate openly with clients and their families. **Attitude** • Be alert to, identify, and act upon Safeguarding concerns. • Accept responsibility to proactively respond to concerns/signs of risk. • Recognise your own role, and respect the role of the multiagency team, to ensure effective adult safeguarding. • Engage in and encourage a continuous learning culture. • Work within an ethos which ensures service users/carers are supported to understand the safeguarding process in a person centred and sensitive manner, being mindful of the effects of abuse and the ensuing safeguarding processes may have on the individual and their carer(s).			

• Show respect for and foster effective relationships with all stakeholders.			

LEVEL 3	LD	SD	WD
Knowledge • Demonstrate an in-depth knowledge of the application of policies and procedures including Human Resource (HR) processes. • Demonstrate a clear understanding of the thresholds and pathways for investigating/responding to a safeguarding alert and/or referral. • Demonstrate a clear understanding of the roles and responsibilities of all agencies involved in adult safeguarding. • Have knowledge of support services for carers and staff and be able to signpost to these for support. • Have a knowledge of child safeguarding Policy and Procedures and the interface between adult and child safeguarding. • Have a knowledge of conflict resolution and mediation strategies. **Skills** • Consider the capacity to consent of the person at risk of harm / in need of protection throughout the investigation process and using a person centred approach effectively communicate with the person and relevant stakeholders including carers. • Compile and analyse appropriate records providing clear rationale for decisions taken. • Adhere to and support robust record keeping practices. • Understand the process of referral to a Designated Adult Protection Officer (DAPO). • Contribute to multi professional and interagency communication and collaboration related to adult safeguarding concerns in a timely way.			

• Adhere to and evaluate agreed protection plans.			
LEVEL 3	**LD**	**SD**	**WD**
• Support the workforce to have the required knowledge and skills to contribute fully to adult safeguarding by ensuring that effective training is in place. • Facilitate an effective learning environment to support the dissemination of learning and the professional development of staff. • Challenge circumstances that may lead to poor practice in adult safeguarding. • Manage conflicts, disputes and difficult situations. • Provide support and supervision to staff involved in adult safeguarding cases. **Attitudes/Behaviours** • Promote a person centred approach throughout safeguarding practice. • Promote open and transparent working cultures that encourage good practice. • Be aware of own limitations and knowledge in relation to the remit of adult safeguarding. • Display professional accountability to ensure safe and effective practice that meets the needs of patients/clients, their families and carers.			

LEVEL 4A	LD	SD	WD
Knowledge • Know how to apply the principles of the safeguarding policy and procedures to the investigative process. • Know the roles and responsibility of partner agencies involved in investigations. • Understand data protection requirements during the recording, transfer and filing of all data. • Knowledge of legislation, processes, standards and organisational procedures such as issues around Human Rights, Deprivation of Liberty & Capacity and Consent. **Skills** • Establish a collaborative working relationship with the DAPO to set out clear guidelines in relation to the investigation process. • Recognise the capacity to consent of the person at risk of harm / in need of protection throughout the investigation process, and if required, seek a formal assessment of capacity in relation to the matter. • Work in collaboration with the DAPO to ensure that recommendations outlined in the investigation reports are implemented by the relevant stakeholders. • Maintain appropriate records in line with Adult Safeguarding Policies, including protection planning and risk assessment. • Contribute to the protection plan and ensure it is robust and balances human rights, deprivation of liberty and wider safeguarding considerations. • Monitor implementation of the protection plan. • Communicate the content of any protection plan to key stakeholders. • Contribute to the improvement of the service by influencing			

LEVEL 4A	LD	SD	WD
change through the use of Evidence Based Practice. • Deliver expert nursing advice/education and training concerning adult safeguarding to multiagency teams/stakeholders, and foster a culture of shared learning within the team. • Contribute to any SAI or case review, as requested, where adult safeguarding is an issue. **Attitudes and behaviours** • Investigate allegations of abuse/neglect in a non-judgemental, sensitive and respectful manner, utilising expert nursing knowledge and experience, within the guidance of the associated policy and procedures. • Promote effective working relationships, and communication strategies, with multiagency partners and stakeholders. • Challenge barriers to effective Adult safeguarding.			

LEVEL 4B - should be read in conjunction with the *'Career Framework for Specialist Nursing Roles' (2017).*	**LD**	**SD**	**WD**
Knowledge • Comprehensive knowledge of professional standards such as Nursing and Midwifery Council (NMC), Northern Ireland Social Care Council (NISCC), Health and Care Professions Council (HCPC). • Advanced knowledge of organisational/regional strategic objectives for Adult safeguarding services. **Skills** • Demonstrate strategic and professional nursing leadership in relation to adult safeguarding. • Lead innovation and change to improve safeguarding across all adult services. • Provide expert nursing advice, support and consultancy to other nurses and health and social care professionals within the Trust and external organisations. • Contribute to the development of effective inter disciplinary and inter agency relationships to improve outcomes for adults at risk of harm and in need of protection. • Identify complex and multifaceted issues that require the expertise of an adult safeguarding specialist nurse. • Participate in the implementation of the work plan developed by the Local Adult Safeguarding Partnership (LASP). • Demonstrate the ability to challenge internal and external agencies to ensure wider safeguarding risks are identified and acted on appropriately. • Contribute to / engage in adult safeguarding research activities and evaluate the effectiveness of evidence based practice. • Analyse findings from national reports, local reports and case reviews considering the implications for service delivery/learning.			

LEVEL 4B - should be read in conjunction with the *'Career Framework for Specialist Nursing Roles' (2017).*	**LD**	**SD**	**WD**
• Use lessons learnt from audits, feedback and current research to identify/ highlight areas for service improvement and promote creative solutions with a focus on a person centred approach. • Participate in the development of local and regional policies and strategic guidance. **Attitudes and behaviours** • Act as an expert role model for nursing in the field of adult safeguarding. • Engage with staff teams, employing an attitude of enthusiasm towards adult safeguarding, motivating others to improve the service and outcomes for individuals.			

APPENDIX 1

The framework is informed by the following documents:

DHSSPSNI, DoJNI (2015) **Adult Safeguarding; Prevention and Protection in Partnership**. Belfast; DHSSPSNI & DoJNI

Northern Ireland Adult Safeguarding Partnership (2016) **Training Strategy and Framework 2013** (Revised 2016). Belfast; HSCNI. Available from: http://www.hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/niasp-publications/Adult-Safeguarding-Operational-Procedures.pdf

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

Nursing and Midwifery Council (2017**) Enabling Professionalism in Nursing and Midwifery Practice**. London; NMC

Royal College of Nursing (2015) **Safeguarding Adults – everyone's responsibility**. RCN guidance for nursing staff. London; RCN

The Regulation and Quality Improvement Authority (2018) **Guidance for Regulated Service Providers**. Belfast; RQIA Available from https://www.rqia.org.uk/guidance/guidance-for-service-providers/guidance-for-regulated-service-providers/ (accessed 07/06/18)

APPENDIX 2

Membership of the Steering Group

Name	Designation	Organisation
Geraldine Brown	Assistant Director of Nursing for Secondary Care (Chair)	WHSCT
Eleanor Ross	Assistant Director of Nursing	PHA
Joel McFetridge	Safeguarding Nurse	BHSCT
Raymond Mc Cafferty Norma McIntyre	Safeguarding Nurse	NHSCT
Louise Magee	Safeguarding Nurse	SEHSCT
Louise Hall	Mental Health Nursing	SHSCT
Megan Miller	Safeguarding Nurse	WHSCT
Sibymol Joseph	Safeguarding Nurse	SHSCT
Joyce McKee	Regional Adult Safeguarding Officer	NIASP
Janet Montgomery	Director	IHCP
Lorraine Thompson		FSHC
Melanie McClements	Assistant Director of Older Peoples Services	SHSCT
Joanne Blair	Lecturer	QUB
Seana Duggan	Lecturer	UU
Eilish Boyle	Senior manager	CEC
Martina Doolan	Team Leader NHSCT	RCM
Rosaline Kelly	Senior Professional Development Officer	RCN
Jane Greene	Consultant Nurse	SHSCT
Valerie McConnell	Social Care Commissioning Lead MH & LD	HSCB
Karen Murray	Senior Professional Officer (Project lead)	NIPEC

Expert Reference Group

Name	Designation	Organisation
Eleanor Ross	Assistant Director of Nursing	PHA
Karen Murray	Senior Professional Officer (Project lead)	NIPEC
Joel McFetridge	Safeguarding Nurse	BHSCT
Raymond Mc Cafferty Norma McIntyre	Safeguarding Nurse	NHSCT
Louise Magee	Safeguarding Nurse	SEHSCT
Megan Miller	Safeguarding Nurse	WHSCT
Sibymol Joseph	Safeguarding Nurse	SHSCT
Joanne Blair	Lecturer	QUB
Seana Duggan	Lecturer	UU
Eilish Boyle	Senior Manager	CEC
Jane Greene	Consultant Nurse	SHSCT
Ann Marie Fox Anne Marie Lyons	Manager Adult Safeguarding	BHSCT
Jenny Fitzsimmons	Safeguarding Lead	SEHSCT

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Date: 27 June, 2019

Dear Colleagues

Following agreement of Central Nursing and Midwifery Advisory group Circular, CNO 02/2019 "**Safeguarding Adults: A Core Competency Framework for Nurses and Midwives'** has been finalised for issue. I am grateful to NIPEC and the working group for completing this important framework.

The purpose of this Circular is to address key responsibilities within the role of nurses and midwives in adult safeguarding and advise that this framework must now be used by the nursing and midwifery workforce as an important addition to a range of tools for best practice which include *The Code* (NMC, 2015), *Enabling Professionalism* (NMC, 2017), *Adult Safeguarding; Prevention and Protection in Partnership* (DHSSPSNI & DoJNI, 2015).

Yours sincerely

Charlotte McArdle

Charlotte McArdle
Chief Nursing Officer

CHIEF NURSING OFFICER
CHARLOTTE McARDLE

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Date: 27 June, 2019

Dear Colleagues

'Safeguarding Adults: A Core Competency Framework for Nurses and Midwives'

This circular is to inform organisations and their staff that **'Safeguarding Adults: A Core Competency Framework for Nurses and Midwives'** is now complete and should be used by all nurses and midwives with immediate effect.

Adult Safeguarding; Prevention and Protection in Partnership (DHSSPSNI & DoJNI, 2015) highlights the importance of prevention in relation to the safeguarding continuum.

While adult safeguarding is everybody's business and should be a core aspect of all professional practice, the Northern Ireland Adult Safeguarding Partnership (NIASP) recognises that no single person or professional group can possibly address this complex issue in isolation. NIASP continues to promote the importance of positive partnership working across professional boundaries, with service users, patients and their families/carers to achieve the best possible outcomes for the victims/potential

victims of adult abuse, neglect or exploitation. It is therefore the responsibility of all staff within health and social care, irrespective of background, department or sector to be aware of their roles and responsibilities in relation to adult safeguarding and, as stated by the Nursing and Midwifery Council (NMC, 2015), it should be part of everyday practice for all nurses and midwives.

The work has been led by the Northern Ireland Practice and Education Council for nursing and midwifery (NIPEC). The work was taken forward through a regional group of representatives drawn from the Public Health Agency, Health and Social Care Board and the Five Health and Social Care Trusts, Northern Ireland Adult Safeguarding Partnership, Independent health Care Providers, Higher Education Institutes, Clinical Education Centre and the Health and Social Care Board who worked in partnership to produce the framework

Additional copies can be accessed by downloading from the NIPEC website at

http://www.nipec.hscni.net/download/projects/current_work/promote_profdevelopment/adult_safeguarding/documents/Competency-Framework-Final.pdf

This letter is available on the Department of Health website at:

https://www.health-ni.gov.uk/publications/letter-cno-safeguarding-adults-core-competency-framework-nurses-and-midwives

Yours sincerely,

Charlotte McArdle

Charlotte McArdle
Chief Nursing Officer

DHSSPS/NIPEC Supervision Project

Learning and Development Strategy

9th April 2008

1.0 The Learning and Development Strategy

1.1 The Learning and Development Strategy has been developed on the assumption that all registrants have varying sets of competencies that have been achieved through previous experience and development opportunities. Many supervisor competencies will already be developed by registrants who will be taking on the role of a supervisor, particularly those involved in facilitating and supporting professional development of registrants and students. The Learning and Development Strategy has been designed to make best use of the skills already developed and to promote a flexible approach to development of supervisor competences.

1.2 The Learning and Development Strategy will help Trusts to build capacity in supervisor roles to implement the DHSSPS supervision standards.

The framework addresses the following:

- Competencies for supervisors
- Competencies for supervisees
- Self-evaluation tools
- Preparation of supervisors
- Continuous professional development of supervisors

2.0 Competencies for supervisors

It is recognised that the implementation of effective supervision requires that supervisors have the competency and expertise to support registrants within the regionally agreed supervision framework. Competencies for supervisors has been developed, which address both one to one and group supervision settings and are presented at **Appendix One.**

The competencies are presented within three broad competence areas, each of which include a set of indicators:

- Understanding the concept of supervision and its influence on improving nursing practice
- Managing one to one and group supervision processes
- Facilitating supervisee(s) to actively engage in the development of nursing practice

3.0 Competencies for supervisees

It is recognised that supervisees require a full understanding of supervision and its benefits and be committed to engaging in supervision activities. A broad set of competencies for supervisees has been developed to enable them to make best use of supervision. These are presented at **Appendix Two.**

4.0 Self-evaluation of competence for supervisors

4.1 As indicated earlier it is assumed that all potential supervisors will have significant experience in supporting and developing other registrants and/or students and will have been involved in varying personal and professional development opportunities. This may have included specific preparation for the role of a supervisor. These experiences can be used by potential supervisors to show that they have a set of competencies that could enable them to undertake the role of a supervisor or indicate areas for development.

4.2 A set of tools have been developed to enable potential supervisors to self-evaluate their competence to determine the extent to which they already meet the supervisor competencies identified above. Each Trust will identify a number of experienced supervisors who will verify the competence of potential supervisors. The tools and guidance are attached at **Appendix Three** and are available as a separate document for completion electronically.

4.3 Each potential supervisor who, following self-evaluation, considers they have already acquired all supervisor competencies will meet with a Trust nominated supervisor who will

confirm their competence. If it is identified that further development is required the potential supervisor will follow the process for preparation identified below at para 5.

5.0 Preparation of supervisors

5.1 It is recommended that a flexible approach is adopted to the process of preparing supervisors for their role. This will involve maximising experiential learning opportunities and will include practice and assessment of competence by experienced supervisors. This approach will use as a foundation the self-evaluation tools identified at para 4 above. It is expected that all potential supervisors will have engaged in activities that meet at least some of the supervisor competencies. Each potential supervisor will require an in-depth understanding of the supervision process but is likely only to require competency development in some areas.

5.2 It is recommended that each potential supervisor is allocated an experienced supervisor who will together agree an individualised development programme based on identified learning needs. The experienced supervisor will be responsible for facilitating the required development and for assessing the competence of the potential supervisor at completion of the agreed programme.

5.3 Learning activities that could be used to develop the outstanding competencies could include, for example:

- Supervised practice to confirm the supervisor competencies
- Attending specific days of a supervisor programme
- Observing an experienced supervisor
- Undertaking co-supervision with an experienced supervisor
- Distance and e-learning activities

5.4 Irrespective of the development programme agreed it will be necessary for the potential supervisor to maintain a portfolio of learning, development and competence and undertake supervised practice. The allocated supervisor and potential supervisor must meet at the beginning of the development programme, mid-way and at the end of the programme to discuss progress and achievement of the competencies. The potential supervisor must provide evidence to show that the required competencies have been met, which will include supervision sessions observed and assessed by the allocated supervisor. The self-evaluation tool can be used for the final assessment of competence.

5.5 A dedicated supervisor programme will be developed for delivery by the in-service education consortia. This programme will comprise theory and practice. A menu of days of study will be provided, which will include theory and simulated learning opportunities. The potential supervisor will be allocated an experienced supervisor who will negotiate practice experience and will be responsible for assessing competence. Individuals will be able to select from the menu of days of study in relation to identified need.

6.0 Continuous professional development of supervisors

6.1 Supervisors must be able to demonstrate on an on-going basis that they continue to meet the competencies required to facilitate effective supervision to include the following:

- All supervisors must actively provide supervision to a minimum of 4 supervisees over a two year period
- Annual appraisals must include discussion of supervision competence
- All supervisors must themselves be supervised through a variety of means, for example within a co-supervision or learning set process
- All supervisors must engage in continuing professional development activities to include engagement in networking with other supervisors

7.2 New supervisors will be provided with support for the first year of supervision practice, which may include co-supervision with a more experienced supervisor

APPENDIX ONE

SUPERVISOR COMPETENCIES AND INDICATORS

The following set of competencies and indicators have been developed for supervisors to enable them to provide effective supervision.

1. **Supervisors will be able to understand the concept of supervision and its influence on improving nursing practice.**

   Supervisors will:

   .1 Demonstrate an understanding of the concept of supervision

   .2 Demonstrate an ability to work within the scope of supervision

   .3 Be able to describe models of supervision

   .4 Demonstrate an understanding of the role of supervisors and supervisees in implementing supervision

   .5 Identify how supervision can be used to affirm and improve individual practice

   .6 Relate supervision to life-long learning for supervisor and supervisees

2. **Supervisors will be able to manage one to one and group supervision processes.**

   Supervisors will

   2.1 Plan and manage supervision sessions and demonstrate effective record keeping

   2.2 Establish the supervision contract and ground rules

   2.3 Work within the NMC Code of Professional Conduct

   2.4 Manage conflict arising in the supervision session

   2.5 Use facilitation skills to ensure active participation by all group members

   2.6 Facilitate supervisee(s) to engage in critical reflection on practice to improve their practice

   2.7 Facilitate the supervisee in creating action plans

   2.8 Critically evaluate their own role within supervision

3. **Supervisors will be able to facilitate supervisee(s) to actively engage in the development of nursing practice.**

   Supervisors will:

   3.1 Demonstrate an understanding of the context within which the supervisee(s) practices in relation to legal, professional, employee and personal accountability

   3.2 Facilitate supervisee(s) in developing their practice

   3.3 Use positive challenge to encourage the supervisee(s) to reflect on and in practice

   3.4 Promote self-reliance in supervisee(s)

   3.5 Facilitate supervisee(s) in identifying and managing conflict

   3.6 Demonstrate the ability to motivate, support, and empower supervisee(s)

   3.7 Facilitate supervisee(s) in using problem solving techniques in supervision sessions

APPENDIX TWO

SUPERVISEE COMPETENCIES AND INDICATORS

The following set of competencies and indicators have been developed for supervisees to enable them to fully engage in the supervision process.

1. **Supervisees will be able to understand the concept of supervision and its influence on improving nursing practice.**

   Supervisees will:

   1.1 Demonstrate an understanding of the concept of supervision

   1.2 Demonstrate an ability to work within the scope of supervision

   1.3 Be able to describe models of supervision

   1.4 Demonstrate an understanding of the role of supervisors and supervisees in implementing supervision

   1.5 Identify how supervision can be used to affirm and improve individual practice

   1.6 Relate supervision to life-long learning for supervisor and supervisees

2. **Supervisees will be able to actively engage in one to one and group supervision sessions.**

   Supervisors will:

   2.1 Negotiate the supervision contract and agree ground rules

   2.2 Work within the NMC Code of Professional Conduct

   2.3 Actively participate in the supervision process

   2.4 Demonstrate the ability to reflect on practice using reflective models

   2.5 Implement agreed action plans in response to supervision

   2.6 Effectively communicate

   2.7 Demonstrate the importance of honesty, integrity and openness in supervision relationship

   2.8 In preparation for the supervision session, identify opportunities for learning and reflection on practice

   2.9 Use learning from supervision to contribute to professional development

   2.10 Demonstrate effective record keeping in relation to own supervision records

APPENDIX THREE

DHSSPS/NIPEC Supervision Project

Learning and Development Strategy

Self-evaluation document

March 2008

Guidance for completion of the self-evaluation tool

1.0 Introduction

1.1 The self-evaluation process has been developed to ensure supervisors meet the competencies required for the role. It will be used by registrants who consider they already meet the required competencies or by registrants who will be undertaking a Development Programme for preparation as a supervisor. Prior to undertaking the self-evaluation you must be allocated an experienced supervisor who will confirm your competence or agree a Development Programme with you and assess your competence in preparation for undertaking the role of a supervisor.

2.0 Registrants who already meet competency requirements

2.1 If you are a potential supervisor and consider you meet all the required competencies you will use the self-evaluation tool to evaluate your level of competence against the competence areas identified. The tool requires that you enter a mark against the areas where you feel you have the required competence. It is recommended that you include a few examples of activities that you have been involved in to show when you have used the competencies for discussions with your allocated supervisor.

2.2 You are required to sign a declaration that you have met all competencies and arrange a meeting with your allocated supervisor where discussion will take place regarding the extent to which you meet the required competencies. If it is agreed that the competencies are met, the allocated supervisor signs the form, which is retained by you within your personal professional portfolio. The outcomes of the meeting are recorded as agreed within Trust policy. If the required competencies are not met in full, the process for preparation of supervisors as identified below at para 3 will be followed.

3.0 Registrants who require development for the role of a supervisor

3.1 You will have already developed areas of competence achieved through a variety of roles and development activities. The self-evaluation tool will enable you to evaluate your level of competence against the supervisor competence areas and, in collaboration with your allocated supervisor, agree the development required to prepare you for your future role as a supervisor.

3.2 The tool only requires that you enter a mark against the areas where you feel you have already acquired the competence. It is recommended that you include a few examples of activities that you have been involved in to show when you have used the competencies, these will be used for discussions with your allocated supervisor. You are required to sign the form and arrange a meeting with your allocated supervisor to agree a Development Programme. At this meeting discussion will take place regarding the extent to which the allocated supervisor considers the competencies have been met and agree development activity which could include, **for example:**

- Supervised practice to confirm the supervisor competencies
- Observing an experienced supervisor
- Attending specific elements of a supervisor programme
- Undertaking co-supervision with an experienced supervisor.
- Distance and e-learning activities

Once the Development Programme is agreed, the allocated supervisor signs the form, which you will retain within your personal professional portfolio.

3.3 Your allocated supervisor will facilitate you in completing your Development Programme and will meet with you at the beginning, mid-way and on completion of your programme. Your allocated supervisor will be responsible for assessing your competence and will observe you undertaking a minimum of 2 supervision sessions.

3.4 On completion of the Development Programme you will be required to complete a further self-evaluation tool and arrange a meeting with your allocated supervisor. At this meeting discussion will take place regarding the extent to which the allocated supervisor considers the competencies have been met. If it is agreed that the competencies have been met the allocated supervisor signs the form, which is retained by you within your personal professional portfolio. The outcomes of the meeting are recorded as agreed within Trust policy.

MAHI - STM - 259 - 248

SELF EVALUATION TOOL FOR SUPERVISORS

1. Understand the concept of supervision and its influence on improving nursing practice	Please mark if achieved
1.1 Demonstrate an understanding of the concept of supervision	☐
1.2 Demonstrate an ability to work within the scope of supervision	☐
1.3 Be able to describe models of supervision	☐
1.4 Demonstrate an understanding of the role of supervisors and supervisees in implementing supervision	☐
1.5 Identify how supervision can be used to affirm and improve practice	☐
1.6 Relate supervision to life-long learning for supervisor and supervisees	☐

3. Facilitate supervisee(s) to actively engage in the development of nursing practice	Please mark if achieved
3.1 Demonstrate an understanding of the context within which the supervisee(s) practices in relation to legal, professional, employee and personal accountability	☐
3.2 Facilitate supervisee(s) in developing their practice	☐
3.3 Use positive challenge to encourage the supervisee(s) to reflect on and in	☐
3.4 Promote self-reliance in supervisee(s)	☐
3.5 Facilitate supervisee(s) in identifying and managing conflict	☐
3.6 Demonstrate the ability to motivate, support, and empower supervisee(s)	☐
3.7 Facilitate supervisee(s) in using problem solving techniques in supervision sessions	☐

2. Manage one to one and group supervision processes	Please mark if achieved
2.1 Plan and Manage supervision sessions and demonstrate effective record keeping	☐
2.2 Establish the supervision contract and ground rules	☐
2.3 Work within the NMC Code of Professional Conduct	☐
2.4 Manage conflict arising in the supervision session	☐
2.5 Use facilitation skills to ensure active participation by all group members	☐
2.6 Facilitate supervisee(s) to engage in critical reflection on practice to improve their practice	☐
2.7 Facilitate the supervisee in creating action plans	☐
2.8 Critically evaluate their own role within supervision	☐

Biographical details

Name

Trust and work area

NMC registration PIN number

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Please provide some examples of activities that you can discuss with your allocated supervisor that show where you have used supervisor competences

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Supervisor Self-Evaluation

On completing the self-evaluation, please confirm the extent to which you can demonstrate all supervisor competences.

I meet the all supervisor competences Yes ☐No ☐(please mark)

Signature: Date:

If you do not consider that you have met all supervisor competences please agree a Development Programme with your allocated supervisor.

Allocated Supervisor Confirmation

I have read the self-evaluation documentation and held a discussion with the potential supervisor and confirm that **I am/am not** *(please delete, as relevant)* satisfied that he / she meets the all supervisor competencies based on available evidence. Where the potential supervisor has not met the required competencies the Development Programme identified below has been agreed.

Signatures Allocated supervisor: Potential Supervisor

Date:

Development Programme

Q: How is the session recorded and who keeps the record?

A: During the course of any formal supervision, written notes should be taken by both the supervisor and the supervisee to help guide future sessions and to reflect on learning and development achieved through the supervision process.

Q: What should the supervisor record?

A: Every supervisor has the responsibility of taking brief notes for each session, recording key points from the discussion.

They should also complete a Sessional Record template (Trust Policy), which logs information on the number and frequency of sessions. A copy of this recording sheet should be returned to their line manager on a quarterly basis.
The supervisor has a responsibility to ensure all relevant records are kept secure and confidential.

Q: What should the supervisee record?

A: Each supervisee has a responsibility to keep accurate notes of their supervision sessions, whether individual or group, using the documentation template provided by the Trust.
These notes should remain confidential particularly within the situation of a group session.

The supervisor and supervisee should sign written notes at the close of each session, having discussed any areas of disagreement or issues of concern.
These records may be kept as a part of your portfolio, either in hard copy or electronically.

You may find it beneficial to use the NIPEC development portfolio www.nipecdf.org to support your record keeping.

Q: What should be recorded in written notes?

A: The Trust documentation template gives a framework for recording written notes. Written notes should reflect the purpose of supervision; focussing on the key topics discussed and recording any ongoing actions or learning and development.

It is important that any patient/ client information should be protected to comply with data protection requirements and relevant Trust protocols.

Within the process of supervision it is possible that issues which compromise safe practice or the NMC Code may emerge. You should be aware that documents relevant to discussion around issues of concern may need to be shared.

All relevant written records are confidential – except when agreed by both/ all parties to share with appropriate others.

All written records should be underpinned by the principles within the NMC Record keeping Guidance[2] (July 2007).

Q: Is formal Supervision the only way to reflect and evaluate?

A: No. There are many informal day-to-day activities that you undertake that adopt similar principles to supervision.

For example, a review and discussion about a patient's/client's care uses the principles of reflection.
Or using a similar process, a review of a complaint can lead to changes in how care is organised and delivered.
However, for these 'informal' opportunities to contribute to your reflective experiences, they should be recorded to prepare for your formal sessions.

This leaflet has been developed by the Main Working Group of the Supervision Regional Forum for the Implementation of the Regional Standards for Supervision in Nursing and produced in collaboration with NIPEC
2008

2 http://www.nmc uk.org/aDisplayDocument.aspx?DocumentID=3170

HSC Health and Social Care

Supervision for Nurses

Common Questions and Answers

The provision of supervision has been identified through various national and regional enquiries as a key component in the delivery of safe and effective care and the development of our nursing workforce.

In July 2007, the Chief Nursing Officer (CNO) published two regional standards for supervision of nurses. Trust performance on the delivery of supervision for all registrants will be formally measured annually by the CNO through the Executive Directors of Nursing, beginning in April 2009.

Q: What is Supervision?

A: Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety (NIPEC 2007[1]).

Q: How will Supervision help me?

A: Supervision will help you as you reflect on your practice. This process will in turn help you to:

- increase knowledge & skills
- improve standards of patient/client care
- identify solutions to problems
- increase understanding of professional issues
- enhance accountability and responsibility for your own practice

all of which should help you to sustain your continuous development.

Q: How is supervision carried out?

A: Supervision is undertaken through a structured, practice-focused professional relationship, which involves reflecting on practice through facilitation by a skilled supervisor.

A supportive learning environment is established where ground rules are agreed on what is involved. You can expect a Contract of Commitment to be drawn up that clearly defines roles and responsibilities.

This includes:

- purpose: practice focused issues
- parameters of confidentiality
- commitment to frequency of sessions

Q: What issues are explored and who decides on the topic?

A: The topic will focus on a practice or professional experience that is significant to you the supervisee. You will choose the topic to reflect on from the range of different and perhaps difficult professional experiences you may encounter through your practice, to consider alternative approaches which could have improved your experience and/ or, where relevant, the outcome appropriate to the chosen topic.

Q: Is my Supervisor trained to help me reflect?

A: Yes. An individual will not be able to act as a supervisor until they have undertaken the necessary training. Potential supervisors can be identified in a number of ways: for example through nomination by a line manager or by a process of self-nomination.

Once identified, potential supervisors will consider their skills and knowledge against a self assessment tool devised from the competencies required for supervisors. Any training they may require will be provided through the In-service education consortia or through flexible learning approaches agreed with their sign-off supervisor.

New supervisors must be 'signed off' as competent in the range of skills necessary to ensure effective supervision processes before undertaking supervision on their own and undertake at least one co-supervision session with their sign-off supervisor.

Q: Is there any training I have to do?

A: Yes. As a supervisee there are knowledge and skills required to undertake supervision effectively. This is to ensure your supervision sessions are of benefit to you. The In-service education consortia will be offering short preparation sessions that will increase your understanding of:

- purpose, structure and process of supervision
- structured critical reflection
- responsibilities and expectations
- evaluating its impact upon yourself and patient care

Please check the In-service Directory for details.

You may find, however, that you already meet the competencies required to be a supervisee and require little if any further training. The Trust Learning and Development Framework for Supervision in Nursing has a list of the competencies required for supervisees.

Q: How long does a session last and how often will it happen?

A: A supervision session will probably last approximately 1 hour and a minimum of twice a year will be offered. A registrant who wishes to have more frequent sessions should negotiate this with their supervisor in the first instance.

Q: Is there are a difference in supervision and performance management?

A: Yes. The ethos of supervision is to create a reflective, positive-learning culture wherein the supervisee can reflect on a practice or professional experience of their choosing.

Performance management relates to your line manager measuring your performance against agreed objectives.

Q: Is there a link between performance management processes and supervision?

A: Yes. While both systems are different in approach, it is possible that one of your supervision outcomes may be the identification of a training need that will influence your personal training and development requirements.

It is then appropriate that you should discuss the identified training need with your line manager but not the details of the supervision session.

1 Northern Ireland Practice and Education Council (2007) The Review of Clinical Supervision for Nursing in the HPSS 2006 on Behalf of the DHSSPS. Belfast, NIPEC.

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Reflective Supervision

A Framework to Support Nursing and Midwifery Practice in Northern Ireland

NIPEC

Reflective Supervision

CONTENTS

1. INTRODUCTION

Nurses and Midwives, as the largest health related workforce in Northern Ireland, have a vital part to play in achieving the transformation agenda set out in our local policy *Health and Wellbeing 2026: Delivering Together* (1). The Nursing and Midwifery Task Group report (2) provides a roadmap to help secure this agenda and enhance nursing and Midwifery roles across a wide spectrum of sectors, services, settings and areas of practice.

Effective implementation of Reflective Supervision for all Nursing and Midwifery Council (NMC) Registered Nurses and Registered Midwives is an essential enabler to support the workforce, improve practice and enhance the quality of care and lived experience of those receiving care. This Reflective Supervision Framework identifies the necessary organisational systems and processes required to support NMC registrants with access to supervision. Provision of Reflective Supervision sessions will enhance the capability and capacity of NMC registrants, in addition, to motivating them to develop themselves and others and to take up new opportunities and roles throughout their careers.

2. BACKGROUND

NMC Revalidation encourages a culture of sharing, reflection and improvement and highlights the benefits for Registered Nurses and Registered Midwives as well as those they care for.

Reflective Supervision can, in turn, provide the practitioner with support in: their practice; the acquisition of new knowledge, skills and abilities; and promoting staff wellbeing and positive relationships.

Preparation for Supervisors is essential for the successful implementation of Reflective Supervision. The Health and Social Care (HSC) Clinical Education Centre provides a regionally agreed preparation programme for Supervisors of Nurses and Supervisors of Midwives and a transition programme available for those who are existing Supervisors. These are both available to access at Clinical Education Centre | Clinical Education Centre (hscni.net)

3. REFLECTIVE SUPERVISION

Reflective Supervision is defined as a participative process of supported reflection that enables individual Nurses and Midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice (Figure 1).

The process of Reflective Supervision should be adopted by all organisations employing Nurses and Midwives in Northern Ireland and an annual assurance should be provided to the Chief Nursing Officer by the Executive Director of Nursing or the organisation's Lead Nurse or Lead Midwife.

Figure 1. Process of Reflective Supervision

The model of Reflective Supervision piloted with Nurses and Midwives in Northern Ireland is based on the work of Dr Sonya Wallbank (3). The initial model was derived from working with Midwives, Doctors and Nurses. It was designed to support professionals working within roles where they have a significant emotional demand. The findings from the Northern Ireland pilot testing of the model demonstrated a broad consensus that Reflective Supervision was highly valued It gave Supervisees the opportunity to reflect, talk things through, and consider strategies to deal with challenges. They also appreciated that they were being listened to and unanimously reported that they found the process supportive.

The Reflective Supervision Model promotes an approach which is Supervisee led and provides the individual with the opportunity to discuss a topic or their choosing; one which is significant to them. The Supervisor utilises a range of skills in order to facilitate the discussions with the Supervisee. Core skills include utilisation of communication skills including active listening and a range of questioning to support the individual to critically reflect on aspects of the discussion. The six key skills necessary for Supervisors to facilliative effective Reflective Supervision are drawn from those employed in Restorative Resilience Supervision:

- Emotional containment
- Reflective practice
- Stress inoculation
- Resilience training
- Action learning
- Foundation coaching

The use of the six skills is dependent on the identified needs of the Supervisee during the Reflective Supervision session.

It should be noted that the model of safeguarding supervision which is primarily about maintaining the safety of the child or adult at risk of harm, is different to the model of Reflective Supervision presented in this Framework. Therefore those NMC registrants that are employed in a safeguarding role should continue with their safeguarding supervision in addition to their Reflective Supervision sessions.

4. CONTINUUM OF LIFELONG LEARNING AND PROFESSIONAL DEVELOPMENT

Reflective Supervision is a part of the learning and development experience for Nurses and Midwives, commencing with: **Practice Supervision** for Student Nurses and Student Midwives; moving onto **Preceptorship (4)** in the early stages of registered practice; and when employed as a Registered Nurse or Registered Midwife, they can access **Reflective Supervision** supporting lifelong learning in practice throughout their career (Figure 2).

Figure 2. Continuum of Lifelong Learning and Professional Development

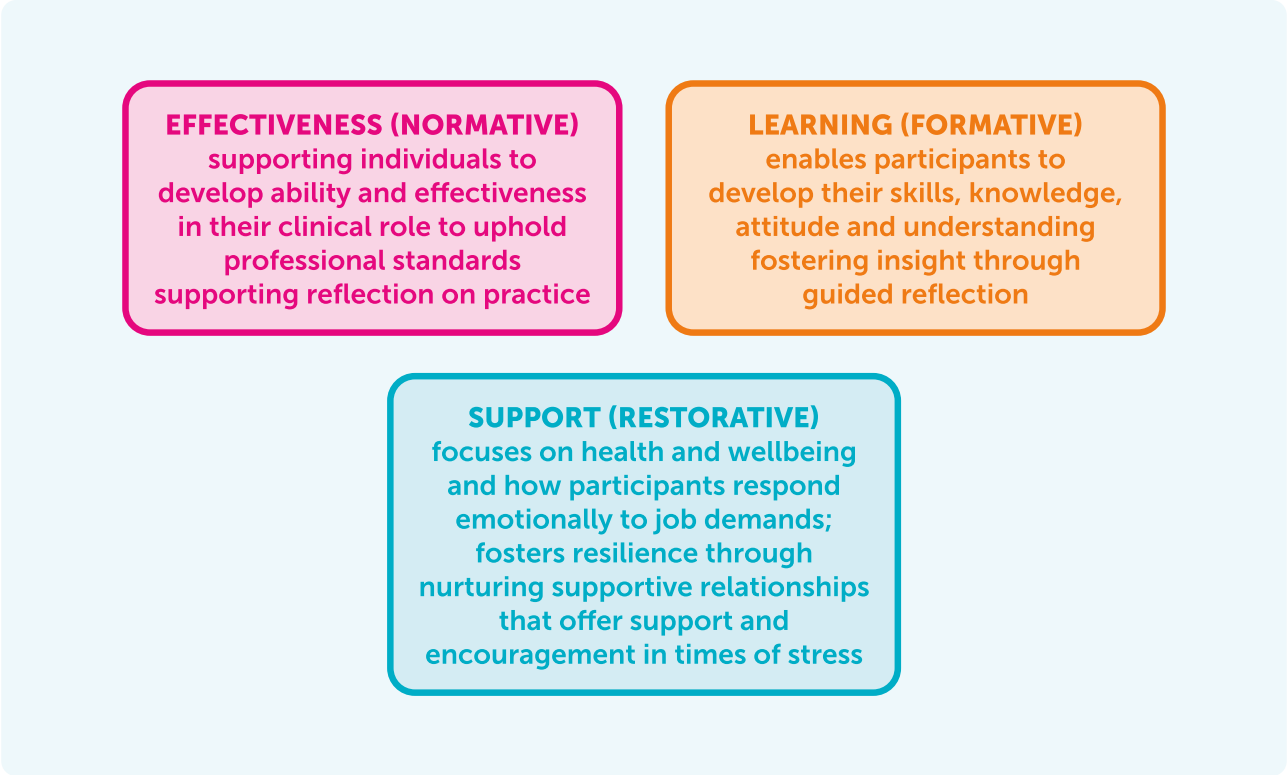
All Nurses and Midwives should be supported to reflect on their skills and contribution to the environment where they work – wherever that may be. Conversations with their Supervisors should help them understand how much they are valued, where their future career might be heading and how they might identify learning needs to expand and improve their practice and fulfil their potential. This process will involve preparation by the Supervisee in advance of the supervision session and an intention to understand their personal strengths and areas for improvement.

5. ELEMENTS OF REFLECTIVE SUPERVISION

Reflective Supervision encompasses three elements: Effectiveness (Normative); Learning (Formative); and Support (Restorative), which aligns with Proctor's Model (5) see Figure 3.

Each one of the three elements has a separate purpose and registrants can choose the one that best meets their needs for their Reflective Supervision session. Examples of how these may be used in practice are presented in Appendix 1.

Figure 3. Three Elements of Reflective Supervision



Time should be set aside to have the Reflective Supervision session and the discussion should be confidential to those involved unless a concern is raised that requires escalation (see Section 7.0). Reflective Supervision can be used as part of the revalidation process for Nurses and Midwives.

6. STANDARDS FOR REFLECTIVE SUPERVISION

Four standards have been developed to support the implementation of Reflective Supervision for all those employed as a Nurse or Midwife. The standards help clarify the responsibilities of employing organisations, Supervisees, Supervisors and Senior Nursing and Midwifery Leads. They have also been used for the development of education programmes to support Supervisors. Those who are receiving care and treatment can also contribute to the Reflective Supervision process.

Standard 1 - Supervisors

- Supervisors of Nurses and Midwives must be a NMC Registered Nurse or Registered Midwife.
- A Supervisor should have a minimum of three years' experience as a Registered Nurse or Registered Midwife. This requirement may be challenging for some organisations however, this is the preferred length of experience to enable the Supervisor to fulfil the role effectively.
- Supervisors must, as a minimum, have undertaken a Supervisor preparation programme[1] and have an understanding of Reflective Supervision. The Supervisor should be on the organisation's Register of Supervisors of Nurses and Supervisors of Midwives.
- A Supervisor should have knowledge and skill specific to the composition of the Supervisee's role, taking account of any particular specialised and expert requirements. For example, where the purpose of the Reflective Supervision session is related to a specialised area of clinical practice then the Supervisor would require a certain level of knowledge in relation to this area. However, if the Supervisee wished to use the supervision session to reflect on feedback from a person receiving care or a recent activity of learning, then the Supervisor could be chosen from a wider area of practice.
- Each Supervisor should only keep a record of the number of sessions they undertake annually for each Supervisee, with the exception of any records relating to an issue of concern for escalation, raised during a supervision session. Supervisors must seek their own Reflective Supervision sessions.
- A Supervisor must be available to provide at least two formal sessions of Reflective Supervision annually for each Supervisee. The sessions may be provided as a one-to-one or group format.
- A Supervisor should only provide a maximum of sixteen Reflective Supervision sessions annually.

1 The Regional Reflective Supervision Preparation Programme and Transiition Programme are accessible via the Clinical Education Centre website - https://cec.hscni.net/

Standard 2 - Supervisees

- Supervisees are NMC Registered Nurses or Registered Midwives. They should participate in two formal Reflective Supervision sessions a year, keeping personal reflective accounts including relevant actions.
- Supervisees should choose an appropriate Supervisor from the organisation's list and agree this with their line manager[2].
- Supervisees will need to prepare for each supervision session. As a guideline this preparation time should be between 30 and 60 minutes, prior to each Reflective Supervision session.
- Supervisees should actively identify a focus for the meeting and be open to constructive feedback.
- Supervisees should evaluate the perceived benefit of the session to their personal and professional life, reflecting on the opportunity to impact on safety, quality, experience of those they care for or staff experience. This can help registrants meet NMC requirements for revalidation.
- Supervisees can contribute to their appraisal and Personal Development Plan process through identification of learning and development needs in partnership with their Supervisor.
- Each Supervisee should consider a range of factors that might trigger the need for the review of frequency and type of Reflective Supervision: They might include:

  - Risks that could compromise the quality of services.
  - Risks that could compromise the experience of the person being cared for.
  - Risk of negative impact to the staff experience.
  - Reported personal stress.

Standard 3 - Supervision Sessions

- Supervision sessions can be delivered via a range of formats, for example face-to-face sessions in person or using video-conferencing on a one-to-one basis. Alternatively a Supervisor may provide Reflective Supervision for a number of people.
- As a guide, a one-to-one session should typically last up to one hour. This time should be ring fenced and where possible Reflective Supervision should be carried out in an environment which is free from disturbance. Group sessions should typically last up to two hours. Sessions can be extended at the discretion of the Supervisor as required. The time for Reflective Supervision is generally calculated as 4 percent of the funded establishment for each post, which also includes study leave.

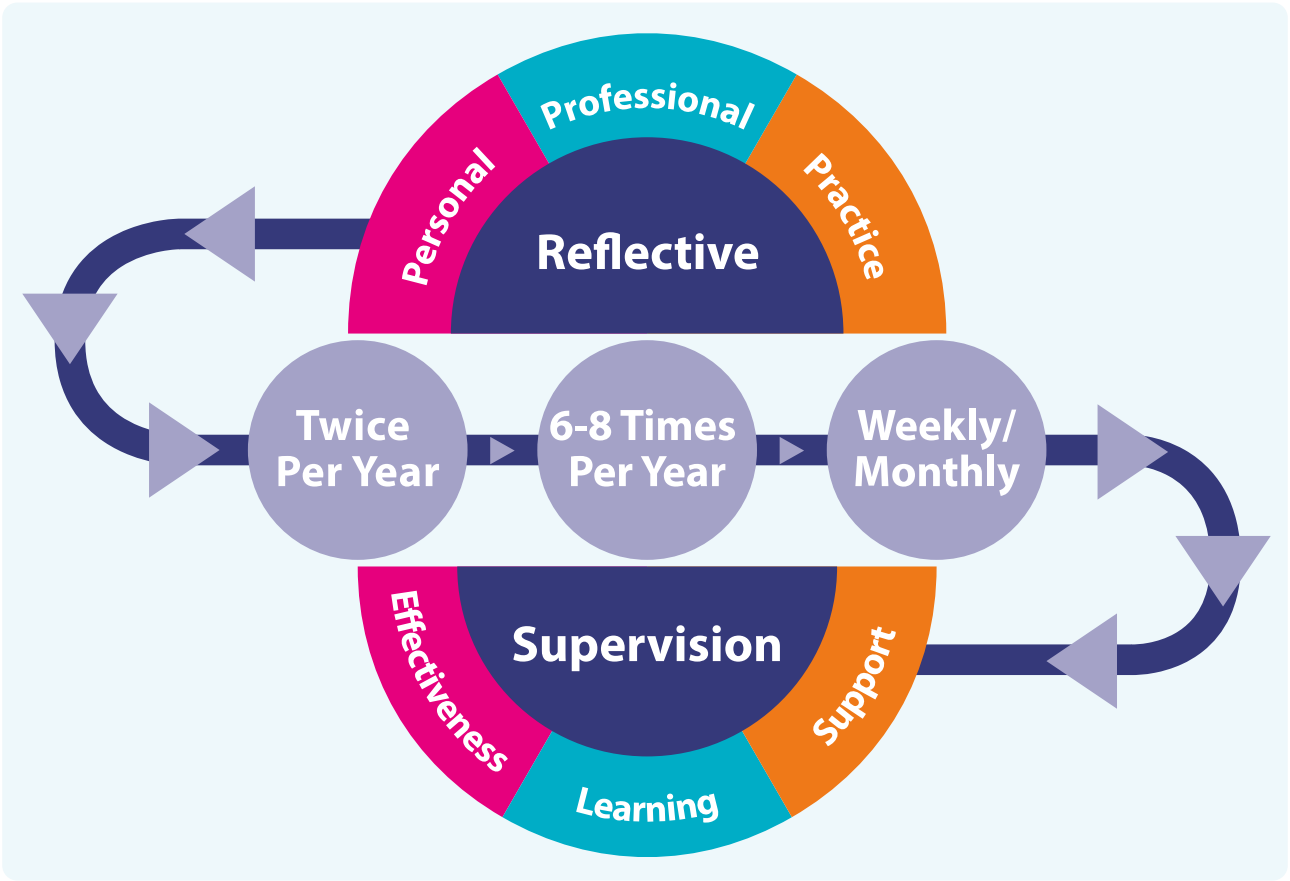
2 Supervisees select their own Supervisor with the exception of safeguarding children supervision where the Supervisor is appointed

- Each Supervisor must agree ground rules, see Appendix 2, with the Supervisee and undertake the following responsibilities in each session:

  - Protect the allocated time and maintain an environment conducive to supervision.
  - Appropriate exploration of the Supervisee's expectations.
  - Follow the focus identified by the Supervisee(s) and allow the Supervisee(s) to express their individuality.

- Provide clear constructive feedback.
- Evaluate the perceived benefit of the Reflective Supervision session including identification of agreed action plans.
- Manage areas of conflict, including onward action.
- Nurses and Midwives work in challenging environments and in circumstances that might, on occasion, require an increased level of support for practitioners. This may mean that the mode and/or frequency of Reflective Supervision will change depending on circumstances (Figure 4).

Figure 4: Frequency of Reflective Supervision



Standard 4 - Governance Structure

- Each organisation should have a structure to support organisational accountability for the implementation of supervision for Nurses and Midwives they employ. The Responsible Officer will be the Executive Director of Nursing or the Senior Nurse or Senior Midwife in the organisation. The structure should align with existing governance and escalation processes to include raising and escalating concerns.
- An annual report of assurance regarding the provision of Reflective Supervision for Nurses and Midwives employed, should be provided to the Chief Nursing Officer by the Executive Director of Nursing or organisation's Lead Nurse or Lead Midwife.
- Each organisation should have a Supervision Policy and Procedure aligned to the Reflective Supervision Framework which will include ownership of supervision records, the opportunity for use of different types of supervision and where appropriate, the inclusion of people receiving care.
- The organisation should retain a register of appropriately prepared and updated Supervisors. There should be a support network for Supervisors within the organisation. Where the organisation is not large enough Supervisors should be facilitated to join a local network. A network chair should be appointed who will be responsible for hosting meetings, local learning events and disseminating relevant information and guidance to Supervisors.

7. PROCESSES SUPPORTING REFLECTIVE SUPERVISION

The following additional elements are important to support the effective implementation of Reflective Supervision.

Confidentiality

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and Supervisees should adhere to the responsibilities articulated within the Standards for Reflective Supervision as an acknowledgement of trust and expectations.

In setting up Reflective Supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality at the start of Reflective Supervision sessions (Appendix 2 Ground Rules). This process of agreement enables identification of potentially conflicting roles and development of mutual understanding. The agreement may be reviewed at any stage at the request of either Supervisor or Supervisee; however, frequent review should not normally be necessary.

Record of Reflective Supervision

Good record keeping is fundamental to high quality nursing and Midwifery practice and is essential for the provision of safe, effective, person and family centred care. Registrants must keep clear and accurate records relevant to their practice. For the purpose of Reflective Supervision, Supervisors and Supervisees must ensure that they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage. Supervisors will be required to keep only a record of the number of sessions provided by them annually for each Supervisee, with the exception of any records required relating to issues of concern for escalation. The NMC's guidance (6) on reflection for revalidation advised the following:

'In meeting the revalidation requirements and keeping your evidence, you must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information recorded must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information'.

Raising and escalating concerns

A positive working environment is vital in supporting the professional practice and behaviours of Nurses and Midwives. This includes being able to raise concerns if issues arise that could for example compromise the safety, quality and experience of people receiving care.

During a supervision session, a Supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively via appropriate organisational and/or regulatory procedures.

A registered Nurse or Midwife must 'act without delay if you believe there is a risk to patient safety or public protection' (7).

Although generally rare, where practice is raised that is below the expected standard, the Supervisor will advise the registrant and an agreement should be made to put in place an appropriate improvement plan with regular review, including any appropriate supervised practice. The Supervisor must inform the line manager of the Nurse or Midwife, identifying how far short the practice falls from the expected standard and the level of support required in line with the NMC Code (7). The Supervisee should be kept fully informed at each stage of the process and the organisation's processes should be followed in relation to support, capability and if necessary fitness to practice procedures. See Appendix 3 for examples of issues that may be presented within a supervision session that might require escalation.

8. MONITORING AND EVALUATION

Reflective Supervision is promoted and valued as an activity underpinning safe and effective practice. In this context monitoring and evaluation of activity is required to provide assurances of accountability for the organisation and to justify the use of the resources required to promote and sustain delivery of the Framework. The Department of Health will review the benefits and challenges of the implementation of Reflective Supervision and identify areas for further improvement. The review will also include evaluation of Supervisee wellbeing, training quality and effectiveness. Structured monitoring and evaluation has the potential to enhance not only Reflective Supervision for practitioners but also the people they care for.

9. REFERENCES

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5 Proctor, B. (2010) Training for the supervision alliance: Attitude, skills and intention. In Routledge handbook of clinical supervision (pp. 51-62). Routledge.

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10. APPENDICES

Appendix 1

EXAMPLES OF EACH ELEMENT OF REFLECTIVE SUPERVISION IN PRACTICE

EFFECTIVENESS (NORMATIVE)	**LEARNING** (FORMATIVE)	**SUPPORT** (RESTORATIVE)
A newly Registered Nurse or Registered Midwife has received positive feedback from one of their patients in relation to the care they have received during a hospital stay. They wish to reflect on the experience with their Supervisor endeavouring to continue to uphold high values and personal accountability in their practice.	A Nurse has attended a leadership programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have gained and how they may utilise this in practice to work collaboratively with teams and support improvements in practice.	A Midwife attends a delivery where the baby is born with an undiagnosed cardiac defect. They wish to attend Reflective Supervision to reflect on their emotional response to the event and consider ways where they could offer support to parents if a similar situation arises in future.
A Midwife Team Leader has received a complaint that there were communication failings during and following delivery of her baby which affected her experience. The team wish to use the Reflective Supervision session to reflect on the care delivered and to identify personal and professional objectives that could change or improve communication processes within their team.	A newly registered staff member has completed a preceptorship programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have acquired during the process and how these skills can provide the foundation to continue their journey of personal and professional development.	A registered staff member is experiencing a situation where they perceive a colleague is treating them unfavourably in comparison to other staff. They wish to discuss these concerns with their Supervisor as it is now affecting their job performance and causing a level of personal stress.
A medication error has resulted in a patient not receiving a critical medication as part of the plan of care. The patient has not come to any harm but this has been reported through the appropriate governance processes and ensuring confidentiality the ward manager has given feedback to the team. A group of staff wish to discuss this event during a group Reflective Supervision session and reflect on ways that they could improve practice and minimise medication error. risks in the future.	A Team Leader has successfully completed a Quality Improvement initiative and has been nominated for an award for their work. They wish to reflect on the learning gained through this process and identify how they could provide support to colleagues and peers in their Quality Improvement journey.	A Nurse has been asked by their manager to prepare a presentation for a regional conference. They are content to prepare the work but do not feel confident to deliver the presentation as this would be the first time they have presented to groups outside of the organisation. This is causing them concern and they are experiencing a moderate level of stress. They wish to discuss this in confidence with their Supervisor and identify strategies that could help build their confidence and self-esteem prior to the event.
	A Midwife has completed a piece of research in their field of practice which is due for publication in a peer reviewed journal. They wish to reflect on the learning acquired with their Supervisor and how they could use this to develop their career pathway.	A Staff Nurse working in a regional Emergency Department is struggling with the emotional demands of the clinical role. They wish to discuss this at their Reflective Supervision session and identify coping strategies to minimise stress and foster resilience in this role.

Appendix 2

GROUND RULES FOR SUPERVSION SESSIONS

Where a one-to-one meeting is taking place between a Supervisor and Supervisee both parties should:

- Have an attitude of open learning.

  - Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
  - Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures.
  - Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
  - Ensure that all relevant records are kept securely in an appropriate place.

Where a group meeting is taking place between a Supervisor and multiple Supervisees all parties should:

- Agree to share within a group setting.
- Be sensitive to the needs of individuals and the overall dynamics within the group.
- Maintain confidentiality by not disclosing or discussing information provided by any other members of a group - they should not be discussed with anyone outside the group e.g. other team members, family or friends.
- Be supportive of other members of the group.
- Listen to other members of the group when they are speaking and allow them to finish before beginning to speak themselves..
- Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
- Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- Ensure that all relevant records are kept securely in an appropriate place.

It is important to recognise that the professional Supervisor is not usually the line manager of the registrant; on occasion however, it may be appropriate for this to be the case. Supervisors must be prepared to take on the role, and have a practical understanding of the principles of confidentiality and parameters for escalation should a relevant issue arise.

Section 5 of the NMC Code (7) states clearly that registrants must respect people's right to privacy and confidentiality. This includes sharing necessary *'information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality'.*

Appendix 3

EXAMPLES OF ISSUES FOR ESCALATION

Prioritise people	Inappropriate behaviour or language when discussing an issue with diversity implications e.g. racism, homophobia, ageism.	Evidence of treatment being forced on a person without their consent.	Evidence that confidentiality has been breached.
Practise Effectively	Refusal to apply current evidence in practice.	Evidence of threatening behaviours towards colleagues and/or service users.	Refusal to keep accurate records.
Preserve Safety	Evidence that an adverse incident was not escalated appropriately at the time of occurrence.	Evidence that there are significant competence issues within a specific area of practice.	Evidence that the Nurse or Midwife has actively discouraged colleagues/ service users to raise concerns.
Promote Professionalism and Trust	Evidence of inappropriate or unprofessional behaviour via social media.	Evidence of bullying other members of staff.	Evidence of professional boundaries being breached, including inappropriate expression of political, religious or moral beliefs.

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Reflective Supervision

Regional Safeguarding Supervision Policy and Standards for Nurses and Midwives

NIPEC

INVESTORS IN PEOPLE

Reflective Supervision

Personal - Professional - Practice

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Contents

Background and Context

This policy and standards replaces the Safeguarding Children Supervision Policy and Procedure for Nurses, (DHSSPS, 2011). It aims to ensure that Health and Social Care Trusts (HSCT) apply a consistent approach to Safeguarding children supervision so that registered nurses and midwives have access to and receive structured safeguarding children nursing supervision. Safeguarding children supervision must be at a level that reflects their role and responsibilities with children and families. Adherence to the policy and standards will promote good practice, risk assessment, planned intervention and ongoing quality assurance of practice which safeguards children and promotes their welfare.

Revision of this policy has been undertaken as part of the work requested at the Central Nursing and Midwifery Advisory Committee (CNMAC) held 10 June 2016, where the Chief Nursing Officer (CNO) sought and secured agreement to explore the development of a Nursing and Midwifery Supervision Framework for Northern Ireland positioned under one policy directive. This has involved wide consultation with nurses and midwives across the five HSCT's. It sets the framework and minimum standards to promote an effective and consistent approach to safeguarding children nursing practice. Safeguarding children supervision is separate from but complementary to and should be used in conjunction with the Reflective Supervision: A Framework to support Nursing and Midwifery Practice NIPEC 2020.

This framework describes principles to be adopted across nursing, midwifery and safeguarding and should be a measurable and reportable process to the CNO. Figure 1, page 4 represents pictorially the connections between the three types of supervision in Northern Ireland, including shared principles.

Safeguarding children supervision provides specialist professional advice, case management and support to registered nurses and midwives[1] in their role of safeguarding children. This includes children in need of protection, children in need, looked after children and families of concern. Safeguarding children supervision includes reflection of individual performance, professional development in relation to safeguarding vulnerable children and quality assurance of practice to ensure compliance with best practice guidelines.

Supporting staff through safeguarding children supervision improves working practices and contributes to better service delivery and outcomes for children.

Safeguarding children supervision enables nurses and midwives to:

- Improve safeguarding practice.
- Promote safety and wellbeing of children and families.
- Improve standards of care.
- Increase understanding of professional issues.
- Develop skills and knowledge.
- Feel supported.
- Enhance understanding of multi-disciplinary and multi-agency practice and processes.

1 For the purpose of this document the term 'nurse' refers to Nurses. Midwives and Specialist Community Public Health Nurses registered with the Nursing and Midwifery Council. This includes all temporary and bank (e.g. 'as and when required') members of nursing staff.

Figure 1: Framework for Reflective Supervision

Statement of Purpose

The model of safeguarding children supervision is recognised as being different, yet similarly underpinned with the standards and processes for nursing and midwifery reflective supervision. However the client focused elements of safeguarding children supervision is central and fundamental to the process.

Lived Experience

Safeguarding children supervision should support nurses and midwives to:

- Develop and apply safeguarding skills and knowledge.
- Reflect on their involvement in safeguarding cases.
- Critically analyse.
- Strengthen personal and professional resilience.
- Enhance understanding of multi-disciplinary and multi-agency client focused practice and processes.

Scope

All registered nurses and midwives must have access to safeguarding children supervision. The level and method of safeguarding children supervision varies in accordance with the registrant's role and responsibilities with children and their potential to safeguard. This policy therefore applies to all registered nurses and midwives working in HSC Trusts.

Methods of Safeguarding Supervision

The following four methods of safeguarding children supervision will be available for nurses:

1) Open door advice/supervision.
2) One-to-one case supervision.
3) Group supervision.
4) Managerial supervision that includes the managerial functions of safeguarding children supervision.

Figure 2: Methods and Target Audience

Method of safeguarding children supervision	Target audience
Open Door Advice / Supervision	▶ All nurses and midwives
One-to-One Case Supervision	▶ Any nurse who holds case responsibility for a child/family where there are child protection concerns ▶ Any nurse on request
Group supervision	▶ Public health nurses ▶ Acute and community children's nurses ▶ Acute and community midwives ▶ Child and adolescent mental health nurses ▶ Acute and community mental health nurses ▶ Specialist nurses (working with children) ▶ Nurses working in emergency departments ▶ Nurses working in neo natal units ▶ Learning disability nurses (working with children)
Managerial supervision that includes the managerial functions of safeguarding children supervision	▶ All nurses and midwives

Operational guidance to support the implementation of the different types of safeguarding supervision is available at Appendix 1, page 19, of this document.

Standards For Safeguarding Children Supervision

A standard is defined as a required or agreed degree or level of requirement, excellence, or attainment[2] A range of service and quality standards exist in every organisation, to which employees adhere in their everyday work. Standards for safeguarding children supervision have been developed to articulate the expectations of what would be expected of a nurse or midwife undertaking the process of safeguarding supervision, and the support to be provided by the employing organisation.

The purpose of these standards is to:

- Enable supervisors and supervisees to prepare for and acknowledge their role within the safeguarding supervision process.
- Provide a guideline for organisations to ensure effective implementation.
- Guide the development of education programmes for safeguarding supervision focusing on agreed best practice.

WHO

This standard describes the type of registrants who will undertake the process of safeguarding children supervision for nursing and midwifery, in the context of the Reflective Supervision Framework.

Supervisor

In the context of safeguarding supervision for nurses and midwives, a supervisor is currently registered on parts one, two or three of the Nursing and Midwifery Council (NMC) register. Supervisors should have a minimum of three years' experience and have been prepared or approved against agreed regional criteria[3]. A Safeguarding Children Nurse Specialist (SCNS) will have expert knowledge and skills specific to safeguarding children practice, and will be on the organisational register of accredited supervisors.

Safeguarding Children Supervisors will:

- Promote and adhere to the standards set out in the Safeguarding Children Supervision Policy.
- Provide a high standard of safeguarding children supervision.
- Contribute positively to safeguarding children supervision.
- Maintain and develop their own skills and competence relative to safeguarding children issues, supervision and practice.

2 Definition taken from the Oxford English Dictionary, Oxford University Press (2015).
3 Please see Learning and Development Framework, page 8 and 9

- Attend a designated safeguarding children supervision course within 12 months of taking up their first supervisory post.
- Maintain the minimum levels of safeguarding children training as per the SBNI Learning and Development Framework.
- Evidence competence and confidence in providing one-to-one and group safeguarding children supervision.
- Contribute to the maintenance of an accurate database of safeguarding children supervision sessions and contribute to any returns requested from within the HSCT and/or relevant outside agency.

Each supervisor must agree ground rules with the supervisee and undertake the following responsibilities in each session:

- Protect the allocated time and maintain an environment conducive to supervision.
- Appropriately explore the supervisee's expectations.
- Follow the focus identified by the supervisee(s) and allow the supervisee(s) to express his/her/their individuality.
- Provide clear constructive feedback.
- Evaluate the perceived benefit of the session to the supervisee(s) including identification of agreed action plans.
- Manage areas of conflict, including onward action.

Supervisee

Nursing and midwifery supervisees are currently registered on parts one, two or three of the NMC register. They have a responsibility to engage fully in safeguarding children supervision according to their role with children and their families. They have a responsibility to prepare for, and participate in the minimum levels of safeguarding supervision.

Supervisees will:

- Have a working knowledge of the Safeguarding Children Supervision Policy and Standards for Nurses.
- Adhere to the standards set out in the Safeguarding Children Supervision Policy.
- Contribute positively to safeguarding children supervision. This entails preparation, open discussion and the implementation of decisions and agreed actions.
- Maintain the minimum levels of safeguarding children training as per the SBNI Learning and Development Framework.
- Contribute to any returns/evaluations requested from within the HSCT and/or relevant outside agency.
- Organise and prioritise attendance at safeguarding supervision.

- Be open to constructive feedback.
- Evaluate the perceived benefit of the session to his/her personal and professional life, reflecting on the opportunity to impact on safety, quality and patient or staff experience.
- Review/Personal Development Plan process through identification of learning/development and training needs in partnership with the supervisor.
- Align safeguarding supervision with revalidation processes appropriately.

RATIO

One of the main roles and responsibilities of the SCNS is the provision of specialist safeguarding children advice, support and supervision to nurses and midwives across all directorates of care. The limited SCNS resource requires line managers to maintain a responsibility in providing elements of safeguarding supervision to members of their teams. In this context it is therefore difficult to define or quantify any evidence based ratio in relation to the minimum number of safeguarding supervision sessions that any individual supervisor makes available for each supervisee in a financial year. However the Named Nurse in each HSCT will work with the SCNS teams to ensure appropriate and equitable work plans are in place in respect of the provision of safeguarding children supervision.

As a guide, a one-to-one session should typically last no more than 2.5 hours. This time should be ring fenced and carried out in an environment which is free from disturbance. Group sessions should also last typically 2 to 2.5 hours. Sessions can be extended at the discretion of the supervisor as required.

Safeguarding one to one case supervision should only be postponed in exceptional circumstances. Any postponed session must be reconvened within a 2 week time frame by the individual postponing.

Finally, it is recognised that supervisees will need to prepare for each supervision session. As a guideline this preparation time should be typically 30-60 minutes prior to each safeguarding supervision session.

FREQUENCY AND LEVELS

The frequency and level of safeguarding children supervision varies in relation to the role and responsibility of the nurse or midwife.

Safeguarding children is a complex and challenging area of nursing and midwifery practice. Nurses and midwives, on occasion may require an increased level of support. This may mean that the mode and/or frequency of safeguarding supervision will change depending on circumstances.

Each supervisee/supervisor should consider a range of factors that might trigger the need for the review of frequency and type of safeguarding supervision. They might include:

- Risks that could compromise the quality of patient/client services.
- Risks that could compromise the patient/client experience.
- Risk of negative impact to the staff experience.
- Reported personal emotional impact.

Newly appointed nurses, midwives or inexperienced registrants who carry out home visits to families where there is child care concerns should receive additional safeguarding children supervision at a level agreed with their line manager/designated supervisor and/or Safeguarding Children Nurse Specialist (SCNS).

Nurses and midwives who are subject to an action plan to address performance issues where safeguarding practice has been identified as an issue will receive additional safeguarding children supervision as part of their agreed action plan. This will be agreed with their line manager and Safeguarding Children Nurse Specialist. The Named Nurse is kept informed and updated in respect of any safeguarding practice concerns.

Figure 3 : Minimum Levels of Safeguarding Children Supervision

Nursing Group	Individual/Case	Group	Comments
Health Visitors School Nurses Community Children's Nurses (CCN)	6 monthly by SCNS	Yearly by SCNS	
Family Nurses	Weekly by Family Nurse Supervisor	Named Nurse/SCNS meets monthly with the FNP Supervisor.	In addition, it is recommended that family nurses have supervision, specifically related to safeguarding, from a Named Nurse for Safeguarding/ experienced Safeguarding Children Nurse Specialist (SCNS) every three months. This involves a three-way supervision session between the family nurse/s (individually or as a group of Family Nurses), FNP supervisor and Named Nurse/SCNS to discuss safeguarding cases that are causing concern to the family nurse.
Family Nurse Supervisor	Arranged with Named Nurse as required	Monthly as above	
Acute and community midwives Nurses working in: Acute and community children's, CAMHS Neo Natal Adult Mental Health Emergency Departments Specialist nurses (working with children) Learning disability nurses (working with children)	Arranged with SCNS as and when the nurse feels SCNS input is required	6 monthly by SCNS	Nurse managers will provide safeguarding children advice/support as a component of managerial supervision in keeping with this policy and within their sphere of knowledge and expertise. However One to One case supervision should be requested if nurse/midwife is taking the lead role in a safeguarding case (Case supervision with SCNS should be requested if nurse/midwife is taking the lead role in a safeguarding case)
Nurse Managers of above groups	Arranged with SCNS/ Named Nurse as and when the nurse manager is involved in a child protection case.	6 monthly by SCNS/ Named Nurse	
SCNS / SNLAC	Bi Monthly by Named Nurse for Safeguarding Children /SCNS	4 monthly by Named Nurse for Safeguarding Children	
Named Nurse for Safeguarding Children	As and when required by Safeguarding Children Nurse Consultant (Public Health Agency) / Head of Service	4 monthly by Safeguarding Children Nurse Consultant (Public Health Agency)	Named Nurses may require supervision by senior staff from other nursing disciplines depending on issues arising.

CONFIDENTIALITY

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and supervisees should adhere to the responsibilities articulated within the reflective supervision framework as an acknowledgement of trust and expectations.

Safeguarding children supervision sessions are confidential exchanges between supervisor and supervisee. However, the supervision record is an organisational document which may be required for audit and inspection purposes or where there are grievances or disciplinary proceedings. Nurses and midwives who discuss personal and private issues at supervision can be assured of confidentiality unless:

- The supervisor believes the issues are likely to have a serious detrimental effect on professional practice unless discussed.
- The supervisor believes that failure to share the information places the nurse, client or others at risk of significant harm (see NMC Code for Nurses and Midwives).

In setting up safeguarding supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality[4] at the start of supervision relationship. This process of agreement enables identification of potentially conflicting roles and development of mutual understanding[5] (see appendix 3).

The agreement may be reviewed at any stage at the request of either supervisor or supervisee(s); however, frequent review should not normally be necessary.

Supervisors are appropriately prepared to take on the role, and have a practical understanding of the principles of confidentiality and parameters for escalation should a relevant issue arise.

Section 5 of the NMC Code states clearly that registrants must respect people's right to privacy and confidentiality. This includes sharing necessary 'information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality[6].

4 Bifarin, O. and Stonehouse, D. (2017). Clinical supervision: An important part of every nurse's practice. British Journal of Nursing. 26(6): pp 331 - 335.
5 Beddoe, L. & Davys, A. (2016). Challenges in professional supervision: Current themes and models for practice. London: Jessica Kingsley. P 91.
6 Nursing and Midwifery Council. (2018). The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates. London: NMC, p 8

ORGANISATION INFRASTRUCTURE

Each HSCT should have a structure identified to support organisational accountability, aligning with existing governance and escalation processes to include raising and escalating concerns. Value and priority should be placed on the process of safeguarding supervision by the organisation at Board level through the Executive Director of Nursing.

The Executive Director of Nursing will have overall responsibility for the implementation of the Safeguarding Children Supervision Policy and Standards.

The Named Nurse for Safeguarding Children will promote, coordinate and facilitate the implementation of the Safeguarding Children Supervision Policy and Standards.

Operational Directors/Senior Managers will ensure that:

- The policy and standards are implemented within their directorate or sphere of responsibility.

Senior Managers will ensure that:

- There are sufficient resources to deliver agreed levels of safeguarding children nursing supervision.
- There are appropriate facilities in which to conduct safeguarding children supervision.
- Supervisors and line managers providing safeguarding children supervision have received appropriate training and are competent to deliver supervision.
- Safeguarding children supervision is provided at the appropriate levels.
- Alternative arrangements for one to one case supervision are put in place when a supervisor/ line manager is absent from work for a period of more than two months , more than 6 months for group supervision and immediately for open door advice/supervision.

Line Managers will ensure:

- Safeguarding children supervision is integrated into departmental induction.
- Practitioners (including bank staff) have the opportunity to avail of safeguarding children supervision commensurate to their individual requirements as agreed by nurse manager and SCNS.
- Practitioners have a working knowledge of the Safeguarding Children Supervision Policy and Standards for Nurses.
- Staff compliance is monitored.
- Safeguarding related management matters including capacity, performance, time management, priorities, vacant caseload are addressed as required during managerial supervision.

GUIDANCE FOR RAISING AND ESCALATING CONCERNS AS A RESULT OF ISSUES RAISED THROUGH SAFEGUARDING SUPERVISION

The environments where nurses and midwives work are pivotal in supporting professional practice and behaviours. This includes fostering a positive environment where concerns can be raised when issues arise that could compromise patient safety, quality and experience[7]. During a safeguarding supervision session, a supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively via appropriate organisational and/or regulatory procedures. The Record of Safeguarding Practice / Personal Discussion found at Appendix 7 can be used to record the issues and associated agreed actions during the supervision session.

Although generally rare, where practice is raised that is below the expected standard, the supervisor will advise the registrant and together an agreement will be made to put in place an appropriate supportive improvement plan with regular review, including any appropriate supervised practice. The supervisee should be advised to inform line manager of the issues raised. The supervisor must also inform the nurse/midwife's line manager of the issues/areas of concern. Collectively they should agree the level of support required. The supervisee should be kept fully informed at each stage of the process.

Where issues that could compromise patient safety, quality and experience have been identified, aspects of confidentiality within the process of safeguarding supervision will be waived. All parties must be informed of the intention to disclose before revealing confidential information, however, consent from the nurse or midwife to disclose is not required where there is a duty of care on the registrant supervisor to protect the public from practice that could compromise patient safety. Section 16 of the NMC Code stipulates that a registered nurse or midwife must *'act without delay if you believe there is a risk to patient safety or public protection'*[8] and to achieve this a registrant supervisor must escalate any concerns in line with NMC guidance and local organisational policies.

Processes thereafter that follow raising of a concern will track the appropriate organisational policies and procedures for support, capability and, if necessary, fitness to practice procedures.

7 Nursing and Midwifery Council. (2018). The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates. London: NMC. pp 13 - 17.
8 Nursing and Midwifery Council. (2018). The Code: Professional Standards of Behaviour for Nurses, Midwives and Nursing Associates. London: NMC. p 14.

Table 2: Examples of issues that may be presented within a safeguarding supervision session that might require escalation are provided below, under the four sections of The Code:

PRIORITISE PEOPLE	Inappropriate behaviour or language when discussing an issue with diversity implications e.g. racism, homophobia, ageism.	Evidence of treatment being forced on a person without his/her consent	Evidence that confidentiality has been breached.
PRACTISE EFFECTIVELY	Refusal to apply current evidence in practice.	Evidence of threatening behaviours towards colleagues and/or service users.	Refusal to keep accurate records.
PRESERVE SAFETY	Evidence that an adverse incident was not escalated appropriately at the time of occurrence.	Evidence that there are significant competence issues within a specific area of practice.	Evidence that the nurse or midwife has actively discouraged colleagues/ service users to raise concerns.
PROMOTE PROFESSIONALISM AND TRUST	Evidence of inappropriate or unprofessional behaviour via social media.	Evidence of bullying other members of staff.	Evidence of professional boundaries being breached, including inappropriate expression of political, religious or moral beliefs.

RECORDING SAFEGUARDING SUPERVISION

Good record keeping is fundamental to high quality nursing and midwifery practice and essential to the provision of safe and effective care. Registrants must keep clear and accurate records relevant to their practice which includes but is not limited to client records[9]. For the purpose of safeguarding supervision, supervisors and supervisees must ensure that they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage.

In some circumstances nurses may have supervision with a line manager who is from a different discipline, for example those working in multidisciplinary teams. It is suggested that the regionally agreed safeguarding supervision documentation is used however, alternative paperwork can be used if preferred and is in keeping with the principals of record keeping.

The records of service users will be used for the purposes of face to face case supervision but should only be accessed where necessary to enable, analysis of child protection issues, learning and development for nurses and midwives. For example, this may include the review of record keeping practice of a nurse or midwife, including the prescription of intervention and or nursing contribution to child protection plans. The information from service user records should be respected and principles of access and confidentiality should be applied.

9 Nursing and Midwifery Council. (2018). The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: NMC. p 11

Participants involved in the safeguarding supervision process must adhere to the HSCT Records Management Policy[10] and any reflective account should adhere to the guidance provided by the NMC[11].

Supervisees must contact the supervisor if they have not received the record of open door supervision within 72 hours of contact and the supervisor will address this immediately.

Supervisees should record an entry regarding any case discussions/ open door advice and agreed actions in the main body of the child/client record. If required, supervisees must amend health/care plans within one working day following case supervision.

Regional templates (see appendices) for recording of safeguarding supervision have been designed to support the safeguarding children supervision process and to ensure consistency in application. The NMC reflective account template (Appendix 6) can be used to record personal reflection of group supervision if desired.

- Record of Open Door Advice/supervision
- Record of One to One Case Supervision
- Record of Safeguarding Practice/Personal Discussion
- One-to-One Safeguarding Children Supervision Agreement
- Safeguarding Children Group Supervision Ground Rules
- Evaluation of Supervision.

STORAGE OF RECORDS

In the context of safeguarding supervision the supervisor and supervisee must be aware of the organisation's records management policies, standards, procedures and guidelines and understand their personal responsibilities in relation to safe storage of records. Appropriate storage and disposal schedules for records, as per principles of Good Management Good Records[12] (GMGR) for storage of all records held by the HSCT must be applied.

Supervisors in each organisation will hold a record of the number of sessions which they provide annually with each supervisee; however the record of safeguarding supervision session is part of the child/ client's records and is therefore owned by the HSCT. Original safeguarding children supervision records will therefore be filed in the client/professional notes. A copy of the supervision record may be retained by the supervisor/line manager for a period of two years but should be then destroyed as per GMGR.

10 www.publichealth.hscni.net/sites/default/files/good-mamagement-good-records_0.pdf
11 Nursing and Midwifery Council. (2019). Revalidation. London: NMC. Available for download at: www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf pp 16 –
12 Department of Health (2014). Good Management Good Records. DOH. www.health-ni.gov.uk/articles/introduction-good-management-good-records

MONITORING AND EVALUATION

Safeguarding children supervision is promoted and valued as an activity underpinning safe and effective practice. In this context monitoring and evaluation of activity is required to provide assurances of accountability for the HSCT and to justify the use of the resources required to promote and sustain delivery. Additionally, the benefits and challenges of this activity should be analysed to identify areas for further improvement. Other areas of possible development include ongoing monitoring and evaluation of supervisee wellbeing, training quality and effectiveness. Structured monitoring and evaluation has the potential to enhance not only safeguarding supervision for practitioners but also the service delivered to children and families.

Quality assurance is the responsibility of both the safeguarding children supervisor and senior management.

Safeguarding supervisors should record the number of sessions supervisees engage in on an annual basis and make these returns available to line managers for collation. Data collection should be carried out via accessible regional electronic systems with described oversight and responsibilities across organisations, taking into account the relevant information governance required. Regular feedback should be obtained from staff for example active feedback following the supervision session using the regional evaluation template.

An annual evaluation of safeguarding supervision will be completed and facilitated by the Named Nurses for Safeguarding Children. Evaluation and monitoring should align with HSCT governance processes and quality improvement frameworks. Outcome of HSCT evaluation should be forwarded to the Trust's Assistant/Co Director of Governance (where relevant), HSCT Directors of Nursing, and Designated Nurse (PHA) The Designated Nurse will then prepare and present an annual regional report to the PHA Director of Nursing and the CNO.

OUTCOMES

The value and necessity of safeguarding children supervision is frequently highlighted in many case management and child death reviews. Supporting staff through Safeguarding children supervision improves working practices and contributes to better service delivery for children and families. Engaging in safeguarding supervision is a professionally enriching activity that provides, expert advice, peer support, and promotes professional accountability and can improve job satisfaction. However outcomes for safeguarding supervision are difficult to determine due to the complexity and diversity of the contexts in which it is implemented.

As part of implementation, the following outcomes have been selected to study a link between the process and impact on practice. It has been regionally agreed that this provides an opportunity to use an Outcomes Based Approach (OBA).

OBA asks three simple questions to identify the most important performance measures:

1. How much did we do?

Each HSCT should evaluate levels of safeguarding supervision against the prescribed standards. This should specify how many nurses or midwives undertook the recommended minimum levels of safeguarding supervision sessions annually.

2. How well did we do it?

Elements of the standards will be chosen annually for scrutiny, for example how well each HSCT or service area within a HSCT achieves the prescribed minimum frequency of safeguarding children supervision or an evaluative study of the supportive networks within organisations for safeguarding supervisors.

3. Is anyone better off?

Staff surveys/questionnaires and verbal feedback should be utilised to identify the number of staff:

- Expressing heightened safeguarding support
- Accessing open door advice and support

Resources

The NIPEC Reflective Supervision mini site will 'house' all of the resources developed to assist with supervision.

Reference resources include:

www.nmc.org.uk/standards/code/

www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/

www.nmc.org.uk/standards/guidance/professionalism/

www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf

Appendix 1

OPERATIONAL GUIDANCE TO SUPPORT IMPLEMENTATION OF THE DIFFERENT TYPES OF SAFEGUARDING CHILDREN SUPERVISION

Open door advice/supervision

- Open door advice and support by a supervisor/line manager regarding a specific child, family or safeguarding issue should be available at the request of the nurse.
- Open door advice/supervision will be available to every nurse and midwife in the Trust.
- Nurses will contact the supervisor/line manager directly to discuss any safeguarding issue deemed appropriate by the nurse. This may be a face to face consultation or telephone call.
- Senior managers must arrange for alternative open door advice/supervision arrangements to be put into place immediately when a supervisor/line manager is absent from work. This will include arrangements for initiating contact for urgent advice when the supervisor/line manager is unavailable. (To be locally agreed).
- Supervisors/line managers must have access to specialist advice at a senior level.
- The supervisor/line manager will record the discussion, advice, information and recommended action on a safeguarding children open door advice/supervision form (Appendix 2) and will forward the original form to the nurse. This may be copied to a line manager, supervisor or other nurses involved in the care of the family if appropriate.
- The safeguarding children open door advice/supervision form must be filed in the client/professional records.
- The supervisor/line manager will retain and file a copy of the Safeguarding children open door advice form for a period of two years. After two years this copy can be destroyed. Original copy will be retained within the child/client's file in keeping with HSCT's records management policy.
- The nurse will amend the care/health plan if agreed actions indicate that this is required.
- Nurses must contact the supervisor if they have not received a record of open door advice/supervision within 72 hours of contact and the supervisor will address this immediately.
- The nurse must contact the supervisor/line manager immediately if the nurse feels there are discrepancies in the recording of the safeguarding children open door advice form.
- If mutual agreement between the safeguarding children nursing supervisor and supervisee cannot be reached regarding an issue during safeguarding children supervision, this should be brought to the attention of line managers/professional leads so that further action can be taken to resolve the matter.

One-to-One Case Supervision

One to one case supervision is an individual planned supervision regarding children and families in the nurse's caseload who are the subject of Child Protection, Family Support, Looked After and Adoption Procedures and families where the nurse has child care concerns. Both the supervisor and supervisee have a duty to constructively address safeguarding children issues in a manner that embraces best practice, learning, and the safety and wellbeing of children and families.

Any nurse who is involved in a case where they have chid protection or safeguarding concerns can request one to one formal supervision.

Nurses who carry caseloads will have a minimum of 6 monthly planned one to one case supervision sessions. Three families will usually be discussed in detail and recorded on the Record of Safeguarding Children Case Supervision (Appendix 4) and discussion regarding other children/families may be recorded on the Safeguarding children open door advice/ supervision form (Appendix 2).

The supervision session will be held in private and without interruption, unless there is a matter requiring the urgent attention of supervisor or supervisee.

During one to one case safeguarding supervision the relevant records must be available.

Supervisors will:

- Have an attitude of open learning.
- Agree on an individual basis with the nurse's line manager, if additional safeguarding children supervision sessions are required for newly appointed staff.
- Mutually agree time and venue for the session and at the end of each session the date of the next session should be agreed and diary planned.
- Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
- Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures. Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- In situations where competence issues are identified, consider if it is necessary to review the nurses other child protection cases.

Supervisees will:

- Contact the supervisor to arrange individual supervision appointments. One to one supervision appointments will be offered within 12 working days of request or sooner if the supervisor or supervisee deems this to be appropriate.

Supervisors / line managers should encourage supervisees to:

- Recognise the value of their involvement with children and families.
- Assess the nature, reason and impact of nursing interventions in a manner that will inform future care plan including level of future contact.
- Consider new or alternative ways of working.
- Explore their knowledge, strengths, values and attitudes.
- Explore emotional factors or feelings that are having a positive or negative impact.
- Prior to participation in supervision, the supervisor must ensure that the nurse understands the purpose of safeguarding children supervision, the respective roles of the supervisor and supervisee, and the relevant documentation.
- A safeguarding children supervision agreement will be drawn up prior to, or at the first one-to-one supervision session (and in either case, within six weeks of the commencement of the supervisor/supervise relationship).The original agreement (Appendix 3) should be retained by the supervisor and copied to the line manager (where the latter is not the supervisor), and the supervisee. This written agreement should be renewed in the case of a new supervisor.

Professional Safeguarding Practice Development Needs

- Supervisees should be encouraged during supervision to reflect on their safeguarding practice and consider their competencies, training needs and developmental opportunities.
- Supervisees should be given the opportunity to discuss the personal impact of safeguarding children work and how they can be best supported.
- If any practice development needs are identified, any proposed actions should be recorded separately. (Appendix 7)
- The supervisor will immediately advise the nurse if there are any concerns regarding poor or unacceptable practice. The concerns will be discussed with appropriate line managers (where the supervisor is not the line manager) so that a support plan can be agreed.
- If mutual agreement between safeguarding children nursing supervisor and supervisee cannot be reached regarding a practice issue during safeguarding children supervision, then this should be brought to the attention of line managers/professional leads so that further action can be taken to resolve the matter.

Group Supervision

Group supervision sessions are facilitated by a safeguarding children nurse supervisor/line manager for a maximum number of 8 practitioners.

- Group supervision should facilitate practitioners from separate nursing / midwifery groups to create a wider learning environment.
- Group supervision will usually last for approximately 2 to 2.5 hours. Dates will be arranged and issued for the year ahead by the group supervisor.

- Group supervision will be carried out in a non-threatening and respectful environment.
- Members will be sensitive to the needs of individuals and the overall dynamics within the group.
- Ground rules relating to confidentiality and mutual respect within group supervision sessions will be stressed at the beginning of each session by the supervisor.
- It is the responsibility of the supervisee to access group supervision at the required intervals. In exceptional circumstances, where a supervisee is unable to attend a session, they must inform the supervisor and line manager and access the next available group supervision session.
- The supervisor/line manager should monitor that all staff requiring regular supervision comply with this requirement and where necessary address this with the supervisee and their line manager (where the supervisor is not the line manager).
- The supervisor's line manager must arrange for alternative group supervision arrangements to be put into place when a supervisor/line manager is absent from work for a period of more than two months.
- The supervisee should make their own record of the group supervision session in relation to any issue raised by them, learning outcomes and any associated actions.
- Members will maintain confidentiality by not disclosing or discussing information provided by any other members of a group.
- Listen to other members of the group when they are speaking and allow them to finish before beginning to speak ourselves.
- Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
- Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- Ensure that all relevant records are kept securely in an appropriate place.

Managerial supervision that includes safeguarding children supervision

Definition: *Supervision by a line manager that includes the managerial supervision functions of safeguarding children.*

- Where a nurse or midwife raises safeguarding children issues at managerial supervision, and the advice relates to an individual child, the line manager will record the discussion on the Record of Safeguarding Children Case Supervision form (Appendix 4). The original form will be filed in the child's/professional record.

ACRONYMS AND ABBREVIATIONS

DoH	Department of Health
HSCT	Health and Social Care Trust
SCNS	Safeguarding Children Nurse Specialist
CCN	Community Children's Nurse
CAMHS	Child and Adolescent Mental Health Services
CNO	Chief Nursing Officer
NMC	Nursing and Midwifery Council
CPN	Community Psychiatric Nurse
SNLAC	Specialist Nurse for Looked After Children
CPD	Continuing Professional Development
DOB	Date of Birth
EDC	Expected Date of Confinement
CPR	Child Protection Register
LAC	Looked After Children
PHA	Public Health Agency

Appendix 2

PDF and previous Microsoft Word version is available to download here

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form

HSC Health and Social Care

Date: | **Time (24hr):** | **Staff Name:**

Select Trust: Belfast Health & Social Care | **Designation:**

Supervision Method: Face-to-face | **Team:**

Child's Name:
DOB: DD/MM/YYYY | **EDC:**
HCN (if known):
Address:
Town/City: | **Postcode:**

Child's Name:
DOB: DD/MM/YYYY | **EDC:**
HCN (if known):
Address:
Town/City: | **Postcode:**

Child's Name:
DOB: DD/MM/YYYY | **EDC:**
HCN (if known):
Address:
Town/City: | **Postcode:**

Child's Name:
DOB: DD/MM/YYYY | **EDC:**
HCN (if known):
Address:
Town/City: | **Postcode:**

1

Appendix 2 continued

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form

HSC Health and Social Care

What are you worried about?

What is working well?

What needs to happen?

2

Appendix 2 continued

SAFEGUARDING CHILDREN OPEN DOOR ADVICE/SUPERVISION

Safeguarding Children Open Door Supervision / Advice E-form

HSC Health and Social Care

Summary of discussion and agreed action

Differing views (record only if not resolved during supervision)

Supervisor Name (Print):

Supervisor Signature:

Date: **Time:**

Copies sent to:

This record must be stored, managed and controlled in line with Trust policies on confidentiality and records management

3

Appendix 3

ONE-TO-ONE SAFEGUARDING CHILDREN SUPERVISION AGREEMENT

As supervisor I take responsibility for:

- Preparing for the session
- Cancelling a session only in exceptional circumstances
- Rearranging the cancelled session within agreed timescales
- Ensuring the session is not interrupted
- Exploring the supervisee's experience / issue appropriately using my knowledge, skills and experience
- Facilitating reflective practice
- Addressing the supervisee's learning and development needs
- Allowing the supervisee to express his/her individuality
- Providing support to the supervisee
- Giving clear constructive feedback
- Evaluating the perceived benefit of the session to the supervisee
- Providing an annual evaluation report

As supervisee I take responsibility for:

- Arranging the session
- Cancelling a session only in exceptional circumstances
- Rearranging the cancelled session within agreed timescales
- Preparing for the session
- Bringing appropriate issues to the session and discussing them openly
- Being open to constructive feedback
- Evaluating the perceived benefit of the session
- Recording and reflecting on significant activities
- Undertaking agreed actions, amending client health/care plans if appropriate following supervision
- Identifying my learning and development needs
- Engaging in learning and development activities between supervision sessions

During each session we will:

- Maintain mutual respect
- Maintain an open and honest approach
- Maintain strict confidentiality
- Deal appropriately with areas of disagreement
- Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information
- Address equality, participation and human rights issues

At the end of each session we will:

- Agree a suitable time and venue for the next session
- Maintain and store records in line with policy

Supervisee name	
Signature	
Designation	

Supervisor name	
Signature	
Designation	

Date	

Copy to:
Supervisee
Supervisor
Line Manager (if differs from supervisor)

Appendix 4

PDF and previous Microsoft Word version is available to download here

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

Health and Social Care

To be completed by nurse prior to supervision | Select Trust:

Family Composition

Surname, Forename | DOB/EDC: DD/MM/YYYY

Categories of Registration

☐ Potential physical abuse	☐ Suspected physical abuse	☐ Confirmed sexual abuse	☐ Potential neglect
☐ Confirmed physical abuse	☐ Potential sexual abuse	☐ Suspected emotional abuse	☐ Confirmed neglect
☐ Suspected sexual abuse	☐ Confirmed emotional abuse	☐ Potential emotional abuse	☐ Suspected neglect

Surname, Forename | DOB/EDC: DD/MM/YYYY

Categories of Registration

☐ Potential physical abuse	☐ Suspected physical abuse	☐ Confirmed sexual abuse	☐ Potential neglect
☐ Confirmed physical abuse	☐ Potential sexual abuse	☐ Suspected emotional abuse	☐ Confirmed neglect
☐ Suspected sexual abuse	☐ Confirmed emotional abuse	☐ Potential emotional abuse	☐ Suspected neglect

Surname, Forename | DOB/EDC: DD/MM/YYYY

Categories of Registration

☐ Potential physical abuse	☐ Suspected physical abuse	☐ Confirmed sexual abuse	☐ Potential neglect
☐ Confirmed physical abuse	☐ Potential sexual abuse	☐ Suspected emotional abuse	☐ Confirmed neglect
☐ Suspected sexual abuse	☐ Confirmed emotional abuse	☐ Potential emotional abuse	☐ Suspected neglect

Surname, Forename | DOB/EDC: DD/MM/YYYY

Categories of Registration

☐ Potential physical abuse	☐ Suspected physical abuse	☐ Confirmed sexual abuse	☐ Potential neglect
☐ Confirmed physical abuse	☐ Potential sexual abuse	☐ Suspected emotional abuse	☐ Confirmed neglect
☐ Suspected sexual abuse	☐ Confirmed emotional abuse	☐ Potential emotional abuse	☐ Suspected neglect

Address

Town:

County:

Postcode:

HCN of youngest child (if known):

Child Protection Register?

Date of last safeguarding meeting or child protection case conference, family support, LAC:

Legal Status:

1

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
☐ Domestic violence	☐ Single parent & poor support	☐ Developmental delay
☐ Drugs/alcohol	☐ Family dysfunction	☐ Growth
☐ Mental health	☐ Low income	☐ Physical neglect
☐ Learning difficulty/disability	☐ Social isolation/rural	☐ Emotional factors
☐ Physical health	☐ House moves	☐ Previous experience of abuse
☐ Parenting skills	☐ Poor home conditions	☐ Group & friendships
☐ History/evidence of neglect	☐ Other (please specify)	☐ Risk taking behaviours
☐ Other (please specify)		☐ Other (please specify)
Please complete the details/information box on the following page.	Please complete the details/information box on the following page.	Please complete the details/information box on the following page.

2

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
Details/information	Details/information	Details/information
Please continue onto next page if required	Please continue onto next page if required	Please continue onto next page if required

3

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What are you worried about? (identify any current concerns for the child/family)

Parenting Capacity	Family/environmental	Child's development
Details/information	Details/information	Details/information

4

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What has worked well?

Parenting Capacity	Family/environmental	Child's development
Existing safety & strengths	Existing safety & strengths	Existing safety & strengths
Please continue onto next page if required	Please continue onto next page if required	Please continue onto next page if required

5

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 1

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

What has worked well?

Parenting Capacity	Family/environmental	Child's development
Existing safety & strengths	Existing safety & strengths	Existing safety & strengths

Family's understanding of current concerns / level of engagement / Voice of the Child

6

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 2

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

To be completed during supervision

Summary of discussion and analysis of information considering strengths, needs, risks, resilience and protective factors. Consideration to be given to evidence of any Adverse Childhood Experiences

What needs to happen?	Agreed nursing actions

7

Appendix 4 continued

RECORD OF SAFEGUARDING CHILDREN ONE TO ONE CASE SUPERVISION

Section 2

Confidential Safeguarding Children Case Supervision

HSC Health and Social Care

To be completed during supervision (continued)

Summary of discussion and analysis of information considering strengths, needs, risks, resilience and protective factors. Consideration to be given to evidence of any Adverse Childhood Experiences

Differing views and further action:
(record only if not resolved during the supervision session)

Professional Opinion regarding threshold
(please tick)

1 ☐
2 ☐
3 ☐
4 ☐

Supervisor Name

Supervisor Signature

Nurse Name

Nurse Signature

Date
DD/MM/YYYY

Copies to

This record must be stored, managed and controlled in line with Trust policies on confidentiality and records management

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Appendix 5

SAFEGUARDING CHILDREN GROUP SUPERVISION GROUND RULES

Responsibilities

It is the responsibility of supervisors to:

- Maintain and develop group supervision skills and expertise.
- Ensure that supervisees understand the model of group supervision adopted.

It is the responsibility of team managers to:

- Facilitate Group Supervision Sessions to meet the needs of team members.
- Discuss attendance at group safeguarding supervision during supervision.
- Respond to managerial issues raised through supervision.

It is the responsibility of supervisees to:

- Reflect on practice and prepare in writing for each session.
- Attend group supervision at the level agreed for their role and responsibility.
- Record their supervision session and use to support NMC revalidation process as a reflective account if desired.
- Amend client care/health plans if appropriate following supervision.

Maximum number of group members:

The recommended number of supervisees in a safeguarding group supervision session is six. The group must not exceed a maximum of eight members. This is to ensure that all participants can contribute and avail of supervision in a meaningful way.

Respect for group members:

- We will not judge each other
- We will respect others who are not present
- We will arrive punctually and remain until the session is closed
- We will offer apologies and a genuine reason, as soon as possible, if in exceptional circumstances we are unable to attend as arranged
- We will not use offensive or abusive language
- We will respect those who become emotional and will allow them time and space to work through this
- Mobile phones will be switched off
- Everyone will be given equal time to reflect and work on their issue within the session

Length of group supervision session:

- Group supervision will usually last approximately 2 - 2 ½ hours.

Group members will treat information, concerns and issues discussed during the supervision session with the utmost respect and confidentiality.

Appendix 6

NMC Nursing & Midwifery Council

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? **Why is it significant?** **What was the worst aspect?** **What was the best aspect?**
How did you change or improve your practice as a result? **Actions**
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Appendix 7

RECORD OF SAFEGUARDING PRACTICE/PERSONAL DISCUSSION

Record of Safeguarding Practice/Personal Discussion			
Date		**Time**	
Name			
Designation			
Team / Base			

Reflection
Outcome of discussion and agreed actions (including training and other professional development opportunities)

Supervisee signature	
Designation	

Supervisor signature	
Designation	
Date	

Appendix 8

SAFEGUARDING CHILDREN SUPERVISION - EVALUATION

Evaluation of Safeguarding Children Nurse Supervision					
Date		**Time**		**Designation**	

	Individual	Group
Client Issues addressed?	◯ YES	◯ NO
Practice Issues addressed?	◯ YES	◯ NO
Did you understand the purpose of this supervision session?	◯ YES	◯ NO
Did you have enough time to prepare?	◯ YES	◯ NO
Was the session structured using a logical process?	◯ YES	◯ NO
Were there interruptions?	◯ YES	◯ NO
Did you find the supervision supportive?	◯ YES	◯ NO
Did you have sufficient opportunities to participate?	◯ YES	◯ NO

Did you learn anything new from this session? Comment	◯ YES	◯ NO
Or did we discuss - Have you identified any new or alternative ways of working? Comment	◯ YES	◯ NO
Could this session have been improved? Comment	◯ YES	◯ NO
Have you identified any practice, learning or development needs? Comment	◯ YES	◯ NO
Any other comments?		

Overall Rate				
☐ Excellent	☐ Very good	☐ Good	☐ Satisfactory	☐ Poor

Notes

MAHI - STM - 259 - 316

MAHI - STM - 259 - 317

Reflective Supervision

Personal - Professional - Practice

NIPEC

INVESTORS IN PEOPLE

From the Chief Nursing Officer
Maria McIlgorm

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

VIA EMAIL:

Executive Directors of Nursing, HSCTs

Department of Health
C5.14
Castle Buildings
Stormont Estate
BT4 3SQ
Tel: 028 9052 2151
Email:
Maria.McIlgorm@health-ni.gov.uk

Date: 2nd November 2022

Dear Colleagues,

As you are aware, NIPEC recently launched the Reflective Supervision and Preceptorship frameworks on my behalf.

The accompanying document Reflective supervision: Regional Safeguarding Policy and Standards for Nurses and Midwives is now available. This should be used to supplement the overarching Reflective Supervision Framework as appropriate,

Yours Sincerely,

Maria McIlgorm

MARIA McILGORM
Chief Nursing Officer

INVESTORS IN PEOPLE

Exhibit 16

MAHI - STM - 259 - 319

Preceptorship Framework

for Nursing, Midwifery and Specialist Community Public Health Nursing in Northern Ireland

DHSSPS
Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

NIPEC

Contents

Foreword

Preceptorship is an important period in the career of every registered nurse, midwife or specialist community public health nurse (scphn). It is the time when a practitioner, newly registered with the Nursing and Midwifery Council (NMC), is supported to develop confidence in the chosen field of practice by consolidating knowledge and skills and engaging in the professional socialisation process with colleagues.

The value of preceptorship is acknowledged in the Nursing and Midwifery Council's publications (NMC 2006 and NMC 2011) and in the National Health Service Knowledge and Skills Framework (DH, 2004). As outlined within this document (page 7), preceptorship is one of three core elements within the nursing and midwifery professional development and support continuum, complementing mentorship and supervision.

The purpose of this *Preceptorship Framework* is to guide Northern Ireland employers and managers of NMC registrants in the implementation, audit and evaluation of preceptorship. The framework will also be a useful resource for preceptees and preceptors including those responsible for leading and managing preceptorship within their organisations.

The *Preceptorship Framework* comprises standards for preceptorship with an accompanying organisational audit tool and a skill set assessment tool for preceptors. It is an excellent resource for employers, managers and registrants. The framework will augment the existing process within organisations. In addition, it will facilitate a consistent approach to preceptorship for those employed as nurses, midwives and scphns throughout Northern Ireland. The consequential benefit for patients/clients will be related to improvements in the overall care or service provided.

Angela McLernon
Acting Chief Nursing Officer
DHSSPS

Dr Glynis Henry
Chief Executive
NIPEC

Acknowledgements

As Chair of the project Steering Group, I would like to thank all those who contributed to the development of this *Preceptorship Framework*. The Framework was developed through effective collaboration and consultation with the professions of nursing and midwifery across the statutory, independent and education sectors. NIPEC established a Steering Group comprising Health and Social Care Trust senior nursing, midwifery and human resources colleagues, senior nurses in the independent sector and Department of Health, Social Services and Public Safety and also colleagues from education and staff side organisations (See Appendix One, Steering Group Membership).

In particular, I have valued the contribution of the members of the Steering Group, who kept the progress of the project under review and ensured that the project objectives were achieved.

The subgroup members are also to be highly commended for their commitment and invaluable contribution to the development and refinement of this *Preceptorship Framework*. I would further like to acknowledge those who contributed to the development of the website to support the implementation of preceptorship.

In addition, the contribution from our human resource and staff side colleagues was invaluable, in that they ensured the content of this framework reflected current human resource practice and requirements of the Knowledge and Skills Framework (DH, 2004).

Finally, I wish to thank NIPEC, including the administrative and information technology staff, for their significant contribution to ensuring the successful outcomes of this project.

Francis Rice
Chair of Preceptorship Steering Group
Director of Mental Health and Disability Services
and Executive Director of Nursing
Southern Health and Social Care Trust

1.0 Introduction

1.1 The Nursing and Midwifery Council (NMC) requires that all nurses, midwives and specialist community public health nurses (scphns) are committed to a journey of lifelong learning, which is even more crucial in the rapidly changing environment of health care. This commitment will enable them to continue to enhance their knowledge, skills, experience and attitudes (NMC, 2007) in order to facilitate the delivery of safe and effective, person-centred care/services to patients and clients.

1.2 At the point of entry to the NMC register, nurses, midwives and scphns are confirmed as safe, effective and proficient practitioners (NMC, 2008). The NMC, however, has recognised that nurses, midwives and scphns who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills (NMC, 2006).

1.3 The NMC therefore recommends that all new registrants should have a period of preceptorship on commencing employment, to support them through the period of transition in their new role (NMC, 2006). Those charged with the responsibility of helping new registrants through this period of transition play a crucial role in supporting and developing our nurses and midwives of the future. Preceptorship should also be available for those nurses and midwives who have completed return to practice programmes and practitioners from outside the United Kingdom (UK) who are newly registered with the NMC.

1.4 There is much literature to support the benefits of preceptorship (Rose, 2007; Smedley, 2008 and Stewart, Pope and Hansen, 2010):

- for **new registrants**, their confidence and competence are enhanced, leading them to feel valued and respected by their employer
- for **preceptors**, the opportunity to develop their colleagues professionally, and act as a good role model, adds to their job satisfaction and helps towards achievement of their career aspirations
- ultimately **patients/clients** benefit as a result of being cared for by safe, competent and confident nurses, midwives or scphns who are professionally supported in their new role.

1.5 To ensure a standardised approach to the effective implementation of preceptorship for nurses, midwives and scphns, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) agreed, with the Acting Chief Nursing Officer, Department of Health, Social Services and Public Safety (DHSSPS), the need for the development of a preceptorship framework for Northern Ireland. The development of this resource will also support the implementation of the DHSSPS Nursing and Midwifery Strategy *A Partnership for Care* (DHSSPS, 2010).

2.0 Background

2.1 Each of the four UK countries has undertaken work to operationalise the NMC's recommendation regarding preceptorship. Scotland introduced the *Flying Start* programme (Banks et al, 2010); England developed a preceptorship framework and in addition is adapting Scotland's Flying Start programme (DH, 2010) and the Health Trusts in Wales have developed an infrastructure to support preceptorship. In Northern Ireland, each of the Health and Social Care (HSC) Trusts has developed its own systems and processes to ensure the effective implementation of preceptorship.

2.2 It is important to note that in HSC Trusts the preceptorship process is also closely linked into the principles of Agenda for Change (AfC) and the personal development process within the National Health Service Knowledge and Skills Framework (NHS/KSF) (DH, 2004).

3.0 What is Preceptorship?

3.1 The NMC recommends that organisations employing nurses, midwives and scphns provide them with access to preceptorship in the form of professional support and development in order to promote the delivery of safe, effective and person-centred care. The model of preceptorship incorporates the elements of teaching, role modelling, socialising, assessing and orienting nurses, midwives or scphns to the new clinical environment. This process enables individual practitioners to cement their knowledge and skills and develop confidence in their new role (NMC, 2010). The benefits of preceptorship are not only experienced by the preceptee, but also by those in the preceptor role and this can ultimately contribute towards a positive experience for patients and clients, combined with the provision of safe, effective and person-centred care (see Appendix Two for a list of the benefits of preceptorship as identified in the literature).

3.2 Definitions

Preceptorship is:

a period of structured transition for the preceptee 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 to continue on a journey of lifelong learning (adapted from Department of Health (DH), 2010).

A preceptor is:

a registered nurse, midwife or scphn who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

A preceptee is:

a newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for the first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.

3.3 The provision of professional support and development, within the nursing and midwifery professions, is part of a continuum, commencing with mentorship for those undertaking pre-registration programmes; preceptorship for those newly qualified, those returning to practice or new registrants from outside the UK; and supervision to support the ongoing development of NMC registrants (see Figure 1: The Nursing and Midwifery Professional Support and Development Continuum, and Figure 2: The Nursing and Midwifery Professional Support and Development Processes).

Figure 1: Nursing and Midwifery Professional Support and Development Continuum

Professional Support, Development and Socialisation

Achieved via organisational

- Systems
- Processes
- Resources
- Infrastructure

Supervision — Supports individuals throughout their professional career while employed in roles requiring them to be nurses, midwifes or scphns.

Preceptorship — For a period not exceeding 6 months*. In parallel with orientation, corporate/departmental induction and probation.

Mentorship — For the duration of the pre-/post registration NMC approved programme.

*Note: unless there are circumstances that may require an extension.

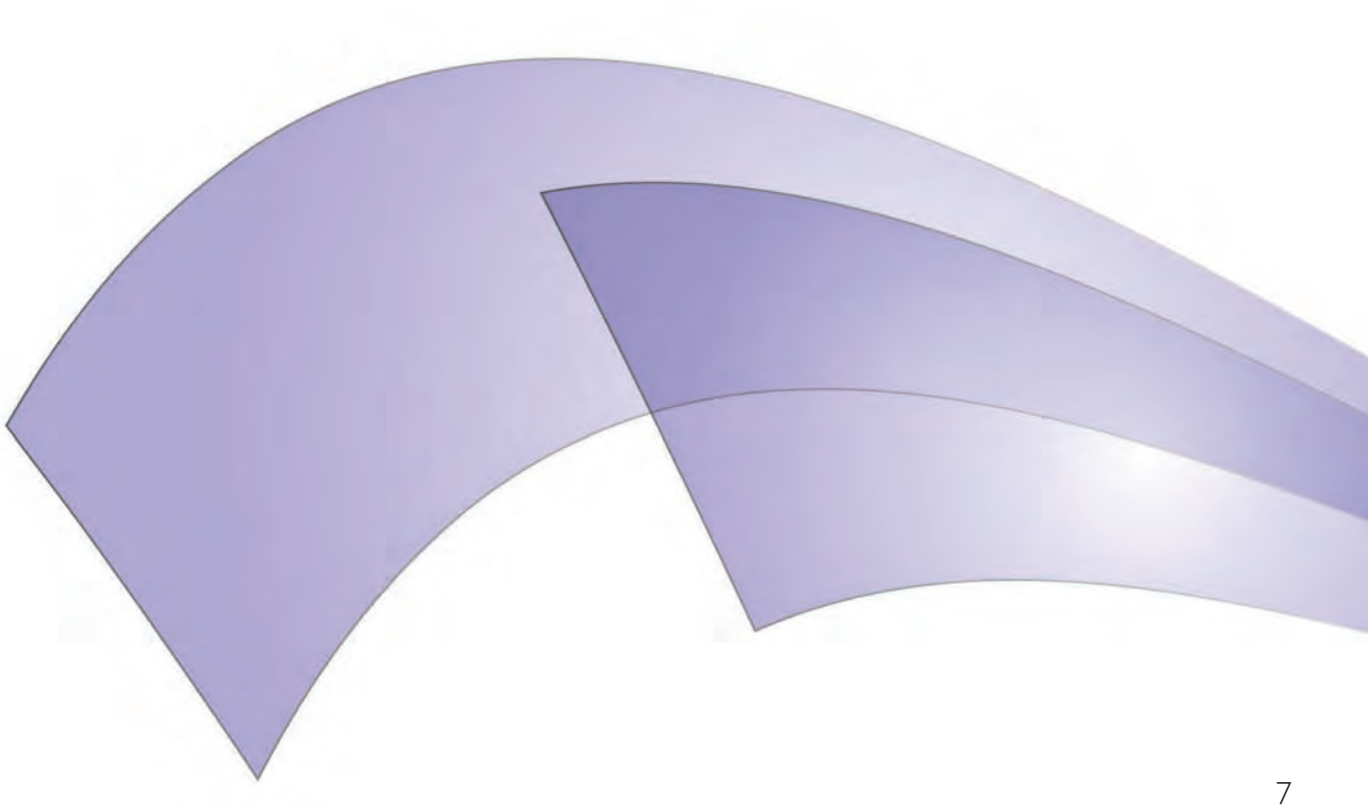

Figure 2: Nursing and Midwifery Professional Support and Development Processes

Mentorship	Preceptorship	Supervision[1]
By whom? A mentor/sign-off mentor.	**By whom?** A preceptor.	**By whom?** A supervisor.
Who is a registered nurse, midwife or scphn on the organisation's database who meets the NMC standards for Learning and Assessment in Practice.	**Who** is a registered nurse, midwife or scphn on a locally held register in the organisation.	**Who** is a registered nurse, midwife or scphn on a locally held register in the organisation.
For student nurses/midwives/scphns undertaking a pre- or post-registration programme to help them develop their competence and experience in their field of practice, in order to become safe and competent practitioners.	**For** newly registered nurses, midwives or scphns, those returning to practice and those new registrants from outside the UK, in the early stages of their employment, to help them develop confidence in their new role and ensure the delivery of safe and effective care.	**For** nurses, midwives[2] or scphns, to help them continue to develop their competence and confidence to ensure the delivery of safe and effective care.
Where? In approved practice placements.	**Where?** In a practice setting.	**Where?** Usually in the practice setting.

1 Supervision to facilitate ***professional*** support and learning should **only** be provided by NMC registrants. Supervision for other purposes can be provided by colleagues, relevant to the individual's role, who are not NMC registrants.

2 Supervision of midwives is a statutory system (required by law) for protection of the public from poor midwifery practice, by monitoring midwives' practice and providing support and guidance to every midwife in the UK. This role is carried out on the NMC's behalf by local supervising authorities in Northern Ireland, as well as England, Scotland and Wales (NMC, 2010).

4.0 Preceptorship Framework

4.1 Northern Ireland's *Preceptorship Framework* comprises three elements:

- two preceptorship standards
- audit tool to support the monitoring of the standards
- self-assessment tool identifying the essential skill set for preceptors.

These elements, detailed below, have been developed to support the effective implementation of preceptorship within organisations employing nurses, midwives and scphns. The *Preceptorship Framework* should be used in conjunction with relevant legislative and statutory requirements, including organisational policies, procedures, systems and processes.

4.2 Standards for Preceptorship in Nursing and Midwifery

The following two standards have been developed to guide and sustain preceptorship across Northern Ireland.

Standard Statement 1: Preceptorship Implementation

All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners, by enhancing their knowledge, skills and attitudes with the help of a preceptor. The period of preceptorship should not exceed six months, unless there are circumstances that may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.

Criteria

1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.
2. Preceptees will avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.
3. Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.
4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.
5. Preceptors will use existing networks in their organisation to share and learn from experiences, challenges and solutions.
6. Organisations will have a process to facilitate continuity of the preceptorship process.

Standard Statement 2: Preceptorship Governance

Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting the development of effective leadership capacity and performance management.

Criteria

1. Organisations will have a written process/procedure to guide the implementation of preceptorship.
2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.
3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table 1 (page 13).
4. Organisations will demonstrate that preceptors are supported in undertaking the role.
5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.
6. Organisations will ensure that preceptorship is part of their governance arrangements.
7. Organisations will audit the preceptorship standards annually, using the monitoring tool (Appendix Three).

4.3 The Relationship between Preceptorship, Induction and Probation

It is worth noting that the process of preceptorship does not replace the need for induction or probation. They serve different purposes, although they can run in parallel. The purpose of induction is to provide all employees with a good understanding of how the organisation works, including its principles, values and objectives. Its function is also to ensure that all employees have the knowledge, skills and attitudes necessary to perform their role in a safe, person-centred working environment. The probationary period represents the best opportunity for managers to identify any capability, conduct or attendance issues that exist and manage these appropriately before confirming an employee in post. Management of the probationary period however can, in some cases, lead to a decision not to confirm an employee in post because the necessary standard required has not been achieved.

It is acknowledged that the value of induction including orientation is further enhanced for the preceptee during the preceptorship period. The preceptor acts as a role model and resource to enhance the preceptee's confidence and further develop his/her competence and critical-decision making ability during this time. Morover, the preceptorship process augments the professional socialisation which begins during the mentorship period and which is further enhanced during supervision.

4.4 Furthermore, it is important to recognise that the process of preceptorship is **NOT** a:

- substitute for organisational performance management processes
- replacement for managing fitness to practice
- period in which the preceptee is not accountable or responsible for his/her actions or omissions
- replacement for mandatory training
- replacement for induction or probation.

4.5 To prepare nurses and midwives for the preceptorship process on which they will embark once they enter employment as a nurse, midwife or scphn for the first time, the pre-registration curriculum will include introduction to the preceptorship process. This should ensure that preceptees gain an understanding of their role, responsibilities and the benefits of preceptorship. It is recommended that the optimum time for this to take place is when students are in the university setting, being prepared for their penultimate or final clinical placement.

4.6 Learning Agreement

In order to formalise the preceptorship process, it is recommended that a learning agreement is completed for each preceptee. This will enable the line manager, preceptor and preceptee to understand their individual roles in the preceptorship process and will provide a formal record to assist with auditing and evaluating the process. A generic learning agreement template is available to download at **http://www.nipec.hscni.net/res_sectioneducdev.htm**

4.7 Preceptorship Portfolio

The preceptor will introduce the preceptee to the organisation's portfolio documentation, which will be used to help the preceptee gather evidence to record learning and development and reflect on practice. The preceptee's line manager is also responsible for encouraging completion of the portfolio.

4.8 Audit and Evaluation

The standards for Preceptorship will be monitored annually using the audit tool (see Appendix Three).

5.0 Developing Individuals: Roles and Responsibilities

To ensure the effective implementation of preceptorship, attention must be given to supporting and developing individuals in their roles. Roles and responsibilities have been clearly defined for those involved in the preceptorship process and are detailed below.

5.1 Development for the Preceptor Role

Whilst there are no formal qualifications associated with being a preceptor, individuals will need some preparation for their role. Preceptors should be nurses, midwives or scphns, who have had at least twelve months' experience post-registration, preferably within the same area of practice as the preceptee. Registrants who undertake the role of preceptor should complete relevant learning and development activities to prepare them for the role and to continue to support them in the role. From a review of the literature (Rose, 2007; Smedley, 2008 and Stewart et al., 2010), the qualities and skills required of effective preceptors (see Table 1) are also common to those required of mentors and supervisors.

Table 1. Qualities and skills required of effective preceptors

- Ability to act as a professional role model
- Effective communication, interpersonal, reflective, critical thinking and decision-making skills
- Ability to recognise cultural and individual diversity needs
- Effective leadership skills, assertiveness and flexible as regards change
- Effective clinical, teaching and facilitation skills and delivering evidence-based practice
- Competent, confident and motivated in their own role and in the role of preceptor
- Patience and the ability to guide the preceptee through complex activities and tasks

5.2 Roles and Responsibilities of Preceptors, Preceptees, Line Managers and Professional Leads for Preceptorship

Each individual has a specific role and important responsibilities to ensure the successful transition of the preceptee through the preceptorship period. These are highlighted below. In the event that a preceptor may not always be available and to ensure continuity within the preceptorship process, it may sometimes be necessary, for a co-preceptor with the appropriate knowledge and skills, to be appointed to act on the preceptor's behalf.

5.2.1 Preceptor

The role and responsibility of the preceptor is to facilitate the preceptorship process by:

- demonstrating an adherence to codes of professional practice
- supporting orientation and induction to the workplace
- providing an overview of the preceptorship process and documentation
- monitoring and provide feedback to support the preceptee in the completion of his/her preceptorship portfolio
- supporting learning and development in line with requirements of the role and, where relevant, KSF post outline and the development of an action plan to meet learning needs, including teaching/coaching/experiential learning sessions
- using models of reflection to promote self-development
- at specific review points during the preceptorship period, reflect with the preceptee on his/her progress, noting any concerns and provide feedback to the line manager
- acting as a role model for the preceptee
- completing the preceptorship process documentation as per the organisation's policies.

5.2.2 Preceptee

The role and responsibility of the preceptee is to participate actively in the preceptorship process and:

- demonstrate adherence to codes of professional practice
- take ownership of the preceptorship process and be proactive in completion of the objectives
- liaise with the line manager to ensure that working arrangements (off duty) facilitate the preceptee and preceptor to meet regularly, to review progress and identify development needs
- attend and actively engage in agreed meetings
- reflect with the preceptor on his/her progress at review meetings, including discussing any concerns about progress through the preceptorship process
- maintain and update all relevant documentation including preceptorship portfolio
- ensure that relevant preceptorship process documents are forwarded to line manager and that a copy is retained for personal records
- raise any areas of concern about the process with line manager or other relevant person.

5.2.3 Line Manager

The role and responsibility of the line manager is to:

- arrange preceptorship for those practitioners requiring it
- nominate the appropriate preceptor to lead in the preceptorship process
- advise other relevant individuals of the preceptee and the aligned preceptor
- provide the KSF post outline (where relevant) for the preceptee, to enable the preceptor to plan appropriate activities to meet the learning and development needs of the preceptee
- ensure that the preceptee receives relevant induction training, including statutory and mandatory training within appropriate timescales
- provide appropriate support to enable the preceptorship processes
- facilitate and maximise learning opportunities as required
- act as a role model
- obtain feedback at regular intervals from preceptor and preceptee and measure progress against planned learning outcomes, identified in the learning agreement
- manage any underperformance through application of the organisation's relevant human resource policies and procedures
- hold a local register of preceptors.

5.2.4 Professional Lead for Preceptorship

Organisations should have a nominated person in the role of professional lead with a responsibility to:

- ensure that an appropriate evidence-based preceptorship model is in place for preceptees
- liaise with line managers to ensure that the organisational preceptorship process is implemented in line with the requirements of the regional preceptorship framework
- be able to access the local register of preceptors, held by individual Ward Sisters/Charge Nurses and Community Team Leaders
- audit the preceptorship standards annually using the audit tool (see Appendix Three).

5.3 Supporting Preceptorship Online

NIPEC has developed a section on its main website **www.nipec.hscni.net/preceptorship** for use by preceptors, preceptees,

line managers and professional leads to support the effective implementation of the preceptorship process. The recording of learning and development activities, reflections and other information about individuals' ongoing development can be achieved via NIPEC's online portfolio at **www.nipecdf.org**

The preceptorship section on NIPEC's website comprises:

- a template for recording discussion and actions arising from preceptorship meetings
- NIPEC's learning agreement template, for completion by preceptor, preceptee and line manager, which the preceptee could also save into his/her portfolio
- information about the qualities and skills necessary to be a successful preceptor
- the professional skill set for preceptors, which facilitates self-assessment and enables the individual to plan relevant learning and development activities to support his/her development in the role of preceptor (Appendix Four)
- preceptorship standards and the Audit Tool (Appendix Three)
- advice for preceptors and preceptees regarding ongoing CPD
- access to **www.nipecdf.org** including: reflective diary, learning and development log, evidence log. These can be used by the preceptee, to provide evidence at development review/appraisal meetings to support successful transition through the preceptorship process.

Glossary

CPD	Continuous professional development. The NMC Prep requirements (2011) include a commitment by all registrants to undertake continuing professional development.
Mentee	Student on a pre- or post-registration NMC approved education programme.
Mentor	Registered nurse, midwife or scphn who has been given a formal responsibility to supervise and assess students in practice settings and who meets the NMC requirements for a mentor.
Preceptee	Newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.
Preceptor	Supports a newly registered practitioner through preceptorship.
Supervisee	A registered nurse, midwife or scphn receiving professional support and learning through a range of activities.
Supervisor of Nurses	Registered nurse or scphn who provides professional support and learning to nurses or scphns.
Supervisor of Midwives	Registered midwife appointed by a local supervising authority to exercise supervision over midwives practising in its area in accordance with Rule 11(NMC, 2012).

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Appendix One

Membership of Steering Group

Organisation	Representative
Southern HSC Trust	Francis Rice, Executive Director of Nursing, (CHAIR) Dawn Ferguson, Practice Education Facilitator Heather Ellis, Head of Education, Learning and Development*
Belfast HSC Trust	Moira Mannion, Co-Director of Nursing, Education and Learning / Salliann Lewis, Nurse Development Lead*
Northern HSC Trust	Elizabeth Graham, Head of Nursing, Education and Development / Kate McGoldrick, Practice Education Facilitator* Kate McLaughlin, Health Visiting Practice Teacher
South Eastern HSC Trust	Bob Brown, Assistant Director of Nursing, Learning and Development/Evelyn Mooney, Practice Education Co-ordinator* **
Western HSC Trust	Brendan McGrath, Assistant Director of Nursing, Workforce Planning & Modernisation
Public Health Agency	Oriel Brown, Nurse Consultant
Northern Ireland Hospice	Sue Foster, Lecturer in Palliative Care*
Independent Health Care Providers	Louise Campbell, Home Manager
Regulation Quality Improvement Authority	Phelim Quinn, Director of Nursing
Open University	Donna Gallagher, Senior Lecturer (from 30th January 2012)

Membership of Steering Group *(continued)*

Organisation	Representative
Queen's University Belfast	Dr Marion Traynor, Assistant Director of Education, (from 30th January 2012) Gail Anderson, Teaching Fellow Midwifery (from 30th January 2012)
Ulster University	Owen Barr, Head of School (from 30th January 2012)
Royal College of Nursing	Rita Devlin, Senior Professional Development Officer*
Royal College of Midwives	Annette Taylor, Midwifery Practice Education Facilitator, WHSCT*/ Mary Caddell, RCM (from 31st January 2012)
Unite/CPHVA	Mary Duggan, Chair NI CPHVA
Unison	Fidelma Carolan, Regional Organiser (Lifelong Learning)
Four Seasons Health Care	Melanie Bowden, Training and Development Manager
DHSSPS	Kathy Fodey, Nursing Officer
NIPEC Council	Sally Campalani, Council Member
NIPEC	Cathy McCusker, Senior Professional Officer (Project Lead)* **

* Denotes membership of sub-group

** Website Development Group: Debbie McKelvey (Ward Sister Belfast HSC Trust), Ann Robertson, (Manager, Four Seasons Health Care), and Steering Group members Evelyn Mooney and Cathy McCusker.

Appendix Two

Benefits of Preceptorship for Preceptees, Preceptors and Organisations

(Adapted from Preceptorship Framework for Nursing (DH, 2010))

The benefits for the preceptee can be:

- increased confidence, accompanied by feelings of being valued and respected, which is augmented by professional socialisation
- enhancement of critical decision-making and critical thinking skills
- reflection on practice, supported by constructive feedback, to improve practice and performance
- increased job satisfaction, leading to improved patient/client satisfaction
- enhanced knowledge and skills in how to become an integral member of the team and team leader
- developed understanding of the commitment to working within the profession and requirements of regulatory body
- learn how to 'manage self' and taking personal responsibility for maintaining up-to-date knowledge
- development of specific competences that relate to the new role and effectively working within a multi-disciplinary team, enabling progress through Agenda for Change gateways.

The benefits for Preceptors can be:

- enhanced appraisal, supervision, mentorship and facilitation skills
- increased commitment to their profession and the regulatory requirements
- contribution to their own lifelong learning
- enhanced future career aspirations
- job satisfaction as a result of developing others to achieve their potential
- developing own knowledge and experience.

The potential benefits for organisations can be:

- increased patient/client satisfaction, with a corresponding reduction in complaints, accidents and incidents
- reduction in sickness absence rates, improvements in recruitment and retention.

Appendix Three

Audit Tool for monitoring achievement of preceptorship standards in organisations

Standard 1: Preceptorship Implementation All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners by enhancing their knowledge, skills and attitudes with the help of a preceptor.	**Evidence of achievement of standards** Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.
The period of preceptorship should not exceed six months, unless there are circumstances which may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.	
1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.	
2. Preceptees should avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.	
3. Line managers should ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.	
4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.	
5. Preceptors will use existing networks in their organisation to share experiences, challenges and solutions.	
6. Organisations will have a process to facilitate continuity of the preceptorship process.	

Appendix Three

Audit Tool for monitoring achievement of preceptorship standards in organisations *(continued)*

Standard 2: Preceptorship Governance Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting effective leadership and performance management.	**Evidence of achievement of standards** Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.
1. Organisations will have a written process/procedure to guide the implementation of preceptorship.	
2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.	
3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table 1 (page 13).	
4. Organisations will demonstrate that preceptors are supported in undertaking the role.	
5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.	
6. Organisations will ensure that preceptorship is part of their governance arrangements.	
7. Organisations will audit the preceptorships standards annually, using the monitoring tool (Appendix Three).	

Appendix Four

Professional Skill Sets for Preceptors

The Professional Skill Set has been developed to help those who are preceptors or who are preparing to undertake the role of preceptor. Individuals can use this assessment tool to plan, with their line manager and/or supervisor, their learning and development, to develop/enhance their competence as a preceptor.

1. Understand the concept of preceptorship and its positive influence on the preceptee	**Please tick if achieved**	**2. Manage the preceptorship process**	**Please tick if achieved**
1.1 Have an understanding of the concept of preceptorship.	☐	2.1 Plan and manage preceptorship sessions and demonstrate effective record keeping.	☐
1.2 Have an ability to work within the scope of preceptorship.	☐	2.2 Establish the learning agreement and ground rules.	☐
1.3 Be able to describe the purpose and process of preceptorship.	☐	2.3 Work within the NMC Code (2008) and NMC Preceptorship guidelines (2006).	☐
1.4 Have an understanding of the role of preceptors and preceptees in implementing preceptorship.	☐	2.4 Manage concerns and any conflict arising in the preceptorship session.	☐
1.5 Identify how preceptorship can be used to enhance the confidence and competence of the preceptee.	☐	2.5 Use facilitation skills to ensure appropriate engagement with the preceptee.	☐
1.6 Relate preceptorship to lifelong learning for preceptor and preceptee.	☐	2.6 Facilitate preceptee to engage in critical reflection to develop confidence and enhance competence.	☐
	☐	2.7 Facilitate the preceptee in creating appropriate action plans.	☐
	☐	2.8 Critically evaluate own role as preceptor.	☐

Appendix Four

Professional Skill Sets for Preceptors *(continued)*

3. Facilitate preceptee in engaging actively in development of his/her confidence and enhancement of competence		Please tick if achieved
3.1	Have an understanding of the context within which the preceptee practises in relation to legal, professional, organisational and personal accountability.	☐
3.2	Facilitate preceptee in developing practice.	☐
3.3	Use positive challenge to encourage the preceptee to reflect in and on practice.	☐
3.4	Promote critical thinking and decision making, team working, leading and self-reliance in preceptee.	☐
3.5	Facilitate preceptee in identifying and managing conflict.	☐
3.6	Have the ability to motivate, support, and empower preceptee.	☐
3.7	Facilitate preceptee in using problem solving techniques.	☐

Biographical details

Name.....

Organisation and work area .....

.....

.....

.....

.....

NMC registration PIN number .....

Notes

Notes

NIPEC

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Northern Ireland Preceptorship Framework

for Nursing and Midwifery

NIPEC

Reflective Supervision

Personal - Professional - Practice

CONTENTS

1.0 INTRODUCTION

1.1 In 2020, the Nursing and Midwifery Council (NMC) published ***Principles for Preceptorship (1)*** in recognition of the benefits that a supported, structured period of preceptorship can offer to all newly registered nurses and midwives. Key features of effective preceptorship are the provision of a welcoming working environment with learning and development opportunities that build the confidence, accountability, independence, knowledge, skills and professional values of all newly registered practitioners. The Principles are also relevant to registrants who are: joining a new part of the NMC register; undertaking a specialist/advanced level of practice; re-joining the register; returning to practice and coming to work in the UK from within or outside the EEA/EU. Hereafter referred to those preceptees.

1.2 The principles were developed in collaboration with the Chief Nursing Officers in the four countries of the UK, the Chief Midwifery Officers in England and Scotland and Lead Officers for Midwifery in Northern Ireland (NI) and Wales. It is for each country to implement the principles within their care system.

2.0 BACKGROUND

2.1 This ***Northern Ireland Preceptorship Framework (2)*** reflects the new ***NMC Principles for Preceptorship (1)***. It outlines the preceptorship governance requirements, tools and templates for organisations, regulators, educators, employers, Professional Leads, Line Managers, Preceptors and Preceptees to consistently implement, govern, report and improve on the achievement of the ***NMC Principles for Preceptorship (1)*** across NI.

2.2 The ***NI Reflective Supervision Framework (3)*** provides a reflective practice structure for lifelong learning and professional development which includes practice supervision for pre-registration nursing and midwifery students, preceptorship for all Preceptees and reflective supervision for all NMC Registered Nurses and Registered Midwives (See Figure 1).

Figure 1: Continuum of Lifelong Learning and Professional Development

Practice Supervision	Preceptorship	Reflective Supervision
Practice supervision for pre registration nursing and midwifery students on an approved NMC programme, to learn and safely achieve proficiency and autonomy.	A programme of structured support for all preceptees that enables them to gain confidence to consistently apply The Code (4) on a daily basis.	Lifelong supported reflection that enables individual nurses and midwives to develop personally and to professionally improve their practice.

2.3 Preceptorship benefits registrants by providing a programme of structured support aimed at building professional confidence, life-long learning and reflective practice skills. Benefits to people include delivery of consistent safe, effective, compassionate, person-centred care and improved recruitment and retention of staff for organisations.

3.0 NI PRECEPTORSHIP FRAMEWORK GOVERNANCE REQUIREMENTS

3.1 ***NI's Preceptorship Framework (2)*** requires that Preceptorship is available for all Preceptees and Preceptorship programmes should acknowledge professional competence at the point of registration. Preceptorship programmes must provide the structured support needed for Preceptees to successfully transition their knowledge into everyday practice, gain confidence in their ability to use their knowledge and skills and to consistently apply **The Code *(4)*** on a daily basis. Preceptorship facilitates professional socialisation and provides the basis for the beginning of a lifelong journey of reflection together with enabling the Preceptee to self-identify continuing professional development needs and to prepare for revalidation.

Figure 2: NMC Principles for Preceptorship (1)

3.2 Preceptorship must be used in conjunction with relevant legislative and statutory requirements, including organisational policies and procedures.

3.3 Organisations must provide a person-centred, welcoming culture that values learning and development supported by corporate and local induction, in addition to appraisal, supervision, personal development planning and ongoing continuous professional development. Preceptorship accountability must be embedded in the organisations governance arrangements with systems and processes in place for robust monitoring, reviewing and reporting to the organisation's senior Registered Nurse/Registered Midwife/ Executive Director of Nursing (Appendix 1). The Chief Nursing Officer needs assurance on

an annual basis that the systems and processes are in place to support preceptorship. Additional reporting/detail is only required if a professional issue arises that requires intervention. In addition, employers should also have in place mechanisms for the evaluation of preceptorship (Appendix 1), improvement plans and escalation processes for raising concerns.

3.4 Preceptorship commences with the Line Manager providing the Preceptee with the name of their Preceptor on their first week of employment as an NMC registrant. The preceptorship programme generally is completed within a period of six months which can be extended and tailored to individual need as required. An Extenuating Circumstances Form can be completed and agreed at local level (Appendix 1). A certificate of completion of the preceptorship programme will be issued to the Preceptee which can be used as part of the NMC revalidation process.

3.5 The nominated Professional Lead/s responsible for the implementation of Preceptorship should report to the Executive Director of Nursing or the most Senior Nurse / Senior Midwife, on preceptorship attainment and improvement plans (Appendix 1). The role and responsibilities of Professional Lead(s) are detailed in Appendix 1.

3.6 The Department/Area's nominated Line Manager should maintain a local register of: i) all Preceptees; ii) appointed Preceptors; iii) start and proposed end dates of each individual preceptee's programme; and iv) number of successfully completed Preceptorship Learning Agreement and Evaluation Templates (Appendix 1). The Line Manager should report annually on the previous year's (1st April to 31st March) preceptorship attainment, in line with the organisation's preceptorship processes. Any preceptees who have extenuating circumstances and require an extension to their preceptorship programme should complete the Extenuating Circumstances Form (Appendix 1).

The nominated Line Manager should ensure protected time for guided learning opportunities with the appointed Preceptor (minimum of 2 protected contacts per month). The nominated Line Manager should sign off the Preceptorship Learning Agreement and Evaluation of Preceptorship Programme Templates (Appendix 1). The role and responsibilities of the nominated Line Manager are detailed in Appendix 1.

3.7 Preceptors should meet the criteria of the role detailed in the Preceptor Qualities and Skills Assessment Tool (Appendix 1) and have undertaken relevant preparation for the role. This may be a Preceptor preparation programme based on the ***NMC Principles for Preceptorship (1)***, ***NI Preceptorship Framework (2)***, ***NI Reflective Supervision Framework (3)*** and ***The Code (4)***.

Preceptors should use a variety of approaches tailored to the Preceptees preferred learning style with the purpose of promoting Preceptee wellbeing, personal growth,

professional development, confidence and empowerment. The Preceptee should be encouraged to set realistic, achievable objectives and to record progress on their Learning Agreement Template (Appendix 1). The role and responsibilities of Preceptors are detailed in Appendix 1.

3.8 Preceptees' are responsible for designing a preceptorship programme with realistic, achievable objectives in collaboration with their Preceptor. The programme should meet the needs of the Preceptee, those the Preceptee is caring for and the Department/Area's needs. Achievement of objectives should include professional socialisation activities. The Preceptees must record progress on their Preceptorship Learning Agreement Template (Appendix 1). The role and responsibilities of the Preceptee are detailed in Appendix 1.

At the end of the preceptorship period, a post programme evaluation should be completed by the Preceptee (Appendix 1). The Preceptee will continue to participate in reflective supervision as part of the ongoing continuum of professional development in line with the ***NI Reflective Supervision Framework (3)***.

3.9 Preceptorship **does not** replace orientation to the workplace, organisational, departmental induction programmes, individual appraisal, supervision processes, mandatory training, probationary period, nor is it a re-test of professional competence.

4.0 PRECEPTORSHIP RESOURCES

Templates, resources, an online Preceptorship Awareness resource and a Regional Preparation Programme have been developed to ensure standardised implementation of the NMC principles and consistency of approach across NI. The online Preceptorship Awareness resource and the Regional Preceptorship Preparation Programme are accessible via the Clinical Education Centre website. The resources listed below are in Appendix 1.

- Roles and Responsibilities
- Preceptorship Learning Agreement Template
- Evaluation of Preceptorship Programme Template
- Preceptor Qualities and Skills Assessment Tool
- Extenuating Circumstances Application Form Template
- Organisation Annual Preceptorship Reporting Template

5.0 REFERENCES

1 Nursing and Midwifery Council (2020) *Principles for Preceptorship.* London: NMC.

2 Department of Health (2022) *NI Preceptorship Framework for Nursing and Midwifery.* Belfast: NIPEC.

3 Department of Health (2022) *Reflective Supervision: A Framework to Support Nursing and Midwifery Practice*. Belfast: NIPEC.

4 Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* London: NMC.

APPENDIX 1

ROLES AND RESPONSIBILITIES

ALL

All NMC registrants must adhere to and promote the ***NMC Principles for Preceptorship (1), NI Preceptorship Framework (2), NI Reflective Supervision Framework (3) and The Code (4).***

Professional Leads

The role and responsibilities of the nominated Professional Leads are to:

- Annually submit the previous year's preceptorship attainment data to the Executive Director of Nursing or most Senior Nurse / Senior Midwife using the Organisation Annual Preceptorship Reporting Template (Appendix 1).
- Ensure Preceptees receive a preceptorship programme tailored to their individual needs which is generally completed within a period of six months. It can be extended and tailored to individual need as required.
- Liaise with Line Managers and Preceptors to ensure that the organisation's preceptorship systems and processes are in line with the requirements of the ***NMC Principles for Preceptorship (1) , NI Preceptorship Framework (2), NI Reflective Supervision Framework (3)*** and ***The Code (4).***
- Monitor and review preceptorship uptake and completion of preceptee programmes.
- Agree and professionally support improvement plans as required.

Nominated Line Manager

The role and responsibilities of the Nominated Line Manager are to:

- Hold a register from 1st April to March 31st each year, comprising: the number of Preceptees; nominated Preceptors; the start and proposed end date of preceptorship programme and number of successfully completed Preceptorship Learning Agreement and Evaluation of Preceptorship Programme Templates (Appendix 1).
- Share the name of the appointed Preceptor with the Preceptee within the first week of employment as an NMC registrant.
- Ensure that the Preceptee receives relevant induction training, including statutory and mandatory training within appropriate timescales.
- Plan relevant activities to meet the Preceptee's learning and development needs.
- Provide appropriate support to enable the preceptorship processes.
- Facilitate and maximise learning opportunities with a minimum of two protected contacts per month.
- Act as a professional role model for preceptorship.

- Obtain feedback at regular intervals from Preceptor and Preceptee, measuring progress against planned learning outcomes, identified in the Preceptorship Learning Agreement Template (Appendix 1). Act on feedback from Evaluation of Preceptorship Programme Template.
- Manage any underperformance through application of the organisation's relevant human resource policies and procedures.
- Ensure a timely response to any concerns raised.

Preceptor

The role and responsibilities of the preceptor are to:

- Support the Preceptee to successfully complete the preceptorship programme.
- Meet the criteria within the Preceptor Qualities and Skills Assessment Tool (Appendix 1).
- Have completed relevant preparation to undertake the Preceptor role.
- Demonstrate and promote adherence to professional guidance.
- Provide an overview of the preceptorship process and documentation.
- Use reflective supervision and a variety of approaches tailored to the Preceptee's preferred learning style with the purpose of promoting Preceptee wellbeing, personal growth, professional development, confidence and empowerment.
- In collaboration with Preceptee set realistic, achievable objectives that meet the needs of the Preceptee, those the Preceptee is caring for and the Department / Area's needs. Achievement of objectives should include professional socialisation activities.
- Monitor and record progress on Preceptee's Learning Agreement Template (Appendix 1) and act on any concerns and provide feedback to the nominated Line Manager.
- Provide feedback to support the Preceptee network and seek feedback from others with a preceptorship role.
- Complete the preceptorship process documentation as per the organisation's policies.
- Support orientation and induction in the workplace.

Preceptee

The role and responsibilities of the Preceptee are to:

- Take ownership of their preceptorship programme and enhance their professional confidence.
- Demonstrate adherence to legal, organisational and preceptorship professional guidance.
- Liaise with the nominated Line Manager and Preceptor to ensure that working arrangements (off duty) facilitates protected time for guided learning opportunities.
- In collaboration with their Preceptor be proactive in designing a preceptorship programme with realistic, achievable objectives that meet their needs, the needs of those they are caring for and the Department/Area's needs.

- Ensure objectives include professional socialisation activities.
- Attend and actively engage in agreed learning opportunities and use reflective supervision to build confidence and as part of lifelong learning.
- Record progress within the Preceptorship Learning Agreement Template (Appendix 1).
- Ensure that relevant preceptorship process documents are forwarded to the nominated Line Manager and that they retain a copy for their revalidation.
- Reflect with the Preceptor on progress at review meetings, including discussing any progress issues through the preceptorship process.
- Raise any issues about the process with the Preceptor, the nominated Line Manager or other relevant person.
- Complete Preceptorship Learning Agreement and Evaluation of Preceptorship Programme templates (Appendix 1).
- On completion of their preceptorship programme continue participating in reflective supervision in line with the ***NI Reflective Supervision Framework (3)***.

APPENDIX 1

PRECEPTORSHIP LEARNING AGREEMENT TEMPLATE

Name of Preceptee: Location/Base:

Commencement Date of Preceptorship Programme:

Proposed End Date:

Extenuating Circumstances Form Required? Yes ☐ No ☐

Name of Preceptor:

Name of Line Manager:

Must be completed by Preceptee and Preceptor then signed off by Line Manager

Criteria	Completed by Preceptee	Completed by Preceptor & any additional comments by Line Manager
Preceptorship Programme Content: What are the aims? What are the realistic, achievable objectives?		
Design, Duration and Assessment of Learning: How will the programme design promote Preceptee empowerment, personal learning, professional development and confidence? How will reflective supervision and feedback be supported? What and how will any required resources be provided? How will barriers to successful achievement of Preceptorship Learning Agreement be mitigated?		

Criteria	Completed by Preceptee	Completed by Preceptor & any additional comments by Line Manager
Anticipated outcomes of learning for: ▶ Preceptee ▶ People cared for ▶ Place of work Explicitly link to ***NMC Code (2018)***		

Personal statement of commitment to achieve learning outcomes from the participant:

I, the Preceptee, agree to fully commit to completing all aspects of the programme as outlined above.

Preceptee Signature: Date:

I, the Preceptor, agree to fully support the Preceptee to complete the programme, as outlined above.

Preceptor Signature: Date:

I, the Line Manager, agree to fully support the Preceptee to undertake the programme, as outlined above.

Line Manager Signature: Date:

Copy to be retained in Preceptee's personal file

APPENDIX 1

EVALUATION OF PRECEPTORSHIP PROGRAMME TEMPLATE

Name of Preceptee: Location/Base:

Preceptorship Programme Completion date:

Evaluation Completion Date:

Extenuating Circumstances Form Required? Yes ☐ No ☐

Name of Preceptor:

Name of nominated Line Manager:

To be completed by the Preceptee and Preceptor on completion of the programme and signed off by the nominated Line Manager

Criteria	**Preceptee:** Evaluation. Link each section to NMC Code (2018)	**Preceptor & Line Manager:** Evaluation
Identify the impact on the Preceptee's confidence following completion of the Preceptorship programme.		
Identify the impact of the Preceptee undertaking this programme on organisation.		
Provide feedback from people cared for by the Preceptee.		

Preceptee Signature: Date:

Preceptor Signature: Date:

Nominated Line Manager Signature: Date:

Copy to be retained in Preceptee's personal file

APPENDIX 1

PRECEPTOR QUALITIES AND SKILLS ASSESSMENT TOOL

- Ability to act as a professional role model
- Effective communication, reflective practice, critical thinking and decision-making skills
- Ability to recognise cultural and individual diversity needs
- Collective leadership skills, assertiveness and flexibility to change
- Effective clinical, teaching and coaching skills and delivering evidence-based practice
- Competent, confident and motivated in their own role and in the role of Preceptor
- The ability to guide the Preceptee through complex activities and tasks
- The ability to challenge underperformance issues

Preceptor Qualities & Skills Assessment Tool	Achieved Yes / No
1. Understand the concept of preceptorship and its positive influence on the Preceptee	
1.1 Have an understanding of the concept of preceptorship.	
1.2 Have an ability to work within the scope of preceptorship.	
1.3 Be able to describe the purpose and process of preceptorship.	
1.4 Have an understanding of the role of Preceptors and Preceptees in implementing the NMC principles for preceptorship.	
1.5 Identify how preceptorship can be used to enhance Preceptee confidence and for revalidation on their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner.	
1.6 Relate preceptorship to the continuum of lifelong learning, professional development and revalidation for Preceptor and Preceptee.	
2. Manage the preceptorship process	
2.1 Plan and manage preceptorship sessions and demonstrate effective record keeping.	
2.2 Establish the preceptorship Learning Agreement and ground rules.	
2.3 Work within ***The Code (NMC, 2018)***, ***NMC Principles for preceptorship (2020)***, ***NI Preceptorship Framework (2022)*** and the ***NI Reflective Supervision Framework (2022)***.	
2.4 Manage concerns and any conflict during preceptorship.	
2.5 Use an approach that ensures appropriate engagement with the Preceptee.	
2.6 Use reflective supervision (supported reflection) to develop the Preceptee's confidence to personally and professionally improve the quality, safety and person-centredness of their practice.	

Preceptor Qualities & Skills Assessment Tool	Achieved Yes / No
2.7 Be supportive and constructive in empowering the Preceptee to create an achievable Preceptorship Learning Agreement with realistic individual and organisational goals supported by appropriate development actions and timeframes.	
2.8 Ensure continuity within the preceptorship process by actively seeking a Co-Preceptor with the appropriate knowledge and skills, to be appointed should the Preceptor not be available or the relationship is not maximising Preceptee's experience.	
2.9 Continually improve the experience of Preceptees', other Preceptors and self by critically evaluating own role as a Preceptor, seeking feedback on all aspects of role together with networking and sharing best practice.	
3. Facilitate Preceptee in engaging actively in development of his/her confidence and enhancement of competence	
3.1 Have an understanding of the context within which the Preceptee practises in relation to legal, professional, organisational and personal accountability.	
3.2 Facilitate Preceptee in developing practice.	
3.3 Use positive challenge to encourage the Preceptee to reflect on their practice.	
3.4 Promote critical thinking and decision making, team working, leading and self-reliance in Preceptee.	
3.5 Facilitate Preceptee in identifying and managing conflict.	
3.6 Have the ability to motivate, support, and empower Preceptee.	
3.7 Facilitate Preceptee in using problem solving techniques.	

Preceptor Name:

Role and Area / Department:

Preceptor Signature: Date:

APPENDIX 1

EXTENUATING CIRCUMSTANCES APPLICATION FORM TEMPLATE

To be completed by Preceptee

Name: Date of Commencement of Programme:

Location: Name of Preceptor:

Review Date & Proposed Completion Date:

Nominated Name of Line Manager:

I understand that, if owing to my extenuating circumstances I am not able to be contacted at work, I give permission to be contacted at home.

Home Telephone Number: Home Email:

Details of Extenuating Circumstance
Nature of difficulty: (please tick as appropriate) ☐ **Illness** ☐ **Other Personal Circumstance**
Supporting evidence: (please tick as appropriate) Do you have medical certificate(s) or other supporting evidence? **Yes** ☐ **No** ☐ If YES is the evidence attached? **Yes** ☐ **No** ☐
Extenuating Circumstances
Provide details of the effect of the extenuating circumstances that you wish to be considered:
Please indicate your proposed dates for completion of your preceptorship programme:

I confirm that to the best of my knowledge the information given on this form is a true and accurate statement of my personal circumstances

Preceptee Signature: Date:

Approved by:

Nominated Line Manager Signature: Date:

APPENDIX 1

ORGANISATION ANNUAL PRECEPTORSHIP REPORTING TEMPLATE

Department/Area			
Reporting 1st April YYYY to 31st March YYYY (Previous Year)			
Professional Lead for Preceptorship			
Signature		**Date**	
Nursing			**Headcount**
Number of individuals joining NMC register (new registrants, international nurses and those returning to practice)			
Number of individuals joining NMC register (new registrants, international nurses and those returning to practice) who successfully completed a preceptorship programme agreed with their nominated Line Manager			
Midwifery			**Headcount**
Number of individuals joining NMC register (new registrants, international midwives and those returning to practice)			
Number of individuals joining NMC register (new registrants, international midwives and those returning to practice) who successfully completed a preceptorship programme agreed with their nominated Line Manager			
Additional comments			

June 2022

Review Date: June 2025

NIPEC

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ISBN: 978-1-903580-76-9

31st August 2022

Dear Colleagues,

Thanks to everyone who contributed to the development of the

- Reflective Supervision Framework; and
- Preceptorship Framework.

NIPEC is issuing these two Frameworks on behalf of the Chief Nursing Officer (CNO), Midwifery Officer and Executive Directors of Nursing, who have endorsed these two Frameworks for adoption and implementation by all organisations employing NMC Registered Nurses and Registered Midwives in Northern Ireland.

Please share these documents widely in your organisations and update your existing policies, processes and procedures to reflect these new Frameworks which supersede the previous Preceptorship Framework and Supervision Guidance.

The Executive Director of Nursing or Lead Nurse/Midwife of each organisation is responsible for the implementation and assurance within their organisations.

The Clinical Education Centre (CEC) are currently reviewing the programmes for supervision and preceptorship, and will continue to deliver the programmes in line with the new frameworks. They will be in contact with key stakeholders to consult and once content is finalised, access to the relevant programmes will be available at Clinical Education Centre | Clinical Education Centre (hscni.net).

Yours sincerely

Linda Kelly
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Nursing & Midwifery Council

Standards for education and training

Part 3:

Standards for pre-registration nursing programmes

Original publication **17 May 2018**
Newly published **25 April 2023**

Contents

These updated standards were approved by Council at their meeting on 25 January 2023.

About our standards

Our standards for education and training include the Standards framework for nursing[1] and midwifery education, Standards for student supervision and assessment, and programme standards specific to each approved programme.

Our standards for education and training are set out in three parts:

Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards:

- Standards for pre-registration nursing programmes
- Standards for pre-registration midwifery programmes
- Standards for pre-registration nursing associate programmes
- Standards for prescribing programmes
- Standards for post-registration programmes: programmes leading to specialist community public health nurse qualifications and programmes leading to community nursing specialist practice qualifications
- Standards for return to practice programmes

Supporting information for our Standards for student supervision and assessment, and our Standards for pre-registration nursing programmes, can be found on our website.

These standards help nursing and midwifery students achieve NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of the Code, the professional standards of practice, values and behaviours that nurses, midwives and nursing associates are expected to uphold.

1 We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession in England with their own part of our register, but they are part of the nursing team.

Introduction

Our Standards for pre-registration nursing programmes set out the legal requirements, entry requirements, availability of recognition of prior learning, length of programme, requirements for supervision and assessment and information on the award for all pre-registration nursing education programmes.

Student nurses must successfully complete an NMC approved pre-registration programme to meet the Standards of proficiency for registered nurses and be eligible to apply for entry to the NMC register.

Public safety is central to our standards. Students will be in contact with people throughout their education and it's important that they learn in a safe and effective way.

These programme standards should be read with the NMC's Standards framework for nursing and midwifery education and Standards for student supervision and assessment, both of which apply to all NMC approved programmes. NMC Approved Education Institutions (AEIs) intending to deliver pre-registration nursing programmes must comply with all these standards to run an approved programme.

Education providers structure their educational programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme and students are assessed against these proficiencies to make sure they are capable of providing safe, effective and kind care that improves health and wellbeing.

Proficiencies are the knowledge, skills and behaviours that nurses, midwives and nursing associates need in order to practise. We publish standards of proficiency for the nursing and midwifery professions as well as proficiencies for NMC approved post-registration qualifications.

Our standards for education and training highlight the need for programmes to adopt an inclusive approach to recruitment, selection and progression, ensuring admissions and all other academic processes are open, fair, transparent and demonstrate an understanding of and take measures to address underrepresentation.

Through our quality assurance processes we check that education programmes meet all of our standards regarding the structure and delivery of educational programmes, that the programme outcomes relate to the expected proficiencies for particular qualifications and that AEIs and practice learning partners are managing risks effectively. Using internal and external intelligence we monitor risks to quality in education and training, this intelligence gathering includes analysis of system regulator reports.

Before any programme can be run, we make sure it meets our standards. We do this through an approvals process, in accordance with our quality assurance framework.

Overall responsibility for the day-to-day management of the quality of any educational programme lies with an AEI in partnership with practice learning partners.

Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[2] requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The Standards for pre-registration nursing programmes are established under the provision of Article 15(1) of the Order.

2 SI 2002/253

Four fields of nursing practice

In accordance with the Nurses & Midwives (Part and Entries in the Register) Order of Council 2004 (SI 2004/1765), which states that entries in the register are to include a registrant's field of practice, UK students that qualify in a specific field of practice as a level 1 nurse may apply to enter the NMC register as a nurse in one or more of the four fields of nursing practice: adult, children, learning disabilities and mental health.

AEIs and their practice learning partners have ownership and accountability for the development, delivery and management of pre-registration nursing programme curricula. Pre-registration nursing programmes may offer various routes to registration, however, all programmes leading to registration must include routes within the programme specific to the relevant fields of nursing practice for which approval is being sought.

The Standards framework for nursing and midwifery education and these programme requirements give AEIs in partnership with practice partners the flexibility to design their own curriculum and the autonomy to decide on the proportion of generic and field specific hours provided. In designing curricula for dual award (that is, a programme of study that leads to registration in two fields of nursing practice) the NMC expects the AEI to design and deliver a programme of suitable length that ensures the student is proficient in delivering safe and effective care in both fields of nursing.

Programme curricula must cover the outcomes set out in platforms 1-7 of Standards of proficiency for registered nurses and the communication and relationship management skills and nursing procedures set out in the Annexes to that document. All nursing students across all fields of nursing must have the necessary learning supervision and assessment in preparation for professional practice as a registered nurse.

We believe that involving people who use services and members of the public in the planning and delivery of curricula will promote public confidence in the education of future nurses. We expect the use of supportive evidence and engagement from people who have experienced care by adult, children's, learning disabilities or mental health nurses to inform programme design and delivery for all fields of nursing practice.

Nursing students will learn and be assessed in theory, **simulation** and practice environments and settings. AEIs and practice placement partners must ensure that students meet the proficiencies relevant to their anticipated field(s) of nursing practice by the end of the programme. On successful completion of a programme students will be registered by the NMC as qualifying in one or more field of nursing practice.

The student journey

Standards for pre-registration nursing programmes follow the student journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and continued participation in a pre-registration nursing programme

2. Curriculum

Standards for the content, delivery and evaluation of the pre-registration nursing programme

3. Practice learning

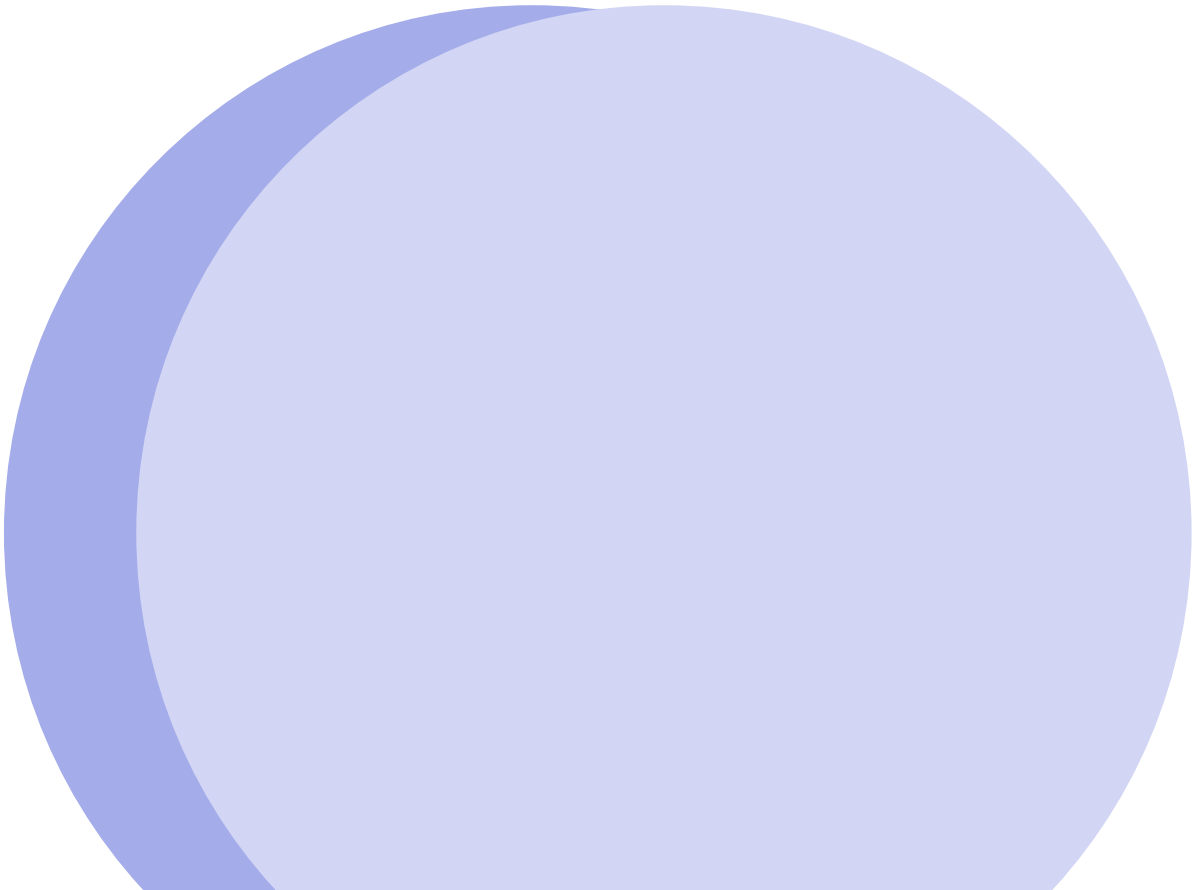
Standards specific to pre-registration learning for nurses that takes place in practice settings

4. Supervision and assessment

Standards for safe and effective supervision and assessment for pre-registration nursing programmes

5. Qualification to be awarded

Standards which state the award and information for the NMC register.



1 Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

1.1 Confirm on entry to the programme that students:

- **1.1.1** meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing
- **1.1.2** demonstrate values in accordance with the Code
- **1.1.3** have capability to learn behaviours in accordance with the Code
- **1.1.4** have capability to develop numeracy skills required to meet programme outcomes
- **1.1.5** can demonstrate proficiency in English language
- **1.1.6** have capability in literacy to meet programme outcomes
- **1.1.7** have capability for digital and technological literacy to meet programme outcomes.

1.2 ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance[3]. This includes satisfactory occupational health assessment and criminal record checks

1.3 ensure students are fully informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, or determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments, and ensure that any declarations are dealt with promptly, fairly and lawfully

3 Guidance on health and character

1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute is able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme[4]

1.5 permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50 percent of the programme

1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes that may be more than 50 percent of the programme, and

1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes.

4 Rule 6(1)(a)(i) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767).

2 Curriculum

Approved education institutions, together with practice learning partners, must:

2.1 ensure that programmes comply with the NMC Standards framework for nursing and midwifery education

2.2 comply with the NMC Standards for student supervision and assessment

2.3 ensure that programme learning outcomes reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing

2.6 set out the general and professional content necessary to meet the Standards of proficiency for registered nurses and programme outcomes

2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing

2.8 ensure that field-specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice

2.9 ensure the curriculum provides an equal balance of 50 percent theory and 50 percent practice learning using a range of learning and teaching strategies

2.10 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment

2.11 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours

2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and

2.14 ensure programmes leading to nursing registration and registration in another profession are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

3 Practice learning

Approved education institutions, together with practice learning partners, must:

3.1 provide practice learning opportunities that allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages

3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing

3.4 provide no less than 2300 practice learning hours, of which a maximum of 600 hours can be in simulated practice learning

3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities

3.6 ensure students experience the range of hours expected of registered nurses, and

3.7 ensure that students are supernumerary.

4 Supervision and assessment

Approved education institutions, together with practice learning partners, must:

4.1 ensure that support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education

4.2 ensure that support, supervision, learning and assessment provided complies with the NMC Standards for student supervision and assessment

4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme

4.4 provide students with constructive feedback throughout the programme to support their development

4.5 ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

4.6 ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100 percent

4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse

4.9 ensure that there is equal weighting in the assessment of theory and practice, and

4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in Standards of proficiency for registered nurses.

5 Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and

5.2 notify students during and before completion of the programme that they have five years[5] to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

5 Standards and guidance on the requirements for those who first apply for registration more than five years after being awarded an approved qualification

Glossary

Approved Education Institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC standards for education and training educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Equalities and human rights legislation: prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections.

Health and character requirements: as stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies.

People: individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Reasonable adjustments: where a student requires reasonable adjustment related to a disability or adjustment relating to any protected characteristics as set out in **equalities and human rights legislation**.

Recognition of prior learning: a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this means it includes both theory and practice achievement.

Simulation: an educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.

Stakeholders: any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of the NMC standards for education and training this includes students, educators, partner organisations, people who use services, carers, employers, other professionals, other regulators and education commissioners.

Student: any individual enrolled onto an NMC approved education programme whether full-time or less than full-time.

Supernumerary: students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For apprentices, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role.

Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback.

Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence.

What we do

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 771,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

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Northern Ireland Implementation of

NMC Future Nurse /Future Midwife Education Standards

Project Plan

Context

The Nursing and Midwifery Council (NMC) regulate nurses and midwives in the UK and exist to protect the public. It also sets standards of education, training, conduct and performance so that nurse and midwives can deliver high quality care throughout their careers.

The Nursing and Midwifery Order 2001 (the Order) requires the NMC Council to establish the standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5 (2) of the Order.

The NMC has a duty to review the standards of proficiency it sets for the profession it registers on a regular basis to ensure that standards remain contemporary and fit for purpose in order to protect the public

In 2015 the NMC began to review and update the pre-registration Nursing standards. Since then, having consulted extensively with health professionals, organisations and the public, the NMC have published the new future proficiencies and standards for nursing and midwifery education. The new standards and proficiencies raise the ambition in terms of what's expected of a nurse at the point of registration and will give nurses and midwives[1] the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.

In total the NMC have published:

- Future nurse: standards of proficiency for registered nurses
- Standards framework for nursing and midwifery education
- Standards for student supervision and assessment
- Standards for pre-registration nursing programmes
- Standards for prescribing programmes

https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

It is recognised that the implementation of the new pre-registration education standards will have significant implications for the HSC system in Northern Ireland and a significant programme of work needs to be taken forward to introduce the new Education Standards from 2020. In this context, on the 27th March 2018, in partnership with the DOH Workforce Policy Lead the Chief Nursing Officer hosted a workshop, for stakeholders, to explore and agree the way forward along with identifying key issues to

[1] ***To note Future Midwife Proficiency Standards are currently out for a period of consultation which closes on 9th May 2019***

be addressed. Implementation of the new education standards will adopt a regional approach through the establishment of a Programme Board.

Reporting Arrangements

The Programme Board jointly chaired by the Chief Nursing Officer and the Workforce Policy Director will report through the Human Resources Directorate of DOH to the Permanent Secretary.

Through representatives nominated by the CNO it will also link to the UK arrangements set up by the NMC to oversee implementation of the new pre-registration Nursing and Midwifery Standards at National level (i.e. through membership of NMC Future Nurse and Future Midwife fora) and other national groups set up to support the introduction the new standards.

Stakeholders on the group will ensure that there are robust reporting arrangements in place to ensure that those they represent are fully cognisant with their responsibilities and that full implementation will be taken forward as required by the NMC for those which they represent. In many instances this will require that robust mechanisms are set up internally within organisations to ensure that this is supported. e.g. Approved Education Institutions (AEIs) and larger organisations such as HSC Trusts). Responsibilities will vary across the range of stakeholders on the group e.g. HSCT Trusts and Approved Education Institutions.

NIPEC

NIPEC will lead a programme of work in support of DOH and its oversight of the work to introduce the new pre-registration Nursing and Midwifery standards.

Transformation Bid

The changes in the new NMC education standards align with the Northern Ireland Transformation and Reform agenda detailed in Health and Well Being (2026): Delivering Together and the Northern Ireland Executive Draft Programme for Government (2016).

In support of the transformation agenda, the ‘Confidence and Supply Transformation Fund’ has been established and through the DoH, NIPEC successfully submitted a business proposal seeking funding to support the programme of work needed to introduce the new Education standards for nurses and midwives from September 2020.

Funding will support NIPEC to project manage the work and in addition resources are available for six band 8a 0.5 WTEs It is anticipated that the funding secured for five of the 0.5 WTE band 8a posts will be allocated to the 5 HSC Trusts, funding for the sixth 0.5 WTE will be allocated to the PHA to support the independent sector and primary care settings.

It is anticipated that this capacity in Trusts and through the PHA will support an appropriate person to work with the Project Lead to successfully implement the new education standards. These individuals will have a level of experience which will support them to work locally to ensure readiness of their respective organisations/stakeholders to implement all aspects of the new standards and regionally to lead on and or contribute to the development of regional resources/products to support full implementation from September 2020.

Governance monitoring arrangements for the expenditure related to these posts/roles will be the responsibility of the project lead.

Aim

The overarching aim of the Programme Board is to oversee arrangements to cohesively embed the outworking's of the new NMC Future Nurse and Midwife pre-registration standards and the education Framework (Nursing & Midwifery).

Terms of Reference

The terms of reference associated with this project are to:

- Work with the NMC and HSC Trusts and non HSC organisations to examine from a Northern Ireland perspective the impact of the outworking's of the implementation of the new NMC Future Nurse and Midwife pre-registration standards and the education Framework (Nursing & Midwifery)
- Ensure that there are regionally agreed systems and processes in place in Northern Ireland to support the implementation of the new standards from September 2020, including for example: preparation programmes to support Supervision and Assessment in practice, identification of practice placements to improve opportunities for inter-professional learning, development of an electronic Practice Assessment Document (PAD) ect
- Identify if there are any resource implications
- Support full implementation from September 2020 in Northern Ireland
- Escalate any unresolved issues relating to implementation

Deliverables

- Regionally agreed systems and processes to support the implementation of the new NMC education standards from September 2020.
- Commitment from within organisations to implement the new NMC Education standards as required by the regulator

Constraints

- Diverse range of stakeholders
- Timescales

- Competing priorities for professional time
- Capacity within organisations to take forward changes to introduce the fully agreed model within the required timescale

Assumptions

- Stakeholders have the capacity to become involved in the programme and work in partnership with the DOH in developing systems to deliver the new education standards

Interdependencies

Any working groups within the programme will have interdependencies and connections with the other groups. This will be addressed by ensuring:

- appropriate representation on programme board
- appropriate cross-membership between working groups
- regular formal meetings of the working group chair(s)
- circulation of Programme Board minutes
- development of a robust communications plan

Benefits

- New education standards will raise the ambition in terms of what's expected of a nurse at the point of registration and will give nurses the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.
- A consistent approach to implementation of the new NMC education standards across Northern Ireland in line with national guidance and regulatory requirements
- Improved public confidence.

Oversight by NI Programme Board

This section describes the roles and responsibilities of those involved in managing the project to a successful outcome:

Project Organisation Structure

The programme structure as outlined below will consist of a work stream(s) reporting to a Programme Board,

Ultimate responsibility and decision making for the project lies with the CNO who will be the Senior Responsible Officer.

Programme Board

The Programme Board is jointly chaired by the Chief Nursing Officer and the Workforce Policy Director.

The role of the Programme Board is to oversee the implementation of the new NMC education standards in Northern Ireland. The Board will be made up from stakeholder representatives from across Northern Ireland. Members of the Board are responsible for ensuring that they are aware of their responsibilities regarding full engagement with the constituents whom they represent.

Membership of the Programme Board is as follows:

Name	Organisation	Position
Prof. Charlotte McArdle	DOH	Chief Nursing Officer (Joint Chair), DOH
Andrew Dawson	DOH	Workforce Policy Director, (Joint Chair)
Angela McLernon	NIPEC	Chief Executive
Anne Trotter	NMC	Assistant Director Education and Standards
Bob Brown	WHSCT	EDON
Brenda Creaney	BHSCT	EDON
Caroline Lee	CEC	Head of CEC
Donna Gallagher	Open University	Senior Lecturer
Eileen McEneaney	NHSCT	EDON
Elaine Connelly	RQIA	Assistant Director
Eoin Stewart	UNISON	Chair Unison NI Nurse Forum
Frances Cannon	NIPEC	SPO in attendance
Heather Finlay	DOH	Nursing Officer – Education Regulation
Heather Trouton	SHSCT	EDON
Janice Smyth	RCN	Director
Joanne McKissick	PCC	External Relations & Policy Manager
Joanne Strain	FSHC	Independent Sector
Karen Murray	RCM	NI Board Secretary
Keith Mitchell	QUB	Midwifery/Student
Mary Hinds	PHA	Director of Nursing
Maura Devlin	GP Federation	Representing GP Federation - Primary Care
Miriam McKeown	Hospices (Marie Curie Hospice)	Head of Care
Nicki Patterson	SEHSCT	EDON
Peter Barbour	DOH	Workforce Policy Directorate
Prof Donna Fitzsimons	QUB	Head of Nursing and Midwifery
Prof Sonja McIlfatrick	Ulster University	Head of School
Sinead Deane	QUB	Children's Nurse/Student
TBC	NIPEC	SPO Midwifery
Verena Wallace	DOH	Midwifery Officer
Vivienne Toal	SHSCT	Representing HR Directorate Forum

The roles and responsibilities of the Programme Board are to:

- Act as the executive decision making body in respect of outcomes;
- Ensure that the recommendations of the work are consistent and synchronised with the requirements of the NMC;
- Authorise the initiation of work;
- Agree the terms of reference;
- Provide guidance and direction in the major stages of the work;
- Represent the interests of the wider DoH at initiation, during and at closure;
- Put forward relevant and specialist viewpoints;
- Resolve major issues;
- Seek to address any major risks;
- Provide advice/guidance in respect of significant risks;
- Sign off any products produced during the project on behalf of Department;
- Authorise final project closure.

The Programme Board will meet bi-monthly

Working Group

The Working Group will report to the Programme Board and will be jointly chaired by Angela McLernon Chief Executive NIPEC and Heather Finlay, Nursing Officer DOH. The Working Group is constituted from 'core' members, with other expert advice, opinion and support co-opted into the team as and when required. During the lifetime of the project it is envisaged that the Working Group will meet monthly. It is anticipated that the Working Group will be required to set up further sub - groups as presented at (Appendix 1) agreed by the Programme Board, with specific terms of reference and time scales to progress aspects of the work including:

- Standards for Supervision and Assessment
- Practice Assessment Document
- Curriculum Development – Fields of Practice & Midwifery
- Practice Learning Environments
- Communication and Engagement Strategy

The core membership of the Working Group is as follows:

Name	Organisation	Position
A McLernon OBE (Co-Chair)	NIPEC	CE NIPEC
H Finlay (Co-Chair)	DOH	Nursing Officer DOH
Ann Geraghty	Independent	Four Seasons Health Care Nursing Lead
Allison Hume	NHSCT	ADoN Education Lead
Angela McLernon	NIPEC	CE NIPEC
Ann Geraghty	Independent	Four Seasons Health Care Nursing Lead
Breeda Henderson	Student (Adult Nursing)	Ulster University
Brendan McGrath	WHSCT	ADoN Education Lead
Carol McGinn	WHSCT	FNFM Professional Officer
Clare Marie Dickson	SEHSCT	Practice
Donna Gallagher	Open University	Senior Lecturer
Dr Jenny McNeill	Queens University	Lead Midwife Education
Dr Karen McCutcheon	Queens University	Director of Education
Dr Neal Cook	Ulster University	Associate Head of School
Paul Canning	CEC	Senior Education Manager
Frances Cannon	NIPEC	Project Lead & SPO NIPEC
Heather Finlay	DOH	Nursing Officer
Hilary Maguire	Hospices (NI Hospice)	Head of Adult Clinical Services
Joanne Fitzsimons	SEHSCT	FNFM Professional Officer
Kathy Fodey	PHA	Senior Programme Manager
Kerrie McLarnon	NHSCT	FNFM Professional Officer
Lynn McKeown	BHSCT	FNFM Professional Officer
Lynn Woolsey	SHSCT	ADoN Education Lead
Maura McKenna	Trade Unions	Trade Union Coordinator HSC
Moira Mannion	BHSCT	Co-Director
N/A	RQIA	(Rep on Programme Board only)
N/A	RCM	(Rep on Programme Board only)
N/A	PCC	(Rep on Programme Board only)
Peter Barbour	DOH	Assistant Director of Workforce Policy
Rita Devlin	RCN	Deputy Director (Acting)/ Head of Professional Development
Sharon Conlan	SHSCT	FNFM Professional Officer
Sharon McRoberts /Clare-Marie Dickson	SEHSCT	ADoN Education Lead

Name	Organisation	Position
Shona Hamilton	RCN	Midwifery
Sue West	NMC	Senior Nurse Education Advisor
TBC	Independent/Primary Care	FNFM Professional Officer
Owen Barr	Ulster University	Professor of Nursing and Intellectual Disabilities
Tracie Fleming	NHSCT	Lead Nurse Education
Yvonne Connolly	BHSCT	Assistant Director HR

The roles and responsibilities of the Working Group are to:

- Facilitate the work associated with the project phases and stages;
- Develop and quality assure all project deliverables before onward submission to the Programme Board;
- Access appropriate expert resources when required;
- Facilitate stakeholder engagement;
- Analyse stakeholder inputs;
- Develop recommendations in respect of the proposed way forward for consideration by the Programme Board;
- Review the project risk register, elevating significant gaps in controls/risks to the Programme Board;
- Manage the project work plan, taking corrective action as necessary in the event of a deviation from plan.

Chair of Working Group

Chairs of the Working Group are responsible for:

- Advising the Programme Board on deviations from plan and corrective actions taken;
- Quality assuring all deliverables produced by the Working Group
- Securing support and resources for the project to ensure that the terms of reference of the project are met and that the work plan for the project is achieved within agreed timescales.

Project Manager

Frances Cannon SPO NIPEC is the Project Manager. The main responsibilities of the project manager are to:

- Report directly to the Chairs of the Programme Board and Working Group;
- Develop the PID and Work Plan with time frames

- Manage the project work plan and resources and initiate corrective action when necessary;
- Manage the project risk register, elevating significant risks/gaps in control to the Working Group in a timely manner;
- Lead the production of project deliverables and quality assure all deliverables produced before consideration by the Working Group;
- Provide advice and guidance to the Working Group in respect of project management arrangements;
- Advise the Working Group/Programme Board on deviations from plans and action taken or proposed.

Project Milestones

The indicative milestones and associated timescales for each phase/stage of the project will be agreed by the Programme Board. The project milestones will be developed based on the agreed implementation date (September 2020) from which the Approved Education Institutions will deliver the new pre-registration education standards

PROJECT CONTROLS

Project Initiation

The draft project plan is subject to formal approval by the Programme Board.

Programme Board Meetings

Programme Board meetings are normally convened to agree particular courses of action, activities and endorse direction. The Programme Board will meet to initiate, close the project and at any other agreed points during the project. A set timetable for Programme Board meetings has been agreed.

Working Group Meetings

The Working Group will review and manage the Work Plan for the project. It is envisaged that the Working Group will, in the first instance meet on a monthly basis. This will remain under review. A set timetable for Working Group meetings will be established.

Highlight Reports

The Project Manager will produce a progress report in the form of a highlight report at regular intervals for issue to Working Group and Programme Board members. This will be a short report, illustrating progress against the planned tasks. The report will highlight any issues or delays and should act as an early warning system to potential

problem areas. Following sign-off of the Highlight Report by the Programme Board the report will be circulated as agreed in the Communications Plan for the project to the wider DoH.

Quality Control

This role will be undertaken by the Working Group, who quality will assure all deliverables produced by the Project Manager prior to escalation to the Programme Board. The Project Manager will ensure that all deliverables are of the highest standard.

Project Risks

The ability to deliver this project in line with the terms of reference will be dependent upon the following factors:

- The availability of appropriate skills and resources;
- The continuing period of change underpinned by ongoing financial challenges across the HSC and beyond;
- Stakeholders willingness and availability to take part in the project process;
- Full stakeholder's co-operation and commitment to the process.

A project risk register will be developed.

The risk register will be reviewed and managed by the Working Group. Any significant risks/gaps in control will be elevated to the Programme Board for consideration/action.

Preparation for Stakeholder Engagement

The necessary preparation and pre-work to ensure an effective and efficient stakeholder engagement process will be required. The tasks to be undertaken during this stage include:

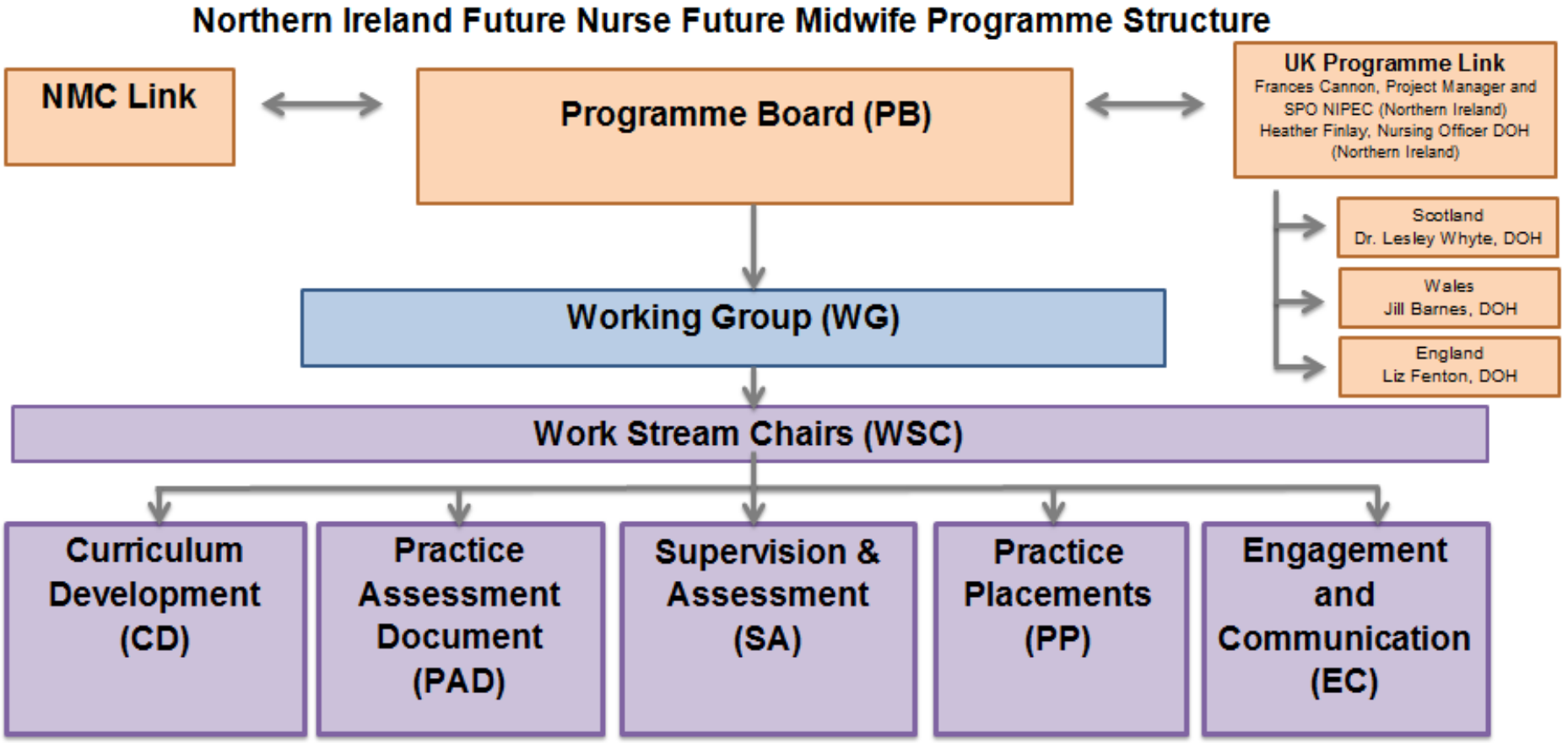
- ***Development and agreement of stakeholder membership –***The Working Group will develop a list of stakeholders for engagement. This will include (though not necessarily be limited to) representatives from DOH, NMC HSC Trusts, AEIs, RQIA, CEC ,NMC, PHA, PCC, Staff Side, Royal Colleges, Voluntary and Independent sectors.
- ***A Stakeholder Engagement Programme –*** An efficient and effective stakeholder engagement programme will be developed. The programme will take account of the most effective manner in which to facilitate engagement, whilst ensuring efficiency in the processes. Engagement with stakeholders will be through a range of processes and facilitate equity of access. It is envisaged that stakeholder engagement will begin as soon as the Programme Board is established.

Stakeholder events will be facilitated as a means of raising awareness and engagement to support the implementation of the new NMC Education Standards.

POST- IMPLEMENTATION PROJECT EVALUATION

Following implementation of the new standards a formal project evaluation will be conducted. The evaluation processes will include an assessment of the project outcomes against the defined objectives as outlined in the Full Business Case.

Appendix 1



Updated on 15/03/2019 to reflect updates to Programme Board and Working Group membership

Nursing & Midwifery Council

Standards of proficiency for midwives

Originally published: **18 November 2019**

Contents

These standards were approved by Council at their meeting on 3 October 2019. They were redesigned in March 2024.

Introduction

The Nursing and Midwifery Council has a duty to review the standards of proficiency that we set for the professions we regulate on a regular basis. This is to ensure that standards remain contemporary and fit for purpose. In reviewing these standards, new evidence and the changes that are taking place in society, midwifery, maternity and neonatal care services have been considered, along with the implications these have for the role of midwives of the future.

The standards of proficiency in this document specify the knowledge, understanding and skills that midwives must demonstrate at the point of qualification, when caring for women across the **maternity journey**, **newborn infants**, **partners** and families across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

They also provide a benchmark for midwives from overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Midwifery globally

Midwifery is a global profession. Childbearing women, newborn infants, and families share similar needs wherever they live and midwives make a vital contribution to their survival, health and wellbeing across the world. The World Health Organisation has stated that '**strengthening midwifery education is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity**'.

These standards of proficiency are in alignment with the International Confederation of Midwives' definition of the midwife:

'A midwife is a person who has successfully completed a midwifery education programme that is based on the **ICM Essential Competencies for Midwifery Practice** and the framework of the **ICM Global Standards for Midwifery Education** and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery'.

The role and scope of the midwife in the 21st century

The role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. This includes women's future reproductive health, wellbeing, and decisions and in promoting **very early child development** and the parents' transition to parenthood. Midwives respect and enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, preferences, and decisions of the **woman** and the needs of the newborn infant.

Midwives are fully accountable as the lead professional for the care and support of women and newborn infants, and partners and families. They provide care based on the best available evidence, and keep up to date with current knowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future developments. They work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities.

Midwives optimise normal physiological processes, and support safe physical, psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives make a vital contribution to the quality and safety of maternity care. They combine clinical knowledge, understanding, and skills with interpersonal and **cultural competence**. They make an important contribution to population health and understand social and health inequalities, and how to work to mitigate them through good midwifery care. They provide health education, health promotion and health protection to promote psychological and physical health and wellbeing and prevent complications. Evidence shows the positive contribution midwives make to the short and long-term health and wellbeing of women, newborn infants, and families. Midwives provide and evaluate care in partnership with women, and their partners and families if appropriate, referring to and collaborating with other health and social care professionals as needed.

Midwives are ideally placed to anticipate and to recognise any changes that may lead to complications and additional care needs; these may be physical, psychological, social, cultural, or spiritual, and include perinatal loss and end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response, management, and escalation, involving, collaborating with and referring to interdisciplinary and multiagency colleagues. In such circumstances, the midwife has specific responsibility for **continuity and coordination of care**, providing ongoing midwifery care as part of the multidisciplinary team, and acting as an advocate to ensure that care always focuses on the needs, views, preferences, and decisions of the woman and the needs of the newborn infant.

Midwives provide safe, respectful, empowering, and equitable care irrespective of social context and setting and including wider reproductive health services. In all settings, the midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Critical thinking, problem solving, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice. Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for their own continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They have the ability to develop in their careers in directions that can include practice, education, research, management, leadership, and policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career.

About our standards

These standards of proficiency apply to all NMC midwives. They should be read with our standards for education and training, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved midwifery education programmes.

These standards apply to all approved education providers and are set out in three parts; **Part one: the standards framework for nursing and midwifery education**, **Part two: the standards for student supervision and assessment**, and Part three: programme standards, which are the standards specific for each pre-registration or post-registration programme.

These standards of proficiency meet the **ICM Essential Competencies for Midwifery Practice** set by the International Confederation of Midwives. They have been informed by the **Unicef UK Baby Friendly Initiative University Standards**.

Approved Education Institutions (AEIs) must comply with our standards to be approved to run any NMC approved programmes. Together, the standards for education and training aim to provide AEIs and their practice learning partners with the flexibility to develop innovative approaches to education for midwives, while being accountable for the local provision and management of approved pre-registration midwifery programmes in line with our standards. The relationship between the different sets of standards is shown in the diagram on the next page.

MAHI - STM - 259 - 407

Standards for education and training

Part 1

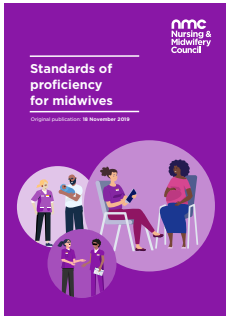
Part 2

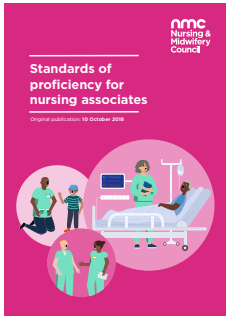
Part 3 - Programme standards

Pre-registration

Post-registration

Standards of proficiency





Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[1] requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education are established under the provision of Article 15(1) of the Order.

Article 5(2) of the Order requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

The evidence

Our standards of proficiency have been developed through an extensive and rigorous process of evidence review and consultation, and consideration of the changing context in which midwives work. They reflect contemporary national and international evidence on the health, wellbeing, needs, views and preferences of women and the needs of the newborn infant.

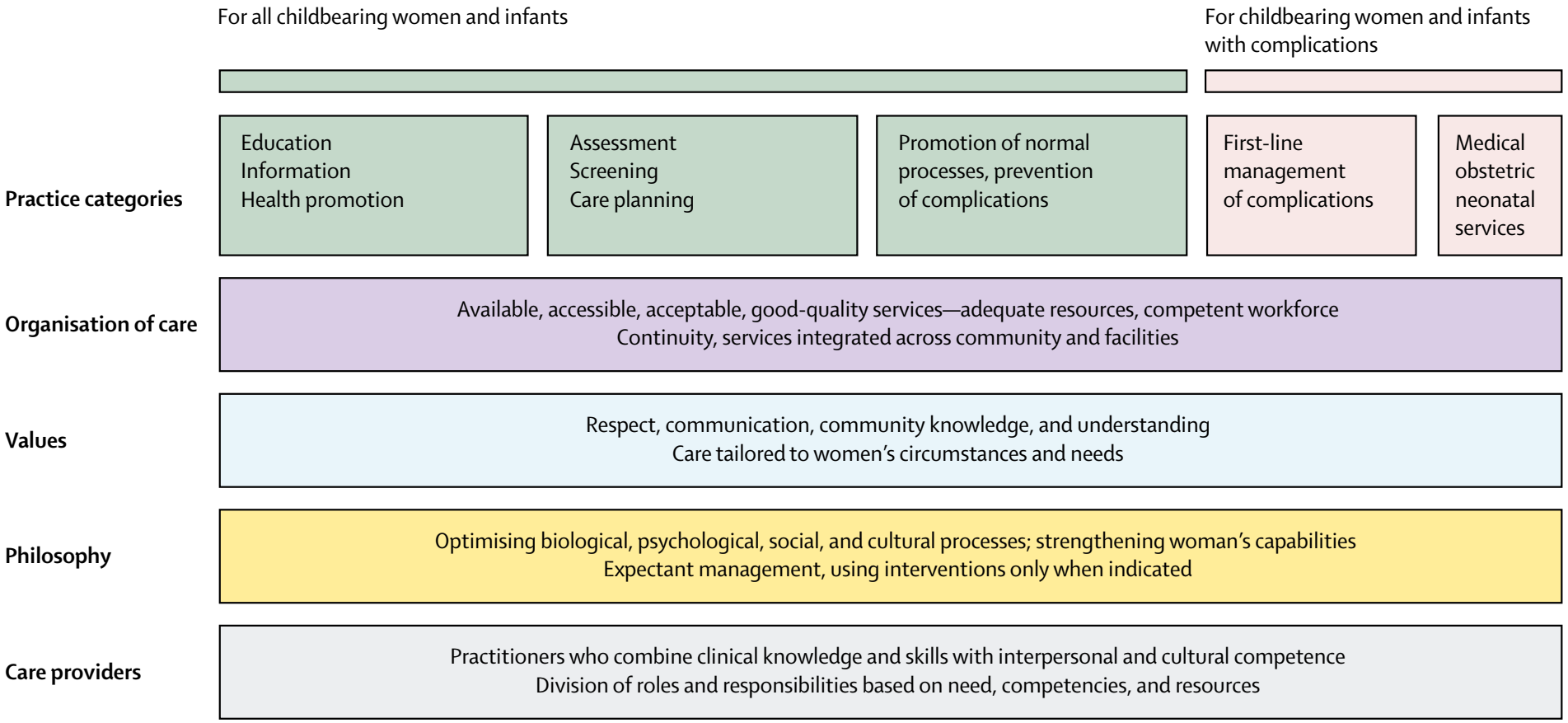
Our standards of proficiency have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from The Lancet Series on Midwifery 2014 in helping to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole **continuum of care**.

The definition of midwifery from The Lancet Series on Midwifery

Midwifery is defined as 'skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life. Core characteristics include optimising normal biological, psychological, social, and cultural processes of reproduction and early life; timely prevention and management of complications; consultation with and referral to other services; respect for women's individual circumstances and views; and working in partnership with women to strengthen women's own capabilities to care for themselves and their families'[2].

1 SI 2002/253
2 Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 1129-1145, 2014

The Framework for Quality Maternal and Newborn Health from The Lancet Series on Midwifery



Renfrew, McFadden, Bastos, Campbell et al The Lancet: 384, 1129-1145, 2014 (used with permission)

How to read these standards of proficiency

The standards of proficiency are stated as outcomes that each midwife must achieve at the point of registration.

The standards of proficiency are grouped under six Domains. These Domains inter-relate and build on each other, and should not be seen separately. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely and proficiently, at the start of their career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect every midwife to demonstrate.

The Domains:

1 Being an accountable, autonomous, professional midwife

2 Safe and effective midwifery care: promoting and providing continuity of care and carer

3 Universal care for all women and newborn infants

- **A** The midwife's role in public health, health promotion and health protection
- **B** The midwife's role in assessment, screening and care planning
- **C** The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

4 Additional care for women and newborn infants with complications

- **A** The midwife's role in first line assessment and management of complications and additional care needs
- **B** The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

5 Promoting excellence: the midwife as colleague, scholar and leader

A Working with others: the midwife as colleague

B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6 The midwife as skilled practitioner

Communication, sharing information and relationship management skills: shared skills for **Domains 1, 2, 3, 4 and 5**

Being an accountable, autonomous, professional midwife: **skills for Domain 1**

Safe and effective midwifery care: promoting and providing **continuity of care and carer**: **skills for Domain 2**

Assessment, screening, planning, care and support across the continuum: shared skills for **Domains 3** and **4**

Evidence-based medicines administration and optimisation: shared skills for **Domains 3** and **4**

Universal care for all women and newborn infants: **skills for Domain 3**

Additional care for women and newborn infants with complications: skills for **Domain 4**

Promoting excellence: the midwife as colleague, scholar and leader: skills for **Domain 5**

Key themes

Several key themes run throughout the Domains, and include:

- **evidence-based care** and the importance of staying up-to-date with current knowledge
- the physical, psychological, social, cultural, and spiritual safety of women and newborn infants
- communication and relationship building, working in partnership with women
- enabling and advocating for the human rights of women and children
- enabling and advocating for the views, preferences, and decisions of women, partners and families
- working across the whole continuum of care and in all settings, and understanding the woman's and newborn infant's whole maternity journey
- providing **continuity of care and carer**
- optimising the normal processes of reproduction and early life
- ensuring that women, partners and families have all the information needed to fully inform their decisions
- the importance of physical, psychological, social, cultural, and spiritual factors
- anticipating, preventing, and responding to complications and additional care needs
- public health, health promotion, and health protection
- understanding and working to mitigate health and social inequalities
- interdisciplinary and multiagency working
- protecting, promoting and supporting breastfeeding
- the impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and wellbeing
- taking personal responsibility for ongoing learning and development.

Domain 1: Being an accountable, autonomous, professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

Outcomes

At the point of registration, the midwife will be able to:

1.1 understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements

1.2 understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom

1.3 understand and act to promote and enable the human rights of women and newborn infants at all times, including women's sexual and reproductive rights

1.4 demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports

1.5 use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women's evidence-informed decision-making

1.6 be accountable and **autonomous** as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care

1.7 demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century

1.8 demonstrate an understanding of and the ability to challenge discriminatory behaviour

1.9 provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments

1.10 demonstrate understanding of women's relationships and individual family circumstances, and the ability to communicate and involve her partner and family in discussions and decisions about her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication

1.11 use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners and families, and with colleagues

1.12 develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues

1.13 demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant

1.14 act in the best interests of women and newborn infants at all times

1.15 demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns

1.16 demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social, cultural, or spiritual circumstances

1.17 demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, including but not limited to:

- **1.17.1** health and social inequalities and their determinants
- **1.17.2** historical and social developments and trends
- **1.17.3** cultural and media influences on public and professional understanding

1.18 explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations

1.19 understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes

1.20 understand the importance of, and demonstrate the ability to seek, informed consent from women, both for herself and her newborn infant

1.21 understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances

1.22 be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships

1.23 demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice

1.24 understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care

1.25 act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services

1.26 understand the professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care

1.27 take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills.

Domain 2:
Safe and effective midwifery care: promoting and providing continuity of care and carer

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless.

Outcomes

At the point of registration, the midwife will be able to:

2.1 demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, partners and families

2.2 demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners and families

2.3 demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care

2.4 demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer

2.5 demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs

2.6 demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately

2.7 demonstrate and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences

2.8 demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs

2.9 understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social **determinants of health** on public health and wellbeing

2.10 work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings

2.11 demonstrate the ability to be the coordinator of care within the wider interdisciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete

2.12 demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings.

Domain 3:
Universal care for all women and newborn infants

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and wellbeing. Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

A. The midwife's role in public health, health promotion and health protection

3.A outcomes

At the point of registration, the midwife will be able to:

3.1 demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed

3.2 understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, health protection, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences

3.3 demonstrate the ability to share information on public health, health promotion and health protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services

3.4 demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception

3.5 understand the importance of birth to public health and wellbeing across the life course

3.6 understand the importance of human milk and breastfeeding to public health and wellbeing, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family

3.7 demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, **abuse**, and safeguarding

3.8 understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups

3.9 promote and support parent and newborn mental health and wellbeing, positive attachment and the transition to parenthood

3.10 demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship.

B. The midwife's role in assessment, screening and care planning

3.B outcomes

At the point of registration, the midwife will be able to:

3.11 demonstrate knowledge and understanding of anatomy, physiology, genetics, and **genomics** of adolescent girls and women and the reproductive system for adolescent boys and men

3.12 demonstrate knowledge and understanding of normal changes to anatomy, physiology, and **epigenetics** of the adolescent girl/woman during:

- **3.12.1** pregnancy
- **3.12.2** labour
- **3.12.3** birth
- **3.12.4** postpartum

3.13 demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:

- **3.13.1** fetal development
- **3.13.2** adaptation to life
- **3.13.3** the newborn infant
- **3.13.4** very early child development

3.14 demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding

3.15 demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development

3.16 demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:

- **3.16.1** adolescents and adults
- **3.16.2** newborn infants

3.17 demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors during:

- **3.17.1** pregnancy, labour, birth and postpartum
- **3.17.2** infant feeding and relationship building
- **3.17.3** the transition to parenthood and positive family attachment

3.18 demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, **contraindications**, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage

3.19 demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration

3.20 demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas

3.21 demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe, physical, psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications

3.22 demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify

3.23 in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these.

C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

3.C outcomes

At the point of registration, the midwife will be able to:

3.24 identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional

3.25 use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care planning

3.26 understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary

3.27 understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation.

Domain 4:
Additional care for women and newborn infants with complications

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

A. The midwife's role in first line assessment and management of complications and additional care needs

4.A outcomes

At the point of registration, the midwife will be able to:

4.1 demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors

4.2 identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families

4.3 demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs

4.4 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:

- **4.4.1** embryology and fetal development
- **4.4.2** adaptation to life
- **4.4.3** the newborn infant
- **4.4.4** very early child development
- **4.4.5** the transition to parenthood and positive family attachment

4.5 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development

4.6 use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant, and to make clinical decisions based on need and best practice evidence; and act on those decisions

4.7 use evidence-based, best practice approaches to the management of emergency situations

4.8 use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed.

B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

4.B outcomes

At the point of registration, the midwife will be able to:

4.9 demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants

4.10 use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur

4.11 demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.

Domain 5:
Promoting excellence: the midwife as colleague, scholar and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

A. Working with others: the midwife as colleague

5.A outcomes:

At the point of registration, the midwife will be able to:

5.1 demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all

5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events

5.3 demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences

5.4 understand and apply the principles of **human factors**, environmental factors, and **strength-based approaches** when working with colleagues

5.5 understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care

5.6 recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies

5.7 demonstrate the ability to act safely in situations where there is an absence of good quality evidence

5.8 demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities

5.9 contribute to team reflection activities to promote improvements in practice and service

5.10 demonstrate knowledge and understanding of the principles and methods of sustainable health care

5.11 demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level

5.12 effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies

5.13 demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include:

- **5.13.1** individual and team reflection, problem solving, and planning
- **5.13.2** effective and timely communication with colleagues and senior staff
- **5.13.3** collaborating to ensure safe and sustainable systems and processes
- **5.13.4** the ability to advocate for change
- **5.13.5** the use of strength-based approaches
- **5.13.6** responding to unpredictable situations

5.14 demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or wellbeing of self and others

5.15 demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life.

B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

5.B outcomes:

At the point of registration, the midwife will be able to:

5.16 demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice

5.17 demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation

5.18 demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities

5.19 safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care

5.20 demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team

5.21 support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.

Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

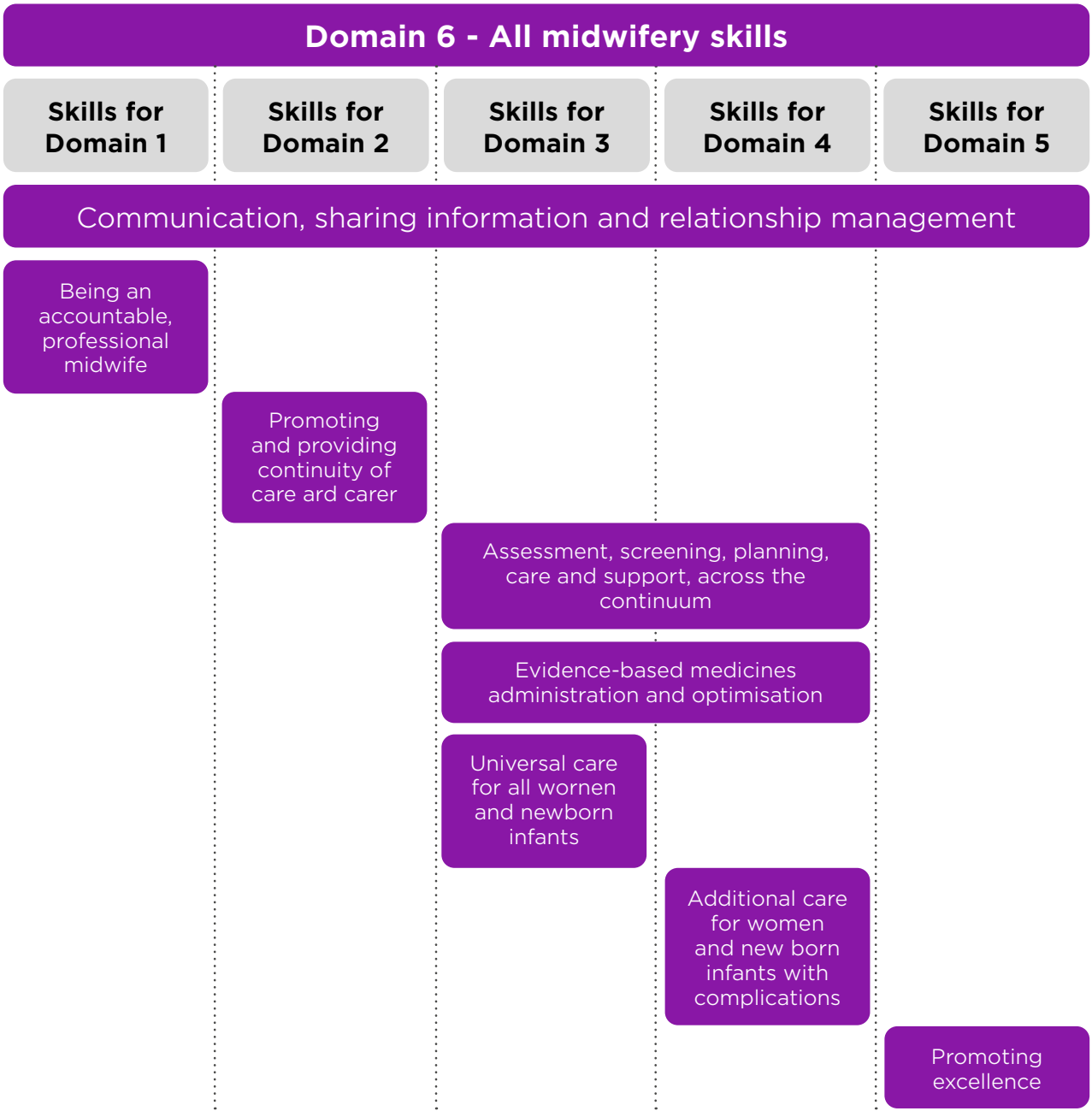
Proficiency Outcomes

At the point of registration, the midwife will be able to:

6.0 safely demonstrate evidence-based best practice in all core and domain-specific skills and procedures listed below:

Navigation

All midwifery skills are situated in Domain 6. This map shows how they are aligned to the proficiencies in each of the domains.



Communication, sharing information and relationship management: shared skills for Domains 1, 2, 3, 4 and 5

Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions

6.1 demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant

- **6.1.1** actively listen, recognise and respond to verbal and non-verbal cues
- **6.1.2** use prompts and positive verbal and non-verbal reinforcement
- **6.1.3** use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space
- **6.1.4** make appropriate use of respectful, caring, and kind open and closed questioning
- **6.1.5** check understanding and use clarification techniques
- **6.1.6** respond to women's questions and concerns with kindness and compassion
- **6.1.7** avoid discriminatory behaviour and identify signs of unconscious bias in self and others
- **6.1.8** use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and wellbeing
- **6.1.9** recognise the need for, and facilitate access to, translation and interpretation services
- **6.1.10** recognise and accommodate sensory impairments during all communications
- **6.1.11** support and manage the use of personal communication aids
- **6.1.12** identify the need for alternative communication techniques, and access services to support these

6.1.13 communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the woman's needs, views, preferences, and decisions

6.1.14 maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations

6.1.15 maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations.

Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances

6.2 demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions

- **6.2.1** build and maintain trusting, kind, and respectful professional relationships
- **6.2.2** convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed
- **6.2.3** demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies
- **6.2.4** demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building
- **6.2.5** engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas and breaking bad news, and sexuality, pregnancy, childbirth and the newborn infant
- **6.2.6** demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions
- **6.2.7** provide effective and timely communication with women who experience complications and additional care needs, and their partners and families. This includes support, accurate information and updates on changes whilst continuing to listen and respond to their concerns, views, preferences, and decisions
- **6.2.8** communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams

6.2.9 consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations

6.2.10 demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others.

Being an accountable, autonomous, professional midwife: skills for Domain 1

6.3 share and apply research, audit, and service evaluation findings to inform practice, to include:

6.3.1 find and access best local, national and international evidence relevant to health, care, and policy

6.3.2 critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis

6.4 keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family:

6.4.1 present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality

6.4.2 clearly document the woman's understanding, input, and decisions about her care

6.5 use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions

6.6 reflect on and debate topics including those that are seen to be challenging or contentious

6.7 demonstrate the ability to escalate concerns in situations related to the health and wellbeing of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

6.8 discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues

6.9 identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care

6.10 consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together

6.11 identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed

6.12 arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete

6.13 inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly.

Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4

6.14 promote the woman's confidence in her own body, health and wellbeing, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant

6.15 when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and wellbeing, and her own ability and confidence in regard to self-care and care for her newborn infant

6.16 respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions

6.17 demonstrate the ability to involve women in assessment, planning and evaluating their care

6.18 apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum

6.19 assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances

6.20 demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and wellbeing for the woman and the newborn infant, across the continuum

6.21 assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and wellbeing, and to anticipate and prevent complications

6.22 provide evidence-based information on all aspects of health and wellbeing of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate

6.23 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests

6.24 demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/**companion** and family as appropriate

6.25 assess the environment to maximise safety, privacy, dignity, and wellbeing, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant

6.26 identify opportunities to offer support and positive feedback to the woman

6.27 recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding

6.28 use skills of infection prevention and control, following local and national policies and protocols

6.29 engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship

6.30 demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions

6.31 undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum

6.32 undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG), accurately interpreting and recording all findings including fetal heart patterns

6.33 recognise normal vaginal loss and deviations from normal, across the continuum

6.34 undertake vaginal examination with the woman's consent

6.35 undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests

6.36 assess, plan and provide care that optimises the woman's hygiene needs and skin integrity

6.37 recognise and respond to oedema, varicosities, and signs of thromboembolism

6.38 support the woman when nausea and vomiting occur, recognising deviations from normal physiological processes

6.39 assess, plan and provide care that optimises the woman's nutrition and hydration

6.40 assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum

6.41 assess, plan and provide care and support in regard to the woman's experience of and response to pain and her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods

6.42 demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant

6.43 demonstrate the ability to avoid and minimise trauma

6.44 demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate

6.45 act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants

6.46 assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the woman, newborn infant, partner and family

6.47 enable immediate, uninterrupted, and ongoing safe **skin-to-skin contact** between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions

6.48 observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (**reciprocity**)

6.49 provide information about and promote access to community-based facilities and resources as needed.

Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4

6.50 demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines

6.50.1 carry out initial and continued assessments of women and their ability to self-administer their own medications

6.50.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them

6.50.3 use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products

6.50.4 demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly

6.50.5 undertake accurate drug calculations for a range of medications

6.50.6 undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product

6.50.7 exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants

6.50.8 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment

6.50.9 recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant

6.50.10 recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk.

Universal care for all women and newborn infants: skills for Domain 3

A. The midwife's role in public health, health promotion and health protection

6.51 access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families

6.52 conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; this must include:

- **6.52.1** sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections
- **6.52.2** food, nutrition and food safety
- **6.52.3** the importance of human milk and breastfeeding on short and long term health and wellbeing outcomes
- **6.52.4** weight management and exercise
- **6.52.5** smoking, alcohol and substance use
- **6.52.6** immunisation
- **6.52.7** poverty and social and health inequalities
- **6.52.8** social media use and the potential for addiction

6.53 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions on:

- **6.53.1** the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding
- **6.53.2** formula feeding responsively and as safely as possible
- **6.53.3** attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional wellbeing outcomes

6.54 develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups

6.55 recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols.

B. The midwife's role in assessment, screening, and care planning

6.56 accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for:

- **6.56.1** signs and symptoms of pregnancy
- **6.56.2** shared identification of social and lifestyle factors
- **6.56.3** maternal mental health and wellbeing
- **6.56.4** recognition of signs of all forms of abuse and exploitation, and need for safeguarding
- **6.56.5** weight and height including calculation of Body Mass Index (BMI)
- **6.56.6** recognition of spontaneous rupture of membranes and assessment of vaginal loss
- **6.56.7** recognition of the onset of labour

6.57 accurately assess, interpret and record the health and wellbeing of the woman and the fetus during labour for:

- **6.57.1** the woman's behaviour, appearance, and emotional needs
- **6.57.2** the need for mobility and position changes
- **6.57.3** effectiveness of contractions and progress in labour
- **6.57.4** fetal wellbeing and the need to respond to problems
- **6.57.5** the need to expedite birth when necessary
- **6.57.6** the need for an episiotomy
- **6.57.7** recognising the position of the umbilical cord during birth and the need to respond to problems
- **6.57.8** progress of the third stage of labour, birthing of the placenta, completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss
- **6.57.9** perineal/labial/vaginal/cervical/anal trauma, and the need for suturing

6.58 conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:

- **6.58.1** initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations

6.58.2 the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed

6.58.3 the need for neonatal life support (NLS) where respiration is not established

6.58.4 with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture

6.59 conduct ongoing assessments of the health and wellbeing of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include:

6.59.1 parental confidence in handling and caring for the newborn infant including response to crying and comfort measures

6.59.2 full systematic physical examination of the newborn infant in line with local and national evidence-based protocols

6.59.3 ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols

6.60 accurately assess, interpret and record the health and wellbeing of the woman postnatally; this must include:

6.60.1 mental health and wellbeing, including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships

6.60.2 vital signs and physical assessment including uterine involution and perineal health and wellbeing

6.60.3 individual mobility needs, including any adaptations needed to carry and care for her newborn infant

6.61 accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:

6.61.1 monitoring the newborn infant's weight, growth and development

6.61.2 use skills of observation, active listening and evaluation to examine effectiveness of feeding practices

6.61.3 observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management

6.62 for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:

- **6.62.1** effective attachment and positioning of the infant at the breast
- **6.62.2** responsive feeding
- **6.62.3** infant behaviour at the breast including coordination and effectiveness of sucking and swallowing
- **6.62.4** effective milk transfer and milk production
- **6.62.5** stool and urine output appropriate to age of infant
- **6.62.6** ability to maximise breastmilk, safe and effective hand expression and feeding the baby expressed breastmilk

6.63 for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:

- **6.63.1** parent's assessment of and confidence with using a bottle to feed their baby
- **6.63.2** responsive bottle feeding: pacing the feeds, limiting the number of care givers
- **6.63.3** when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible

6.64 effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate.

C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications

6.65 implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:

- **6.65.1** encourage mobility and support the woman to achieve optimal positions in labour and for birth
- **6.65.2** guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the woman's own preferences
- **6.65.3** optimise the management of the umbilical cord at birth
- **6.65.4** use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour
- **6.65.5** suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred

6.66 implement care that meets the woman's mental health and wellbeing needs after birth; this must include:

- **6.66.1** provide ongoing information, support, and care on all aspects of the woman's mental health and wellbeing
- **6.66.2** if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services
- **6.66.3** provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have

6.67 share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks of sudden infant death syndrome

6.68 implement care that meets the needs of the woman in regard to infant feeding; this must include:

6.68.1 for all women:

a understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made

b provide appropriate pain management for breast tenderness and pain

6.68.2 for women who are breastfeeding:

a apply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to a good start

b support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control

c share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding

6.68.3 for parents who bottle feed, partially or exclusively:

a support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production

b encourage responsive bottle feeding

c encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible.

Additional care for women and newborn infants with complications: skills for Domain 4

A. The midwife's role in first line assessment and management of complications and additional care needs

6.69 recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:

- **6.69.1** pre-existing and emerging physical conditions, and complications of pregnancy, labour, birth, postpartum for the woman and fetus, and complications for the newborn infant, infant feeding challenges, perinatal loss, and maternal illness or death
- **6.69.2** physical disability
- **6.69.3** learning disability
- **6.69.4** psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis
- **6.69.5** social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery
- **6.69.6** violence and abuse including **female genital mutilation** and emergency safeguarding situations
- **6.69.7** traumatic experiences including **tocophobia**, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement

6.70 act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur

6.71 implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:

- **6.71.1** prompt call for assistance and escalation as necessary
- **6.71.2** implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available
- **6.71.3** monitor deterioration using evidence-based early warning tools
- **6.71.4** respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor
- **6.71.5** communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools
- **6.71.6** expedite birth of newborn infant
- **6.71.7** conduct a breech birth and manage shoulder dystocia
- **6.71.8** conduct manual removal of the placenta
- **6.71.9** keep accurate and clear records, including emergency scribe sheets
- **6.71.10** undertake delegated tests for woman, fetus and newborn infant
- **6.71.11** organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified
- **6.71.12** arrange safe transfer to appropriate care setting.

B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

6.72 work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:

- **6.72.1** implement appropriate response when acute social problems occur
- **6.72.2** implement necessary interventions when physical complications occur, including but not limited to:
  - **a** manage, monitor, and effectively administer fluid balance
  - **b** conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour
  - **c** undertake amniotomy and application of fetal scalp electrode
  - **d** obtain cord blood and interpret results
  - **e** provide care for women who have experienced female genital mutilation

6.73 demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include:

- **6.73.1** safe administration of medicines in an emergency
- **6.73.2** manage intravenous (IV) fluids including transfusion of blood and blood products
- **6.73.3** manage fluid and infusion pumps and devices

6.74 provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage

- **6.74.1** provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre

6.75 provide additional postnatal care for the woman including referral to services and resources as needed; this must include:

- **6.75.1** support and care for women with pre-existing conditions
- **6.75.2** support and care for women following caesarean section
- **6.75.3** support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation
- **6.75.4** support and care for woman with urinary or faecal incontinence
- **6.75.5** support for women and families undergoing surrogacy or adoption

6.76 support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team

6.77 support women and their partners who have a newborn infant in the neonatal unit to:

- **6.77.1** stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant
- **6.77.2** optimise skin-to-skin/**kangaroo care** where possible, including for parents of more than one newborn infant who may be separated and cared for in different places
- **6.77.3** to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk

6.78 support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together

6.79 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support

6.80 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:

- **6.80.1** provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death
- **6.80.2** provide end of life care for a woman or for a newborn infant
- **6.80.3** arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith
- **6.80.4** support and assist with palliative care for the woman or newborn infant
- **6.80.5** offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman
- **6.80.6** support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time
- **6.80.7** provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols
- **6.80.8** support the bereaved woman with lactation suppression and/or donating her breastmilk if wished
- **6.80.9** provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service

6.81 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; this must include:

- **6.81.1** provide care and support for women and the newborn infant, and partners and families as appropriate
- **6.81.2** support the woman to stay close to her newborn infant to build positive attachment behaviours
- **6.81.3** support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding
- **6.81.4** support positive attachment between the father/partner and the infant

6.82 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; this must include:

- **6.82.1** carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient
- **6.82.2** refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management
- **6.82.3** for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required.

Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

A. Working with others: the midwife as colleague

6.83 work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:

- **6.83.1** use best evidence to inform decisions
- **6.83.2** learn from local, national, and international reports
- **6.83.3** analyse, clearly record and share digital information and data
- **6.83.4** contribute to audit and risk management
- **6.83.5** contribute to investigations on critical incidents, near misses and serious event reviews

6.84 work with interdisciplinary and multiagency colleagues to implement change management; this must include:

- **6.84.1** advocate for change
- **6.84.2** negotiate and challenge skills
- **6.84.3** use evidence-informed approaches to support change

6.85 when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students:

- **6.85.1** provide clear verbal, digital or written information and instructions and check understanding
- **6.85.2** provide encouragement to colleagues and students that helps them to reflect on their practice
- **6.85.3** keep unambiguous records of performance

6.86 demonstrate effective team management skills when:

- **6.86.1** developing, supporting and managing teams
- **6.86.2** managing concerns
- **6.86.3** escalating and reporting on those concerns
- **6.86.4** de-escalating conflict
- **6.86.5** reflecting on learning that comes from working with interdisciplinary and multiagency teams

6.87 demonstrate skills to recognise and respond to vulnerability in self and others, including:

- **6.87.1** self-reflection
- **6.87.2** seeking support and assistance when feeling vulnerable
- **6.87.3** taking action when own vulnerability may impact on ability to undertake their role as a midwife
- **6.87.4** identifying vulnerability of individual and wider team members and action support and/or intervention as needed
- **6.87.5** demonstrating **strength-based approaches** and compassionate self-care.

B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6.88 reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour

6.89 demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:

- **6.89.1** participatory and self-directed learning
- **6.89.2** reflection on learning that informs professional development and practice

6.90 know how to:

- **6.90.1** keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills
- **6.90.2** debate the implications for practice where no research or conflicting research evidence exists
- **6.90.3** find information about possible paths for career development including opportunities for postgraduate courses and scholarships.

Glossary

The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

Abuse: an act that may harm the woman or the newborn infant, endanger their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological, material, financial, or neglect. Abuse may be current or may have occurred in the past (known as non-recent or historical abuse); in these circumstances, the harmful physical and psychological effects can still manifest in the present.

Autonomous: to have the knowledge and confidence to exercise professional judgement.

Cultural competence: knowledge of how to promote respectful and responsive midwifery care in cross-cultural settings that reflects the cultural and linguistic needs of the diverse population.

Companion: the person/people chosen by the woman to support her in labour and at birth.

Contraindications: a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Continuity of carer or relational continuity of care: care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.

Continuity of care or management continuity: continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.

Continuum of care: care across the whole childbearing period from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

Determinants of health: includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Epigenetics: changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.

Evidence-based care: decision-making that integrates midwifery expertise with knowledge derived from the best available evidence.

Female genital mutilation: the practice of partially or totally removing the external female genitalia for non-medical reasons. This practice is illegal in the UK.

Genomics: branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

Human factors: environmental, organisational, and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Kangaroo care: an evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.

Maternity journey: the woman's view of her journey through the lead up to pregnancy, pregnancy, labour, birth, the immediate postpartum period, and the early days and weeks after pregnancy.

Morbidity: maternal and newborn: physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.

Newborn infant: an infant from birth to around two months of age.

Partner: the person considered by the woman to be her life partner. This may include the biological father and other-or same-sex partners.

Reciprocity: the intimate interaction between the baby and their parent through mutual communication which encourages secure, positive attachments.

Skin-to-skin contact at birth: the practice where a newborn infant is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Ongoing skin-to-skin contact involves the mother/parent holding the newborn infant skin-to-skin for feeding, love and comfort.

Strength-based approaches: a strength-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.

Tocophobia: severe fear of pregnancy and childbirth.

Very early child development: very early child development includes physical, social, emotional, cognitive, and motor development in the first hours, days and weeks when the newborn infant is developing most rapidly.

Woman: the words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 808,000* nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

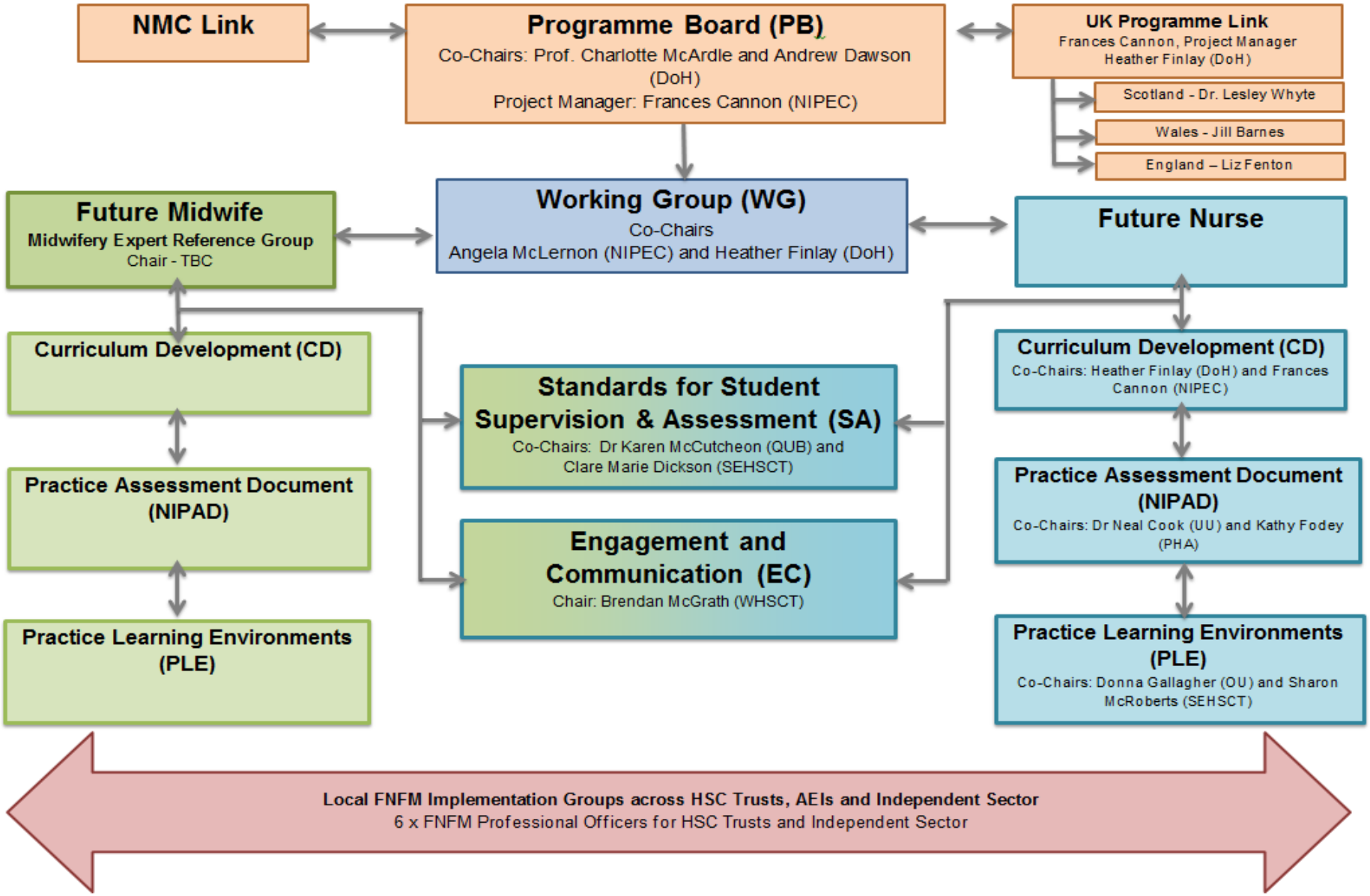
Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision-making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Nursing & Midwifery Council

23 Portland Place,
London W1B 1PZ
+44 20 7333 9333
www.nmc.org.uk
@nmcnews @nmcuk

*Data captured from 30 September 2023.

Northern Ireland Future Nurse Future Midwife (FNFM) Programme Structure



NIPEC

Future Nurse Future Midwife

Curriculum Development

Learning Disabilities Nursing

17 January 2019

Department of Health
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The changing landscape

NMC Nursing & Midwifery Council

Health and care landscape is changing rapidly

Increase in people with mental and physical health needs

People with more complex needs

Nurses working across a range of settings

Nurses and midwives need to be fit for the future

Care increasingly provided by integrated teams

24/7 care

Acute care in the home

Need to maximise technological advances

Nurses and midwives taking on additional responsibilities

Prevention of ill health and promotion of self care

Future Nurse Future Midwife – NI Implementation

- The new standards and proficiencies for **nursing** raise the ambition in terms of what's expected of a nurse at the point of registration
- They will equip nurses and midwives with the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.
- The new proficiencies for **midwifery** are due for consultation February 2019

Department of Health
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NIPEC

Future Nurse Future Midwife – NI Implementation

In May 2018 NMC published:

- Future Nurse: Standards of Proficiency for Registered Nurses
- Standards Framework for Nursing and Midwifery Education
- Standards for Student Supervision and Assessment
- Standards for Pre-registration Nursing Programmes
- Standards for Prescribing Programmes

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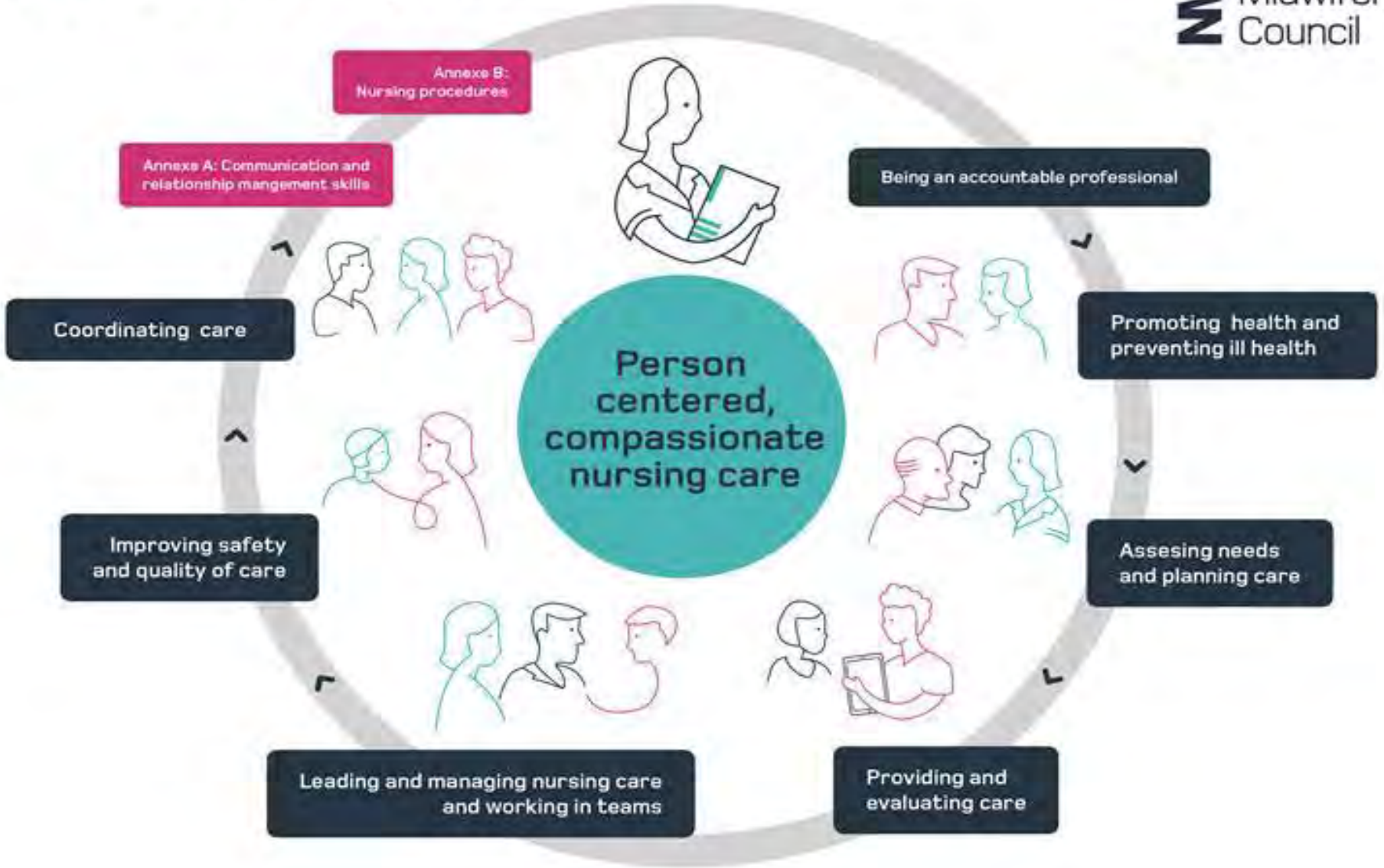
Future nurse proficiencies

NMC Nursing & Midwifery Council



NIPEC

Future Nurse Future Midwife – NI Implementation

- One set of proficiencies that apply to all fields of nursing
- Registration to a specific field(s) of nursing practice continues
- Precise skills and procedure annexes that apply to all fields of nursing that also indicate where greater field specific emphasis and depth of knowledge and proficiency is required

NIPEC

Future Nurse Future Midwife – NI Implementation

- 28th March 2018 – FNFM Stakeholder Event
  - 2020 start date across the three AEIs
  - Regional Implementation
  - One Practice Assessment Document
- 20th June 2018 FNFM Programme Board Established
- 12th September 2018 FNFM Working Group Established

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www.health-ni.gov.uk

Northern Ireland Future Nurse, Future Midwife Programme Structure

NMC Link
Project Lead:
Frances Cannon NIPEC

Programme Board (PB)
Co-Chairs: Prof. Charlotte McArdle CNO and
Andrew Dawson, Workforce Policy Director Northern Ireland
NIPEC Project Lead: Frances Cannon SPO NIPEC (NMC Anne Trotter)

UK Programme Link
Frances Cannon, Project Manager and SPO NIPEC (Northern Ireland)
Heather Finlay, Nursing Officer DOH (Northern Ireland)

- Scotland
  Dr. Lesley Whyte, DOH
- Wales
  Jill Barnes, DOH
- England
  Lisa Bayliss-Pratt, DOH

Working Group (WG)
Co-Chairs: Angela McLernon CE NIPEC & Heather Finlay, Nursing Officer DOH (NMC Sue West)

Work Stream Chairs (WSC)

Curriculum Development (CD)
(Transitioning)
Chairs: Heather Finlay (NO) and Frances Cannon (SPO)
Professional Officer FNFM:
Kerrie McLarnon

- Adult (CD-A)
- Mental Health (CD-CH)
- Children's (CD-CH)
- Learning Disability (CD-LD)
- Midwifery (CD-MW)

Practice Assessment Document (PAD)
Chairs: Dr Neal Cook (UU) and Kathy Fodey (IND)
Professional Officer FNFM
Lynn McKeown

- Adult (PAD-A)
- Mental Health (PAD-MH)
- Children's (PAD-CH)
- Learning Disability (PAD-LD)
- Midwifery (PAD-MW)

Supervision & Assessment (SA)
Chairs: Dr Karen McCutcheon (QUB) and Clare–Marie Dickson (NMM)
Professional Officer:
Joanne Fitzsimons

- TBC

Practice Placements (PP)
Chairs: Donna Gallagher (OU) and Lynn Woolsey (ADON)
Professional Officer:
Sharon Conlan

- TBC

Engagement and Communication (EC)
Chairs: Brendan McGrath (ADON) & TBC
Professional Officer:
Carol McGinn

- TBC

NIPEC

Curriculum Development – Work stream

Aim:

- In the spirit of Co-production and Co-design provide assurance to the Future Nurse Future Midwife Programme Board that the curriculum content across the four fields of practice and midwifery reflect local strategic drivers and support the Transformation agenda.

QUEEN'S UNIVERSITY BELFAST

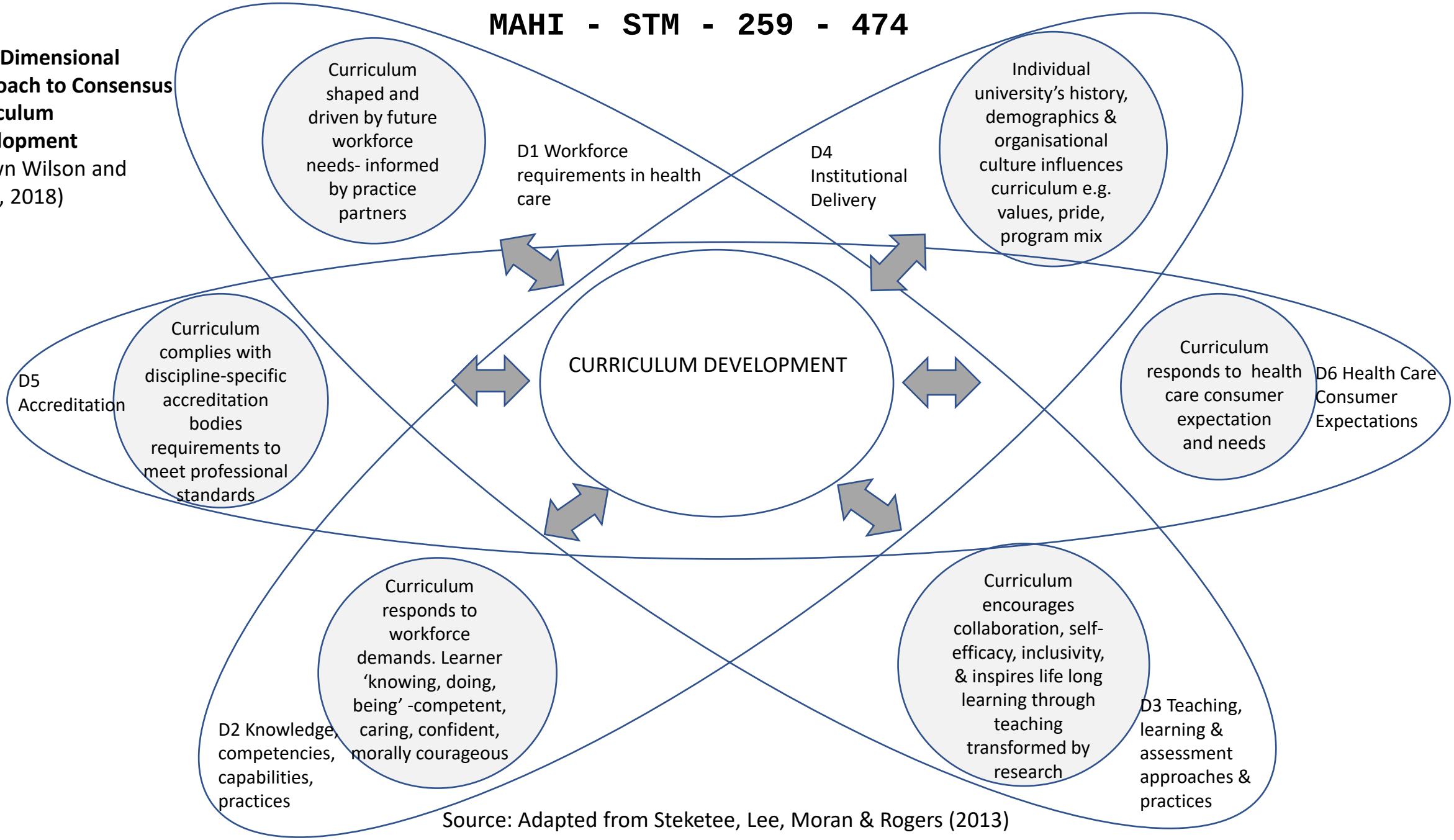
Future Nurse Future Midwife Curriculum Development

LEARNING DISABILITIES

17 January, 2019

MAHI - STM - 259 - 474

A Six Dimensional Approach to Consensus Curriculum Development (Brown Wilson and Slade, 2018)



Source: Adapted from Steketee, Lee, Moran & Rogers (2013)

MAHI - STM - 259 - 475

Overview of curriculum Development process

Blue skies thinking - what will our 2021-2026 graduate look like Including the key stakeholders and RCN in this process (Nov 2017)

Engage a wide range of stakeholders including UU, OU, DoH- Co-design workshop developing graduate attributes and Program Learning Objectives (Feb 2018)

Program teams develop program roadmap of aligned courses with stakeholder involvement and co design workshop in assessment (June 2018)

Co-design workshop- curriculum writing review of module learning outcomes and assessment –writing course content including UU (November, 2018)

QUEEN'S UNIVERSITY BELFAST

Valuing all perspectives through Co-Design

- Everyone’s voice is heard
- All views are listened to and considered
- Everyone’s ideas created a different perspective on an established theme
- Feed back from service users, students, practice partners and academics overwhelmingly positive

QUEEN’S UNIVERSITY BELFAST

Simulation Strategy

- Faculty IPE simulation centre opens in 2020
- Starts in first year – ‘pop up’ simulation
- Focus on inter branch simulation – e.g. communication
- Year 2- high fidelity interprofessional simulation
- Year 3- complex interprofessional scenarios

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Programme Learning Objectives

- Provide person centred care for people living with Learning Disability adopting a lifespan approach
- Deliver effective care to people with learning disabilities who have a range of multiple health morbidities and additional interrelated physical, psychological, emotional, social, and educational needs, resulting from their learning disability
- Be a skilled and respectful communicator with individuals, families, healthcare professionals and other stakeholders within dynamic health and social care contexts
- Demonstrate emerging leadership and be an evidence based practitioner

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Module Overview

MAHI - STM - 259 - 479

Year 1	Year 2	Year 3
Professionalism in nursing		Developing leadership and professionalism
Evidence Based Nursing	Evidence Based Nursing 2	Evidence Based Nursing and Quality Improvement
Essential life sciences and Foundations of Pharmacology	Applied Life Science Essential Pharmacology	Applied pharmacology for nursing practice
Caring communication in nursing	Working interprofessionally to improve mental health	Interprofessional working
Public Health perspectives	Nursing People with learning disabilities across the lifespan with psychological and behavioural needs	Managing complexity in sustaining health and well-being of adults and older adults with learning disabilities and complex health needs.
The Foundations of Learning Disabilities Nursing Practice	Nursing children and young people with neuro developmental disabilities and genetic conditions.	Coordination of care to improve quality of life for the person with learning disabilities

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Mapping to NMC future nurse standards

- Seven platforms – two annexe
- Platforms addressed each year to demonstrate cumulative skills
- All NMC outcomes met by draft module learning objectives
- Awaiting feedback from FN/FM Assessment and Practice group to complete Annexe B

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Research informed teaching

- Families and fathers and children with learning disabilities
- Access to healthcare across the lifespan
- Liaison nursing models and person-centred care and support
- End-of-life decision making and people with learning disabilities
- Diabetes and people with learning disabilities
- Trauma and psychological therapies and adults with learning disabilities
- Relationships and sexuality and people with learning disabilities

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MAHI - STM - 259 - 482

Northern Ireland Priorities mapping

Year 1 : The Foundations of Learning Disabilities Nursing Practice	
Policy	**Content**
Health and Wellbeing 2026. Delivering together Belfast: DOHNI, 2016	Person-centred care; understanding wellness; person centred assessment, compassion, empathy and caring skills; appropriate communication, health promotion; equality; inclusion
Making Life Better A Whole Strategic Framework of Public Health (NIE, 2014) **Convention on the Rights of Persons with Disabilities (CRPD) (2006)** **UK Initial Report On the UN Convention on the Rights of Persons with Disabilities (2011)** **Disability rights in Northern Ireland (2017)**	Stepped approach to care; Personal safety Planning Involving Family and friends in care; Expert by experience; Strengths and recovery based; Guiding and supporting; Reflection; Empowering communities; Developing collaboration; Children and families (the best start);
Meeting Educational needs of Learning disabilities student nurses (2015)	Improve communication; attitudes; understanding learning disability and health issues; Role of learning disability nurse; role of carers
Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD, 2013). **Learning form the past- setting out the future (RCN 2011)**	Understand wellness; person centred care and assessment; inclusion; compassion; empathy; caring skills; promoting health and wellbeing; equality; disability legislation.

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MAHI - STM - 259 - 483

Northern Ireland Priorities mapping

Year 2 : Working interprofessionally to improve mental wellbeing	
Policy	**Content**
No Health Without Mental Health (DoH, 2011)/ Infant Mental Health Framework for Northern Ireland (PHA, 2016)	Family and child A Life course approach Outcomes measurement Challenge stigma Early intervention (across all ages)
Protect life 2 - A Strategy for Suicide Prevention in the North of Ireland (DoH, 2016)	Understand the drivers for suicide Understand the drivers for self-harm Provide support for service users and carers Be aware of at risk populations
Strategy for the Development of Psychological Therapy Services (2010)	A stepped care model: For adults For children For people with an intellectual disability NICE recommended psychological interventions Low intensity working: Specific behavioural and cognitive psychotherapeutic techniques; Motivational Interviewing

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Northern Ireland Priorities mapping

Year 2 : Nursing children and young people with neuro developmental disabilities and genetic conditions.	
Policy	**Content**
Regional Core Child Protection Policies and Procedures 2017 Safeguarding Board for Northern Ireland (SBNI) Procedures Manual (2017)	Child Protection; information sharing on links to relevant documents, protocols and guidance; multi-disciplinary team working; communication;
Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD, 2013)	Health Action Plans; Health facilitators; Annual Health Check; quality improvement in healthcare; health literacy; communication
National Learning Disabilities Mortality Review (2018)	Health inequalities; Inter-agency collaboration and communication; record keeping; documentation; communication
Guidelines on Caring for People with a Learning Disability in General Hospital Settings (2018)	reasonable adjustments; communication; pain; best practice indicators; transition between services;
DHSSPS (2009) Integrated Care Pathway for Children and Young People with Complex Physical Healthcare Needs. **DHSSPS (2009) Developing Services to Children and Young People with Complex Physical Healthcare Needs.**	Transition from Acute Hospital to 9 Community Services; Managing transitions to Adult Service; End of Life Needs; Community Support Services; needs of family as carers; discharge planning; choices; joint planning with families

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MAHI - STM - 259 - 485

Northern Ireland Priorities mapping

Year 2 : Nursing People with Learning disabilities across the lifespan with psychological and behavioural needs	
Policy	**Content**
The Bradley Report (2009)	Communication skills; working with the MDT and families and carers; criminal justice system; ethical issues; skills in assessing planning and care management
No one knows (2008)	needs led approach; collaborative multi-agency working; discrimination;
Building the right support (2015)	Appraising evidence and making judgements; community services;
Convention on the Rights of Persons with Disabilities (CRPD) (2006) **UK Initial Report On the UN Convention on the Rights of Persons with Disabilities (2011)** **National Learning Disabilities Mortality Review (2018)**	Rights; justice; ethical principles and theories; Deeper understanding and application of the Mental Health Act; Awareness of the needs of people with learning disabilities; Information sharing; Record keeping; Documentation;

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Northern Ireland Priorities mapping

Year 3:Managing complexity in sustaining health and well-being of adults and older adults with learning disabilities and complex health needs.	
Policy	**Content**
Transforming care: A national response to Winterbourne View Hospital (2012) **Winterbourne View - Time for Change (2014)** **Winterbourne View: Transforming Care Two Years On (2014)**	Rights; accountability; responsibility; quality and safety improvements; leadership; cultural challenge; reflection; drug interactions; adverse drug reactions to medicines optimisation;
HSC (2016) The Dementia Learning and development framework	Dementia awareness; Communication; Promotion of physical, psychological and social well-being; Enabling Partnership (Family/carers/service user); Palliative care, leadership;
Year 3:Coordination of care to improve quality of life for the person with learning disabilities	
Policy	**Content**
Guidelines on Caring for People with a Learning Disability in General Hospital Settings (2018)	reasonable adjustments; communication; pain; best practice indicators; transition between services; accountability; responsibility
'No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions.' (2015)	Coproduction; family carers; consultation; legislation;

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MAHI - STM - 259 - 487

A word from our service users:

The co-production model, with a blend of academics, students, carers, service-users and nurses works extremely well, and reflects the School's mission of producing graduates of the highest quality. I personally am very impressed by the evident willingness to listen to those with lived experience, and to integrate that unique insight into both undergraduate and postgraduate teaching development and delivery. It is, in my opinion, a model of best practice from the perspective of meaningful service-user involvement.

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NIPEC

Future Nurse Future Midwife Northern Ireland

Standards for Student Supervision and Assessment

A Guide for those Responsible for Student Supervision and Assessment in Practice

QUEEN'S UNIVERSITY BELFAST
The Open University
Ulster University
HSC Health and Social Care

Contents

1. Introduction

Northern Ireland has three Approved Education Institutions (AEIs), The Open University, Queen's University Belfast and Ulster University who deliver NMC approved programmes. Through partnership working the NI regional Model was developed to implement and deliver the NMC Education Standards (2018), which includes the Standards for Student Supervision and Assessment (SSSA).

The Nursing and Midwifery Council (NMC) Realising professionalism: Standards for education and training - Part 2: Standards for student supervision and assessment (2018) sets out the expectation for the learning, support and supervision of students in the practice learning environment (PLE).

This guide provides details on the various roles and how they work together to ensure practice supervision and assessment meets the NMC Education Standards (2018) for SSSA. It will outline the responsibilities, preparation and support for these roles.

It also includes details on the regional approach to the practice assessor database, the roles of the Practice Education Teams or equivalent, and link lecturer/practice tutors.

2. The Northern Ireland Regional Model - Standards for Student Supervision and Assessment

The process of supervising and assessing students is one of partnership between the AEIs and practice partners to ensure that safe and effective learning and assessment upholds public protection. It is a process, which fosters a positive learning relationship with the student and enhances their professional and personal development. Supervision and assessment helps empower the student in becoming a more resilient critical thinker and decision maker who can analyse, reflect on and improve their practice.

Students experiencing practice or work placed learning must be supported to learn without being counted as part of the staffing levels required for safe effective care in that setting. While students will maintain supernumerary status they should always be considered part of the team and integral to the workforce through their contribution in providing safe and effective care. Students should be observing and participating in practice and should add real value to care while evidencing their learning.

The agreed model for SSSA will reflect the new roles of the:

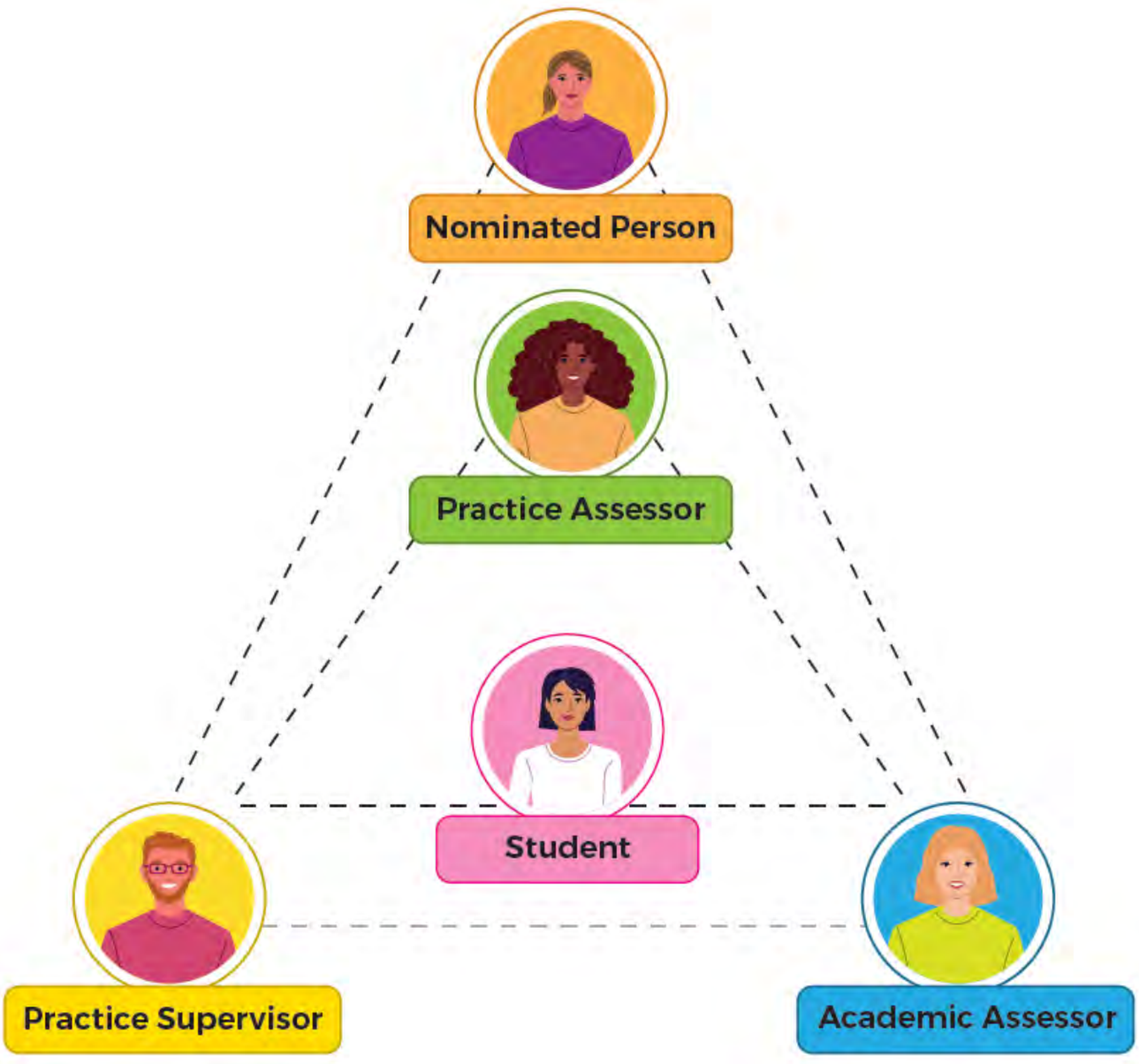
- nominated person (ward sister/charge nurse/team leader/manager)
- practice supervisor (all registered nurses/midwives & other healthcare professionals)
- practice assessor (registered nurse/midwife, designated medical prescribers)
- academic assessor (link lecturer/practice tutor).

Every student will be allocated:

- at least one practice supervisor for every practice learning experience
- a practice assessor for each practice learning experience or series of practice learning experiences
- an academic assessor for each part of the programme.

Separating out the supervision and assessment roles ensures greater consistency and objectivity in the assessment process. The academic assessor works in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme informed by feedback sought and received from practice supervisor/s and practice assessors as illustrated in Diagram 1.

Diagram 1

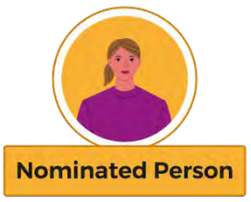


The shared responsibility of the practice assessor and the academic assessor ensures that robust, objective, fair and transparent assessments and shared decision-making will uphold public protection and ensure only those students who have met all the programme requirements and proficiencies and are clearly able to demonstrate the principles of The Code (2018) are entered onto the NMC professional register.

3. The Nominated Person

3.1. Who can be the Nominated Person?

The nominated person for each practice learning environment will normally be the ward sister/charge nurse/team leader/manager. The name of the nominated person will be detailed on the Practice Learning Environment Educational Audit (PLEEA).



3.2. What is the role of the Nominated Person?

The nominated person will:

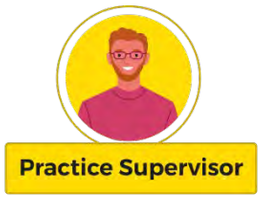
- ensure continuity of the practice learning experience for the student
- actively support student learning
- be responsible for assigning students to each practice supervisor and practice assessor
- consider the registrant's scope of practice when assigning practice supervisors and practice assessors
- support the practice supervisor/s and practice assessor/s to manage student underperformance or concerns in collaboration with the Practice Education Team (when appropriate), the link lecturer and academic assessor
- ensure the practice assessor/s and practice supervisor/s receive appropriate preparation and have ongoing access to support
- liaise with the Practice Education Team (when appropriate) or AEI
- co-ordinate and monitor quality assurance processes to support the PLE meet the NMC Education Standards (2018) i.e. student evaluation, educational audit, maintenance of the practice assessor database and continuing professional development requirements for the practice supervisor and practice assessor.

3.3. Who will support the Nominated Person?

The nominated person will be supported by the:

- line manager
- link lecturer/practice tutor
- academic assessor
- peers
- Practice Education Team or equivalent.

4. Supervision of Students



Practice supervision enables students to learn safely and achieve proficiency and autonomy in their professional role. Every student will be allocated at least one practice supervisor for each PLE however there could be multiple practice supervisors in the same PLE to support the student achieve a range of learning outcomes. When identifying the practice supervisor/s the registrant's scope of practice will be considered. There may be different models of supervision within the PLE such as 1:1 or Hub and Spoke [1].

It is anticipated that students will work with and learn from a range of people who may not be registered healthcare professionals but who can positively contribute to their learning; this practice learning experience will be coordinated by the practice supervisor/s.

4.1. Who can be the Practice Supervisor/s?

All NMC registered nurses and midwives are capable of supervising students and serving as role models for safe and effective practice. Students may also be supervised by other registered health and social care professionals. Each PLE will provide opportunities for the practice assessor to observe the student across a range of environments in order to inform decisions for assessment and progression.

To supervise a prescribing student the practice supervisor must:

- be a registered health care professional on a professional register with equivalent prescribing qualifications [notated on a professional register where relevant]
- be able to evidence active prescribing
- have completed a preparation programme to support them to undertake the role.

4.2. What is the role of the Practice Supervisor?

The practice supervisor will:

- have current knowledge and experience of the area in which they are providing support, supervision and feedback
- serve as role models for safe and effective practice in line with The Code (2018) and their professional duty of candour
- organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective practice learning experiences that uphold public protection and the safety of people
- ensure the level of supervision provided to students reflects their learning needs and stage of learning
- support learning in line with their scope of practice to enable the student meet their

[1] Hub and Spoke is defined as a base practice learning environment/experience, (the hub) from which the students learning is complemented by additional activities in the spoke).

proficiencies and programme outcomes
- ensure requirement and rights around informed consent are implemented and that public protection is maintained
- use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required
- be accountable for their decisions
- support and supervise students, providing feedback on their progress towards achievement of proficiencies and skills
- set and monitor realistic achievement of proficiencies through the development of evidence identified within the programme specific Northern Ireland Practice Assessment Document (NIPAD) for nursing or the Midwifery Ongoing record of Achievement (MORA).
- contribute to the student's ongoing record of achievement in the student's NIPAD/MORA by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- facilitate practice based independent learning as appropriate
- support learning in an inter-professional environment, selecting and supporting a range of learning opportunities for students with other professions
- encourage and coordinate students to work with and learn from a number of people who are not registered healthcare professionals but who can positively contribute to their learning
- contribute to student assessments to inform decisions for progression at summative assessment through reviewing evidence to ensure its authenticity, standard and completeness
- liaise with others (e.g. Practice Education Team, practice assessor, link lecturer/practice tutor, academic assessor, nominated person) to provide feedback and identify any concerns about the student's performance and agree action as appropriate
- identify when a student is underperforming, or where there are professional concerns. Take prompt action to notify the appropriate key persons and document the concerns/underperformance in the student's NIPAD/MORA -

    - for further information, refer to Escalating Concerns/Issues Regarding a Student in Practice Learning Environments (Appendix Two).
    - the student's practice assessor must also be notified.

The supervisory role that non-registered colleagues play in supervising students will be dependent on their skill, knowledge and experience. They will be prepared for this role (Appendix One) and receive ongoing support.

4.3. Who will support the Practice Supervisor?

The practice supervisor can access support from the:

- nominated person
- link lecturer for the student
- other practice supervisors
- practice assessor

- academic assessor
- Practice Education Team or equivalent
- Trust nurse prescribing lead[2]
- supervision and annual appraisal process
- reflective discussion during the revalidation process

4.4. Preparation for the Role of Practice Supervisor/s

There will be an opportunity for mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly to the new role of practice supervisor following completion of a practice supervisor practice assessor transitioning programme. Practice supervisors will have the knowledge and experience that meets the NMC Education Standards (2018) and have an understanding of the proficiencies and programme outcomes that they are supporting students to achieve.

- Preparation programmes will be available, delivered and supported by key personnel in both practice and education environments (Appendix One)
- Preparation programmes will be delivered via e-Learning and/or face-to-face
- The opportunities to prepare for the role will be flexible and designed to meet the needs of practice supervisors.

5. Assessment of Students

The student will have a practice assessor for each practice learning experience or series of practice learning experiences and an academic assessor for each part of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student. Students will not be assigned the same academic assessor on concurrent parts of the programme. The practice assessor will not simultaneously be the practice supervisor and practice assessor for the same student except in exceptional circumstances[3].

5.1. Assessment Process

Practice assessors will conduct all assessments. During the final stage of each part of the programme or at agreed progression points depending on the programme, the practice assessor will work in partnership with the academic assessor to undertake student assessment. They will take into account feedback from practice supervisor/s and other practice assessors to evaluate and recommend the student for progression to the next part of the programme and ultimately onto the NMC professional register. Assessment and confirmation of proficiencies are based on an understanding of the student's achievement across theory and practice and is provisional until all practice hours are completed and there are no emerging professional/performance issues.

[2] Trust nurse prescribing lead Specific to NMP prescribing programmes
[3] In exceptional circumstances the same individual may fulfil the role of practice assessor and practice supervisor for NMP, SCPHN & SPQ

The joint assessment will be face to face; however, in exceptional circumstances, for example inclement weather or illness other communication media will be acceptable including Zoom, Face-time and Skype.

5.2. Assessor Database

HSC Trusts will maintain their own practice assessor database and AEIs will maintain a practice assessor database for the Independent Sector. A practice assessor database will record the following details: Name, NMC PIN, Part of NMC Register, Field of Practice and Date of Preparation for Role.

All existing mentors, sign off mentors and practice teachers will automatically transition onto a practice assessor database following suitable preparation. The current mentor register will also be maintained until all students are transitioned onto the NMC Education Standards (2018) programme/s.

The AEIs will maintain an academic assessor database.

5.3. Practice Assessor

5.3.1. Who can be the Practice Assessor?

There will be an opportunity for mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly into the new role of practice assessor following a preparation programme. It is expected that all practice supervisors will progress to take on the role of practice assessor.

All practice assessors will have completed the practice assessor preparation programme and evidenced that they meet the NMC Education Standards (2018) outcomes for the role. There are some specific programme requirements depending on the practice assessor's registration and the programme the student is studying:

- to assess a nursing student, you must be a registered nurse with appropriate equivalent experience for the student's field of practice.
- to assess a midwifery student you must be a registered midwife.
- to assess a specialist community public health nurse (SCPHN) student you must be a registered SCPHN with appropriate equivalent experience for the student's field of practice.
- to assess students studying for an NMC post–registration qualification, you will be assigned practice and academic assessors in accordance with the relevant programme standards. (see Appendix Three for additional practice assessors guidance for Specialist Practice Qualifications)
- to assess a prescribing student you must be:
    - a registered healthcare professional and an experienced and current prescriber with suitable equivalent qualifications for the programme the student is undertaking
    - able to evidence active prescribing for a minimum of three years (usually)
    - able to confirm that your scope of prescribing practice aligns to, or exceeds that of the prescribing student.

In exceptional circumstances, the same person may fulfil the role of the practice supervisor and practice assessor for Prescribing Programmes, Specialist Practice and SCPHN. In such

instances, the student, practice supervisor/practice assessor and the AEI representative will need to evidence why it is necessary for the practice supervisor and practice assessor role to be carried out by the same person.

5.3.2. What is the role of the Practice Assessor?

The practice assessor will:

- conduct all assessments and work in partnership with the academic assessor to evaluate and recommend the student for progression for each part of the programme in line with programme standards
- make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources
- periodically observe the student across environments in order to inform decisions for assessment and progression in partnership with the academic assessor
- ensure that assessment decisions are informed by feedback sought and received from practice supervisor/s
- confirm that all the evidence required for the specific part of the programme has been provided by the student and authenticated by practice assessors and practice supervisor/s. This will include evidence of authenticity, standard of completeness and relevancy to the claimed proficiencies
- in exceptional circumstances, agree alternative arrangements with the academic assessor, link lecturer/practice tutor and student if all three parties cannot be present at the assessment
- maintain current knowledge and expertise relevant to the proficiencies and programme outcomes they are assessing
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes, which includes NMC revalidation, supervision and appraisals.

5.3.3. Who will support the Practice Assessor?

The practice assessor can access support from the:

- nominated person
- link lecturer/practice tutor for the practice area
- academic assessor for student/s
- relevant programme leader
- Practice Education Team or equivalent
- Trust nurse prescribing lead (if relevant)

The practice assessor can gain additional support during discussions at supervision, annual appraisals, revalidation- by the use of critical reflection on their role and with other practice assessors and academic assessors in sharing best practice and discussing assessment decisions (group supervision/learning sets).

To note: practice assessors new to the role may wish to shadow an experienced practice assessor, this should be discussed with the nominated person.

There will be an opportunity on an annual basis to participate in discussions and updates on the role of the practice assessor. This updating may be accessed in a variety of ways including discussions with one of the individuals listed above, drop in sessions, teaching/assessing events and online learning etc.

5.3.4. Preparation for the role of Practice Assessor

There will be an opportunity for current mentors, sign-off mentors and practice teachers to have recognition of prior learning and move directly into the new role of practice assessor. The opportunities to prepare for the role will be flexible and designed to meet the needs of the practice assessor depending on their previous experience and identified learning needs.

Preparation programmes can be accessed in two ways:

- The nominated person will recommend the practice supervisor for the role of practice assessor at supervision/appraisal.
- Self-nomination validated by the line manager.

Preparation programmes will be delivered and supported by key personnel in practice and education environments using a range of learning methods including face-to-face and an e-Learning package which can be accessed via the HSC Learning with additional resources available on the NIPEC website.

5.4. Academic Assessors

The programme lead for each NMC programme will allocate an appropriate academic assessor for each part of the student's programme. AEIs will identify the academic assessor for each part of the programme through their local clinical allocation system and the academic assessor will be advised of their student's practice assessor.

5.4.1. Who can be the Academic Assessor?

The academic assessor will:

- be an affiliated member of staff from the student's AEI
- be a registered nurse or midwife
- hold relevant qualifications as required by their AEI
- have completed an academic assessor preparation programme or equivalent.

To note: the academic assessor for prescribing programmes may be a registered healthcare professional with appropriate equivalent experience for the student's field of practice. Students will not be assigned the same academic assessor for concurrent parts of the programme. The academic assessor will not simultaneously be the practice supervisor and practice assessor for the same student.

5.4.2. What is the role of the Academic Assessor?

The academic assessor will:

- maintain current knowledge and expertise relevant to the proficiencies and programme outcomes they are assessing and confirming
- collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- communicate and collaborate with the practice assessor at scheduled relevant points during the student's programme
- make and record objective, evidence-based decisions on conduct, proficiency and achievement, and make recommendations for progression drawing on student records and other resources
- have an understanding of the student's learning and achievement in practice including any concerns around underperformance
- liaise with the link lecturer concerning any student underperformance issues
- work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme in line with programme standards and for entry (or additional entry) to the NMC professional register.
- forward the outcome of summative assessments to the appropriate person in a timely manner and advise the appropriate AEI personnel of any issues concerning the student's progress.

5.4.3. Who will support the Academic Assessor?

The opportunities to prepare for the role will be flexible and designed to meet the needs of the academic assessor. Link lecturers/practice tutors will simultaneously undertake the role of academic assessor following completion of a preparation programme or equivalent (Appendix One).

5.4.4. Preparation for the role of Academic Assessor

In order to fulfil their role the academic assessor will receive on-going training and support from their AEI to develop their professional practice and knowledge.

6. Link Lecturer/Practice Tutor

The Schools of Nursing in each of Northern Ireland's three AEIs operate a link lecturer/practice tutor system with an identified member of staff allocated to each PLE. All current link lecturers/practice tutors will transition to the role of academic assessor following completion of the academic assessor preparation programme.

6.1. What is the role of the Link Lecturer/Practice Tutor?

The link lecturer/practice tutor will:

- undertake the role of academic assessor for allocated students
- support students and practice supervisors in clarifying the learning opportunities available to develop evidence for the NIPAD/MORA
- be available to support and advise students and practice supervisor/s in relation to challenges to student learning within the PLE
- ensure that necessary measures are taken to make effective use of the learning potential in PLEs

- maintain accurate and appropriate records as required
- assure quality practice learning environments through the PLEEA and monitor the quality of the learning experience in collaboration with practice partners
- ensure the relevant process is followed in the event of concerns/issues regarding a student (Appendix Two)
- collaborate with the appropriate AEI personnel, nominated person, practice supervisor and the Practice Education Team (where applicable) regarding issues which may impact on students' learning experiences or performance
- encourage students to complete evaluation questionnaires
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

6.1.1. Independent Sector: Link Lecturer/Practice Tutor

Within the Independent Sector the link lecturer in addition to the above list is responsible for:

- providing professional support to the nominated person or equivalent, the practice supervisor, the practice assessor and students
- ensuring quality practice learning environments through the PLEEA
- monitoring the quality of the practice learning experience in collaboration with the AEIs and through student evaluation questionnaires.

7. Practice Education Teams

Practice Education Teams provide professional support, advice and guidance to the nominated person, practice supervisors and practice assessors. In partnership with AEIs, they will support students to ensure that the NMC Education Standards (2018) are met including the SSSA.

The Practice Education Team will:

- work in partnership with others to contribute to systems that monitor the effectiveness of learning and education activities within all NMC approved programmes
- collate and maintain the practice assessor database and facilitate a process to share required information with AEIs within GDPR regulations
- ensure the quality of the PLE through the completion and monitoring/updating of the PLEEA
- monitor the quality of the practice learning experience in collaboration with the AEIs and through student evaluations.

Where there are no Practice Education Teams, e.g. Independent Sector, the link lecturer/practice tutor will provide this support.

8. Raising Concerns Regarding Student Progress

In the event of student concerns, issues or underachievement there is an expectation that communication will take place via face to face in a timely manner. If the practice supervisor or practice assessor requires support to engage in a courageous conversation they should inform the nominated person and seek guidance from the Practice Education Team (or equivalent) and /or the academic assessor. For further details refer to Escalating Concerns/Issues Regarding a Student in Practice Learning Environments (Appendix Two).

9. Glossary of Terms

Academic assessor: A registrant who collates and confirms the student's achievement of proficiencies and programme outcomes in the academic environment for each part of the programme.

Approved Education Institutions (AEI) : The status awarded to an institution that works in partnership with practice learning providers in delivering NMC approved programmes.

Duty of candour: The professional duty of candour -"Every healthcare professional must be open and honest when things go wrong".
https://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/

GDPR: General Data Protection Regulation.

Hub and Spoke: A base practice learning experience, the hub, from which the student's learning is complemented by additional activities, the spoke.

Mentor: A registrant who facilitates learning, supervises and assesses students in a practice setting.

NIPAD: Northern Ireland Practice Assessment Document – a tool to guide learning and a record of a student's learning and achievement in practice.

NMC Education Standards: The standards that are required to be met by all nursing and midwifery students on NMC approved programmes prior to entry to the register.

NMC Professional Register : Shows who can practise as a nurse or midwife in the UK.

NMP: Non–Medical Prescribing/Nursing and Midwifery Prescribing also referred to as Prescribing Programmes.
https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers/

MORA: Midwifery On-going Record of Achievement- a tool to guide learning and a record of a student midwife's learning and achievement in practice.

Nominated person: Usually the ward sister/charge nurse/team leader/manager or an identified suitable person who will actively supports student learning.

Non-Registered Health Care Support Staff – (In the context of supporting students) Students will work with and learn from a range of people who may not be registered healthcare professionals but who can positively contribute to their learning; this learning experience will be coordinated by practice supervisor/s. The supervisory role that non-registered professionals play will be dependent on their skills, knowledge and experience.

Other Registered Health and Social Care Professionals: Health and social care professionals registered with a regulated health and social care body i.e GMC, HCPC, GPhC NISCC. In the context of the SSSA they will be suitably prepared to undertake the role of practice supervisor.

Parts of a programme: One part will usually constitute one year of a programme (parts 1-3) however; this will vary depending on what programme the student is studying and at which AEI. This detail will be included in the programme specific preparation.

Practice assessor: Registrants who assess and confirm the student's achievement of practice learning for a practice learning experience or a series of practice learning experiences**.**

Practice assessor/academic assessor database: The collection of information specially organised to store limited specific information relating to practice assessors/academic assessors.

Practice Education Team: Indirectly support students through providing direct support to staff involved in supervision and assessment in practice activities to develop quality practice learning experiences for students.

Practice Learning Environment (PLE): A setting/ward/unit (etc.) which has been audited by practice and AEI/s and approved for students to undertake a practice learning experience as part of their programme. Learning environment includes any physical location where learning takes place as well as the system of shared values, beliefs and behaviours.

Practice Learning Environment Educational Audit (PLEEA): The NMC requires that approved education institutions (AEIs), together with practice learning partners, regularly review all learning environments and provide assurance that they are safe and effective through proper oversight and effective governance processes, with clear lines of responsibility and accountability especially in responding to standards that are not met.

Practice Learning Experience: Students are supported to gain experiences and skills whilst in a practice learning environment. Multiple practice learning experiences could be acquired whilst the student works under different practice supervisors in one practice learning environment, for example, using a hub and spoke model.

Practice Partners: Organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Practice supervisor : Any registered health and social care professional working in a practice environment. They will have been prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the student they are supervising.

Scope of Practice: Exercise professional judgement and be accountable for all work**.**

SCPHN: Specialist Community Public Health Nurse.

Sign-off mentor: Registrants who meet specified criteria in order to be able to sign-off a student's practice proficiency at the end of an NMC approved programme.

Supernumerary: Supported to learn without being counted as part of the staffing required for safe and effective care in that setting.

SPQ: Specialist Practice Qualification.

The Code (2018) – "Professional standards of practice and behaviour for nurses, midwives and nursing associates." can be accessed here: https://www.nmc.org.uk/standards/code/

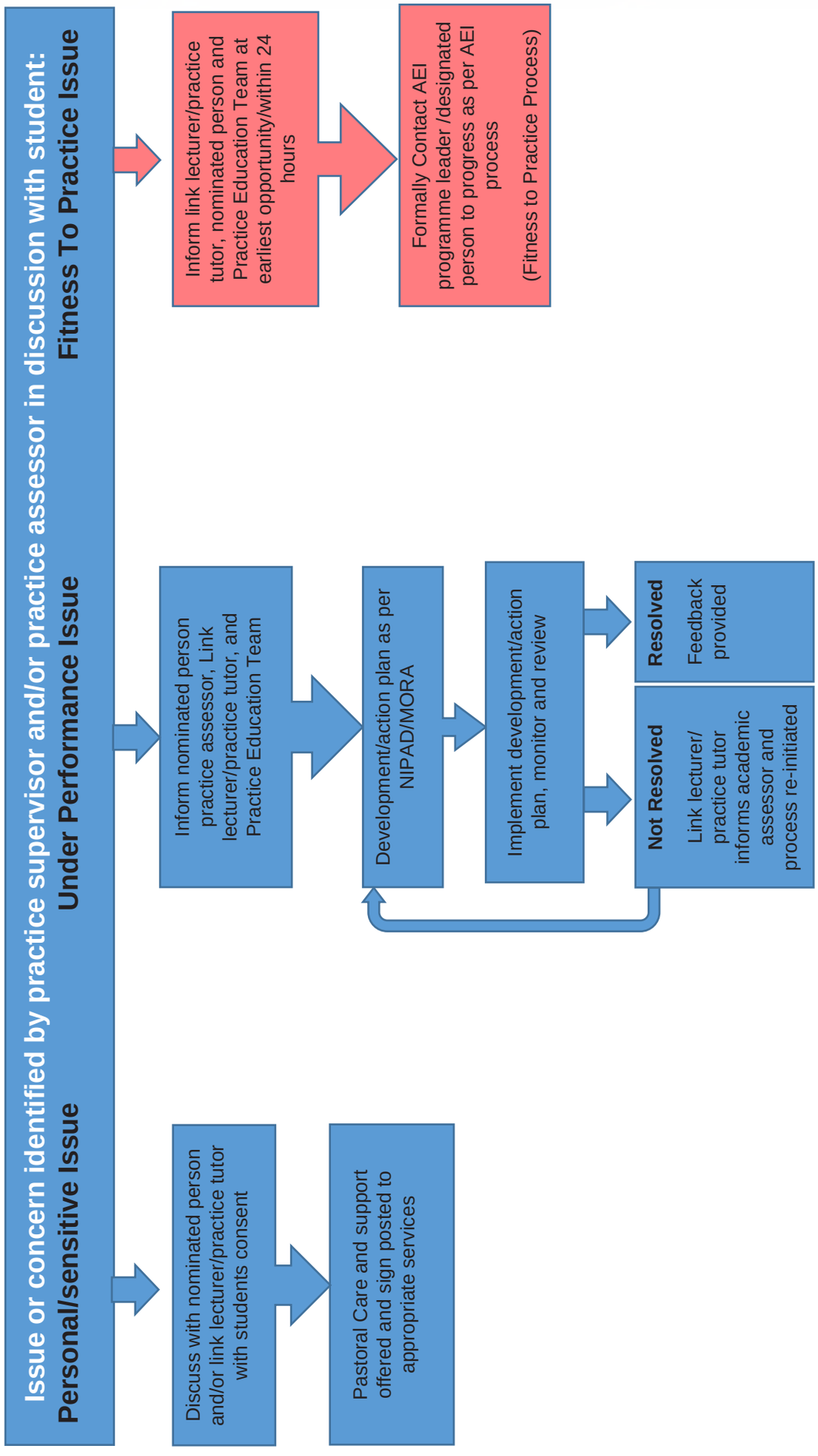
Appendix One – Training Requirements: Roles

	Roles			
Training Requirements	**Practice Supervisor** All NMC Registrants and/or other Registered Health and Social Care Professionals	**Practice Assessor** All NMC Registrants to include Current Mentors, Sign off Mentors, and Practice Teachers with appropriate equivalent experience for the student's field of practice Registered Health Care Professional with suitable equivalent qualifications for the programme that the student is undertaking	**Academic Assessor** Current Link Lecturers/Practice Tutors	**Non-Registered Health Care Support Staff**
• **SSSA Roles & Responsibilities**	✓	✓	✓	✓ NIPAD/ MORA Learning outcomes identified to specific area
• **Curriculum Update – aligned to standards of proficiency for NMC approved programme the student is undertaking (links below)**	✓	✓	✓	✓
• **Overview Northern Ireland Practice Assessment Document (NIPAD) aligned to programme nursing student is undertaking /** • **Midwifery On-Going Record of Achievement (MORA)**	✓	✓	✓	✓
• **Completion of self-declaration**	✓	✓	✓	**N/A**

2020 Curriculum - all NMC Approved Programmes Links to NMC proficiencies are available on the NMC website					
Future nurse: Standards of proficiency for registered nurses	Future Midwife: Standards of proficiency for midwives	Standards for Prescribing Programmes	Post Graduate Specialist Community Public Health Nurse (SCPHN)	Post Graduate Specialist Practice Qualification (SPQ)	Return to Practice Standards

Registrants new to SSSA roles must also undertake an ELearning FNFM Supervision and Assessment Fundamentals module only available at www.hsclearning.com. Anyone undertaking SSSA practice supervision and assessment must complete the relevant FNFM preparation programme. The above table is a broad overview of the preparation content, for specific details about supporting students and which preparation programme you should complete, please visit https://nipec.hscni.net/service/fnfm/ for more information.

Appendix Two - Escalating Concerns/Issues Regarding a Student in Practice Learning Environments



Appendix Three: Additional Guidance re Specialist Practice Qualification - Practice Assessors

All Practice Assessors involved in SPQ student support must attend/undertake an SPQ induction programme (which will include the programme specific curriculum and NIPAD update) provided by the AEI to ensure they have knowledge of the programme standards. When selecting an SPQ practice assessor, the practice assessor must be a registered nurse in the same field of practice[4] as the student. In addition to this, the following criteria should be applied in order of preference:

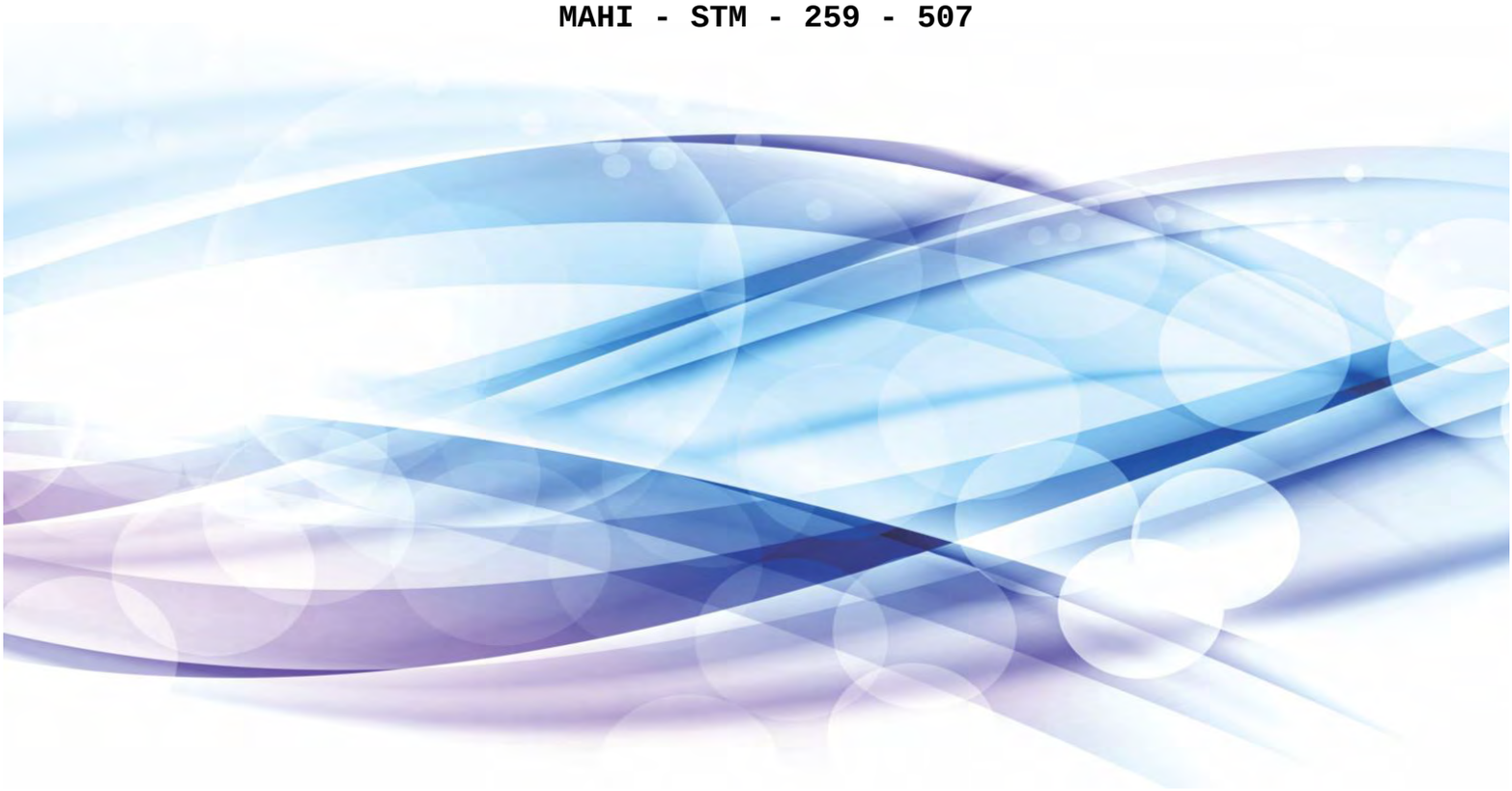
1. Has the same SPQ pathway as the student; if not achievable then
2. Has an SPQ (different to student's pathway); if not achievable then
3. Is a registered nurse (without an SPQ) and has extensive experience in the specialist area.

In exceptional circumstances, as set out in the FNFM NI Model for SSSA (2019) the same person may fulfil the role of the practice supervisor and practice assessor for the Specialist Practice and SCPHN students undergoing training in a practice learning environment. The rationale being that there may only be one individual in this practice learning environment who can fulfil both roles. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it is necessary for the practice supervisor and assessor role to be carried out by the same person. This will be monitored through the educational audit in collaboration with practice and AEI.

To Note: Practice supervisors involved in SPQ student support should, where possible, attend/undertake an SPQ induction programme.

[4] The fields of practice are identified as: Adult nursing, Mental Health nursing, Children's nursing and Learning Disabilities nursing

NOTES



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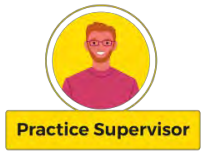
NIPEC

Northern Ireland Future Nurse Future Midwife (FNFM)
Nursing and Midwifery Council (NMC) Education Standards (2018)



Registered Nurses

Which FNFM Practice Supervisor/Assessor Preparation Programme should you complete?

(Preparation for registered midwives will be available at a later date)

What is your current role? ⇨ **Which method of Learning can you choose?** ⇨ **Which Programme do you enrol in and complete so that you are Practice Supervisor/Assessor ready?**

I am currently a mentor, sign-off mentor or practice teacher

I want to prepare via **e-learning** on HSC Leadership Centre

→ Enrol and complete the **FNFM Pratice Supervisor/Assessor Transitioning: Nursing e-Learning Programme** on HSC Learning (3hrs)

OR

I want to prepare by attending a **face-to-face** workshop

→ Attend a **FNFM Pratice Supervisor/Assessor Transitioning – Nursing face to face workshop** (3hrs), which will be delivered by your Practice Education Team

OR

I have not supervised students before and/or I am not a mentor, sign-off mentor or practice teacher

I want to prepare via **e-learning** on HSC Leadership Centre

→ Enrol and complete the **FNFM Pratice Supervisor/Assessor New to Role - Nursing e-Learning Programme** (5hrs) on HSC Learning *(this includes the Fundamentals Programme)*

OR

I want to prepare via **blended learning** (part e-learning and part face-to-face workshop)

→ Enrol and complete the **FNFM Supervision and Assessment Fundamentals Programme** (1hr) on HSC Learning

Then attend a **FNFM Pratice Supervisor/Assessor New to Role – Nursing face to face workshop** (7.5hrs), which will be delivered by your Practice Education Team

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NIPEC

Future Nurse Future Midwife
Practice Learning Environments
Workshop
8th March
Open University, Belfast

Introduction

In May 2018 the Nursing and Midwifery Council (NMC) published new Nursing and Midwifery Education Standards with the Consultation on the Future Midwife Standards of Proficiency published in February 2019. There was recognition that the current education and training standards for nursing and midwifery were outdated and now needed to reflect the changing landscape of healthcare provision in preparing the nurse/midwife of the future. The introduction of the new standards for pre-registration nursing by the NMC come at an opportune time and align with the Northern Ireland Transformation and Reform agenda detailed in Delivering Together 2026, Quality 2020 and the Draft Programme for Government.

In response to the publication of the new NMC Education Standards, the CNO Charlotte McArdle requested that NIPEC Lead on a regional FNFM Project to secure the implementation of the standards. A regional Working Group was established at the request of the FNFM Programme Board with the responsibility for a plan of work regarding the implementation of the new NMC standards. The FNFM working Group is co-chaired by Angela Mc Lernon Chief Executive NIPEC and Heather Finlay Nursing Officer DoH with representation from all stakeholder groups including NIPEC, nursing and midwifery, education, the Independent and Primary Care Sector, Unions and students.

The FNFM Working Group requested that the Practice Learning Environment work stream take forward a piece of work to investigate and recommend what constituted an effective practice placement for the FNFM student. To deliver to this request a one day consultation workshop was facilitated by NIPEC to confirm the requirements needed for Gate Way 1 in April 2019.

Context

Lynn Woolsey ADoN, SHSCT as co- chair of the Practice Learning Environment (PLE) work stream welcomed all to the workshop and noted apologies and nonattendance.

It was acknowledged that all attendees were purposely invited due to their expertise and knowledge in relation to the placements of students during their undergraduate allocation.

A review of the membership of the group was undertaking to confirm representation from all areas of practice, education and AEI's. It was noted that there was no representation from midwifery.

There was an identified need for all participants to creatively reflect on the future needs of the work force while being creative and open to challenge and support during the day's discussions. The introduction of the new language of PLE's in developing student's learning experience and the new roles of Practice Supervisor, Practice Assessor and Nominated Person was highlighted along with the challenges of ensuring students gained the skills and competencies in meeting the NMC FNFM Standards. It was acknowledged that there was a need to review the zoning and mapping of student placements in the near future.

Frances Cannon, FNFM Project Lead outlined the structure and membership of the regional FNFM Project, including the Programme Board, Working Group, and Work Streams while charting the work of 5 FNFM work streams. Frances delivered the main aims of the day's workshop;

- s

It was noted that the first draft of the above aims was to be submitted for Gate Way 1 in April 2019.

Concerns were raised regarding the PLE work stream links to the independent sector. Frances informed participants that representatives were invited to the workshop but were unable to attend.

Action - Frances to contact Kathy Fodey PHA and RQIA representatives to convene an external meeting to ensure their contribution to this work stream is noted.

Donna Gallagher Senior Lecturer OU and co- chair of the PLE work stream informed the meeting that the Independent Care awards are being held next Thursday with the OU sponsoring a table which will provide an opportunity to publicise the work of FNFM project.

Sharon Conlon PO SHSCT provided an overview of outcomes of the initial PLE Workshop Report which was held on the 6th February 2019.

FNFM_PLE_Report Workshop 06022019_

Workshop Actions

Attendees were asked to explore and present proposed actions for the 3 key areas listed in the aims of the workshop. The outcomes of these discussions are listed as follows

Classification of Placements

Adult

- Older people's setting (reminiscence)
- Health Visiting (motivating interviewing, solution-focused, CBT, children and maternity) - listening visits which are based on CBT approaches.
- District / Community nursing
- MH enhancement experience (solution-focused motivating interviewing, solution-focused, CBT)
- Crèche (play therapy)

- Surgical – surgical ward, OPD, pre-assessment clinics, DPU,
- Care of the acutely ill – hospital, community
- Learning Disabilities enhancement

Mental Health

- Older person with mental ill-health – reminiscence
- EMI, ward, community day services, community older person teams
- Any mental health setting for motivational interviewing, solution focused therapy, CBT
- Early years – e.g. crèche
- Community mental health teams
- Hospital (acute general) – ED, medical wards/neuro/ICU/HDU – must be acute
- Acute – hospital or crisis response/home treatment
- Children and young people – CAMHS, Community Youth Organisations, Sure Start, School Nurses.
- Learning Disabilities enhancement

Children

- Hospital setting (motivational interviewing, solution-focused, play therapists) – spoke out with
- Specialist nurses
- Acute (can be medical or surgical)
- Community (motivational interviewing, solution-focused, CBTT)
- Complex needs – Hospice or children's oncology,
- Neonatal
- Health Visitor
- Learning Disabilities enhancement
- Mental Health - Children and young people – CAMHS, Community Youth Organisations, Sure Start
- Specialist - reminiscence

Learning Disabilities

- Motivational interviewing, CBT picked up in any setting
- Community – Solution-Focused
- Could we create an Older people with Learning Disabilities category / reminiscence
- Play Therapy – Specialist Schools
- 24hour supported care –
- Acute health services – ED, acute wards,
- Intensive support services
- Children's - Specialist schools or crèche
- Children's Learning Disabilities team
- Adult Learning Disabilities team
- Mental Health – enhancement

Making staff aware of the therapies and what they are doing in relation to Annex A Therapies

Review Audit in line with NMC FNFM Standards

- There will be a need for demographic details and version control
- Best practice would identify that the document was confirmed within a certain period of time. An audit will be needed, including the need for flexibility and the dates of review evidenced. There will be capacity issues – thus limited to pre reg.
- A number of options have been proposed
- Communication with the Universities and roles and responsibilities of Nominated Person need to be confirmed.
- Supported learning is thi the new word for supernumerary.
- Any limitation identified via risk assessment (p3/16)
- Name of Nominated Person, LL and PEF needs updated.
- Classification and description of PLE
- Evidence of preparation of Practice Supervisor and Practice Assessor
- Quality assurance and governance to include confirmation of CPD and appraisal .
- Student evaluation
- Signatures / electronic
- The responsibility of the AEI's, Placement Providers, with the Practice Education Facilitators.

Audit Principles

- All audits cover all NMC nursing and midwifery programmes pre and post reg
- Need to future proof for nurse development
- Need for descriptor of practice area
- Collaborative process with Practice Partners and AEI's
- Start with the premise that all learning outcomes can be achieved (no restrictions)
- Reflect curriculum classification and closely map to learning outcomes in the NIPAD.
- Must provide a safe learning environment which is risk assessed.
- Must not silo practice learning to practice areas i.e. public health
- Must allow opportunities to follow patient journey - governance
- Must contain NMC requirements – nominated person responsible for keeping the audit live
- Must be sufficient for safe and effective learning
- Debate maximum capacity based on criteria discussed in practice placement task.
    - Beds, shifts supervision arrangements
- Addendum not required if change required - made via professional judgment and / or phone call.
- Over all an "umbrella" analogy can be used to describe the model
    - Identify the spokes as learning opportunities
    - The shaft as the stable core in ensuring learning outcomes are met

    - e.g. elective surgery screening service, pre assessment, Theatre, post op, specialist nurse, discharge
- Quality Assurance and Governance processes are evident

Student Evaluation

Discussions regarding the centralisation of the data collection are needed particularly regarding the reporting of the collation of the information. Quality assurances regarding the updating of the information and that the student evaluation information will be linked to the PAD. Discussions regarding the advantages of an electronic version of the information were noted.

Draft Student Placement Evaluation

Actions from Workshop

- High level report to the Working Group next week
    - Time to discuss @ meeting

Lynn, Donna & Frances.

- Accuracy check the full report with attendees

All workshop attendees

- Test out the classifications for each field of nursing in each Trust. i.e. the use of the classification and which services are applicable to each of the classifications
- Northern Trust - Mental Health
- Belfast Trust Children's
- Western Trust Adult
- Southern Trust – Midwifery
- South Eastern Trust Learning Disability

Debbie, Seana, Donna and Helen to review AEI's

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NIPEC

Regional Student Evaluation

Northern Ireland

Future Nurse Future Midwife (FNFM)

Practice Learning Environment (PLE) Work stream

Overview

NI has three Approved Education Institutions (AEIs) who deliver NMC approved programmes in partnership with their Practice Placement Partners.

A regional approach has been adopted to the implementation and delivery of the new NMC Education Standards which includes a review of the regional student evaluation to reflect the new NMC Education Standards (2018).

A subgroup of the NI FNFM project focussing on maximising Practice Learning Environments met on the 8th March 2019 to progress the various aspects of work aligned to PLE including Student Evaluation.

It is anticipated that this will be an electronic student evaluation to make it more accessible and to provide better analyses of information provided by students. It will also be tested with students and any appropriate changes made as a result.

Student Placement Evaluation

Dear Nursing/Midwifery Student

Please complete the evaluation form to provide feedback regarding your learning experience of this placement area. This will enable us to develop the learning opportunities.

If you have concerns regarding patient care or safety issues this must be raised by using the Raising Concerns Process/Policy

Thank You in anticipation

Preparation for Learning **MAHI - STM - 259 - 515**

1. Were you made to feel welcome in the Practice Learning Environment? If No, please expand on what did you do to overcome this?	Yes or No
2. Did you receive an induction into the practice learning environment within 48 hours of commencing placement? If No, please expand on what did you do to overcome this?	Yes or No
3. Were you aware of your identified:	
a) Practice Supervisor/s	Yes or No
b) Practice Assessor	Yes or No
c) Academic Assessor	Yes or No
If no please expand and what did you do to find out	
Achieving Learning	
4. Did you, along with your practice supervisor, discuss and agree learning opportunities related to your practice placement (both personal and related to the placement area)? If no why was this not achieved and what did you do to overcome this	Yes or No
5. Did the practice supervisor provide feedback on your achievement / progress throughout practice placement. If no why was this not achieved and what did you do to overcome this?	Yes or No
6. Do you feel your Practice Supervisor/s had an understanding of your learning needs. If no please expand and what did you do to overcome this.	Yes or No
7. Do you feel that your Practice Supervisor/s actively sought learning opportunities to maximise your learning? If no please expand and what did you do to overcome this	Yes or No
8. Did you actively seek learning opportunities to maximise your learning? If no please expand	Yes or No
9. Did you have the opportunity to work as part of the inter-professional team i.e Doctors, Physiotherapists, Dieticians, Occupational Therapist, etc If no please expand	Yes or No
10. Were you supernumerary i.e working as part of the team but not included in the staffing numbers? If no please expand	Yes or No
Support Needs	
11. If you had a reasonable adjustment plan was it adhered to? If no please expand	Yes or No

12. If you had a complaint, concern or issue was it dealt with appropriately? By whom? If no what did you do to overcome this?	Yes or No
Overview of Placement	
13. What was positive about your learning experience during this placement?	
14. Did you have access to a link lecturer during your practice experience (eg face to face, skype/zoom, email, phone)?	Yes or No
15. Is there anything that you feel could enhance your practice learning in this placement?	
Please rate your Practice Learning Environment :	Excellent Good Fair Poor

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Practice Learning Environments

Practice Learning Environment Educational Audit Tool

QUEEN'S UNIVERSITY BELFAST

The Open University

Ulster University

HSC Health and Social Care

Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC FNFM website.

2. Description and Contact Details

Name of Provider			
Site/Service			
Ward/Unit/Team			
Site Address		**Postcode**	
Date of Audit	Enter date.	**Review Date**	Enter date.
Hours of Service	e.g. Mon – Fri 9-5	**Client Capacity**	Insert Number

Practice Area Manager/Registered Home Manager	**Nominated Person**
Name	Name
Phone	Phone
Email	Email
Practice Education Facilitator (where applicable)	**Link Lecturer/Practice Tutor**
Name	Name
Phone	Phone
Email	Email
Allocation Reports should be emailed to:	
Insert Emails	

a. Description of PLE

Provide a brief introduction of the PLE, including an overview of the person/client/service user profile and the learning opportunities that allow students to meet the NMC Standards for Proficiency for Nursing and Midwifery. Also include identified spoke opportunities aligned to this PLE.

b. This environment actively protects students as supernumerary.	Please confirm
c. A current student orientation pack is available.	Yes or No
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.	Number
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Choose an item.

3. Supervision and Assessment Capacity

Number of:	**Part-Time**	**Full-Time**	**Total WTE**
a. Practice Supervisors	Number	Number	Number
b. Practice Assessors – Pre-registration programmes a. Adult ☐	Number	Number	Number

b. Mental Health ☐ c. Learning Disability ☐ d. Children's ☐ e. Midwifery ☐	Number Number Number Number	Number Number Number Number	Number Number Number Number
c. Practice Assessors – SPQ a. Adult ☐ b. Mental Health ☐ c. Learning Disability ☐ d. Children's ☐	 Number Number Number Number	 Number Number Number Number	 Number Number Number Number
d. Practice Assessors – SCPHN a. Health Visitor ☐ b. Occupational Health Nurse ☐ c. School Nurse ☐	 Number Number Number	 Number Number Number	 Number Number Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale			

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? Provide comments	Yes or No
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	Yes or No
c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	Yes or No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes or No
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Provide comments	Yes or No

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

☐ **NMC Standards for Pre-registration Nursing**				☐ **NMC Standards for Pre-registration Midwifery**
☐ **Adult**	☐ **Mental Health**	☐ **Children's**	☐ **Learning Disabilities**	
☐ Older Adults ☐ Health Visiting ☐ District/ Community Nursing ☐ Surgical ☐ Care of the acutely ill – hospital /community ☐ LD Experience ☐ MH Experience	☐ Older adults with mental ill-health ☐ Children and Young People ☐ Acute adult experience - Hospital/Acute Care Home ☐ LD Experience	☐ Acute (medical or/& surgical) ☐ Community Children's with Hub & Spoke: mental health ☐ Specialist area placement and/or Experience ☐ Health visiting Experience	☐ Community Children and/or Adult ☐ 24 hour supported care ☐ Children's CYP Acute or Community ☐ Acute adult experience - Hospital/Acute Care Home Experience	☐ Antenatal ☐ Intra-natal ☐ Postnatal ☐ Community ☐ Neonatal ☐ Adult Medical/Surgical Experience 4 weeks direct entry students only

		☐ LD Experience	☐ MH Experience	
☐ **NMC Standards for Post-registration Nursing or Midwifery**				
☐ NMC Standards for Specialist Community Public Health Nurses ☐ NMC Standards for Specialist Practice Qualification ☐ NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** ☐ **does not have** ☐ the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is Select action plan requirement	
Name of Approver	**Practice Area Manager/Nominated Person**
Name of Approver	**AEI Representative/Link Lecturer/Practice Tutor**
Name of Approver	**Practice Education Facilitator (where applicable)**

Action Plan (if required)		
Agreed Action/s:	Action due by: Enter date.	Review Due by: Enter date.

To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

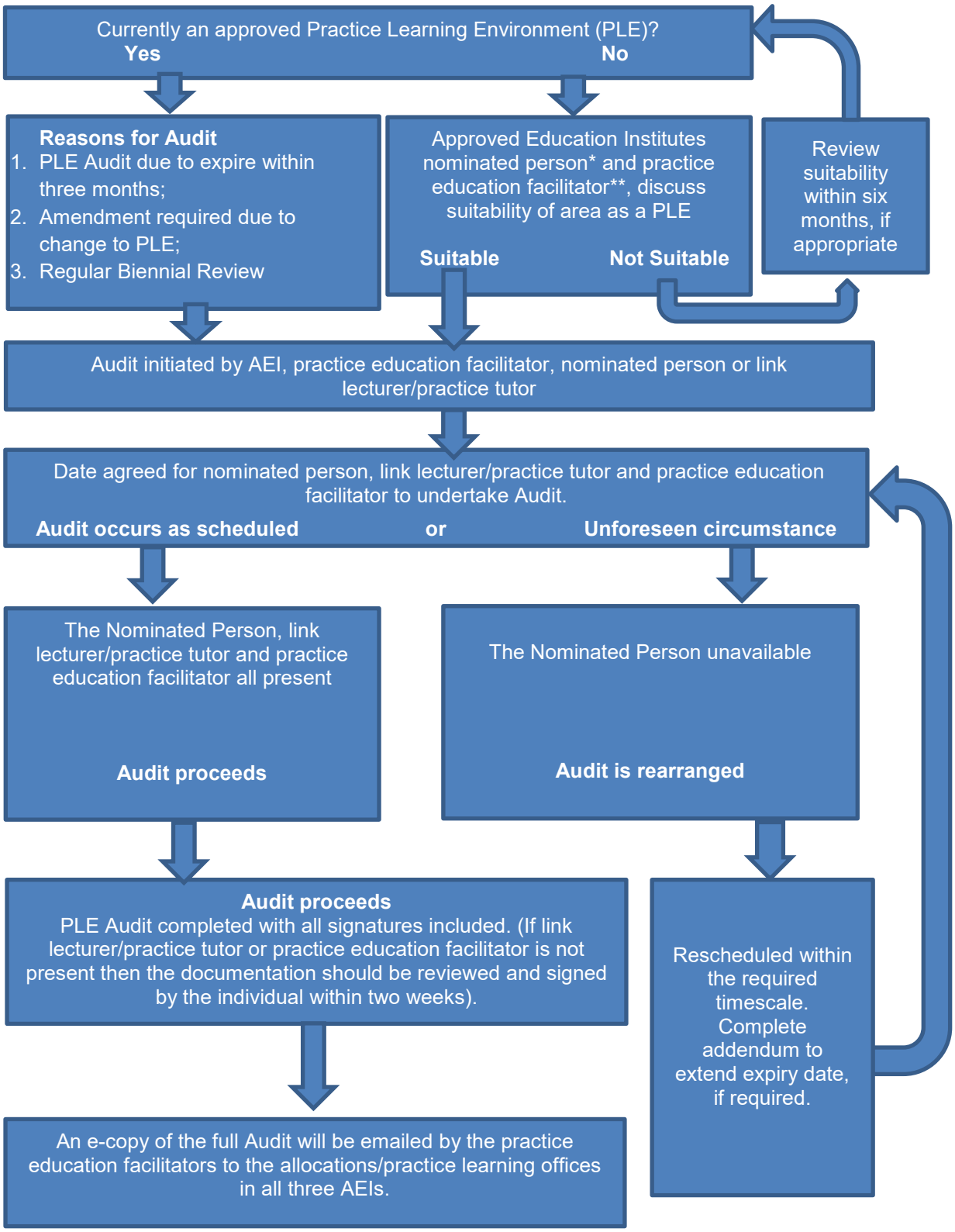
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.
Practice education facilitator involvement only where applicable/relevant.

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NIPEC

Future Nurse Future Midwife

Guidance: Practice Learning Environments Educational Audit

QUEEN'S UNIVERSITY BELFAST

The Open University

Ulster University

HSC Health and Social Care

Guidance for Completion of Practice Learning Environment Educational Audit

1. Introduction

The NMC requires that approved education institutions (AEIs), together with practice learning partners, regularly review all learning environments and provide assurance that they are safe and effective through proper oversight and effective governance processes, with clear lines of responsibility and accountability especially in responding to standards that are not met.

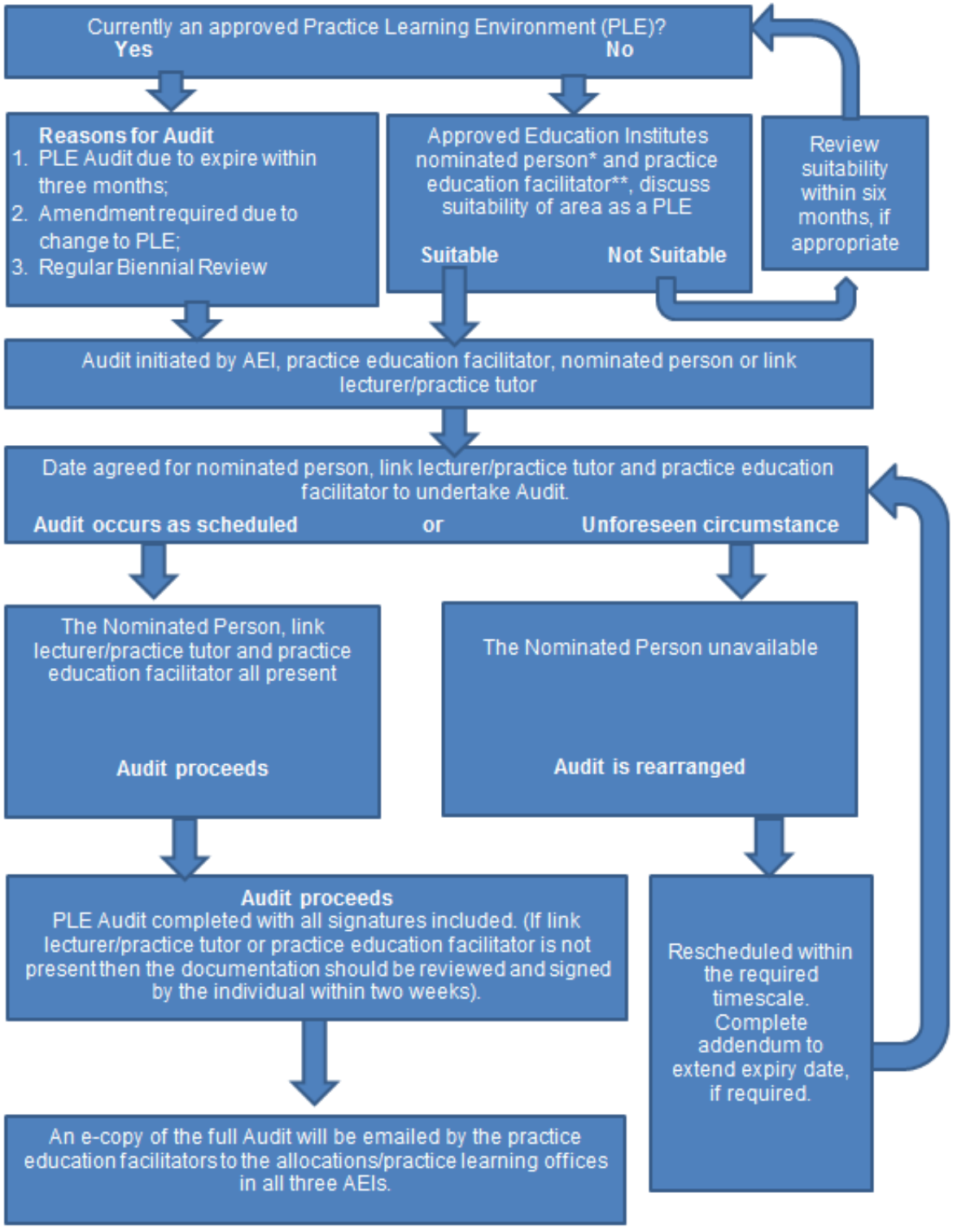
The completion of a Practice Learning Environment Educational Audit (PLEEA) between AEIs and practice learning partners will optimise safety and quality by ensuring all practice Learning Environments (PLEs) have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes (NMC 2018).

Central to this is a culture of collaboration with effective partnership between practice providers and AEIs to develop quality practice placements for students of nursing & midwifery.

2. Audit Process Overview

- Completion of the PLEEA is a collaborative process and should be reviewed every two years (Flow chart at item 3 outlines process)
- Any of the key stakeholders can initiate a PLEEA.
- Service user involvement is desirable; however, their presence is not essential to the completion of the PLEEA.
- PLEEA will be planned 4 – 6 weeks prior to review date thereby affording the opportunity for all the stakeholders to participate in the process.
- PLEEAs will be signed off by all of the key stakeholders within 2 weeks.
- All key stakeholders will retain a copy of the completed PLEEA tool (or have access to electronic copy).
- E-copies of PLEEAs will be shared by Practice Education Facilitator/s with all AEI Practice Learning Offices/Allocation Offices. For independent sector organisations, the link lecturer will forward a copy to the relevant AEI who will then share with other AEIs.

3. Undertaking a Practice Learning Environment Educational Audit



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.

4. Completing the Practice Learning Environment Educational Audit Tool

A sample of the PLEEA tool is provided below, and guidance and information on completing the PLEEA is provided in blue italics.

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place.

2. Description and Contact Details

Name of Provider	*List details as described*		
Site/Service			
Ward/Unit/Team			
Date of Audit	*Date Completed*	**Review Date**	*Review every 2 years (minimum)*
Hours of Service	*The working arrangements, service delivery provision and shift patterns i.e. 24/7, mon-Fri 9-5pm should be considered and recorded with the information provided. This will allow stakeholders to agree number of students the PLE can facilitate.*	**Client Capacity**	

Practice Area Manager/Registered Home Manager	**Nominated Person**
Provide name and contact details requested	*Provide name and contact details requested*
Practice Area Managers have overall responsibility for the PLE and can sometimes be the nominated person also. The Practice Area Manager will: • *actively support the PLE to prepare Practice Supervisors and Practice Assessors* • *actively support students in the PLE* • *monitor the effectiveness of the PLE from evaluations from students, supervisors and assessors* • *implement actions identified in action plans from PLEEA process; and* • *identify and support the Nominated Person.*	*The Nominated Person will:* • *collaboratively work with stakeholders to identify learning opportunities in the PLE and ensure that necessary measures are in place to make effective use of the learning potential aligned to PLE i.e. identifying relevant spoke experiences* • *ensure there is clear evidence of the potential learning experiences outlined in PLEEA descriptor* • *in collaboration with stakeholder, agree the optimum number of students the PLE can facilitate* • *identify the number of practice supervisors and practice assessors available* • *ensure practice assessors and practice supervisors have access to appropriate preparation and have ongoing access to appropriate support.* • *provide evidence of governance arrangements (PLEEA Section 4)* • *monitor feedback from students, supervisors and assessors and identify any challenges* • *collaboratively with AEI representative and PEF(if applicable) facilitate development and implementation of any action plans arising from PLE education audit, ensuring the PLE manager is informed.*

Practice Education Facilitator (where applicable)	Link Lecturer/Practice Tutor
Provide name and contact details requested	*Provide name and contact details requested*
The Practice Education Facilitator will: • *in collaboration with the practice area manager and nominated person, consider operational, workforce and staff development needs within the context of supporting supervision and assessment of students and ensure education governance requirements are met in completing PLEEA* • *collaboratively, with nominated person and AEI representative, clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery ongoing record of Achievement (MORA)* • *support the nominated person to identify necessary measures to enable effective use of the learning potential in the practice learning setting* • *identify relevant evidence to assure quality of PLE*	*The link lecturer/practice tutor has responsibility to support students in PLE and assure that the practice area meets educational standards; they will:* • *collaboratively, with the nominated person and PEF (if applicable) clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery Ongoing Record of Achievement (MORA).* • *ensure that necessary measures are taken to make effective use of the learning potential in the practice learning settings* • *assure quality practice learning experiences by reviewing evidence provided (PLEEA Section 4)* • *highlight any issues which may impact on students' learning experiences or performance, including student feedback* • *collaboratively, with the nominated person and PEF (if applicable, develop an action plan arising from the PLEEA)*
Allocation Reports should be emailed to:	
Identify the person and provide their email. The email address of the Practice Area Manager, the Nominated Person and Practice Education Facilitator (if applicable) is required. *The purpose of this is to ensure that AEI allocation reports are forwarded to the person responsible for the coordination of students' learning experience ensuring the practice supervisor and/or practice assessor can be allocated and prepared in time for commencement of students in the PLE.*	
a. Description of PLE *Provide a brief introduction of the PLE, including an overview of the person/client/service user profile and the learning opportunities that facilitates students to meet the NMC Standards of Proficiency for Nursing & Midwifery. Also include identified* ***spoke opportunities*** *aligned to the PLE.* *PLE description outlines the practice learning opportunities that will facilitate students to develop and work towards achieving their learning outcomes to meet NMC programme standards for pre and post registration programmes.* *NOTE: The description of Midwifery PLEs should include information detailing if the practice learning experience facilities midwifery students to experience continuity of midwifery care and continuity of care defined as follows:* ➢ ***Continuity of Midwifery Carer:*** *'facilitated in models of care that provide a woman with care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period with referral to specialist obstetric care as needed. This involves care co-ordination, provision and a relationship over time*[1] ➢ ***Continuity of Care*** *(continuity in or within 1 or more phases of pregnancy but not across the*	

[1] Reference Sandall et al 2016 Cochrane Review & NMC (2019) Standards of Proficiency for Midwives

entire continuum eg antenatal and postnatal or antenatal only):
'models of care where responsibility and care is shared between different health professionals, such as obstetrician and family doctor led care often shared with obstetric nurses or midwives, and shared models of care between all groups'[2]

When describing the PLE in relation to Midwifery the following question should be answered

- *Does this practice learning experience facilitate midwifery students to experience **continuity of midwifery carer** as defined above?*
- *Does this practice learning experience facilitate midwifery students to experience **continuity of care** as defined above?*
- *If yes, please detail how the student will access ie name of team student assigned to or name of specialist midwife/service student aligned to.*

Types of PLE include specialty, midwifery and field of nursing. ward, specialist service and/or team. Description of PLEs should be focused on the services it provides and include:

- *number of beds, population served, throughput, range of care experiences, model or level of care provided and learning opportunities available to students to facilitate learning outcomes to be achieved for each part of programme*
- *framework/model used for assessment, planning and evaluation of care*
- *inter-professional working experiences (social work, physiotherapy, occupational health, clinical pharmacy medical staff could add some examples from other fields) linked to the provision of care within the PLE and related to students' learning outcomes.*

If a hub and spoke learning experience model is used within the PLE, each spoke is required to be identified (Hub is the base PLE and spoke is an experience outside the PLE in another location, from which the students' learning is complemented and linked to the PLE). There should be a description of identified spoke opportunities/experiences aligned to the PLE (i.e. theatres, radiology, research, specialist nursing/midwifery teams/services, perinatal mental health, voluntary/independent sector, patient flow coordination).

Additional experiences which are gained by working with voluntary sector agencies should be identified as a spoke experience in the description with the associated learning identified.

***Note**: Although the NMC standards state that all students should be supervised while learning in practice, this can mean that students learn within an environment that does not have any 'practice supervisors' or registered personnel, provided their practice supervisor(s), practice assessor, or any other suitable person has oversight of the learning within that PLE. Refer back to SSSA guidance and point as follows: These placements could be enrichment opportunities in environments where there are no registered health and social care professionals that provide an opportunity for students to learn other relevant skills. The person or people who are coordinating the students' learning may wish to draw up a plan for these placements, and coordinate with the student and those within the environment before, during and after the placement to discuss the learning outcomes that may be achieved. Those supporting students within such an environment must also have the knowledge and skills necessary to help students meet the learning outcomes specified and resources available to support learning in PLE e.g. Internet Access, Library Access, Journals, Study Area, and University Lecturer Visits.*

b. This environment actively protects students as supernumerary.

Nursing and midwifery students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. PLEs should enable students to learn how to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight.

The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence and

[2] Reference Sandall et al 2016 Cochrane Review & NMC (2019) Standards of Proficiency for Midwives

based on the needs of the individual student.
c. A current student orientation pack is available. *A student orientation pack/package should be available and reviewed at each PLEEA. There is a requirement to ensure that orientation packs remain up to date, covering the orientation requirements identified in the NIPAD or MORA (completed in each PLE).*
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. *This number is collaboratively agreed by manager/nominated person, AEI representative and PEF (if applicable) considering information collated from working arrangements, shift patterns, client/patient throughput and environmental factors plus the number of practice supervisors and practice assessors available.*
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available) *Hub is a base practice learning experience from which the student learning is complemented by additional activities known as Spokes.* *Practice assessors are available in the Hub for assessment purposes or spoke where there are only practice supervisors available.*

3. Supervision and Assessment Capacity

AEIs, together with practice learning partners, must ensure that there are suitable individuals in place to ensure safe and effective coordination of learning within practice learning environments. In reviewing practice supervisor and practice assessor capacity, consider:

- *the continuing professional development requirements of practice supervisors and assessors*
- *commissioning decisions relating to advanced standing and post registration education*
- *supervision of students to maximise the number of practice learning opportunities available, if there are no NMC registrants available explore options to facilitate experience and note appropriate actions required in PLEEA.*

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	*Identify number of all NMC registrants. In facilities where there are no NMC registered practice supervisors, number of identified registered health care professionals will be identified and suitably prepared to supervise students and contribute to assessment.*		
b. Practice Assessors – Pre-registration programmes a. Adult ☐ b. Mental Health ☐ c. Learning Disability ☐ d. Children's ☐ e. Midwifery ☐	*Number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) identifying pre-registration field of practice.*		
c. Practice Assessors – SPQ a. Adult ☐ b. Mental Health ☐ c. Learning Disability ☐ d. Children's ☐	*Identify number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) with SCPHN, SPQ (with field) and NMP qualifications Linked to section 5.* *Identify practice assessors i.e. designated medical practitioner, pharmacist with relevant*		
d. Practice Assessors – SCPHN a. Health Visitor ☐			

b. Occupational Health Nurse ☐ c. School Nurse ☐	*qualification for a specific programme. Identify preparation provided.*
e. Practice Assessor – Other (please specify):	
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale	

4. Quality Assurance of PLE

In order to ensure that learning environments and experiences are safe and effective, all environments should be regularly reviewed, and all concerns and complaints about practice learning addressed effectively and in a timely way. AEIs, and their practice learning partners, should have the processes in place to manage this effectively.

a. Have students' evaluation of PLE been reviewed, and action taken where required? Provide comments	*Student feedback from practice learning experience should be evaluated and a summary evidenced in PLEEA. Evidence can be sourced from formal feedback from the AEI, verbal feedback, via PEF, ward manager, thank you cards, etc.* *Identify any issues from feedback and detail action plan to address issue/s.*
b. In relation to the above are there any issues that could impact on the students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	

c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues:
Provide comments

If a significant complaint or incident has been identified or previously addressed within the PLE this should be discussed at the PLEEA review and a brief summary included in this section of document. An action plan may be required.

d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?

Manager and nominated person confirm in this section that risk assessments are undertaken in the PLE as required and processes are in place to raise, escalate and manage concerns. Evidence provided e.g. mandatory training, key performance indicators, audit results, is reviewed and corroborated at time of audit by stakeholders. This evidence is made available if requested by Mott McDonald reviewer.

The manager and nominated person are required to identify any health and safety issues that could impact on the student learning experience and may pose a risk to students – as part of the PLEEA process explore actions to minimise or eliminate the risk identified. This information will help formulate an action plan with the key stakeholders. This can take place at time of PLEEA or between reviews dates.

***Note:** Suspension of PLE may be required until risk is reduced or eliminated. AEI escalation protocol (Refer to NIPAD handbook or MORA Guidance Document)*

e. Are there any quality initiatives on-going in the PLE - verify and detail below:
Provide comments

In this section list initiatives, which relate to below. Evidence provided is reviewed and corroborated at time of audit by stakeholders This evidence is made available if requested by Mott McDonald reviewer.

The three landmark reports in 2013 in the NHS (Francis Report, Keogh Review and Berwick Report) all advocated the development of an organisational culture which prioritises patients and quality of care above all else, with clear values embedded through all aspects of organisational behaviour, and a pursuit of high quality care through continuous improvement.

'The Right Time, The Right Place (2015)' emphasises the importance of embedding quality improvement within the culture of the organisation. This is supported in the Health and Wellbeing 2026, Delivering Care Together Strategy, which states that in the design and delivery of health and social care, quality and safety will always be a fundamental priority.

In line with the Regional Quality 2020 Strategy an attributes framework has been developed to assist individuals in assessing:

- *their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety*
- *their learning and development needs for their current role or for future roles*
- *the purpose of the framework is to help organisations to build the capability and capacity of the workforce to participate in and lead initiatives which develop quality care and services.*

The framework consists of 4 levels:

- *Strengthening foundations for improvement (Level 1) – This applies to all staff who work or who are in training in health and social care. An E-Learning programme has been introduced and all staff are encouraged to complete this or a face to face session.*
- *Delivering improvement (Level 2) - This applies to staff and those in training, who can lead small-step-change(s), with support, in their service.*
- *Driving improvement (Level 3) - This applies to staff who lead team(s) or service(s) within their organisation.*
- *Directing improvement (Level 4) - This applies to staff charged with leading quality improvement across their organisation and/across the Health and Social Care system. These individuals are also responsible for ensuring that quality improvement is imbedded in the day-to-day work of the organisation*

5. NMC Programme Standards

Identify the range of practice learning experiences available to students within each field of practice. **(used by each AEI for allocation purposes only)**

Please see below some guidance when completing this section:

- *Field of practice relevant to practice learning experience to be ticked*
- *Available experience for the student to be ticked within each field*
- *Cross reference adult experience where applicable*
- *LD and MH ONLY to be ticked when full experience is available*

Exemplar for completing PLEEA in Adult environment - THEATRES

☐ **NMC Standards for Pre-Registration Nursing** *AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.*				☐ **NMC Standards for Pre-Registration Midwifery**
☐ **Adult**	☐ **Mental Health**	☐ **Children's**	☐ **Learning Disabilities**	
☑ **Older Adults** ☐ Health Visiting /Public Health ☐ District/ Community Nursing ☑ **Surgical** ☑ **Care of the acutely ill – hospital /community** ☐ LD Experience ☐ MH Experience	☐ Older adults with mental ill-health ☐ Children and Young People ☐ Acute care mental health – hospital /community ☑ **Acute adult** experience - Hospital/ Community ☐ Specialist - hospital /community ☐ LD Experience	☐ Acute (medical or/& surgical) ☐ Community Children's with Hub & Spoke: mental health ☐ Specialist area placement and/or Experience ☐ Health visiting Experience ☐ LD Experience	☐ Community Children and/or Adult ☐ 24 hour supported care ☐ Children's CYP Acute or Community ☑ **Acute adult experience - Hospital/Acute Care Home Experience** ☐ MH Experience	☐ Antenatal ☐ Intra-natal ☐ Postnatal ☐ Community ☐ Neonatal ☑ **Adult Medical/Surgical Experience 4 weeks direct entry students only**

☐ **NMC Standards for Post-Registration Nursing or Midwifery**

Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.

☐ NMC Standards for Specialist Community Public Health Nurses
☐ NMC Standards for Specialist Practice Qualification
☐ NMC Standards for Nurse and Midwife Prescribers

Exemplar for completing PLEEA in Mental Health Environment – ACUTE HOSPITAL

☐ **NMC Standards for Pre-Registration Nursing** *AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.*				☐ **NMC Standards for Pre-Registration Midwifery**
☐ **Adult**	☑ **Mental Health**	☐ **Children's**	☐ **Learning Disabilities**	
☐ Older Adults ☐ Health Visiting /Public Health ☐ District/ Community Nursing ☐ Surgical ☐ Care of the acutely ill – hospital /community ☐ LD Experience ☑ **MH Experience**	☑ **Older adults** with mental ill-health ☐ Children and Young People ☑ **Acute care mental health – hospital /community** ☐ Acute adult experience - Hospital/ Community ☑ **Specialist - hospital /community** ☐ LD Experience	☐ Acute (medical or/& surgical) ☐ Community Children's with Hub & Spoke: mental health ☐ Specialist area placement and/or Experience ☐ Health visiting Experience ☐ LD Experience	☐ Community Children and/or Adult ☐ 24 hour supported care ☐ Children's CYP Acute or Community ☐ Acute adult experience - Hospital/Acute Care Home Experience ☑ **MH Experience**	☐ Antenatal ☐ Intra-natal ☐ Postnatal ☐ Community ☐ Neonatal ☐ Adult Medical/Surgical Experience 4 weeks direct entry students only
☐ **NMC Standards for Post-Registration Nursing or Midwifery** *Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.*				
☐ NMC Standards for Specialist Community Public Health Nurses ☐ NMC Standards for Specialist Practice Qualification ☐ NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** ☐ **does not have** ☐ the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is **not required** ☐ **Required** ☐

See process flow chart on completing a PLEEA Section 3. If PLE is not approved review in 6 months.

The Nominated Person and AEI representative are key 'signatories' and Practice Education Facilitator, if applicable. If all signatories not available needs to be completed within two weeks. Patient advocate/service user may be present at review and will sign document.

Name of Approver	**Practice Area Manager/Nominated Person**
Name of Approver	**AEI Representative/Link Lecturer/Practice Tutor**
Name of Approver	**Practice Education Facilitator (where applicable)**

Action Plan (if required)		
Agreed Action/s: *An Action plan may be required in response to an incident, complaint serious adverse incident or risk escalation. The action plan should identify actions required and agreed by Practice Placement partner, PLE Manager, Nominated person and PEF (if applicable) with a review date agreed.* *If Suspension of the PLE is required, the process is outlined in 'Procedure on the Identification, Management and monitoring of placements for students who are undertaking a NMC approved programme'.*	Action due by: Enter date.	Review Due by: Enter date.

To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable *Briefly note any adjustments to supervision and assessment capacity or change in service provision in this section in the PLE since the last review, if applicable.*		
Reviewed by:Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Future Nurse Future Midwife

Practice Assessment Document (PAD) Work stream

Terms of Reference

Introduction

The NMC have this year published the new future proficiencies and standards for nursing and midwifery education. The new standards and proficiencies raise the ambition in terms of what's expected of a nurse at the point of registration and will equip nurses and midwives with the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.
In total the NMC have published:

- Future nurse: standards of proficiency for registered nurses
- Standards framework for nursing and midwifery education
- Standards for student supervision and assessment
- Standards for pre-registration nursing programmes
- Standards for prescribing programmes.

https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

Background

Northern Ireland has three Approved Education Institutions (AEIs) who deliver pre-registration nursing/midwifery education programmes – under the current arrangements each of the AEIs use their own "Portfolio" to evidence assessment of students in practice, as a learning tool to support learning and development through a programme and confirm achievement of proficiencies at key stages during and on completion of a programme.
It is recognised that the implementation of the new Nursing and Midwifery Education Standards is an opportunity to develop a portfolio with a standardised Practice Assessment Document (PAD) to reflect the requirement of the new NMC pre-registration education standards. Ideally the PAD would be developed as an electronic four country solution, which could be adapted to reflect strategic drivers/ policy context within each country - which is Northern Ireland's preferred option. Whilst it is yet to be agreed by the four countries if this is achievable, Northern Ireland and the view of the CNO is that it should be at least a regional PAD. It is anticipated that the development of a standardised PAD at a UK /regional level will:

- Be an effective tool that supports student learning and development in practice
- Be an effective medium for critical dialogic and reflective engagement between student and those supporting/assessing their learning
- Provide a reliable, authentic and valid assessment of student achievement/development that informs future learning
- Enable authentic service-user feedback to contribute to assessment

- Facilitates a standardised approach to portfolio use that facilitates familiarisation and reduces potential confusion/misunderstanding that comes with multiples portfolios in the practice setting

Membership

Joint Chairs: Kathy Fodey and Neal Cook

- Five FNFM Professional Officers
- 1 PEC Gail Doak representing the 5 HCS Trusts (agreed)
- Allocation officers/business support representatives from the three AEIs (AEIs to nominate)
- AEI representatives (Seana Duggan, Helen McGarvey UU, Nuala Devlin QUB, Clare Hughes, Paul Carlin, Robert Gallagher)
- Independent Sector, Christine Thompson, Macklin Group, Eileen Dunlop, FSHC, Maria Devlin, APEX Housing
- Sufficient representation from the e-pad software company
- Student representation from each AEI

Aim and Objective

AIM: to establish a stakeholder Group (including students) which will agree a regional/UK Practice Assessment Document (PAD)

- Review the current portfolios used and available both within Northern Ireland and further afield to identify best practices to retain/introduce
- Undertake a scoping exercise to review existing PAD formats (e.g PAN London, Wales, Scotland)

Phase 1:

- Develop and agree the Framework for a regional PAD to satisfy the requirements of the NMC across the four Fields of Practice (FoP) and midwifery (post publication of midwifery standards)

Phase 2:

- Populate the PAD Framework with the learning outcomes/objectives aligned to:
  a) the standards of proficiency within the Platforms including Annexe A & Annexe B
  b) stages of the programme - for example year/stage 1, year/stage 2, year/stage 3. (this will require establishment of FoP sub-groups)
- Develop a handbook to support Students, Supervisors, Practice Assessors and Academic Assessors in the use of the PAD
- Make recommendations in respect of the proposed way forward -in relation to electronic solution - for consideration to the Working group and Progamme Board
- Ensure that GDPR/DPA requirements are met

Practice Assessment Document

Work plan

Objectives	Time lines
Scope existing electronic PAD formats e.g PAN London, Wales, Scotland	By mid November 2018
Phase 1: Develop and agree the Framework for a regional PAD to satisfy the requirements of the NMC across the four fields of nursing practice and midwifery (post publication of midwifery standards)	By end January 2018
Phase 2: Populate the PAD Framework with the learning outcomes/objectives aligned to **a)** the standards of proficiency within the Platforms including Annexe A & Annexe B **b)** stages of the programme - for example year 1, year 2, year 3	TBC
Develop a handbook to support Students, Supervisors, Practice Assessors and Academic Assessors in the use of the PAD	
Consider the resource implications for clinical staff clinical staff	By end February 2019
Make recommendations in respect of the proposed way forward for consideration to the Working Group and Programme Board	By end February 2019
Testing	TBC

Exhibit 31

QUEEN'S UNIVERSITY BELFAST

Learning Disabilities Practice Assessment Document (PAD) workshop

Date; Thursday 9th of May 2019

Venue: Senate Room, Lanyon Building

Tine; 10:00- 16:00

(Lunch will be available)

Welcome and apologies- sign in (Tea and coffee available at registration)

Overview of NI PAD - Kerrie McClarnon FNFM- Professional Officer NHSCT

Aims and purpose of the workshop - Dr Lynne Marsh, Professional Lead QUB

Round table discussions

- **Skills**- - consider your views and feedback on Learning Disability skills required across the three-year programme
- **Medication Log**- consider your views and feedback to reflect requirements of Learning Disabilities Nursing practice
- **Communication Log-** consider your views and feedback to reflect requirements of Learning Disabilities Nursing practice

Next steps

Close

Exhibit 32a

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Student's name:	
Student ID	
Intake Year	
University	

NORTHERN IRELAND
PRACTICE ASSESSMENT DOCUMENT
PRE-REGISTRATION NURSING

LEARNING DISABILITIES NURSING - PART 1

Students, supervisors and assessors, please note the NMC requirement R1.3:

Please ensure people have the opportunity to give and if required withdraw, their informed consent to students being involved in their care.

Please keep your Practice Assessment Document (PAD) with you at all times in practice in order to review your progress with your practice supervisor/s, practice assessor and/or academic assessor.

QUEEN'S UNIVERSITY BELFAST

The Open University

Ulster University

HSC Health and Social Care

Contents

Acknowledgements

The Northern Ireland Practice Assessment Document (NIPAD) has been developed in collaboration with:

- Department of Health (Northern Ireland)
- Northern Ireland Practice Education Council (NIPEC)
- Queen's University Belfast
- The Open University
- Ulster University
- Health and Social Care Trusts
- Representatives from the Independent and Voluntary Sector in Northern Ireland
- Service Users
- Students
- Registered healthcare professionals in practice
- Patient Client Council
- Public Health Agency

We would like to acknowledge the help, support and direction from the regional PAD groups in England, Scotland and Wales who helpfully shared their work with us, enabling us to align with their approach as much as possible. Some elements of this NIPAD are adapted from their work.

WELCOME TO THE NORTHERN IRELAND PRACTICE ASSESSMENT DOCUMENT (NIPAD)

This NIPAD is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education* (NMC 2018). It is therefore a tool to support learning and assessment in practice and provides a record of your achievements through the evidence that you develop in practice.

You will work and learn alongside many professionals in practice and you will be supervised and assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of your learning and development as you progress to achieve the knowledge, skills and attributes of a registered professional nurse or midwife. It is therefore important that you are able to show and document evidence of your progressive achievement in this NIPAD. You should engage positively in all learning opportunities and take responsibility for your own learning; ask for direction and guidance and know how to access support when, and as, you need it. Do not be afraid to ask for help or support, this is an important attribute of being a professional.

You will work with, and receive written feedback from, a range of people including service users (people in your care, including their families and carers), practice supervisors, practice assessors, academic assessors and other health care professionals. It is essential that you reflect on this feedback and your wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing you in practice.

It is important you read the Practice Learning Handbook (the Handbook) before starting to complete this NIPAD. This handbook is an essential resource, which outlines how this NIPAD works. In the Handbook you will find policies and procedures related to learning in practice, as well as definitions of your role as a pre-registration nursing or midwifery student. You will also find the roles of those supporting you in practice i.e. practice supervisors, practice assessors and academic assessors in the Handbook. You should also have the Handbook with you to make available to those staff supporting you in practice should they require it.

Please keep your NIPAD with you at all times to show it to practice supervisor/s, practice assessors and/or academic assessor. This must be provided to your practice assessor at the beginning of every practice learning experience (within two days) and be at hand for review of your progress, including documenting your development and learning needs.

GUIDANCE FOR USING THE NIPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

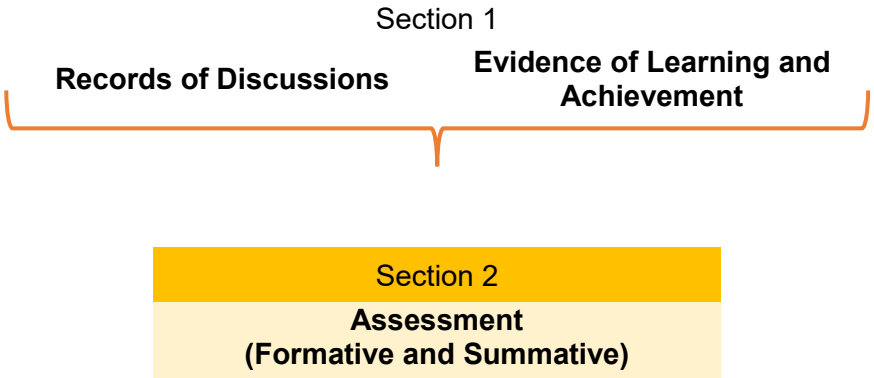
Assessment criteria in the NIPAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6).*

The NIPAD, often referred to as your portfolio, is structured in two main sections:

1. The Ongoing Achievement Record which is composed of two sub parts
    a. Records of Discussions
    b. Evidence of Learning and Achievement
2. Assessment Documents for formative and summative assessment.

Section 1 provides the evidence of your learning journey and how you have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.

Figure 1 – Structure of the NIPAD



Components of Assessment and Feedback

The NMC standards of proficiency are set out under 7 Platforms and two annexes (Annex A: Communication and relationship management skills and Annex B: Nursing Procedures) (NMC 2018). These are mapped against the evidence that you must develop in order to demonstrate that you have achieved these proficiencies and related skills. This mapping is set out at the back of this NIPAD. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each part of the programme (e.g. end of each year).* These are the forms of evidence you will be demonstrating achievement in and are detailed in the Handbook:

- **Professional Values in Practice**
- **Communication and Relationship Management Skills**
- **Promoting Health and Preventing Ill Health**
- **Leading and Coordinating Care**
- **Reflections**
- **Care Documentation**
- **Health Numeracy & Calculation of Medicines**
- **Quality Improvement in Practice**
- **Service User/Carer Feedback**
- **Child-Centred Care Worksheet**

Other Documents

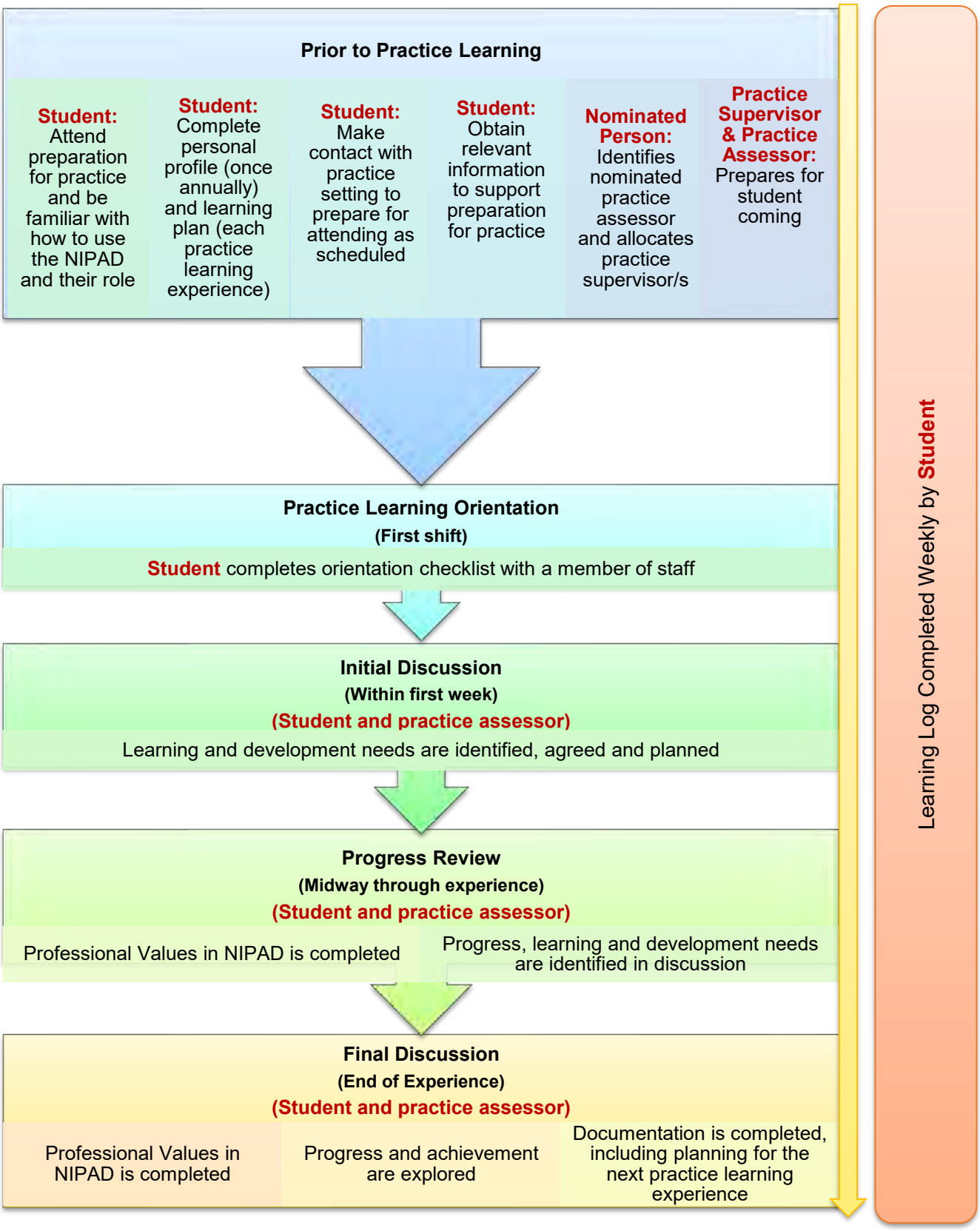
Other documents that you will need to complete in your NIPAD are:

- **Signature Log:** This should be completed by anyone who makes an entry into your NIPAD
- **Record of Underperformance:** This should be completed if your practice supervisor/s and nominated practice assessor have concerns about your performance, outside of set review times (Initial Discussion, Progress Review and Final Discussion)
- **Record of Attendance:** This should be completed daily and authenticated weekly by your practice supervisor/s
- **Practice Supervisor Notes**: These are completed by your practice supervisor/s as they feel necessary
- **Practice Assessor Notes:** These are completed by the practice assessor at each your initial, mid and final review
- **Academic Assessor Notes:** These are completed by the academic assessor at each visit to you in practice
- **Record of Learning with Other Health Care Professionals:** At times, you will have learning opportunities with other health care professionals (e.g. physiotherapist, social worker). This record is where you identify what you have learned and this is authenticated by that professional.

THE ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Your ORA is made up of the NIPADs for Parts 1 to 3 of your programme and must always be presented together. Students and those supporting them should follow the process below for completing this element of the NIPAD:

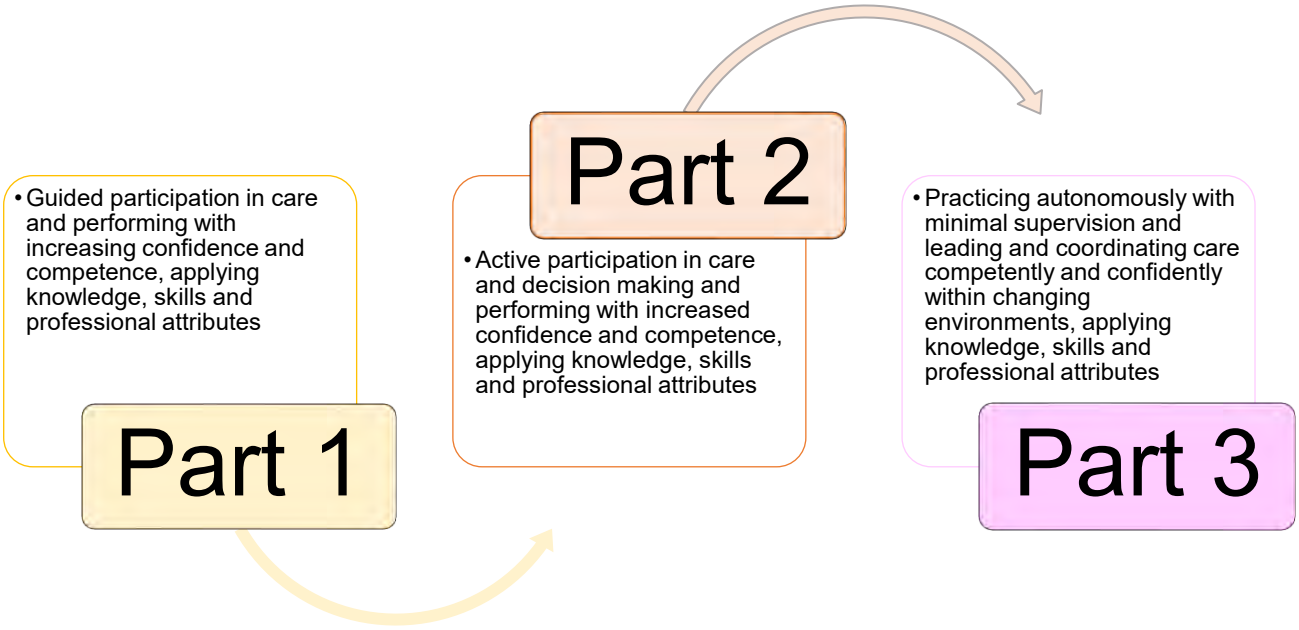
Figure 2: The Ongoing Record of Achievement



ASSESSMENT IN PRACTICE

Each part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 3. An overview of the programme structure is provided in Figure 4, illustrating where practice learning occurs.

Figure 3 – Incremental Skills Development Over Each Part of the Programme



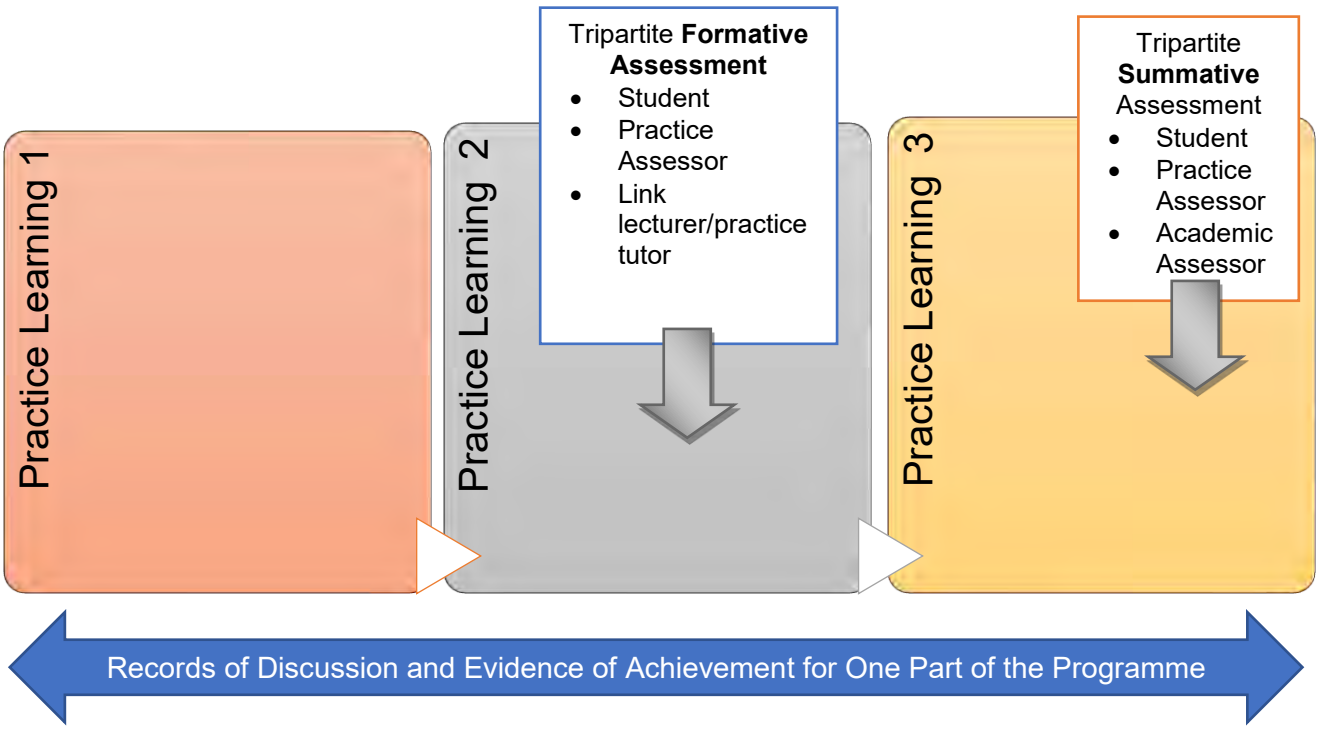
Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 4 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on the student's achievements and areas for development. These form a central component of the summative assessment as they are a form of communication between the practice supervisor/s and the practice and academic assessors.

- Tripartite formative assessment halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative assessment is to identify progress to date and to focus on the student's future learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the NIPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks..

Figure 4: Assessment Strategy Across Each Part of the Programme in Practice



Guidance on Formative assessment and Summative Assessment processes are located in the Handbook and should be followed.

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PERSONAL PROFILE

Please complete this personal profile prior to commencing your first week of practice learning for the part of the course (year).

Your Details	
Student's name	
University ID	
Field	
Home Town (Optional)	
WHO I AM **Please provide an overview of yourself (e.g. what is important to me, what are my values and beliefs). The information you chose to share will give those supporting you in practice a sense of who you are and what you aspire to be as a professional nurse**	
WHERE I HAVE COME FROM **Please provide an overview of your educational and work experiences to date (e.g. your experience with working with people, in healthcare settings, courses you have completed).**	
MY DESTINATION **Please provide an overview of your aspirations for the future.**	

Student's signature::…….. Date:……

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PROFESSIONAL ASSESSMENT DOCUMENT SIGNATURE LOG – PART 1

In order that all records in your NIPAD can be traced, please ensure that any individual who makes a record in/adds a signature to your NIPAD also adds their signature to this log along with the other details indicated.

Initials	Signature	Print Full Name	Designation	Place of Work	Date

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Initials	Signature	Print Full Name	Designation	Place of Work	Date

SECTION 1

RECORD OF DISCUSSIONS AND FEEDBACK

INITIAL DISCUSSION

PRACTICE LEARNING ENVIRONMENT:

Practice Learning Plan

Learning plan to be completed by the student prior to commencement of practice learning experience in order to identify learning and development plans for the experience.

Learning Opportunities

Initial Discussion

Student and practice assessor to discuss and agree learning opportunities related to this practice learning experience within the first week.

Record of Practice Learning Plan Discussion	
Practice assessor please tick (✓) as appropriate:	
I verify that the student has the Handbook available and we will use it when necessary.	Yes ☐ No ☐
I verify that I have seen and reviewed the student's NIPAD, including any development/action plans, in the first two days of this practice learning experience.	Yes ☐ No ☐
The student and I have reviewed and agreed the learning plan for this experience.	Yes ☐ No ☐
From these reviews, the student and I have identified and prioritised learning needs.	Yes ☐ No ☐
The student and I have reviewed progress in developing evidence for this part of the programme and identified priorities for this experience. Omit from first experience of the programme	Yes ☐ No ☐

Practice assessor's signature…….. *Date* ……

Student's signature …….. *Student ID:*…… *Date* ……

ORIENTATION

(Complete on First Shift)

Name of Practice learning environment:	
Name of Staff Member:	
This should be undertaken by an appropriate member of staff (identified by the nominated person) in the practice learning environment	
The following criteria need to be met on commencement of practice learning	
Introduction to staff including identification of practice supervisor(s) and practice assessors	Yes ☐ No ☐
A general orientation to the health and social care practice learning environment has been undertaken	Yes ☐ No ☐
The local fire procedures have been explained Tel……	Yes ☐ No ☐
The student has been shown the: • fire alarms • fire exits • fire extinguishers	Yes ☐ No ☐
Resuscitation policy and procedures have been explained. Tel……..	Yes ☐ No ☐
Resuscitation and first aid equipment has been shown and explained	Yes ☐ No ☐
The student knows how to summon help in the event of an emergency	Yes ☐ No ☐
The student is aware of where to find local policies/ways of working • Health and safety • Incident reporting procedures • Infection control (Including PPE) • Handling of messages and enquiries • Handling complaints • Other policies	Yes ☐ No ☐
The student has been made aware of information governance requirements (e.g. GDPR, data protection, confidentiality)	Yes ☐ No ☐
The shift times, meal times and reporting sick policies have been explained	Yes ☐ No ☐
The student is aware of their professional role in practice in line with NMC	Yes ☐ No ☐
Policy regarding safeguarding has been explained	Yes ☐ No ☐
The student is aware of the policy and process of raising and escalating concerns	Yes ☐ No ☐
Lone working policy has been explained	Yes ☐ No ☐ N/A ☐
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy/breastfeeding needs have been discussed (where disclosed)	Yes ☐ No ☐ N/A ☐
The following criteria need to be met prior to use of equipment:	
The student has been shown and given a demonstration of the equipment used in the practice learning environment, including moving and handling	Yes ☐ No ☐
The student has been shown and given a demonstration of the medical devices used in the placement area	Yes ☐ No ☐

Student's signature…….. *Date* ……

Staff member's signature ……... *Date* ……

PROGRESS REVIEW

Professional Values in Practice (Part 1) – To be completed by practice assessor

Students are required to demonstrate high standards of professional conduct at all times during their practice learning experiences. Students should work within ethical and legal frameworks and be able to articulate the underpinning values of The Code (NMC, 2018). The practice assessor has responsibility for assessing Professional Values at the Progress Review and Final Discussion for each practice learning experience.

	Criteria	Progress Review Achieving?	Final Discussion Achieving?
Prioritise People	1. The student maintains confidentiality in accordance with the NMC code.	Yes ☐ No ☐	Yes ☐ No ☐
	2. The student is non-judgemental, respectful and courteous at all times when interacting with all people	Yes ☐ No ☐	Yes ☐ No ☐
	3. The student maintains the person's privacy and dignity, seeks informed consent prior to care and advocates on their behalf.	Yes ☐ No ☐	Yes ☐ No ☐
	4. The student is caring, compassionate and sensitive to the needs of others.	Yes ☐ No ☐	Yes ☐ No ☐
	5. The student understands the professional responsibility to adopt a healthy lifestyle, to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.	Yes ☐ No ☐	Yes ☐ No ☐
Practise Effectively	6. The student maintains consistent, safe and person-centred practice.	Yes ☐ No ☐	Yes ☐ No ☐
	7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.	Yes ☐ No ☐	Yes ☐ No ☐
	8. The student makes a consistent effort to engage in active learning, as evident through their attitude, motivation and enthusiasm	Yes ☐ No ☐	Yes ☐ No ☐
Preserve safety	9. The student demonstrates openness (candour), trustworthiness and integrity.	Yes ☐ No ☐	Yes ☐ No ☐
	10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.	Yes ☐ No ☐	Yes ☐ No ☐
	11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.	Yes ☐ No ☐	Yes ☐ No ☐
	12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.	Yes ☐ No ☐	Yes ☐ No ☐
Promote Professionalism and Trust	13. The student's personal presentation and dress code is in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	14. The student maintains an appropriate professional attitude regarding punctuality in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.	Yes ☐ No ☐	Yes ☐ No ☐
	16. The student acts as a role model of professional behaviour for fellow students and nursing associates to aspire to	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐

Progress Review	**If "No" to any of the above, please provide specific detail:**		
	Practice assessor name:		Date:
	Practice assessor signature:		

If there are any "no" responses, then this must trigger a development plan (below). This must involve the practice assessor and the nominated person (as appropriate) in liaison with the link lecturer/practice tutor.

Future Developmental Plan – Professional Values	
Goal	**Plan**

Practice assessor's signature…… *Date ……*

Student's signature …….. ……. Student ID:…… *Date ……*

Progress Review Continued…
Student and practice assessor please tick (✓) as appropriate:

We verify that we have reviewed progress in achieving the learning plan as agreed in the initial discussion.	Yes ☐ No ☐
From this review, we have identified developmental goals for the remainder of this experience.	Yes ☐ No ☐ N/A ☐

Future Developmental Plan (General)	
Goal	**Plan**

Practice assessor, please acknowledge below the student's achievement and progress to date.

Practice assessor*, please tick (✓) and comment as appropriate:*

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____
Please give specific details regarding any concerns:	

Practice assessor*'s signature*…….. *Date* ……

Progress Review Continued…

Student's self-assessment/reflection on progress
Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature: …….. Student ID:…….. *Date……*

FINAL DISCUSSION
To be completed by the practice assessor

Please acknowledge below the student's achievement and progress to date:

Professional Values in Practice

If "No" to any of the statements in the Professional Values in Practice Template, please provide specific detail:		
Practice assessor name:		Date:
Practice assessor signature:		

Please tick (✓) and comment as appropriate:

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Please give specific details regarding any concerns:

Please identify specific areas to take forward to the next practice learning experience. Every student must have a learning and development plan.

Learning and Development Needs	How Will These be Achieved?

Practice assessor, please complete this checklist:

Checklist for Assessed Documents	
The professional value statements have been signed at both Progress Review and Final Discussion.	Yes ☐ No ☐
The relevant proficiencies/nursing procedures that the student has achieved in this area (where applicable) have been signed.	Yes ☐ No ☐
The practice learning hours have been checked and signed.	Yes ☐ No ☐
All records of discussion and developmental plans have been completed and signed as appropriate.	Yes ☐ No ☐
Those who have made entries in this NIPAD have completed the signature log.	Yes ☐ No ☐
The student has completed their weekly learning log.	Yes ☐ No ☐
I have communicated any ongoing learning and development/action plan or concerns to the practice assessor in the next practice learning experience	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Practice assessor's signature…….. *Date* ……

Student's self-assessment/reflection on progress

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature: …….. Student ID:…….. *Date……*

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RECORD OF ATTENDANCE

Name of Student :……. Student ID No: ……. Practice assessor: …….

Location of Experience: ……. Dates of Experience: ……. No. of Weeks: …….

Key: **A** = Attended as Scheduled **S** – Sickness/Absence **T** = Time Made Up for Sickness/Absence

	Week No.: 1 Dates:		**Week No.: 2 Dates:**		**Week No.: 3 Dates:**		**Week No.: 4 Dates:**		**Week No.: 5 Dates:**		**Week No.: 6 Dates:**		
Monday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Tuesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Wednesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Thursday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Friday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Saturday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Sunday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	**Totals (Completed at the end of experience)**
Hours Worked													
Hours Sick/Absent													
Hours Made-Up													
Hours Worked on Night Duty													
Practice assessor/supervisor signature													
Date													

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WEEKLY LEARNING LOG

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice supervisor/s comments:					

Student's signature ……... *Date* ……

Practice supervisor's signature ……... *Date* ……

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice supervisor/s Comments:					

Student's signature: ……... *Date* ……

Practice supervisor's signature: ……... *Date* ……

ADDITIONAL RECORDS

PRACTICE SUPERVISOR/S' NOTES

To be completed by practice supervisor/s as considered necessary.

Practice supervisor's name: (print):		Practice supervisor's signature:	
Date of record		Practice learning environment	
Practice supervisor's name: (print):		Practice supervisor's signature:	
Date of record		Practice learning environment	
Practice supervisor's name: (print):		Practice supervisor's signature:	
Date of record		Practice learning environment	

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PRACTICE ASSESSOR'S NOTES

To be completed **if necessary** by the Practice assessor

Practice assessor's name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	
Practice assessor's name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	
Practice assessor's name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	

ACADEMIC NOTES

(LINK LECTURER/PRACTICE TUTOR/ACADEMIC ASSESSOR)

To be completed on every visit by link lecturer/practice tutor/academic assessor

Academic's name (Print)		Academic's signature	
Date of record		Practice learning environment	
Academic's name (Print)		Academic's signature	
Date of record		Practice learning environment	
Academic's name (Print)		Academic's signature	
Date of record		Practice learning environment	

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DEVELOPMENT PLAN

This development plan template can be used for any process whereby a development plan is identified as necessary (e.g. after service user/carer feedback).

Learning and Development Needs	How Will This be Achieved?

We agree the above points and plan of action

Practice assessor's signature …… *Date ……..*

Student's signature …… *Date ……*

Date for review ……..

Review Following the Development Plan

Has the development plan been achieved?	Yes ☐ No ☐

If no, please develop a new development plan or record of underperformance

Practice assessor's signature …… *Date ……..*

Student's signature …… *Date ……*

RECORD OF UNDERPERFORMANCE

Please complete if you have concerns about a student underperforming outside of set review times (Initial, Progress and Final).

The Link lecturer/practice tutor/academic assessor should record their notes in the Link lecturer/practice tutor/academic assessor notes section. Practice assessor, please also cross-refer to this record in the Record of Discussions. This record is only to be used if required (duplicate as necessary). Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values.

Concerns Identified *Please link to NMC Proficiencies (located at back of NIPAD) and provide specific detail*		
Knowledge:		
Skills:		
Attitudes and values:		
Has this been escalated to the nominated person in practice?	Yes ☐ No ☐	
	Name:	
	Date:	
Has this been escalated to the Link Lecturer/Practice Tutor?	Yes ☐ No ☐	
	Name:	
	Date:	

Agreed Action Plan	Date	
Learning and Development Needs	**How Will This be Achieved?**	

We agree the above points and plan of action

Practice assessor's signature …… *Date ……..*

Student's signature: …… *Date ……*

Date for Review:	

Review Following the Action Plan	Date:	
Have the learning and development needs been achieved?	Yes ☐ No ☐	

If no, please provide detail on a new Record of Underperformance and ensure the practice assessor in the next practice learning experience has been informed of ongoing challenges

Practice assessor's signature …… *Date ……..*

Student's signature …… *Date ……*

SUPPORTING EVIDENCE

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SERVICE USER/CARER FEEDBACK

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor(s)/assessor. It should not be sought by the student directly as the process should be anonymous.

2. Practice supervisor(s)/assessor should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:

    a. Completion of feedback by service user is voluntary and will not impact on the care they receive.
    b. If the service user consents, their identity will remain confidential. The practice supervisor(s)/assessor will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/requested. Practice supervisor(s)/assessor should confirm that what they have recorded accurately represents the views of the service users and carers/families.
    c. No identifying details will be recorded on the documentation.
    d. Feedback received will help to inform the student's development across their programme.
    e. The student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process.

3. The practice supervisor(s)/assessor should sign and date the documentation.

4. The practice supervisor(s)/practice assessor should discuss the feedback with the student and record this within the NIPAD.

5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice assessor to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers'/families' feedback should be stored safely within the NIPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

INFORMATION FOR SERVICE USER/CARER/ FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You can withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the practice supervisor or practice assessor).

If you would like to take part then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

Feedback about Student Nurse: _____

1. Did the student nurse tell you their name?	Yes ☐ No ☐ Not sure ☐
2. Did the student nurse ask could they participate in your care?	Yes ☐ No ☐ Not sure ☐
3. Was the student nurse kind and caring to you?	Yes ☐ No ☐ Not sure ☐
4. Did the student take into account your feelings/choices in all aspects of your care?	Yes ☐ No ☐ Not sure ☐
5. Did the student nurse listen to you?	Yes ☐ No ☐ Not sure ☐
6. Did the student take account of how you were feeling?	Yes ☐ No ☐ Not sure ☐
7. Did the student nurse check that you understood what was happening?	Yes ☐ No ☐ Not sure ☐
8. Did the student nurse talk with your family/carer (where appropriate)?	Yes ☐ No ☐ Not sure ☐

Please comment on what the student nurse did well

Please comment on what could the student nurse do differently

Thank you for taking the time to provide this feedback. You may withdraw this at any time if you wish. Please return it to the person who provided you with this form.

Practice supervisor/assessor, please confirm:

Feedback has come from a service user/carer	Yes ☐ No ☐	**Feedback has been discussed with the student**	Yes ☐ No ☐
Practice supervisor/assessor name		**Signature**	
Date			

Record of Service User/Carer Feedback

First Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor/ assessor Name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name:		**Student's signature:**	
Student ID		**Date**	

Second Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor/ assessor Name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name:		**Student's signature:**	
Student ID		**Date**	

Third Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor/ assessor Name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name:		**Student's signature:**	
Student ID		**Date**	

AUTHENTICATED REFLECTIVE ACCOUNTS – PART 1

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

What is expected?

In order to develop your skills as a reflective practitioner and also to evidence achievement of particular practice outcomes, you will be required to provide reflections that address the identified proficiencies below. Please note that you can address several of these in one reflection, as long as the reflective account addresses the proficiency sufficiently and the account is authentic. There is no set number of reflections but all proficiencies must be addressed by reflections by the end of this part of your course.

How do I develop this evidence?

Review the proficiencies listed and be aware of needing to reflect on these in practice. You can use situations you have observed or been part of in practice. In the situation where no opportunity to reflect on a specific proficiency has naturally occurred, you can have a focused discussion with a registrant about that proficiency and then reflect on that focused discussion.
This is not an academic piece of work and so does not require references. It is more important to have meaningful reflection. However, if you feel it is necessary to include some references, you can do so.

What template do I use?

There are many valid models of reflection that you can use. It is important you chose a model that works for you. Reflection is an essential element of professional practice and this can be seen in the revalidation process that the NMC have for registrants to meet the requirements to remain on the register. Using the NMC model may help you to be ready to use this process on registering as a nurse. Other models may appeal more to you. The choice is yours. The following are models that are recommended:

- NMC[1] revalidation model
- Rolfe[2] et al. (2001)
- Gibbs[3] (1988)
- Johns[4] (2009)

What things do I need to consider?

You must not use any identifying details in any reflections (e.g. names, practice learning environments, etc). You must protect the identity of people and remain professional, but honest, in your reflections.

Each reflection must be authenticated by a practice supervisor/s. Please give them adequate time to read your reflection so that they can provide verification and feedback.

Your reflection must not simply be a story. It must be critical and analytical and must lead to some future action.

Use the reflection Completion Summary Record to track your progress in completing these (next page)
NMC PROFICIENCIES TO BE ADDRESSED – PART 1

[1] Template for reflection available here: http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html
[2] Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.
[3] Gibbs, G. (1988) *Learning by Doing*: *A guide to teaching and learning methods*. Oxford: Further Education Unit. Oxford Polytechnic.
[4] Johns, C. (2009) *Becoming a Reflective Practitioner* (3rd Edition). Oxford: Blackwell

1.3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes

1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health

1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care

1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.10 demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgements and decisions in routine, complex and challenging situations

1.14 provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken

6.11 acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop resilience in self and others

Completion Summary Record

Proficiency	Date of Reflection	Practice supervisor's name:	Practice supervisor's signature:	Student's signature:
1.3				
1.5				
1.6				
1.9				
1.10				
1.14				
6.3				
6.11				

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REFLECTION TEMPLATE

(Students must use a recognised reflective model)

Proficiencies being addressed (by number)	

Practice Supervisor, please verify that this reflection addresses the specified proficiencies indicated at the beginning of this template, and that the reflection is authentic to the student's experience

Practice supervisor's name:		Practice supervisor's signature:		Date	
Student's name:		Student's signature:		Date	

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PROMOTING HEALTH AND PREVENTING ILL HEALTH – PART 1

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

Health education is an important aspect of the role of the professional nurse. Its goal is to support people to be as independent as possible in taking control of factors that can positively influence their health. In developing this form of evidence, you will address the following NMC proficiencies:

2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people

2.6 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing

2.7 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes

2.9 use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability

2.10 provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care

In consultation with a registrant, identify a person in your care and undertake a health education episode to meet an identified need. You will need to use the teaching plan template on the next page to plan this session first. Following this, address the following and record your responses on the template provided:

1. Provide a brief overview of how your health education activity was planned, implemented and evaluated.
2. What factors did you consider in advance of the episode?
3. Reflecting on your experience, provide a brief critical analysis of the effectiveness of the episode.
4. What knowledge and skills did you use?
5. Reflecting on your development in undertaking your health education episode, evaluate how this will contribute to your future professional practice.

<u>Your teaching plan and activity sheet must be authenticated by a practice supervisor/s .</u>

TEACHING PLAN TEMPLATE

Topic	**Date**:
Person:	**Special Considerations:**
Location/arrangements:	
Resources needed:	**Person's existing knowledge:**
Aim:	
Person's learning outcomes:	

Time	**Activity/Sequence**	**Notes**

Evaluation of Teaching		
Summary/Recommendations		

Please note: the spaces for responses are not indicative of the volume of content necessary. You must write sufficiently to evidence achievement of the NMC proficiencies.

1. Provide a brief overview of how your health education episode was planned, implemented and evaluated.
2. Reflecting on your experience, provide a brief critical analysis of the effectiveness of the activity.
3. What knowledge and skills did you use?
4. Reflecting on your development in undertaking your health education episode, evaluate how this will contribute to your future professional practice.

Practice Supervisor, please sign below to verify the authenticity of this worksheet					
Student's name:		Student's signature:		Date	
Practice supervisor's name:		Practice supervisor's signature:		Date	

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CARE DOCUMENTATION – PART 1

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

To evidence that you have met the NMC proficiencies related to documenting care within a safe, person centred, evidence-based nursing context, you are required to engage in care documentation activities that will develop your application of knowledge and skills to this component of professional practice. This evidence must address the identified NMC proficiencies below and be completed by using the Learning Achievement Record. You should undertake this development with guided observation, participation in care and performing with increasing confidence and competence across Part 1 of your programme.

The types of care documentation may include, but is not limited to:

- Person-Centred Nursing Assessment
- Comprehensive Risk Assessment tools
- Evidence based plans of care, treatment, support or maintenance plans
- Referrals
- Evaluations/progress notes
- Discharge plans
- Transfer documentation

In developing this form of evidence, you will address the following NMC proficiencies:

1.9 Understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.14 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflecting on people's values, beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

3.1 Demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans.

3.3 Demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans

3.4 Understand and apply a person-centred approach to nursing care demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and people of all ages

3.5 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person centred evidence-based plans for nursing interventions with agreed goals

3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made.

4.8 Demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain

6.3 Comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken

6.5 Demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools.

7.11 Demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed.

It is essential that students do not submit any actual documentation from practice to ensure that confidentiality of the people involved is maintained. You also must not use any identifying details in any evaluation/reflections to remain compliant with GDPR requirements.

The following care documentation must be completed, addressing the identified NMC proficiencies:

Care Documentation	Proficiencies to be Addressed	Guidance
Person-centred Nursing assessment	1.9, 1.14	1. Carry out an observation of a non-complex person-centred nursing assessment 2. Using guided participation, complete one non-complex person-centred nursing assessment 3. Complete a Learning Achievement Record
Plan of Care	3.1, 3.2, 3.3, 3.4, 3.5, 4.8	1. Based on your completion of a nursing assessment, select **two care needs** – one of which must be from the list below, and using guided participation, complete an evidence-based plan of care for each of these care needs. 2. Complete a Learning Achievement Record **List of Foci** Anxiety Confusion Pain and discomfort Change in behaviour(s)
Care Evaluation	3.15	1. With guided participation, complete a written evaluation of nursing care provided for one person in your care over a minimum period of one shift 2. Complete a Learning Achievement Record
Risk Assessment	6.3, 6.5. 7.11	There are a number of different risk assessment tools used in different care settings. Here are some suggested tools that you may wish to consider (this list is not exhaustive): • MUST • Moving and Handling • Pressure Sore Risk (e.g. Braden Scale) • Falls risk • NEWS2 • Alcohol intake risk assessment 1. With guided participation, for **one** identified risk arising from your participation in a nursing assessment, complete a risk assessment using a recognised risk assessment tool. 2. Complete a Learning Achievement Record

You will have four Learning Achievement Records for Part 1 to capture your learning and development for the above. Record below your progress for quick reference.

Summary Record of Care Documentation Completed – Part 1

Care Documentation	Date Completed	Practice supervisor's name:	Practice supervisor's signature:	Student's signature:
Assessment				
Plan of Care				
Evaluation of Care				
Risk Assessment Tool				

CARE DOCUMENTATION - LEARNING ACHIEVEMENT RECORD – PART 1

Please use this template to record the achievement of proficiencies addressed through completion of care documentation (e.g. care plans, observation sheets, assessment tools). For example, if you complete a care plan that addresses four proficiencies, identify these, summarise your learning from undertaking this activity and ask a practice supervisor/s to check the documentation, verify it meets the standard required and sign this record. **Do not attach any actual (original or copies) care documentation.** Please duplicate as required.

Students should use the following guiding questions to help complete this record:

- Identify ways in which your ideas, thinking, knowledge, understanding and practice have been challenged and/or changed
- Explain how you overcame any difficulties experienced and what you learned about yourself in the process
- Identify key factors that have enabled you to grow in confidence and competence when delivering person-centred care
- Describe what was learned from/through this learning experience
- Explain what you might do differently if completing this/similar learning experience/ task again

Care Documentation	☐ Assessment ☐ Evaluation of Care	☐ Plan of Care ☐ Risk Assessment Tool

Please summarise your learning and development in completing this care documentation, making explicit reference to the proficiency(ies) being addressed.

Practice Supervisor, please tick (✓) as appropriate below and then sign below:
I have reviewed the identified evidence and confirm:

1. It is person-centred — Yes ☐ No ☐
2. It meets the identified proficiency(ies) — Yes ☐ No ☐
3. That this record is authentic. — Yes ☐ No ☐

Practice supervisor's name:		**Practice supervisor's signature:**		**Date**	
Student's name:		**Student's signature:**		**Date**	

QUALITY IMPROVEMENT IN PRACTICE – PART 1

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first. It is therefore essential that they develop the skills for quality improvement within their pre-registration education.

In the first part of your programme, you need to develop insight and understanding into how data is captured that informs quality improvement processes through analysis and sharing. In this open, collaborative approach, a team response can be made to address issues and enhance care. In developing your evidence for quality improvement in practice, you will be meeting the following NMC proficiencies:

5.11 effectively and responsibly use a range of digital technologies to access, input, and share, and apply information and data within teams and between agencies

6.9 work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences

This log should not be the means to raise and escalate a concern. You must follow the procedures for this as outlined in the Handbook in line with your responsibilities as a student. You must also not breach confidentiality in the log; do not use identifying details of the practice area/setting or people involved.

In consultation with your practice supervisor/s, you are required to:

1. Observe an audit activity (e.g. hand washing audit) and determine how the information is recorded, accessed by others and shared with the wider team

Describe the audit activity that you observed.
How does this audit contribute to the quality improvement agenda?
How are the results of the audit recorded and accessed by others?

2. Determine the processes within the organisation for quality improvement

What mechanisms are in place within the organisation to undertake quality improvement?

3. Understand the complaints process and how complaints are used to respond to concerns and improve practice

Outline the complaints process of the organisation
How are complaints monitored and analysed?
What actions occur from complaints that influence the quality of care?

If a person approaches you wanting to make a complaint, what is the organisations policy on how you should respond?

4. Identify at least two risk assessment strategies that occur within a practice learning environment that are in place to monitor quality.

Risk Assessment 1

Please provide a brief description of the risk assessment strategy
Why was this strategy put in place and how does it contribute to improving the quality of care?
Reflect on the strategy. Does it create an effective culture for quality improvement?

Risk Assessment 2

Please provide a brief description of the risk assessment strategy
Why was this strategy put in place and how does it contribute to improving the quality of care?
Reflect on the strategy. Does it create an effective culture for quality improvement?

Authentication

I have read the responses to questions one to four and confirm that they are authentic and accurate				Yes ☐ No ☐
Practice supervisor's name:		Practice supervisor's signature:		**Date:**
Student's name:		Student's signature:		**Date:**

LEADING AND COORDINATING CARE – PART 1

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues. Additionally, nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people. This includes people at any stage of their lives, across a range of organisations and settings.

In completing this set of evidence, you will demonstrate that you have developed the skills to lead and coordinate care on an incremental basis across all parts of your course. This begins with understanding how care is integrated across professional roles and settings. In developing your evidence for leading and coordinating care, you will be meeting the following NMC proficiencies:

5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make use of the contributions of others involved in providing care

5.8 support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance

In consultation with a practice supervisor/s, identify a person whose care you have been involved in whilst in practice. Explain the role of each member of the multidisciplinary team and how they contributed to the care of this person. Complete the log below:

Provide a brief overview of person in your care that you have chosen to focus on. Remember not to provide any names or details that would enable them or the practice area to be identified.
Identify the members of the multidisciplinary team involved in this person's care and explain their role and responsibilities. Do not provide a broad definition of their roles but instead apply your response to the specific needs of the person in your care.

Discuss how they contributed to the care of the person and how they worked together effectively

What factors contribute to them working effectively together and factors were inhibitors	
Enablers	Inhibitors

Summarise the approaches you used to work in partnership with the person and carer in reaching shared decision about future care.

Reflect on the effectiveness by which you communicated with the individual and team.

Request constructive feedback from your supervisor about how you performed within the team caring for a person. Reflect/discuss how receiving constructive feedback can help you to provide safe and compassionate care.

Registrant's Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name:		Practice supervisor's signature:		**Date:**
Student's name:		Student's signature:		**Date:**

CHILD-CENTRED CARE WORKSHEET

During your programme you will have the opportunity to interact and/or care for children who require input from health care professionals to either prevent or manage health care needs. The proficiencies required to care for children and their families is an integral part of your professional practice and learning to care for people across the lifespan. This worksheet will assist you to meet the following proficiencies:

1.2 understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom.

1.11 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges

1.12 demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable

1.14 provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances.

2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes.

2.11 promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the evidence-base for immunisation, vaccination and herd immunity, and

2.12 protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.

3.1 demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.4 understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages

3.16 demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support.

4.2 work in partnership with people to encourage shared decision making in order to support individuals, their families and carers to manage their own care when appropriate

4.5 demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs

5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care

6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken.

7.1 understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors

7.2 understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom

7.10 understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services

This activities in the worksheet can be completed at any point across the three parts of your programme, depending upon the practice learning environments where you will care for children. It is important for

your professional development that you begin completion of the worksheet when you first encounter children during practice learning. A text that may be helpful in focusing on child-centred care is:

Carter, B., Bray, L., Dickinson, A., Edwards, M., Ford, K., (2014) *Child centred Nursing – Promoting critical thinking.* Sage: London

1. With reference to 'Parental Responsibility' as defined in 'The Children (Northern Ireland) Order 1995, identify who has parental responsibility for a child. Write a brief account of how health professionals confirm who has parental responsibility for a child under 16 years, prior to interventions
2. Read the regional consent form and pay particular attention to consent for those under 16 years. Reflect on what you have read and record your understanding of the concept of consent for under 16 years. Discuss with you practice supervisor if needed.
3. Access The Safeguarding Board for Northern Ireland (SBNI) website and briefly explain why this board was established https://www.safeguardingni.org/
4. Discuss with your practice supervisor how the 'Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment framework supports professionals in meeting the needs of children and their families. https://www.safeguardingni.org/
5. List and briefly describe the categories of child abuse as outlined in Co-operating to Safeguard Children and Young People in Northern Ireland (2017) section 2.6. https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland
6. Read section 3.2.2 Co-operating to Safeguard Children (2017) and Young People in Northern Ireland (2017) and in discussion with your practice supervisor identify the Paediatrician and named nurse who have responsibility to ensure that safeguarding procedures are implemented throughout the Health and Social Care Trust (HSCT)

7. Observe a health professional adding an entry to the Personal Child Health Record (PCHR). Explain how this contributes to professionals working in partnership with families to monitor a child's health and development. Discuss health screening that has been documented in the PCHR, with your practice supervisor.
8. Consult the current Northern Ireland immunisation schedule for children https://www.nidirect.gov.uk/articles/childhood-immunisation-programme Identify one of the communicable disease and check the most up to date statistic https://www.publichealth.hscni.net/directorate-public-health/health-protection/vaccination-coverage and note if herd immunity threshold has been achieved in the HSCT where you are currently in practice learning
9. Reflect on and document a brief account of a situation where you provided, current health promoting, advice to a parent and or child.
10. Identify one child/teenager who has been admitted to a healthcare setting or is being cared for in the community as a result of illness or injury. Write a brief discussion about how the assessment process was altered to take account of the child's developmental stage.
11. Provide a critical discussion on the importance of taking a child or family centred approach when caring for a child or young adult within any health and social care setting. You may use examples from practice to inform your discussion.
12. Reflect on and document a brief account of a situation where you communicated with the child and family in a way that demonstrates respect for culture diversity and individual needs, and the extent to which care provided was family or child centred.
13. Identify one child/teenager who has been admitted into a healthcare setting or is being cared for in the community as a result of illness or injury. Write a reflection on how the principles of child or family centred care were applied to the nursing care of this child and discuss this with your practice supervisor.

14. Young people may transition from child to adult health services for a range of reasons. Outline some difficulties that this transition might present for a child and their family and discuss how the nurse can facilitate a smooth transition.

Practice supervisor, please sign below to verify the authenticity of this worksheet					
Student Name		Student Signature		Date	
Practice Supervisor Name		Practice Supervisor Signature		Date	

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RECORD OF LEARNING WITH OTHER HEALTH CARE PROFESSIONALS

Students may use this record sheet to record learning activities that have occurred with other healthcare professionals

Date of Activity	Location of Activity	Attendance Times	No. of Hours	Verifier's Name	Verifier's Signature	Designation
		From: To:				
Briefly describe the experience and your learning						
	Student's signature:			Date		
Health care professional comments						
Date of Activity	**Location of Activity**	**Attendance Times**	**No. of Hours**	**Verifier's Name**	**Verifier's Signature**	**Designation**
		From: To:				
Briefly describe the experience and your learning						
	Student's signature:			Date		
Health care professional comments						

Name of Student: …… **Student ID:** ……

HEALTH NUMERACY & CALCULATION OF MEDICINES – PART 1

Introduction

As a nurse you will need to be competent in basic and more complex numeracy skills and drug administration. This learning log is designed to give you some focus and guidance of skills that will be required during practice placements. Primarily, by completing this learning log you will address a variety of NMC proficiencies (NMC, 2018).

Is competent in basic proficiencies relating to Providing and Evaluating Care (*):	
4.5	Demonstrate the knowledge and skills required to support people with commonly encountered mental and physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs
4.14	Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines
4.15	Demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage
4.16	Demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing
4.17	Apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration, and
Is competent to perform NMC Standards for Registered Nurse Annex B: Nursing Procedures	
11.2	recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them
11.4	undertake accurate drug calculations for a range of medications
11.6	exercise professional accountability in ensuring the safe administration of medicines to those receiving care
11.7	administer injections using intramuscular, subcutaneous and intradermal routes and manage injection equipment
11.8	administer medications using a variety of routes
11.11	undertake safe storage, transportation and disposal of medicinal products

Using Numbers in Everyday Nursing Practice

Early Warning Scores

You will be using numbers every day in practice from observing and recording temperature, blood pressure, heart rate, respiration rate to calculating body mass index and balancing a person's fluid intake and output. The following activities will help improve your knowledge on the significance of accurate recording and the importance of record keeping and reporting.

In your practice learning environment, complete the NEWS2 chart for two people in your care, completing each case study below.

Case Study One

1. Complete the following:

Vital Sign	Measurement	Item Score for NEWS2
Respiration Rate		
Oxygen Saturations		
Air or Oxygen		
Blood Pressure		
Heart Rate		
Consciousness/New Confusion		
Temperature		
Total NEWS2 Score		

2. Discuss the relevance of these scores, the clinical risk and necessary response.

Practice supervisor, please verify that:					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Case Study Two

1. Complete the following:

Vital Sign	Measurement	Item Score for NEWS2
Respiration Rate		
Oxygen Saturations		
Air or Oxygen		
Blood Pressure		
Heart Rate		
Consciousness/New Confusion		
Temperature		
Total NEWS2 Score		

2. Discuss the relevance of these scores, the clinical risk and the necessary response.

Practice Supervisor, please verify that					
The student has undertaken this work independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Fluid Intake and Output Balance

Fluid intake and output charts are an assessment tool to identify and monitor a person's fluid input and output. Such records and calculations need to be completed and calculated accurately.

ACTIVITY FOUR

To demonstrate your ability in clinical practice you must complete a fluid intake and output chart for two people in your care. You will need to confirm the amount in ml used to record as a cup, or glass etc. within your practice learning environment (the sizes of cups and glasses can vary in volume from setting to setting). Check this with your practice supervisor/s.

Case Study One

1. Complete the fluid intake and output chart based on the person's input and output.

2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

Total Intake	Total Output	Any Factors You Considered in Relation to Insensible Losses

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

Provide your analysis below	
Action(s) You Would Take	**Rationale**

Practice supervisor, please verify that					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Case Study Two

1. Complete the fluid intake and output chart based on person's input and output.

2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

Total Intake	Total Output	Any Factors You Considered in Relation to Insensible Losses

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

Provide your analysis below	
Action(s) You Would Take	**Rationale**

Practice supervisor, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Body Mass Index (BMI)

BMI is one of the assessment tools to assist in assessing if your patient is over or underweight.

ACTIVITY FIVE

In your practice placement choose three people in your care and calculate their BMI and place them in the appropriate nutritional status category.

Please note you will need to **convert the units of measurement** into the correct form first:

Case Study One

Weight	Height	BMI	Category	Date Completed

Case Study Two

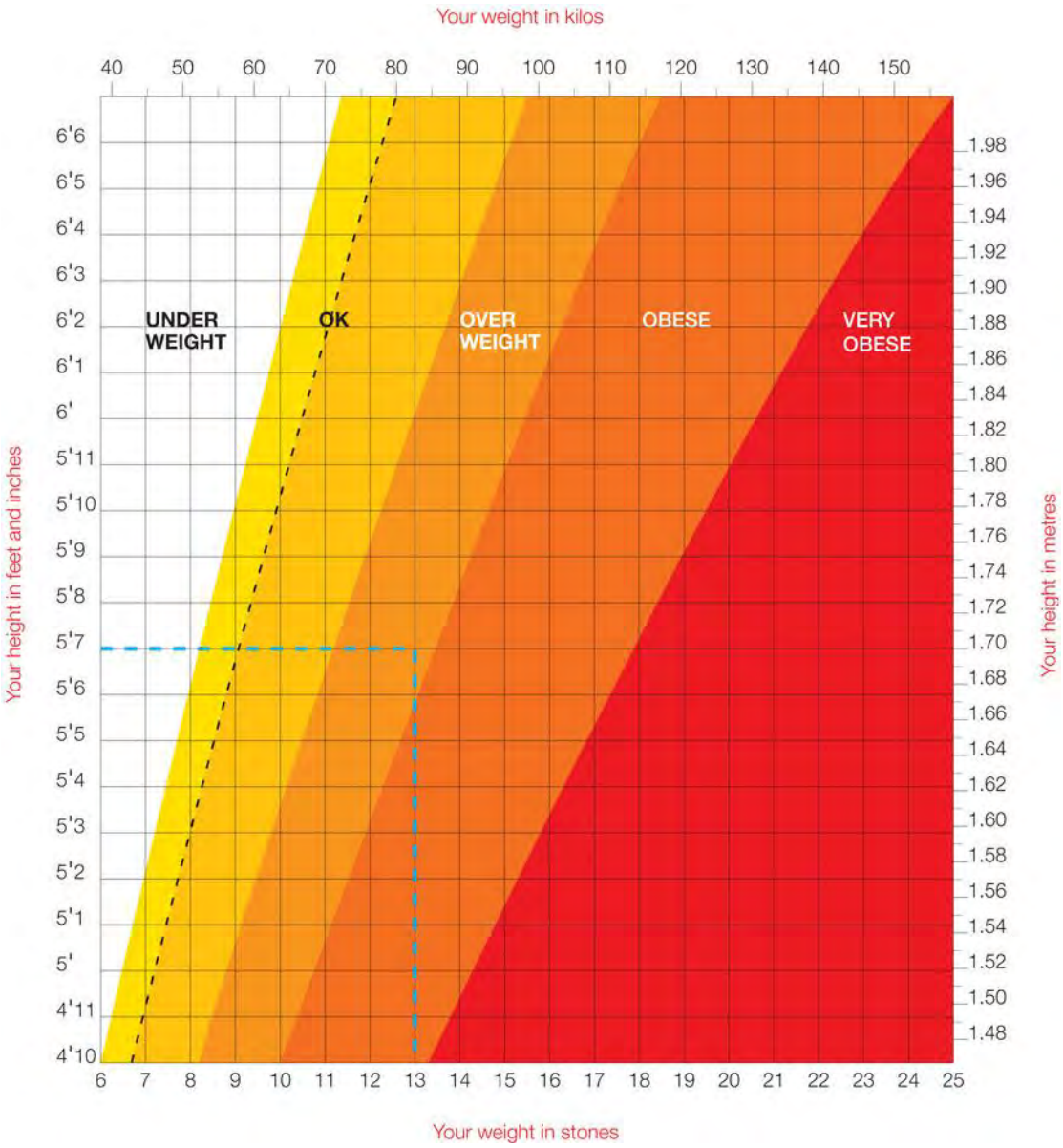
Weight	Height	BMI	Category	Date Completed

Case Study Three

Weight	Height	BMI	Category	Date Completed

Practice supervisor, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Figure 5 – Body Mass Index Chart

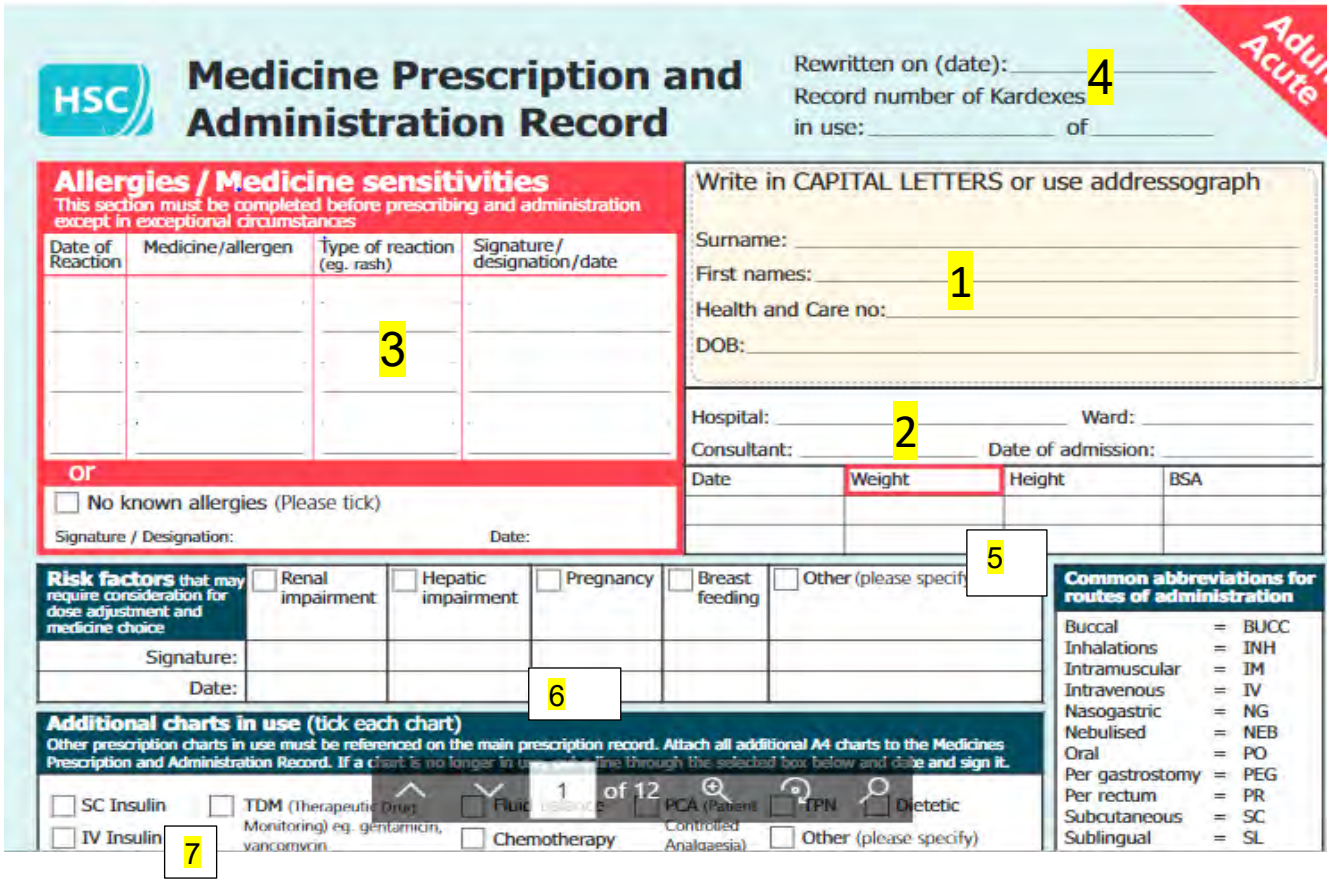


Prescription Validity

Explain the relevance of the seven identified areas on the medicine prescription and administration record below and indicate why you would check these before commencing administration of medication

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Figure 6 – Medicine Prescription and Administration Record



Practice supervisor, please verify that					
The student has undertaken this validity check independently				Yes ☐	No ☐
I (practice supervisor) have discussed and checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Figure 7 – Non-Medical Prescriber Prescription

List the four patient details which should be completed on the prescription:
1.
2.
3.
4.

List the five legal requirements a prescriber must ensure is completed on a prescription:

1.
2.
3.
4
5.

Are electronic signatures acceptable on a community prescription?

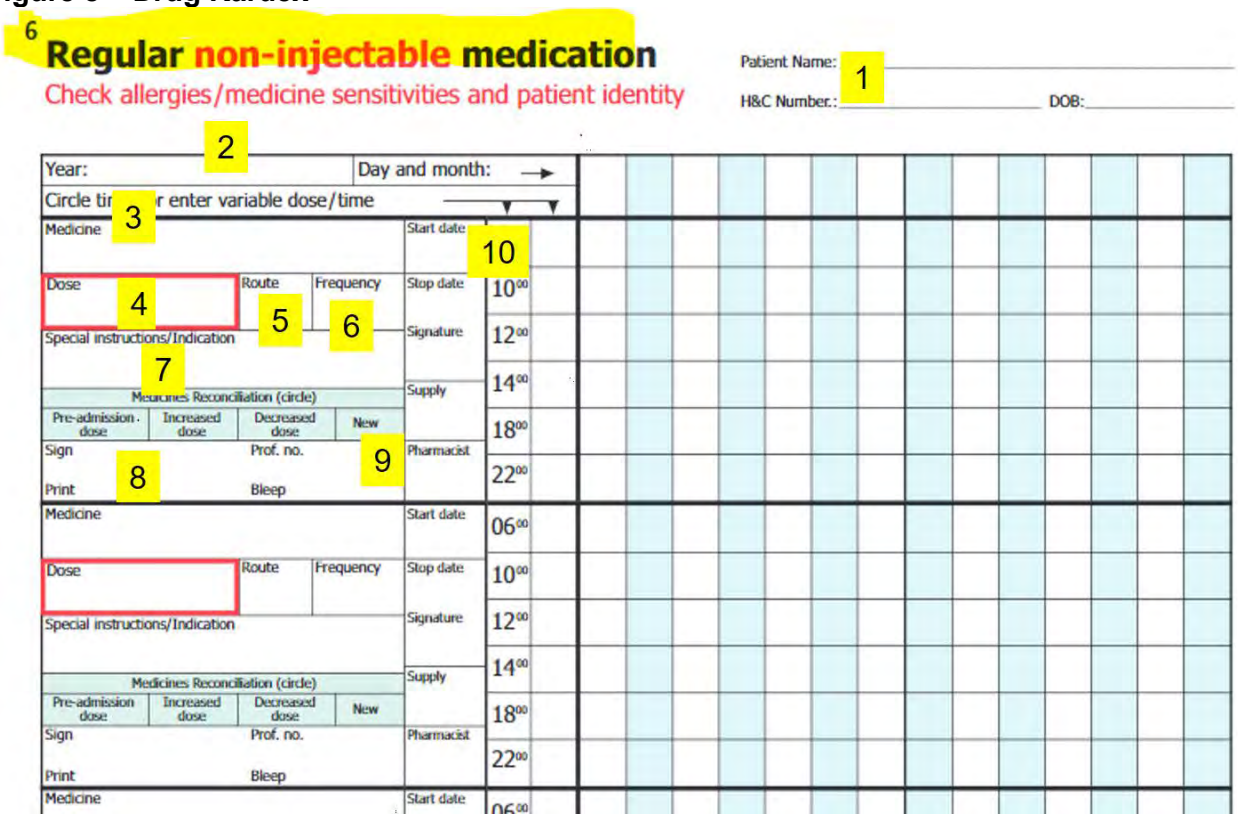
List the five medication details which should be completed on the prescription:
1.
2.
3.
4.
5

What should be written on the script to indicate no further items?

Practice supervisor, please verify that					
The student has undertaken this validity check independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Medicine and Administration Record

Figure 8 – Drug Kardex



List the *10* components of a valid prescription and explain their relevance

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Practice supervisor, please verify that					
The student has undertaken this validity check independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (print)		Practice supervisor's signature		Date	

Safe Administration of Medicines - Administration Procedure

Complete an observed medication administration with your practice supervisor where you undertake the administration and demonstrate your proficiency against the criteria in the template below. Afterwards, complete the template with your practice supervisor to record your achievement. You must do this on two occasions in part 1.

Assessment 1	Achieved/Not Achieved
Checked for:	
• Person's details completed	Yes ☐ No ☐
• Allergies or previous drug reactions	Yes ☐ No ☐
• Drug name	Yes ☐ No ☐
• Start date/finish date	Yes ☐ No ☐
• Route of administration	Yes ☐ No ☐
• Dose (strength if applicable)	Yes ☐ No ☐
• Frequency	Yes ☐ No ☐
• Time for administration	Yes ☐ No ☐
• If already given or omitted	Yes ☐ No ☐
• If any contraindications	Yes ☐ No ☐
• Potential interactions	Yes ☐ No ☐
• Any storage directions	Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks	
• Drug name against prescription	Yes ☐ No ☐
• Dose against prescription	Yes ☐ No ☐
• Expiry date	Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of a RN Prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against:	
• Wrist band	Yes ☐ No ☐
• Verbally	Yes ☐ No ☐
• Prescription chart	Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of a RN administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Assessment 2	Achieved/Not Achieved
Checked for: • Person's details completed • Allergies or previous drug reactions • Drug name • Start date/Finish date • Route of administration • Dose (strength if applicable) • Frequency • Time for administration • If already given or omitted • If any contraindications • Potential interactions • Any storage directions	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks • Drug name against prescription • Dose against prescription • Expiry date	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of a RN prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against: • Wrist band • Verbally • Prescription chart	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of a RN administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice Supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Calculations in Nursing

One of the most important ways in which you will have to use your calculation skills in your practice is when you are preparing and administering medicines for different routes of administration. While you have been introduced to the basic theory behind drug calculations in Part 1 of your programme, it is important that you are competent in calculating the correct volumes and dosages in practice.

The important information that you need for getting to grips with dose calculations are:

- The type of formulations containing the drug – e.g. tablets, capsules or suspensions (volumes of fluid)
- The amount of the drug contained in each tablet, capsule or volume of fluid etc.
- The prescribed dose required to be given at each administration

Based on medications prescribed for people in your care, complete the tables below. Do not use the same drug twice and all entries must be completed. An example is provided for each section.

Enteral Drug (Tablet/Capsule)		Dose Prescribed	Dose each unit is supplied in	Number needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Paracetamol	1g	500mg	2 tablets	500mg x 2 = 1g		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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Enteral Drug (Liquid/Suspension)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Amoxicillin	500mg	250mg in 5 ml	10ml	250mg x 2 = 500mg 250mg in 5ml, 5ml x 2 = 10ml		
1.							
2.							
3.							
4.							
5.							

Parenteral Drugs (Injections)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Haloperidol	2 mg	5 mg in 1 ml	0.4 ml	If 5mg in 1ml, 1mg in 0.2ml. 2mg = 0.2ml x 2 = 0.4ml		
1.							
2.							
3.							

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COMMUNICATION AND RELATIONSHIP MANAGEMENT SKILLS – ACROSS ALL PARTS

THIS COMMUNICATION AND RELATIONSHIP MANAGEMENT LOG MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME AND MUST BE ACHIEVED IN PRACTICE LEARNING PRIOR TO ENTRY TO THE NMC REGISTER. THEY SHOULD BE ACHIEVED AT THE LEVEL COMMENSURATE TO THE STUDENT'S STAGE OF THE PROGRAMME.

STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE SKILLS THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES.

1. **Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care**										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
1.1	Actively listens, recognises and responds to verbal and non-verbal cues		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.2	Uses prompts and positive verbal and non-verbal reinforcement		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.3	Uses appropriate non-verbal communication including touch, eye contact and personal space		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.4	Makes appropriate use of open and closed questioning		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

1. **Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care**										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
1.5	Uses caring conversation techniques: • connects emotionally, shows compassion and empathy • is curious • listens attentively and is non-judgemental • is collaborative celebrates achievements		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.6	Checks understanding and use clarification techniques (e.g. paraphrasing, summarising and reflecting)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.7	Is aware of own unconscious bias in communication encounters (e.g. equality and diversity)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.8	Writes accurate, clear, legible records and documentation		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

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1. **Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care**										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
1.9	Confidently and clearly presents and shares verbal and written reports with individuals and groups		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.10	Analyses and clearly records and shares digital information and data in line with GDPR		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.11	Provides clear verbal, digital or written information and instructions when delegating or handing over responsibility for care		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
1.12	Recognises the need for, and facilitates access to, translator services and material, e.g. provides information in alternative languages		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
2.1	Shares information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis	Achieved within Promoting Health and Preventing Ill Health activities								

2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
2.2	Uses clear language and appropriate written materials, making reasonable adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and treatment		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.3	Recognises and accommodate sensory impairments during all communications		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.4	Supports and manage the use of personal communication aids		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.5	Identifies the need for and manages a range of alternative communication techniques		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.6	Uses repetition and positive reinforcement strategies		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
2.7	Assesses motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.8	Provides information and explanation to people, families and carers and respond to questions about their treatment		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
2.9	Engages in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

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3. **Evidence-based, best practice communication skills and approaches for providing therapeutic interventions**										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
3.1.	Uses motivational interviewing techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.2.	Uses solution focused therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.3.	Uses reminiscence therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.4.	Talking therapies	Addressed at 3.1, 3.2, 3.3, 3.6, 3.7 and 3.9)								

3. **Evidence-based, best practice communication skills and approaches for providing therapeutic interventions**										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
3.5.	Uses de-escalation strategies and techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.6.	Uses cognitive behavioural therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.7.	Uses play therapy effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
3.8.	Uses distraction and diversion strategies effectively and appropriately including (e.g. talking, exercise, art, music, deep breathing/mindfulness, relaxation)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
3.9.	**Uses positive behaviour support approaches effectively and appropriately, including:** • Identifying strategies to help person stay happy and calm • Recognising early warning signs of behaviour that is challenging and identifying strategies to manage same • Identifying the reason behind behaviour • Reinforcing positive behaviours Facilitating the development of skills in self-management		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
4.1	**Demonstrates effective supervision, teaching and performance appraisal through the use of:** clear instructions and explanations when supervising, teaching or appraising others		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
	• clear instructions and check understanding when delegating care responsibilities to others		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
	• unambiguous, constructive feedback about strengths and weaknesses and potential for improvement		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
	• encouragement to colleagues that helps them to reflect on their practice		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
	• unambiguous records of performance		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
4.2	**Demonstrate effective person and team management through the use of:** strengths-based approaches to developing teams and managing change		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
	• active listening when dealing with team members' concerns and anxieties		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
	• a calm presence when dealing with conflict		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams									
Proficiency	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
• appropriate and effective confrontation strategies including: o listening attentively o exploring the root cause of the confrontation o depersonalising the situation o staying calm and in control of emotions o trying to see the other persons perspective o recognition of own role o gives the other person options o being open to compromise		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams										
Proficiency		**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
	• de-escalation strategies and techniques when dealing with conflict including: o use of neutral non confrontation body language o speaking in a calm voice o being respectful – direct but courteous o hearing the person out o recognising role and limitations o setting goals (for example SMART) o remains professional - disengage if required		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

4. Evidence-based, best practice communication skills and approaches for working with people in professional teams									
Proficiency	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**	**Practice learning environment**	**Achieved?**	**Practice supervisor initials**
• effective co-ordination and navigation skills through: o appropriate negotiation strategies (e.g. listening, rapport building and problem solving, being assertive and be willing to compromise)		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
o appropriate escalation procedures		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	
o appropriate approaches to advocacy		Yes ☐ No ☐			Yes ☐ No ☐			Yes ☐ No ☐	

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NURSING PROCEDURES – LEARNING DISABILITIES NURSING - PART 1

STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE SKILLS THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES

In this part of the programme, students should be practicing at the following level:
Guided participation in care and performing with increasing confidence and competence, applying knowledge, skills and professional attributes

Key: Yes: *Student demonstrates achievement to the expected standard*
No: *Student does not yet demonstrate achievement to the expected standard*
NOA: *No opportunity available*

Please see the Handbook for further detail on these Keys.

Practice Learning 1 Location	
Practice Learning 2 Location	
Practice Learning 3 Location	

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.1	**Assesses mental health and wellbeing status using appropriate tools/framework(s)** • (e.g. PASSAD, Depression Scales, Folstein Mini-Mental State Examination, Recovery and Wellness tools.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.11	Identifies and responds appropriately to signs of mental and emotional stress or vulnerability (e.g. sensory impairment, dementia, autistic spectrum disorder, distress, delirium, behaviours that challenge) • Contributes to a culture of mental health recovery and wellness that fosters self-determination and resilience • Acts as an advocate for the person, their family or their carers • Engages actively with individuals, families and carers to enable their full involvement in the care/treatment process, on the basis of informed choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.2.2	**Identifies and responds appropriately to signs and symptoms of physical distress (e.g. pain, thirst, hunger, nausea, constipation)** • Demonstrates application of the nursing process • Demonstrates an ability to see the person as the expert in his or her experience • Demonstrates an ability to see the person and not just his or her symptoms • Demonstrates respect for the contribution of families, friends and carers • Recognises when additional actions are needed to address additional care needs	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.1 +2.10	**Accurately takes, records and interprets:** • Temperature	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Radial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Brachial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Carotid Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Respirations	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Oxygen Saturations (SaO_2)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Capillary Refill/Perfusion (Central and Peripheral)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• National Early Warning Score	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (sphygmomanometer)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (electronic)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Recognises changes in Level of Consciousness (AVPU)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.6 + 5.2	**Accurately measures/calculates and records** • Weight	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Height	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Length	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Body Mass Index (BMI), including correctly categorising result	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Nutritional Status using contemporary assessment tool(s) (e.g. MUST)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.11	Can identify/recognises signs of all forms of abuse	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Responds to signs of all forms of abuse, documenting and reporting same and making appropriate onwards referrals • Is aware of the referral process to other professions and statutory or voluntary agencies	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.14	Administers basic mental health first aid (e.g. non-judgmental listening, providing reassurance, providing support/referral information)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.15	Administers basic physical first aid	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.16	Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support: • Protects person from injury	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Manages a person safely while in a seizure	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can demonstrate knowledge of emergency medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can place person in recovery position (at appropriate time)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of mild airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of severe airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Opening, clearing and maintaining airway	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Check for breathing and pulse simultaneously	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Correctly identifies how to gain expert help in cardiac arrest	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Adult o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Infant and Child o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.1 + 3.5	Reviews behavioural intervention/s and documents decisions of care	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Recognises own position in supporting people presenting with behaviours that challenge	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Can identify and plan for sleep and rest needs, articulating optimal hours for sleep	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.3	Uses correct moving and handling techniques	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Correctly identifies necessary pressure relieving aids/appliances based on assessment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.4	Takes appropriate action (including advocacy) to ensure privacy and dignity at all times	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.5	Can recognise fatigue and tiredness and articulate the difference between them	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate, plan and promote the need for activity in fatigue	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate and educate people on sleep hygiene measures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate and educate people on energy management related to their health status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
4.3	Assesses needs for, and provides appropriate assistance with, washing, bathing, shaving and dressing	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.4	Identifies and manages skin irritations, rashes and pressure areas	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.5	Undertakes oral assessment (using recognised tool when appropriate) and determines appropriate plan for oral hygiene	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake oral hygiene	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for eye care and ear care, setting out plan when appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake eye care and ear care to minimise infection and optimise status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for nail care and articulates associated risks (e.g. diabetes, peripheral vascular disease)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies correctly when referral for chiropody/podiatry is required, completing same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
4.8	Assesses, responds to and effectively manages pyrexia and hypothermia.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
5.1 + 5.3 + 5.4 + 5.5	Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Supports people who need to adhere to specific diet and fluid regimens and educates them of the reason	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures that time is given at mealtimes to promote a sociable and pleasant experience for the person which includes choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures correct positioning of the person and self during mealtimes (e.g. person and student are comfortably seated at eye level)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses the risk associated with eating and drinking and correctly identifies when referral to other professionals is appropriate (e.g. dietician, speech and language therapist)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Follows food hygiene procedures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.1	Assesses abilities and needs in relation to mobility using appropriate tool/framework	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Uses a validated risk tool to identifying and categorise risk of falls	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Works with interdisciplinary team to identify correct aids/appliances and support needs to maximise safe movement/mobilisation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.2 + 7.3	Engages with and advocates safe moving and handling equipment and techniques	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.4 + 9.7	Uses appropriate safety techniques and devices. • Ensures equipment is safe to use prior to its use	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Checks equipment has been serviced as required, documenting same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Identifies when equipment is faulty or in need of service, responding appropriately to maximise safety	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Safe use and disposal of medical devices (COSHH regulations)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
8.1	Observes, assesses the need for intervention and appropriately responds to: • Restlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Agitation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Breathlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
9.1 - 9.8	**Follows local and national guidelines and adheres to standard infection prevention & control precautions**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Demonstrates effective hand-washing technique (seven stages)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Demonstrates appropriate use of personal protective equipment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Disposes of waste and sharps appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Uses aseptic non-touch technique (ANTT) and aseptic technique appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Recognises potential signs of infection and records and reports to appropriate senior members of staff	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies when people require to be nursed in isolation or in protective isolation settings	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Prepares and decontaminates nursing equipment appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.2 + 11.6	Under the direct supervision of an RN and before administering any prescribed drug, reviews the person's prescription chart and checks the following: • Correct: o Person	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Drug	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Dose	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Date and time of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	o Route and method of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Diluent (as appropriate)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Ensures: o Validity of prescription	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Prescription is legible	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o No allergies/sensitivities to prescribed medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	If any omissions, lack of clarity or illegibility of prescription exists, the student under the direct supervision of an RN does not proceed with administration and should consult the prescriber	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Accurately records administration of medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Observes for effect of medication, responding and recording as appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

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NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Identifies, records and communicates known allergies and/or sensitivities	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.11	Demonstrates ability to safely store medicines as per regional/local policy.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.7 + 11.8	Is competent in medicines calculations and administration relating to: • Tablets and capsules	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Enteral liquid medicines	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.10	Recognises and response promptly to side effects and adverse reactions of medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NURSING PROCEDURES – ACROSS PARTS 1, 2 AND 3 – LEARNING DISABILITIES NURSING

THIS NURSING PROCEDURES RECORD MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME. THEY SHOULD BE ACHIEVED AT THE LEVEL COMMENSURATE TO THE STUDENT'S STAGE OF THE PROGRAMME.

THESE NURSING PROCEDURES MUST BE ACHIEVED IN PRACTICE LEARNING PRIOR TO ENTRY TO THE NMC REGISTER

STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE NURSING PROCEDURES THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES

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Key: Yes: *Student demonstrates achievement to the expected standard*
No: *Student does not yet demonstrate achievement to the expected standard*

Please see the Handbook for further detail on these Keys.

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
1.12	Undertakes cognitive screening assessment using a recognised tool (e.g. MOCA), classifying score correctly	☐ Yes ☐ No				☐ Yes ☐ No			
1.13	Can identify presenting factors of cognitive distress and impairment and respond appropriately	☐ Yes ☐ No				☐ Yes ☐ No			
1.2.1	Can identify symptoms and signs of physical ill health	☐ Yes ☐ No				☐ Yes ☐ No			
2.5	Can undertake blood glucose monitoring correctly following regional/local policy: Correctly calibrate device	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly interpret and record blood glucose result, responding appropriately	☐ Yes ☐ No				☐ Yes ☐ No			
2.2 + 2.9	Undertake venous cannulation safely	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly obtain specimens for analysis: • Sputum	☐ Yes ☐ No				☐ Yes ☐ No			
	• Faeces	☐ Yes ☐ No				☐ Yes ☐ No			
	• MSSU	☐ Yes ☐ No				☐ Yes ☐ No			
	• Catheter specimen of urine	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	• Specimen Swab (e.g. screening, wounds)	☐ Yes ☐ No				☐ Yes ☐ No			
	• Venous blood	☐ Yes ☐ No				☐ Yes ☐ No			
	• Vomit	☐ Yes ☐ No				☐ Yes ☐ No			
	Accurately interpret and explain blood results based on recognised parameters: • Serum biochemistry (urea and electrolytes, liver function, thyroid function, CRP and nutritional markers)	☐ Yes ☐ No				☐ Yes ☐ No			
	• Full blood count/picture	☐ Yes ☐ No				☐ Yes ☐ No			
	• Coagulation screen	☐ Yes ☐ No				☐ Yes ☐ No			
	• Venous blood gases	☐ Yes ☐ No				☐ Yes ☐ No			
	Accurately interprets arterial blood gases and identifies respiratory/metabolic status	☐ Yes ☐ No				☐ Yes ☐ No			
2.16	Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support: • Is aware of the person's epilepsy management plan during a seizure	☐ Yes ☐ No				☐ Yes ☐ No			
	• Can demonstrate knowledge of emergency medication	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	• Under direct supervision of a RN, can safely administer emergency antiepileptic medication (AED) (e.g. buccal/ intravenously/ rectal)	☐ Yes ☐ No				☐ Yes ☐ No			
	• Correctly identifies treatment of anaphylaxis o Drug(s) used o Drug dosage o Route of administration o When to administer o When to repeat	☐ Yes ☐ No				☐ Yes ☐ No			
2.17	Recognises and responds to behaviours which challenge, providing appropriate, least restrictive option and/or safe holding	☐ Yes ☐ No				☐ Yes ☐ No			
	Can articulate the legal and ethical application of restraint practices (chemical mechanical & physical)	☐ Yes ☐ No				☐ Yes ☐ No			
	Identifies the need for debriefing for service user and staff following an incident of physical or chemical restrictive intervention	☐ Yes ☐ No				☐ Yes ☐ No			
	Completes post-incident documentation after an incident of physical intervention	☐ Yes ☐ No				☐ Yes ☐ No			
	Demonstrates direct methods of observation Including 1:1 observation	☐ Yes ☐ No				☐ Yes ☐ No			
	Identifies antecedents and/or consequences of behaviour	☐ Yes ☐ No				☐ Yes ☐ No			
	Demonstrates awareness of Differential Reinforcements (e.g. DRO, DRI, DRA, DRL)	☐ Yes ☐ No				☐ Yes ☐ No			
	Demonstrates awareness of de-escalation techniques	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	Demonstrates awareness of risk assessment processes such as Promoting Quality Care (PQC)	☐ Yes ☐ No				☐ Yes ☐ No			
3.1	Uses recognised pain tool to assess person's experience of pain	☐ Yes ☐ No				☐ Yes ☐ No			
	Can correctly categorise pain type (e.g. visceral, neuropathic)	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly identifies necessary type of analgesia for type of pain experience	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly identifies appropriate timings for administration of analgesia	☐ Yes ☐ No				☐ Yes ☐ No			
3.2 + 9.8	Demonstrates ability to use appropriate bed making techniques, including ability to change bed sheets with a person confined to bed	☐ Yes ☐ No				☐ Yes ☐ No			
	Minimises potential for spread of infection through appropriate disposal of laundry	☐ Yes ☐ No				☐ Yes ☐ No			
4.1 + 4.2 + 4.6 + 9.3	Demonstrates the ability to assess skin, including: • Grading of pressure damage using an appropriate tool	☐ Yes ☐ No				☐ Yes ☐ No			
	• Condition of skin (e.g. hydration, hygiene, signs of malnutrition)	☐ Yes ☐ No				☐ Yes ☐ No			
	Can articulate necessary nutrition and hydration for optimal skin condition	☐ Yes ☐ No				☐ Yes ☐ No			
	Uses aseptic techniques when applying: • Vacuum closures	☐ Yes ☐ No				☐ Yes ☐ No			
	• Suture and clip removal and safe disposal	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	• Pressure bandaging (no compression)	☐ Yes ☐ No				☐ Yes ☐ No			
	Can assess a wound, including: • Use of correct wound assessment tool	☐ Yes ☐ No				☐ Yes ☐ No			
	• Staging of wound	☐ Yes ☐ No				☐ Yes ☐ No			
	• Identify appropriate dressing/intervention for wound type	☐ Yes ☐ No				☐ Yes ☐ No			
	• articulate and set out appropriate plan of care	☐ Yes ☐ No				☐ Yes ☐ No			
4.7	Uses aseptic techniques when managing wound and drainage processes.	☐ Yes ☐ No				☐ Yes ☐ No			
5.1 + 5.3 - 5.5 + 5.7	Identifies, responds to and manages nausea and vomiting	☐ Yes ☐ No				☐ Yes ☐ No			
	Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary	☐ Yes ☐ No				☐ Yes ☐ No			
	Administers enteral feeds safely and maintains equipment in accordance with local policy	☐ Yes ☐ No				☐ Yes ☐ No			
	Safely, maintains and uses nasogastric, PEG and other feeding devices	☐ Yes ☐ No				☐ Yes ☐ No			
	Monitors and assesses people receiving intravenous fluids	☐ Yes ☐ No				☐ Yes ☐ No			
	Assess infusion sites and manage complications appropriately	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	Accurately measures and records fluid and nutritional intake, identifying and responding appropriately to dehydration and fluid overload	☐ Yes ☐ No				☐ Yes ☐ No			
2.3 + 2.5	Applies ECG electrodes in correct anatomical position and acquires a clear: 3 lead ECG tracing	☐ Yes ☐ No				☐ Yes ☐ No			
	• 12 lead	☐ Yes ☐ No				☐ Yes ☐ No			
	Interprets ECG tracing correctly using PQRST system	☐ Yes ☐ No				☐ Yes ☐ No			
2.4 (Undertaken in Parts 2 and 3 only)	Can analyse person's blood group/rhesus factor and compatibility with donor blood products	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly sets up transfusion as per local/regional policy	☐ Yes ☐ No				☐ Yes ☐ No			
	Can articulate rationale for observations and describe features of haemolytic reaction	☐ Yes ☐ No				☐ Yes ☐ No			
	Can articulate how to respond to haemolytic reaction	☐ Yes ☐ No				☐ Yes ☐ No			
2.8	Undertake chest auscultation and: • Identifies optimal patient position and correct anatomical location for auscultation	☐ Yes ☐ No				☐ Yes ☐ No			
	• Identifies clear/healthy sounds	☐ Yes ☐ No				☐ Yes ☐ No			
	• Identifies when air entry is absent or has additional sounds present	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
2.12 + 2.7	Can assess neurological status using the Glasgow coma scale: • Scoring the three components of the scale correctly	☐ Yes ☐ No				☐ Yes ☐ No			
	• Can demonstrate how to document assessment as a graph	☐ Yes ☐ No				☐ Yes ☐ No			
	• Can record findings using cumulative and breakdown score (e.g. 15/15, E4 V5 M6)	☐ Yes ☐ No				☐ Yes ☐ No			
	Can assess pupillary response: • Equality	☐ Yes ☐ No				☐ Yes ☐ No			
	• Speed of reaction	☐ Yes ☐ No				☐ Yes ☐ No			
	• Expectation on exposure to light (constriction then dilation), including consensual response	☐ Yes ☐ No				☐ Yes ☐ No			
	Can assess limb strength using muscle strength grading system (0-5 scale)	☐ Yes ☐ No				☐ Yes ☐ No			
	Can undertake sensory assessment using dermatomes chart	☐ Yes ☐ No				☐ Yes ☐ No			
5.6	Can safely insert, manage and remove oral/nasal/gastric tubes	☐ Yes ☐ No				☐ Yes ☐ No			
5.7 + 5.8 + 5.9	Can safely set up enteral/parenteral feeding system	☐ Yes ☐ No				☐ Yes ☐ No			
	Can assess administration site and determine its suitability for use	☐ Yes ☐ No				☐ Yes ☐ No			
	Can interpret an intravenous fluid prescription correctly and set-up infusion accordingly including type of fluid for infusion and correct rate	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	Demonstrates ability to manage intravenous infusion device	☐ Yes ☐ No				☐ Yes ☐ No			
	Safely determines appropriateness of intravenous infusion solution taking into consideration person's biochemical and hydration status.	☐ Yes ☐ No				☐ Yes ☐ No			
6.1 + 6.2	Correctly identifies appropriate aids and appliances necessary to maximise independence, dignity, privacy and respect in managing continence	☐ Yes ☐ No				☐ Yes ☐ No			
	Supports the person to maintain current levels of toileting skills	☐ Yes ☐ No				☐ Yes ☐ No			
	Assesses and identifies the presence of and categorises correctly urinary incontinence	☐ Yes ☐ No				☐ Yes ☐ No			
	Identifies the presence of and categorises correctly bowel/faecal incontinence	☐ Yes ☐ No				☐ Yes ☐ No			
	Assesses and identifies the presence of urinary and/or faecal urgency	☐ Yes ☐ No				☐ Yes ☐ No			
	Assesses and identifies the presence of and contributing factors to constipation and how to correct address them	☐ Yes ☐ No				☐ Yes ☐ No			
6.2	Can correctly and safely insert urinary catheter for all genders	☐ Yes ☐ No				☐ Yes ☐ No			
	Can correctly manage urinary catheter including: Undertaking safer catheter care	☐ Yes ☐ No				☐ Yes ☐ No			
	• Identifying when catheter should be changed	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	• Correctly choses and positions bladder drainage devices to minimise risk of infection	☐ Yes ☐ No				☐ Yes ☐ No			
	• Assists with self-catheterisation when required	☐ Yes ☐ No				☐ Yes ☐ No			
	• Can correctly remove urinary catheter	☐ Yes ☐ No				☐ Yes ☐ No			
6.3	Observes urinary output and identifies any concerns: • Low/high output	☐ Yes ☐ No				☐ Yes ☐ No			
	• Urinalysis results outside of homeostatic parameters	☐ Yes ☐ No				☐ Yes ☐ No			
6.4	Articulates the correct frequency to assess bowel and bladder patterns	☐ Yes ☐ No				☐ Yes ☐ No			
	Accurately assesses bowel and bladder patterns, recording correctly and clearly	☐ Yes ☐ No				☐ Yes ☐ No			
	Correctly identifies and categories any altered bowel/bladder pattern (e.g. retention, constipation, frequency)	☐ Yes ☐ No				☐ Yes ☐ No			
6.5	Can undertake rectal examination and manual evacuation when appropriate	☐ Yes ☐ No				☐ Yes ☐ No			
	Under the direct supervision of an RN safely administers enemas	☐ Yes ☐ No				☐ Yes ☐ No			
	Under the direct supervision of an RN safely administers suppositories	☐ Yes ☐ No				☐ Yes ☐ No			
6.6	Can identify stoma care sites and use correct care products specific to needs of the person, providing rationale	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	Can articulate potential complications associated with stomas and stoma care products	☐ Yes ☐ No				☐ Yes ☐ No			
	Can provide education for self-management of stoma products and facilitates increasing independence in same	☐ Yes ☐ No				☐ Yes ☐ No			
8.2 + 2.7 + 8.5	Can manage the administration of oxygen using a range of routes and best practice approaches, including: • Articulating need for oxygen prescription	☐ Yes ☐ No				☐ Yes ☐ No			
	• Articulating understanding of flow rate and percentage for safe administration	☐ Yes ☐ No				☐ Yes ☐ No			
	• Setting up oxygen administration circuits: o Unhumidified circuits (face mask, nasal cannula)	☐ Yes ☐ No				☐ Yes ☐ No			
	o Humidified circuits	☐ Yes ☐ No				☐ Yes ☐ No			
	o Nebulisation circuit	☐ Yes ☐ No				☐ Yes ☐ No			
	o Non-invasive ventilation	☐ Yes ☐ No				☐ Yes ☐ No			
	• Educating people in correct use of inhaler (inhaler technique), including spacer devices	☐ Yes ☐ No				☐ Yes ☐ No			
8.3 + 2.7	Correctly take and interpret peak flow and oximetry measurements	☐ Yes ☐ No				☐ Yes ☐ No			
8.4	Under the direct supervision of an RN uses appropriate nasal and oral suctioning techniques	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
9.9	Safely assesses and manages invasive medical devices and lines including: o Monitoring site for signs of inflammation/infection	☐ Yes ☐ No				☐ Yes ☐ No			
	o Care of the site including cleansing and dressing	☐ Yes ☐ No				☐ Yes ☐ No			
	o Correct labelling (where appropriate) and recording of related care	☐ Yes ☐ No				☐ Yes ☐ No			
	o Referring appropriately and timely for line replacement	☐ Yes ☐ No				☐ Yes ☐ No			
10 + 2.7 + 5.9	Observes, and assesses the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including: o Pain	☐ Yes ☐ No				☐ Yes ☐ No			
	o Nausea	☐ Yes ☐ No				☐ Yes ☐ No			
	o Thirst	☐ Yes ☐ No				☐ Yes ☐ No			
	o Constipation	☐ Yes ☐ No				☐ Yes ☐ No			
	o Restlessness	☐ Yes ☐ No				☐ Yes ☐ No			
	o Agitation	☐ Yes ☐ No				☐ Yes ☐ No			
	o Anxiety	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	o Depression	☐ Yes ☐ No				☐ Yes ☐ No			
	Manages and monitors effectiveness of: • Symptom relief medication	☐ Yes ☐ No				☐ Yes ☐ No			
	• Infusion pumps and other devices	☐ Yes ☐ No				☐ Yes ☐ No			
	Assesses and reviews preferences and care priorities of the dying person and their family and carers	☐ Yes ☐ No				☐ Yes ☐ No			
	Understands and applies organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health	☐ Yes ☐ No				☐ Yes ☐ No			
	Understands and applies: • DNACPR (do not attempt cardiopulmonary resuscitation) decisions	☐ Yes ☐ No				☐ Yes ☐ No			
	• Verification of expected death	☐ Yes ☐ No				☐ Yes ☐ No			
	Provides care for the deceased person and the bereaved respecting cultural requirements and protocols.	☐ Yes ☐ No				☐ Yes ☐ No			
11.1	Assesses the person's ability to safely self-administer their own medicines	☐ Yes ☐ No				☐ Yes ☐ No			
11.7 + 11.8	Is competent in medicines calculations and administration relating to • Intraocular medicines	☐ Yes ☐ No				☐ Yes ☐ No			
	• Intraaural medicines	☐ Yes ☐ No				☐ Yes ☐ No			

NMC Annex B Ref	Nursing Procedure	Assessment	Registrant's Initials	Date	Practice learning environment	Assessment	Practice Supervisor's Initials	Date	Practice learning environment
	• Transdermal/Topical medicines	☐ Yes ☐ No				☐ Yes ☐ No			
	• Injections including: o SI unit conversion (e.g. insulin, syringe driver)	☐ Yes ☐ No				☐ Yes ☐ No			
	o Intramuscular injections	☐ Yes ☐ No				☐ Yes ☐ No			
	o Subcutaneous injections	☐ Yes ☐ No				☐ Yes ☐ No			
	o Intradermal injections	☐ Yes ☐ No				☐ Yes ☐ No			
	o Intravenous injections (bolus)	☐ Yes ☐ No				☐ Yes ☐ No			
	o Intravenous injections (infusion)	☐ Yes ☐ No				☐ Yes ☐ No			
11.9	Under the direct supervision of an RN administers and monitors medications using enteral equipment	☐ Yes ☐ No				☐ Yes ☐ No			
	Observes medical license in preparing medications for enteral administration	☐ Yes ☐ No				☐ Yes ☐ No			
	Can articulate potential complications with enteral administration of medications and how to respond (e.g. tube occlusion, impact on enteral feeding regimens)	☐ Yes ☐ No				☐ Yes ☐ No			

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ADDITIONAL NURSING PROCEDURES ACHIEVED ACROSS PARTS 1, 2 AND 3

THIS NURSING PROCEDURES RECORD MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME.

THESE NURSING PROCEDURES ARE NOT MANDATORY TO BE ACHIEVED. THIS IS AN ADDITIONAL RECORD OF ACHIEVEMENT AND ADDITIONAL SKILLS ADDED. THEY MUST BE TAUGHT IN FULL, INCLUDING THE THEORY, BY THE REGISTRANT. SEE THE HANDBOOK FOR FURTHER DETAILS.

Key: Yes: *Student demonstrates achievement to the expected standard*
No: *Student does not yet demonstrate achievement to the expected standard*

Please see the Handbook for further detail on these Keys.

Nursing Procedure (Please write in additional procedures as/if required in the space provided)	**Assessment**	**Registrant's Initials**	**Date**	**Practice learning environment**
Can safely and appropriately undertake defibrillation of cardiac arrest rhythms using the Automated External Defibrillation (AED) mode	☐ Yes ☐ No			
Can undertake safe tracheostomy stoma site care (including change of tapes/securement devices and wound care)	☐ Yes ☐ No			
Safely and appropriately uses endotracheal suction	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

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Nursing Procedure (Please write in additional procedures as/if required in the space provided)	Assessment	Registrant's Initials	Date	Practice learning environment
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			

SECTION 2

ASSESSMENT
(FORMATIVE AND SUMMATIVE)

FORMATIVE ASSESSMENT (TRIPARTITE) – PART 1

This process is completed by the practice assessor, link lecturer/practice tutor and student at defined stages within the part of the programme – approximately halfway through practice learning for this part of the programme. Please refer to the Handbook for further guidance. The purpose of this assessment is to provide formative feedback and direction for the summative assessment.

Practice assessor, please tick (✓) accordingly:

Are there any concerns highlighted in the NIPAD to date?	Yes ☐ No ☐
If yes, is there a sufficient development or action plan in place?	Yes ☐ No ☐ N/A ☐
Are all Records of Discussions complete and authenticated to date?	Yes ☐ No ☐
Is evidence to date authenticated?	Yes ☐ No ☐
Is there sufficient progress for this stage of this part of the course?	Yes ☐ No ☐

Practice assessor, link lecturer/practice tutor and student, following this formative assessment, please provide a summary of progress to date and outline key areas for development in the remaining weeks of practice learning prior to the summative assessment for this part of the course. This should include reference to any issues identified above.

Summary of Progress and Key Areas for Development
Practice assessor comments: *I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Practice assessor's signature:* …… *Date* ……
Link lecturer/practice tutor comments: *I, the link lecturer/practice tutor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Link Lecturer/practice tutor's signature:* …… ……. *Date* ……
Student comments: *Student's signature:* …….. ……. *Student ID:*…… *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

This assessment (both attempts) is undertaken by the practice assessor, academic assessor and student towards the end of the final practice learning experience of Part 1, permitting a minimum period of two weeks for a second attempt. Please refer to the Handbook for further guidance. The purpose of this assessment is to determine whether the requirements for progression to Part 2 of the programme have been achieved with sufficient supporting evidence provided.

Student details

Student's name:		Student ID	
Practice learning environment		Date	

Practice assessor, please complete:

Professional Values in Practice Have all Professional Values and Attributes assessments been achieved to date?	Achieved ☐ Not yet achieved ☐
If not yet achieved, please outline the details of any specific concerns below. If achieved, please tick the not applicable box here and put a line across the space below to prevent an entry. N/A ☐	

In considering the types of evidence below, for the related proficiencies to be achieved, all elements of that evidence set must be completed in full and authenticated. If this is the case, please tick ***Achieved*** to indicate that the proficiencies related to that evidence set are achieved. If incomplete or not authenticated, please tick ***Not yet achieved***.

Professional Values in Practice	Achieved ☐	Not yet achieved ☐
Service User/Carer Feedback (3)	Achieved ☐	Not yet achieved ☐
Authenticated Reflections	Achieved ☐	Not yet achieved ☐
Promoting Health and Preventing Ill Health	Achieved ☐	Not yet achieved ☐
Care Documentation	Achieved ☐	Not yet achieved ☐
Quality Improvement in Practice	Achieved ☐	Not yet achieved ☐
Leading and Coordinating Care Episode	Achieved ☐	Not yet achieved ☐
Nursing Procedures (Part 1)	Achieved ☐	Not yet achieved ☐
Health Numeracy & Calculation of Medicines	Achieved ☐	Not yet achieved ☐

Are all Records of Discussions to date complete and authenticated?	Yes ☐	No ☐
Has the student completed their practice learning evaluation?	Yes ☐	No ☐

If any of the above are not achieved or are incomplete, please complete **Action Plan to Achieve Proficiencies Not Yet Achieved**.
If all are achieved, please tick the not applicable box here. N/A ☐.

I **recommend** that the above-named student progresses to Part 2 of the programme	Yes ☐	No ☐
I **do not recommend** that the above named student progresses to Part 2 of the programme at this assessment point.	Yes ☐	N/A ☐

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Practice assessor's Signature…… *Date ……*

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SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

Student Details

Student's name:		Student ID	
Practice learning environment		Date	

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to the next part of the programme, subject to ratification at the Board of Examiners and in line with the course regulations	Yes ☐ No ☐
I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐ *Academic assessor's Signature……. Date ……*	

Practice Assessor Comments (please do not leave blank)

Practice assessor's Signature…….. Date ……

Academic assessor's comments (please do not leave blank)

Academic Assessor's Signature…….. Date ……

Student comments (please do not leave blank)

Student's signature: ……..Student ID:…… Date ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

Action Plan to Achieve Proficiencies Not Yet Achieved
(Please leave blank if student has achieved as required on the first attempt)

Agreed Action Plan	**Date**	
Learning and Development Needs	**How Will This be Achieved?**	
Date for Review:		

We agree the above points and plan of action

Practice assessor's signature …… *Date* ……..

Academic assessor's signature … …… *Date* ……..

Student's signature: …… *Date* ……

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SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 1

Student Details

Student's name:		Student ID	
Practice learning environment		Date	

In which evidence type was there a deficit of evidence to support achievement of proficiencies?

Professional Values in Practice	☐
Service User/Carer Feedback	☐
Authenticated Reflections	☐
Promoting Health and Preventing Ill Health	☐
Care Documentation	☐
Quality Improvement in Practice	☐
Leading and Coordinating Care Episode	☐
Nursing Procedures (Part 1)	☐
Health Numeracy & Calculation of Medicines	☐

Are all Records of Discussions to date complete and authenticated?	Yes ☐ No ☐
Has the student completed their practice learning evaluation?	Yes ☐ No ☐
Is the required evidence now present, authenticated and to standard	Yes ☐ No ☐
I **recommend** that the above-named student progresses to Part 2 of the programme	Yes ☐ No ☐
I **do not recommend** that the above-named student progresses to Part 2 of the programme	Yes ☐ N/A ☐

If ***No***, please provide details:

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Practice assessor's signature…….. *Date* ……

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ No ☐
At the time of this assessment, the above-named student **may not progress** to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ N/A ☐

I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Academic assessor's signature…… *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 1

Practice assessor comments (please do not leave blank)

Practice assessor's signature…….. *Date* ……

Academic assessor's comments (please do not leave blank)

Academic assessor's signature…….. *Date* ……

Student comments (please do not leave blank)

Student's signature: ……..Student ID:…… Date ……

Student's name:
Student ID
Intake Year
University

NORTHERN IRELAND
PRACTICE ASSESSMENT DOCUMENT
PRE-REGISTRATION NURSING

LEARNING DISABILITIES NURSING - PART 2

Students, supervisors and assessors, please note the NMC requirement R1.3:

Please ensure people have the opportunity to give and if required withdraw, their informed consent to students being involved in their care.

Please keep your Practice Assessment Document (PAD) with you at all times in practice in order to review your progress with your practice supervisor/s, practice assessor and/or academic assessor.

Contents

Acknowledgements

The Northern Ireland Practice Assessment Document (NIPAD) has been developed in collaboration with:

- Department of Health (Northern Ireland)
- Northern Ireland Practice Education Council (NIPEC)
- Queen's University Belfast
- The Open University
- Ulster University
- Health and Social Care Trusts
- Representatives from the Independent and Voluntary Sector in Northern Ireland
- Service Users
- Students
- Registered healthcare professionals in practice
- Patient Client Council
- Public Health Agency

We would like to acknowledge the help, support and direction from the regional PAD groups in England, Scotland and Wales who helpfully shared their work with us, enabling us to align with their approach as much as possible. Some elements of this NIPAD are adapted from their work.

WELCOME TO THE NORTHERN IRELAND PRACTICE ASSESSMENT DOCUMENT (NIPAD)

This NIPAD is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education* (NMC 2018). It is therefore a tool to support learning and assessment in practice and provides a record of your achievements through the evidence that you develop in practice.

You will work and learn alongside many professionals in practice and you will be supervised and assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of your learning and development as you progress to achieve the knowledge, skills and attributes of a registered professional nurse or midwife. It is therefore important that you are able to show and document evidence of your progressive achievement in this NIPAD. You should engage positively in all learning opportunities and take responsibility for your own learning; ask for direction and guidance and know how to access support when, and as, you need it. Do not be afraid to ask for help or support, this is an important attribute of being a professional.

You will work with, and receive written feedback from, a range of people including service users (people in your care, including their families and carers), practice supervisors, practice assessors, academic assessors and other health care professionals. It is essential that you reflect on this feedback and your wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing you in practice.

It is important you read the Practice Learning Handbook (the Handbook) before starting to complete this NIPAD. This Handbook is an essential resource which outlines how this NIPAD works. In the Handbook you will find policies and procedures related to learning in practice, as well as definitions of your role as a pre-registration nursing or midwifery student. You will also find the roles of those supporting you in practice i.e. practice supervisors, practice assessors and academic assessors in the Handbook. You should also have the Handbook with you to make available to those staff supporting you in practice should they require it.

Please keep your NIPAD with you at all times to show it to practice supervisor/s, practice assessors and/or academic assessor. This must be provided to your practice supervisor/s at the beginning of every practice learning experience (within two days) and be at hand for review of your progress, including documenting your development and learning needs.

GUIDANCE FOR USING THE NIPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

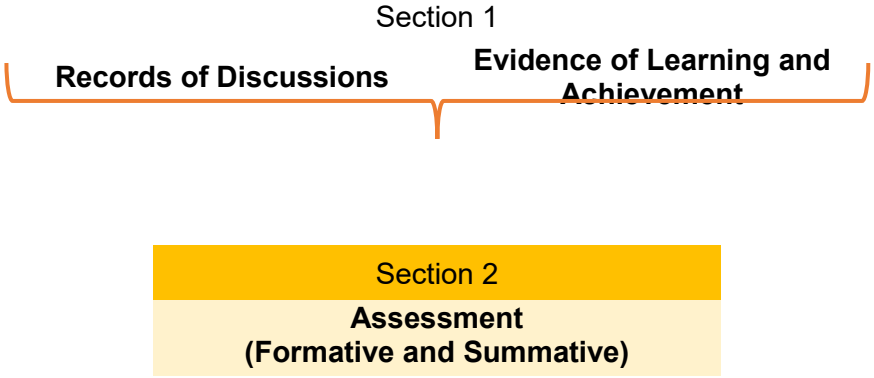
Assessment criteria in the NIPAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6).*

The NIPAD, often referred to as your portfolio, is structured in two main sections:

1. The Ongoing Achievement Record which is composed of two sub parts
    a. Records of Discussions
    b. Evidence of Learning and Achievement
2. Assessment Documents for formative and summative assessment.

Section 1 provides the evidence of your learning journey and how you have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.

Figure 1 – Structure of the NIPAD



Components of Assessment and Feedback

The NMC standards of proficiency are set out under 7 Platforms and two annexes (Annex A: Communication and relationship management skills and Annex B: Nursing Procedures) (NMC 2018). These are mapped against the evidence that you must develop in order to demonstrate that you have achieved these proficiencies and related skills. This mapping is set out at the back of this NIPAD. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each part of the programme (e.g. end of each year).* These are the forms of evidence you will be demonstrating achievement in and are detailed in the Handbook:

- **Professional Values in Practice**
- **Communication and Relationship Management Skills**
- **Promoting Health and Preventing Ill Health**
- **Leading and Coordinating Care Episode**
- **Reflections**
- **Care Documentation**
- **Health Numeracy & Calculation of Medicines**
- **Quality Improvement in Practice**
- **Service User/Carer Feedback**.

Other Documents

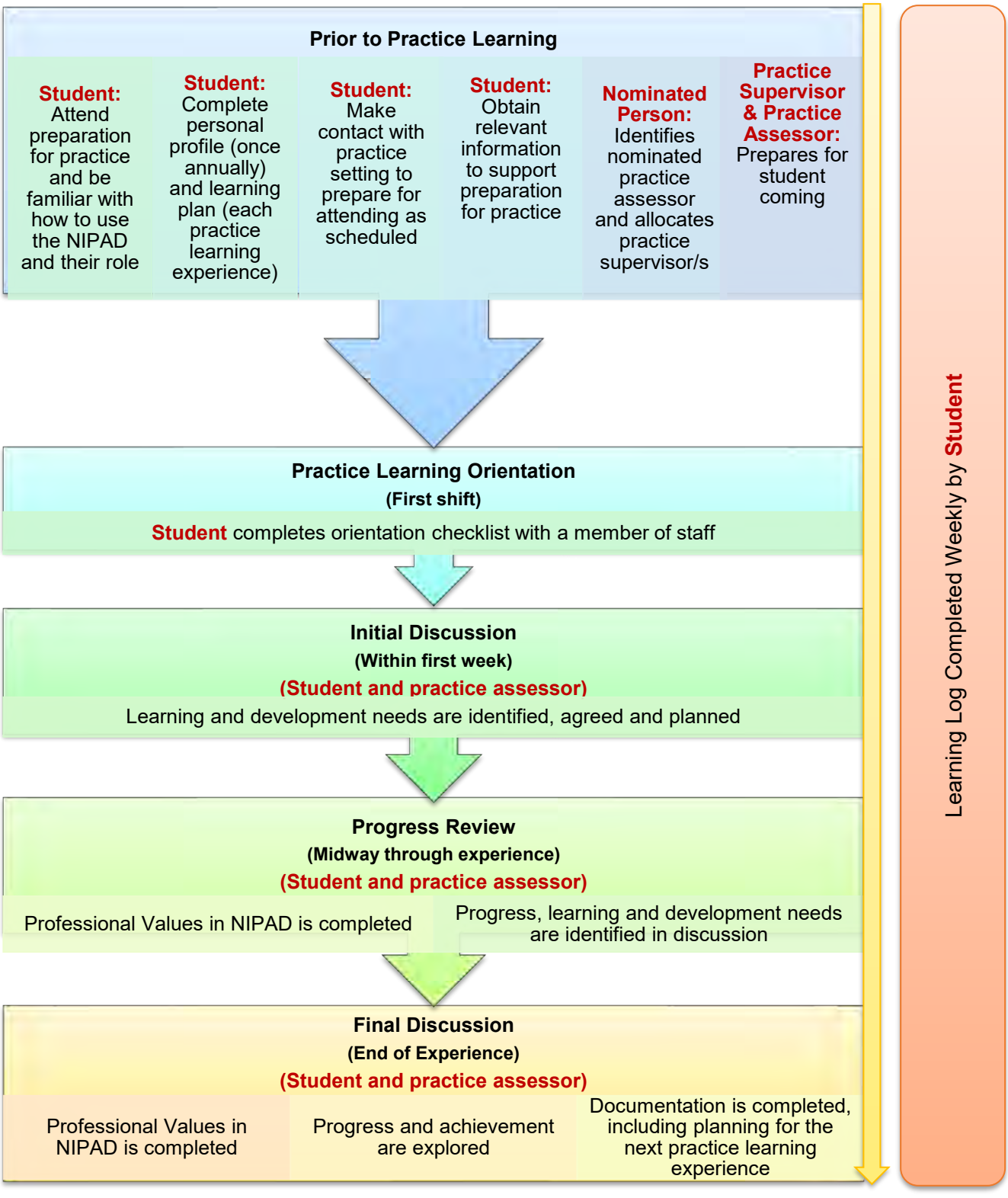
Other documents that you will need to complete in your NIPAD are:

- **Signature Log:** This should be completed by anyone who makes an entry into your NIPAD
- **Record of Underperformance:** This should be completed if your practice supervisor/s and nominated practice assessor have concerns about your performance, outside of set review times (Initial Discussion, Progress Review and Final Discussion)
- **Record of Attendance:** This should be completed daily and authenticated weekly by your practice supervisor/s
- **Practice Supervisor Notes**: These are completed by your practice supervisor/s as they feel necessary
- **Practice Assessor Notes:** These are completed by the practice assessor at each your initial, mid and final review
- **Academic Assessor Notes:** These are completed by the academic assessor at each visit to you in practice
- **Record of Learning with Other Health Care Professionals:** At times, you will have learning opportunities with other health care professionals (e.g. physiotherapist, social worker). This record is where you identify what you have learned and this is authenticated by that professional.

THE ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Your ORA is made up of the NIPADs for Parts 1 to 3 of your programme and must always be presented together. Students and those supporting them should follow the process below for completing this element of the NIPAD:

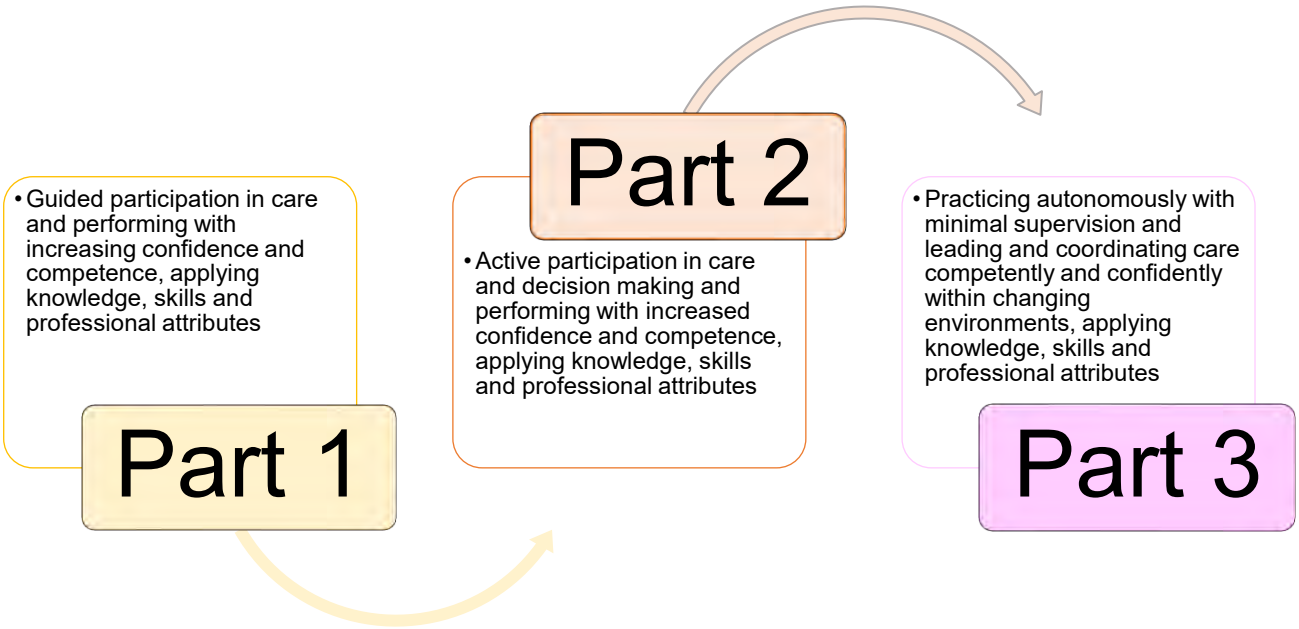
Figure 2: The Ongoing Record of Achievement



ASSESSMENT IN PRACTICE

Each part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 3. An overview of the programme structure is provided in Figure 4, illustrating where practice learning occurs.

Figure 3 – Incremental Skills Development Over Each Part of the Programme



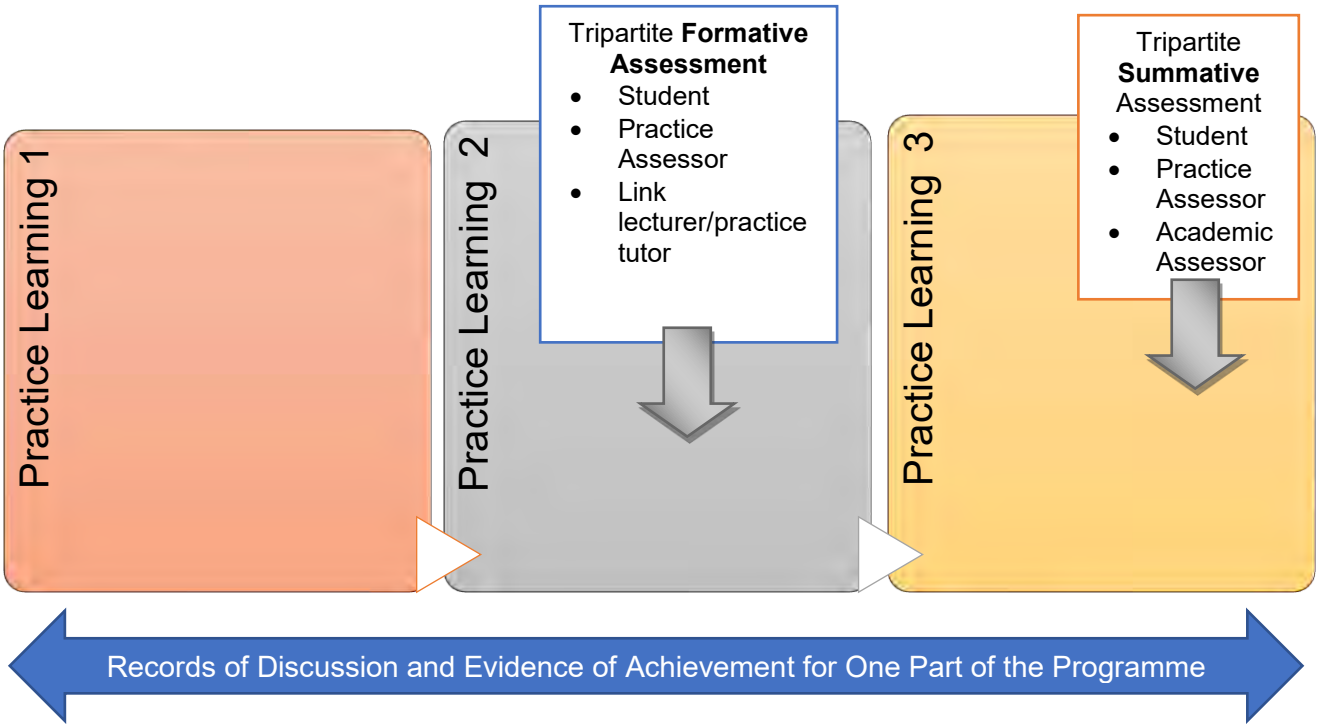
Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 4 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on their achievements and areas for development. These form a central component of the summative assessment as they are a form of communication between the practice supervisor/s and the practice and academic assessors.

- Tripartite formative review halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative review is to identify progress to date and to focus the student's learning on the learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the NIPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks.

Figure 4: Assessment Strategy Across Each Part of the Programme in Practice



Guidance on Formative assessment and Summative Assessment processes are located in the Handbook and should be followed.

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PERSONAL PROFILE

Please complete this personal profile prior to commencing your first week of practice learning for the part of the course (year).

Your Details	
Student's name	
University ID	
Field	
Home Town (Optional)	

WHO I AM Please provide an overview of yourself (e.g. what is important to me, what are my values and beliefs). The information you chose to share will give those supporting you in practice a sense of who you are and what you aspire to be as a professional nurse

WHERE I HAVE COME FROM Please provide an overview of your educational and work experiences to date (e.g. your experience with working with people, in healthcare settings, courses you have completed).

MY DESTINATION Please provide an overview of your aspirations for the future.

Student's signature:…….. Date:……

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PROFESSIONAL ASSESSMENT DOCUMENT SIGNATURE LOG – PART 2

In order that all records in your NIPAD can be traced, please ensure that any individual who makes a record in/adds a signature to your NIPAD also adds their signature to this log along with the other details indicated.

Initials	Signature	Print Full Name	Designation	Place of Work	Date

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Initials	Signature	Print Full Name	Designation	Place of Work	Date

SECTION 1

RECORD OF DISCUSSIONS AND FEEDBACK

INITIAL DISCUSSION

PRACTICE LEARNING ENVIRONMENT:

Practice Learning Plan

Learning plan to be completed by the student prior to commencement of practice learning experience in order to identify learning and development plans for the experience.

Learning Opportunities

Initial Discussion

Student and practice assessor to discuss and agree learning opportunities related to this practice learning experience within the first week.

Record of Practice Learning Plan Discussion	
Practice assessor please tick (✓) as appropriate:	
I verify that the student has the Handbook available and we will use it when necessary.	Yes ☐ No ☐
I verify that I have seen and reviewed the Student's NIPAD, including any development/action plans, in the first two days of this practice learning experience	Yes ☐ No ☐
The student and I have reviewed and agreed the learning plan for this experience.	Yes ☐ No ☐
From these reviews, the student and I have identified and prioritised learning needs.	Yes ☐ No ☐
The student and I have reviewed progress in developing evidence for this part of the programme and identified priorities for this experience.	Yes ☐ No ☐

Practice assessor's signature…….. *Date* ……

Student's signature ……... *Student ID:*…… *Date* ……

ORIENTATION

(Complete on First Shift)

Name of practice learning environment:	
Name of Staff Member:	
This should be undertaken by an appropriate member of staff (identified by the nominated person) in the practice learning environment	
The following criteria need to be met on commencement of practice learning	
Introduction to staff including identification of named supervisor/mentor(s)	Yes ☐ No ☐
A general orientation to the health and social care Practice learning environment has been undertaken	Yes ☐ No ☐
The local fire procedures have been explained Tel……	Yes ☐ No ☐
The student has been shown the: • Fire alarms • Fire exits • Fire extinguishers	Yes ☐ No ☐
Resuscitation policy and procedures have been explained Tel……..	Yes ☐ No ☐
Resuscitation and first aid equipment has been shown and explained	Yes ☐ No ☐
The student knows how to summon help in the event of an emergency	Yes ☐ No ☐
The student is aware of where to find local policies/ways of working • Health and safety • Incident reporting procedures • Infection control (Including PPE) • Handling of messages and enquiries • Handling complaints • Other policies	Yes ☐ No ☐
The student has been made aware of information governance requirements (e.g. GDPR, data protection, confidentiality)	Yes ☐ No ☐
The shift times, meal times and reporting sick policies have been explained	Yes ☐ No ☐
The student is aware of their professional role in practice in line with NMC	Yes ☐ No ☐
Policy regarding safeguarding has been explained	Yes ☐ No ☐
The student is aware of the policy and process of raising and escalating concerns	Yes ☐ No ☐
Lone working policy has been explained	Yes ☐ No ☐ N/A ☐
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy/breastfeeding needs have been discussed (where disclosed)	Yes ☐ No ☐ N/A ☐
The following criteria need to be met prior to use of equipment:	
The student has been shown and given a demonstration of the equipment used in the Practice learning environment, including moving and handling	Yes ☐ No ☐
The student has been shown and given a demonstration of the medical devices used in the placement area	Yes ☐ No ☐

Student's signature…….. *Date* ……

Staff member's signature …….. *Date* ……

PROGRESS REVIEW

Professional Values in Practice (Part 1) – To be completed by practice assessor

Students are required to demonstrate high standards of professional conduct at all times during their practice learning experiences. Students should work within ethical and legal frameworks and be able to articulate the underpinning values of The Code (NMC, 2018). The practice assessor has responsibility for assessing Professional Values at the Progress Review and Final Discussion for each practice learning experience.

Criteria		Progress Review Achieving?	Final Discussion Achieving?
Prioritise People	1. The student maintains confidentiality in accordance with the NMC code.	Yes ☐ No ☐	Yes ☐ No ☐
	2. The student is non-judgemental, respectful and courteous at all times when interacting with all people	Yes ☐ No ☐	Yes ☐ No ☐
	3. The student maintains the person's privacy and dignity, seeks informed consent prior to care and advocates on their behalf.	Yes ☐ No ☐	Yes ☐ No ☐
	4. The student is caring, compassionate and sensitive to the needs of others.	Yes ☐ No ☐	Yes ☐ No ☐
	5. The student understands the professional responsibility to adopt a healthy lifestyle, to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.	Yes ☐ No ☐	Yes ☐ No ☐
Practise Effectively	6. The student maintains consistent, safe and person-centred practice.	Yes ☐ No ☐	Yes ☐ No ☐
	7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.	Yes ☐ No ☐	Yes ☐ No ☐
	8. The student makes a consistent effort to engage in active learning, as evident through their attitude, motivation and enthusiasm	Yes ☐ No ☐	Yes ☐ No ☐
Preserve safety	9. The student demonstrates openness (candour), trustworthiness and integrity.	Yes ☐ No ☐	Yes ☐ No ☐
	10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.	Yes ☐ No ☐	Yes ☐ No ☐
	11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.	Yes ☐ No ☐	Yes ☐ No ☐
	12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.	Yes ☐ No ☐	Yes ☐ No ☐
Promote Professionalism and Trust	13. The student's personal presentation and dress code is in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	14. The student maintains an appropriate professional attitude regarding punctuality in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.	Yes ☐ No ☐	Yes ☐ No ☐

	16. The student acts as a role model of professional behaviour for fellow students and nursing associates to aspire to	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐

Progress Review	**If "No" to any of the above, please provide specific detail**		
	Practice assessor name:		Date
	Practice assessor signature:		

If there are any "no" responses, then this must trigger a development plan (below). This must involve the practice assessor and the nominated person (as appropriate) in liaison with the link lecturer/practice tutor.

Future Developmental Plan – Professional Values	
Goal	**Plan**

Practice assessor's signature……. *Date* ……

Student's signature …….. ……. *Student ID:*…… *Date* ……

Progress Review Continued…
Student and practice assessor please tick (✓) as appropriate:

We verify that we have reviewed progress in achieving the learning plan as agreed in the initial discussion.	Yes ☐ No ☐
From this review, we have identified developmental goals for the remainder of this experience.	Yes ☐ No ☐ N/A

Future Developmental Plan (General)	
Goal	**Plan**

Practice assessor, please acknowledge below the student's achievement and progress to date.

Practice assessor*, please tick (✓) and comment as appropriate:*

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____
Please give specific details regarding any concerns:	

Practice assessor*'s signature*…….. *Date* ……

Progress Review Continued…

Student's self-assessment/ reflection on progress
Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature …….. Student ID:…….. Date……

FINAL DISCUSSION

To be completed by the practice assessor

Please acknowledge below the student's achievement and progress to date.

Professional Values in Practice

If "No" to any of the statements in the Professional Values in Practice Template, please provide specific detail		
Practice assessor name:		Date
Practice assessor signature:		

Please tick (✓) and comment as appropriate:

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Please give specific details regarding any concerns:

Please identify specific areas to take forward to the next practice learning experience. Every student must have a learning and development plan.

Learning and Development Needs	How Will These be Achieved?

Practice assessor, please complete this checklist

Checklist for Assessed Documents	
The professional value statements have been signed at both Progress Review and Final Discussion	Yes ☐ No ☐
The relevant proficiencies/ nursing procedures that the student has achieved in this area (where applicable) have been signed	Yes ☐ No ☐
The practice learning hours have been checked and signed	Yes ☐ No ☐
All records of discussion and developmental plans have been completed and signed as appropriate	Yes ☐ No ☐
Those who have made entries in this NIPAD have completed the signature log	Yes ☐ No ☐
The student has completed their weekly learning log	Yes ☐ No ☐

I have communicated any ongoing learning and development/action plan or concerns to the practice assessor in the next practice learning experience	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Practice assessor's signature…… *Date ……*

Student's self-assessment/ reflection on progress

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature …….. Student ID:…….. Date……

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RECORD OF ATTENDANCE

Name of Student :……. Student ID No: ……. Practice assessor: …….

Location of Experience: ……. Dates of Experience: ……. No. of Weeks: …….

Key: **A** = Attended as Scheduled **S** – Sickness/Absence **T** = Time Made Up for Sickness/Absence

	Week No.: 1 Dates:		**Week No.: 2 Dates:**		**Week No.: 3 Dates:**		**Week No.: 4 Dates:**		**Week No.: 5 Dates:**		**Week No.: 6 Dates:**		
Monday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Tuesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Wednesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Thursday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Friday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Saturday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Sunday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	**Totals (Completed at the end of experience)**
Hours Worked													
Hours Sick/Absent													
Hours Made-Up													
Hours Worked on Night Duty													
Practice supervisor/assessor signature													
Date													

WEEKLY LEARNING LOG

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice supervisor/s Comments:					

Student's signature …….. *Date ……*

Practice supervisor's signature…….. *Date ……*

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice supervisor/s Comments:					

Student's signature …….. *Date ……*

Practice supervisor's signature …….. *Date ……*

ADDITIONAL RECORDS

PRACTICE SUPERVISOR/S' NOTES

To be completed by a practice supervisor/s as considered necessary.

Practice supervisor's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	
Practice supervisor's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	
Practice supervisor/s's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	

PRACTICE ASSESSOR'S NOTES

To be completed **if necessary** by the practice assessor

Practice assessor's Name (Print)		Practice assessor signature	
Date of Record		Practice learning environment	
Practice assessor's Name (Print)		Practice assessor signature	
Date of Record		Practice learning environment	
Practice assessor's Name (Print)		Practice assessor signature	
Date of Record		Practice learning environment	

ACADEMIC NOTES
(LINK LECTURER/PRACTICE TUTOR/ACADEMIC ASSESSOR)

To be completed on every visit by link lecturer/Practice Tutor/academic assessor

Academic's Name (Print)		Academic's signature	
Date of Record		Practice learning environment	
Academic's Name (Print)		Academic's signature	
Date of Record		Practice learning environment	
Academic's Name (Print)		Academic's signature	
Date of Record		Practice learning environment	

DEVELOPMENT PLAN

This development plan template can be used for any process whereby a development plan is identified as necessary (e.g. after service user/carer feedback).

Learning and Development Needs	How Will This be Achieved?

We agree the above points and plan of action

Practice assessor's signature…… *Date ……..*

Student's signature …… *Date ……*

Date for review ……..

Review Following the Development Plan

Has the development plan been achieved?	Yes ☐ No ☐

If no, please develop a new development plan or record of underperformance

Practice assessor's signature…… *Date ……..*

Student's signature …… *Date ……*

RECORD OF UNDERPERFORMANCE

Please complete if you have concerns about a student underperforming outside of set review times (Initial, Progress and Final).

The Link lecturer/practice tutor/academic assessor should record their notes in the Link lecturer/practice tutor/academic assessor notes section. Practice assessor, please also cross-refer to this record in the Record of Discussions. This record is only to be used if required (duplicate as necessary). Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values.

Concerns Identified *Please link to NMC Proficiencies (located at back of NIPAD) and provide specific detail*		
Knowledge:		
Skills:		
Attitudes and values:		
Has this been escalated to the nominated person in practice?	Yes ☐ No ☐	
	Name:	
	Date:	
Has this been escalated to the link lecturer/practice tutor?	Yes ☐ No ☐	
	Name:	

	Date:	

Agreed Action Plan	Date	

Learning and Development Needs	How Will This be Achieved?

We agree the above points and plan of action

Practice assessor's signature …… *Date ……..*

Student's signature …… *Date ……*

Date for Review:	

Review Following the Action Plan	Date:	
Have the learning and development needs been achieved?	Yes ☐ No ☐	

If no, please provide detail on a new Record of Underperformance and ensure the practice assessor in the next practice learning experience has been informed of ongoing challenges

Practice assessor's signature	……	*Date ……..*
Student's signature	……	*Date ……*

SUPPORTING EVIDENCE

SERVICE USER/CARER FEEDBACK

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor/s. It should not be sought by the student directly as the process should be anonymous.

2. Practice supervisor/ss should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:

    a. Completion of feedback by service user is voluntary and will not impact on the care they receive.
    b. If the service user consents, their identity will remain confidential. The practice supervisor/s will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/requested. practice supervisor/s should confirm that what they have recorded accurately represents the views of the service users and carers/families.
    c. No identifying details will be recorded on the documentation.
    d. Feedback received will help to inform the student's development across their programme.
    e. The student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process.

3. The practice supervisor/s should sign and date the documentation.

4. The practice supervisor/s should discuss the feedback with the student and record this within the NIPAD.

5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice supervisor/s to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers'/families' feedback should be stored safely within the NIPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

INFORMATION FOR SERVICE USER/CARER/ FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You can withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the practice supervisor).

If you would like to take part then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

Feedback about Student Nurse: _____

1. Did the student nurse tell you their name?	Yes ☐ No ☐ Not sure ☐
2. Did the student nurse ask could they participate in your care?	Yes ☐ No ☐ Not sure ☐
3. Was the student nurse kind and caring to you?	Yes ☐ No ☐ Not sure ☐
4. Did the student take into account your feelings/choices in all aspects of your care?	Yes ☐ No ☐ Not sure ☐
5. Did the student nurse listen to you?	Yes ☐ No ☐ Not sure ☐
6. Did the student take account of how you were feeling?	Yes ☐ No ☐ Not sure ☐
7. Did the student nurse check that you understood what was happening?	Yes ☐ No ☐ Not sure ☐
8. Did the student nurse talk with your family/carer (where appropriate)?	Yes ☐ No ☐ Not sure ☐

Please comment on what the student nurse did well

Please comment on what could the student nurse do differently

Thank you for taking the time to provide this feedback. You may withdraw this at any time if you wish. Please return it to the person who provided you with this form.

Practice supervisor/s, please confirm:

Feedback has come from a service user/carer	Yes ☐ No ☐	**Feedback has been discussed with the student**	Yes ☐ No ☐
Practice supervisor's name		**Signature**	
Date			

Record of Service User/Carer Feedback for Each Placement

First Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name		**Student's signature**	
Student ID		**Date**	

Second Set of Feedback

Date obtained		**Any Issues Identified?**	Yes No
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes No N/A
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name		**Student's signature**	
Student ID		**Date**	

Third Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name		**Student's signature**	
Student ID		**Date**	

AUTHENTICATED REFLECTIVE ACCOUNTS – PART 2

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

What is expected?

In order to develop your skills as a reflective practitioner and also to evidence achievement of particular practice outcomes, you will be required to provide reflections that address the identified proficiencies below. Please note that you can address several of these in one reflection, as long as the reflective account addresses the proficiency sufficiently and the account is authentic. There is no set number of reflections but all proficiencies must be addressed by reflections by the end of this part of your course.

How do I develop this evidence?

Review the proficiencies listed and be aware of needing to reflect on these in practice. You can use situations you have observed or been part of in practice. In the situation where no opportunity to reflect on a specific proficiency has naturally occurred, you can have a focused discussion with a registrant about that proficiency and then reflect on that focused discussion.
This is not an academic piece of work and so does not require references. It is more important to have meaningful reflection. However, if you feel it is necessary to include some references, you can do so.

What template do I use?

There are many valid models of reflection that you can use. It is important you chose a model that works for you. Reflection is an essential element of professional practice and this can be seen in the revalidation process that the NMC have for registrants to meet the requirements to remain on the register. Use the NMC model may help you to be ready to use this process on registering as a nurse. Other models may appeal more to you. The choice is yours. The following are models that are recommended:

- NMC[1] revalidation model
- Rolfe[2] et al. (2001)
- Gibbs[3] (1988)
- Johns[4] (2009)

What things do I need to consider?

You must not use any identifying details in any reflections (e.g. names, Practice learning environments, etc). You must protect the identity of people and remain professional, but honest, in your reflections.

Each reflection must be authenticated by a practice supervisor. Please give them adequate time to read your reflection so that they can provide verification and feedback.

Your reflection must not simply be a story. It must be critical and analytical and must lead to some future action.

Use the reflection Completion Summary Record to track your progress in completing these (next page)

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[1] Template for reflection available here: http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html
[2] Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.
[3] Gibbs, G. (1988) *Learning by Doing*: *A guide to teaching and learning methods*. Oxford: Further Education Unit. Oxford Polytechnic.
[4] Johns, C. (2009) *Becoming a Reflective Practitioner* (3rd Edition). Oxford: Blackwell

NMC PROFICIENCIES TO BE ADDRESSED – PART 2

1.4 demonstrate an understanding of, and the ability to challenge, discriminatory behaviour

1.8 demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations

3.8 understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity

3.9 recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable

3.13 demonstrate and understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans

3.14 identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences

4.11 demonstrate the knowledge and skills required to initiate and evaluate appropriate interventions to support people who show signs of self-harm and/or suicidal ideation

5.12 understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills

6.4 demonstrate and understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies

6.12 understand the role of registered nurses and other health and care professionals at different levels of experience and seniority when managing and prioritising actions and care in the event of a major incident

7.4 identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and co-ordination of care

Completion Summary Record

Proficiency	Date of Reflection	Practice supervisor's name:	Practice supervisor's signature:	Student's signature:
1.4				
1.8				
3.8				
3.9				
3.13				
3.14				
4.11				
5.12				
6.4				
6.12				
7.4				

REFLECTION TEMPLATE

(Students must use a recognised reflective model)

Proficiencies being addressed (by number)	

Practice supervisor/s, please verify that this reflection addresses the specified proficiencies indicated at the beginning of this template, and that the reflection is authentic to the student's experience					
Practice supervisor's name:		Practice supervisor's signature:		Date	
Student's name:		Student's signature:		Date	

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PROMOTING HEALTH AND PREVENTING ILL HEALTH – PART 2

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

Health education is an important aspect of the role of the professional nurse. Its goal is to support people to be as independent as possible in taking control of factors that can positively influence their health. In developing this form of evidence, you will address the following NMC proficiencies:

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances

To evidence achievement of this activity, please provide a summary of the health education activity you engaged in for each identified health focus and its effectiveness. Outline what you learned and how the activity aimed to improve the person's health. Each entry must be authenticated by a registrant. Please use the template provided on the next page.

Please note: the spaces for responses are not indicative of the volume of content necessary. You must write sufficiently to evidence achievement of the NMC proficiencies.

Health Focus	Impact of Smoking		
Overview of Activity			
Why, from a health perspective, was this health education important for this person?			
What, if any, reasonable adjustments did you make for this intervention?			
How effective was the intervention and what did you learn?			
Student's Signature		**Date**	
Practice supervisor/s, please authenticate this record below			
Name		**Signature**	
Date		**Practice learning environment**	

Health Focus	Substance and Alcohol Use		
Overview of Activity			
Why, from a health perspective, was this health education important for this person?			
What, if any, reasonable adjustments did you make for this intervention?			
How effective was the intervention and what did you learn?			
Student's signature		**Date**	
Practice supervisor/s, please authenticate this record below			
Name		**Signature**	
Date		**Practice learning environment**	

Health Focus	Sexual Behaviours		
Overview of Activity			
Why, from a health perspective, was this health education important for this person?			
What, if any, reasonable adjustments did you make for this intervention?			
How effective was the intervention and what did you learn?			
Student's Signature		**Date**	
Practice supervisor/s, please authenticate this record below			
Name		**Signature**	
Date		**Practice learning environment**	

Health Focus	Diet and Exercise		
Overview of Activity			
Why, from a health perspective, was this health education important for this person?			
What, if any, reasonable adjustments did you make for this intervention?			
How effective was the intervention and what did you learn?			
Student's signature		**Date**	
Practice supervisor/s, please authenticate this record below			
Name		**Signature**	
Date		**Placement Setting**	

Public and population health are central to building healthier communities. Nurses are required to have the underpinning knowledge and skills required for their role in health promotion and protection and prevention of ill health. In developing this form of evidence, you will address the following NMC proficiencies:

1.7 demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice

2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people

2.2 demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes

2.3 understand the factors that may lead to inequalities in health outcomes

2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes

2.6 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing

2.7 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes

2.9 use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability

2.10 provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care

2.11 promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the evidence-base for immunisation, vaccination and herd immunity

7.3 understand the principles of health economics and their relevance to resource allocation of health in social care organisations and other agencies

7.4 identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and co-ordination of care

7.11 demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed

In consultation with your practice supervisor/s, you are required to plan, implement and evaluate an innovative health promotion activity in partnership with a community that you have encountered during a placement experience. A community is defined any configuration of persons, families, and groups whose values, characteristics, interests, geography, or social relations unite them in some way. The activity should address an identified community health need taking into consideration the wider determinants of health. Consideration should be given to a range of innovative approaches when

deciding upon the type of activity to be implemented. The effectiveness of the activity should be critically evaluated. Examples of innovative activities include (but not limited to):

- Health education session for persons with respect to self-management of medication
- The use of a WhatsApp group to support fellow nursing students undertaking similar placement experiences participate in lunchtime walks
- The use of a mindfulness-based intervention to promote resilience among a group of secondary school children.

Outline some health promotion approaches/initiatives that are used to address the health priorities or needs of the group or community. You may find it useful to consider initiatives/approaches adopted by both voluntary and statutory agencies.

Plan, deliver and evaluate a health promotion (health education activity) to address one health priority or need of the group or community.

In consultation with your supervisor, community organisations and NINIS website provide an overview of the health profile of the group or community.
Reflecting on the health profile, outline the three main health priorities or needs of the group or community

Outline current health promotion approaches/initiatives that are used to address the health priorities or needs of the group or community. You may find it useful to consider initiatives/approaches adopted by both voluntary and statutory agencies.
Plan, deliver and evaluate a health promotion (health education activity) to address one health priority or need <u>of the group or community</u>. Reflect on the planning, implementation and evaluation of the health promotion activity <u>and</u> how this will help you develop your health promoting role in the future.

Student's signature		**Date**	
Practice supervisor/s, please authenticate this record below			
Name		**Signature**	
Date		**Practice learning environment**	

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CARE DOCUMENTATION – PART 2

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

To evidence that you have met the NMC proficiencies related to documenting care within a safe, person centred, evidence-based nursing context, you are required to engage in care documentation activities that will develop your application of knowledge and skills to this component of professional practice. This evidence must address the identified NMC proficiencies below and be completed by using the Learning Achievement Record. You should undertake this development with guided observation, participation in care and performing with increasing confidence and competence across Part 2 of your programme.

The types of care documentation may include, but is not limited to:

- Person-Centred Nursing Assessment
- Comprehensive Risk Assessment tools
- Evidence based plans of care, treatment, support or maintenance plans
- Referrals
- Evaluations/progress notes
- Discharge plans
- Transfer documentation

In developing this form of evidence, you will address the following NMC proficiencies:

1.9 Understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.14 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflecting on people's values, beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

3.1 Demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans.

3.3 Demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans

3.4 Understand and apply a person-centred approach to nursing care demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and people of all ages

3.5 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person centred evidence-based plans for nursing interventions with agreed goals

3.9 Recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable

3.13 Demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans

3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made.

3.16 Demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support
4.8 Demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain
4.9 Demonstrate the knowledge and skills required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved
4.18 Demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings
6.3 Comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken
6.5 Demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools.
7.6 Demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings
7.8 Understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives
7.10 Understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services

It is essential that students do not submit any actual documentation from practice to ensure that confidentiality of the people involved is maintained. You also must not use any identifying details in any evaluation/reflections to remain compliant with GDPR requirements.

Having gained experience, under guided participation, in assessing, planning and evaluating care for non-complex episodes of care in Part 1 of your course, you are now required to build upon this to show proficiency in assessment, planning and evaluating care for complex cases and for service users requiring end of life care. You must show evidence of your ability to actively participate in assessing, planning and evaluating care for people with complex needs and who require end of life care. The following care documentation must be completed, addressing the identified NMC proficiencies:

Care Documentation	Proficiencies to be Addressed	Guidance
Person-centred Nursing assessment	1.9, 1.14, 7.8	1. You are required to show proficiency in actively participating in the completion of one person-centred nursing assessment for a user who has complex needs **OR** for someone receiving end of life care. 2. Complete a Learning Achievement Record
Plan of Care	3.1, 3.2, 3.3, 3.4, 3.5, 3.13, 4.8, 4.9 (end of life only)	1. Based on your completion of a person-centred nursing assessment, select <u>two</u> care needs, <u>one</u> of which must be from the list below, and actively participate in the completion of evidence-based plans of care for each care need. You are not permitted to repeat a plan of care devised in Part 1. 2. Complete a Learning Achievement Record **<u>List of Foci</u>** Anxiety Confusion Pain and discomfort Change in behaviour(s)

Care Documentation	Proficiencies to be Addressed	Guidance
Care Evaluation	3.15	1. Actively participate in the completion of a written evaluation of nursing care provided for one person in your care over a minimum period of one shift. 2. Complete a Learning Achievement Record
Risk Assessment	3.9, 6.3, 6.5	There are a number of different risk assessment tools used in different care settings. Here are some suggested tools that you may wish to consider (this list is not exhaustive): • MUST • Bedrails • Infection prevention and control • Moving and Handling • Pressure Sore Risk (e.g. Braden Scale) • Falls risk • NEWS2 • Alcohol intake risk assessment 1. Using active participation, for two identified risks arising from your participation in nursing assessments in at least two different care settings, complete two risk assessments using recognised risk assessment tools. 2. Complete a Learning Achievement Record for each (2)
Referral	3.16,7.6	1. With active participation, select a user who requires referral to another service. Complete a referral form for this person 2. Complete a Learning Achievement Record for each, outlining the process and rationale for the referral
Discharge/Transfer	4.18, 7.10	1. Select one person in your care who is either being discharged home or being transferred/discharged to another facility/care provider. Actively participate in the completion of the documentation relating to this discharge/transfer. 2. Complete a Learning Achievement Record for each.

You will have seven Learning Achievement Records for Part 2 to capture your learning and development for the above. Record below your progress for quick reference.

Summary Record of Care Documentation Completed – Part 2

Care Documentation	Date Completed	Practice supervisor/s's Name	Practice supervisor/s Signature	Student's signature
Assessment				
Plan of Care				
Evaluation of Care				
Risk Assessment Tool (1)				
Risk Assessment Tool (2)				
Referral				
Discharge				

CARE DOCUMENTATION - LEARNING ACHIEVEMENT RECORD – PART 2

Please use this template to record the achievement of proficiencies addressed through completion of care documentation (e.g. care plans, observation sheets, assessment tools). For example, if you complete a care plan that addresses four proficiencies, identify these, summarise your learning from undertaking this activity and ask a practice supervisor/s to check the documentation, verify it meets the standard required and sign this record. **Do not attach any actual (original or copies) care documentation.** Please duplicate as required.

Students should use the following guiding questions to help complete this record:

- Identify ways in which your ideas, thinking, knowledge, understanding and practice have been challenged and/or changed
- Explain how you overcame any difficulties experienced and what you learned about yourself in the process
- Identify key factors that have enabled you to grow in confidence and competence when delivering person-centred care
- Describe what was learned from/through this learning experience
- Explain what you might do differently if completing this/similar learning experience/ task again

Care Documentation	☐ Assessment ☐ Evaluation of Care ☐ Risk Assessment Tool (2) ☐ Discharge/Transfer	☐ Plan of Care ☐ Risk Assessment Tool (1) ☐ Referral

Please summarise your learning and development in completing this care documentation, making explicit reference to the proficiency(ies) being addressed.

Practice supervisor/s, please tick (✓) as appropriate below and then sign below:
I have reviewed the identified evidence and confirm:

1. It is person-centred — Yes ☐ No ☐
2. It meets the identified proficiency(ies) — Yes ☐ No ☐
3. That this record is authentic. — Yes ☐ No ☐

Practice supervisor's name		**Practice supervisor's signature**		**Date**	
Student Name		**Student's signature**		**Date**	

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QUALITY IMPROVEMENT IN PRACTICE – PART 2

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first. It is therefore essential that they develop the skills for quality improvement within their pre-registration education.

In this second part of your programme, you need to build upon the insight and understanding developed in part 1 in order to have the skills and knowledge to bring about positive changes in practice. In developing your evidence for quality improvement in practice, you will be meeting the following NMC proficiencies:

5.11 effectively and responsibly use a range of digital technologies to access, input, and share, and apply information and data within teams and between agencies
6.4 demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies
6.6 identify the need to make improvements and proactively respond to potential hazards that may affect the safety of people
6.9 work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences

In consultation with your practice supervisor/s, you are required to identify an opportunity to undertake an audit activity (e.g. NEWS2 chart audit). Consult with your practice supervisor/s and the manager of the practice learning environment in order to agree the activity and be prepared to undertake it correctly. Complete the reflective log below.

This log should not be the means to raise and escalate a concern. You must follow the procedures for this as outlined in the Handbook in line with your responsibilities as a student. You must also not breach confidentiality in the log; do not use identifying details of the practice area/setting or people involved.

Describe the audit activity that you identified and undertook.
What are the principles of improvement methodologies and how did you apply them in undertaking the audit activity?
How does this audit activity link with regional and national strategies for quality improvement?

Using the results of your audit, identify the areas for enhancing practice or any potential hazards/risks.
Following the audit results, what actions were necessary and outline the multi-professional implications of this?
What are the professional obligations for nurses when they observe practice that is below the standards expected? How would you respond and why?

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

LEADING AND COORDINATING CARE – PART 2

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues. Additionally, nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people. This includes people at any stage of their lives, across a range of organisations and settings.

In completing this set of evidence, you will demonstrate that you have developed the skills to lead and coordinate care on an incremental basis across all parts of your course. This begins with understanding how care is integrated across professional roles and settings. In developing your evidence for leading and coordinating care, you will be meeting the following NMC proficiencies:

1.18 demonstrate the knowledge and confidence to contribute effectively and proactively in an interdisciplinary team

3.15 demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made

3.16 demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support

5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make use of the contributions of others involved in providing care

5.7 demonstrate the ability to monitor and evaluate the quality of care delivered by others in a team and lay carers

5.8 support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance

6.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments

7.1 understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors

7.5 understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs

7.6 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings

In consultation with a practice supervisor/s, complete this log in relation to how care is organised across professions in the Practice learning environment.

1. Care Organisation

Provide a description of the Practice learning environment and the provision of care in that setting, including an overview of the multidisciplinary nature of care.
How does the interdisciplinary team work together to coordinate, monitor and evaluate care and what specific role does the nurse have?

2. Team Communication

Identify an opportunity to either: • Take part in a “ward round” • Care/case management meeting • Other multidisciplinary team meeting Ensure that you observe how this works first and, with a practice supervisor/s, prepare in advance before taking part. Describe below which activity you participated in. Reflect on your experience and what you learned from this, paying particular attention to the areas of communication, advocacy and professional confidence.
Following on from this experience, what did you learn that you will take forward in your practice?

How does the team work together to apply the principles of health and safety legislation and regulations and maintain safe work and care environments? Give explicit examples of this (e.g. equipment maintenance, working with other agencies to safeguard, managing staff stress)
What have you learned from completing these activities in relation to being a leader and effectively coordinating care?

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

3. Complex Care

The need to take prompt action to protect the health and wellbeing of individuals, by implementing appropriate interventions, requesting additional investigations or escalating to other professions in the care team, is an important area for development as a nurse.

Reflecting on a person you have cared for with co-morbidities/complex care, provide an overview of their care needs
Identify what alerted you to sudden changes in their care needs e.g. communications, observations, tools, models, frameworks
Summarise briefly how emotional intelligence influenced your ability to promptly respond.
Identify any challenges you may have encountered and how you overcame these to ensure appropriate interventions and investigations.
What approaches and technologies did you utilise to escalate the urgency for an interprofessional team response.

Evaluate the clinical and/or therapeutic outcome for the person from the prompt interventions.
Reflect on the extent to which you and the team had an opportunity to participate in sharing feedback and debriefing on what has happened?
Identify ways that you and your supervisor can work towards your further development for nurturing personal and team resilience?
Reflect on what you have learned from completing the worksheet, linking back to the proficiencies for your specific field of practice.

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

Practice Supervision

In consultation with a practice supervisor/s arrange to supervise, assess and provide feedback to another student, or the supervisor, performing a nursing procedure (real or simulated) and give constructive feedback to the student nurse/ supervisor following the activity.

Provide a brief overview of the activity, describing the nursing procedure being performed and the stage of learning the student being assessed has reached.
List three ways that you can assess the performance of another.
Discuss how you prepared to give constructive feedback. This may include your discussion with the other student and your plan for when, where and how you would deliver the feedback.
Identify a feedback model that could be used in practice and explain its benefits.

Review the section in the Practice Assessment Document (NIPAD) where constructive feedback is recorded by practice supervisor/ss and assessors. Discuss the importance of recording the feedback and why a development plan is included in the NIPAD.
Thinking about The Code, explain how giving and receiving constructive feedback can 'preserve safety', 'promote professionalism and trust' and help you to 'practise effectively'.
Reflect on what you have learned from completing this activity and how of receiving constructive feedback can help you to develop your knowledge and skills in clinical practice.

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

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RECORD OF LEARNING WITH OTHER HEALTH CARE PROFESSIONALS

Students may use this record sheet to record learning activities that have occurred with other healthcare professionals

Date of Activity	Location of Activity	Attendance Times	No. of Hours	Verifier's Name	Verifier's Signature	Designation
		From: To:				
Briefly describe the experience and your learning						
	Student's signature			Date		
Health care professional comments						
Date of Activity	**Location of Activity**	**Attendance Times**	**No. of Hours**	**Verifier's Name**	**Verifier's Signature**	**Designation**
		From: To:				
Briefly describe the experience and your learning						
	Student's signature			Date		
Health care professional comments						

Name of Student: …… **Student ID:** ……

HEALTH NUMERACY & CALCULATION OF MEDICINES – PART 2

Introduction

As a nurse you need to be competent in basic and more complex numeracy skills. This learning log is designed to give you some focus and practice in these skills during both class and practice learning. Primarily, you will address a variety of NMC proficiencies, at least in part, by completing this learning log correctly:

Is competent in basic proficiencies relating to Providing and Evaluating Care (*):	
4.5	Demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs
4.6	Demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet people's needs related to nutrition, hydration and bladder and bowel health
4.14	Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines
4.15	Demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage
4.16	Demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing
4.17	Apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration, and
4.18	Demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings.
Is competent to perform NMC Standards for Registered Nurse Annex B: Nursing Procedures	
11.1	carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications
11.3	use the principles of safe remote prescribing and directions to administer medicines
11.4	undertake accurate drug calculations for a range of medications
11.5	undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product
11.6	exercise professional accountability in ensuring the safe administration of medicines to those receiving care
11.7	administer injections using intramuscular, subcutaneous and intradermal routes and manage injection equipment
11.8	administer medications using a variety of routes
11.9	administer and monitor medications using enteral equipment.
11.11	undertake safe storage, transportation and disposal of medicinal products

All entries into this learning log must be verified by your practice supervisor/s. You should aim to undertake the tasks in this workbook in practice so that they can verify you can independently complete them.

Using Numbers in Everyday Nursing Practice

Early Warning Scores

In your practice learning environment, complete the NEWS2 chart for three people in your care, completing each case study below.

Case Study One

1. Complete the following:

Vital Sign	Measurement	Item Score for NEWS2
Respiration Rate		
Oxygen Saturations		
Air or Oxygen		
Blood Pressure		
Heart Rate		
Consciousness/New Confusion		
Temperature		
Total NEWS2 Score		

2. Discuss the relevance of these scores, the clinical risk and necessary response.

Practice supervisor/s, please verify that					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor/s name (Print)		Practice supervisor's signature		Date	

Case Study Two

1. Complete the following:

Vital Sign	Measurement	Item Score for NEWS2
Respiration Rate		
Oxygen Saturations		
Air or Oxygen		
Blood Pressure		
Heart Rate		
Consciousness/New Confusion		
Temperature		
Total NEWS2 Score		

2. Discuss the relevance of these scores, the clinical risk and necessary response.

Practice supervisor/s, please verify that					
The student has undertaken this work independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor/s Name (Print)		Practice supervisor/s Signature		Date	

Case Study Three

1. Complete the following:

Vital Sign	Measurement	Item Score for NEWS2
Respiration Rate		
Oxygen Saturations		
Air or Oxygen		
Blood Pressure		
Heart Rate		
Consciousness/New Confusion		
Temperature		
Total NEWS2 Score		

2. Discuss the relevance of these scores, the clinical risk and necessary response.

Practice supervisor/s, please verify that					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Fluid Intake and Output Balance

To demonstrate your ability in clinical practice you must complete a fluid intake and output chart for two people in your care. You will need to confirm the amount in ml used to record as a cup, or glass etc. within your practice learning environment (the sizes of cups and glasses can vary in volume from setting to setting). Check this with your practice supervisor/s.

Case Study One

1. Complete the fluid intake and output chart based on you're the person's input and output.

2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

Total Intake	Total Output	Any Factors You Considered in Relation to Insensible Losses

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

Provide your analysis below	
Action(s) You Would Take	**Rationale**

Practice supervisor/s please verify that					
The student has undertaken these calculations independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study Two

1. Complete the fluid intake and output chart based on you're the person's input and output.

2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

Total Intake	Total Output	Any Factors You Considered in Relation to Insensible Losses

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

Provide your analysis below	
Action(s) You Would Take	**Rationale**

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study Three

1. Complete the fluid intake and output chart based on you're the person's input and output.

2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

Total Intake	Total Output	Any Factors You Considered in Relation to Insensible Losses

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

Provide your analysis below	
Action(s) You Would Take	**Rationale**

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Blood Result Interpretation

Blood tests taken from the people in your care can be analysed for a large variety of blood components. The proportions and amounts of these components can assist in the diagnosis of illness and the assessment and evaluation of treatment. Both venous and arterial blood can be sampled. In general, venous blood is most easily obtainable with less risk to both the person providing and the person taking the sample. Arterial blood sampling carried significant risks and is usually only undertaken when the person requiring care is seriously ill and unstable.

Results of blood tests are communicated by the laboratory where they have been analysed and are either uploaded to a database accessible by health care staff in the hospital or primary care centre. Paper copies may also be provided for storage in medical notes. It is important that you begin to learn to identify the components analysed in various tests and to identify if results are within or outside normal expected ranges. Complete the following case studies based on the blood results of people in your care:

Case Study 1 - Full Blood Picture

Component	Normal Value	Result
Haemoglobin	120-160g/l	
Red blood cells (RBC erythrocytes)	3.9-5.5 $x10^{12}$/l	
Haematocrit (PCV packed cell volume)	37-48%	
Platelets (thrombocytes)	150-350 $x10^{9}$/l	
Reticulocytes (immature RBCs)	25-85 $x10^{9}$/l	
White cell count	4.5-10.5 $x10^{9}$/l	
What can you infer from these results?		

Practice supervisor/s, please verify that					
The student has undertaken these interpretations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study 2 – Biochemistry

Component	Normal Value	Result
Albumen	34-46gL	
Bicarbonate	22-28mmol/l	
Bilirubin	3-16umol/l	
Calcium	2.0-2.6mmol/l	
Creatinine	55-145umol/l	
Magnesium	0.7-1.0mmol/l	
Potassium	3.6-5.0mmol/l	
Total Protein	60-80g/l	
Sodium	135-145mmol/l	
Urea	2.5-6.5mmol/l	
What can you infer from these results?		

Practice supervisor/s, please verify that					
The student has undertaken these interpretations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Controlled Drugs Safe Storage and Responsibility

With reference to the relevant policy of the Trust/Organisation in which you are undertaking practice learning, answer the following questions:

1. What checks should be undertaken when controlled drugs are delivered to a care setting?

2. What are the four guiding principles for storing control drugs?

3. Who can hold keys for accessing control drugs?

4. Who can check and administer control drugs? Are there any local policies?

5. If only part of a control drug is administered, what is recorded in the control drug record book?

6. Who should undertake control drug stock checks?

7. What should be recorded when control drugs are returned to pharmacy?

Practice supervisor/s, please verify that					
I (practice supervisor's) have checked the answers and confirm they are correct and that the student has undertaken this work independently				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Safe Administration of Medicines- Administration Procedure

Complete an observed medication administration with your practice supervisor where you undertake the administration and demonstrate your proficiency against the criteria in the template below. Afterwards, complete the template with your practice supervisor to record your achievement. You must do this on two occasions in part 2.

Assessment 1	Achieved/Not Achieved
Checked for: • Person's details completed • Allergies or previous drug reactions • Drug name • Start date/Finish date • Route of administration • Dose (strength if applicable) • Frequency • Time for administration • If already given or omitted • If any contraindications • Potential interactions • Any storage directions	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks • Drug name against prescription • Dose against prescription • Expiry date	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of a RN prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against: • Wrist band • Verbally • Prescription chart	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of a RN administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice Supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Assessment 2	Achieved/Not Achieved
Checked for: • Person's details completed • Allergies or previous drug reactions • Drug name • Start date/Finish date • Route of administration • Dose (strength if applicable) • Frequency • Time for administration • If already given or omitted • If any contraindications • Potential interactions • Any storage directions	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks • Drug name against prescription • Dose against prescription • Expiry date	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of a RN prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against: • Wrist band • Verbally • Prescription chart	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of a RN administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice Supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Body weight calculations *(Show your working out)*

Consider two people in your care that have had the total protein and albumin checked as part of their electrolyte/biochemistry profile. Obtain their results, calculate a MUST score and their BMI. What does it tell you about their nutritional status? Record this information below.

Case Study 1	**Total Protein**	**Albumin**	**MUST Score**	**BMI**
	Analysis			
Case Study 2	**Total Protein**	**Albumin**	**MUST Score**	**BMI**
	Analysis			

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor/s Name (Print)		Practice supervisor/s Signature		Date	

Fluid Requirements

A healthy adult, under normal conditions requires approx. 2.5L/day of fluid. This is to replace fluid lost through faeces, the respiratory tract, perspiration (diaphoresis) and urine. In the ill patient, maintenance fluids are usually prescribed to account for increases in insensible losses (faeces, respiration, perspiration) therefore usually around 2-3 litres daily is administered. Each fluid prescription is influenced by the patient's medical history, age, confounding water excess (e.g. CCF) and ongoing assessment: i.e.. the prescription of fluid must be specific to the patient's needs and the nurse must be sure that the administration of these fluids will not compromise the person in any respect. The following formulae are used to determine individual fluid requirements:

Fluid

35ml/kg/day
Or
4ml/kg/hr for first 10kg + 2ml/kg/hr for each of next 10kgs + 1ml/kg/hr for each kg above 20kg.

Electrolytes
Sodium: 1 mmol/kg/day
Potassium: 1 mmol/kg/day

Replacement fluids are given to correct a volume or electrolyte imbalance. However, it is always important to determine and treat the underlying cause. Critically ill patients are often unable to consume the additional fluid required to replace the lost fluid and so intravenous fluids are required.

Calculate the 24 hours requirements for five people in you care and document in the table below:

Weight (in Kg)		Fluid Requirement (in ml)	Potassium Requirement	Sodium Requirement	Practice supervisor's Initial	Date
1.						
2.						
3.						
4.						
5.						

Calculations in Nursing

One of the most important ways in which you will have to use your calculation skills in your practice is when you are preparing and administering medicines for different routes of administration. While you have been introduced to the basic theory behind drug calculations in Part 1 of your programme, it is important that you are competent in calculating the correct volumes and dosages in practice.

The important information that you need for getting to grips with dose calculations are:

- The type of formulations containing the drug – e.g. tablets, capsules or suspensions (volumes of fluid)
- The amount of the drug contained in each tablet, capsule or volume of fluid etc
- The prescribed dose required to be given at each administration

Based on medications prescribed for people in your care, complete the tables below. Do not use the same drug twice and all entries must be completed. An example is provided for each section.

Enteral Drug (Tablet/Capsule)		**Dose Prescribed**	**Dose each unit is supplied in**	**Number needed for prescribed dose**	**Show Calculation**	**Practice Supervisor Initials**	**Date**
e.g.	Paracetamol	1g	500mg	2 tablets	500mg x 2 = 1g		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Enteral Drug (Liquid/Suspension)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Amoxicillin	500mg	250mg in 5 ml	10ml	250mg x 2 = 500mg 250mg in 5ml, 5ml x 2 = 10ml		
1.							
2.							
3.							
4.							
5.							

Parenteral Drugs (Injections)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Haloperidol	2 mg	5 mg in 1 ml	0.4 ml	If 5mg in 1ml, 1mg in 0.2ml. 2mg = 0.2ml x 2 = 0.4ml		
1.							
2.							
3.							

Parenteral Drugs (Intravenous Infusions)		Dose Prescribed	Dose each unit is supplied in	No. of units needed and rate of infusion	Show Calculation	Practice Supervisor Initials	Date
e.g.	Sodium Chloride 0.9%	1l over 10 hours	500 ml	2 units, 100ml per hour	500ml x 2 = 1l		
1.							
2.							
3.							

Parenteral Drugs (Inhaled)		Dose Prescribed	Dose in each inhalation	Numbers of inhalations needed daily	Show Calculation	Practice supervisor/s Initials	Date
e.g.	Salbutamol	200 mcg daily twice daily	100 mcg	2 inhalations twice daily	100 mcg x 2 = 200Mcg		
1.							
2.							
3.							

International Units (IU) Drug Preparations

Some drugs are measured in units; some examples are insulin and heparin. The exact size or mass of a unit is unique to each drug, so a unit of insulin will be different than a unit of heparin.

Insulin

Insulin comes in U-100 strength. The U stands for the number of units per ml. So U-100 means that there are 100 units in each ml. When calculating and preparing a dose of insulin a specific syringe is required. The syringe is marked in units rather than ml to allow you to be exact in your measurement of the dose.

Insulin Exercises

1. James is prescribed 20 units of insulin U-100. Mark on the diagram how much you would draw up.

2. Susan is prescribed 50 units of insulin U-100. Mark on the diagram how much you would draw up.

3. Tom is prescribed 30 units of insulin U-100. Mark on the diagram how much you would draw up.

4. Edward is prescribed 25 units of insulin U-100. Mark on the diagram how much you would draw up.

5. How would you draw up 10 units of insulin ready to administer to a patient using a Novorapid Flexpen?

a.

b.

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor/s Name (Print)		Practice supervisor/s Signature		Date	

Heparin Exercises

Other drugs measured in units include heparin, epinephrine and norepinephrine. These can be administered in ordinary syringes that are marked in ml, so you need to double check that the dose is calculated correctly and the correct syringe is being used.

6. A heparin infusion of 25 000 units in 50mls of 0.9% normal saline is prescribed for Seamus. The heparin vials from which you have to obtain your dose contain a solution of 5 000 units per ml. How many mls of heparin would you add to the IV fluids? Mark on the diagram below.

7. Elizabeth is prescribed a bolus dose of 5 000 units of heparin. The heparin ampoules available contain 1 000 units in 1ml. How many mls would you administer?

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor/s Name (Print)		Practice supervisor/s Signature		Date	

Anaphylaxis

1. What is anaphylaxis?

2. What are the signs of anaphylactic reaction in a patient?

3. What is the treatment for anaphylaxis?

4. How does this drug work?

5. What is the Epipen Paedatric dose?

6. What is the Epipen adult dose?

7. When is it administered and by what route of administration?

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐ No ☐	
I (practice supervisor/s) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor/s Name (Print)		Practice supervisor/s Signature		Date	

NURSING PROCEDURES – LEARNING DISABILITIES NURSING - PART 2

STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE NURSING PROCEDURES THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES

In this part of the programme, students should be practicing at the follow level:
Active participation in care and decision making and performing with increased confidence and competence, applying knowledge, skills and professional attributes

Key: Yes: *Student demonstrates achievement to the expected standard*
No: *Student does not yet demonstrate achievement to the expected standard*
NOA: *No opportunity available*

Please see the Handbook for further detail on these Keys.

Practice Learning 1 Location	
Practice Learning 2 Location	
Practice Learning 3 Location	

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.1	Assesses mental health and wellbeing status using appropriate tools/framework(s) • e.g. PASSAD, Depression Scales, Folstein Mini-Mental State Examination, Recovery and Wellness tools.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.11	Identifies and responds appropriately to signs of mental and emotional stress or vulnerability (e.g. sensory impairment, dementia, autistic spectrum disorder, distress, delirium, behaviours that challenge) • Contributes to a culture of mental health recovery and wellness that fosters self-determination and resilience • Acts as an advocate for the person, their family or their carers • Engages actively with individuals, families and carers to enable their full involvement in the care/treatment process, on the basis of informed choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.2.2	Identifies and responds appropriately to signs and symptoms of physical distress (e.g. pain, thirst, hunger, nausea, constipation) • Demonstrates application of the nursing process • Demonstrates an ability to see the person as the expert in his or her experience • Demonstrates an ability to see the person and not just his or her symptoms • Demonstrates respect for the contribution of families, friends and carers • Recognises when additional actions are needed to address additional care needs	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.1 +2.10	Accurately takes, records and interprets: • Temperature	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Radial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Brachial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Carotid Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Respirations	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Oxygen Saturations (SaO_2)	☐ Yes ☐ No ☐ NOA			☐ Yes ☒ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Capillary Refill/Perfusion (Central and Peripheral)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• National Early Warning Score	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (sphygmomanometer)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (electronic)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Recognises changes in Level of Consciousness (AVPU)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.6 + 5.2	Accurately measures/calculates and records • Weight	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Height	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Length	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Body Mass Index (BMI), including correctly categorising result	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Nutritional Status using contemporary assessment tool(s) (e.g. MUST)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.11	Can identify/recognises signs of all forms of abuse	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Responds to signs of all forms of abuse, documenting and reporting same and making appropriate onwards referrals • Is aware of the referral process to other professions and statutory or voluntary agencies	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.14	Administers basic mental health first aid (e.g. non-judgmental listening, providing reassurance, providing support/referral information)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.15	Administers basic physical first aid	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.16	Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support: • Protects person from injury	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Manages a person safely while in a seizure	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can demonstrate knowledge of emergency medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can place person in recovery position (at appropriate time)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of mild airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of severe airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Opening, clearing and maintaining airway	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Check for breathing and pulse simultaneously	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Correctly identifies how to gain expert help in cardiac arrest	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Adult o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Infant and Child o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.1 + 3.5	Reviews behavioural intervention/s and documents decisions of care	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Recognises own position in supporting people presenting with behaviours that challenge	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can identify and plan for sleep and rest needs, articulating optimal hours for sleep	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.3	Uses correct moving and handling techniques	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Correctly identifies necessary pressure relieving aids/appliances based on assessment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.4	Takes appropriate action (including advocacy) to ensure privacy and at all times	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.5	Can recognise fatigue and tiredness and articulate the difference between them	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate, plan and promote the need for activity in fatigue	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate and educate people on sleep hygiene measures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Can articulate and educate people on energy management related to their health status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.3	Assesses needs for, and provides appropriate assistance with, washing, bathing, shaving and dressing	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.4	Identifies and manages skin irritations, rashes and pressure areas	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.5	Undertakes oral assessment (using recognised tool when appropriate) and determines appropriate plan for oral hygiene	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake oral hygiene	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for eye care and ear care, setting out plan when appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake eye care and ear care to minimise infection and optimise status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for nail care and articulates associated risks (e.g. diabetes, peripheral vascular disease)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Identifies correctly when referral for chiropody/podiatry is required, completing same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.8	Assesses, responds to and effectively manages pyrexia and hypothermia.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
5.1 + 5.3 + 5.4 + 5.5	Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Supports people who need to adhere to specific diet and fluid regimens and educates them of the reason	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures that time is given at mealtimes to promote a sociable and pleasant experience for the person which includes choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures correct positioning of the person and self during mealtimes (e.g. person and student are comfortably seated at eye level)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Assesses the risk associated with eating and drinking and correctly identifies when referral to other professionals is appropriate (e.g. dietician, speech and language therapist)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Follows food hygiene procedures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.1	Assesses abilities and needs in relation to mobility using appropriate tool/framework	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Uses a validated risk tool to identifying and categorise risk of falls	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Works with interdisciplinary team to identify correct aids/appliances and support needs to maximise safe movement/mobilisation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.2 + 7.3	Engages with and advocates safe moving and handling equipment and techniques	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.4 + 9.7	Uses appropriate safety techniques and devices. • Ensures equipment is safe to use prior to its use	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			Practice Learning Experience No. 2			Practice Learning Experience No. 3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Checks equipment has been serviced as required, documenting same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Identifies when equipment is faulty or in need of service, responding appropriately to maximise safety	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Safe use and disposal of medical devices (COSHH regulations)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
8.1	Observes, assesses the need for intervention and appropriately responds to: • Restlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Agitation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Breathlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
9.1 - 9.8	Follows local and national guidelines and adheres to standard infection prevention & control precautions	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Demonstrates effective hand-washing technique (seven stages)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Demonstrates appropriate use of personal protective equipment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Disposes of waste and sharps appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Uses aseptic non-touch technique (ANTT) and aseptic technique appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Recognises potential signs of infection and records and reports to appropriate senior members of staff	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies when people require to be nursed in isolation or in protective isolation settings	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Prepares and decontaminates nursing equipment appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.2 + 11.6	Under the direct supervision of an RN and before administering any prescribed drug, reviews the person's prescription chart and checks the following: • Correct: o Person	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	o Drug	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Dose	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Date and time of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Route and method of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Diluent (as appropriate)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Ensures: o Validity of prescription	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Prescription is legible	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o No allergies/sensitivities to prescribed medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No. 1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	If any omissions, lack of clarity or illegibility of prescription exists, the student under the direct supervision of an RN does not proceed with administration and should consult the prescriber	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Accurately records administration of medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Observes for effect of medication, responding and recording as appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies, records and communicates known allergies and/or sensitivities	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.11	Demonstrates ability to safely store medicines as per regional/local policy.	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.7 + 11.8	Is competent in medicines calculations and administration relating to: • Tablets and capsules	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Enteral liquid medicines	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.10	Recognises and response promptly to side effects and adverse reactions of medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

SECTION 2

ASSESSMENT
(FORMATIVE AND SUMMATIVE)

FORMATIVE ASSESSMENT (TRIPARTITE) – PART 2

This process is completed by the practice assessor, link lecturer/practice tutor and student at defined stages within the part of the programme – approximately halfway through practice learning for this part of the programme. Please refer to the Handbook for further guidance. The purpose of this assessment is to provide formative feedback and direction for the summative assessment.

Practice assessor, please tick (✓) accordingly:

Are there any concerns highlight in the NIPAD to date?	Yes ☐ No ☐
If yes, is there a sufficient action plan in place?	Yes ☐ No ☐ N/A ☐
Are all Records of Discussions complete and authenticated to date?	Yes ☐ No ☐
Is evidence to date authenticated?	Yes ☐ No ☐
Is there sufficient progress for this stage of this part of the course?	Yes ☐ No ☐

Practice supervisor/s, link lecturer/practice tutor and student, following this formative review, please provide a summary of progress to date and outline key areas for development in the remaining weeks of practice learning prior to the summative assessment for this part of the course. This should include reference to any issues identified above.

Summary of Progress and Key Areas for Development
Practice assessor comments: *I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Practice assessor's signature: ……. Date ……*
Link lecturer/practice tutor comments: *I, the link lecturer, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Link Lecturer/practice tutor's signature: ……. ……. Date ……*
Student comments: *Student's signature: …….. ……. Student ID:…… Date ……*

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 2

This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

This assessment is undertaken towards the end of the final practice learning experience of Part 2, permitting a minimum period of two weeks for a second attempt. Please refer to the Handbook for further guidance. The purpose of this assessment is to determine whether the requirements for progression to Part 3 of the programme have been achieved with sufficient supporting evidence provided.

Student Details

Student's name:		Student ID	
practice learning environment		Date	

Practice assessor, please complete:

Professional Values in Practice Have all Professional Values and Attributes assessments been achieved to date?	Achieved ☐ Not yet Achieved ☐
If not yet achieved, please outline the details of any specific concerns below. If achieved, please tick the not applicable box here and put a line across the space below to prevent an entry. N/A ☐	

In considering the types of evidence below, for the related proficiencies to be achieved, all elements of that evidence set must be completed in full and authenticated. If this is the case, please tick ***Achieved*** to indicate that the proficiencies related to that evidence set are achieved. If incomplete or not authenticated, please tick ***Not yet achieved***.

Professional Values in Practice	Achieved ☐	Not yet achieved ☐
Service User/Carer Feedback (3)	Achieved ☐	Not yet achieved ☐
Authenticated Reflections	Achieved ☐	Not yet achieved ☐
Promoting Health and Preventing Ill Health	Achieved ☐	Not yet achieved ☐
Care Documentation	Achieved ☐	Not yet achieved ☐
Quality Improvement in Practice	Achieved ☐	Not yet achieved ☐
Leading and Coordinating Care Episode	Achieved ☐	Not yet achieved ☐
Nursing Procedures (Part 2)	Achieved ☐	Not yet achieved ☐
Health Numeracy & Calculation of Medicines	Achieved ☐	Not yet achieved ☐

Are all Records of Discussions to date complete and authenticated?	Yes ☐	No ☐
Has the student completed their practice learning evaluation?	Yes ☐	No ☐

If any of the above are not achieved or are incomplete, please complete the **Action Plan to Achieve Proficiencies Not yet achieved**. If all are achieved, please tick the not applicable box here. N/A ☐.	
I **recommend** that the above-named student progresses to Part 3 of the programme	Yes ☐ No ☐
I **do not recommend** that the above named student progresses to Part 3 of the programme at this assessment point.	Yes ☐ N/A ☐

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Practice assessor's Signature…….. *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 2

Student Details

Student's name		Student ID	
practice learning environment		Date	

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ No ☐
I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐ *Academic assessor's signature……* *Date ……*	

Practice assessor comments (please do not leave blank)

Practice assessor's signature…….. *Date ……*

Academic assessor's comments (please do not leave blank)

Academic assessor's signature…….. *Date ……*

Student Comments (please do not leave blank)

Student's signature ……...Student ID:…… *Date ……*

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 2

Action Plan to Achieve Proficiencies Not Yet Achieved
(Please leave blank if student has achieved as required on the first attempt)

Agreed Action Plan	**Date**	
Learning and Development Needs	**How Will This be Achieved?**	
Date for Review:		

We agree the above points and plan of action

Practice Assessor's signature …… *Date* ……..

Academic assessor's signature … …… *Date* ……..

Student's signature …… *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 2

Student Details

Student's name		Student ID	
practice learning environment		Date	

In which evidence type was there a deficit of evidence to support achievement of proficiencies?

Professional Values in Practice	☐
Service User/Carer Feedback	☐
Authenticated Reflections	☐
Promoting Health and Preventing Ill Health	☐
Care Documentation	☐
Quality Improvement in Practice	☐
Leading and Coordinating Care Episode	☐
Nursing Procedures (Part 2)	☐
Health Numeracy & Calculation of Medicines	☐

Are all Records of Discussions to date complete and authenticated? Yes ☐ No ☐
Has the student completed their practice learning evaluation? Yes ☐ No ☐

Is the required evidence now present, authenticated and to standard	Yes ☐ No ☐
I **recommend** that the above-named student progresses to Part 3 of the programme	Yes ☐ No ☐
I **do not recommend** that the above-named student progresses to Part 3 of the programme	Yes ☐ N/A ☐

If ***No***, please provide details:

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Practice assessor's Signature…….. *Date* ……

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ No ☐
At the time of this assessment, the above-named student **may not progress** to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ N/A ☐

I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Academic Assessor's Signature……. *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 2

Practice assessor's Comments (please do not leave blank)

Practice assessor's signature…….. *Date* ……

Academic assessor's Comments (please do not leave blank)

Academic assessor's signature…….. *Date* ……

Student Comments (please do not leave blank)

Student's signature ……...*Student ID:*…… *Date* ……

Student's name
Student ID
Intake Year
University

NORTHERN IRELAND
PRACTICE ASSESSMENT DOCUMENT
PRE-REGISTRATION NURSING

LEARNING DISABILITIES NURSING - PART 3

Students, supervisors and assessors, please note the NMC requirement R1.3:

Please ensure people have the opportunity to give and if required withdraw, their informed consent to students being involved in their care.

Please keep your Practice Assessment Document (PAD) with you at all times in practice in order to review your progress with your practice supervisor/s, practice assessor and/or academic assessor.

Contents

Acknowledgements

The Northern Ireland Practice Assessment Document (NIPAD) has been developed in collaboration with:

- Department of Health (Northern Ireland)
- Northern Ireland Practice Education Council (NIPEC)
- Queen's University Belfast
- The Open University
- Ulster University
- Health and Social Care Trusts
- Representatives from the Independent and Voluntary Sector in Northern Ireland
- Service Users
- Students
- Registered healthcare professionals in practice
- Patient Client Council
- Public Health Agency

We would like to acknowledge the help, support and direction from the regional PAD groups in England, Scotland and Wales who helpfully shared their work with us, enabling us to align with their approach as much as possible. Some elements of this NIPAD are adapted from their work.

WELCOME TO THE NORTHERN IRELAND PRACTICE ASSESSMENT DOCUMENT (NIPAD)

This NIPAD is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). It is therefore a tool to support learning and assessment in practice and provides a record of your achievements through the evidence that you develop in practice.

You will work and learn alongside many professionals in practice and you will be supervised and assessed continuously by practice supervisor/s, Practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of your learning and development as you progress to achieve the knowledge, skills and attributes of a registered professional nurse or midwife. It is therefore important that you are able to show and document evidence of your progressive achievement in this NIPAD. You should engage positively in all learning opportunities and take responsibility for your own learning; ask for direction and guidance and know how to access support when, and as, you need it. Do not be afraid to ask for help or support, this is an important attribute of being a professional.

You will work with, and receive written feedback from, a range of people including service users (people in your care, including their families and carers), practice supervisor/s, Practice assessors, academic assessors and other health care professionals. It is essential that you reflect on this feedback and your wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing you in practice.

It is important you read the Practice Learning Handbook (the Handbook) before starting to complete this NIPAD. This Handbook is an essential resource which outlines how this NIPAD works. In the Handbook you will find policies and procedures related to learning in practice, as well as definitions of your role as a pre-registration nursing or midwifery student. You will also find the roles of those supporting you in practice i.e. practice supervisor/s, practice assessors and academic assessors in the Handbook. You should also have the Handbook with you to make available to those staff supporting you in practice should they require it.

Please keep your NIPAD with you at all times to show it to practice supervisor/s, practice assessors and/or academic assessor. This must be provided to your practice supervisor/s at the beginning of every practice learning experience (within two days) and be at hand for review of your progress, including documenting your development and learning needs.

GUIDANCE FOR USING THE NIPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

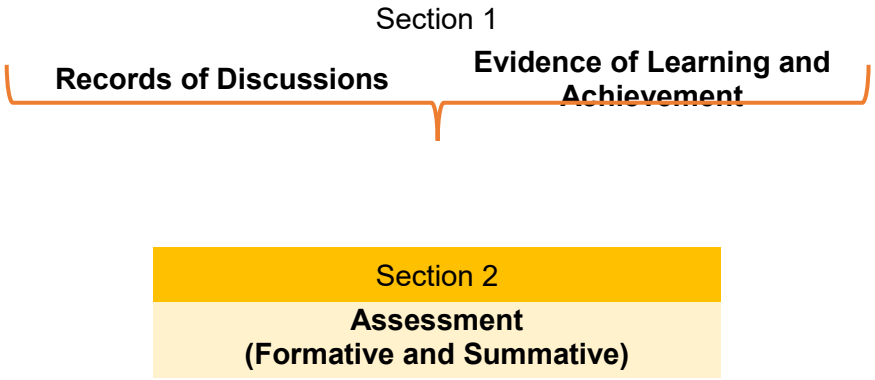
Assessment criteria in the NIPAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6).*

The NIPAD, often referred to as your portfolio, is structured in two main sections:

1. The Ongoing Achievement Record which is composed of two sub parts
    a. Records of Discussions
    b. Evidence of Learning and Achievement
2. Assessment Documents for formative and summative assessment.

Section 1 provides the evidence of your learning journey and how you have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.

Figure 1 – Structure of the NIPAD



Components of Assessment and Feedback

The NMC standards of proficiency are set out under 7 Platforms and two annexes (Annex A: Communication and relationship management skills and Annex B: Nursing Procedures) (NMC 2018). These are mapped against the evidence that you must develop in order to demonstrate that you have achieved these proficiencies and related skills. This mapping is set out at the back of this NIPAD. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each part of the programme (e.g. end of each year).* These are the forms of evidence you will be demonstrating achievement in and are detailed in the Handbook:

- **Professional Values in Practice**
- **Communication and Relationship Management Skills**
- **Promoting Health and Preventing Ill Health**
- **Leading and Coordinating Care**
- **Reflections**
- **Care Documentation**
- **Health Numeracy & Calculation of Medicines**
- **Quality Improvement in Practice**
- **Service User/Carer Feedback**.

Other Documents

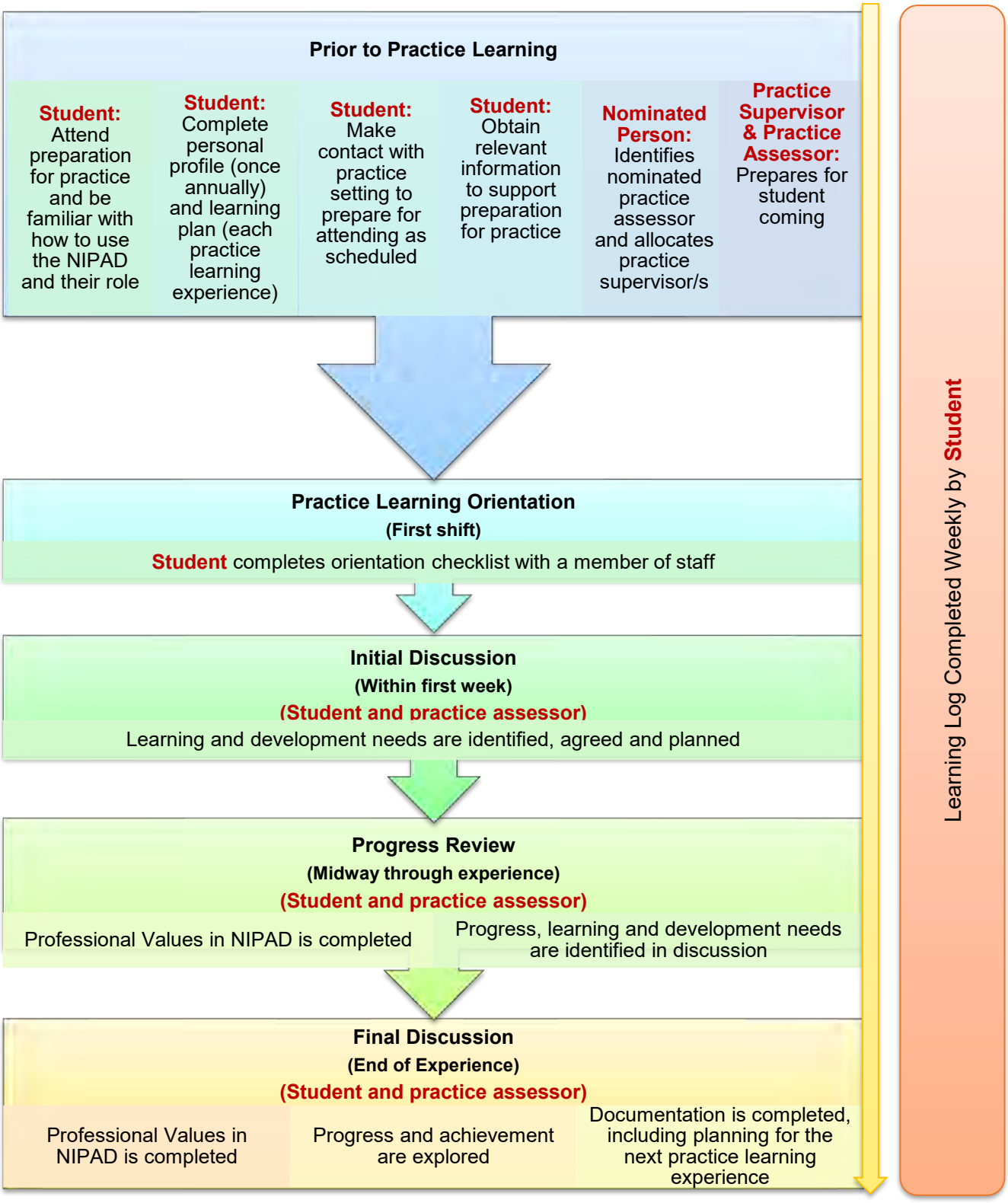
Other documents that you will need to complete in your NIPAD are:

- **Signature Log:** This should be completed by anyone who makes an entry into your NIPAD
- **Record of Underperformance:** This should be completed if your practice supervisor/s and nominated practice assessor have concerns about your performance, outside of set review times (Initial Discussion, Progress Review and Final Discussion)
- **Record of Attendance:** This should be completed daily and authenticated weekly by your practice supervisor/s
- **Practice Supervisor Notes**: These are completed by your practice supervisor/s as they feel necessary
- **Practice Assessor Notes:** These are completed by the practice assessor at each your initial, mid and final review
- **Academic Assessor Notes:** These are completed by the academic assessor at each visit to you in practice
- **Record of Learning with Other Health Care Professionals:** At times, you will have learning opportunities with other health care professionals (e.g. physiotherapist, social worker). This record is where you identify what you have learned and this is authenticated by that professional.

THE ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Your ORA is made up of the NIPADs for Parts 1 to 3 of your programme and must always be presented together. Students and those supporting them should follow the process below for completing this element of the NIPAD:

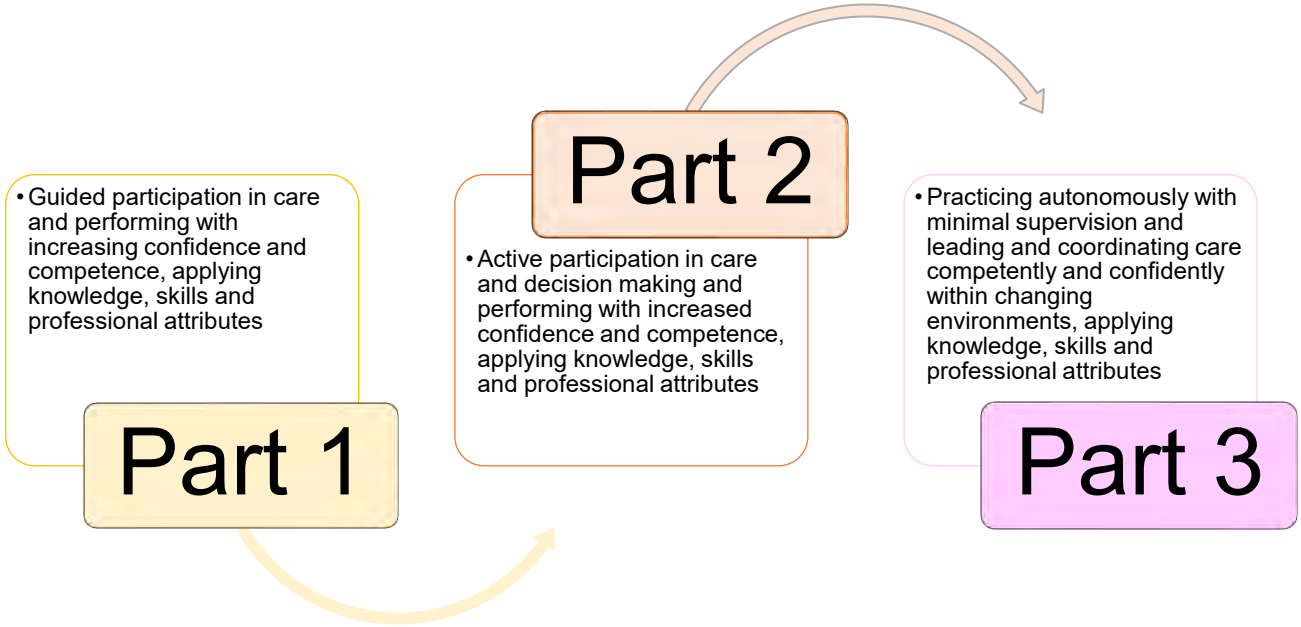
Figure 2: The Ongoing Record of Achievement



ASSESSMENT IN PRACTICE

Each part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 3. An overview of the programme structure is provided in Figure 4, illustrating where practice learning occurs.

Figure 3 – Incremental Skills Development Over Each Part of the Programme



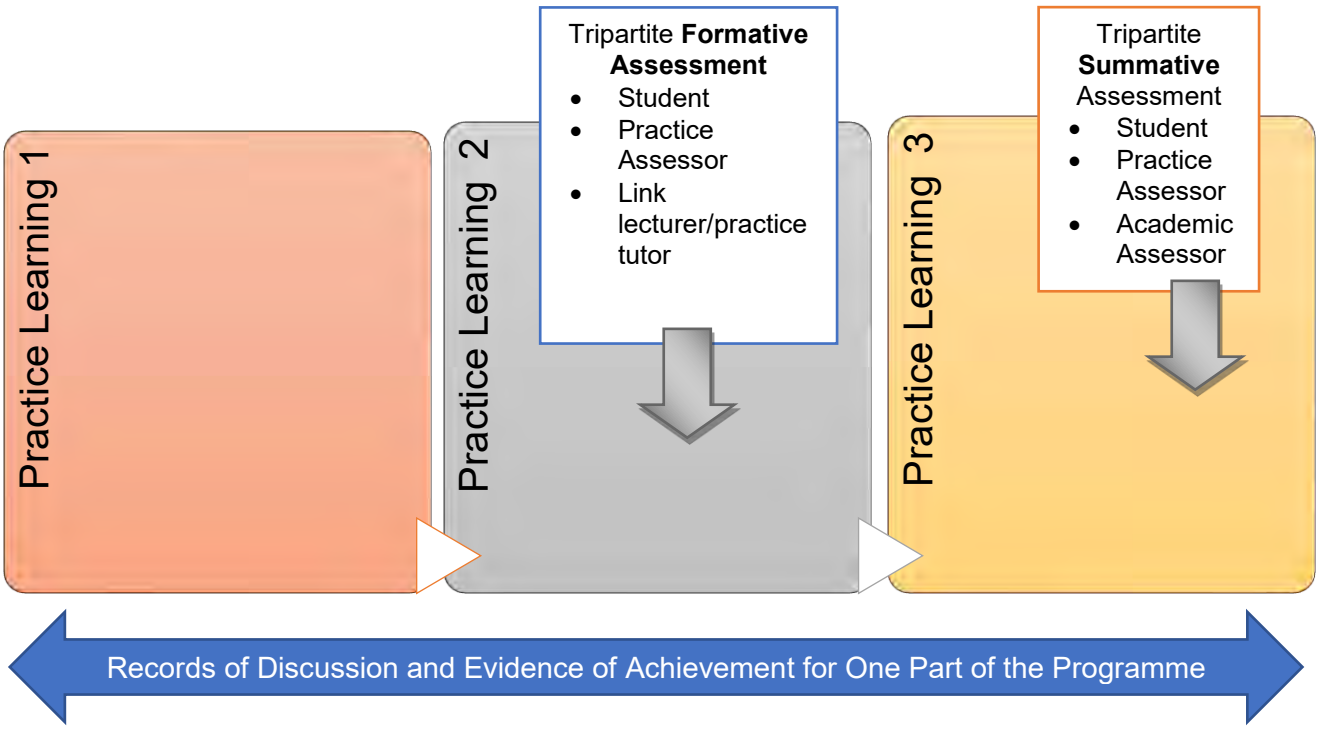
Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 4 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on their achievements and areas for development. These form a central component of the summative assessment as they are a form of communication between the practice supervisor/s and the practice and academic assessors.

- Tripartite formative review halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative review is to identify progress to date and to focus the student's learning on the learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the NIPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks.

Figure 4: Assessment Strategy Across Each Part of the Programme in Practice



Guidance on Formative assessment and Summative Assessment processes are located in the Handbook and should be followed.

MAHI - STM - 259 - 791

PERSONAL PROFILE

Please complete this personal profile prior to commencing your first week of practice learning for the part of the course (year).

Your Details	
Student's name	
University ID	
Field	
Home Town (Optional)	
WHO I AM Please provide an overview of yourself (e.g. what is important to me, what are my values and beliefs). The information you chose to share will give those supporting you in practice a sense of who you are and what you aspire to be as a professional nurse	
WHERE I HAVE COME FROM Please provide an overview of your educational and work experiences to date (e.g. your experience with working with people, in healthcare settings, courses you have completed).	
MY DESTINATION Please provide an overview of your aspirations for the future.	

Student's signature:……. Date:……

PROFESSIONAL ASSESSMENT DOCUMENT SIGNATURE LOG – PART 3

In order that all records in your NIPAD can be traced, please ensure that any individual who makes a record in/adds a signature to your NIPAD also adds their signature to this log along with the other details indicated.

Initials	Signature	Print Full Name	Designation	Place of Work	Date

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Initials	Signature	Print Full Name	Designation	Place of Work	Date

SECTION 1

RECORD OF DISCUSSIONS AND FEEDBACK

INITIAL DISCUSSION

PRACTICE LEARNING ENVIRONMENT:

Practice Learning Plan

Learning plan to be completed by the student prior to commencement of practice learning experience in order to identify learning and development plans for the experience.

Learning Opportunities

Initial Discussion

Student and practice assessor to discuss and agree learning opportunities related to this practice learning experience within the first week.

Record of Practice Learning Plan Discussion	
Practice assessor please tick (✓) as appropriate:	
I verify that the student has the Handbook available and we will use it when necessary.	Yes ☐ No ☐
I verify that I have seen and reviewed the Student's NIPAD, including any development/action plans, in the first two days of this practice learning experience	Yes ☐ No ☐
The student and I have reviewed and agreed the learning plan for this experience.	Yes ☐ No ☐
From these reviews, the student and I have identified and prioritised learning needs.	Yes ☐ No ☐
The student and I have reviewed progress in developing evidence for this part of the programme and identified priorities for this experience.	Yes ☐ No ☐

Practice assessor's signature…….. *Date* ……

Student's signature ……... *Student ID:*…… *Date* ……

ORIENTATION

(Complete on First Shift)

Name of practice learning environment:	
Name of Staff Member:	
This should be undertaken by an appropriate member of staff (identified by the nominated person) in the practice learning environment	
The following criteria need to be met on commencement of practice learning	
Introduction to staff including identification of practice supervisor(s) and practice assessor	Yes ☐ No ☐
A general orientation to the health and social care Practice learning environment has been undertaken	Yes ☐ No ☐
The local fire procedures have been explained Tel……	Yes ☐ No ☐
The student has been shown the: • Fire alarms • Fire exits • Fire extinguishers	Yes ☐ No ☐
Resuscitation policy and procedures have been explained Tel……..	Yes ☐ No ☐
Resuscitation and first aid equipment has been shown and explained	Yes ☐ No ☐
The student knows how to summon help in the event of an emergency	Yes ☐ No ☐
The student is aware of where to find local policies/ways of working • Health and safety • Incident reporting procedures • Infection control (Including PPE) • Handling of messages and enquiries • Handling complaints • Other policies	Yes ☐ No ☐
The student has been made aware of information governance requirements (e.g. GDPR, data protection, confidentiality)	Yes ☐ No ☐
The shift times, meal times and reporting sick policies have been explained	Yes ☐ No ☐
The student is aware of their professional role in practice in line with NMC	Yes ☐ No ☐
Policy regarding safeguarding has been explained	Yes ☐ No ☐
The student is aware of the policy and process of raising and escalating concerns	Yes ☐ No ☐
Lone working policy has been explained	Yes ☐ No ☐ N/A ☐
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy/breastfeeding needs have been discussed (where disclosed)	Yes ☐ No ☐ N/A ☐
The following criteria need to be met prior to use of equipment:	
The student has been shown and given a demonstration of the equipment used in the Practice learning environment, including moving and handling	Yes ☐ No ☐
The student has been shown and given a demonstration of the medical devices used in the placement area	Yes ☐ No ☐

Student's signature…….. *Date* ……

Staff member's signature …….. *Date* ……

PROGRESS REVIEW

Professional Values in Practice (Part 3) – To be completed by practice assessor

Students are required to demonstrate high standards of professional conduct at all times during their practice learning experiences. Students should work within ethical and legal frameworks and be able to articulate the underpinning values of The Code (NMC, 2018). The practice assessor has responsibility for assessing Professional Values at the Progress Review and Final Discussion for each practice learning experience.

Criteria		Progress Review Achieving?	Final Discussion Achieving?
Prioritise People	1. The student maintains confidentiality in accordance with the NMC code.	Yes ☐ No ☐	Yes ☐ No ☐
	2. The student is non-judgemental, respectful and courteous at all times when interacting with all people	Yes ☐ No ☐	Yes ☐ No ☐
	3. The student maintains the person's privacy and dignity, seeks informed consent prior to care and advocates on their behalf.	Yes ☐ No ☐	Yes ☐ No ☐
	4. The student is caring, compassionate and sensitive to the needs of others.	Yes ☐ No ☐	Yes ☐ No ☐
	5. The student understands the professional responsibility to adopt a healthy lifestyle, to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.	Yes ☐ No ☐	Yes ☐ No ☐
Practise Effectively	6. The student maintains consistent, safe and person-centred practice.	Yes ☐ No ☐	Yes ☐ No ☐
	7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.	Yes ☐ No ☐	Yes ☐ No ☐
	8. The student makes a consistent effort to engage in active learning, as evident through their attitude, motivation and enthusiasm	Yes ☐ No ☐	Yes ☐ No ☐
Preserve safety	9. The student demonstrates openness (candour), trustworthiness and integrity.	Yes ☐ No ☐	Yes ☐ No ☐
	10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.	Yes ☐ No ☐	Yes ☐ No ☐
	11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.	Yes ☐ No ☐	Yes ☐ No ☐
	12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.	Yes ☐ No ☐	Yes ☐ No ☐
Promote Professionalism and Trust	13. The student's personal presentation and dress code is in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	14. The student maintains an appropriate professional attitude regarding punctuality in accordance with the local and University policy.	Yes ☐ No ☐	Yes ☐ No ☐
	15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.	Yes ☐ No ☐	Yes ☐ No ☐

	16. The student acts as a role model of professional behaviour for fellow students and nursing associates to aspire to	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐

Progress Review	**If "No" to any of the above, please provide specific detail**		
	Practice assessor name:		Date
	Practice assessor signature:		

If there are any "no" responses, then this must trigger a development plan (below). This must involve the practice assessor and the nominated person (as appropriate) in liaison with the link lecturer/practice tutor.

Future Developmental Plan – Professional Values	
Goal	**Plan**

Practice assessor's signature……. *Date* ……

Student's signature …….. ……. *Student ID:*…… *Date* ……

Progress Review Continued…
Student and practice assessor please tick (✓) as appropriate:

We verify that we have reviewed progress in achieving the learning plan as agreed in the initial discussion.	Yes ☐ No ☐
From this review, we have identified developmental goals for the remainder of this experience.	Yes ☐ No ☐ N/A ☐

Future Developmental Plan (General)	
Goal	**Plan**

Practice assessor, please acknowledge below the student's achievement and progress to date.

Practice assessor*, please tick (✓) and comment as appropriate:*

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____
Please give specific details regarding any concerns:	

Practice assessor's signature…….. *Date ……*

Progress Review Continued…

Student's self-assessment/ reflection on progress

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature …….. Student ID:…….. Date……

FINAL DISCUSSION

To be completed by the practice assessor

Please acknowledge below the student's achievement and progress to date.

Professional Values in Practice

If "No" to any of the statements in the Professional Values in Practice Template, please provide specific detail		
Practice assessor name:		Date
Practice assessor signature:		

Please tick (✓) and comment as appropriate:

Have you completed a Professional Values Assessment	Yes ☐ No ☐
Have you identified any areas of concern?	Yes ☐ No ☐
Have concerns been escalated to the nominated person and the link lecturer/practice tutor?	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Please give specific details regarding any concerns:

Please identify specific areas to take forward to the next practice learning experience. Every student must have a learning and development plan.

Learning and Development Needs	How Will These be Achieved?

Practice assessor, please complete this checklist

Checklist for Assessed Documents	
The professional value statements have been signed at both Progress Review and Final Discussion	Yes ☐ No ☐
The relevant proficiencies/ nursing procedures that the student has achieved in this area (where applicable) have been signed	Yes ☐ No ☐
The practice learning hours have been checked and signed	Yes ☐ No ☐
All records of discussion and developmental plans have been completed and signed as appropriate	Yes ☐ No ☐
Those who have made entries in this NIPAD have completed the signature log	Yes ☐ No ☐

The student has completed their weekly learning log	Yes ☐ No ☐
I have communicated any ongoing learning and development/action plan or concerns to the practice assessor in the next practice learning experience	Yes ☐ No ☐ N/A ☐ Date (if applicable):_____

Practice assessor's signature…….. *Date* ……

Student's self-assessment/ reflection on progress

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Student's signature …….. Student ID:…….. Date……

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RECORD OF ATTENDANCE

Name of Student :……. Student ID No: ……. Practice supervisor: …….

Location of Experience: ……. Dates of Experience: ……. No. of Weeks: …….

Key: **A** = Attended as Scheduled **S** – Sickness/Absence **T** = Time Made Up for Sickness/Absence

	Week No.: 1 Dates:		**Week No.: 2 Dates:**		**Week No.: 3 Dates:**		**Week No.: 4 Dates:**		**Week No.: 5 Dates:**		**Week No.: 6 Dates:**		
Monday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Tuesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Wednesday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Thursday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Friday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Saturday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	
Sunday	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	No. of Hrs: …….	☐ **A** ☐ **S** ☐ **T**	**Totals (Completed at the end of experience)**
Hours Worked													
Hours Sick/Absent													
Hours Made-Up													
Hours Worked on Night Duty													
Practice assessor/ supervisor signature													
Date													

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WEEKLY LEARNING LOG

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice Supervisor Comments:					

Student's signature ……... *Date* ……

Practice supervisor's signature ……... *Date* ……

Practice learning environment		**Week**		**Date Commencing**	
What did I learn this week?					
What did I find a challenge?					
What is my focus for next week?					
Practice Supervisor Comments:					

Student's signature ……... *Date* ……

Practice supervisor's signature ……... *Date* ……

ADDITIONAL RECORDS

PRACTICE SUPERVISOR/S' NOTES

To be completed by a practice supervisor as considered necessary.

Practice Supervisor's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	
Practice Supervisor's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	
Practice Supervisor's Name (Print)		Practice supervisor's signature	
Date of Record		Practice learning environment	

PRACTICE ASSESSOR'S NOTES

To be completed **if necessary** by the practice assessor

Practice assessor's Name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	
Practice assessor's Name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	
Practice assessor's Name (Print)		Practice assessor's signature	
Date of Record		Practice learning environment	

ACADEMIC ASSESSOR NOTES
(LINK LECTURER/PRACTICE TUTOR/ACADEMIC ASSESSOR)

To be completed on every visit by link lecturer/Practice Tutor/academic assessor
academic assessor

Academic's name (Print)		Academic's signature	
Date of Record		Practice learning environment	
Academic's name (Print)		Academic's signature	
Date of Record		Practice learning environment	
Academic's name (Print)		Academic's signature	
Date of Record		Practice learning environment	

DEVELOPMENT PLAN

This development plan template can be used for any process whereby a development plan is identified as necessary (e.g. after service user/carer feedback).

Learning and Development Needs	How Will This be Achieved?

We agree the above points and plan of action

Practice assessor's signature …… *Date* ……..

Student's signature …… *Date* ……

Date for review ……..

Review Following the Development Plan	
Has the development plan been achieved?	Yes ☐ No ☐

If no, please develop a new development plan or record of underperformance

Practice assessor's signature …… *Date* ……..

Student's signature …… *Date* ……

RECORD OF UNDERPERFORMANCE

Please complete if you have concerns about a student underperforming outside of set review times (Initial, Progress and Final).

The Link lecturer/practice tutor/academic assessor should record their notes in the Link lecturer/practice tutor/academic assessor notes section. Practice assessor, please also cross-refer to this record in the Record of Discussions. This record is only to be used if required (duplicate as necessary). Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values.

Concerns Identified *Please link to NMC Proficiencies (located at back of NIPAD) and provide specific detail*		
Knowledge:		
Skills:		
Attitudes and values:		
Has this been escalated to the nominated person in practice?	Yes ☐ No ☐	
	Name:	
	Date:	
Has this been escalated to the link lecturer/practice tutor?	Yes ☐ No ☐	
	Name:	

	Date:	

Agreed Action Plan	Date	

Learning and Development Needs	How Will This be Achieved?

We agree the above points and plan of action

Practice assessor's signature …… *Date ……..*

Student's signature …… *Date ……*

Date for Review:	

Review Following the Action Plan	Date:	
Have the learning and development needs been achieved?	Yes ☐ No ☐	

If no, please provide detail on a new Record of Underperformance and ensure the practice assessor in the next practice learning experience has been informed of ongoing challenges

Practice supervisor's signature	……	*Date ……..*
Student's signature	……	*Date ……*

SUPPORTING EVIDENCE

SERVICE USER/CARER FEEDBACK

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor. It should not be sought by the student directly as the process should be anonymous.

2. Practice supervisors should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:

    a. Completion of feedback by service user is voluntary and will not impact on the care they receive.
    b. If the service user consents, their identity will remain confidential. The practice supervisor/s will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/ requested. Practice supervisor/ss should confirm that what they have recorded accurately represents the views of the service users and carers/families.
    c. No identifying details will be recorded on the documentation.
    d. Feedback received will help to inform the student's development across their programme.
    e. The student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process.

3. The practice supervisor should sign and date the documentation.

4. The practice supervisor should discuss the feedback with the student and record this within the NIPAD.

5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice supervisor to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers'/families' feedback should be stored safely within the NIPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

INFORMATION FOR SERVICE USER/CARER/ FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You can withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the practice supervisor).

If you would like to take part, then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

Feedback about Student Nurse: _____

1. Did the student nurse tell you their name?	Yes ☐ No ☐ Not sure ☐
2. Did the student nurse ask could they participate in your care?	Yes ☐ No ☐ Not sure ☐
3. Was the student nurse kind and caring to you?	Yes ☐ No ☐ Not sure ☐
4. Did the student take into account your feelings/choices in all aspects of your care?	Yes ☐ No ☐ Not sure ☐
5. Did the student nurse listen to you?	Yes ☐ No ☐ Not sure ☐
6. Did the student take account of how you were feeling?	Yes ☐ No ☐ Not sure ☐
7. Did the student nurse check that you understood what was happening?	Yes ☐ No ☐ Not sure ☐
8. Did the student nurse talk with your family/carer (where appropriate)?	Yes ☐ No ☐ Not sure ☐

Please comment on what the student nurse did well

Please comment on what could the student nurse do differently

Thank you for taking the time to provide this feedback. You may withdraw this at any time if you wish. Please return it to the person who provided you with this form.

Practice supervisor/s, please confirm:

Feedback has come from a service user/carer	Yes ☐ No ☐	**Feedback has been discussed with the student**	Yes ☐ No ☐
Practice supervisor's Name		**Signature**	
Date			

Record of Service User/Carer Feedback for Each Placement

First Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student Name		**Student's signature**	
Student ID		**Date**	

Second Set of Feedback (experiences longer than four weeks)

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name		**Student's signature**	
Student ID		**Date**	

Third Set of Feedback

Date obtained		**Any Issues Identified?**	Yes ☐ No ☐
Practice supervisor's name		**If any issues, has there been a development plan devised?**	Yes ☐ No ☐ N/A ☐
Signature		**Date**	
Student Reflection on Service User/Carer Feedback			
Student's name		**Student's signature**	
Student ID		**Date**	

AUTHENTICATED REFLECTIVE ACCOUNTS – PART 3

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

What is expected?

In order to develop your skills as a reflective practitioner and also to evidence achievement of particular practice outcomes, you will be required to provide reflections that address the identified proficiencies below. Please note that you can address several of these in one reflection, as long as the reflective account addresses the proficiency sufficiently and the account is authentic. There is no set number of reflections but all proficiencies must be addressed by reflections by the end of this part of your course.

How do I develop this evidence?

Review the proficiencies listed and be aware of needing to reflect on these in practice. You can use situations you have observed or been part of in practice. In the situation where no opportunity to reflect on a specific proficiency has naturally occurred, you can have a focused discussion with a registrant about that proficiency and then reflect on that focused discussion.
This is not an academic piece of work and so does not require references. It is more important to have meaningful reflection. However, if you feel it is necessary to include some references, you can do so.

What template do I use?

There are many valid models of reflection that you can use. It is important you chose a model that works for you. Reflection is an essential element of professional practice and this can be seen in the revalidation process that the NMC have for registrants to meet the requirements to remain on the register. Use the NMC model may help you to be ready to use this process on registering as a nurse. Other models may appeal more to you. The choice is yours. The following are models that are recommended:

- NMC[1] revalidation model
- Rolfe[2] et al. (2001)
- Gibbs[3] (1988)
- Johns[4] (2009)

What things do I need to consider?

You must not use any identifying details in any reflections (e.g. names, Practice learning environments, etc). You must protect the identity of people and remain professional, but honest, in your reflections.

Each reflection must be authenticated by a practice supervisor. Please give them adequate time to read your reflection so that they can provide verification and feedback.

Your reflection must not simply be a story. It must be critical and analytical and must lead to some future action.

Use the reflection Completion Summary Record to track your progress in completing these (next page)

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[1] Template for reflection available here: http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html
[2] Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.
[3] Gibbs, G. (1988) *Learning by Doing*: *A guide to teaching and learning methods*. Oxford: Further Education Unit. Oxford Polytechnic.
[4] Johns, C. (2009) *Becoming a Reflective Practitioner* (3rd Edition). Oxford: Blackwell

NMC PROFICIENCIES TO BE ADDRESSED – PART 3

1.3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes

1.4 demonstrate an understanding of, and the ability to challenge, discriminatory behaviour

1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care

1.8 demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations

1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.10 demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgements and decisions in routine, complex and challenging situations

3.7 understand and apply the principles and processes for making reasonable adjustments

3.8 understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity

3.9 recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable

5.1 understand the principles of effective leadership, management, group and organisational dynamics and culture and apply these to team working and decision-making

5.12 understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills

6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken

6.11 acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop resilience in self and others

7.2 understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom

7.3 understand the principles of health economics and their relevance to resource allocation of health in social care organisations and other agencies

7.4 identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and co-ordination of care

7.13 demonstrate an understanding of the importance of exercising political awareness throughout their career, to maximise the influence and effect of registered nurses on quality of care, patient safety and cost-effectiveness

Completion Summary Record

Proficiency	Date of Reflection	Practice supervisor's name:	Practice supervisor's signature:	Student's signature:
1.3				
1.4				
1.6				
1.8				
1.9				
1.10				
3.7				
3.8				
3.9				
5.1				
5.12				
6.3				
6.11				
7.2				
7.3				
7.4				
7.13				

REFLECTION TEMPLATE

(Students must use a recognised reflective model)

Proficiencies being addressed (by number)	

Practice Supervisor, please verify that this reflection addresses the specified proficiencies indicated at the beginning of this template, and that the reflection is authentic to the student's experience					
Practice supervisor's name:		Practice supervisor's signature:		Date	
Student's name:		Student's signature:		Date	

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PROMOTING HEALTH AND PREVENTING ILL HEALTH – PART 3

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

Health education is an important aspect of the role of the professional nurse. Its goal is to support people to be as independent as possible in taking control of factors that can positively influence their health. In developing this form of evidence, you will address the following NMC proficiencies:

2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances

2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes

In consultation with your practice supervisor, you are required to plan, implement and evaluate a health education session for a person for whom you have provided care during a placement experience:

1. Briefly outline a health promotion programme that you have engaged with during a practice learning experience giving consideration to the programme's key strategic drivers, aim, target audience and outcome measures.
2. Critically reflect on the knowledge and skills that you utilised whilst engaging with the health promotion programme.
3. Critically analyse the role of the nurse in the planning, implementation and evaluation of the health promotion programme.
4. Outline how your learning from engaging with the health promotion programme will support to you to develop and maximise your future role in health promotion and public health.
5. Reflect upon how you maintain your own health in order to carry out your role as a nurse

You will need to use the teaching plan template on the next page to plan this session first. Record your responses to the questions above on the template provided. <u>Your teaching plan and activity sheet must be authenticated by a practice supervisor.</u>

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TEACHING PLAN TEMPLATE

Topic	**Date**:
Person:	**Special Considerations:**
Location/arrangements:	
Resources needed:	**Person's existing knowledge:**
Aim:	
Person's learning outcomes:	

Time	Activity/Sequence	Notes
Evaluation of Teaching		
Summary/Recommendations		

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Promoting Health and Preventing Ill Health – Part 3

Please note: the spaces for responses are not indicative of the volume of content necessary. You must write sufficiently to evidence achievement of the NMC proficiencies.

1. Briefly outline a health promotion programme that you have engaged with during a practice learning experience giving consideration to the programme's key strategic drivers, aim, target audience and outcome measures.
2. Critically reflect on the knowledge and skills that you utilised whilst engaging with the health promotion programme.
3. Critically analyse the role of the nurse in the planning, implementation and evaluation of the health promotion programme.
4. Outline how your learning from engaging with the health promotion programme will support to you to develop and maximise your future role in health promotion and public health.
5. Reflect upon how you maintain your own health in order to carry out your role as a nurse

Practice Supervisor, please sign below to verify the authenticity of this worksheet					
Student's name		Student's signature		Date	
Practice supervisor's name		Practice supervisor's signature		Date	

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CARE DOCUMENTATION – PART 3

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.

To evidence that you have met the NMC proficiencies related to documenting care within a safe, person centred, evidence-based nursing context, you are required to engage in care documentation activities that will develop your application of knowledge and skills to this component of professional practice. This evidence must address the identified NMC proficiencies below and be completed by using the Learning Achievement Record. You should undertake this development whereby you are practising independently with minimal supervision and leading and coordinating care with confidence across Part 3 of your programme.

The types of care documentation may include, but it is not limited to:

- Person-Centred Nursing Assessment
- Comprehensive Risk Assessment tools
- Evidence based plans of care, treatment, support or maintenance plans
- Referrals
- Evaluations/progress notes
- Discharge plans
- Transfer documentation

In developing this form of evidence, you will address the following NMC proficiencies:

1.9 Understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions

1.14 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflecting on people's values, beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

3.1 Demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans

3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans.

3.3 Demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans

3.4 Understand and apply a person-centred approach to nursing care demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and people of all ages

3.6 Effectively assess a person's capacity to make decisions about their own care and to give or withhold consent

3.9 Recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable

3.13 Demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans

3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made.

3.16 Demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support
4.18 Demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings
6.3 Comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken
6.5 Demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools
7.6 Demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings
7.10 Understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services

It is essential that students do not submit any actual documentation from practice to ensure that confidentiality of the people involved is maintained. You also must not use any identifying details in any evaluation/reflections to remain compliant with GDPR requirements.

In Part 2 of your course, you showed evidence of your ability to actively participate in assessing, planning and evaluating care for people who had either complex needs or required end of life care. You are now required to show proficiency in practising independently with minimal supervision and leading and coordinating care with confidence through assessing, planning and evaluating care. Remember that you must show proficiency in doing this for people who have complex care needs and requiring end of life care. The following care documentation must be completed, addressing the identified NMC proficiencies:

Care Documentation	Proficiencies to be Addressed	Guidance
Person-centred Nursing assessment	1.9, 1.14, 3.6	1. You are required to show proficiency in practising independently with minimal supervision and leading and coordinating care with confidence, in the completion of <u>one</u> person-centred nursing assessment for a person in your care who has complex needs <u>or</u> for someone receiving end of life care. If you focused on end of life care for this activity in Part 2 of your course, focus on someone with complex needs this time, and vice-versa 2. Complete a Learning Achievement Record
Plan of Care	3.1, 3.2, 3.3, 3.4, 3.13	1. Based on your completion of a person-centred nursing assessment, select <u>two</u> care needs – <u>one</u> of which must be from the list below, and show evidence of being able to practise independently with minimal supervision and leading and coordinating care with confidence, in the completion of evidence-based plans of care for each care need. You are not permitted to repeat a plan of care devised in Part 1 or Part 2 (you should have one on the list remaining to be addressed). 2. Complete a Learning Achievement Record **<u>List of Foci</u>** Anxiety Confusion Pain and discomfort Change in behaviours

Care Documentation	Proficiencies to be Addressed	Guidance
Care Evaluation	3.15	1. Show evidence of being able to practise independently with minimal supervision and leading and coordinating care with confidence, in the completion of a written evaluation of nursing care provided for one person in your care over a minimum period of one shift. 2. Complete a Learning Achievement Record
Risk Assessment	3.9, 6.3, 6.5	There are a number of different risk assessment tools used in different care settings. Here are some suggested tools that you may wish to consider (this list is not exhaustive): • MUST • Moving and Handling • Pressure Sore Risk (e.g. Braden Scale) • Falls risk • NEWS2 • Alcohol intake risk assessment 1. Show evidence of being able to practise independently with minimal supervision and lead and coordinate care with confidence, for two identified risks arising from your participation in nursing assessments in at least two different care settings, complete two risk assessments using recognised risk assessment tools. 2. Complete a Learning Achievement Record for each (2)
Referral	3.16,7.6	1. Show how you can practise independently with minimal supervision and lead and coordinate care with confidence for a user who requires referral to another service. Complete a referral form for this person 2. Complete a Learning Achievement Record for each, outlining the process and rationale for the referral
Discharge/Transfer	4.18, 7.10	1. Select one person in your care who is either being discharged home or being transferred/discharged to another facility/care provider. Show how you can practise independently with minimal supervision and lead and coordinate care with confidence in the completion of the documentation relating to this discharge/transfer. 2. Complete a Learning Achievement Record for each.

You will have seven Learning Achievement Records for Part 3 to capture you learning and development for the above. Record below your progress for quick reference.

Summary Record of Care Documentation Completed – Part 3

Care Documentation	Date Completed	Practice Supervisor's Name	Practice supervisor's signature	Student's signature
Assessment				
Plan of Care				
Evaluation of Care				
Risk Assessment Tool (1)				
Risk Assessment Tool (2)				
Referral				
Discharge				

CARE DOCUMENTATION - LEARNING ACHIEVEMENT RECORD – PART 3

Please use this template to record the achievement of proficiencies addressed through completion of care documentation (e.g. care plans, observation sheets, assessment tools). For example, if you complete a care plan that addresses four proficiencies, identify these, summarise your learning from undertaking this activity and ask a practice supervisor to check the documentation, verify it meets the standard required and sign this record. **Do not attach any actual (original or copies) care documentation.** Please duplicate as required.

Students should use the following guiding questions to help complete this record:

- Identify ways in which your ideas, thinking, knowledge, understanding and practice have been challenged and/or changed
- Explain how you overcame any difficulties experienced and what you learned about yourself in the process
- Identify key factors that have enabled you to grow in confidence and competence when delivering person-centred care
- Describe what was learned from/through this learning experience
- Explain what you might do differently if completing this/similar learning experience/ task again

Care Documentation	☐ Assessment ☐ Evaluation of Care ☐ Risk Assessment Tool (2) ☐ Discharge/Transfer	☐ Plan of Care ☐ Risk Assessment Tool (1) ☐ Referral

Please summarise your learning and development in completing this care documentation, making explicit reference to the proficiency(ies) being addressed.

Practice Supervisor, please tick (✓) as appropriate below and then sign below:
I have reviewed the identified evidence and confirm:

1. It is person-centred — Yes ☐ No ☐
2. It meets the identified proficiency(ies) — Yes ☐ No ☐
3. That this record is authentic. — Yes ☐ No ☐

Practice Supervisor's Name		**Practice supervisor's signature**		**Date**	
Student Name		**Student's signature**		**Date**	

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QUALITY IMPROVEMENT IN PRACTICE – PART 3

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first. It is therefore essential that they develop the skills for quality improvement within their pre-registration education.

In this final part of your programme, you need to the skills, knowledges and attributes you developed in parts 1 and 2 of your course and demonstrate the ability lead on quality improvement processes in line with organisational, regional and national agendas. In developing your evidence for quality improvement in practice, you will be meeting the following NMC proficiencies:

5.10 contribute to supervision and team reflection activities to promote improvement in practice and services
5.11 effectively and responsibly use a range of digital technologies to access, input, and share, and apply information and date within teams and between agencies
6.4 demonstrate and understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies
6.6 identify the need to make improvements and proactively respond to potential hazards that may affect the safety of people
6.7 understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement
6.8 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice
6.9 work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences
6.10 apply an understanding of the differences between risk aversion and risk management and how to avoid compromising quality of care and health outcomes

In consultation with your practice supervisor/s, you are required to identify an opportunity to improve the quality of care through the application of quality improvement methodologies, meeting the proficiencies outlined above. Identify an area of practice which presents an opportunity to demonstrate creative and innovative thinking. This may involve developing/designing an alternative approach to managing an aspect of practice. Illustrate how you, as a reflective and innovative change agent, can improve and develop person-centred nursing practice through this innovation. Remember, small changes can lead to big improvements in practice. Complete the reflective log below to capture this activity.

This log should not be the means to raise and escalate a concern. You must follow the procedures for this as outlined in the Handbook in line with your responsibilities as a student. You must also not breach confidentiality in the log; do not use identifying details of the practice area/setting or people involved.

Outline the area of practice chosen to demonstrate creative and innovative thinking through improving the quality of care. How did you choose this and what governance processes can be used to identify risks and opportunities to enhance practice?
What enhancement did you implement and what evidence was it based upon?
What quality improvement methodology did you chose to implement this innovation and what success did you have?

What risk assessment did you undertake in advance and how did you minimise risk? How did you ensure that the quality of care would not be compromised?
What factors inhibited or enhanced the success of the quality improvement initiative?

Describe how you ensure a collaborative team approach in order to maximise success
What did you learn from this activity and if you were to do it again, what would you do differently?

Authentication

I have read log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

LEADING AND COORDINATING CARE – PART 3

In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues. Additionally, nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people. This includes people at any stage of their lives, across a range of organisations and settings.

In completing this set of evidence, you will demonstrate that you have developed the skills to lead and coordinate care on an incremental basis across all parts of your course. This begins with understanding how care is integrated across professional roles and settings. In developing your evidence for leading and coordinating care, you will be meeting the following NMC proficiencies:

5.3 understand the principles and application of processes for performance management and how these apply to the nursing team

5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make use of the contributions of others involved in providing care

5.5 safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care

5.6 exhibition leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team

5.7 demonstrate the ability to monitor and evaluate the quality of care delivered by others in a team and lay carers

5.8 support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance

5.9 demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs

6.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments

6.2 understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately

7.11 demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed

7.12 demonstrate an understanding of the processes involved in developing a basic business case for additional care funding by applying knowledge of finance, resources and safe staffing levels

In consultation with a practice supervisor, complete these logs in relation to how care is organised across professions in the Practice learning environment.

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Identify an opportunity to manage the care of a group of people (minimum of three, maximum of five) for at least a four-hour period.

Reflect on and discuss how you managed, prioritised, delegated and assigned care for this group of people.
Reflect on and discuss how you used leaderships skills to guide, support, motivate and interacted with the nursing and interdisciplinary team members
Reflect on and discuss how you monitored and evaluated the care provided by the nursing and interdisciplinary members

What decisions did you have to make that challenged you? What informed your decision-making process?
Provide an example of when you had to effectively challenge practice and answer these four questions: • How successful were you in doing this? • Did your approach successfully facilitate the other person to reflect on their approach? • What would you do differently, if anything, if you encountered the same issue again? • How did this challenge contribute to improving the quality of care?
Provide an example of when you gave constructive feedback within the team. What principles did you adopt in doing this?

How is staffing needs calculated to ensure safe and effective care in the Practice learning environment you are in? What is the responsibility of the nurse leading and managing care in this regard and what steps should you take if staffing levels are insufficient?

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

Being effective in leading and managing care requires the professional nurse to be able to manage resources effectively and efficiently. In consultation with the manager in your practice learning environment, complete the following learning log:

Identify a person in your care that requires care package to be put in place. This could for a residential/nursing home or for a home care package. Provide an overview of the person's needs and the package of care required to meet them.
Outline the sources of funding available and the process that must be followed to access this funding necessary.
What challenges exist in matching the needs of the person with the funding available?

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice Supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

In consultation with a practice supervisor, identify an opportunity to supervise a student nurse in the delivery of nursing care over one shift. This can include direct and indirect supervision.

How did you identify the learning needs of the student and plan out their activities for the shift to ensure these needs were being addressed?
What considerations did you make to ensure that the quality of care and quality of learning was not compromised?
With reference to delegation, what do you understand are the responsibilities of the delegating person to the person being delegated to and the recipient of care?
How did you support and encourage the student to reflect on the care they provided?

What approach did you take to provide the student with constructive feedback?
How did you determine your effectiveness in supporting the student?
How did you formalise the learning of the student in order to contribute to the evidence for their assessment?

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice Supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

Leading the facilitation of safe discharge and/or transitions of people

Provide a brief overview of the person requiring safe discharge and/or transitions to, across or from care settings
Identify ethical principles that underpinned the shared decision-making processes
Explore how governance and legislation supports risk aversion and risk management in the discharge or transition process.
Critically reflect and confront personal biases and influences that challenged how effectively you worked in partnership with others

Debate the value of shared feedback mechanisms for effective interprofessional and interagency teamwork, transparency and clarity.
Identify the steps that you will take to further develop your skills for demonstrating leadership in facilitating people through safe discharge and/or transitions.
Critically reflect on what you have learned from completing the worksheet, linking back to the proficiencies for your specific field of practice.

Authentication

I have read this log and confirm that it is authentic and accurate				Yes ☐ No ☐
Practice supervisor's name		Practice supervisor's signature		**Date:**
Student's name		Student's signature		**Date:**

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RECORD OF LEARNING WITH OTHER HEALTH CARE PROFESSIONALS

Students may use this record sheet to record learning activities that have occurred with other healthcare professionals

Date of Activity	Location of Activity	Attendance Times	No. of Hours	Verifier's Name	Verifier's Signature	Designation
		From: To:				
Briefly describe the experience and your learning						
	Student's signature				Date	
Health care professional comments						
Date of Activity	**Location of Activity**	**Attendance Times**	**No. of Hours**	**Verifier's Name**	**Verifier's Signature**	**Designation**
		From: To:				
Briefly describe the experience and your learning						
	Student's signature				Date	
Health care professional comments						

Name of Student: …… **Student ID:** ……

HEALTH NUMERACY & CALCULATION OF MEDICINES – PART 3

Introduction

As a nurse you need to be competent in basic and more complex numeracy skills. This learning log is designed to give you some focus and practice in these skills during both class and practice learning. Primarily, you will address a variety of NMC proficiencies, at least in part, by completing this learning log correctly:

Is competent in basic proficiencies relating to Providing and Evaluating Care (*):	
4.5	Demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs
4.6	Demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet people's needs related to nutrition, hydration and bladder and bowel health
4.14	Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines
4.15	Demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage
4.16	Demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing
4.17	Apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration, and
4.18	Demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings.
Is competent to perform NMC Standards for Registered Nurse Annex B: Nursing Procedures	
11.1	carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications
11.4	undertake accurate drug calculations for a range of medications
11.5	undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product
11.6	exercise professional accountability in ensuring the safe administration of medicines to those receiving care
11.7	administer injections using intramuscular, subcutaneous and intradermal routes and manage injection equipment
11.8	administer medications using a variety of routes
11.9	administer and monitor medications using enteral equipment.
11.10	recognise and respond to adverse or abnormal reactions to medications

All entries into this learning log must be verified by your practice supervisor. You should aim to undertake the tasks in this workbook in practice so that they can verify you can independently complete them.

Nutritional Assessment

Body weight calculations *(Show your working out)*

Consider three people in your care that have had the total protein and albumin checked as part of their electrolyte/biochemistry profile. Obtain their results, calculate a MUST score and their BMI. What does it tell you about their nutritional status? Record this information below.

Case Study 1	**Total Protein**	**Albumin**	**MUST Score**	**BMI**
	Analysis			
Case Study 2	**Total Protein**	**Albumin**	**MUST Score**	**BMI**
	Analysis			
Case Study 3	**Total Protein**	**Albumin**	**MUST Score**	**BMI**
	Analysis			

Practice supervisor/s, please verify that					
The student has undertaken these calculations independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor's namePractice supervisor's name (print)		Practice supervisor's signature		Date	

Fluids, Electrolytes and Hydration

Determining the presence of dehydration and knowing how to respond is an important skill for nurses. Complete the following case studies to evidence your ability to recognise and response appropriately.

Case Study 1

Clinical sign of dehydration being assessed	How did you determine its presence or rule it out?	What action is required

Practice Supervisor, please verify that					
The student has undertaken this assessment independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study 2

Clinical sign of dehydration being assessed	How did you determine its presence or rule it out?	What action is required

Practice supervisor, please verify that					
The student has undertaken this assessment independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Fluid Requirements

A healthy adult, under normal conditions requires approx. 2.5L/day of fluid. This is to replace fluid lost through faeces, the respiratory tract, perspiration (diaphoresis) and urine. In the ill patient, maintenance fluids are usually prescribed to account for increases in insensible losses (faeces, respiration, perspiration) therefore usually around 2-3 litres daily is administered. Each fluid prescription is influenced by the patient's medical history, age, confounding water excess (eg. CCF) and ongoing assessment: ie. the prescription of fluid must be specific to the patient's needs and the nurse must be sure that the administration of these fluids will not compromise the person in any respect. The following formulae are used to determine individual fluid requirements:

Fluid

35ml/kg/day
Or
4ml/kg/hr for first 10kg + 2ml/kg/hr for each of next 10kgs + 1ml/kg/hr for each kg above 20kg.

Electrolytes
Sodium: 1 mmol/kg/day
Potassium: 1 mmol/kg/day

Replacement fluids are given to correct a volume or electrolyte imbalance. However, it is always important to determine and treat the underlying cause. Critically ill patients are often unable to consume the additional fluid required to replace the lost fluid and so intravenous fluids are required.

Calculate the 24 hours' requirements for five people in you care and document in the table below:

Weight (in Kg)		Fluid Requirement (in ml)	Potassium Requirement	Sodium Requirement	Practice Supervisor Initial	Date
1.						
2.						
3.						
4.						
5.						

Blood Result Interpretation

Blood tests taken from the people in your care can be analysed for a large variety of blood components. The proportions and amounts of these components can assist in the diagnosis of illness and the assessment and evaluation of treatment. Both venous and arterial blood can be sampled. In general, venous blood is most easily obtainable with less risk to both the person providing and the person taking the sample. Arterial blood sampling carried significant risks and is usually only undertaken when the person requiring care is seriously ill and unstable.

Results of blood tests are communicated by the laboratory where they have been analysed and are either uploaded to a database accessible by health care staff in the hospital or primary care centre. Paper copies may also be provided for storage in medical notes. It is important that you begin to learn to identify the components analysed in various tests and to identify if results are within or outside normal expected ranges. Complete the following case studies based on the blood results of people in your care:

Case Study 1 - Full Blood Picture

Component	Normal Value	Result
Haemoglobin	120-160g/l	
Red blood cells (RBC erythrocytes)	3.9-5.5 $x10^{12}$/l	
Haematocrit (PCV packed cell volume)	37-48%	
Platelets (thrombocytes)	150-350 $x10^{9}$/l	
Reticulocytes (immature RBCs)	25-85 $x10^{9}$/l	
White cell count	4.5-10.5 $x10^{9}$/l	
What can you infer from these results?		

Practice supervisor, please verify that					
The student has undertaken these interpretations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study 2 – Biochemistry

Component	Normal Value	Result
Albumen	34-46gL	
Bicarbonate	22-28mmol/l	
Bilirubin	3-16umol/l	
Calcium	2.0-2.6mmol/l	
Creatinine	55-145umol/l	
Magnesium	0.7-1.0mmol/l	
Potassium	3.6-5.0mmol/l	
Total Protein	60-80g/l	
Sodium	135-145mmol/l	
Urea	2.5-6.5mmol/l	
What can you infer from these results?		

Practice supervisor, please verify that					
The student has undertaken these interpretations independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Case Study 3 – Arterial Blood Gas Analysis

Component	Normal Value	Result
pH	7.35 – 7.45	
$PaCO_2$	4.7 – 6.0 kPa	
PaO_2	> 10 kPa on air	
HCO_3	22 – 26 mmol/l	
BE	+/- 2 mmol/l	
What can you infer from these results?		

Practice Supervisor, please verify that					
The student has undertaken these interpretations independently				Yes ☐	No ☐
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐	No ☐
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

BNF Questions

These can be completed with your <u>Record of Learning with Another Health Care Professional</u> in your Practice Assessment Document.

1. What is a generic medication? *Give an example you have seen in practice*.

2. What is an unlicensed medication? *Give an example used in practice and the clinical rationale for it.*

3. What is a 'special' preparation? *Give a practice example and why it may be necessary.*

4. What is polypharmacy? *Provide a case study from practice of a person where polypharmacy is present but is effective in managing their condition.*

5. What is inappropriate polypharmacy? *Provide a case study from practice of a person where polypharmacy may be an issue*

6. What does the term 'deprescribing' mean? *Give a practice example.*

Practice Supervisor, please verify that					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Safe Administration of Medicines- Administration Procedure

Complete an observed medication administration with your practice supervisor where you undertake the administration and demonstrate your proficiency against the criteria in the template below. Afterwards, complete the template with your practice supervisor to record your achievement. You must do this on two occasions in part 3.

Assessment 1	Achieved/Not Achieved
Checked for: • Person's details completed • Allergies or previous drug reactions • Drug name • Start date/Finish date • Route of administration • Dose (strength if applicable) • Frequency • Time for administration • If already given or omitted • If any contraindications • Potential interactions • Any storage directions	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks • Drug name against prescription • Dose against prescription • Expiry date	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of an RN prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against: • Wrist band • Verbally • Prescription chart	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of an RN administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice Supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Assessment 2	Achieved/Not Achieved
Checked for: • Person's details completed • Allergies or previous drug reactions • Drug name • Start date/Finish date • Route of administration • Dose (strength if applicable) • Frequency • Time for administration • If already given or omitted • If any contraindications • Potential interactions • Any storage directions	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Verbalises action of medication, including checking (e.g. BNF) if necessary	Yes ☐ No ☐
Considers matters around consent and ethical administration	Yes ☐ No ☐
Correctly identifies medication to be given	Yes ☐ No ☐
Checks • Drug name against prescription • Dose against prescription • Expiry date	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Calculates dose	Yes ☐ No ☐
Under the direct supervision of an RN prepares for administration, including any required checks with additional staff	Yes ☐ No ☐
Checks person's identity against: • Wrist band • Verbally • Prescription chart	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Checks allergies with person	Yes ☐ No ☐
Under the direct supervision of an RN Administers medication to person	Yes ☐ No ☐
Observes the person taking the medication	Yes ☐ No ☐
Documents administration correctly	Yes ☐ No ☐
Confirms how adverse reactions are notified	Yes ☐ No ☐
Practice Supervisor, please verify that	
The student has undertaken this medication administration under your supervision	Yes ☐ No ☐
I (practice supervisor) confirm the accuracy of the assessment record completed	Yes ☐ No ☐

Practice supervisor's name (Print)		Practice supervisor's signature		Date	

Calculations in Nursing

One of the most important ways in which you will have to use your calculation skills in your practice is when you are preparing and administering medicines for different routes of administration. While you have been introduced to the basic theory behind drug calculations in Part 1 of your programme, it is important that you are competent in calculating the correct volumes and dosages in practice.

The important information that you need for getting to grips with dose calculations are:

- The type of formulations containing the drug – e.g. tablets, capsules or suspensions (volumes of fluid)
- The amount of the drug contained in each tablet, capsule or volume of fluid etc
- The prescribed dose required to be given at each administration

Based on medications prescribed for people in your care, complete the tables below. Do not use the same drug twice and all entries must be completed. An example is provided for each section.

Enteral Drug (Tablet/Capsule)		**Dose Prescribed**	**Dose each unit is supplied in**	**Number needed for prescribed dose**	**Show Calculation**	**Practice Supervisor Initials**	**Date**
e.g.	Paracetamol	1g	500mg	2 tablets	500mg x 2 = 1g		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Enteral Drug (Liquid/Suspension)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Amoxicillin	500mg	250mg in 5 ml	10ml	250mg x 2 = 500mg 250mg in 5ml, 5ml x 2 = 10ml		
1.							
2.							
3.							
4.							
5.							

Parenteral Drugs (Injections)		Dose Prescribed	Dose each unit is supplied in	Amount needed for prescribed dose	Show Calculation	Practice Supervisor Initials	Date
e.g.	Haloperidol	2 mg	5 mg in 1 ml	0.4 ml	If 5mg in 1ml, 1mg in 0.2ml. 2mg = 0.2ml x 2 = 0.4ml		
1.							
2.							
3.							

Parenteral Drugs (Intravenous Infusions)		Dose Prescribed	Dose each unit is supplied in	No. of units needed and rate of infusion	Show Calculation	Practice Supervisor Initials	Date
e.g.	Sodium Chloride 0.9%	1l over 10 hours	500 ml	2 units, 100ml per hour	500ml x 2 = 1l		
1.							
2.							
3.							

Parenteral Drugs (Inhaled)		Dose Prescribed	Dose in each inhalation	Numbers of inhalations needed daily	Show Calculation	Practice supervisor/s Initials	Date
e.g.	Salbutamol	200 mcg daily twice daily	100 mcg	2 inhalations twice daily	100 mcg x 2 = 200Mcg		
1.							
2.							
3.							

Prescribing Competency Framework

The prescribing competency framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing.

The competency framework (illustrated below) sets out what good prescribing looks like. There are ten competencies split into two domains (RPS, RCN 2018)

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Using the 10 Competencies within the Prescribing Competency Framework, provide one clinical example in which a prescribing process you have witnessed has meet the required standards.

Prescribing Competency Activity	Clinical Prescribing Example
1. Assess the person and confirm the diagnosis.	
2. Consideration of both non-pharmacological and pharmacological approaches	
3. Reach a shared decision - respects personal preferences including their right to refuse or limit treatment	
4. Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted effects.	
5. Gives the person clear, understandable and accessible information about their medicines	
6. Establish a plan for reviewing the person's treatment.	
7. Prescribes within own scope of practice	
8. Prescribes safely within legal and regulatory frameworks affecting prescribing practice.	
9. Reflects on own and others prescribing practice.	
10. Prescribes as part of a multidisciplinary team.	

Practice Supervisor, please verify that					
The student has undertaken this work independently				Yes ☐ No ☐	
I (practice supervisor) have checked the answers and confirm they are correct				Yes ☐ No ☐	
Practice supervisor's name (Print)		Practice supervisor's signature		Date	

MAHI - STM - 259 - 867

NURSING PROCEDURES – LEARNING DISABILITIES NURSING - PART 3

STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE NURSING PROCEDURES THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES

In this part of the programme, students should be practicing at the follow level:
Practicing autonomously with minimal supervision and leading and coordinating care competently and confidently within changing environments, applying knowledge, skills and professional attributes

Key: Yes: *Student demonstrates achievement to the expected standard*
No: *Student does not yet demonstrate achievement to the expected standard*
NOA: *No opportunity available*

Please see the Handbook for further detail on these Keys.

Practice Learning 1 Location	
Practice Learning 2 Location	
Practice Learning 3 Location	

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.1	**Assesses mental health and wellbeing status using appropriate tools/framework(s)** • (eg Depression Scales, Folstein Mini-Mental State Examination, Recovery and Wellness tools**.**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.11	**Identifies and responds appropriately to signs of mental and emotional stress or vulnerability (e.g. sensory impairment, dementia, autistic spectrum disorder, distress, delirium, behaviours that challenge)** • Contributes to a culture of mental health recovery and wellness that fosters self-determination and resilience • Acts as an advocate for the person, their family or their carers • Engages actively with individuals, families and carers to enable their full involvement in the care/treatment process, on the basis of informed choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
1.2.2	**Identifies and responds appropriately to signs and symptoms of physical distress (e.g. pain, thirst, hunger, nausea, constipation)** • Demonstrates application of the nursing process • Demonstrates an ability to see the person as the expert in his or her experience • Demonstrates an ability to see the person and not just his or her symptoms • Demonstrates respect for the contribution of families, friends and carers • Recognises when additional actions are needed to address additional care needs	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.1 +2.10	**Accurately takes, records and interprets:** • Temperature	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Radial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Brachial Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Carotid Pulse (manual)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Respirations	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Oxygen Saturations (SaO_2)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Capillary Refill/Perfusion (Central and Peripheral)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• National Early Warning Score	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (sphygmomanometer)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Blood Pressure (electronic)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Recognises changes in Level of Consciousness (AVPU)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.6 + 5.2	**Accurately measures/calculates and records** • Weight	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Height	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Length	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Body Mass Index (BMI), including correctly categorising result	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Nutritional Status using contemporary assessment tool(s) (e.g. MUST)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.11	**Can identify/recognises signs of all forms of abuse**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Responds to signs of all forms of abuse, documenting and reporting same and making appropriate onwards referrals • Is aware of the referral process to other professions and statutory or voluntary agencies	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
2.14	**Administers basic mental health first aid (e.g. non-judgmental listening, providing reassurance, providing support/referral information)**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.15	**Administers basic physical first aid**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
2.16	**Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support:** • Protects person from injury	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Manages a person safely while in a seizure	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can demonstrate knowledge of emergency medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Can place person in recovery position (at appropriate time)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of mild airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Management of severe airway obstruction	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Opening, clearing and maintaining airway	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Check for breathing and pulse simultaneously	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Correctly identifies how to gain expert help in cardiac arrest	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Adult o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Performs CPR correctly – Infant and Child o Compressions (hand position, rate, depth, recoil)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Ventilations (chest rises and falls, correct use of bag-valve-mask)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.1 + 3.5	**Reviews behavioural intervention/s and documents decisions of care**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Recognises own position in supporting people presenting with behaviours that challenge	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can identify and plan for sleep and rest needs, articulating optimal hours for sleep	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.3	**Uses correct moving and handling techniques**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Correctly identifies necessary pressure relieving aids/appliances based on assessment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.4	**Takes appropriate action (including advocacy) to ensure privacy and at all times**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
3.5	**Can recognise fatigue and tiredness and articulate the difference between them**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate, plan and promote the need for activity in fatigue	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can articulate and educate people on sleep hygiene measures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Can articulate and educate people on energy management related to their health status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.3	**Assesses needs for, and provides appropriate assistance with, washing, bathing, shaving and dressing**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.4	**Identifies and manages skin irritations, rashes and pressure areas**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.5	**Undertakes oral assessment (using recognised tool when appropriate) and determines appropriate plan for oral hygiene**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake oral hygiene	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for eye care and ear care, setting out plan when appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Can correctly undertake eye care and ear care to minimise infection and optimise status	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Assesses need for nail care and articulates associated risks (e.g. diabetes, peripheral vascular disease)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Identifies correctly when referral for chiropody/podiatry is required, completing same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
4.8	**Assesses, responds to and effectively manages pyrexia and hypothermia.**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
5.1 + 5.3 + 5.4 + 5.5	**Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Supports people who need to adhere to specific diet and fluid regimens and educates them of the reason	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures that time is given at mealtimes to promote a sociable and pleasant experience for the person which includes choice	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Ensures correct positioning of the person and self during mealtimes (e.g. person and student are comfortably seated at eye level)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Assesses the risk associated with eating and drinking and correctly identifies when referral to other professionals is appropriate (e.g. dietician, speech and language therapist)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Follows food hygiene procedures	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.1	**Assesses abilities and needs in relation to mobility using appropriate tool/framework**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Uses a validated risk tool to identifying and categorise risk of falls	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Works with interdisciplinary team to identify correct aids/appliances and support needs to maximise safe movement/mobilisation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.2 + 7.3	**Engages with and advocates safe moving and handling equipment and techniques**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
7.4 + 9.7	**Uses appropriate safety techniques and devices.** • Ensures equipment is safe to use prior to its use	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	• Checks equipment has been serviced as required, documenting same	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Identifies when equipment is faulty or in need of service, responding appropriately to maximise safety	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Safe use and disposal of medical devices (COSHH regulations)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
8.1	**Observes, assesses the need for intervention and appropriately responds to:** • Restlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Agitation	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Breathlessness	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
9.1 - 9.8	**Follows local and national guidelines and adheres to standard infection prevention & control precautions**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Demonstrates effective hand-washing technique (seven stages)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	Demonstrates appropriate use of personal protective equipment	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Disposes of waste and sharps appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Uses aseptic non-touch technique (ANTT) and aseptic technique appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Recognises potential signs of infection and records and reports to appropriate senior members of staff	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies when people require to be nursed in isolation or in protective isolation settings	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Prepares and decontaminates nursing equipment appropriately	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.2 + 11.6	**Under the direct supervision of an RN and before administering any prescribed drug, reviews the person's prescription chart and checks the following:** • Correct: o Person	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	o Drug	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Dose	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Date and time of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Route and method of administration	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Diluent (as appropriate)	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Ensures: o Validity of prescription	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o Prescription is legible	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	o No allergies/sensitivities to prescribed medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
	If any omissions, lack of clarity or illegibility of prescription exists, the student under the direct supervision of an RN does not proceed with administration and should consult the prescriber	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Accurately records administration of medication	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Observes for effect of medication, responding and recording as appropriate	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	Identifies, records and communicates known allergies and/or sensitivities	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.11	**Demonstrates ability to safely store medicines as per regional/local policy.**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
11.7 + 11.8	**Is competent in medicines calculations and administration relating to:** • Tablets and capsules	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		
	• Enteral liquid medicines	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

NMC Annex B Ref	Nursing Procedure	Practice Learning Experience No.								
		1			2			3		
		Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date	Assessment	Registrant's Initials	Date
11.10	**Recognises and response promptly to side effects and adverse reactions of medication**	☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA			☐ Yes ☐ No ☐ NOA		

SECTION 2

ASSESSMENT
(FORMATIVE AND SUMMATIVE)

FORMATIVE ASSESSMENT (TRIPARTITE) – PART 3

This process is completed by the practice assessor, link lecturer/practice tutor and student at defined stages within the part of the programme – approximately halfway through practice learning for this part of the programme. Please refer to the Handbook for further guidance. The purpose of this assessment is to provide formative feedback and direction for the summative assessment.

Practice assessor, please tick (✓) accordingly:

Are there any concerns highlight in the NIPAD to date?	Yes ☐ No ☐
If yes, is there a sufficient action plan in place?	Yes ☐ No ☐ N/A ☐
Are all Records of Discussions complete and authenticated to date?	Yes ☐ No ☐
Is evidence to date authenticated?	Yes ☐ No ☐
Is there sufficient progress for this stage of this part of the course?	Yes ☐ No ☐

Practice assessor, link lecturer/practice tutor and student, following this formative review, please provide a summary of progress to date and outline key areas for development in the remaining weeks of practice learning prior to the summative assessment for this part of the course. This should include reference to any issues identified above.

Summary of Progress and Key Areas for Development
Practice assessor comments: *I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Practice assessor's signature: …….. Date ……*
Link lecturer/practice tutor comments: *I, the link lecturer, am an NMC registrant, with appropriate equivalent experience for the student's field of practice)* ☐ *Link Lecturer/practice tutor's signature: …… ……. Date ……*
Student comments: *Student's signature: …….. ……. Student ID:…… Date ……*

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 3

This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

This assessment is undertaken towards the end of the final practice learning experience of Part 3, permitting a minimum period of two weeks for a second attempt. Please refer to the Handbook for further guidance. The purpose of this assessment is to determine whether the requirements for progression to enter the NMC live register have been achieved with sufficient supporting evidence provided.

Student Details

Student's name:		Student ID	
practice learning environment		Date	

Practice assessor, please complete:

Professional Values in Practice Have all Professional Values and Attributes assessments been achieved to date?	Achieved ☐ Not yet Achieved ☐
If not yet achieved, please outline the details of any specific concerns below. If achieved, please tick the not applicable box here and put a line across the space below to prevent an entry. N/A ☐	

In considering the types of evidence below, for the related proficiencies to be achieved, all elements of that evidence set must be completed in full and authenticated. If this is the case, please tick ***Achieved*** to indicate that the proficiencies related to that evidence set are achieved. If incomplete or not authenticated, please tick ***Not yet achieved***.

Professional Values in Practice	Achieved ☐	Not yet achieved ☐
Service User/Carer Feedback (3)	Achieved ☐	Not yet achieved ☐
Authenticated Reflections	Achieved ☐	Not yet achieved ☐
Promoting Health and Preventing Ill Health	Achieved ☐	Not yet achieved ☐
Care Documentation	Achieved ☐	Not yet achieved ☐
Quality Improvement in Practice	Achieved ☐	Not yet achieved ☐
Leading and Coordinating Care Episode	Achieved ☐	Not yet achieved ☐
Child-Centred Care Worksheet	Achieved ☐	Not yet achieved ☐
Health Numeracy & Calculation of Medicines	Achieved ☐	Not yet achieved ☐
Communication and Relationship Management Skills	Achieved ☐	Not yet achieved ☐
Nursing Procedures (Part 3)	Achieved ☐	Not yet achieved ☐
Nursing Procedures (Across all Parts)	Achieved ☐	Not yet achieved ☐

Are all Records of Discussions to date complete and authenticated? Yes ☐ No ☐
Has the student completed their practice learning evaluation? Yes ☐ No ☐

If any of the above are not achieved or are incomplete, please complete the **Action Plan to Achieve Proficiencies Not yet achieved**. If all are achieved, please tick the not applicable box here. N/A ☐.

I **recommend** that the above-named student progresses to enter the NMC live register	Yes ☐ No ☐
I **do not recommend** that the above named student progresses to enter the NMC live register	Yes ☐ N/A ☐

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Practice Assessor's Signature……. *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 3

Student Details

Student's name		Student ID	
practice learning environment		Date	

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to enter the NMC register, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ No ☐
I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐ *Academic assessor's Signature*……. *Date* ……	

Practice assessor comments (please do not leave blank)

Practice assessor's signature…….. *Date* ……

Academic assessor's comments (please do not leave blank)

Academic assessor's signature…….. *Date* ……

Student comments (please do not leave blank)

Student's signature ……..*Student ID:*…… *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 3

Action Plan to Achieve Proficiencies Not Yet Achieved
(Please leave blank if student has achieved as required on the first attempt)

Agreed Action Plan	**Date**	
Learning and Development Needs	**How Will This be Achieved?**	
Date for Review:		

We agree the above points and plan of action

Practice assessor's signature …… *Date* ……..

Academic assessor's signature … …… *Date* ……..

Student's signature …… *Date* ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 3

Student Details

Student's name		Student ID	
practice learning environment		Date	

In which evidence type was there a deficit of evidence to support achievement of proficiencies?

Professional Values in Practice	☐
Service User/Carer Feedback	☐
Authenticated Reflections	☐
Promoting Health and Preventing Ill Health	☐
Care Documentation	☐
Quality Improvement in Practice	☐
Leading and Coordinating Care Episode	☐
Child-Centred Care Worksheet	☐
Health Numeracy & Calculation of Medicines	☐
Communication and Relationship Management Skills Learning Log	☐
Nursing Procedures (Part 3)	☐
Nursing Procedures (Across all Parts)	☐

Are all Records of Discussions to date complete and authenticated?	Yes ☐ No ☐
Has the student completed their practice learning evaluation?	Yes ☐ No ☐
Is the required evidence now present, authenticated and to standard	Yes ☐ No ☐
I **recommend** that the above-named student progresses to enter the NMC live register	Yes ☐ No ☐
I **do not recommend** that the above-named student progresses to enter the NMC live register	Yes ☐ N/A ☐

If ***No***, please provide details:

I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐
Practice assessor's Signature…….. *Date* ……

Academic assessor, please tick as appropriate:

At the time of this assessment, the above-named student **may progress** to enter the NMC live register, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ No ☐
At the time of this assessment, the above-named student **may not progress** to enter the NMC live register, subject to ratification at the Board of Examiner's and in line with the course regulations	Yes ☐ N/A ☐

I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) ☐

Academic assessor's Signature……. Date ……

SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 3

Practice assessor Comments (please do not leave blank)

Practice assessor's Signature…….. Date ……

Academic assessor's Comments (please do not leave blank)

Academic assessor's signature…….. Date ……

Student Comments (please do not leave blank)

Student's signature ……...Student ID:…… Date ……

DECLARATION - FINAL ASSESSMENT OF PROFICIENCY

The final assessment of proficiency is to be completed by the practice assessor either after the first attempt at Summative Assessment where all proficiencies have been achieved, or after the final attempt at Summative Assessment.

Practice assessor, please complete <u>one</u> of these boxes:

Declaration

I confirm that student nurse ……. has provided evidence to demonstrate that all standards of proficiency for registered nurses have been achieved to support entry to the NMC live register.

Final Outcome: **Achieved**

Practice assessor name: _____ **(print)**

Signature: _____

PIN: _____

Date: _____

Declaration

I confirm that student nurse ……. has **<u>not</u>** provided evidence to demonstrate that all standards of proficiency for registered nurses have been achieved to support entry to the NMC live register.

Final Outcome: **Not Achieved**

Practice assessor name: _____ **(print)**

Signature: _____

PIN: _____

Date: _____

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NIPEC

Future Nurse Future Midwife

Engagement & Communication (EC) Work Stream
Terms of Reference
April 2019

1. Introduction

The NMC published education standards for nursing and midwifery education in May 2018. The standards and proficiencies for nursing raise the ambition in terms of what's expected of a nurse at the point of registration. The standards and proficiencies for midwifery are currently being reviewed following a 12 week consultation from February 12th to May 9th 2019, - both will equip nurses and midwives with the knowledge and skills they need to deliver excellent care across a range of settings now and in the future.

In total the NMC have published:

- Future nurse: standards of proficiency for registered nurses
- Standards framework for nursing and midwifery education
- Standards for student supervision and assessment
- Standards for pre-registration nursing programmes
- Standards for prescribing programmes.

The documents can be accessed at https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

2. Background

It is recognised that the implementation of the NMC Education Standards will have substantial implications across health and social care services in Northern Ireland and a significant programme of work needs to be taken forward to introduce the standards from 2020 including effective engagement and communication across the system.

An Engagement and Communication Strategy has been developed to support the project and implementation of the standards. This strategy outlines how the Project Board will meet the objectives of the Project Plan and how it will communicate and engage with stakeholders in the process.

It is not possible to have all stakeholders represented on the Future Nurse Future Midwife Programme Board and/or the Future Nurse Future Midwife Working Group. Therefore the work of both groups must be underpinned with a robust

communication plan which will aim to support the Approved Education Institutions (AEIs), their Practice Placement Partners, all registrants and their employers to respond to the requirements of the standards.

Good communication is essential in supporting the communication/engagement approach and will reflect the core values of how we engage with our stakeholders though out the duration of the project.

3. Aim

The overall aim is to deliver effective communication that is accurate, timely, relevant and reliable through a range of appropriate methods and formats which support the delivery of the Northern Ireland FNFM Education Standards Project Plan.

The Engagement and Communication Work Stream will be proactive in communicating with all stakeholders, strengthen relationships to gain effective partnership working and ensure that it meets the needs of stakeholders and the objectives of the project.

4. Objectives

The Engagement and Communication Work Stream will:

- develop a Future Nurse Future Midwife information page on NIPEC website which links to NMC website
- circulate bi -monthly communiqués for dissemination to the key stakeholders
- circulate a series of written publications, e.g. frequently asked questions leaflet, information leaflets, newsletters, aligned to those prepared by the NMC
- work in partnership with stakeholders to promote information via stakeholders websites including the DoH, the HSC Trusts, the Independent, Voluntary and Primary Care Sectors, along with all other stakeholder websites as advised by the Programme Board and Working Group.
- deliver Future Nurse Future Midwife information sessions/road shows across Northern Ireland
- develop a "pod cast" of the information sessions and make accessible on NIPEC website
- use social media to share information with registrants, e.g. Facebook, Twitter.
- lead Twitter Chat/s with key partners i.e. AEIs, NMC, Practice Partners as a means of sharing information, answering queries /questions
- make available on NIPEC website, notes of the Future Nurse Future Midwife reports and meetings
- consider all input regarding communication and engagement from FNFM Work Streams.
- Will ensure nursing and midwifery are informed of the September 2020 implementation date.
- Promote the co-production and design in Future Nurse, Future Midwife documentation.

5. Membership

Name of Member	Organisation	Role/Representing
Brendan McGrath (Co-Chair)	WHSCT	Five Assistant Directors of Nursing (HSCT)
TBC (Co-Chair)	XX	Independent Sector
Frances Cannon (Project Manager)	NIPEC	Senior Professional Officer and FNFM Project Manager
Carol McGinn	WHSCT	Professional Officer for Engagement and Communication (EC)Work Stream (Lead)
Sharon Conlan	SHSCT	Professional Officer for Practice Learning Environment (PLE) Work Stream
Rhonda Brown	BHSCT	Professional Officer for Curriculum Development (CD) Work Stream
Kerrie McLarnon	NHSCT	Professional Officer Practice Assessment Document (PAD Work Stream
Joanne Fitzsimons	SEHSCT	Professional Officer for SSSA Standards for Student Supervision and Assessment (SSSA) Work Stream
Bernadette Gribben	NIPEC	Associate Professional Officer Independent Sector /Primary Care
Billiejoan Rice	Queens University	Lecturer
Diane Lyttle	Ulster University	Lecturer
Eilish Boyle	NIPEC	Professional Officer
Joanna McKissick	Patient and Client Council	Service User Representation
Representative from Student Representative Group as/when available	QUB/UU/OU	Student from across the three Approved Education Institutions

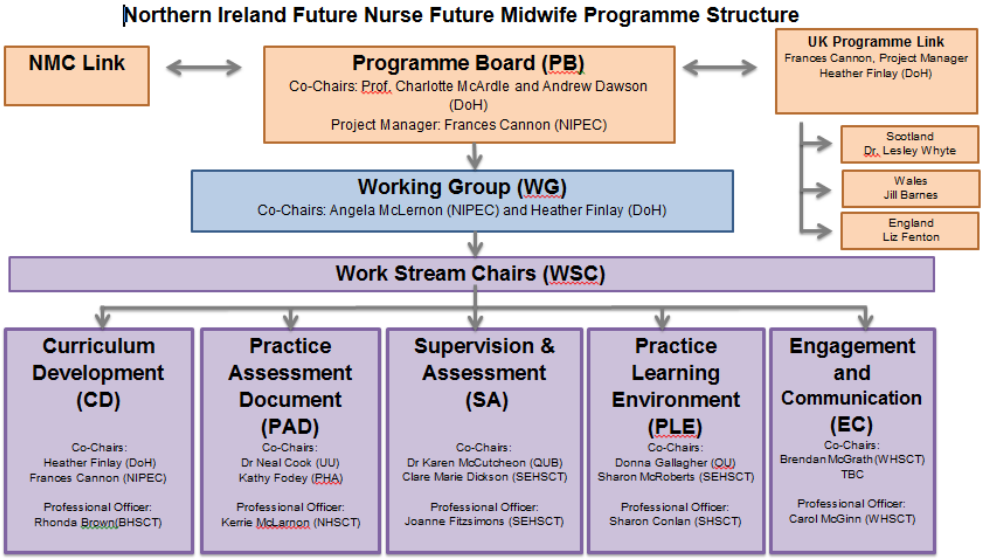
In addition to the above named individuals, the group may identify additional short-term members, or seek advice from individuals, as required for the purposes of achieving its objectives. This may be in the form of ad hoc consultation, workshops and/or establishing work stream subgroups.

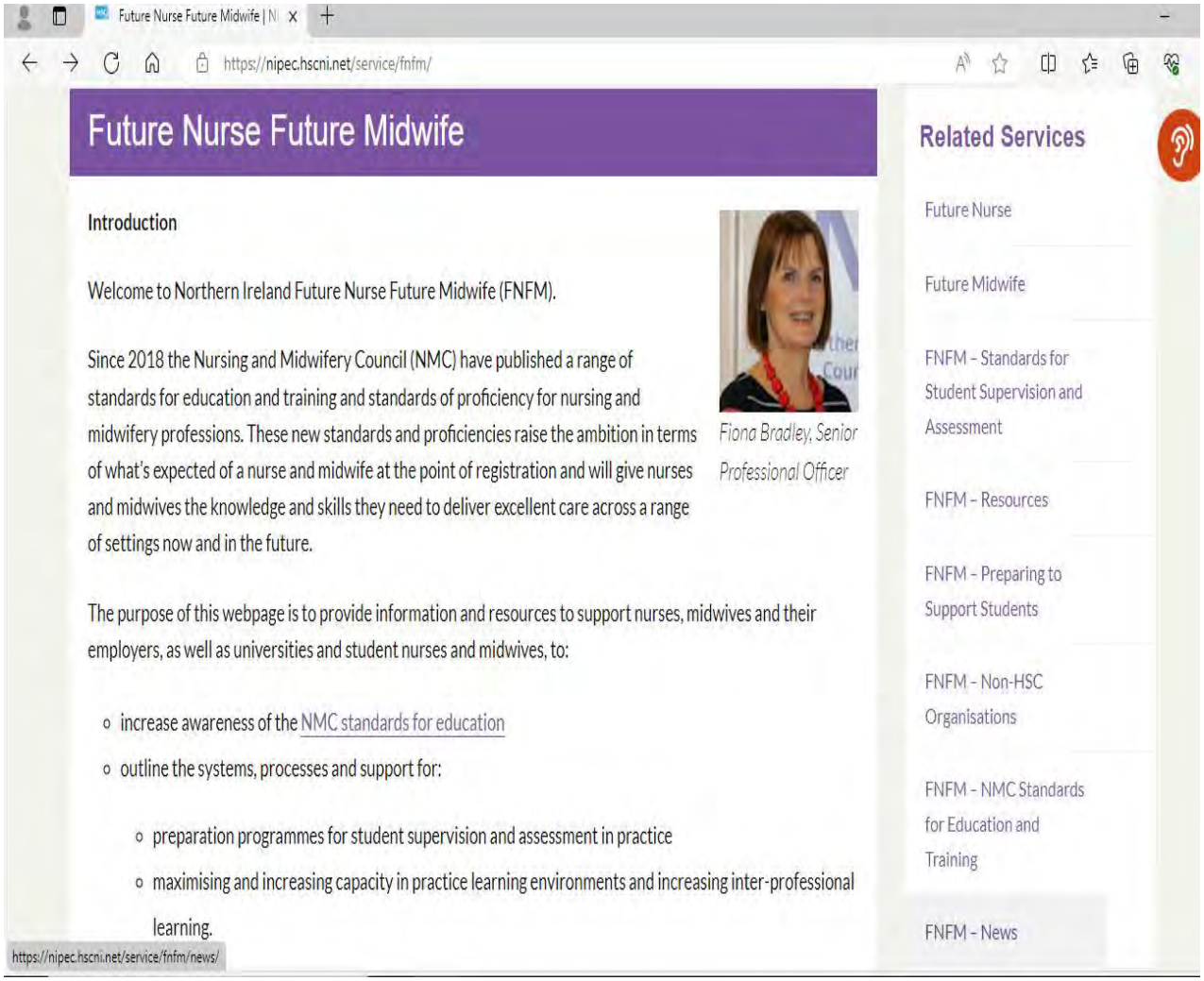
6. Accountability

The EC Work Stream objectives will be collaboratively managed by the Chair/Co-Chairs and the FNFM Professional Officer, with oversight from the Project Manager.

The FNFM Professional Officers and Co-Chairs of each identified work stream will meet collectively at defined times to review progress across all work streams and ensure consistency across work as relevant. Professional Officers will also hold membership on the FNFM Working Group and provide updates as part of the Project Manager's reports to the Working Group meetings as required.

All activities related to the work stream requiring financial resources will be discussed with the FNFM Project Lead prior to commencement.





https://Nipec.hscni.net/service/fnfm/

Exhibit 35

MAHI - STM - 259 - 897

Future Nurse Future Midwife

Nursing and Midwifery Council (NMC)
Education Standards (2018)

Are you a registered Nurse or Midwife in a HSC Trust or Independent Sector Organisation?

Roadshows are available from October, delivering essential information on the upcoming changes for all nurses and midwives in Northern Ireland. These sessions are also open to other registered healthcare professionals interested in supporting nursing & midwifery students
(please note these Roadshows are FREE)

Aim of the session is to:

- increase your awareness of the NMC Education Standards 2018 - *what's new*?
- get an overview of the new roles for supporting learning and assessment in practice for students: Practice Supervisor, Practice Assessor and Academic Assessor - *what does this mean for you in practice?*
- learn about the new NI Practice Assessment Document NIPAD (Nursing)* - *how will it work?*
- have your questions answered and be signposted to additional information and support.

**the Midwifery NIPAD is not yet available & will be progressed and aligned to the publication of the Future Midwife standards of proficiency*

Discuss your attendance with your Line Manager and book here for any of the following 2019/2020 FNFM Roadshows:
https://nipec.hscni.net/events/categories/roadshow/

2019 Roadshows

Date	Times	Location
28 October (40 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Altnagelvin Area Hospital Site **Derry/Londonderry**
1 November (100 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Clady Villa Knockbracken Health Care Park **Belfast**
7 November (70 places**)**	10.00 – 12:00 or 13:00 – 15:00	Lecturer Theatre - Causeway Hospital **Coleraine**
18 November (30 places)	10.00 – 12:00 or 13:00 – 15:00	The Old School Canteen Tyrone and Fermanagh Hospital **Omagh**
22 November (80 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Craigavon Area Hospital Site **Portadown**
26 November (75 places)	10.00 – 12:00 or 13:00 – 15:00	QIIC Lecture Theatre - Ulster Hospital **Dundonald**
6 December (80 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Fern House Antrim Area Hospital Site **Antrim**

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2020 Roadshows

Date	Times	Location
4 February (70 places)	10.00 – 12:00 or 13:00 – 15:00	Lecture Theatre -South Tyrone Hospital **Dungannon**
7 February (80 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Fern House Antrim Area Hospital Site **Antrim**
12 February (60 places)	10.00 – 12:00 or 13:00 – 15:00	Conference Room 4 - Silver Birch Hotel **Omagh**
13 February (70 places)	10.00 – 12:00 or 13:00 – 15:00	Elliott Dynes Lecture Theatre - Rooms 1 and 2 RVH **Belfast**
20 February (70 places)	10.00 – 12:00 or 13:00 – 15:00	Lecture Theatre Causeway Hospital **Coleraine**
25 February (100 places)	10.00 – 12:00 or 13:00 – 15:00	Great Hall Downshire Hospital **Downpatrick**
2 March (100 places)	10.00 – 12:00 or 13:00 – 15:00	Lecture Theatre - South West Acute Hospital **Enniskillen**
5 March (25 places)	10.00 – 12:00 or 13:00 – 15:00	Training Room McCaughey House – Whiteabbey Hospital **Whiteabby**
9 March (80 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Craigavon Hospital Site **Portadown**
12 March (75 places)	10.00 – 12:00 or 13:00 – 15:00	QIIC Lecture Theatre - Ulster Hospital **Dundonald**
18 March (40 places)	10.00 – 12:00 or 13:00 – 15:00	The Sun lounge - Mid Ulster Hospital **Magherafelt**
20 March (100 places)	10.00 – 12:00 or 13:00 – 15:00	CEC Clady Villa - Knockbracken Health Care Park **Belfast**
27 March (80 places)	10.00 – 12:00 or 13:00 – 15:00	MDEC Lecture Theatre 1- Altnagelvin Hospital **Derry/Londonderry**

Evening Roadshows

Date	Times	Location
13 February (70 places)	19.30 – 20.00	Elliott Dynes Rooms 1 and 2 Royal Victoria Hospital **Belfast**
20 February (70 places)	19.30 – 20.00	Lecture Theatre, Causeway Hospital **Coleraine**
25 February (100 places)	19.30 – 20.00	Foyer, Downe Hospital **Downpatrick**
2 March (100 places)	19.30 – 20.00	Lecture Theatre Level 2 South West Acute Hospital **Enniskillen**
9 March (70 places)	19.30 – 20.00	Medical Education Centre - Lecture Theatre - Craigavon Area Hospital, **Portadown**
27 March (80 places)	19.30 – 20.00	Western Trust - Lecture Theatre 1 MDEC Altnagelvin Hospital site **Derry/Londonderry**

QUEEN'S UNIVERSITY BELFAST

The Open University

Ulster University

HSC Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Northern Ireland
Future Nurse Future Midwife

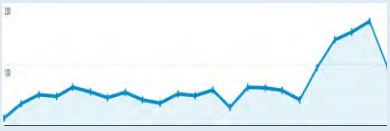
NIPEC

Future Nurse officially launched: 14 September 2020
Future Midwife officially launched: 13 September 2021

This infographic highlights FNFM achievement & activity since September 2018

One NIPEC FNFM Web Page with a FNFM Resources section

Over 19.000 visits to the NIPEC **FNFM Web Page**



Supported Pre & Post registration programme
NMC Approval events across the three Universities for Nursing and Midwifery

Over **75% of Nurses and Midwives** have completed **Practice Assessor Preparation** and can support students in practice

Arrangements agreed for **free access for non-HSC and Independent sector** organisations to the **HSC Learning platform** and the Practice Supervisor Practice Assessor preparation programmes

Regular communiqués published with FNFM updates and signposting

Midwifery Expert Reference Group (MERG) implemented:

- Midwifery Curriculum Development
- Midwifery Ongoing Record of Achievement
- Midwifery Practice Learning Environments – Increased Experiences and capacity

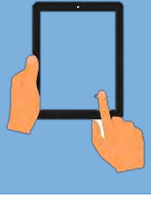
Development of a **Guide** for those Responsible for **Student Supervision and Assessment in Practice**

One Practice Learning Environment Educational Audit for Nursing and Midwifery

100% nursing audits completed
100% midwifery audits completed

One Electronic Northern Ireland Practice Assessment Document (ENIPAD) for each of the four fields of Nursing

One Electronic Midwifery Ongoing record of achievement MORA



August 2020 and onwards

Northern Ireland Practice Learning Collaborative

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NIPEC

Northern Ireland Future Nurse Future Midwife

Communication Update – November 2021

Welcome to the final edition of the FNFM Communique. The last FNFM Programme Board meeting was held on the 9th of November 2021 which formally concluded three years' work to implement the NMC (2018) Education Standards across both the Nursing and Midwifery professions in Northern Ireland.

We would like to take this opportunity to thank everyone who has been involved in the project, including all of the co-chairs and members of the various FNFM work streams and task and finish groups that drove the work forward, the staff and students who provided feedback and piloted the collaboratively developed resources. We would like to particularly thank the FNFM Professional Officers and more recently the FNFM links that were the conduit between the work of the project and practice – their contribution has been amazing throughout. The project has been an exemplar of what can be achieved through partnership and collaborative working.

FNFM Resources

The FNFM regionally agreed resources developed though the project can be accessed on the NIPEC FNFM Website, see links to the right.

NIPEC FNFM Website Links

- FNFM Home Page
- Future Nurse
- Future Midwife
- Standards for Student Supervision and Assessment
- FNFM Resources
- Preparing to Support Students
- Non-HSC Organisations
- NMC Standards for Education and Training
- News

Practice Assessor Preparation

Currently over 75% of nurses and midwives have completed Practice Assessor Preparation Programmes. Thank you to everyone who has completed this to support students in practice. For those who are yet to complete this, or those who wish to re-access the learning resources, you can do so through you HSC Learning Centre login. Registrants in Non-HSC Trust organisations can register with the HSC Leadership Centre for free – information on how to do this is here. A small number of preparation programmes continue to be delivered via webinars/video platforms and in person (social distanced as appropriate) through Practice Education Teams and Universities.

Northern Ireland Practice Learning Collaborative (NIPLC)

The NIPLC is now firmly established and going forward are now be responsible for ensuring that the NMC Education Standards (2018) are fully implemented and mainstreamed through collaborative working arrangements between education and practice partners for both nursing and midwifery.

Key Contacts

If you work in a **HSC Trust** and require further information **contact your Trust Practice Education Team**.

If you work in a **Non-HSC Trust Organisation/Independent Sector** and are interested in supporting students please contact:

Open University:
Paul Carlin
Paul.Carlin@open.ac.uk

Queen's University Belfast
Nuala Devlin
Nuala.Devlin@qub.ac.uk

Ulster University
Seana Duggan
s.duggan@ulster.ac.uk

Today's students are the workforce of the future!

Exhibit 37

MAHI - STM - 259 - 901

Future Nurse Future Midwife

Standards for Student Supervision and Assessment

Frequently Asked Questions

Introduction

In May 2018 the Nursing and Midwifery Council (NMC) published education standards to shape the future of nursing and midwifery for future generations. The standards apply to all NMC approved programmes and aim to:

- raise the ambition in terms of what's expected of a nurse and midwife at the point of registration
- maximise the quality and safety of nursing and midwifery education and training.

The purpose of this leaflet is to provide some answers to frequently asked questions on the Standards for Student Supervision and Assessment (SSSA).

It provides information on the new SSSA roles of **practice supervisor, practice assessor, academic assessor** and the support provided by the **nominated person** and **Practice Education Teams** (HSCT) to undertake these roles.

Q. How can I access additional training for the skills listed in Future nurse: Standards of proficiency for registered nurses?

A. Additional CPD requirements should be identified through usual processes such as supervision, appraisal or revalidation with your manager who will signpost you to the most appropriate training relevant to your scope of practice. There is not an expectation that all registrants will require all the proficiencies detailed within the Future nurse: Standards of proficiency for registered nurses (2018).

Q. If I have concerns about a student what should I do?

A. If there are any concerns regarding a student, or if the practice supervisor or practice assessor needs support, they should inform the nominated person and seek guidance from the Practice Education Team (or equivalent) and/or the academic assessor/link lecturer/practice tutor. Further details will be available in an escalating concerns/issues protocol within a more detailed guide.

For more information visit:

https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/

http://www.nipec.hscni.net/work-and-projects/stds-of-ed-amg-nurs-mids/future-nurse-future-midwife/

https://www.facebook.com/nipec/

@nipec_online

A more detailed guide and support material will be available via the NIPEC website. Future Nurse Future Midwife Roadshows are being delivered across the region from October 2019. To book a place, go to: https://nipec.hscni.net/fnfm-roadshows/

If you would like to be included in FNFM communications and updates please send an email to:

Lheanna.Kent@nipec.hscni.net

Q. When will the Standards for Student Supervision and Assessment (SSSA) come into place?

A. They will be introduced in NI from September 2020 and replace the current Standards for Learning and Assessment in Practice (SLAiP). They will apply to all NMC approved programmes with the exception of pre-registration midwifery programmes; a date for their commencement is to be confirmed.

Q. Who will be the practice supervisors?

A. All NMC registered nurses and midwives are capable of supervising students and serving as role models for safe and effective practice. It is anticipated that all NMC registrants will undertake this role as per The Code (2018). Students may be supervised by other registered health and social care professionals.

Q. How will the practice supervisor be prepared for this role?

A. A preparation programme will be available for all staff and will be delivered via ELearning and/or face to face. There will be an opportunity for those who are already mentors and sign-off mentors to have recognition for this and move directly into the roles of practice supervisor and practice assessor following a curriculum update and information on the new Northern Ireland Practice Assessment Document (NIPAD).

Q. Who will be the practice assessors?

A. Practice assessors are NMC registrants. Current mentors, sign-off mentors and practice teachers will automatically transition into this role.

Q. How will the practice assessor be prepared for this role?

A. A preparation programme will be delivered via ELearning and/or face to face.

Q. Can a practice supervisor be a practice assessor at the same time?

A. Yes, as long as these roles are in relation to separate students. However, in exceptional circumstances the same person may fulfil the role of practice supervisor and practice assessor e.g. non-medical prescribing programmes.

Q. How many students will I be supervising or assessing at the same time?

A. The number of students being supported will be negotiated with the nominated person.

Q. Who will be the academic assessors?

A. The current link lecturer/practice tutor from the student's university will transition to the role of academic assessor.

Q. How will the academic assessor be prepared for this role?

A. All link lecturers/practice tutors will transition to their role of academic assessor following completion of a preparation programme or equivalent.

Q. How do the roles of academic assessor, practice assessor and practice supervisor work together?

A. The academic assessor works in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme, taking into account feedback from practice supervisor/s.

Q. What is the role of the HSC Trust Practice Education Team?

A. The Practice Education Team is responsible for providing professional support, advice and guidance to the nominated person, practice supervisors and practice assessors. In partnership with universities the Practice Education Team will support students to ensure that the NMC Education Standards (2018) are met.

Q. Who will provide professional support in the Independent Sector?

A. The link lecturer/practice tutor will remain responsible for providing professional support in the Independent Sector.

Q. Will there be a register or database of practice assessors?

A. Trusts will maintain their own practice assessor database and universities will maintain a practice assessor database for the Independent Sector.

Q. Who will be the nominated person?

A. The nominated person will be the ward sister/charge nurse/team leader/home manager or a designated person within the practice area.

Q. Will there be protected time to complete documentation?

A. Time to support student learning, review and contribute to the NIPAD should be negotiated with your manager/nominated person.

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Northern Ireland Future Nurse Future Midwife (FNFM) - Key Facts

NIPEC

Introduction and Context

The Nursing and Midwifery Council (NMC) have published a series of standards and proficiencies for nursing and midwifery education which set out the skills and knowledge that the next generation of nurses and midwives will need to deliver safe and effective care. These standards take into account the changes in society and the health care reforms which have implications for registrants, employers, educators, students and all those who support students in practice. They aim to raise the ambition in terms of what is expected of a nurse and midwife and maximise the quality and safety of nursing and midwifery education and training.

Why Change?

- The health and care landscape is changing rapidly
- The care provided by integrated teams is increasing
- There is a growing focus on person-centred care closer to home
- Nurses and midwives are taking on additional responsibilities
- The use of technology in health care is increasing
- Nurses and midwives are working across a range of settings

The standards of proficiencies for registered nurses (2018) are presented under seven platforms and two annexes:

1. Being an **accountable** professional
2. **Promoting health** and preventing ill health
3. **Assessing** needs and **planning care**
4. Providing and **evaluating care**
5. **Leading and managing** nursing care and working in teams
6. Improving **safety and quality** of care
7. **Coordinating** care

Annex A: Communication & Relationship Management Skills

Annex B: Nursing Procedures

The standards of proficiencies for midwives (2019) are presented under six domains:

1. Being an **accountable, autonomous, professional** midwife
2. Safe and effective midwifery care: promoting and providing **continuity of care and carer**
3. **Universal care** for all women and newborn infants
4. Additional **care for women and newborn infants with complications**
5. Promoting excellence: the midwife as **colleague, scholar and leader**
6. The midwife as **skilled practitioner**

Northern Ireland Practice Assessment Document/Midwifery Ongoing Record of Achievement

Students undertaking NMC approved programmes are required to evidence how they meet the proficiencies of the programme they are studying. Pre-and post-registration nursing students will record their evidence of practice learning in the Northern Ireland Practice Assessment Document (NIPAD). Midwifery students will evidence their practice learning in the Midwifery Ongoing Record of Achievement (MORA). The NIPAD/MORA provides:

- a framework for the support, supervision and assessment of students in practice
- a means of communication for those supporting students learning in practice
- evidence of learning in practice and an on-going record of the student's achievements
- a structure to support the management of students who are underperforming and require additional support.

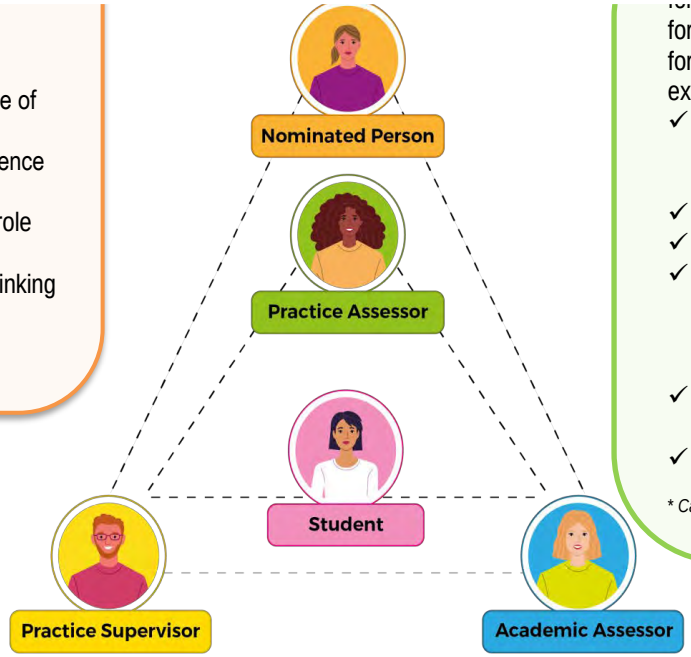
Standards for Student Supervision and Assessment (SSSA)

The process of student supervision and assessment is one of partnership between Northern Ireland's three universities and their practice partners. This partnership helps ensure safe and effective student learning and assessment along with enhanced professional and personal development. Supervision and assessment will help uphold public protection, empower the student to be a more resilient critical thinker and decision maker who can analyse, reflect on and improve their practice. Separating out the roles of student supervision and assessment ensures greater consistency and objectivity in the assessment process. Practice assessors, practice supervisors and academic assessors must be suitably prepared for the role.

Overview of the Standards for Student Supervision and Assessment (SSSA) Roles

or manager. The nominated person:

- ✓ promotes a quality practice learning environment
- ✓ allocates the student a practice assessor and at least one practice supervisor, while considering the registrants' scope of practice
- ✓ ensures continuity of the student's practice learning experience
- ✓ actively supports student learning
- ✓ ensures supervisors & assessors have access to suitable role preparation
- ✓ supports the management of student underperformance, linking with the Practice Education Team and university staff (link lecturer/practice tutor) where relevant.



for midwifery students. Each student will be allocated a practice assessor for each practice learning experience or series of practice learning experiences. Practice assessors:

- ✓ set the learning objectives for the practice learning experience with the student at their initial meeting and undertake the progress and final review meetings
- ✓ periodically observes the student in practice
- ✓ receive feedback from practice supervisor/s on student performance
- ✓ work in partnership with academic assessors to evaluate and recommend the student for progression to each part of their programme, in line with the programme standards (formative and summative assessments)
- ✓ manage student underperformance issues and support students and practice supervisor/s throughout
- ✓ are not simultaneously the practice supervisor for the same student

** Can be another healthcare professional in certain circumstances e.g. Nursing and Midwifery Prescribing*

The shared responsibility of the practice assessor and academic assessor ensures that only those students who meet all programme requirements and proficiencies, and who are clearly able to demonstrate the principles of The Code (2018) are entered onto the NMC professional register.

The practice supervisor/s - all registered nurses and midwives are capable of being a practice supervisor, along with other registered health and social care professionals. A student will be allocated at least one practice supervisor during their practice learning experience but may work alongside several supervisors. Practice supervisor/s:

- ✓ serve as a role model
- ✓ support the student to safely achieve a range of proficiencies and skills
- ✓ ensure student learning opportunities are facilitated
- ✓ provide feedback to the student to support learning
- ✓ provide feedback to the practice assessor regarding the student's progress and performance
- ✓ contribute to the student's assessments to inform decisions for progression
- ✓ record relevant observations of progress in the student's Northern Ireland Practice Assessment Document (NIPAD) or Midwifery Ongoing Record of Achievement (MORA).
- ✓ identifies, escalates and supports the management of student underperformance issues.

Students undertaking a practice learning experience must be supported to learn without being counted as part of the staffing requirements. While students maintain supernumerary status, they should always be considered part of the team and integral to the workforce through their contribution in providing person centred, safe and effective care. The level of supervision can decrease with the student's increasing proficiency and confidence. Students should be observing and participating in practice and add real value to care while they evidence their learning.

The academic assessor* is a registered nurse (with equivalent experience for the student's field of practice) for nursing students or a registered midwife for midwifery students & has the relevant qualifications required by the university. The student will have an academic assessor for each part of their programme. Academic assessors:

- ✓ collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- ✓ work in partnership with the practice assessor in evaluating and recommending the student for progression to each part of their programme.

** Can be another healthcare professional in certain circumstances e.g. Nursing and Midwifery Prescribing*

Greater detail of each role is available in the FNFM SSSA 'A Guide for those Responsible for Student Supervision and Assessment in Practice', available at https://nipec.hscni.net/service/fnfm/

Exhibit 39

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FAQs with 240 max word count for FNFN SSSA Twitter Chat 25th July 2019

7pm Start 25th July 2019

Twitter Username: nipec_online

Twitter Password: XXXXXXX (the 0 is a zero)

Frances' Teleconference number 02895361551 then 3361172# to join

PIN Chair XXXXX

Subject	Tweet	W/Count 240 Max
Pre-Post/ Promotional	Join the NI FNFM twitter chat at 7pm 25th July to answer your questions on student supervision and assessment #NIFNFM @NIPEC_online @charlottemcardl @WesternHSCTrust @NHSCTrust @BelfastTrust @setrust @SouthernHSCT @nmcnews	214
Context	#NIFNFM students, nurses and midwives – we're here to answer your questions on supervision and assessment @charlottemcardl @nmcnews	131
Context	Standards for Student Supervision and Assessment (SSSA) will replace the current Standards for Learning and Assessment in Practice (SLAiP) for Nursing from 2020 @charlottemcardl @nmcnews	186
Context	#NIFNFM supervision and assessment roles include: practice supervisor, practice assessor and academic assessor https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf	216
Access additional training	#NIFNFM There is no expectation that all registrants require all the proficiencies detailed within the standards. CPD requirements should be identified through usual processes relevant to your scope of practice @charlottemcardl @nmcnews	240
concerns about a student	#NIFNFM concerns should be discussed with the nominated person, and the PET (or equivalent) and/or the academic assessor/link lecturer/practice tutor, an escalating concerns protocol will be available @charlottemcardl @nmcnews	225
When will the Standards come into place?	#NIFNFM SSSA will be introduced in NI from September 2020 and replace the current SLAiP. SSSA will apply to all NMC programmes, with the exception of pre-registration Midwifery programmes date of commencement TBC @charlottemcardl @nmcnews	238

Who will be practice supervisors?	#NIFNFM All NMC registered nurses and midwives are capable of supervising students. It is anticipated that all NMC registrants will undertake this role as per The Code (NMC 2018). @charlottemcardl @nmcnews #NIFNFM Students may be supervised by other registered health and social care professionals.@charlottemcardl @nmcnews	206 117
How will practice supervisors be prepared for this role?	#NIFNFM A preparation programme will be available for all staff delivered via ELearning and/or face to face. @charlottemcardl @nmcnews #NIFNFM There will be an opportunity for mentors and sign-off mentors to have recognition of prior learning & move directly into the new roles following a preparation programme @charlottemcardl @nmcnews #NIFNFM the standards apply to all nurses and midwives and the preparation programmes will available to Trusts and independent sectors @charlottemcardl @nmcnews	134 202
Who will be the practice assessors?	#NIFNFM Practice supervisors will also undertake the role of practice assessor @charlottemcardl @nmcnews	104
How will the practice assessor be prepared for this role?	#NIFNFM A preparation programme will be delivered via ELearning and/or face to face @charlottemcardl @nmcnews	109
Can a practice supervisor be a practice assessor at the same time?	#NIFNFM Yes, as long as these roles are in relation to separate students however, in exceptional circumstances the same person may fulfil both roles e.g. non-medical prescribing programmes @charlottemcardl @nmcnews	214
Who will be the nominated person?	#NIFNFM The nominated person will be the ward sister/charge nurse/team leader/home manager or a designated person within the practice area @charlottemcardl @nmcnews	164
How many students will I be supervising or assessing at the same time?	#NIFNFM The number of students supported will be negotiated with the nominated person @charlottemcardl @nmcnews	111
Will there be protected time to complete documentation?	#NIFNFM Time to support student learning, review and contributing to the NIPAD should be negotiated with your manager/nominated person @charlottemcardl @nmcnews	160
Who will be the academic assessors?	#NIFNFM Current link lecturer/practice tutors from the student's university will transition to the role of academic assessor @charlottemcardl @nmcnews	150
How will the academic assessor be prepared for this role?	#NIFNFM All link lecturers/practice tutors will transition to their role of following completion of a preparation programme, or equivalent. delivered via E-Learning and/or face to face @charlottemcardl @nmcnews	183

Q. How does the roles of the practice supervisors, practice assessor and academic assessor work together?	#NIFNFM The academic assessor works in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme taking into account feedback from practice supervisor/s @charlottemcardl	235
Q What is the role of the HSC Trust Practice Education Team?	#NIFNFM The PET is responsible for providing professional support, advice and guidance for the new roles and in partnership with AEIs will support students to ensure that the NMC Education Standards (2018) are met @charlottemcardl @nmcnews	239
Q. Who will provide professional support in the Independent Sector?	#NIFNFM The link lecturer/practice tutor will remain responsible for providing professional support in the Independent sector @charlottemcardl @nmcnews	151
Q. Will there be a register or database of practice assessors?	#NIFNFM Trusts will maintain their own practice assessor database and universities will maintain a practice assessor database for the Independent sector @charlottemcardl @nmcnews	178
Updates and Communication	#NIFNFM to be included in FNFM updates, including Roadshows, email a request to Lheanna.Kent@nipec.hscni.net @charlottemcardl @nmcnews https://nipec.hscni.net/work-and-projects/stds-of-ed-amg-nurs-mids/future-nurse-future-midwife/comms/	121
What will happen to the role of Practice Tutors	#NIFNFM this role is not required in the SSSA standards and arrangements for those undertaking these roles will be managed through local FNFM implementation teams @charlottemcardl @nmcnews	190
Will there be road shows to share information about FNFM	#NIFNFM there will be FNFM roadshows delivered across NI from October 2019, geographically spread and open to all nurses and midwives irrespective of where they work @charlottemcardl @nmcnews	234
How to find out more information about FNFM	#NIFNFM Folks -Thank you for your participation #NIFNFM for more info there are FNFM Professional Officers based in the HSC Trusts and PHA: Carol McGinn WHSCT, Joanne Fitzsimons SEHSCT, Kerrie McLarnon NHSCT, Sharon Conlan SHSCT, Rhonda Brown BHSCT and Bernadette Gribben NIPEC/PHA	219
What is the position of Practice Teachers (Health Visitors) within the new standards	#NIFNFM Practice Teacher is not a requirement within the NMC Education Standards (2018). HSC Trusts will manage decisions regarding affected staff locally through implementation teams and HR management of change processes @charlottemcardl	238
Students – Yr3 transitions	QUB Plan (awaiting confirmation from UU and OU) #NIFNFM the year three students not included in the transitioning process to the FNFM standards in September 2020 will receive further training in skills via simulation to ensure that they are not disadvantaged @charlottemcardl @nmcnews	237
Students Yr2 transitions	QUB Plan (awaiting confirmation from UU and OU) #NIFNFM All Year two nursing students will move onto the new curriculum in September 2020, year one will be APELed across	235

	and any outstanding skills/theory will be integrated into their new programme of study @charlottemcardl @nmcnews	
	#NIFNFM	
Does the PA have to be a registered nurse	#NIFNFM yes the PA always has to be an NMC registrant	
	#NIFNFM there is no set requirement on number of visits it will be dependent on the specific programme and the needs of the student @charlottemcardl @nmcnews	
	#NIFNFM the aim of the new standards is to open up practice learning opportunities across all setting and the FNFM programme is working toward this. The supportive role of the link lecturer will continue meantime @charlottemcardl @nmcnews	

Northern Ireland Practice Learning Collaborative (NIPLC)

Terms of Reference

In 2018 the NMC published new standards for nursing and midwifery education. The new standards and proficiencies raise the ambition in terms of what's expected of a nurse and midwife at the point of registration and will give nurses and midwives the knowledge and skills they need to deliver excellent care across a range of settings now and in the future. Future Nurse Future Midwife (FNFM) is the overarching programme of work which supports the changes required.

Within Northern Ireland a programme of work has supported the outworking of the NMC Education Standards (2018). A range of FNFM resources and products have been developed and regional processes agreed to support implementation of these standards.

The new Future Nurse preregistration programme is due to commence from September 2020 and Future Midwife from September 2021. Whilst a range of work needs to be taken forward through the FNFM Project to support the implementation of Future Midwife it is now timely that aspects of FNFM work are mainstreamed incrementally into practice and education. This aligns to the role and function of Practice Education Teams within HSC Trusts, the equivalent in non-HSC organisations and the Schools of Nursing and Midwifery who oversee the programmes. This will form part of the transition towards full implementation of the NMC Education standards (2018).

This will be taken forward through the Northern Ireland Practice Learning Collaborative (NIPLC) between practice partners and Approved Education Institutions (AEIs).

Aim

The NIPLC aims to oversee the implementation of the NMC Education Standards (2018) from September 2020.

Objectives

The NIPLC will:

- ensure implementation and subsequent delivery of the NMC Education Standards, through collaborative working arrangements between education and all practice partners
- approve all amendments to the regionally agreed FNFM products and resources through collectively agreed quality assurance processes
- use the FNFM products and resources to ensure activity is incrementally handed across from the FNFM Programme Board and mainstreamed within practice, including:
    - adoption of the Standards for Student Supervision and Assessment (SSSA) across all settings within which students are placed
    - monitor the roll out and uptake of preparation programmes across organisations which includes quality assurance, evaluation and review

  - hold to account organisations to ensure Practice Learning Environment Educational Audits (PLEEA) are completed, reflect current service provision and are used to maximum potential
  - monitor the implementation of the regional Northern Ireland Practice Assessment Document (NIPAD)/Midwifery Ongoing Record of Achievement (MORA)
  - provide oversight and support the implementation and transition to an electronic Northern Ireland Practice Assessment Document (e-NIPAD) and in time the electronic Midwifery On-going Record of Achievement (e-MORA).

- ensure that ongoing communication across stakeholders remains integral to the work of NIPLC
- share learning relating to quality and safety to address concerns or issues.

The NIPLC may make recommendations for changes to materials for NMC approved courses but cannot enact these changes without ratification through course committees and NMC quality assurance processes (i.e. these changes must be agreed by AEI's through formal course amendment processes).

Reporting Arrangements

The Northern Ireland Practice Learning Collaborative will report to the FNFM Working Group and onward to FNFM Programme Board until this is stood down, after which the reporting arrangements will be agreed through the Office of the Chief Nursing Office (CNO). A report of activity reflecting the FNFM work streams will be submitted on an annual basis to the CNO.

The Co-Chairs

The NIPLC Co-chairs will be appointed by the CNO for a term of two years and will must be from a Trust (Assistant Director of Nursing Workforce and Education) and an AEI (Head of School representative). These roles may not be delegated.

Records of all meetings will be retained and circulated to all members by the Co-chairs (supported by a designated person). Any additional agenda items must be forwarded to the Co-chairs at least ten days prior to the meeting. All communications should be sent in, to and out via the Co-chairs. All records will archived for the term in office and available to the incoming Co-chairs appointed by CNO.

Core Membership

- Assistant Director of Nursing Workforce and Education: one nominated on behalf of all Trusts
- Practice Education Co-ordinators – one representing each Trust
- One representative from Ulster University undergraduate Nursing Programmes
- One representative from Ulster University postgraduate Nursing Programmes
- One representative from Queen's University Belfast undergraduate Nursing Programmes
- One representative from Queen's University Belfast postgraduate Nursing Programmes
- One representative from Queen's University Belfast Midwifery Programmes
- One representative from The Open University Nursing Programmes
- One representative from the Independent Sector (CNMAC representative)

- Nursing student representative
- Midwifery student representative

All NIPLC members will have responsibility for the implementation of the NMC Future Nurse Future Midwife Education Standards within the respective organisation/s they represent.

Members of the group will communicate in a manner that is transparent and uses constructive dialogue. Reports will be created and shared as agreed with in the reporting and quality assurance remit of the group.

The NIPLC will meet monthly initially and will review the frequency of future meetings; meetings should generally not exceed 90 minutes. The quorum will be one Co-chair and 60% of members. Each core member may nominate a colleague with appropriate decision making authority to attend on their, where applicable.

The NIPLC may establish time-limited task and finish groups to undertake specific work, set up regional events where best practice may be shared or invite other appropriate stakeholders to contribute to the work of the NIPL. This will be agreed and communicated via the Co-chairs. Any groups must be set up within a clear governance structure reporting to the NIPLC with clear details of membership and terms of reference.

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Future Nurse Future Midwife Programme Board Meeting

9th November 2021 14:00-14:30

NIPEC

Note of the Meeting

Attending	Organisation	Apologies	Organisation
Linda Kelly (Chair)	DoH	Bob Brown	WHSCT
Frances Cannon	NIPEC	Philip Rodgers (Co-chair)	DoH
Angela McLernon	NIPEC	Pamela Craig	NHSCT
Anne Trotter	NMC	Brenda Creaney	BHSCT
Donna Fitzsimons	QUB	Carol Cousins	FSHC
Donna Gallagher	OU	Peter Barbour	DoH
Elaine Connolly	RQIA	Vivienne Toal	SHSCT
Fiona Bradley	NIPEC	Rodney morton	PHA
Karen Murray	RCM	Suzanne Pullins	NHSCT
Nicki Patterson	SEHSCT	Deirdre Webb	PHA
Rita Devlin	RCN		
Sonya McIlfatrick	UU		
Mary Frances McManus	DoH		
Heather Finlay	CEC		

1. **Welcome and Apologies – Noted as above**

2. **Chair's Opening Remarks**

Linda King (LK), in her role as interim Chief Nursing Officer, welcomed attendees to the final Future Nurse Future Midwife (FNFM) Programme Board meeting. The FNFM Programme Board was established in September 2018 and this final meeting marks the transition of the implemented work from the FNFM Project to the Northern Ireland Practice Learning Collaborative as mainstream activity.

On behalf of Charlotte McArdle and the DoH LK thanked everyone for their support over the last three years – ranging from Co-Chairs and members of the many FNFM work streams and groups, through to staff and students who fed back and piloted FNFM resources through their development. This commitment and invaluable support enabled the project to succeed.

3. **Previous Minutes**

The notes of the last meeting (7th September 2021) were agreed as a final and accurate record; an update on actions is provided in the Actions Table at the end of these minutes.

4. **Update from the NMC**

Anne Trotter Noted that NI is the first project Board to conclude across the UK and acknowledged the excellent working relationship between the NMC and NI throughout the life of the project. An update from the NMC includes:

- An NMC Standards webinar was planned this month with 1800 attendees and required this webinar to be closed – more webinars planned to accommodate numbers and interest.

- Post registration standards – delay while NMC await final reports. Will not be going to council as expected in 2021 with final standards, it is expected this will go in March or May 2022 – still to be confirmed. Consultation findings still need to be published.
- Royal Pharmaceuticals update has been published, Nurse and midwife prescribers will need to align to this update by September 2022, AT will share the link once public.
- A piece of work will be undertaken by the NMC around preceptorship which will help inform publications and animations to support nurses and midwives.

5. FNFM Project Overview and Objectives

An overview of FNFM Project and updates on project objectives and transitional arrangements was shared with members at the previous and an updated version shared ahead of this meeting. The paper maps out project objectives that are complete and where the on-going pieces of work will be managed (Appendix One). The main update to the previous version was in relation to the Midwifery Expert Reference Group (MERG) which has since concluded and transitioned to NIPLC (Appendix One)

No queries were raised in relation to the overview and the Programme Board were content with the arrangements outlined; all objectives were agreed as finalised and closed, noting specific activity which will transition to the NIPLC. Agreed.

6. NIPLC and Transition Activity

The NIPLC was established in August 2020 as part of the transition arrangements as Future Nurse went live and marked the transfer of work from the project to be effectively mainstreamed within Trusts and wider practice partners. The aim of the NIPLC is to ensure implementation and subsequent delivery of the NMC Education Standards, through collaborative working arrangements between education and all practice partners - membership of the NIPLC reflects those stakeholders.

The NIPLC is co-chaired by Karen McCutcheon QUB and Sharon McRoberts SEHSCT and has been reporting to the FNFM Programme Board via the FNFM Working group. After today the NIPLC will report to the Strategic Workforce and Education CNMAC Subgroup (CNMAC SWE) who will provide an assurance and advisory function to the NIPLC. The NIPLC will be a standing agenda item on CNMAC SWE quarterly meetings and NIPLC will provide an annual formal report of NIPLC activity and outcomes to SWE.

To mark the conclusion there will be one final FNFM Communique to update and signpost to FNFM resources.

7. Project Closure

LK expressed thanks again, on behalf of the DOH for all those who contributed to the project, and made specific mention to:

- ✓ Working Group Co-Chairs (**Angela McLernon & Heather Finlay)**
- ✓ Co-Chairs of each of the many work stream and task and finish group (generally shared by practice and academic colleagues)
- ✓ Members and representatives from all organisations at every level of the project
- ✓ The FNFM Professional Officers and more recently FNFM Links
- ✓ The NMC, Trade Unions, RCN, RCM and all key stakeholder organisations

The Project Lead, Frances Cannon, and Project Administrator, Lheanna Kent were recognised as being a driving force behind the project and successful outcomes

The collaborative approach used within NI in the FNFM programme of work has been recognised across the sector as being an excellent model which will be adopted for future projects.

8. LK Verified final delivery of the projects complete and advised members that this is the formal close down of the FNFM project.

Ref	Detail
AP54	Suggestions have been raised around resources for Non –HSC Organisations/sector similar to the Scottish Model (CHEFs) or similar framework to the PEF structure, but specific to care homes. CMcA will pick up discussions outside of this meeting and a briefing paper to be presented at next PB in relation to the work in this area. Update: Briefing paper shared at Programme Board - recommendation accepted and transfer to NIPLC The FNFM Board **agreed** that it would be timely and appropriate for the role and function of the Practice Education Teams be reviewed to ensure their function is consistent across Trusts and remains fit for purpose since the implementation of the Standards for Student Supervision and Assessment (NMC 2018). CMcA asked NIPEC to initiate work on this review. This work is about to Commence - NON HSC Organisations recommendations will transition to NIPLC – date for progressing TBC . **CLOSED.**
AP36	Safe holding and restraint - a meeting took place on 9 June 2021 and relevant nominations are now received; next steps are to develop an implementation plan and address any issues raised with a view to implement from September. Update – RM advised that this work is now called 'the Crisis Prevention Task and Finish Group' - Two further meetings have taken place to map out work and productive meetings and worked through some issues and consensus, broad agreement that the CPI programme would add value. AEI colleagues have sampled available training. An action to clarify undergraduate funding and discussions under way re license fee that would be required between AEI and Training providers. RM will liaise with PR and Team. There has been a number of productive meeting the group is being led by the PHA and is co-chaired by professor Owen Barr and Deidre McNamee

FNFM Programme Board Meeting 9th November 2021

FNFM Project Objective Overview (as at 3rd November 2021)

Component - FNFM Project Deliverables	Overview	Exit Activity	Status	Post project responsibilities and reporting
Development of curriculum to meet the new NMC standards, across the fields of practice – which reflect NI Strategic drivers e.g. draft programme for Government, Quality 2020, Delivering Together (2016)	Fully achieved via FNFM Curriculum Development work streams for both Nursing and Midwifery and successful programme accreditation for AEIs from the NMC	**N/A**	**Complete**	• AEIs, in partnership with practice partners and key stakeholders, will manage curriculum content going forward
Development of a regional electronic Practice Assessment Document – for pre-registration programmes (Nursing and Midwifery)	Electronic Northern Ireland Practice Assessment Document (eNIPAD) and Midwifery Ongoing Record of Achievement (eMORA) developed, launched and in use for Nursing and Midwifery Students	• eNIPAD has already transitioned to NIPLC • eMORA transitioned to NIPLC after last MERG Meeting on the 20 October 2021	**Complete**	• eNIPAD: The three AEIs reporting to NIPLC • EMORA: QUB reporting to NIPLC
Ensure regional implementation of the outworking's of the new NMC pre and post registration Standards for Student Supervision & Assessment (SSSA)	Regional agreement and implementation of SSSA NI Model and supporting resources	• SSSA already transitioned to NIPLC • Arrangements for letter from CNMAC SWE to NIPLC setting out reporting arrangements	**Complete**	• NIPLC to monitor on-going implementation • Reporting to CNMAC SWE (who provide Advisory & Assurance Role) •
Preparation of the registrant workforce to support FNFM students from September 2020	Preparation Programmes and support resources developed and available for both Nursing and Midwifery - training of workforce in progress. Work ongoing to further maximise Practice Learning Environments (Equitable Allocations Task and Finish Group)	• NIPLC currently monitor Nursing preparation programme uptake and PLE Capacity – to now include midwifery data • Midwifery Organisational readiness transitioned to NIPLC post Oct 2021	**Complete**	• NIPLC to monitor the uptake of FNFM preparation programmes and PLE capacity for both Nursing and Midwifery and submit reports to CNO bimonthly • NIPLC to quality assure and review preparation programmes for both Nursing and Midwifery
Effective engagement and communication nationally, regionally and locally to share the work of the project and prepare the system for example; conferences, road shows, electronic newsletters, regular updates posted on NIPEC's websites/social media, briefings etc.	Engagement and Communication work stream had national, regional and local engagement throughout the project through various platforms. The objectives of this work stream have been agreed as achieved and the work stream should be concluded.	• Programme Board to agreed conclusion of Engagement and Communication work stream	**Complete**	• NIPLC to maintain appropriate stakeholder representation who will represent, input, communicate and engage with relevant organisation/stakeholders on nursing and midwifery practice and academic issues.

Component - Project Structure	Exit Activity	Timeframe	Post project responsibilities and reporting
1. FNFM Programme Board	• Review project objectives/deliverables • Final FNFM Programme Board meeting on 9 September 2021 – conclusion of FNFM Project and FNFM Programme Board to be agreed • FNFM Project lead to brief and handover to NIPLC Chairs (include the transition of any outstanding actions or monitoring)	**Complete**	• NIPLC to adopt handover report recommendations from FNFM Project • NIPLC to report to CNMAC SWE
2. FNFM Working Group	• Final meeting of FNFM Working Group on 23 September 2021 • Review project objectives/deliverables and recommend to Programme Board to conclude Working Group • FNFM Project lead to brief and handover to NIPLC Chairs (include the transition of any outstanding actions or monitoring)	**Complete**	• NIPLC to adopt handover report recommendations from FNFM Project • NIPLC to report to CNMAC SWE
3. FNFM Midwifery Expert Reference Group (MERG)	• Final Meeting of MERG on 21 September 2021 • Review objectives/deliverables and recommend to Programme Board to conclude MERG and agree Midwifery representation on NIPLC • FNFM Project lead to brief and handover to NIPLC Chairs (include the transition of any outstanding actions or monitoring) and to also include letter from MERG Co-Chairs to NIPLC for formal hand over 1st September 2021 (delayed until final MERG 20 Oct 2021) • Jenny McNeill as a Co-Chair of MERG PLE to join the NIPLC on a shorter term basis to ensure issues pertinent to Midwifery (e.g. CoMC EMORA, EoN Core Caring) are progressed and there is effective communication across the Midwifery PEFs in relation to any decisions.	**Conclusion of MERG 20th Oct 2021** **Handover to NIPLC Complete**	• NIPLC to adopt handover report recommendations from FNFM Project • NIPLC to report to CNMAC SWE • Jenny McNeill as a Co-Chair of MERG PLE to join the NIPLC on a *shorter term basis* to ensure issues pertinent to Midwifery are progressed
4. EMORA Task and Finish Group	• MERG and MERG work streams will conclude on 21 September 2021, however EMORA group will continue to meet to progress the roll out and finalisation of EMORA • EMORA to report/feed into NIPLC	**Complete**	• NIPLC to adopt handover report recommendations from FNFM Project • NIPLC to report to CNMAC SWE
5. ENIPAD Task and Finish Group (post – registration)	• FNFM Working Group and work streams will conclude on 23 September 2021 • ENIPAD Task and Finish Group will remain on-going (specifically to progress post registration ENIPADs) and will to report/feed into NIPLC	**Complete**	• ENIPAD Co-chaired by AEIs/responsibility of AEIs • ENIPAD to feed into NIPLC • NIPLC to adopt handover report recommendations from FNFM Project • NIPLC to report to CNMAC SWE

Component - Project Structure	Exit Activity	Timeframe	Post project responsibilities and reporting
6. a. Equitable Allocations Task and Finish Group – **Nursing**	• Equitable Allocations Task and Finish Group – Nursing work on-going Scottish Calculator applied across all areas of practice: • Chair to Report to FNFM Programme Board 7 September 2021	**Complete**	Chair of Equitable Allocations Task and Finish Group *(Nursing & Midwifery)* Sharon McRoberts (SEHSCT) Report to CNO & NIPLC
• b. Equitable Allocations Task and Finish Group **– Midwifery**	• Equitable Allocations Task and Finish Group – Midwifery work on-going Scottish Calculator applied across all areas of midwifery practice	**Complete**	As above at (6a) Caroline Diamond HOM NHSCT Midwifery Lead.
7. NON-HSC and Voluntary Sector Organisations (T&F Group)	• Briefing Report to FNFM Programme Board 7 September 2021 - Awaiting Outcome/decision	**Work of the FNFM (T&F) Group complete Recommendations from Briefing Report accepted.**	Timing regarding progressing recommendations to be agreed

MAHI - STM - 259 - 919

Abbreviations:

Approved Education institutions (AEIs)
Northern Ireland Practice Learning Collaborative (NIPLC)
Central Nursing and Midwifery Advisory Committee Subgroup for Workforce and Education (CNMAC SWE) who provide an advisory and assurance role
Electronic Northern Ireland Practice Assessment Document (eNIPAD)
Electronic Midwifery on-Going Record of Achievement (eMORA)

Northern Ireland Practice Learning Collaborative
Terms of Reference: The NIPLC will:

- ensure implementation and subsequent delivery of the NMC Education Standards, through collaborative working arrangements between education and all practice partners
- approve all amendments to the regionally agreed FNFM products and resources through collectively agreed quality assurance processes
- use the FNFM products and resources to ensure activity is incrementally handed across from the FNFM Programme Board and mainstreamed within practice, including:

    - adoption of the Standards for Student Supervision and Assessment (SSSA) across all settings within which students are placed
    - monitor the roll out and uptake of preparation programmes across organisations which includes quality assurance, evaluation and review
    - hold to account organisations to ensure Practice Learning Environment Educational Audits (PLEEA) are completed, reflect current service provision and are used to maximum potential
    - monitor the implementation of the regional Northern Ireland Practice Assessment Document (NIPAD)/Midwifery Ongoing Record of Achievement (MORA)
    - provide oversight and support the implementation and transition to an electronic Northern Ireland Practice Assessment Document (e-NIPAD) and the electronic Midwifery On-going Record of Achievement (e-MORA).

- ensure that ongoing communication across stakeholders remains integral to the work of NIPLC
- share learning relating to quality and safety to address concerns or issues.
- regionally agree Continuous Professional Development (CPD) to support Practice Assessors going forward

The NIPLC may make recommendations for changes to materials for NMC approved courses but cannot enact these changes without ratification through course committees and NMC quality assurance processes (i.e. these changes must be agreed by AEI's through formal course amendment processes).

STRENGTHENING THE COMMITMENT
MODERNISING LEARNING DISABILITIES NURSING

WORKSHOP
Agreeing an action plan for Northern Ireland

14 SEPTEMBER 2012
NIPEC, Council Room, First Floor
Centre House, 79 Chichester Street Belfast BT1 4JE

9.45	Registration - Tea/Coffee on arrival	
10.00	Welcome	Francis Rice
10.15	Peter's Story - DVD	
10.30	The Report Recommendations DHSSPS overview	Maurice Devine Brenda Devine
10.55	Action Planning workshop	Frances Cannon
10.55	Tea /Coffee	
11.15	Group discussion and identification of actions to meet recommendations from Review	
12.15	Facilitated Feedback from Group Discussion	Frances Cannon & Cathy McCusker
13.00	Lunch	
13.45	Agree priorities for the identified actions	Frances Cannon
14.45	Summing up and agree next steps	Francis Rice
15.30	Close	Glynis Henry

DHSSPS
Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

Modernising Learning Disabilities Nursing Review Strengthening the Commitment

Northern Ireland Action Plan

October 2012

INVESTORS IN PEOPLE

INDEX

Introduction

This draft action plan has been developed by Northern Ireland Practice and Education Council (NIPEC) on behalf of and in partnership with the Department of Health Social Services and Public Safety (DHSSPS) through an engagement workshop with key stakeholders. It has been produced in response to and should be read in conjunction with *Strengthening the Commitment, the UK Modernising Learning Disability Nursing Review,* published in 2012.

Those with a learning disability; their family members and carers, have a right to equal access to person centred care, which is safe, and effective everyday. Health and Social Care in Northern Ireland is currently in a process of transforming how its services will be commissioned and delivered to the population it serves. Therefore this draft action plan has taken into account the recommendations of those strategic direction policy documents namely *Transforming Your Care (2011)* and *The Learning Disability Service Framework (2012)* GAIN (2010).

This draft action plan reflects the expert opinion of key stakeholders within Northern Ireland who either work or have an interest in learning disability nursing policy, practice and education. It is the intention that this draft action plan will be widely consulted on within Northern Ireland.

Learning Disability nurses play a key role in supporting people with a learning disability to achieve and maintain optimum health and well being. Learning Disabilities nurses deliver care against a backdrop of numerous professional, economic, practice; social and policy drivers which are reflected within the following draft action plan.

This draft action plan will aim to support and develop learning disabilities nurses in the context of an evolving learning disability service agenda and will be revisited, monitored and developed at least annually.

To lead, drive, support, monitor and deliver this draft action plan the DHSSPS should consider:

- The establishment a NI Collaborative (March 2013) to support delivery of the actions.

- The NI Collaborative will have representation from service user groups the independent sector, all five of the health and social care organisations, educational providers including NIPEC and the Public Health Agency and take into account other stakeholders as necessary.

- The DHSSPS will work with the UK Steering Group to support each of the four UK Implementation Groups.

STRENGTHENING CAPACITY

This section of the action plan addresses some of the key considerations underpinning efforts to strengthen capacity through developing the learning disability workforce in relation to location and employment; strategic workforce planning; new ways of working; new roles and career choices	
Recommendations	**Actions**
1. *The four UK health departments and the independent/voluntary sector should establish a national collaborative to enable better understanding of, and planning for, a high-quality and sustainable registered learning disabilities nursing workforce across all sectors* 2. *Systems to collect workforce data are required in each country, with links across the UK, for workforce planning for future provision of learning disabilities nursing. These should be able to capture information on service provision, educational and research requirements and should cover the independent/voluntary sector.* 3. *The development of new, specialist and advanced role opportunities should be considered in light of workforce planning, service development and education provision. In particular, this should focus on the roles of non-medical prescribing, psychological therapies and tele-health and in specific settings such as the criminal justice system, mental health services (particularly dementia) and autism services.* 4. *Each of the four countries should consider aligning their existing post-registration career frameworks for learning disabilities nursing to clearly articulate the knowledge and skills required by learning disabilities nurses at all levels and across all settings. These developments could be utilised across sectors (with appropriate adaptation) to give a coherent career framework*	***The NI Collaborative should:*** • Scope the placements/employment status of Learning Disabilities nurses throughout Northern Ireland • Develop a data set in respect of registered and non registered (support) nursing staff • Determine how learning disability nursing can best contribute to the needs of clients with learning disabilities • Assess post registration requirements of learning disabilities nursing and consider the development of new and specialist roles • Explore the development of specialists / advanced roles and enhance the skills base within the broader family of learning disabilities nursing • Develop a career progression pathway for learning disabilities nursing which facilitates the knowledge and skills of Learning Disabilities nurses through the various roles and responsibilities required for career progression.
Lead: MHLD Nursing Officer	**Time Scale: 2013-2015**

STRENGTHENING CAPACITY

This section outlines key considerations underpinning efforts to ensure a competent and flexible learning disabilities workforce for the future by maximising their contribution: working with people of all ages; addressing health needs and providing specialist services.	
Recommendations	**Actions**
5. *Commissioners and service planners should have a clear vision for how they ensure the knowledge and skills of learning disabilities nurses are provided to the right people, in the right places, and at the right time in a way that reflects the values- and rights-based focus of learning disabilities nurses' work.* 6. *Commissioners and providers of health and social care should ensure the skills, knowledge and expertise of learning disabilities nurses are available across the lifespan. This should be enabled through effective collaborative working across health and social care structures.* 7. *Commissioners and providers of health and social care should ensure that learning disabilities nurses are able to collaborate effectively with general health services, including mental health services, to address the barriers that exist for people with learning disabilities to improving their health. This should include proactive health improvement, prevention, whole-family and public health approaches* 8. *Commissioners and service providers should ensure that specialist learning disabilities services for complex and intensive needs (including assessment and treatment services across all sectors) employ sufficient numbers of appropriately prepared and supported registered learning disabilities nurses. This highlights the need to support and develop the availability of specialist and advanced clinical skills and knowledge of learning disabilities nurses in all settings*	***The NI Collaborative should:*** • Consider the development a blueprint (framework) for learning disabilities nursing that will inform the knowledge and skills required to support value based responsive care across the life span with particular reference to transition points in line with policy direction • Consider ways that Learning Disabilities nurses promote the health and wellbeing of clients with Learning Disabilities across the life span in line with policy direction. • Ensure Nurse Managers have mechanisms in place for assessing the education and learning needs of registered Learning Disabilities nurses to meet the needs of the service • Review post registration education to ensure that learning disabilities nursing can contribute to the needs of learning disability clients now and into the future. • Review the current staffing to establish a normative staffing range for learning disabilities services • Ensure Nurse Managers provide access to supervision and this should involve a monitoring and reporting process.
Lead: MHLD Nursing Officer	**Time Scale: 2013-2015**

STRENGTHENING QUALITY

This section addresses some of the key considerations underpinning quality in relation to demonstrating quality outcomes; quality improvement; preparing and developing learning Disability Nurses; maximising recruitment and retention; developing the workforce and accessing supervision	
Recommendations	**Actions**
9. *Learning disability nurses, their managers and leaders should develop and apply outcomes-focused measurement frameworks to evidence their contribution to improving person-centred health outcomes and demonstrating value for money. This may require a specific piece of work to scope current frameworks* 10. *Learning disabilities nurses should strengthen their involvement and links to transformational work, productivity improvement and practice development.* 11. *Those who commission, develop or deliver education should ensure that all learning disabilities nursing education programmes reflect the key values, content and approaches recommended in this report. They should also ensure that nurses in other fields of practice develop the core knowledge and skills necessary to work safely and appropriately with people with learning disabilities who are using general health services.* 12. *Updated, strategic plans for pre- and post registration learning disabilities nursing programmes are necessary for each country of the UK to support flexibility and ensure an efficient and sustainable model of delivery for the long term. This highlights the need for appropriate numbers of places on preregistration learning disabilities nursing programmes to meet future workforce requirements.* 13. *Education providers and services must work in partnership to ensure that educational and developmental opportunities for nonregistered staff are developed and strengthened and their benefits are evidenced through appraisal systems, and that educational and development opportunities are available for registered learning disabilities nurses to support their ongoing development, reflecting the needs of people with learning disabilities* 14. *Services should provide systems to ensure that learning disabilities nurses have access to regular and effective clinical supervision and that this impact is monitored and evaluated on a regular basis.*	***The NI Collaborative should:*** • Collaborate with the UK nurse consultants explore the use of the Health Qualities Framework Tool across Northern Ireland • Involved Learning Disabilities nurses in the transformational change of care/services in line with NI Policies • Approach the Education Strategy Group to undertake scoping exercise of the learning disabilities nursing programmes to ensure post registration programmes reflect key values as outlined in this report • Utilise workforce data (blueprint/framework) to inform the number of places on preregistration learning disabilities nursing programmes • Articulate the expected standard of conduct and performance of non registrant staff supporting learning disabilities nurses • Promote the uptake of supervision in line with local policy to all Learning Disabilities nurses
Lead: MHLD Nursing Officer	**Time Scale: 2013-2015**

STRENGTHENING THE PROFESSION

This section addresses some of the key considerations underpinning modernising the Learning Disabilities workforce in relation to; leadership and management ; promoting the profession and research and evidence	
Recommendations	**Actions**
15. Leadership in learning disabilities nursing needs to be strengthened in practice, education and research settings with robust, visible leadership at all levels, including strategic and national levels. Services must ensure all learning disabilities nurses in clinical practice have access to a dedicated professional lead for learning disabilities nursing. In addition to existing leadership and development programmes, a UK-wide cross-sector project to nurture and develop aspiring leaders in learning disabilities nursing will be led by the four UK health departments. *16. Learning disabilities nurses need mechanisms to share best practice and develop the evidence base to continue to advance as a profession. Services must support learning disabilities nurses to participate in appropriate networks. A UK academic network for learning disabilities nursing will be created to support this drive.* *17. Learning disabilities nursing research should be extended to ensure practice now and in the future is evidence based and the impact of interventions can be demonstrated. Services and education providers must ensure that all existing and future schemes for clinical−academic careers have appropriate representation of learning disabilities nursing.*	***The NI Collaborative should:*** • Take steps to scope the current position of the leadership / management visibility including professional corporate arrangements • Through Nurse Managers ensure that each Learning Disabilities nurse has Personal Development Plans/Appraisal/Supervision in place which maps out the practitioner's professional development • Through Nurse Directors should ensure they have a strategy for succession planning in place for their learning disabilities nursing workforce particularly around leadership research and education workforce development succession planning • Re-establish the Regional Professional Forum for Learning Disabilities nurses to include Practice Development (PD) across all sectors • Approach education providers who deliver programmes for learning disabilities nursing to ensure the content reflects evidence based practice.
Lead: MHLD Nursing Officer	**Time Scale: 2013-2015**

References

Bamford Review of Mental Health and Learning Disability (2006) DHSSPS

GAIN (2010) Guideline and Audit Information Network: Caring for people with a Learning Disability in General Hospital Settings

Learning Disability Service Framework (2012)

Strengthening the Commitment (2012) The Report of the UK Modernising Learning Disabilities Nursing Review

Transforming your Care (2011) DHSSPS

For further Information, please contact

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

Insert date (month and year) of report

Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Launch of the Northern Ireland Action Plan for Learning Disability Nurses

20th June at The Old Courthouse, Antrim

Programme

10.00am: Welcome address: Maurice Devine

10.10am: A Director of Nursing perspective: Francis Rice

10.15am: A message from NIPEC: Dr. Glynis Henry, CBE

10.20am: The education of registered nurses-learning disability:

Professor Owen Barr

10.30am: Leaders of the Future: Jenny Mills

10.35am: What learning disability nurses mean to me: Peter and Virginia Maxwell

10.50am: Formal launch of the Action Plan and closing address: Charlotte McArdle

Tea/Coffee and scones will be served between 11am and 11.15am

Brief biographies:

Maurice Devine: Nursing Officer, DHSSPS and Assistant Head of CEC

Francis Rice: Executive Director of Nursing, SHSCT

Dr. Glynis Henry (CBE): Chief Executive NIPEC and Head of CEC

Professor Owen Barr: Head of School, UU

Jenny Mills: Student Nurse (QUB) and Student Nurse of the Year Winner

Peter Maxwell: A young man who has received support from learning disability nurses

Virginia Maxwell: Peter's mother who has received support from learning disability nurses

Charlotte McArdle: Chief Nursing Officer for Northern Ireland

NORTHERN IRELAND ACTION PLAN FOR LEARNING DISABILITY NURSING REGIONAL COLLABORATIVE

TERMS OF REFERENCE

Version 1 - August 2014
Reviewed - November 2017
Reviewed - November 2019

BACKGROUND

In June 2014, the Chief Nursing Officer launched The Northern Ireland Action Plan for Learning Disabilities Nursing which sets out a clear direction of travel and proposed priorities for registered nurses - learning disabilities in Northern Ireland for the next three to five years.

It is the first such professional action plan to be published by the DOH in Northern Ireland for the nursing profession in services for people with learning disabilities. It has equal relevance to RNLDS is the statutory, independent, or voluntary sectors and within education and is also intended to provide impetus and direction for the development of an effective, competent high quality health care support workforce.

The action plan provides focus and direction on how local nurses working in or contributing to services for people with learning disabilities across in practice, education, management and/or research, can best contribute to the support and care of people with learning disabilities in the future.

Within the action plan, it is stated, *"To lead, drive, support, monitor and deliver this action plan the DHSSPS will establish a N.I. Learning Disabilities Nursing Regional Collaborative by May 2014 to support delivery of the actions. The group should have representation from service user groups; the independent sector; all five of the health and social care organisations; educational providers, NIPEC; the Health and Social Care Board, Public Health Agency and take into account other stakeholders as necessary."*

Initially the Chief Nursing Officer asked Dr. Glynis Henry, CBE, Head of Clinical Education Centre to chair this group and requested that the group be facilitated by NIPEC, specifically by Frances Cannon. Since Dr Henry's retirement in September 2016 at the request of CNO, Professor Owen Barr, Professor of Nursing and Intellectual Disabilities, at Ulster University chairs the Collaborative

Membership

The regional collaborative is comprised of individuals from a range of relevant organisations and sectors and involves service user and carer representation as part of the process of implementation.

Membership currently is as follows as of November 2017

- Prof Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University Chair
- Frances Cannon, Senior Professional Officer, NIPEC (? Deputy Chair)
- Siobhan Rogan, Advanced Practitioner and Manager for the Intellectual Disability CAMHS, SHSCT
- Eileen Dealey, Head of Service, Adult Learning Disability, WHSCT
- Donna Morgan, Head of Service, Learning Disability, NHSCT
- Kieran McCormick, Lead Nurse & Senior Manager, Thompson House Hospital/Community Brain Injury Adult Services, SEHSCT
- Esther Rafferty, Service Manager, Muckamore Hospital, BHSCT
- Lorraine Kirkpatrick, Regional Manager, Four Seasons Health Care
- Rosaline Kelly Royal College of Nursing
- Wendy McGregor, Mental Health and Learning Disability Inspector, Regulation and Quality Improvement Authority
- Maurice Devine, Assistant Head, Clinical Education Centre, Nursing Officer, Learning Disability, representing DOH
- Dr Lynne Marsh learning Disability Nursing Senior Lecturer Queens University Belfast
- Briege Quinn/Deirdre McNamee, Public Health Agency
- Emma Flynn Pre reg programme, Queens University Belfast
- Ailish McMeel, SEHSCT, representing Post Registration RNLD Nursing
- Leslie–Anne Newton Arc UK (circulation only)
- Laurence Taggart, Reader in Nursing, Ulster University

Where required the Collaborative will identify and co-opt other members to contribute to the group

The Regional Collaborative meets quarterly & aims to:

- identify regional priorities from the NI Action Plan for action, both on a short term and longer term basis and provide leadership for implementation of the recommended actions on a priority basis
- take responsibility for providing awareness and encouraging participation in the out workings of the Collaborative across all specific and specialist areas of nursing for people with learning disabilities
- provide a regional resource through the sharing of knowledge, expertise, service development, and innovation that will promote, influence and enhance best practice and consistency in nursing practice of people with learning disability within services across N. Ireland
- provide a resource for and support to all the nursing fields of practice and other professional groups who work with people with learning disabilities in Northern Ireland
- ensure that Northern Ireland is fully and adequately engaged with the other three countries of the UK in the context of the national Strengthening the Commitment review of nursing of people with learning disabilities
- work with and utilise the established RNLD Professional Development Forum to take forward specific work streams/initiatives being progressed by the regional Collaborative.

- provide a robust and formal process of feedback to the Chief Nursing Officer at the DoH.

Individual members of the Collaborative Steering group? will:

- Take a leadership role for specific elements of the work streams on behalf of the regional Collaborative
- Establish local action plans and be accountable for delivery of same within their organisation, aligned to the regional agreed priorities
- Actively engages and contributes to the work streams stemming from the regional Collaborative and works to agreed timescales
- Works to support the implementation of the action plan in local areas, facilitating action and communicating progress within their organisation and to the regional Collaborative
- When requested, give timely feedback to the group or to those in work streams on proposals, decisions or actions
- Attend quarterly meetings of the Collaborative and provides a briefed replacement when absence from meetings is unavoidable.

Review and evaluation

There is a requirement for the Collaborative to provide a formal report of progress on an annual basis to the Chief Nursing Officer. Review and evaluation of progress, however, will be a continual dynamic by the Collaborative membership.

To ensure the TOR remain relevant and reflect current professional and strategic direction they will be reviewed at the first meeting of each year.

Exhibit 46

MAHI - STM - 259 - 935

Northern Ireland Practice and Education Council for Nursing and Midwifery

NORTHERN IRELAND ACTION PLAN FOR LEARNING DISABILITY NURSING
NORTHERN IRELAND COLLABORATIVE
Progress Report

Sept 2014 - March 2016

NIPEC

INVESTORS IN PEOPLE

Contents **Page**

Abbreviations

Association for Real Change (ARC)

Belfast Health Social Care Trust (BHSCT)

Chief Nursing Officer (CNO)

Clinical Education Centre (CEC)

Department Health Social Services Public Safety (DHSSPS)

Dialectic Behaviour Therapy (DBT)

Health Equalities Framework (HEF)

Health Social Care (HSC)

Key Performance Indicator (KPI)

Learning Disabilities/Children and Adolescent Mental Health Service (LDCAMHS)

Learning/Intellectual Disability Nursing Academic Network (LIDNAN)

Northern Ireland (NI)

Northern Ireland Practice Education Council (NIPEC)

Practice Development (PD)

Public Health Agency (PHA)

Regulation Quality Improvement Authority (RQIA)

Republic of Ireland (RoI)

Royal College of Nursing (RCN)

Senior Professional Officer (SPO)

Southern Health Social Care Trust (SHSCT)

Strengthening the Commitment (StC)

Background

In July 2012 the UK Learning Disability Nursing Review, "Strengthening the Commitment"[1] was released. Since then a Northern Ireland Action Plan (the Action Plan) has been developed to take forward its recommendations. Following a period of consultation the Action Plan was officially launched by the Chief Nursing Officer June 2014. The Action Plan is available at: http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

The Action Plan sets out a clear direction of travel and priorities for registered nurses - Learning Disabilities in Northern Ireland for the next three to five years.

It is the first such professional action plan to be published by the DHSSPS in Northern Ireland for this field of practice. It is relevant to nurses working within the statutory, independent, or voluntary sectors and education providers and intends to provide a clear strategic direction and add impetus to further the development of an effective, competent high quality nursing and health care support workforce.

The Northern Ireland Collaborative

In June 2014 the Northern Ireland Collaborative was convened to lead drive, support and monitor the delivery of the Action Plan. The Collaborative comprises representation from; the Independent/Voluntary sector; the five Health and Social Care Trusts, nursing students at pre and post registration level, Education Providers, NIPEC, the PHA, RQIA, RCN and ARC. A full membership list can be viewed at Appendix 1 and Terms of Reference for the Collaborative can be viewed at Appendix 2.

At the request of the Chief Nursing Officer Dr. Glynis Henry CBE, Head of HSC Clinical Education Centre chairs the NI Collaborative. Project support is provided by Frances Cannon, Senior Professional Officer (SPO), NIPEC.

UK StC Steering Group

Each of the UK countries has established specific arrangements to support the implementation of the recommendations arising from The Report of the UK Modernising Learning Disabilities Nursing Review: Strengthening the Commitment (2012). At four nation level a UK wide Steering Group comprising representation from Department of Health from the four UK countries, Learning Disabilities Nurse Consultant Group, Learning/Intellectual Disability Nursing Academic Network (LIDNAN)[2], the Independent Voluntary Sector and pre and post registration Learning Disabilities nursing students meets four times a year. Meetings rotate across the four countries. The Steering Group

[1] **The Scottish Executive** (2012). *The Report of the UK Modernising Learning Disabilities Nursing Review*: *Strengthening the Commitment.* Edinburgh; Scottish Government.

[2] LIDNAN was developed as a response to Recommendation 16 from *Strengthening the Commitment: the report of the UK review of learning disabilities nursing* (Scottish Government 2012).

aims to promote collaborative working; share learning and reduce duplication of effort, it also supports, where appropriate a four country approach to progressing certain of the recommendations arising from the Strengthening the Commitment (StC) Nursing Review. Northern Ireland is represented on the UK Steering Group by Frances Cannon SPO, NIPEC. This facilitates UK wide networking opportunities demonstrates local and national commitment to the development of Learning Disabilities nursing and brings positive value to the influencing of local developments within NI. It also provides an opportunity to profile across the UK, the contribution of Learning Disabilities nurses in Northern Ireland identifying tangible improvements and celebrating success.

Review and evaluation

The review and evaluation of progress of the implementation of the Action Plan is a dynamic on-going process however, there is a requirement for the Collaborative to provide a formal report of progress on an annual basis to the Chief Nursing Officer (CNO). The purpose of this annual report is to provide an update to the CNO on progress made against the Action Plan including the key priorities identified by the Collaborative for the period 2014-2015. Since the Collaborative was established in September 2014, the CNO has been apprised on the work of the group from that time through to the present day, in the understanding that the first report should include the period 1st Sept 2014 – 31st March 2016 and that thereafter an annual report (1st April-31st March).

Collaborative Priorities

The first meeting of the Collaborative took place on the 16th September 2014. Since then six meetings have taken place with an average attendance of 14 members at each meeting. At the first meeting a number of key priorities to be progressed for the period 2014-2015 were agreed by the Collaborative members. These are presented in Table 1 which provides a high level summary of progress to date and a RAG[3] status indicating levels of achievement. The detail relating to how these priorities have been progressed is included within the body of this report aligned to the four themes within the Action Plan. A number of other initiatives aside to the identified priorities have been progressed throughout the year as opportunities arose, these will also be reported and aligned to the four themes as follows:

Themes:

- Strengthening Capacity,
- Strengthening Capability,
- Strengthening Quality
- Strengthening the Profession.

[3]RAG, Red = Significant issues. Amber = Issues which can be addressed. Green = On target.

Table 1: NI Collaborative Priorities 2014-2015

NI Action Plan Priority	Progress	Status
Theme: Strengthening Capacity Undertake a review of the Learning Disabilities Nursing workforce, to include all sectors	Learning Disabilities Nursing Workforce including all sectors is complete. The final report will be available via the NI Action Plan NIPEC webpage	
Theme: Strengthening the Profession In collaboration with the RCN establish a Regional Professional Development Network for LD nursing staff in all sectors	In June 2015 the RCN established a Learning Disabilities Nursing Network which continues to meet:- *please see further update relating to this priority under the Strengthening the Profession section at page 11*.	
Theme: Strengthening Quality Establish processes to capture the demonstrable outcomes of Learning Disabilities nursing interventions.	To specifically address this requirement a Regional Learning Event was planned and delivered. The Event aimed to develop and agree a process of measuring and demonstrating the outcomes of Learning Disabilities nursing practice – as a result and based on the learning from that Event the Collaborative will as a priority for 2016-2017 develop an Outcomes Measurement/Framework for Learning Disabilities Nursing within the 5 HSC Trusts in the first instance. *Further detail can be found at page 9*	

At the outset the membership of the Collaborative appreciated a need to engage and communicate with both service users and stakeholders, so in addition to the priorities identified the Collaborative developed the following:

- Engagement and communication strategy
- Framework for engagement with service users

Engagement and Communication Strategy

The work of the Collaborative is underpinned by a robust engagement and communication strategy which aims to ensure effective communication that is accurate, timely and relevant through a range of appropriate methods and formats including:

- NI Action Plan NIPEC webpage accessible at http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan.aspx webpage
- Regular NI Action Plan communiques
- Dissemination of a range of relevant information including information from the UK Steering group

- Delivery of information sessions/road shows across Northern Ireland related to the NI Action Plan targeted at frontline Learning Disabilities Nurses.

Stakeholders identified and included in the engagement and communication strategy play a key and pivotal role in the communication and the dissemination of information to frontline learning disabilities nurses and interested colleagues.

Framework for engagement with service users

From the outset the membership of the Collaborative were acutely aware of the importance of involving and engaging with service users/people with learning disabilities in the work streams stemming from the Action Plan. Following discussions it was agreed to engage with ARC (a membership organisation) to seek its perspective on how such engagement might be approached. As a result a senior representative from ARC was invited to become a member of the Collaborative and after much consideration a consensus emerged that a Framework to support engagement of service users should be developed. The intention is to support engagement with and access to service user views through already established groups across a range of organisations represented through the membership of the Collaborative. The Framework can be accessed on the NIPEC website.

Progress Report

This report sets out the Actions under the four themes as detailed in the Action Plan (2014) followed by the detail of progress to date relating to each theme.

High level Priorities for 2016-2017 as collectively agreed by the Collaborative members at a meeting in January 2016 are also included within the body of this report.

Finally some issues to be considered by the CNO are raised in the final paragraph - “Going Forward”.

Theme: Strengthening Capacity

This section of the action plan addresses some of the key considerations underpinning efforts to strengthen capacity through developing the learning disabilities nursing workforce in relation to location and employment; strategic workforce planning; new ways of working; new roles and career choices.

The NI Collaborative will:

- Produce a workforce review/plan for registered nurses - learning disabilities in Northern Ireland that will consider all sectors and locations where these nurses work and will include nursing support staff.
- As part of this work, a data set, identifying the location of employment of registered nurses - learning disabilities in N. Ireland will be developed and will help inform decision making in a number of different contexts and levels such as:
  - succession planning
  - appropriate staffing levels/skill mix
  - pre-registration nursing programme recruitment
- Identify the need for and support the development of extended specialist and advanced roles for registered nurses - learning disabilities, to ensure an expert skills base is available and responsive to the current and emerging needs of people with learning disabilities.
- As a consequence of the Transforming Your Care agenda, it will be a priority to examine the community nursing infrastructure to assess the level and type of nursing support available to people with a learning disability in a range of community settings.
- Other priority areas in this regard include: acute liaison, challenging behaviour, mental health, epilepsy, forensic care, crisis support, psychological and physical health needs/interventions.

NI Action Plan (2012)

Progress update: Strengthening Capacity

- During 2015 the Collaborative initiated work to undertake a review of the learning disabilities nursing workforce, across NI to include all sectors. This significant piece of work sought to establish where Learning Disabilities nurses are employed; line management and professional supervision arrangements; implications of anticipated service developments at local level and indications of associated educational/development needs. The findings are based on the information submitted and reflect data obtained at a point in time. Data was gathered during the period April to September 2015. It is understood that other countries attempted to undertake a workforce review but Northern Irelands scale and scope appears to have been the reason which facilitated the completion of this exercise locally.

- A range of data regarding the demography of the Learning Disabilities nursing workforce has been collated. The findings highlight:

  - The need for robust succession planning due to imminent retirements.

  - The acuity and complexity of needs of patients admitted to hospital are increasing. In order to respond effectively Learning Disabilities nurses will need to be supported by their employers to access a range of learning and

development opportunities to acquire additional skills to meet the needs of people with learning disabilities and where appropriate extend or develop new nursing roles.

- The needs of people with Learning Disabilities are being addressed via a community based model rather than hospital based services. This has an impact on the skills required of the Learning Disabilities Nurse who as a result of service modernisation will require access to a range of learning and development opportunities to acquire new, expanded and additional skills to effectively meet the needs of service users.

- The full report can be accessed via the NIPEC NI Action plan webpage. The knowledge gained by undertaking this review will be instrumental in informing the Collaborative in its efforts to strengthen the capacity and capability of the Learning Disabilities nursing workforce going forward.

Theme: Strengthening Capability

NI Action Plan: Ensure a competent and flexible registered nurse learning disabilities workforce for the future by maximising their contribution: working with people of all ages; addressing health needs and providing specialist services.

- As roles and locations of employment expand, develop a specific and targeted suite of competencies that clearly articulate the knowledge, values and skills required by registered nurses - learning disabilities in specific aspects of care.
- Ensure that the specific nursing skills and competencies of registered nurses - learning disabilities workforce are utilised appropriately and to best effect across the range of settings within which they work. It is particularly important that the nursing expertise of these Registrants is fully maximised and that an increasing emphasis is given to preventative and proactive health improvement approaches as core day to day nursing practice. This is relevant across the lifespan but is particularly necessary during early years and adolescence.
- Ensure that registered nurses - learning disabilities who work in in-patient and/or assessment and treatment services, with those with the most intensive and complex needs, are equipped with the appropriate staffing levels, skills and competence to ensure the highest possible standard of patient safety and experience in these “high risk”. The NI Collaborative will give particular focus to:
  - Introducing patient-centred service improvement practices and cultures that ensure that positive therapeutic relationships and effective communication with people with learning disabilities and carers are at the heart of nursing practice.
- A targeted drive to ensure that registered nurses - learning disabilities are adequately prepared equipped and supported in a) the management of violence and aggression, b) current risk assessment and management processes and c) effective responses to safeguarding incidents (children and adult).
  - Contributing to the achievement of a workplace culture that supports the reporting of incidents and concerns, learning from things that go wrong and contributing to the implementation of action plans arising from incidents.
  - The development of beacon wards/centres of nursing excellence in such settings

NI Action Plan (2012)

Progress update: Strengthening Capability

- The UK Strengthening the Commitment Annual Conference was held in Derby on the 18th June 2015. The theme for the conference was *Sharing the Success* which aimed to celebrate the contribution of Learning Disabilities nursing to the delivery of person centred care of people with learning disabilities.

- The Collaborative was instrumental to ensuring the capabilities of Learning Disabilities Nurses from across NI were represented at this conference. Abstracts were submitted by Learning Disabilities nurses from a range of settings including education, clinical practice and also from student nurses. The CNO DHSSPS was a guest speaker on the day and in total ten Learning Disabilities nurses' from NI attended the conference. Each country was awarded a winner and a highly commended poster presentation place.

- The NI winner was Olivia Boyda whose presentation described the development of a specialist community learning disability nursing team which can meet the needs of children and young people with learning disabilities and additional emotional behavioural, psychological and mental health needs within a Learning Disabilities/ Children and Adolescent Mental Health Service (LDCAMHS) model.

- There were six poster presentations from NI:

➢ Rhona Brennan from the BHSCT won highly commended for her poster under the theme of Strengthening Quality and Strengthening Capability. Rhona's abstract *Least Restrictive Most Effective* described how patients who present with behaviours that challenge are being cared for in an inpatient setting using least restrictive, most effective evidence based care approaches and practices while ensuring that the Human Rights of each individual are upheld and promoted.

For further information contact:
Rhona Brennan, Ward Sister, Belfast Health & Social Care Trust
rhona.brennan@belfasttrust.hscni.net

Other Northern Ireland abstracts included:

➢ **Title: Adapted Dialectical Behaviour Therapy (DBT)**

Within the BHSCT *Adapted Dialectical Behaviour Therapy* (DBT) is being used as a treatment for inpatients with a learning disability who have difficulties in areas such as emotional dysregulation, interpersonal dysregulation, behavioural dysregulation self dysregulation and cognitive dysregulation.

For further information contact:
Colette Caldwell Behaviour Nurse Specialist, Belfast Health and Social Care Trust collette.caldwell@belfasttrust.hscni.net

- **Title: Learning Disability Crisis Response Service**

The SHSCT have developed a *Learning Disabilities Crisis Response Service* to effectively support Learning Disabilities clients with complex needs to remain in the community. The service provides short term assessment, support and treatment for individuals with learning disabilities and their families in an effort to effectively support clients to remain in their own home and avoid unnecessary admission to hospital where possible.

For further information contact:
Gavin Crilly, Crisis Response and Home Treatment Practitioner
Southern Health and Social Care Trust. Gavin.Crilly@southerntrust.hscni.net;

- **Title: Intellectual Disability CAMHS**

This project aims to ensure that every child and young person, including those with an intellectual disability living in the Southern Health and Social Care Trust , has access to CAMH services, equal to that of their non-disabled peers – nothing more, nothing less

For further information contact:
Siobhan Rogan, Intellectual Disability CAMHS Manager & Senior Practitioner
Intellectual Disability CAMHS, Southern Health and Social Care Trust
Siobhan.Rogan@southerntrust.hscni.net

- **Title: Student Nurses Experience**

Since winning student nurse of year 2014 award Jenny has aimed has to highlight the need for learning disabilities nursing within Northern Ireland as a specific field of nursing practice. Jenny's abstract focused on her elective placement to Romania with eight other nursing students and how since becoming a registrant she actively promotes learning disability nursing to students and professionals, highlighting the need for this specific field of nursing

For further detail and information about the StC Annual Conference and the NI contribution visit the NI Action Plan webpage on the NIPEC website.

Theme: Strengthening Quality

This section addresses some of the key considerations underpinning quality in relation to demonstrating quality outcomes; quality improvement; preparing and developing registered nurses-learning disability; maximising recruitment and retention; developing the workforce and accessing supervision.

NI Collaborative will:

- Develop and agree a process of measuring and demonstrating the outcomes of nursing practice.
- Link with the Regional Key Performance Indicators (KPIs) project to consider the introduction of relevant KPIs within settings where registered nurses - learning disabilities work.
- Ensure that key themes and issues identified via patient experience measures (locally and regionally) inform, improve and develop the practice of registered nurses - learning disabilities.
- Collaborate and link with HSC Trusts, other employers of registered nurses - learning disabilities and education providers, to ensure that registered nurses - learning disabilities are enabled to access post- registration education and training that is reflective of current and emerging strategic policy, demographic changes and professional developments.
- Collaborate and link with HSC Trusts, other employers of registered nurses - learning disabilities and education providers, to ensure that pre-registration students of learning disabilities nursing have access to effective and appropriate practice learning and mentorship.
- Collaborate and link with HSC Trusts, other employers of registered nurses - learning disabilities and education providers, to ensure that newly qualified registered nurses - learning disabilities have access to effective preceptorship.
- Support and advice upon the provision of robust professional governance and accountability structures for learning disabilities nursing within all HSC Trusts and those who work in the independent and voluntary sector.
- Ensure that all registered nurses - learning disabilities actively participate in and have access to, professional advice and professional nursing supervision from a suitable registered nurse - learning disabilities who practise in the field of learning disabilities nursing.
- Encourage, support and enhance the educational and developmental opportunities which should be available for non-registered nursing support staff.

NI Action Plan (2012)

Progress update: Strengthening Quality

- During 2015 and at the time of writing this report the Health Equalities Framework (HEF) (an outcomes framework) is being piloted in the BHSCT. Senior Learning Disabilities nurses from BHSCT have through the process shared lessons acquired and experiences from the pilot with the Collaborative.

- To specifically address the requirement set out by the Action Plan relating to demonstrable outcomes of Learning Disabilities nursing interventions, a Regional Learning Event was planned and organised by the Collaborative. The event which was funded via and hosted by the Clinical Education Centre on the 23rd of October 2015 aimed to develop and agree a process of measuring and demonstrating the outcomes of Learning Disabilities nursing practice.

- The event provided an opportunity for the audience to hear about a range of outcomes tools to:-
    - increase their awareness of the various evidenced based outcome tools available to measure the contribution of Learning Disabilities nurses
    - consider identification of relevant KPIs within settings where registered nurses - learning disabilities work
- Nominations were agreed locally by the Collaborative representatives. The full to capacity audience comprised 71 participants from a range of key organisations.
- Feedback from the event will inform the work of the Collaborative in progressing this key action during 2016-2017. There was a general consensus that a Learning Disabilities Nursing Outcomes Measurement Framework should be developed encompassing a range of outcomes tools ranging from person centred care plans to regional KPIs and this should form one of the key priorities for the Collaborative in 2016-2017. A full report from the Learning Event can be accessed on the NIPEC NI Action Plan webpage
- In regards to the action relating to professional supervision within this theme, findings emerging from the Learning Disabilities Nursing Workforce Review, would suggest that there are arrangements for professional supervision for Learning Disabilities Nurses with an appropriate registered nurse across all settings.

Theme: Strengthening the Profession

This section addresses some of the key considerations underpinning modernising the Registered Nurse-Learning Disabilities workforce in relation to; leadership and management; promoting the profession and research and evidence

The following actions will be taken in Northern Ireland to support these national recommendations

- Enhance professional leadership capacity and potential within registered nurses - learning disabilities in Northern Ireland.
- Explore and commission, models and approaches to leadership and practice development, to support the development of current and aspiring clinical leaders of learning disability nursing in Northern Ireland across all sectors.
- Ensure that Northern Ireland is represented on the national initiative to enhance leadership potential in final year learning disabilities nursing students and to take steps to build on this locally.
- Take steps to ensure that Northern Ireland is represented at the national UK academic network and that there is local involvement on and contribution to relevant national initiatives.
- In collaboration with the Royal College of Nursing, establish a Regional Professional Development Network for learning disabilities nurses to include HSC Trusts, the education sector and the independent/voluntary sector.
- Encourage and support registered Nurses - learning disabilities to access and take up nursing research activity including awards, scholarships and publications. Such activity should be encouraged in the aspects of clinical practice, policy and strategic direction

NI Action Plan (2012)

Progress update: Strengthening the Profession

- A key priority of the Collaborative during 2015 was to raise awareness of the NI Action Plan. The Collaborative therefore planned and delivered regional information seminars for frontline learning disabilities nurses and other key stakeholders. Six seminars were delivered; one in each of the five HSC Trusts and one in Four Seasons Health Care; 93 staff attended in total. The sessions were extremely well received and participants actively participated and contributed to discussions. For some it was their first opportunity to hear about the Action Plan for others they had previously contributed to its development and/or had inputted to the UK Modernising Learning Disabilities Nursing Review. A summary report of the information seminars can be accessed on the NIPEC NI Action Plan webpage.

- More recently the Chair of the Collaborative and the Project Support SPO met with representatives of the Priory Group to discuss the various work streams. Currently the Priory Group is the largest employer of Learning Disabilities nurses within the Independent Sector and the Collaborative have been specifically requested to provide information sessions for nurses working in that setting. This will be progressed in the incoming year.

- During 2015 -2016 the Collaborative engaged with the Royal College of Nursing, which established a Regional Learning Disabilities Nurses Network to include HSC Trusts, the education sector and the independent/voluntary sector as documented in the Action Plan. The network had its inaugural meeting on the 3rd June 2015 and the Chair of the Collaborative was invited to update the Network on the work of the Collaborative.

- At a Collaborative meeting in October 2015 a concern was raised by a member that as the Regional Learning Disabilities Nurses Network was hosted by the RCN, non RCN members were unable to participate as anticipated.

- The Chair of the Collaborative escalated this concern to CNO and through extensive engagement and negotiation with representatives from the relevant organisations agreed a potential solution. The solution will require an amendment to the wording within the Action Plan which is being progressed with endorsement of the CNO. The Collaborative are confident that the proposed solution will see the establishment and embedding of a regional Professional Development Learning Disabilities Nurses Network in 2016-2017 inclusive and open to all Learning Disabilities Nurses.

- During 2014/15 the Collaborative supported four third year student nurses studying at Queens University, to undertake a national two day leadership event organised by Positive Choices. The students were invited to work with key practice partners

from all sectors to support the development of flexible visible leadership within learning disabilities nursing.

- In 2015 CNO commissioned RCN to deliver a Leadership Programme specifically for Learning Disabilities nurses. The Collaborative were key to the planning and design of the programme content; which aimed to help participants develop leadership knowledge and skills to ensure the delivery of safe and effective care in all Learning Disabilities nursing settings using Practice Development (PD) methodology.

- 19 Learning Disabilities nurses from across all sectors including the HSC Trusts, the Independent Sector and Education providers successfully completed the Leadership Programme.

- During 2016 – 2017 the Collaborative plan to provide on-going support to these nurses and facilitate leadership development opportunities including; attendance at meetings of the Collaborative and involvement in regional projects stemming for the work of the Collaborative.

- A Senior Lecturer in Learning Disabilities Nursing from Queens University Belfast, is a member of the NI Collaborative represents NI on the LIDNAN.

- In 2014 the UK Steering Group for Strengthening the Commitment asked LIDNAN to undertake a piece of work that would map existing learning outcomes within undergraduate programmes that related to Positive Behaviour Support and consider a national approach to ensuring students were equipped during their training with the relevant level of skills and competence in this area. Through the Collaborative NI has been represented and has contributed to the development of the framework. Via the Collaborative the Framework has been disseminated to service providers for consideration. Although it applies to undergraduate education programme providers it has implications for service providers through student practice placements.

- The NI Collaborative contributed to the development of the Learning Disabilities Nursing Research Position Paper also prepared by the LIDNAN

- In March 2015 the RCN and CEC co–hosted a Learning Disabilities *Delivering the Commitment Conference*. The Collaborative actively contributed to the preparation and delivery of an extremely well attended and supported conference. This conference brought Learning Disabilities nurses from all agencies and settings across Northern Ireland together, to develop a sense of local and personal ownership for success of the NI Action Plan.

The specific aims of this conference were as follows:

- To profile and celebrate the contribution of learning disability nursing in a range of statutory and independent/voluntary sector settings.
- To identify the range of career pathways available to learning disability nurses.
- To highlight the impact of the national Strengthening the Commitment initiative on learning disability nursing practice.
- To provide an opportunity for networking.

- As Chair of the Collaborative Dr Glynis Henry was specifically invited to contribute to a meeting of the StC Steering Group meeting with RoI, Minister of State Ms Kathleen Lynch in the Department of Health, Dublin which coincided with the UK StC Steering Group meeting in September. Minister Lynch was keen to hear about the work of the four countries stemming from the StC UK Report. The meeting was led by the RoI CNO. The Minister seemed to have been impressed by the work on the UK Steering Group and also by the information shared on behalf of the NI Collaborative. RoI since September have joined the UK StC Steering Group which has now become a five country Steering Group.

- The Collaborative proactively contributed to a UK 'Three Year On' *Strengthening the Commitment Report* by offering a number of case studies illustrating the valuable contribution of Learning Disabilities nurses and nursing to person centred care. Two case studies are included in the report including the RCN Learning Disabilities Nursing Leadership programme and the Learning Disabilities Crisis Response Home Treatment Service based at the SHSCT. A number of other initiatives from NI are included in a fact file section within the report. The StC three year on report was launched at the Sharing Success Conference: Strengthening the Commitment Living the Commitment and has been disseminated via the Collaborative Engagement and Communication Group. The 3 years on Report can be accessed at http://www.nursingtimes.net/Journals/2015/06/19/s/m/d/JRA-Strengthening-report.pdf

Other Significant Achievements

- **Rising Star Award**
  Jenny Millis Learning Disabilities Staff Nurse in the NHSCT was supported by the Collaborative and nominated and recognised for a Nursing Times "Rising Star Award".

- **MBE- Maurice Devine**
  Maurice Devine Assistant Head of CEC and a member of the NI Collaborative was recognised as a Nursing Times "*Nurse Leader*" award earlier in the year and more recently he was awarded an MBE

Progress Update: Summary

Significant work has been progressed by the Collaborative in the last year not only to meet the identified priorities 2014-2015 but also to meet a number of other related aspects of the NI Action Plan. There is no doubt that the work of the Collaborative has played a part in enhancing the profile of NI's Learning Disabilities nurses at regional and national levels.

It would be fair to say that the priorities and initiatives taken forward in 2014 – 2015 has been 'ground work' which will inform and shape the priorities of the Collaborative in the forthcoming year and beyond. It is also fair to say that most the work progressed in 2014-2015 has focused on three areas within the action plan; Strengthening Capacity, Strengthening Quality and Strengthening the Profession. It is anticipated that the workforce review and the actions agreed to address the key messages emerging from it will guide the work of the Collaborative in strengthening the capability of the Learning Disabilities Nursing field of practice and will form the basis of the key priorities in 2016-2017.

Priorities 2016-2017

On the 12 January 2016 the Collaborative took the opportunity to identify and agree priorities for 2016-2017 mindful of the recommendations and implications of the following:

- Strengthening the Commitment: Living the Commitment (2015) report which has identified four key action areas for cohesive and collaborative action across all four countries

- 2015-2018 Action plan phase 2/KPIs identified by the UK StC Steering group–still to be finalised.

- *Draft* key messages stemming from the Learning Disabilities Workforce Review

- Key messages for the Learning Disabilities Nursing Outcomes Measurement Learning Event.

Broad consensus was achieved on the short term and long term key priorities as detailed below. Work is underway to finalise the detail of these priorities

Short -Term 2016-2017

- Agree key actions to address the messages arising from the Learning Disabilities nursing workforce review
- Raise awareness of NIPEC Careers Pathway and take steps to ensure it reflects and represents Learning Disabilities Nursing.
- Use NIPEC's Career Pathway as a foundation to build a tailored career pathway for Learning Disabilities Nurses (2016 - 2018)
- Agree a Key Performance Indicator (KPI) specific to Learning Disabilities Nursing.
- Develop an Outcomes Measurement/Framework for Learning Disabilities Nursing within the 5 HSC Trusts in the first instance.
- Work to support development of leadership potential in Learning Disabilities nurses in practice.
- Take forward arrangements as agreed with CNO to address the action in the Action plan relating to the establishment and embedding of a Professional Development Learning Disabilities Nurses Network

Longer - Term 2017- 2018

- Use NIPEC's Career Pathway as a foundation to build a tailored career pathway for Learning Disabilities Nurses.
- Take steps to explore how the Positive Behaviour Support Framework developed by LIDNAN can be embedded in practice
- Scope preceptorship within Learning Disabilities Nursing:-seek assurance that preceptorship is in place.

Going Forward

Until recently the four Country StC Steering Group was chaired by Ros Moore CNO Scotland, since January 2016 Jean White, CNO Wales has taken on this role. There have also been changes at Programme Director level. The former post holder made a significant contribution to the co-ordination of work at four country level. Given the essential nature of this work, discussions with CNO colleagues are underway to agree alternative arrangements. It is anticipated all countries including NI will be intrinsically involved and making a critical contribution to the new arrangements. That being the case the CNO DHSSPS is asked to give consideration as to the future operational arrangements for NI and to note that the Collaborative is very willing to support the CNO in her endeavours in this regard.

Appendix 1

Membership of the Collaborative March 2016

- Dr. Glynis Henry, CBE, Head of Clinical Education Centre: Chair
- Maurice Devine, Assistant Head Clinical Education Centre
- Frances Cannon, Senior Professional Officer, NIPEC (Project Lead)
- Bryce McMurray, Assistant Director of Mental Health & Learning Disability Services, SHSCT
- Sharon McRoberts, Assistant Director of Nursing SEHSCT *joined the group January 2015*
- Eileen Dealey, Head of Service & Professional Lead Nurse, WHSCT
- Donna Morgan, Head of Service, Learning Disability, NHSCT
- Gordon Moore, Community Service Manager, SEHSCT
- Esther Rafferty, Associate Director of Learning Disability Nursing, BHSCT
- Olivia Boyda, Lead Nurse for Children's Learning Disability, WHSCT
- Carol Cousins, Managing Director Four Seasons Health Care
- J.P. Watson, Director of Operations, Four Seasons Health Care
- Lorraine Kirkpatrick, Regional Manager for Four Seasons Health Care
- Siobhan Rogan replaced by Wendy McGregor, Mental Health and Learning Inspector, RQIA *joined the group November 2014*
- Peter Griffin, Nurse Lecturer, Queens University
- Professor Owen Barr, Head of School, Ulster University
- Molly Kane, Regional Lead Nurse Consultant Mental Health, Learning Disability & Prison Health , PHA
- Laurence Taggart, Reader Lecturer, Ulster University *joined the group January 2015*
- Leslie-Anne Newton, NI Director, ARCuk *joined the group January 2015*
- Sara Boyd, Pre Registrant, Queen's University Belfast *joined the group November 2014 left the group July 2015*
- Rachel McMaster, Post-Reg, WHSCT *joined the group January 2015 left the group April 2015*
- Lauren Bell, Pre-Reg Student, Queen's University Belfast *joined the group October 2015*
- Mary Neeson, Post Reg Student, WHSCT *joined the group October 2015*

Appendix 2

NORTHERN IRELAND ACTION PLAN FOR LEARNING DISABILITY NURSING REGIONAL COLLABORATIVE

TERMS OF REFERENCE

BACKGROUND

In June 2014, the Chief Nursing Officer launched The Northern Ireland Action Plan for Learning Disabilities Nursing which sets out a clear direction of travel and proposed priorities for registered nurses - learning disabilities in Northern Ireland for the next three to five years.

It is the first such professional action plan to be published by the DHSSPS in Northern Ireland for the learning disability nursing profession. It has equal relevance to learning disability nurses in the statutory, independent, or voluntary sectors and within education and is also intended to provide impetus and direction for the development of an effective, competent high quality health care support workforce.

The action plan provides focus and direction on how local learning disability nurses working in practice, education, management and/or research, can best contribute to the care of service users in the future.

Within the action plan, it is stated, *"To lead, drive, support, monitor and deliver this action plan the DHSSPS will establish a N.I. Learning Disabilities Nursing Regional Collaborative by May 2014 to support delivery of the actions. The group should have representation from service user groups; the independent sector; all five of the health and social care organisations; educational providers, NIPEC; the Health and Social Care Board, Public Health Agency and take into account other stakeholders as necessary."*

The Chief Nursing Officer has asked Dr. Glynis Henry, CBE, Head of Clinical Education Centre to chair this group and has requested that the group be facilitated by NIPEC, specifically by Frances Cannon.

This regional collaborative will aim to identify key priorities for action, both on a short term and longer term basis and will secure implementation of the recommended actions on a priority basis.

Membership

The regional collaborative will be comprised of individuals from a range of relevant organisations and sectors and will involve service user and carer representation as part of the process of implementation.

Membership currently, is as follows:

- Dr. Glynis Henry, CBE, Head of Clinical Education Centre: Chair
- Maurice Devine, Assistant Head Clinical Education Centre
- Frances Cannon, Senior Professional Officer, NIPEC (Project Lead)

- Bryce McMurray, Assistant Director of Mental Health Learning Disability Services, SHSCT
- Sharon McRoberts, Assistant Director of Nursing SEHSCT
- Eileen Dealey, Head of Service & Professional Lead Nurse, WHSCT
- Donna Morgan, Head of Service, Learning Disability NHSCT
- Gordon Moore, Community Service Manager, SEHSCT
- Esther Rafferty, Associate Director of Learning Disability Nursing, BHSCT
- Olivia Boyda, Lead Nurse for Children's Learning Disability, WHSCT
- Carol Cousins, Managing Director Four Seasons Health Care
- J.P. Watson, Director of Operations, Four Seasons Health Care
- Lorraine Kirkpatrick, Regional Manager for Four Seasons Health Care
- Wendy McGregor, Mental Health and Learning Disability Inspector, , RQIA
- Peter Griffin, Nurse Lecturer, Queens University
- Professor Owen Barr, Head of School, Ulster University
- Molly Kane, Regional Lead Nurse Consultant Mental Health, Learning Disability & Prison Health , PHA
- Laurence Taggart, Reader Lecturer, Ulster University
- Leslie-Anne Newton, NI Director, ARCuk
- Sara Boyd, Pre Reg Student, Queen's University Belfast
- Rachel McMaster, Post Registered Student, WHSCT

The Regional Collaborative will meet quarterly and its aims are:

- To initially carry out a baseline scoping exercise of current progress and achievement in meeting the recommendations within the Northern Ireland Action Plan across all relevant organisations.
- To identify local and regional priority areas for action, establish local action plans and be accountable for delivery of same within the host organisation.
- To take responsibility for providing awareness and encouraging participation across all specific and specialist areas relating to learning disability nursing within the host organisation.
- To provide a regional resource through the sharing of knowledge, expertise, service development, and innovation that will promote, influence and enhance best practice and consistency in learning disability nursing practice within services across N. Ireland.
- To provide strategic direction and leadership for all of the nursing fields of practice and specialisms who work with people with learning disabilities in Northern Ireland.
- Where required to identify and co-opt other members on to the regional implementation group.
- To ensure that Northern Ireland is fully and adequately engaged with the other 3 countries of the UK in the context of the national Strengthening the Commitment review of Learning Disabilities Nursing.
- To agree and ensure a robust and formal process of feedback to the DHSSPS.

Individual group members of the collaborative will:

- Take a leadership role for specific elements of the work stream on behalf of the group
- Work to identified timescales for specific workstreams
- Act as advocates for the implementation of the action plan in local areas, facilitating action and communicating progress to relevant others
- When requested give timely feedback to the group or to those in work streams on proposals, decisions or actions
- Engage actively and regularly with the process of implementation
- Provide a briefed replacement when absence from meetings is unavoidable.

Review and evaluation

Review and evaluation of progress will be a continual dynamic of the work of the regional collaborative. However, there is a formal requirement for the collaborative to provide a formal report of progress on an annual basis to the Chief Nursing Officer. The format and structure of the reporting template will be for collaborative members to agree and develop.

contact

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er Street
3T1 4JE

00 0066

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

April 2016

Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

NIPEC

Strengthening the Commitment Northern Ireland Action Plan

Report on the Strengthening the Commitment Northern Ireland Action Plan – Information Seminars

Background

Strengthening the Commitment: the Report of the UK Modernising Learning Disabilities Nursing Review was released in April 2012. Since then a Northern Ireland Action Plan has been developed to take forward its recommendations. Following a period of consultation the Action Plan was officially launched in June 2014. The NI Action Plan is available http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

The Northern Ireland Collaborative

A Northern Ireland Regional Collaborative (the Collaborative) chaired by Dr Glynis Henry, CBE, Head of Clinical Education Centre has been established to take forward the NI Action Plan. The Collaborative includes representation from; the independent sector; all five of the Health and Social Care Trusts, Educational Providers, NIPEC; the Health and Social Care Board and Public Health Agency, RCN, RQIA and ARC. The programme of work is facilitated and supported by NIPEC.

One of the key actions of the NI Collaborative from the outset was to increase awareness regarding the NI Action Plan and as a result, regional information seminars were organised in each Trust to:

- raise awareness of the NI Action Plan
- facilitate front line learning disability nurses and other key stakeholders to contribute to decision making both locally and regionally in the identification of key priorities and on-going implementation of the NI Action Plan

Through the NI Action plan, engagement and communication strategy, all registered learning disability nurses and pre-registration learning disabilities nursing students working across all settings including the Independent and Voluntary sector and other stakeholders were invited to attend the seminars. A flyer detailing information regarding the session was prepared and disseminated. In total six information seminars were delivered; one session in each of the five HSC Trusts and one in Four Seasons Health Care; ninety three staff attended in total ranging from pre-registration Learning Disabilities nursing students to Assistant Directors of Mental Health and Learning Disabilities and Executive Directors of Nursing.

The information sessions were extremely well received and participants actively contributed to the seminars. For some it was their first opportunity to hear about the NI Action Plan for others they were more aware of it as they had previously contributed to its development and/or had inputted to the UK Modernising Learning Disabilities Nursing Review.

The Seminar

Following a presentation outlining the 4 Chapters within the report: Strengthening capacity, Strengthening capability, Strengthening quality and Strengthening the profession, time was spent reviewing initiatives the other UK countries have progressed to meet the recommendations from the Modernising Learning Disabilities Nursing Review. (Appendix 1 *insert presentation*).

Using table mats participants were then asked to identify their key priorities, how they could contribute to taking forward the NI Action plan and what initiatives and developments are currently happening in their local areas which could help meet the recommendations form the NI Action Plan. Feedback from the participants was themed and is presented under the following headings:

Key Priorities as identified by participants at the information seminars:

- Ensure that Learning Disabilities nursing skills and competencies are used appropriately

- The need to support recruitment and retention of Learning Disabilities nurses
- The belief that Learning Disabilities nurses should be allowed to and facilitated to practice as Learning Disabilities nurses
- The need to build and maintain strong Learning Disabilities nursing leadership
- Development a career pathway for Learning Disabilities nursing
- That careers within the independent sector are recognised
- The need to regionally agree a process to demonstrate the outcomes of Learning Disabilities nursing practice
- The need to develop the role of the Learning Disabilities liaison nurse in a general hospital settings was a key priority
- The re-establishment of the Learning Disabilities Nursing Professional Forum
- Continuous Professional Development specific to the field of Practice

How can Learning Disabilities Nurses contribute to the NI Action Plan?
Participants suggested they could:

- Get involved in practice development and research
- Ensure Learning Disabilities nursing articulate their nursing contribution
- Increase their confidence and presence for example presenting Learning Disabilities nursing initiatives at conferences and events to show case examples of good practice
- Engage in lunch and learns at a local level
- Participate in the Learning Disabilities Nurses Network when established
- Get involved in initiatives linked to the NI Action Plan at a local level

Participants told us about developments they are involved in which could contribute to meeting the actions within the NI StC Action Plan examples included**:**

- The pilot of the Health Equality Framework (HEF) currently on going in BHSCT
- Pre admission assessment project
- Learning Disabilities Dementia Care Pathway
- Establishment of the Nurse Led Crisis Response team
- Development of Epilepsy Specialist Service
- Health Facilitation
- Supporting the pathway of care through acute care services.
- Non-medical prescribing.

- Accessing of enhanced clinical skills to care for those with complex needs

Summary

Although the seminars were received very positively and all who attended were keen to contribute their thoughts and ideas, it was apparent that nearly one year after the launch of the Action Plan, there were a significant number of registered nursing staff who had limited awareness/lacked awareness of its existence. Pre and post registration Learning Disabilities nursing students on the other hand were acutely aware of its existence and indicated that the principles and recommendations within the document were influencing and guiding their learning and development.

It was reassuring to note that the aspirations and priorities identified by the participants at the information seminars reflect the recommendations which have been targeted by the Collaborative. Some of the priorities identified have already been progressed or are currently being taken forward.

The seminars provided an opportunity for learning disabilities nurses to strengthen their commitment to their profession and increased awareness of the ways in which they can become involved in realising the actions from the NI Action Plan.

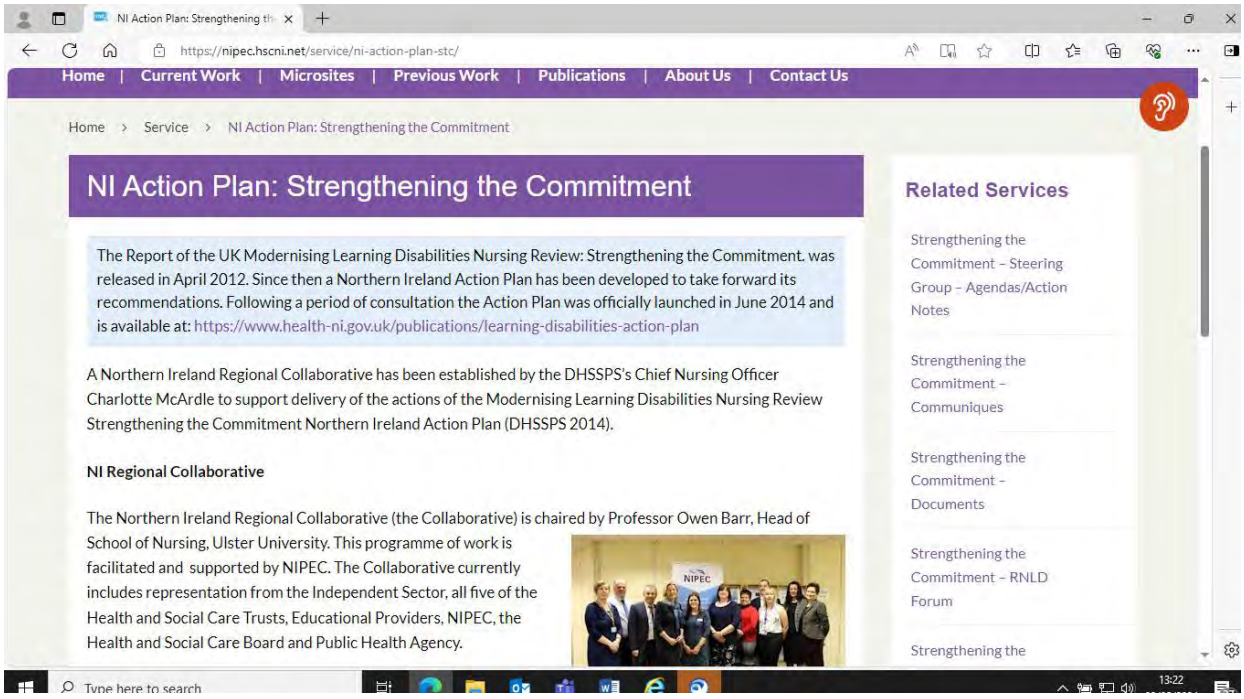
A number of initiatives and practice developments were identified by the participants (see page 3) and participants were encouraged to submit their local initiatives for consideration at the StC Annual Conference and the StC three year on report.

Maurice Devine & Frances Cannon
21/07/2015

Exhibit 48

MAHI - STM - 259 - 963

[NI Action Plan: Strengthening the Commitment | NIPEC (hscni.net)]



DHSSPS
Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

NIPEC

Strengthening the Commitment Northern Ireland Action Plan Communiqué August 2015

Background

Strengthening the Commitment: the Report of the UK Modernising Learning Disabilities Nursing Review was released in April 2012. This was followed by work to develop a Northern Ireland Action Plan which was launched date June 2014 by Mrs Charlotte McArdle the Chief Nursing Officer DHSSPS. The NI Action Plan is available
http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

NI Regional Collaborative

A Northern Ireland Regional Collaborative has been established to take forward the NI Action Plan. Chaired by Dr Glynis Henry, CBE, Head of Clinical Education Centre and supported by NIPEC the Collaborative comprises representation from; the independent sector; all five of the Health and Social Care Trusts, Educational Providers, NIPEC; the Health and Social Care Board, Public Health Agency and ARC.

UPDATE

This communique focuses on the NI contribution to the Sharing Success StC UK Conference held on the 18th June in Derby and the StC three year on Strengthening the Commitment: Living the Commitment (2015) report. The conference and the three year on report has provided a platform for the four countries to showcase local initiatives linked to the four StC themes *Strengthening capacity, Strengthening capability, Strengthening quality and Strengthening the profession* and share best practice. The conference was oversubscribed and fully supported the Chief Nursing Officers from the four UK countries and the Chief Nurse from the Republic of Ireland. Northern Ireland submitted six abstracts for consideration by the conference organisers. Each country was awarded a winner and a highly commended place; Charlotte McArdle NI CNO presented the Northern Ireland prizes. The StC three year on report was launched at the conference. The report can be viewed at:
http://www.nursingtimes.net/Journals/2015/06/19/s/m/d/JRA-Strengthening-report.pdf

NI CNO Charlotte McArdle speaking at the Conference

Northern Ireland Winner: Olivia Boyda, WHSCT

Title: Development of Specialist Community Learning Disability Nursing Team within a Learning Disability Child & Adolescent Mental Health Service (LDCAMHS) Model

The Northern Ireland abstract winner was Olivia Boyd from the WHSCT; under the theme of ***Strengthening the Profession.*** Olivia's project described the development of a specialist community learning disability nursing team that can meet the needs of children and young people with a diagnosis of learning disability with additional emotional behavioural, psychological and mental health needs within an LDCAMHS model. Unfortunately Olivia could not be at the conference on the day; this photograph shows Maurice Devine talking to Olivia's abstract.

For further information contact: Olivia Boyda, Lead Nurse, Children's Western Health & Social Care Trust olivia.boyda@westerntrust.hscni.net

Highly Commended: Rhona Brennan, BHSCT

Title: Least Restrictive Most Effective

The Northern Ireland highly commended place was awarded to Rhona Brennan from the BHSCT; under the theme of **Strengthening Quality and Strengthening Capability.** Rhona's abstract Least Restrictive Most Effective described how patients who present with behaviours that challenge are being cared for in an inpatient setting using least restrictive, most effective evidence based care approaches and practices while ensuring that the Human Rights of each individual are upheld and promoted.

For further information contact:
Rhona Brennan, Ward Sister, Belfast Health & Social Care Trust rhona.brennan@belfasttrust.hscni.net

Other abstracts from Northern Ireland

Title: **Outcomes Measurement using HEF**

Theme: Strengthening Quality.

This abstract described how the BHSCT aim to assure the quality of health outcomes delivered by an inpatient ward in Muckamore Abbey Hospital using the Health Equalities Framework (HEF).

For further information contact
Rhona Brennan, Ward Sister, Belfast health & Social Care Trust rhona.brennan@belfasttrust.hscni.net

Title: Adapting Dialectical Behaviour Therapy (DBT)

Theme: Strengthening Capability

Within the BHSCT Adapted Dialectical Behaviour Therapy (DBT) is being used as a treatment for inpatients with a learning disability who have difficulties in areas such as emotional dysregulation, interpersonal dysregulation, behavioural dysregulation self dysregulation and cognitive dysregulation.

For further information contact:
Colette Caldwell *Behaviour Nurse Specialist,* Belfast Health and Social Care Trust collette.caldwell@belfasttrust.hscni.net

Title: Learning Disability Crisis Response Service
Theme: Strengthening Capability
The SHSCT have developed a Learning Disabilities Crisis Response Service to effectively support Learning Disabilities clients with complex needs to remain in the community. The service provides short term assessment, support and treatment for individuals with learning disabilities and their families in an effort to effectively support clients to remain in their own home and avoid unnecessary admission to hospital where possible.

For further information contact: Gavin Crilly, Crisis Response and Home Treatment Practitioner Southern Health and Social Care Trust. Gavin.Crilly@southerntrust.hscni.net;

Title: Intellectual Disability CAMHS

Theme: Strengthening Capability

This project aims to ensure that every child and young person, including those with an intellectual disability living in the Southern Health and Social Care Trust , has access to CAMH services, equal to that of their non-disabled peers – nothing more, nothing less

For further information Contact:

Siobhan Rogan Intellectual Disability CAMHS Manager & Senior Practitioner Intellectual Disability CAMHS, Siobhan.Rogan@southerntrust.hscni.net

Title: Student Nurses Experience

Theme: Strengthening the Profession

Since winning student nurse of year 2014 award Jenny has aimed has to highlight the need for learning disabilities nursing within Northern Ireland as a specific field of nursing practice. Jenny's abstract focused on her elective placement to Romania with eight other nursing students and how since becoming a registrant she actively promotes learning disability nursing to students and professionals, highlighting the need for this specific field of nursing.

Jenny has been shortlisted for a "Rising Star" Nursing Time Award 2015. We wish her every success!!!

For further information contact:

Jenny Mills, Community Nurse Learning Disability Northern Health & Social Care Trust, jenny.mills@northerntrust.hscni.net;

Title: Learning Disability Leadership Programme

Theme: Strengthening Profession

This Learning Disabilities Leadership programme delivered by the Royal College of Nursing (Northern Ireland) in early 2015 seeks to build leadership capacity and capability to ensure visible and authentic leadership for the profession within NI now and into the future.

For further information:

Rita Devlin, Head of Professional Development Department, RCN Rita.Devlin@rcn.org.uk

Strengthening the Commitment: Living the Commitment (2015) report also includes a fact file of other examples of good practice from the four countries. For ease of reference the Fact file for NI is included at the end of this communique.

Other updates from the Collaborative:

- The Regional Collaborative are holding a Learning Event which is being hosted by the HSC Clinical Education Centre
  - TOPIC: Learning Disabilities Nursing: Outcomes Measurement
  - Date: 23rd October 2015 from 9.30am to 4pm
  - Nominations will be agreed locally by your organisations Collaborative representative
- The returns of the Learning Disabilities Workforce Scoping tools has been less than anticipated across the Independent and Voluntary sector. NIPEC have re-issued the

scoping tools specifically targeting organisation where it is though learning disabilities nurses work.

- The RCN NI regional Learning Disabilities nursing network had its inaugural meeting in June 2015.
- A summary report of the findings from the local information seminars regarding the NI Action Plan are now available on the NIPEC website.

***For further information contact**:*
Frances Cannon NIPEC Senior Professional Officer frances.cannon@nipec.hscni.net. To view membership of the Northern Ireland Regional Collaborative click here http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

Northern Ireland

Name/contact details	Case study title
Gordon Moore gordonw.moore@setrust.hscni.net	**Implementation of GAIN Guidelines** The GAIN guidelines identify 12 specific areas as the most pressing areas of need for people with a learning disability who use general hospital settings.
Molly Kane Molly.kane@hscni.net	**Health facilitation for people with learning disability in Northern Ireland** The development of health facilitation as a commissioned and accepted model of improving the health of people with a learning disability in Northern Ireland has relevance across the four themes of *Strengthening the Commitment*.
Sarah Boyd Sboyd30@qub.ac.uk	**Learning disabilities pre-registration programme** Student perspective on how the programme strengthens the quality of individual practice and raises the profile of the learning disability profession.
Lisa Hanna-Trainor lm.hanna-trainor@ulster.ac.uk	**Looking at retirement options for adults with intellectual disabilities** A focus on the service user supports that need to be in place to ensure an effective transition form adult services to those geared to meet the needs and preferences of older people with learning disabilities.
Maria Truesdale mn.truesdale@ulster.ac.uk	**Adults with learning disabilities and diabetes** Developing a structured diabetes education programme for people with learning disabilities and their carers and assessing potential gains from such a programme.
Edna O'Neill edna.oneill@setrust.hscni.net	**A joint epilepsy clinic** The clinic enables individuals to receive specialist care locally, in a person centred way with additional time for each clinic appointment. The epilepsy nurse can follow people up in the community in partnership with the learning disability psychiatrist and GP.

A Description of the Learning Disabilities Nursing Workforce in Northern Ireland – A Report

Northern Ireland Practice and Education Council for Nursing and Midwifery

September 2015

CONTENTS

Abbreviations

Agenda for Change (AfC)

Assistant Director of Nursing (ADoN)

Autism Diagnostic Observation Schedule (ADOS)

Chief Nursing Officer (CNO)

Child and Adolescent Mental Health Service (CAMHS)

Clinical Education Centre (CEC)

Community Children's Nurse (CCN)

Department of Health, Social Services and Public Safety (DHSSPS)

Dialectical Behaviour Therapy (DBT)

Executive Director of Nursing (EDoN)

Head Count (HC)

Health and Social Care Board (HSCB)

Health Social Care Northern Ireland (HSCNI)

Health Social Care Trusts (HSCT)

Higher Education Institutions (HEIs)

Human Resources, Payroll, Travel and Subsistence (HRPTS)

Jejunostomy (JEJ)

Learning Disabilities/Children and Adolescent Mental Health Service (LDCAMHS)

Management of Actual and Potential Aggression (MAPA)

Multidisciplinary Team (MDT)

Naso Gastric (NG)

National Institute for Clinical Excellence (NICE)

Northern Ireland (NI)

Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

Nursing and Midwifery Council (NMC)

Percuntaneous Endoscopic Gastrostomy (PEG)

Positive Behaviour Support (PBS)

Public Health Agency (PHA)

Registered General Nurse (RGN)

Registered Mental Nurse (RMN)

Registered Nurse (RN)

Registered Nurse Learning Disabilities (RNLD)

Registered Sick Children’s Nurse (RSCN)

Regulation Quality Improvement Authority (RQIA)

Royal College of Nursing (RCN)

Senior Professional Officer (SPO)

Strengthening the Commitment (StC)

Transforming Your Care (TYC)

United Kingdom (UK)

1.0 Background

The number of people with learning disabilities is expected to grow by 14% between 2001 and 2021[1] as advances in science and care mean people with learning disabilities are living longer and more fulfilled lives. Strengthening the Commitment, the Report of the UK Modernising Learning Disabilities Nursing Review, (2012)[2] sets out a renewed focus for the four UK governments to ensure there is an appropriately-skilled Registered Learning Disabilities Nursing workforce to meet the needs of service users and their families. The report seeks to ensure the skills of these registered nurses are used to greatest effect across the Health and Social Care Northern Ireland (HSCNI) system and to enhance the profile of this workforce as a whole.

Strengthening the Commitment (2012) sets out a blueprint for how Learning Disabilities (LD) Nurses can develop their skills and capacity to deliver the person-centred care that people with Learning Disabilities, their families and carers need, want and deserve. LD Nurses have a long and proud history of providing care and support to people with learning disabilities and their families. Skills and knowledge are developing and must reflect the changing needs of people with learning disabilities, now and in the future.

Learning Disabilities (LD) nursing has an essential part to play in our Health and Social Care (HSC) systems. These Nurses have sometimes lacked the attention and recognition that other nursing fields of practice have attracted. Too often in the UK wide review of LD nursing - Strengthening the Commitment- examples were cited of how this skilled resource is being under-utilised. Mindful that the overall pool of LD Nurses available across the UK is comparatively small and the needs of this population now and into the future, it is essential that the expertise of this workforce is used to best effect.

1.1 Introduction

Since the release in April 2012 of the Strengthening the Commitment, a Northern Ireland Action Plan has been developed to take forward its recommendations. Following a period of consultation the Action Plan was officially launched in June 2014. The NI Action Plan is available http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

The Northern Ireland Regional Collaborative (the Collaborative) was convened at the request of the Chief Nursing Officer (CNO) to take forward the actions from the NI Action plan. The Collaborative is chaired by the Head of the Clinical Education

[1] Emerson E, Hatton C (2008) Estimating Future need for Adult Social Care Services for People with Learning Disabilities in England Centre for Disability Research: Lancaster

[2] The Scottish Executive (2012) The report of the UK Modernising Learning Disabilities Nursing Review: Strengthening the Commitment. Edinburgh; Scottish Government.

Centre (CEC) and includes representation from; the Independent sector; all five of the Health and Social Care (HSC) Trusts, Education Providers, Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), Regulation and Quality Improvement Authority (RQIA), Association for Real Change (ARC) and the Public Health Agency (PHA).

One of the key actions within the NI Action Plan Strengthening Capacity particularly recommended the Collaborative to:

- *Produce a workforce review for Learning Disabilities Nurses in Northern Ireland that will consider all sectors and locations where these Nurses work and will include Nursing support staff. (*To view the detail of the action as set out in the NI Action plan see Appendix 1).

The purpose of this report is to present the findings of a Northern Ireland wide LD nursing[3] workforce review undertaken by the Collaborative during the period 2015. It includes information obtained from HSC Trusts, the Independent and Voluntary Sector and a number of Other organisations within which LD Nurses work.

1.2 Preliminary Work

In the lead up to this workforce review a Freedom of Information request was sent by the NI Collaborative to the Nursing and Midwifery Council (NMC) requesting the following information:

1. The number of LD Nurses registered in Northern Ireland
2. The number who hold a dual qualification i.e. RNLD and RMN/RGN/RSCN/RN1
3. The number of LD Nurses with a recorded post registration NMC recordable qualification
4. Where LD Nurses in Northern Ireland are practising
5. The age profile of Northern Ireland Registered LD Nurses which is conveyed in the following age ranges: 20-30, 31-45, 46+.

Table 1 presents the response provided by the NMC.

[3] Learning Disabilities Nursing includes nursing support staff/nursing assistants

Table 1: Summary of the NMC response

Question	NMC Response
1. The number of RNLDs registered in Northern Ireland	788 *To note:-this is a count of registrants whose registered addresses are in NI and who have a current registration on one of the following RN5/ RN6 /RNLD*
2. The number who hold a dual qualification i.e. RGN or RMN (i.e. RN1 /RNMH)	326
3. The number of RNLDs with a post registration NMC recorded qualifications (such as SPCLD or SPLD or V100, V150, V200 V300).	62
4. Where the Northern Ireland RNLD are practising	The NMC does not hold this information.
5. The age profile of Northern Ireland RNLD expressed in the following age ranges: 20- 30, 31-45, 46+	Age range 20-30 = 155 Age range 31-45 = 285 Age range 46+ = 348

Source Nursing and Midwifery Council (NMC) Feb 2015

This data indicates that 348 (44%) of LD Nurses registered with the NMC are over the age of 46 years.

2.0 Review Methodology

It is relevant to note that the Department of Health, Social Services and Public Safety (DHSSPS) have recently completed a Regional Workforce Plan for Nursing and Midwifery[4] in NI which took account of the LD nursing workforce. The contents of this report; *A Description of the Learning Disabilities Nursing workforce in NI,* builds on and expands the information gathered through the completion of the Regional Workforce Plan.

Thus, in order to capture as much information about the LD nursing workforce it was agreed that this review should include all known employers of this registrant workforce across all settings including:

- HSC Trusts,
- Independent/Voluntary Sector

  Other organisations to include: CEC, PHA/HSCB, RQIA, NIPEC and the three HEIs.

Scoping tools were developed to reflect the various settings and these are attached in Appendices 2, 3 and 4. The scoping tools aimed to gather a range of information including, for example:

[4] Department of Health and Social Services and Public Safety (2015-2025) Evolving and Transforming to Deliver Excellence in Care A workforce Plan for Nuring and Midwifery in NI

- The LD Nurse staffing establishment within each organisation
- Arrangements for line management
- Arrangements for Professional Supervision
- Proposed service developments and related development needs.

2.1 Scoping Tool – HSC Trusts

The scoping tool targeted at HSC Trusts which is included at Appendix 2 comprised two sections as follows:

- **Section 1**: aimed to gather data relating to Adult Learning Disabilities nursing services in the following settings: Hospital, Community Nurses as part of a HSC Trust, Residential settings, Supported Living settings and Day Care settings.

- **Section 2:** aimed to gather data relating to Children's Learning Disabilities nursing services in the following settings: Hospital, Community Nurses as part of HSC Trust, Respite settings and Schools for Children with Special Needs.

2.2 HSC Trusts

The HSC scoping tool was issued to the following Trusts:

- Belfast HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- Western HSC Trust
- South Eastern HSCNI Trust

Each Trust submitted a completed scoping tool proforma. For the purposes of this report the findings are presented anonymously.

2.3 Configuration of current service provision

The Learning Disabilities model of service provision varies across the five HSC Trusts. Three of the five Trusts provide Adult Hospital based in-patient Learning Disabilities services. All five Trusts provide Adult Community based services. Two Trusts provide Children's Hospital based services whilst four of the five Trusts provide Community based Children's services as presented in Table 2 below. One Trust share services between the Community and Hospital. There is no specific Learning Disabilities Children's nursing service in one Trust; rather Adult Community LD Nurses have a number of children with Learning Disabilities on their case loads.

Table 2: Learning Disabilities service provision across the five HSC Trusts

HSC Trust	Adult Hospital based Services	Adult Community based Services	Children's Hospital based Services	Children's Community based Services
TRUST A	Yes	Yes	Yes	Yes
TRUST B	No	Yes	No	No
TRUST C	Yes	Yes	No	Yes
TRUST D	Yes	Yes	Yes	Shared team with hospital ward
TRUST E	No	Yes	NO	Yes

Table 3 below details the head count (HC) and whole time equivalent (WTE) of LD Nurses employed in each of the HSC Trusts by Agenda for Change (AfC) Band in Adult and Children Learning Disabilities services. This includes, Hospital based services where relevant, Community services including HSC Trust teams, for example, Integrated Care Teams, Statutory Residential settings and Supported Living Day Care settings.

Table 3 Total Head Count and WTE in each HSC Trust by Band

	BAND 8b		BAND 8a		BAND 7		BAND 6		BAND 5		Total	
	HC	WTE	HC	WTE	HC	WTE	HC	WTE	HC	WTE	HC	WTE
TRUST A	1	1	6	6.5	24	24	33	24.09	144	136	209	191.5
TRUST B	1	1	0	0	12	12	18	17.1	11	11.4	42	41.5
TRUST E	0	0	4	4	6	5.6	7	6.4	15	13	33	29
TRUST D	1	1	3	3	5	5	21	22.1	35	28.5	65	59.6
TRUST C	0	0	1	1	11	13.6	19	21.6	64	60	95	107.2
Total	3	3	14	14.5	59	61.2	98	90.49	269	249.45	444	428.3

From the information submitted it was apparent that 444 (HC) LD Nurses work in the HSC Trusts, across a range of Bands which represents 429 WTE. Of the total number of LD Nurses identified, 67 (15%) work in Children's Learning Disabilities services whilst the remaining 386 (85%) work in Adult Learning Disabilities services. Trust A employs the largest proportion of the LD nursing workforce. Trust C reported that the difference in HC to WTE is due to a number of vacant posts within the organisation at the time of completion of the scoping tool.

It is of note that over the past ten years whilst there has been significant investment in the modernisation of the Learning Disabilities service provision, including the resettlement agenda, the head count of LD Nurses has remained largely unchanged. In 2006 the Registered LD Nurses headcount totalled 440 and in 2016 it is 444 (as presented in Table 3). It is relevant to note NI doubled its intake of LD pre-

registration student nursing commissioned places in 2009 – 2010 and that increased intake has been maintained since.

Three HSC Trusts reported that they each employ 1 WTE Band 8b Lead Nurse for LD nursing. One Trust has allocated 30% of 1 WTE Band 8c at Associate Director of Nursing level. Where a Band 8b post does not exist, it was reported that a Band 8a LD Nurse provides professional leadership.

Four of the five HSC Trusts reported that positions/posts currently held by LD Nurses ranging across these bands do not require the post holder to hold a LD Nursing qualification. Repeatedly, respondents noted that if these posts become vacant other professionals/members of the multi-professional team could be appointed to the position/post.

One Trust reported that within the figures provided that it employs 27 LD Nurses as Senior Social Care Workers within Supported Living settings to meet the needs of clients using this type of service. Whilst these post holders each hold current registration with the NMC as Nurses in the field of LD practice it was reported by the Trust that if these posts became vacant there would be no requirement for new recruits to be registered Nurses.

Conclusion

- On the basis of the information submitted it seems reasonable to conclude that the skills of LD Nurses are required and valued in a range of settings.
- It is interesting to note that a number of senior positions/posts currently held by LD Nurses do not require the post holder to hold a nursing qualification.
- It is also apparent there are less opportunities and limited career pathways for LD Nurses who aspire to middle and senior professional posts related to their specific field of practice

2.4 Age Ranges

The quality of the information submitted in relation to age range was variable so alternative sources were considered. Workforce data and information in relation to the overall workforce within the HSC sector in Northern Ireland are held and maintained on a new system, Human Resources, Payroll, Travel and Subsistence (HRPTS). The DHSSPS produces a quarterly statistical summary report for the whole of the HSC workforce, it was decided HRPTS would act as a suitable

alternative source to obtain the relevant data. Table 4 identifies the age ranges of LD Nurses employed by the HSC Trusts and projections for retirements from 2015 – 2030 based on a retirement age of 55 years[5].

Table 4: Age ranges of Learning Disabilities Nurses employed by the HSC and projections for retirements from 2015 – 2030

Headcount by Year/Age	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	Total	% aged 55 and over
2015	134	69	58	65	87	32	20	465	11%
2020	***52***	134	69	58	65	87	32	465	26%
2025	***87***	***52***	134	69	58	65	87	465	33%
2030	***65***	***87***	***52***	134	69	58	65	465	26%

Source HRPTS 2015

Conclusion
Based on this data and a retirement age of 55 years it seems that the HSC Trusts are likely to 'loose' as many as 52 of these Nurses to retirement imminently and 119 (approx. 25% of the total workforce) within the next 5 years. This suggests a need for immediate and robust action in regards to workforce planning including succession planning within the HSCNI.

3.0 Findings HSC Trusts

Summary findings from the HSC Trusts are set out under the specific headings as detailed in the scoping tool as follows:

- Section 4.0 relates to Adult Learning Disabilities services.
- Section 5.0 relates to Children's Learning Disabilities services
- Section 6.0 presents the information submitted in respect of nursing assistants/healthcare support workers.

3.1 HSC Adult Hospital setting

3.1.1 Line management arrangements in the Adult Hospital setting.

Those HSC Trusts which provide Adult Hospital based services reported that there are clear line management structures for LD Nurses. It was reported that the Band 5 Nurses report to and receive line management from a Band 7

[5] Projected retirement age 55 years based on the HSC Pension Scheme (1995); with or without Mental Health Officer Status.

Ward Sister/Charge Nurse. Many of the Band 7 post holders are supported by Band 6 post holders. One Trust reported that all hospital based staff receive annual appraisals.

Conclusion
Clear line management arrangements were reported for LD Nurses working in Adult Hospital based settings.

3.1.2 Professional supervision arrangements in the Adult Hospital setting

All HSC Trusts which provide hospital based services reported that all LD Nurses receive and have access to professional supervision from a NMC registrant in the same field of practice. Two Trusts reported that these Nurses receive a minimum of two formal professional supervision sessions annually in line with the NI Standards for Supervision for Nursing[6] and local policy. Another Trust reported that all Nurses receive six monthly professional supervision, alongside quarterly management supervision. Various examples were provided by respondents as a means of demonstrating professional supervision arrangements at a local level. These examples included: staff engaging in group supervision and participating in action learning sets. One Trust reported that they audited the uptake of supervision monthly as it was one of its Nursing Quality Indicators.

Conclusion
Clear arrangements for professional supervision were reported across all HSC Hospital based settings for LD nurses including governance arrangements by the EXDoN.

3.1.3 Proposed developments and anticipated future Learning Disabilities workforce needs for hospital based services

One Trust (Trust A) reported that within the context of strategic drivers including the Equal Lives (2005)[7], Bamford Review (2007)[8] and Transforming Your Care (2012)[9], the Trust is modernising its Learning Disabilities service

[6] Chief Nursing Officer for Northern Ireland (2007) Standards for Supervision for Nursing, DHSSPS.
[7] Department of Health, Social Services and Public Safety Equal Lives (2005): Review of Mental Health and Learning Disability-y (Northern Ireland). Belfast; DHSSPS
[8] Department of Health and Social Services and Public Safety (2012b) *Delivering the Bamford Action Plan* 2012-2015. Belfast: DHSSPS
[9] Department of Health, Social Services and Public Safety (2011b) *Transforming Your Care: Vision to Action*. Belfast: DHSSPS. Available at:

which will impact on the associated nursing service. It was reported this will include a process of retraction of hospital based care for those patients residing in continuing care wards. Trust A reported that it aims to strengthen capacity and capability within its LD nursing workforce through the development of expertise to enable LD Nurses to provide specialised assessment and treatment inpatient services. The Trust as part of the modernisation of the service is introducing a Positive Behaviour Support (PBS) model within both adults' and children's' inpatient services with extensive training being implemented locally.

To support this, the Trust respondent reported it is reviewing this element of its nursing workforce with a view to increasing the ratio of registered to unregistered nursing support staff. Historically the ratio of the registrant workforce to non-registrants was in the region of 40% to 60% respectively. In the redesign of services it is anticipated the ratio required will be 70% registrant to 30% non-registrant within acute inpatient services. Over the past 3 years the patient acuity levels have increased. This has impacted on skill mix requiring more registrants to support the complexity of the patient profile. It has also resulted in higher levels of observations required. It is recognised this will require significant recruitment initiatives and investment to secure sufficient LD Nurses. In addition the Trust advised of the need for additional roles including Forensic Practitioners for the regional specialist low secure ward, Behavioural Nurses, Nurse Prescribers, Dialectical Behaviour Therapy (DBT) Nurse Therapists, Liaison Nurses and Intensive Support and Home Treatment Nurses. Trust A plans to commission six Specialist Practice Nursing programmes from the Ulster University to develop Specialist Nurses particularly in the following areas: Challenging Behaviour Forensics, Mental Health and Addictions. It is anticipated this investment will help meet the increasing needs of those clients presenting with complex and acute care needs. Trust A noted a need for a regional review of the provision of low and medium secure treatment services in order that the needs of patients with forensic as well as those with non-forensic needs could be safely and effectively met.

Trust A also reported that a significant number of LD Nurses are able to retire currently and within the next five years which will significantly impact on service delivery. Due to its inability to recruit the required number of LD Nurses into positions available at both temporary and permanent level, the Trust has recently extended its recruitment nationally and to Registered Mental Health (RMH) Nurses.

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http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/TYC-Vision-to-Action-Consultation-Document.pdf

Trust C noted that its inpatient hospital services have seen significant change in the recent past with the closure of its Hospital based service and the creation of dedicated assessment and treatment unit. Trust C respondent highlighted that within the next few years a number of the nursing registrant workforce within its Learning Disabilities services are due to retire and these posts will need to be replaced to meet patient/client healthcare needs and the needs of the service. In attempts to proactively address workforce potential shortfall the respondent advised that work is being progressed within the Trust to ensure there are adequate nurse staffing levels across the organisation to support the delivery of the LD nursing service going forward.

Trust C respondent also reported that the needs of the patient population being admitted to hospital has become more complex and the LD nursing workforce will require additional skills and competencies to meet these needs; including enhanced skills in the management of challenging behaviours and related evidence based therapeutic interventions. The respondent suggested LD nursing would benefit from a career pathway specific to this field of nursing practice to support career development and enhance learning and development opportunities to equip nurses to meet the needs of service users.

Finally, Trust D reported that it is in the process of redesigning its hospital based service particularly to meet the needs of clients with acute complex needs. The respondent reported that all patients will soon have been resettled into community based settings which will result in the hospital based service reducing from the current two wards to one. As a result it was reported that the Trust is seeking investment in LD nursing services. To meet this need Trust D have requested one place on the new Specialist Practitioner Community Learning Disability Programme as part of the Trust's commissioned programmes for September 2015 and other standalone modules i.e. forensic care. It is noteworthy that although the new Specialist Practitioner LD Community programme being commissioned and appearing in the DHSSPS education commissioning plans; a decision was taken strategically to defer delivery until at least 2016.

Conclusions

- The HSC will need to monitor carefully the age profile of this workforce and plan to address gaps accordingly.
- The HSC is experiencing difficulties recruiting LD Nurses due to limited availability and in certain instances are taking steps to recruit from other fields of practice
- The acuity and complexity of needs of patients admitted to hospital are increasing. In order to respond effectively, LD Nurses will need to be supported by their employers to access a range of learning and development opportunities, to acquire additional skills to meet the needs of people with learning disabilities and where appropriate extend or develop new nursing roles

3.1.4 Adult Community based Services including, Integrated Care Teams, Residential, Supported Living and Day Care settings

Arrangements for the delivery of Adult Community based Services vary across the five HSC Trusts. Table 5 below presents the numbers of LD Nurses by Band, employed in the HSC Trust Community based Services including Community, Residential, Supported Living and Day Care settings.

Table 5: Numbers of Learning Disability Nurses by Band employed in the HSC Trust Adult Community based Services

Adult Setting	TRUST A	TRUST B	TRUST E	TRUST C	TRUST D
Community	Band 8B X1 RNLD not a requirement Band 8A x1 RNLD not a requirement Band 7 X 4 Band 6 X 8	Band 8B x 1 RNLD not a requirement Band 7x 8 Band 6 x18 Band 5 X 5	Band 8A x4 Band 7x 6 Band 6x1 Band 5 x 8	Band 7x 5 (3 Specialist practitioners) Band 6 x13	Band 8B x .2 Band 8A x 1 Band 7 x 1 Band 6 X 9.5 Band 5 X 1
Residential Setting	Band 8A RNLD registration not a requirement Band 7 RNLD not a requirement	Band 5 x1 Plus 2 vacant posts	Band 7x1	N/A	Band 6 X 2 Band 5 X 2 RNLD registration not a requirement
Supported Living	Band 8B X1 RNLD not a requirement 8a Post holder above covers Supported Living and Residential Care RNLD not a requirement	Band 6 x3 Band 5x1	N/A	Band 7x 2 Band 6 x 2 Band 5 x27 (SSW/RLDN)	Band 8b .4 Band 7 X 2 Band 5 x 2
Day Care	Band 7x 1 RNLD not a requirement Band 6 x19 RNLD not a requirement	Band 8Ax1 RNLD not a requirement Band 5 x5	Band 5 x3	Band 6x1 Band 5 x 2	Band 7 X 1 Band 5 x 7

The findings from the scoping exercise demonstrates that a significant number of senior posts/positions Band 7 and above within Community based services do not require or specify the post holder to have a LD nursing qualification.

Whilst some of these posts/positions are currently occupied by LD Nurses, if these were to become vacant other professionals could apply. In other incidences senior posts are held by Social Workers.

A number of respondents raised concerns that this could impact now and more so into the future on the visible nurse leadership contribution by registered LD Nurses at

a senior level. This is of particular relevance as professional leadership is one of the key areas identified within the NI Action Plan.

One Trust (Trust B) reported that LD Nurses are employed within its Supported Living settings but tend to hold management positions such as that of Deputy Manager and above. Trust B respondent reported that it is a requirement that all Nurses remain on the NMC register and meet the requirements of revalidation in order to continue working in such posts.

Another Trust reported that 27 Registered LD Nurses are working in its Adult Supported Living settings as Senior Social Care Workers. It is relevant to note that the respondent commented that these Nurses feel that the registration and regulation of Supported Living significantly restricts their ability to practice the full range of their nursing skills. It was also reported these Nurses are anxious about their continued ability to maintain their registration as Registered Nurses in the context of the changing requirements of the NMC in relation to revalidation. Additionally, it was reported that Nurses working in these settings believe that by not allowing them to practice to the full capacity of their professional knowledge, skills and education, causes avoidable cost to the wider health and social care system, by requiring District Nurses or Community LD Nurses to provide care that they are capable of delivering.

Conclusion

- A number of senior positions do not require the post holder to hold registration with the NMC. It is suggested; this has and will continue to have an impact on the visible nurse leadership contribution by LD Nurses at a senior level.
- The situation as described above in relation to LD Nurses working in social care settings (in particular, supported living) would not appear to represent value for money. This, along with the unnecessary duplication described above, limits continuity of care and arguably may not represent the most effective way of providing holistic person centred care.
- Nurses working in supported living settings are concerned regarding their ability to utilise their skills and competencies as a LD Nurses and retain the title “Nurse”.
- Not all posts requiring the skills and expertise of an LD Nurse reflect this in the job title, therefore, the unique contribution of the Nurse may not be clear.
- To note CNO commissioned a review of NMC registrants working within Social Care setting. The output from that review should be utilised to maximise to the contribution of LD Nurses working in such settings.

3.1.5 Line management arrangements for Learning Disabilities Nurses working in Adult Community based services

Analysis of the information provided verified that clear line management structures are in place for LD Nurses working in Community based services. It was reported that Lead Nurses/Clinical Nurse Managers provide line management for Community LD Nursing Teams. Within the other community settings such as Residential settings, Supported Living and Day Care settings, a number of Trusts reported that the Line Manager is, in some cases, not an NMC registrant. A number of HSC Trusts reported that operational line management for some community services was provided by non-NMC registrants for example; Social Workers, who provided operational/line management for the LD Nurses working within that setting.

Conclusion

Clear line management structures, were reported for LD Nurses working in Community based services however, a number of Line Managers particularly within Residential settings, Supported Living and Day Care settings are non-NMC registrants.

3.1.6 Professional supervision arrangements for Learning Disabilities Nurses working in Adult Community based services

All respondents reported that arrangements for professional supervision for LD Nurses working in Community based services were in place. Professional supervision is mainly provided by the Line Manager where they are a Registered Nurse in a relevant field. It was reported that where the Line Manager is not a Registered Nurse, appropriate arrangements for professional supervision are put in place. Reported examples of arrangements for professional supervision included:

- LD Nurses in Specialist roles facilitate Professional supervision for Nurses working in day care settings
- Bi-monthly Professional meetings
- Arrangements for group supervision
- Arrangements for Professional supervision by a Nurse registrant from another setting within the Trust

Conclusion
Clear arrangements for professional supervision were reported for all LD Nurses working in Community based services including governance arrangements by the EXDoN.

3.1.7 Proposed and anticipated future Learning Disabilities Nursing workforce needs within Community based services.

Trust D reported it is currently restructuring its Learning Disabilities community teams to facilitate multi-professional working through uni-professional line management arrangements. It is intended that the new team structures will facilitate LD Community Nurses to have capacity to focus primarily on health promotion, management and improvement activities whilst working collegiately with Multidisciplinary Team (MDT) colleagues across teams. Trust D plan to have the restructured team operational from March 2016.

Trust E anticipates the possible development of Intensive Support Services which will incorporate a residential/respite assessment and treatment service within its Residential services. It is anticipated this would include the need for additional LD Nursing posts. Within Trust E, Day Care services proposed, service development includes the appointment of three additional part time LD Nurses to work in the area of complex physical health care service provision within the Adult Resource Centres. Of note, the respondent reported that 11 of their senior LD Nurses working in specialist posts will be in a position to retire within the next five years.

Trust C recognises that the needs of clients using day care are changing. It was reported that client's health care needs are becoming more complex. The Trust acknowledges it will need to ensure adequate numbers of LD Nurses are employed, particularly in Day Care settings to lead in assessing, planning and implementing person centred care plans for individuals with complex needs and ensuring there is appropriate timely nursing input to meet those needs. Additionally, Trust C identified that seven out of ten LD Nurses providing Specialist roles and two Nurses with Mental Health Officer status will potentially retire in the next five years.

Trust A reported that it has supported the development of its community infrastructure through the commissioning of Specialist Nursing Practice Courses for Nurses working with people with a Learning Disability in community settings. Trust A is also seeking to appoint two Behavioural Nurses to meet the needs of individuals who present with challenging behaviours. The Trust anticipates commissioning education programmes in the area of forensics and epilepsy management. The Trust also recognises the changing needs of those attending day services and of the increasing need to employ LD Nurses to support clients in day centres to meet the assessed needs of those with co-morbidities and complex health presentations.

Trust B respondent reported a Trust wide project has been initiated to provide a seamless journey for service users and their carers/family from the moment

they are assessed as requiring learning disabilities services. One particular work stream of the aforementioned project seeks to examine the role and function of each professional group including the LD Nurse, with the aim of defining the unique contribution of this workforce and how the profession can work most effectively to deliver services to service users within a multidisciplinary team approach, agree operational and professional management arrangements. A primary focus of this model is to facilitate an integrated care approach to effectively meet clients' needs whilst promoting a shared understanding and a mutual recognition and respect of uni-professional roles and functions.

Trust B respondent reported it is currently reviewing the LD nursing workforce to provide a current, up to date analysis of the core nursing team within the Trust. Included within this, will be recommendations for succession planning, staffing levels and recruitment/retention of staff. The respondent reported that the Trust anticipates it will need to commission learning and development opportunities for LD nursing teams to meet the needs of service users with more complex physical health care needs.

Conclusions

- The needs of people with learning disabilities are becoming more complex and in line with strategic direction, these needs are being addressed via a community based model rather than hospital based services.
- This has an impact on the skills required of the LD Nurse who as a result of service modernisation, will need access to a range of learning and development opportunities to acquire new, expanded and additional skills to effectively meet the needs of service users.
- Trusts have indicated their intention to expand the community LD Nurse infrastructure and it would be important this intention is translated into action.
- The imminent retirement of a significant number of senior LD Nurses working in specialist posts will require robust succession planning.

3.1.8 Number of nursing staff who are employed within the Adult Learning Disabilities with a nursing registration/qualification from another field of practice

The findings from the scoping tool identified nine Nurses with a nursing registration, in another field of practice, are employed across the five HSC Trusts to meet the needs of adult patients/clients with Learning Disabilities. Mental Health is the most common field of practice cited in this regard, followed by Adult nursing. Three of these posts are Band 7 and above. Two Trust respondents did not indicate at which Band the Nurse is employed.

Conclusion:
In those exceptional instances, where an employer fills a LD nursing post with a Nurse from another field of practice, employers have in place effective professional support and governance arrangements.

3.1.9 Designated Learning Disabilities Nursing Roles within Adult Learning Disabilities Services

Whilst LD Nurses in the main work within learning disabilities services, the evidence suggests[10] they also have a clear role in supporting clients with learning disabilities across a range of services including general hospital settings. Hannon (2010)[11] suggests LD Nurses are pivotal in ensuring and contributing to person centred care plans to enhance the care of people with learning disabilities.
As part of this scoping respondents also noted a number of designated[12] roles which LD Nurses undertake as detailed below.

[10] McClimens. A, Brewster. J, & Lewis. R (2013) Treatment of clients in the NHS: A case study. *Learning Disability Practice* **16**:6, 14-20..
[11] Hannon. L (2010) General Hospital Care for people with Learning Disabilities, Wiley Blackwell
[12] Designated Roles: Learning Disability Nurse with additional responsibilities for aspects of practice

Table 6: Designated roles within Adult Learning Disabilities services

Designated Role	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Behaviour Nurse	2 Band 7	7 Band 7	1 Band 6 1 Band 7 RNLD registration not a requirement	1 Band 8A	3 Band 8A 1 Band 7 1 Band 6
Forensic Nurse	1 Band 6	1 Band 7	1 Band 7 RNLD registration not a requirement	NO	NO
Health Facilitator	NO	3 Band 6	2 Band 6	3	1 Band 7
Epilepsy Nurse	NO	1 Band 7	1 Band 7	NO	1 Band 7
Resource Nurse	1 Band 6	NO	NO	NO	NO
Practice Educator Facilitator	NO	1 Band 7	NO	NO	NO
Community Access Officer	NO	NO	1 Band 6	NO	NO
Nurse Development Lead	1 Band 7	NO	NO	NO	NO

All HSC Trusts have access to Practice Education Teams including, Practice Education Co-ordinators and Practice Education Facilitators, who along with mentors support pre-registration nursing students. The Practice Education Teams have arrangements in place to support current field of practice "due regard" NMC requirements. It was reported that the majority of the LD Nurses who undertake designated/additional roles have additional qualifications relevant to their scope of practice including, Specialist Practitioner Community Learning Disabilities, Behaviour Management, Epilepsy Prescribing/Supplementary Prescribing. A number of the reported Designated LD Nursing roles within Adult Learning Disabilities services do not reflect or include the title of Nurse.

Two new titles/roles which were noted in the course of this review were:
(1) Resource Nurse and (2) Community Access Nurse.

1. Trust A respondent reported that the Resource Nurse is not dedicated to Learning Disabilities services and although this position of Resource Nurse is currently held by an LD Nurse should it become vacant it would be available to other professionals. The post holder is responsible for undertaking audits, managing the risk register, training and compiling reports relating to trend analysis.

2. Trust D respondent reported that the Community Access Nurse provides intensive in-reach to service users own homes to prevent hospital admission.

Conclusion

- LD Nurses have a clear role in supporting clients across a number of areas. E evidence would suggest the contribution of the LD nurse is pivotal in ensuring the needs of clients are addressed through person centred care plans in a range of settings.

- In certain of the designated roles the title of nurse is not included however the requirements of the post necessitate the post holder to be a nurse. It could be argued that the particular nursing skill set required of the post is not apparent by the job title and therefore the unique contribution of the nurse may not be clear.

3.1.10 Practice Development and/or Training Role Adult Learning Disabilities Services

LD Nurses engage in practice development and training to support their colleagues within the Trust in which they work. The list below presents the information reported by the Trusts in this regard.

- The Epilepsy Nurse provides epilepsy awareness and emergency management across the Trust (Trust E) (Trust B)
- Behavioural Nurses provide Trust wide training on management of challenging behaviour (Trust E) (Trust B)
- LD Nurses deliver Management of Actual and Potential Aggression (MAPA) (Trust A) (Trust C) (Trust D)
- LD Nurses deliver “In-hospital” life support. (Trust A)
- Health Facilitator provides Learning Disabilities awareness in Primary Care setting (Trust B)
- LD Nurses in Day Care oversees medication including competence assessment (Trust C)

3.1.11. Learning Disabilities Nurse Prescriber:

Table 7 below presents the number and status of registered Nurse Prescribers within Adult LD nursing services across the HSC Trusts. Currently one Trust employs an LD Nurse who is on the Trust Prescribing Register and is actively prescribing. Another Trust employs an LD Nurse who is awaiting entry to the local Prescribing Register.

Table 7: Learning Disabilities Nurse Prescriber: HSC Trust

TRUST	On Trust Non-medical Prescribing Register	Actively prescribing
TRUST A	1	Registration in place and pilot underway
TRUST B	1	1 Supplementary Prescribing
TRUST C	0	0
TRUST D	commencing training in September 2015	
TRUST E	1	1

Conclusion

The potential of non-medical prescribing to contribute to effective and timely person centred care and in turn support the redesign and modernisation of services is highlighted within the Strengthening the Commitment Report[1], however the data submitted above would seem to suggest that the potential could be further exploited within learning disabilities services.

4.0 HSC Children' Learning Disabilities services

4.1.1 Learning Disabilities Children Hospital based services

Table 8 presents the configuration of Trusts, with Learning Disabilities Hospitals providing ward based services for Children with learning disabilities, staffing establishment and Bands of Nursing staff working in each Trust. Two of the five HSC Trusts provide Hospital based services. Trust D reported that the Children's Hospital based LD nursing team is shared with the community based service.

Table 8: Children' Learning Disabilities Hospital based services

	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Learning Disabilities Children's Hospital based service	Band 8A x 1 Band 7 x 1 Band 6 x 1 Band 5 x 15	NO	NO	Hospital Ward & Community *Shared team* comprising Band 8a x1 Band 6 x 3 Band 5 x 5	NO

4.1.2 Learning Disabilities Children's Community Nursing Service:

Table 9 presents the staffing establishment and Band of Nursing staff working in children's community based LD nursing services across the HSC Trusts. One Trust has a shared team between the Hospital based service and the Community service.

Table 9: Learning Disabilities Children's Community Nursing Service per HSC Trust

Learning Disabilities Nursing Children's	TRUST A	TRUST B	TRUST C	TRUST D	TRUST E
Community	Band 8A x1 Band 7 X 1 Band 6 X 4	No dedicated children's learning disability nursing service but on current Adult caseloads	Band 8A x1 Band 7 x 2 Band 6 x 3	Shared team with hospital ward Band 8A x 1 Band 6 X 3 Band 5 X 5	Band 7 x 1 Band 6 x 4 Band 5 x 1
Statutory Residential setting	Band 6 x 1	No dedicated service		Band 6 X 2 Band 5 X 2 RNLD LD Nurse registration not a requirement	Band 5 x 3
Respite	Band 7 x 2 RNLD registration not a requirement Band 6 x 1 RNLD registration not a requirement Band 5 x 8	Band 7 x1 RNLD registration not requirement of post	Band 7 x 2 Band 5 X 8	Band 5 x 4	Band 6 x 2 Band 5 x 1
Special School		No dedicated service		Band 5 x 1	Band 5 x 2

4.1.3 Line management arrangements for Learning Disabilities Nurses working in the Children's: Hospital based settings

All of the HSC Trusts who provide ward based Hospital services for Children with Learning Disabilities reported there were clear line management structures for the LD Nurse working in these settings. The data obtained, indicated that Band 5 Nurses report to and receive line management support from a Band 7 Ward Sisters/Charge Nurse and that in many instances Band 7 Ward Sisters/ Charge Nurses is supported by a Band 6 Deputy Ward

Sister/Charge Nurse or Senior Staff Nurse. One Trust reported that all hospital based staff receive annual appraisals.

Conclusion
Clear line management were reported for Nurses working in Children's Hospital based Learning Disabilities settings

4.1.4 Professional supervision arrangements for Learning Disabilities Nurses working in the Children's: Hospital based settings

Of the HSC Trusts who provide Hospital based services respondents reported that all LD nursing staff receive and have access to Professional supervision from a Registered Nurse in the same field of practice. One respondent noted supervision arrangements are in line with the NI Standards for Supervision for Nursing[13]. Another reported that those Nurses working in Children's hospital based settings receive monthly supervision which includes professional supervision.

Conclusion
Clear arrangements for professional supervision were reported across all Children's Hospital based settings including governance arrangements by the ExDoN.

4.1.5 Proposed service developments and anticipated future Learning Disabilities Nursing workforce needs

One Trust (Trust D) reported that the Hospital team has been developed into a specialist home treatment team within the Learning Disability Child & Adolescent Mental Health Service (LDCAMHS) model of care. The team only admit children into hospital when all efforts at working intensively within the community have been exhausted and/or the child is at danger to themselves or others and cannot be safely managed in the community. A process has commenced to re-profile the funded establishment to create a Band 6 Deputy Nurse Manager for the team. It is anticipated that the team will require specialist training in areas such as: cognitive behaviour therapy, family therapy and sensory integration to support delivery of the service.

Trust D respondent also noted that there is a need for future investment in the LD nursing workforce of approximately two Registered Nurses and one

[13] Chief Nursing Officer for Northern Ireland (2007) Standards for Supervision for Nursing, DHSSPS.

Nursing Assistant to provide a locally based service in the Southern sector of the Trusts geography.

Trust A reported that Learning Disabilities Children's Hospital services have been jointly reviewed by the Health and Social Care Board (HSCB) which indicated that there continues to be a need for inpatient service to meet the needs of those requiring acute inpatient assessment and treatment. The hospital ward is working with the Child and Adolescent Mental Health Service (CAMHS) team to ensure consistent treatment options for those in Children's inpatient care. It was reported this will require investment to develop intensive support and home treatment options as well as community infrastructure to deliver person centred care and provide the least restrictive care options and home treatment. It is anticipated this could mean reducing hospital bed numbers from currently eight to six in the longer term and delivering outreach support to community teams.

Conclusion

- In line with strategic direction, the needs of children with learning disabilities are being addressed via a community based model rather than hospital based services.
- Strengthening the Commitment (2012) suggests that LD Nurses can make a significant impact on health and development, particularly if they are involved in an early stage in the life span.
- LD Nurses possess specific knowledge and competencies that can bring added value, particularly to children with the most complex needs, and as such then should be a central component of services delivering care to this population. The skills of LD Nurses add value in a range of areas including for example: skills development, mental health and emotional well-being, behavioural management, complex physical health needs and family-focused intervention and support.

4.1.6 Line Management Arrangements for Learning Disabilities Nurses working in Children's Learning Disabilities Community Teams

The information provided, confirmed that clear line management structures are in place for LD Nurses working in Children's Community based services. It was reported that Lead Nurses/Clinical Nurse Managers provide line management for Community Learning Disabilities nursing teams. Within other community settings such as Statutory Residential settings, Supported Living and Day Care settings, a number of respondents reported that the Line

Manager is in some cases not a Registered Nurse. A number of HSC Trusts reported that operational line management for some community services was provided by non-NMC registrants, for example: social workers, who provide operational line management for the LD Nurses working within that setting.

Conclusion
Clear line management structures were reported for LD Nurses working in Community based services. A number of non-NMC registrants/other professional's line manage Learning Disabilities Nurses particularly within Residential settings, Supported Living and Day Care settings.

4.1.7 Professional Supervision Arrangements for Learning Disabilities Nurses working in Children's Learning Disabilities Community Settings

It was reported that all LD Nurses working in Community based settings receive and have access to Professional supervision from a Registered Nurse in the field of disabilities. One respondent noted that Professional supervision is provided by a Band 7 Nurse from within the Directorate as the Line Manager is not a Nurse. Trust E reported that Community based LD Nurses attend quarterly Professional Learning Disabilities Nursing meetings which are attended by Nurses working in adult and children's services.

Conclusion
Clear arrangements for professional supervision were reported across all Children's Learning Disabilities community based settings including governance arrangements by the EXDoN.

4.1.8 Service Development: Children Community based settings

Trust D reported that the Community team has made significant progress within a LDCAMHS model of care. Work is underway to ensure that necessary professional development opportunities are taken to facilitate non-medical independent prescribing to meet the needs of children with specific disorders in line with relevant National Institute for Clinical Excellence (NICE) guidelines. The Trust also reported that plans are being progressed for one Nurse within the team to complete a family therapy course. Trust D has

identified the need for a Band 7 Manager in this team and a business case to support the appointment of the post has been approved.

Trust D also reported that a review team has been established to look at short break provision for children with Learning Disabilities. Whilst it is difficult to predict the outcome of this work at this time the Trust indicated that given the remit of this review team in respect of children with complex health care needs, it is possible that a need for an expansion of the LD nursing workforce may emerge.

Trust E reported the development of an Intensive Support Service that may include LD nursing posts including that of a team leader. The Trust at this time is considering LD Nurses having the opportunity to apply for this post.

Trust A reported that there is currently a comprehensive review underway in relation to services for Children with Learning Disabilities. This will determine and inform future service delivery and workforce needs.

Trust B reported that they do not have a dedicated LD nursing resource for children with learning disabilities however; the Adult LD Nursing team do have children on their caseloads. In addition, it was reported LD Nurses deliver a significant level of training to special schools and provide support to the Children's nursing services.

Findings from the responses submitted indicated that in total, 16 nursing staff are employed in Children's LD nursing service with a nursing registration from other fields of practice including Children's, Mental Health and level two Nurses (Enrolled Nurses) to support delivery of the nursing service and meet the needs of Learning Disabilities Clients across a range of settings.

Conclusion

- Significant anticipated service development within Community Children's Learning Disabilities service was reported. As with Adult services this has an impact on the skills required of those Learning Disabilities nurses practicing within Children's services.
- In order that nurses are enabled to continue to make positive person centred nursing contribution by acquiring new skills, they will need timely access to a range of appropriate learning and development opportunities including; behaviour therapy PBS family therapy sensory integration, therapeutic interventions to support intensive support and home treatment and independent non-medical prescribing.
- Employers, education commissioners and providers of nursing education should be well positioned to make this happen

4.1.9 Schools for Children with Special Needs

Two LD Nurses were reported as working in Special Schools across the HSC Trusts. In such cases arrangements for line management and Professional supervision were reported

4.1.10 Service Development

One respondent reported that a regional group are currently reviewing the role of the Nurse in special schools.

4.1.11 Children's Learning Disabilities: Designated roles

A range of very specific programmes has been undertaken by a small number of LD Nurses. These programmes include: Sleep Counselling and Autism Diagnostic Observation Schedule (ADOS). It was reported that these Nurses use these skills/competencies qualifications in their day to day practice.

4.1.12 Children's Learning Disabilities: Nurse Prescribing

One LD Nurse within Children's learning disabilities services is on the prescribing register and actively prescribing. It was reported a second is undertaking the Nurse prescribing programme.

Conclusion
As in Adult Learning Disabilities services the potential of non-medical prescribing to support and contribute to the redesign and modernisation of services is highlighted within the Strengthening the Commitment Report, however, the data in the table above would suggest this potential has not been fully exploited within Children's Learning Disabilities services.

5.0. HSC Trusts: Nursing Assistant/Healthcare Support Worker Band 3

The Table below presents the number of Band 3; Nursing Assistants/Healthcare Support Workers employed in the HSC Trusts, most are Hospital based with only 5 reported as working in Community based services.

Table 10: Band 3 Nursing Assistant/Healthcare Support Worker per HSC Trust and setting.

HSC Trust	Adult Hospital based Services	Adult Community based Services	Children's Hospital based Services	Children's Community based Services
TRUST A	181	0	18	5
TRUST B	0	0	0	0
TRUST C	7	0	0	0
TRUST D	15	0	3	0
TRUST E	0	0	0	0

Conclusion
On the basis of service need the HSC Trusts should explore the potential for skill mix via a designated Nursing Assistant/Nursing support role within the delivery of the Community LD nursing teams and/or Integrated Community Teams. NIPEC has undertaken work in respect of this role. The outputs from this work should be utilised to maximise the skill mix potential within LD Community services.

6.0 Independent /Voluntary Sector

Information was sought from Independent/Voluntary Sector organisations using a specific scoping tool at (Appendix 3).

The scoping tool was issued via the Regulation and Quality Improvement Authority (RQIA) to 1025 organisations which they register and regulate. The response and returns of completed scoping tools was less than anticipated with only 68 organisations responding, representing a response rate of 7%. A total of 53 responding organisations indicated that they did not employ LD Nurses and as such they assumed the tool did not apply to them. Through the membership of the Collaborative, relevant local intelligence was sought in regards to Independent /Voluntary Sector organisations within each HSC Trust's catchment area where it was thought LD Nurses were employed. A revised targeted circulation list was prepared by RQIA and the NIPEC Senior Professional Officer. The scoping tool was subsequently reissued to the revised targeted circulation list in July 2015. This resulted in the receipt of a further 7 (new) submissions. Anecdotal evidence suggested that a number of Independent/Voluntary Sector organisations who

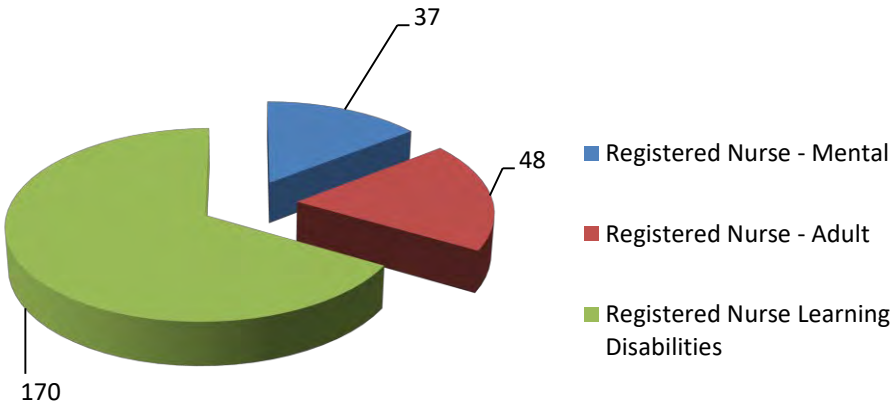
employed LD Nurses had still not responded, therefore NIPEC made contact with a further 9 organisations.

6.1.1: Findings from the Independent /Voluntary Sector

From all of the information received, 170 LD Nurses were identified as being employed in the Independent/Voluntary sector across a range of settings including private Nursing Homes, Residential settings and Supported Living

A further 37 Registered Mental Health Nurses and 48 Registered Adult Nurses were employed within these settings to meet the needs of client's with learning disabilities as presented in Table 11 One respondent from a private nursing home noted "…..we would prefer that 80% of our nursing staff were LD Nurses, currently however only 33% of our workforce are registered LD Nurses. We need an additional four LD Nurses…"

Table 11: Independent/Voluntary Sector: Learning Disabilites Nurses and Registrants from other fields of practice

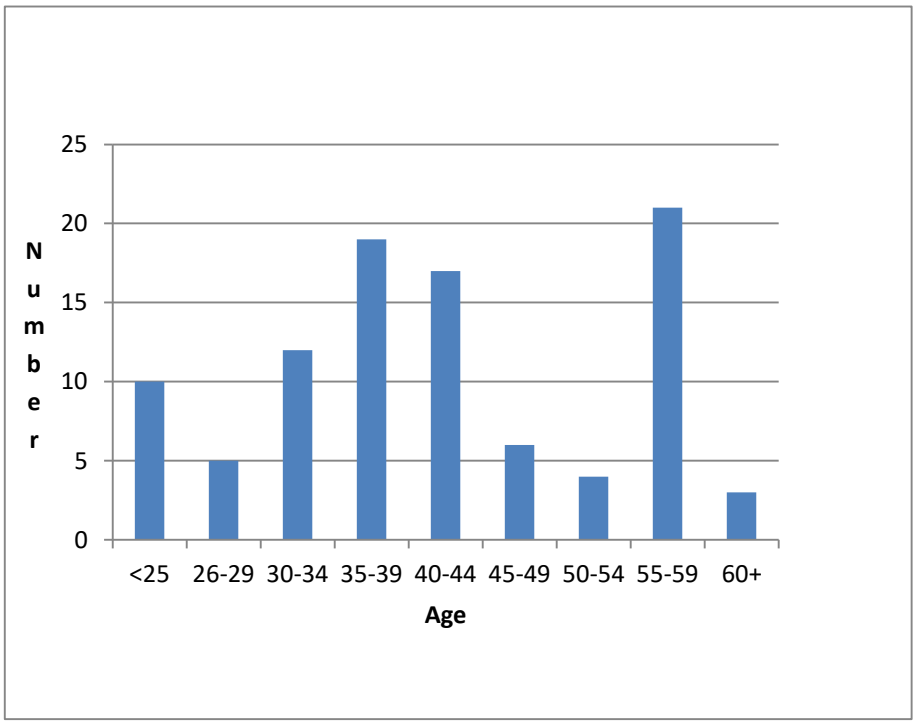


Job titles of LD Nurses employed in the Independent/Voluntary sector included Home Manager, Deputy Managers Sister/Charge Nurse and Staff Nurse. The job title most frequently reported was that of 'Staff Nurse'. A number of the respondents reported that the role of the Home Manager was supernumerary.

Information reported in relation to age range was variable with relevant data being returned in respect of the 107 Nurses. The detail in respect of age ranges is included in Table 11 which presents the spread of ages. From the information submitted it can be established that 30% of the Registered LD nursing workforce

employed in the Independent Sector are over the age of 50 years. A number of respondents reported great difficulty in recruiting LD Nurses and the delivery of the service relies on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency. Additionally a number of respondents reported that in the absences of LD Nurses they employed Registered Nurses from the Adult or Mental Health field of practice.

Table 12: Age ranges of Registered LD Nurses in Independent/Voluntary Sector



Conclusion

- Independent Sector organisations rely heavily on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency to meet the needs of the service.
- The age range of the LD Nurses working in the Independent/ Voluntary sector is concerning in relation to their imminent exit from the service and how these posts will be filled in the future.

6.1.2: Line Management Arrangements: Independent Voluntary Sector

The information submitted illustrated that line management arrangements depend on the setting in which the LD Nurse works. Within a Nursing Home setting it was reported that the LD Nurse reports to the Line Manager who is a Registered Nurse. In the Independent Sector, Supported Living settings, it was reported that each month the Home Manager meets with a Line Manager to complete a template which incorporates all the key service areas that the organisation provides to the clients residing on the scheme.

Conclusion
Line management arrangements were reported for those LD Nurses working in the Independent/Voluntary Sector which vary depending on the service setting.

6.1.3 Professional Supervision Arrangements: Independent Voluntary Sector

The information submitted indicated that professional supervision as with line management arrangements is dependent upon the setting in which the LD Nurse practices. Within a Nursing Home setting it was reported that LD Nurses access professional supervision from another Registered Nurse although not necessarily from the same field of practice. Respondents cited professional supervision arrangements as follows:

- three monthly supervision by Nurse Managers
- clinical supervision sessions are scheduled quarterly and Nurses also receive informal supervision on an 'as and when required' basis
- supervision is on-going throughout the year

Arrangements in respect of professional supervision were less clear in Supported Living settings. One respondent reported that each month the Home Manager meets with a Line Manager who completes a template which incorporates key areas regarding the individuals residing on the scheme.

Another respondent noted that the one LD Nurse employed within the organisation receives professional supervision from a Manager who is a Social Worker which arguably is more akin to line management.

In another Supported Living setting it was reported that the Scheme Manager is the only LD Nurse within the scheme and did not indicate where he/she received professional supervision.

Conclusions:

From the information submitted it is apparent that professional supervision as with line management arrangements is related to the setting in which the LD Nurse practices. Those working in Nursing Home settings appear to have access to Professional supervision with another NMC registrant although not necessarily a LD Nurse whereas in Independent Supported/Residential living type settings professional supervision appears to be more aligned and akin to management

6.1.4 Service development: Independent Voluntary Sector

Limited service development was reported by respondents from the Independent/Voluntary sector. The responses in this area are presented separately a) Nursing Homes and b) Residential/Supported Living settings.

a) Nursing Homes

One respondent noted that the Nursing Home does not currently employ Registered LD Nurses but are actively seeking to do so to meet the needs of clients being cared for within the home.

One of the larger Nursing Home providers reported they are actively involved in external committees as well as their own internal Learning Disabilities forum. Each Home has its local community network to ensure the lives of the residents are enhanced to their full potential.

Additional comments included

"…although there are no proposed developments within the nursing home at present the home offers residence to 24 Adults with Learning Disabilities and complex health care needs and reported it would be advantageous if Learning Disabilities pre-registration nurse education incorporated increased clinical skills and competencies.." in relation to the following:

- PEG feeding
- JEJ feeding
- NG feeding
- management of wounds,
- male and female urinary catheterisation,
- phlebotomy,
- tracheostomy
- dealing with behaviour which is challenging

The respondent noted that. "…*these skills are necessary to equip Learning Disabilities Nurses to manage complex health care needs".*

b) Residential/Supported Living settings

One provider of residential care reported that over the past two years has changed its model of service provision The respondent noted that "….*we are in the process of moving from a Residential Home to Domiciliary Care/Supported Living care setting. We will not have any* LD *Nurse in our workforce* …"

Additional Comments

"…more training is required for the independent sector relating to learning disabilities:-dementia/palliative/end of life care.."

"…there is a need for more LD student nurse placements within the Independent sector…"

"…we continue in our efforts to recruit suitably qualified LD Nurses however this has become increasingly difficult due to limited availability of Nurses with this expertise…"

In respect of the pre-registration nursing programme – Adult field, one respondent noted that -"…more emphasis should be placed on learning disabilities awareness…"

6.1.5 Designated Roles

Within the independent sector it was reported that LD Nurses in some cases carry responsibility for aspects of nursing care including, epilepsy, behaviour management and infection control.

Conclusions

- LD Nurses employed in the Independent Sector require the necessary skills and competencies to meet the increasingly more complex needs of the patients living within these settings including: end of life and palliative care.

- There is a willingness to support practice placements to facilitate pre-registration nurse training. Efforts should be taken by the relevant parties to capitalise on this willingness.

6.1.6: Practice Development and/or Training Role

One respondent indicated that the LD Nurse employed within the organisation is a Management of Actual and Potential Aggression (MAPA) trainer.

A second somewhat larger Nursing Home provider reported there are accredited MAPA trainers and 6 staff who have completed MAPA training within the organisation. A programme is currently being developed to ensure MAPA training is rolled out in all Learning Disabilities settings within the organisation.

Another provider reported that one Registered LD Nurse contributed to the delivery of epilepsy awareness training for all staff.

Additional Comments

a) Nursing Homes

- all staff are required to attend mandatory training annually and other training relevant to the needs of the residents in their care/future residents and for their own professional development portfolio
- all Nurses regardless of field of practice have dedicated time to contribute to training and practice development
- if a development need arises due to the needs of patients, Nurses would be facilitated to attend training.

b) Supported Living/residential

- one respondent reported that the Association has a designated training and development department. The Training Manager ensures that all staff employed have all the mandatory training required.

6.1.7 Nurse Prescribing:

There were no reported LD Nurses on the non-medical prescribing register within the Independent/Voluntary sector**.**

7.0 Other Organisations

The scoping tool attached at Appendix 4 requested a range of information from Other organisations who employ LD Nurses. The following organisations submitted a completed scoping tool:

- Clinical Education Centre
- Public Health Agency /Health and Social Care Board

- Queens University Belfast
- Ulster University
- RQIA
- NIPEC

7.1 Findings

7.1.1 Funded establishment

Collectively the Other organisations employ 11 LD Nurses. Analysis of the information received suggests that the majority of posts within the Other organisations do not require the post holder to hold a Learning Disabilities qualification and are not specifically funded as such. Respondents, however reported they endeavour to reflect a workforce that is drawn from all fields of practice to meet the needs of the service. The respondent from the Other organisation who delivers the NMC pre-registration LD nursing p programmes reported that the programme lead/post holder is required to have Learning Disabilities nursing qualification thus ensuring appropriate "due regard".

7.1.2 Line management arrangements

A range of arrangements for line management of LD nurses in the Other organisations were reported.

Conclusion
Line management arrangements were reported for LD Nurses working in Other organisations

7.1.2 Professional supervision arrangements: Other organisation

Arrangements for professional supervision of LD Nurses working in Other settings were identified. In the main professional supervision is provided by another NMC registrant, only in limited cases is professional supervision provided by another professional who is not an NMC registrant.

Conclusion:
Arrangements for Professional supervision are in place, these are dependent on the setting where the Registered LD Nurse works.

7.1.3 Do the posts carry a requirement for an NMC Approved Specialist Qualification?

The responses indicate that in the majority of cases the identified posts within Other organisations do require additional professional qualifications related to the role.

7.1.4 Service development to recruit Registered LD Nurses in the future.

No immediate service development or plans to recruit registered LD Nurses was identified by the respondents. It was reported however that if there was an identified gap Other organisations would review their workforce plan accordingly.

Conclusion
It should be recognised these Other organisations play a key role in leading and supporting the LD Nursing profession throughout their careers. Posts within Other organisations were appropriately reported as being occupied by LD Nurses and only in exceptional circumstance should non-Learning Disabilities Nurses be appointed to such posts

8.0 Limitations

Every effort has been made to engage with organisations that employ LD Nurses across all sectors during the process of this review. This report provides a high level description of the LD nursing workforce in Northern Ireland. The findings are based on the information submitted and reflect a point/period in time when the scoping tools were completed i.e. April to September 2015. It is acknowledged that since then information regarding the LD nursing workforce data may have changed. Nevertheless a range of extremely helpful information regarding the demography of the LD nursing workforce has been collated. The review provides a snap shot of the designated roles this workforce are providing; it also provides insights into anticipated Learning Disabilities service developments in light of strategic/policy drivers. This information should help inform succession planning, commissioning of learning and development activities for the LD nursing workforce to meet the needs of patients/clients mindful of the range of new and emerging service models.

9.0 Conclusions

In total 625 LD Nurses were identified through this review. This contrasts with the information provided by the NMC (Number =788) There may be a range of reasons for this including:

- 788 LD Nurses are registered with the NMC with an address in Northern Ireland hold a dual qualification i.e. RGN or RMN (i.e. RN1 /RNMH). It would be reasonable to suggest that some of those Nurses are working in other fields of practice relevant to their dual qualification

- it may be that a number of LD Nurses registered with the NMC reside in Northern Ireland but work in the Republic of Ireland.

- there may be a number of retired LD Nurses who maintain their registration with the NMC but are not actively working/employed in any setting.

- There is a reported imminent retirement of LD Nurses from the HSC within the next 5 years. This requires immediate and robust action in regards to workforce planning including succession planning within the HSC.

- The reported imminent retirement of a significant number of senior LD Nurses working in specialist posts will also require robust succession planning.

- There may be scope to examine the potential for Nurses working in Social Care settings to be part of succession planning.

- A number of HSC Trusts are actively undertaking local work force reviews to inform succession planning. Others are undertaking work streams which aim to define the unique contribution of the LD Nurses and how the profession can work most effectively to deliver services to service users within a multidisciplinary team approach and agree operational and professional management arrangements.

- This scoping exercise has identified the 229 Band 3 Healthcare Support workers/Nursing assistants are - at the time of the review - included in the funded LD nursing establishment across 3 of the 5 HSC Trusts. Only 5 of these posts are in community services.

- The age range of the LD Nurses working in the Independent/Voluntary sector is concerning, in relation to their imminent exit from the service and how these posts will be filled in the future.

- There are difficulties in the Independent/Voluntary Sector in recruiting and retaining LD nursing

- A number of Independent Sector organisations who deliver services to clients with Learning Disabilities rely on LD Nurses who have either already retired from the HSC or hold two posts working between the HSC and Bank/Agency.

- On the basis of the findings of this scoping of the LD nursing workforce, it is apparent that the needs of people with learning disabilities are becoming more complex and in line with strategic direction, these needs are being addressed via a community based model rather than hospital based services. Trusts have indicated their intention to expand the Community LD nursing infrastructure and it would be important this intention is translated into action. The skills required of the LD Nurse who as a result of service modernisation will need access to a range of learning and development opportunities to acquire new, expanded and additional skills to effectively meet the needs of service users. Details of anticipated service development and future workforce learning and development needs are summarised at Appendix 5 and should inform education planning and commissioning.

Conclusions HSC Trusts

- Clear line management structures were reported for LD Nurses working across all HSC settings however, a number of Line Managers particularly within Community Care settings in both Adult and Children's services are not necessarily LD Nurses.

- Arrangements for professional supervision for LD Nurses employed in HSC Trusts are in place.

- A number of senior posts/positions Band 7 and above within HSC Trust Community Based services do not require post holders to have a Learning Disabilities Nurses registration. A certain number of these posts are currently held by LD Nurses, if these were to become vacant other professionals would be able to apply, this could impact on the visible Registered LD Nurse leadership contribution at a senior level.

- Given the information submitted through the review it is challenging to see a clear career pathway for those LD Nurses who aspire to middle to senior professional posts.

- There is support to move towards the development of a Post Registration Learning Career Framework/Pathway which clearly articulates the knowledge and skills required by Registered LD Nurses at all levels across all settings.

- The HSC is experiencing difficulties recruiting LD Nurses due to limited availability and in certain instances are taking steps to recruit from other fields of practice.

- There are significant anticipated service developments within Community Children's Learning Disabilities service. As with Adult services this has an impact on the skills required of those LD Nurses practicing within Children's services.

- Employers, education commissioners and providers of nursing education should be well positioned to make this happen for LD Nurses working in both Adult and Children services.

- A number of LD Nurses are working in service areas registered as social care settings. Concern was raised by some individuals that registration and regulation of these settings restricts a LD Nurses ability to practice the full range of nursing skills and this is an anxiety particularly in the context of revalidation.

- There is a concern that by not allowing LD Nurses to practice to the full capacity within social care settings causes avoidable cost to the wider health and social care system and arguable may not represent the most effective way of providing person centred care.

- The CNO has commissioned work in respect of LD Nurses working in Social Care settings. The outputs from this work should be utilised to maximise their nursing contribution within Social Care settings.

- Every effort should be made to ensure that LD Nurses working in supported living settings are enabled to utilise their skills and competencies as an LD Nurse and retain the title "Nurse".

- Not all posts requiring the skills and expertise of a LD Nurse reflect this in the job title therefore the unique contribution of the Nurse may not be clear.

- LD Nurses play a pivotal role in providing specialist advice and support to registrants working in other fields of practice in a range of care settings to enhance and ensure person centred care for people with learning disabilities.

- The potential of non-medical prescribing could be further exploited within both in Adult and Children's Learning Disabilities services.

- On the basis of service needed the HSC Trusts should explore the potential for skill mix via a designated Nursing Assistant/Nursing Support role within the delivery of the Community Learning Disabilities Nursing Teams and/or Integrated Community Teams. NIPEC has undertaken work in respect of this

role. The outputs from this work should be utilised to maximise the skill mix potential within Learning Disabilities Community services.

Conclusions: Independent /Voluntary Sector

- Line management arrangements were reported of LD Nurses working in the Independent /Voluntary Sector.

- Arrangements for professional supervision are clear within Nursing Home settings. Within Supported Living /Residential settings arrangements are less clear and appeared more akin to line management arrangement.

- The Independent Sector are heavily reliant on Registered LD Nurses who have either already retired from the HSCNI or hold two posts working between the HSC and Bank/Agency.

- Registered LD Nurses employed in the Independent Sector require the necessary skills and competencies to meet the increasingly more complex needs of the patients living within these settings including palliative care.

- Practice placement opportunities for pre-registration Learning Disabilities student nurses within the Independent sector are not exploited to their full potential.

Conclusions Other Organisations

- Line management arrangements were reported for LD Nurses working in Other organisations.

- Arrangements for Professional supervision are in place and are dependent of the setting where the LD Nurse works.

- A LD Nursing qualification is not always a requirement of a number of posts within the Other organisations however, in the main identified posts within Other organisations do require an additional professional qualification related to the role.

- Other organisations play a key role in leading and supporting the LD nursing profession throughout their careers. Posts within Other organisations were appropriately reported as being occupied by LD Nurses and only in exceptional circumstances should non-Learning Disabilities Nurses be appointed to such posts

Appendix 1

Northern Ireland: ACTION PLAN

STRENGTHENING CAPACITY This section of the action plan addresses some of the key considerations underpinning efforts to strengthen capacity through developing the learning disabilities nursing workforce in relation to location and employment; strategic workforce planning; new ways of working; new roles and career choices.

Recommendations from National Report: Strengthening the Commitment

. The four UK health departments and the independent/voluntary sector should establish a national collaborative to enable better understanding of, and planning for, a high-quality and sustainable registered learning disabilities nursing workforce across all sectors.

2. Systems to collect workforce data are required in each country, with links across the UK, for workforce planning for future provision of learning disabilities nursing. These should be able to capture information on service provision, educational and research requirements and should cover the independent/voluntary sector.

3. The development of new, specialist and advanced role opportunities should be considered in light of workforce planning, service development and education provision. In particular, this should focus on the roles of non-medical prescribing, psychological therapies and tele-health and in specific settings such as the criminal justice system, mental health services (particularly dementia) and autism services.
4. Each of the four countries should consider aligning their existing post-registration career frameworks for learning disabilities nursing to clearly articulate the knowledge and skills required by learning disabilities nurses at all levels and across all settings. These developments could be utilised across sectors (with appropriate adaptation) to give a coherent career framework.

The following actions will be taken in Northern Ireland to support these national recommendations

A Northern Ireland Learning Disabilities Nursing Collaborative will be established which will:

- Produce a workforce review/plan for registered nurses - learning disabilities in Northern Ireland that will consider all sectors and locations where these nurses work and will include nursing support staff.
- As part of this work, a data set, identifying the location of employment of registered nurses - learning disabilities in N. Ireland will be developed and will help inform decision making in a number of different contexts and levels such as:
    - succession planning
    - appropriate staffing levels/skill mix
    - pre-registration nursing programme recruitment
- Identify the need for and support the development of extended specialist and advanced roles for registered nurses - learning disabilities, to ensure an expert skills base is available and responsive to the current and emerging needs of people with learning disabilities.
- As a consequence of the Transforming Your Care agenda, it will be a priority to examine the community nursing infrastructure to assess the level and type of nursing support available to people with a learning disability in a range of community settings.
- Other priority areas in this regard include: acute liaison, challenging behaviour, mental health, epilepsy, forensic care, crisis support, psychological and physical health needs/interventions.

Taken from: Department of Health, Social Services and Public Safety (2014) Modernising Learning Disabilities Nursing Review Strengthening the Commitment Northern Ireland Action Plan

Appendix 2

HSC TRUST
Learning Disabilities Nursing
Workforce Scoping Tool

Please indicate which HSC Trust you are from:

Date of completion

Compiled by:
Name:
Position Held:

Learning Disabilities Nursing

Please provide information of the total funded Learning Disabilities Nurse staffing establishment within your Trust.

There are 2 sections in this Scoping Tool.
Section 1 : aims to gather data relating to Adult Learning Disabilities Nursing services
Section 2: aims to gather data relating to Children's Learning Disabilities Nursing services

If *you have nursing staff who are employed in your Trust to meet the needs of adult patients/clients with a Learning Disability that are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please respond in question 6*

Section 1: Adult Services

1 Adult: Hospital Staffing Establishment

Job Title	Band	Funded establishment	Headcount	WTE	Comments
Lead Nurse/clinical manager	8b				
Lead Nurse/clinical manager	8a				
Ward Sister /Charge Nurse	7				
Deputy WS/CN	6				
Staff Nurse	5				
other					
HCSW /Nursing support worker /Band	3				
HCSW /Nursing support worker /Band	2				
Comments					

1a. Line Management Arrangements

Please describe line management arrangements for learning Disabilities Nurses working in the Hospital setting.

1 b. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within the Hospital setting

1c. Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

2. Adult: Community Nurse part of Statutory Trust Team for example integrated care team for adult Learning Disabilities Services

Job Title	Band	Funded establishment	Head Count	WTE	Additional Community Learning Disabilities Qualification yes/no
Lead Nurse/clinical manager * please specify	**8b**				
Lead Nurse/clinical manager* please specify	**8a**				
Community Learning Disabilities Team Leader	**7**				
Community learning Disabilities Sister/Charge Nurse	**6**				
Community learning Disabilities Nurse Staff Nurse	**5**				
Community learning Disabilities HCSW /Nursing support worker /Band	**3**				
Community learning Disabilities HCSW /Nursing support worker /Band	**2**				
Comments					

2a. Line Management Arrangements

Please describe line management arrangements for learning Disabilities Nurses working as a Community Nurse as part of Statutory Trust Team.

2 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working as a Community Nurse as part of Statutory Trust Team.

2 c Service Development

Please detail proposed developments within Community Learning Disabilities services and anticipated future LD Nursing workforce needs

3. Adult: Residential Settings

Job Title Please specify below	Band	Funded establishment	Head Count	WTE	Comments
HCSW /Nursing support worker /Band	**3**				
HCSW /Nursing support worker /Band	**2**				

3 a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Adult Residential Supported Living settings.

3 b. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Adult Residential Supported Living settings.

3c.Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

4. Adult: Supported Living Settings

Job Title Please specify below	Band	Funded establishment	Head Count	WTE	Comments
HCSW /Nursing support worker /Band excluding Social care assistants	**3**				
HCSW /Nursing support worker /Band excluding Social care assistants	**2**				
Additional Comments:					

4 a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Supported Living settings.

4 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Adult Supported living settings.

4 c .Service Development

Please detail proposed developments within Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs within adult Supported living settings

5 Adult: Day Care

Job Title Please specify below	Band	Funded establishment	Head count	WTE	Comments
HCSW /Nursing support worker /Band excluding Social care assistants	**3**				
HCSW /Nursing support worker /Band excluding Social care assistants	**2**				
Additional Comments					

5 a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in a Day Care setting.

5 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in a Day Care setting.

5 c Service Development

Please detail proposed developments within Day Care Learning Disabilities services and anticipated future Learning Disabilities Nursing workforce needs

Adult: Total number of Learning Disabilities nurses within the identified age ranges

Age Ranges								
<25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your learning Disabilities Trust service with a nursing registration/qualification from another field of practice to meet the needs of Adult Learning Disabilities patients/clients.

Field of Practice	Number	Title *please specify & include all posts between Band 5 - Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

7. Designated **Learning Disabilities Nursing Roles**
Please provide information regarding Designated Learning Disabilities Roles within your Adult Learning Disabilities Services

Role	Band	Funded establishment	Head count	Service area/Setting	Qualification
Behaviour Nurse *Specialist*					
Health Facilitator					
Epilepsy Nurse *Specialist*					
Forensic Nurse					
other					
Additional Comments					

8. Practice Development and or Training Role

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice, for example MAPA.

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	
Additional Comments	

10. Nurse Prescribing

How many adult learning Disabilities Nurses in your organisation are actively Prescribing?	

11. Other funded nursing roles not captured already

If there are any areas not captured in their questionnaire can you please provide relevant information in the box below:
Comments

Date of completion.....
Compiled by .....
Signed ..... Professional Lead

Section 2 Children's Learning Disabilities Nursing Services:

If you have nursing staff who are employed in your Trust to meet the needs of children with a Learning Disability that are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please respond in question 6

Children's Services

1 Children's: Hospital Funded staffing establishment

Job Title	Band	Funded establishment	Head count	WTE	Comment
please specify	*8b*				
please specify	*8a*				
Ward Sister /Charge Nurse	7				
Deputy WS/CN	6				
Staff Nurse	5				
HCSW /Nursing support worker	3				
HCSW /Nursing support worker	2				
Additional Comments					

1 a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Hospital Children's Services

1 b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Hospital Children's Services

1 c Service Development

Please detail proposed developments within Hospital Children's Services LD services and anticipated future Learning Disabilities Nursing workforce needs

2. Children's: Community Nurse as part of Statutory Trust Team, for example, integrated care team for LD services

Job Title	Band	Funded Establishment	Head Count	WTE	Additional Community Learning Disabilities Qualification yes/no
please specify	8b				
please specify	8a				
Community Learning Disabilities Team Leader	7				
Community learning Disabilities Sister/Charge Nurse	6				
Community learning Disabilities Nurse Staff Nurse	5				
other please specify					
Community learning Disabilities HCSW /Nursing support worker /Band	3				
Community learning Disabilities HCSW /Nursing support worker /Band	2				
Additional Comments					

2a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Community Nurse services as part of Statutory Trust Team

2b Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's Community Nurse services as part of Statutory Trust Team

2c Service Development

Please detail proposed developments within Children's Community Nurse services and anticipated future Learning Disabilities Nursing workforce needs

3 Children's: Residential Living

Job Title *Please specify*	**Band**	**Funded establishment**	**WTE**	**Head count**	**Comments**
Additional Comments					

3a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Residential Living settings**.**

3b.Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's Residential living settings**.**

3c. Service Development

Please detail proposed developments within Children's Residential living settings and anticipated future Learning Disabilities Nursing workforce needs.

4. Children's: Supported Living

Job Title *Please specify*	**Band**	**Funded establishment**	**WTE**	**Head count**	**Comments**
Additional Comments					

4a. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's supported living settings.

4b.Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses working in Children's supported living settings.

4c. Service Development

Please detail proposed developments within Children's supported living settings and anticipated future Learning Disabilities Nursing workforce needs.

5. Children's: Special School

Job Title	Band	Funded establishment	WTE	Head count	Comments
Please specify					
Additional Comments					

5a Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses working in Children's Special Schools

5b Professional Supervision Arrangements

Please outline line professional supervision arrangements for Learning Disabilities Nurses working in Children's Special Schools

5c Service Development

Please detail proposed developments within LD Children's Special Schools services and anticipated future Learning Disabilities Nursing workforce needs

Total number of Children's Learning Disabilities Nurses within the identified age ranges

Age Ranges								
<25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your Children's Learning Disabilities nursing service with a nursing registration/qualification from another field of practice to meet the needs of Children with Learning Disabilities.

Field of Practice	Number & Band	Title *please specify & include all posts between Band 5- Band 8B*
Registered Mental Nurse		
Registered Adult Nurse		
Registered Children's Nurse		

7. Designated Learning Disabilities Nursing Roles

Detail the number of Children Learning Disabilities Nursing roles within your Trust or Learning Disabilities Nurses who work in designated roles

Role	Band	Funded establishment	Head count	Service area/Setting
Behaviour Nurse *Specialist*				
Health Facilitator				
Epilepsy Nurse *Specialist*				
Forensic Nurse				
other				
Additional Comments				

8. Practice Development and or Training Role

Do any of the Children's Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many children's Learning Disabilities Nurses are on your organisation's Prescribing Register?	Number
How many children's learning Disabilities Nurses in your organisation are actively Prescribing?	

10 Other funded nursing roles not captured already

If there are any areas not captured in their questionnaire can you please provide relevant information in the box below:
Comments

Date of completion.....
Compiled by .....
Signed ..... Professional Lead

Appendix 3

Independent Voluntary Sector Learning Disabilities Nursing Workforce Scoping Tool

Please indicate which organisation you are from:

Date of completion

Compiled by:

Name: ***Position Held:***

Learning Disabilities Workforce Nursing Scoping Tool

Please provide information of the total funded Learning Disabilities nurse staffing establishment within your organisation.

If you have nursing staff who are employed to meet the needs of Learning Disabilities clients in your organisation are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please detail in Question 6.

1. Staffing Establishment

Job Title	Funded establishment	Head count
Home Manager/s		
Deputy Manager/s		
Sister/Charge Nurse/s		
Clinical Lead Nurse/s		
Staff Nurse >2years		
Staff Nurse <2years		
HCSW /Nursing support worker		

2. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses. **We are particularly keen to understand line management arrangements for Learning Disabilities Nurses who are not operationally managed by a Nurse.**

3. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within your organisation.

4. Service Development

Please detail proposed developments within Learning Disabilities services within your organisation and anticipated future Learning Disabilities Nursing workforce needs

5. Total number of Learning Disabilities Nurses within the identified age ranges

Age Ranges								
≥25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your organisation with a nursing registration/qualification from another field of practice to meet the needs of clients with a Learning Disability.

Field of Practice	Number	Title *please specify & include all posts between Band 5- Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

***7. "Specialist"* Learning Disabilities Nursing Roles**
Detail the *"specialist"* Learning Disabilities Nursing roles within your organisation or Learning Disabilities Nurses who work in specialist areas: we have suggested some examples but there may be others

Role	Number	Service area/Setting
Behaviour Nurse *Specialist*		
Health Facilitator		
Epilepsy Nurse *Specialist*		
Forensic Nurse		
other		

8. Practice Development

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	

How many learning Disabilities Nurses in your organisation are actively Prescribing?	

Signed……

Appendix 4

Independent Voluntary Sector Learning Disabilities Nursing Workforce Scoping Tool

Please indicate which organisation you are from:

Date of completion

Compiled by:

Name:
Position Held:

Learning Disabilities Workforce Nursing Scoping Tool

Please provide information of the total funded Learning Disabilities nurse staffing establishment within your organisation.

If you have nursing staff who are employed to meet the needs of Learning Disabilities clients in your organisation are not registered Learning Disabilities nurses, but have a registration from another field of practice (e.g. Adult, Mental Health or Children) please detail in Question 6.

1. Staffing Establishment

Job Title	Funded establishment	Head count
Home Manager/s		
Deputy Manager/s		
Sister/Charge Nurse/s		
Clinical Lead Nurse/s		
Staff Nurse >2years		
Staff Nurse <2years		
HCSW /Nursing support worker		

2. Line Management Arrangements

Please describe line management arrangements for Learning Disabilities Nurses. **We are particularly keen to understand line management arrangements for Learning Disabilities Nurses who are not operationally managed by a Nurse.**

3. Professional Supervision Arrangements

Please outline professional supervision arrangements of Learning Disabilities Nurses within your organisation.

4. Service Development

Please detail proposed developments within Learning Disabilities services within your organisation and anticipated future Learning Disabilities Nursing workforce needs

5. Total number of Learning Disabilities Nurses within the identified age ranges

Age Ranges								
≥25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

6. Total number of nursing staff who are employed in your organisation with a nursing registration/qualification from another field of practice to meet the needs of clients with a Learning Disability.

Field of Practice	Number	Title *please specify & include all posts between Band 5- Band 8B*
Registered Nurse- Mental		
Registered Nurse -Adult		
Registered Nurse- Children's		

***7. "Specialist"* Learning Disabilities Nursing Roles**
Detail the *"specialist"* Learning Disabilities Nursing roles within your organisation or Learning Disabilities Nurses who work in specialist areas: we have suggested some examples but there may be others

Role	Number	Service area/Setting
Behaviour Nurse *Specialist*		
Health Facilitator		
Epilepsy Nurse *Specialist*		
Forensic Nurse		
other		

8. Practice Development

Do any of the Learning Disabilities nurses have dedicated time to contribute to training/practice development for example MAPA

9. Nurse Prescribing

How many Learning Disabilities Nurses are on your organisation's Prescribing Register?	

How many learning Disabilities Nurses in your organisation are actively Prescribing?	

Signed……

APPENDIX 5

Summary Anticipated Service Development and future LD Nursing workforce needs

As a result of service modernisation Learning Disabilities Nurses will need access to a range of learning and development opportunities to acquire new and additional skills to effectively meet the needs of service users within a range of new and emerging service models. A range of learning and development needs were identified during the course of this review which will require commissioning of educational programmes including Specialist Practice programmes, short course and standalone modules and individual study days including:

- knowledge, skills and competencies to effectively work across the lifespan including traditional nursing procedures such as enteral feeding, catheterisation and medicines management

- development of skills to meet the needs of service users with more complex physical and mental health care needs, both in hospital based services and across a range of community based settings including: forensic health care, mental health, addictions and palliative care

- skills and expertise to provide improved therapeutic interventions such as intensive home treatment/crisis response, facilitation of early discharge.

- development of additional specialist nursing roles including epilepsy and behaviour management PBS, DBT

- skills and knowledge to meet the health improvement/promotion needs of learning disabilities clients
- management of challenging behaviours and related evidence based therapeutic interventions

- Additional specific to Children's Learning Disabilities Services:

    - behaviour therapy,
    - family therapy sensory integration
    - intensive support and home treatment,
    - independent prescribing

For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE

Tel: (028) 9023 8152
Fax: (028) 9033 3298

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

Royal College of Nursing
Northern Ireland

Senior Nurse Leadership Development Programme for Learning Disability Services

Programme Dates:

Module 1: 5th February 2015

6th February 2015

Module 2: 19th February 2015

20th February 2015

Module 3: 12th March 2015

13th March 2015

Consolidation Day: 26th March 2015

Venue: Royal College of Nursing

17 Windsor Avenue

Belfast

BT9 6EE

Senior Nurse Leadership Development Programme for Learning Disability Services

Learning outcomes for participants

At the end of this programme participants will have;

- clarified the responsibilities of a Senior Nurse working within Learning Disability Services
- articulated their own values and beliefs and aspirations in relation to their roles and responsibilities and to the service they wish to provide
- identified effective leadership behaviours and reflected on their own leadership behaviours and how they role model the standard of care they expect
- developed an understanding of systems, processes and people and why things go wrong within Learning Disability services.
- discussed how they can use Practice Development principles to help them develop a workplace culture which fosters learning and development of all staff and the delivery of high quality patient care.
- learned how to create a performance management culture and the principles of effective teams
- Identified tools and behaviours to help them be more effective leaders and managers

The PowerPoint presentations and associated resources supporting this workshop contain information which will help participants make sense of the principles underpinning, the delivery of safe care, the development of effective leadership and management skills and the delivery of organisational objectives thereby ensuring an enhanced patient experience.

In Northern Ireland (2009-2011) a regional project “Leading Care” developed a set of resources to support and strengthen the role of the Ward Sister/ Charge Nurse and those nurses and midwives aspiring to that role. The resources included a competence assessment tool (NIPEC2010) and a career progression pathway and learning and development framework (NIPEC 2010).

While this leadership programme is not restricted to ward sisters/ charge nurses, and is relevant to senior nurses at any level, it does help develop the knowledge and skills which have been identified as core competencies for the role.

The competencies have been grouped under 4 domains and each domain has been colour coded.

Domain 1: Safe and Effective Practice

Domain 2: Enhancing the Patient and Client Experience

Domain 3: Leadership and Management

Domain 4: Delivery of Organisational Objectives

Within this programme these colours have been used to identify which domains are being considered within the learning activities. This information will help participants map their learning across the competence assessment tool.

For more information on the Leading Care Project please visit

www.nipec.hscni.net/wardsister to view all resources which are available online

Day One: Understanding Your Business

Time	Activity	Intended learning outcomes
9.30am	**Welcome and introduction to Programme**	Participants will be introduced to the aims and expected learning outcomes from the programme. They will develop ground rules for working together and will identify fears and expectations for the programme. The facilitator will create a safe space for discussion, debate and reflection
10am	**Identify the key challenges facing learning disability services in Northern Ireland**	Participants will be given the opportunity to identify what they see as the key challenges within their role and to discuss how these challenges can be managed. The challenges will be themed and prioritised by the participants and throughout the programme the facilitator will refer to these challenges and identify how participants can develop knowledge and skills to deal with them
11am	**Tea/ Coffee Break**	
11.15am	**Clarifying the roles and responsibilities of a Senior Nurse in delivering safe patient care and meeting organisational objectives** 	The Facilitator will use a role clarification tool and a high level of challenge to help participants identify the key components of their role and the qualities and skills required of a senior nurse. (This will allow participants to consider and discuss the competencies identified in the Northern Ireland Leading Care Project 2010). This activity will enable participants to agree a shared vision for the role and their service and will help them to identify leadership and management behaviours that will help them to fulfil their roles and responsibilities.
12.30pm	**lunch**	
1.15pm	**Understanding why things go wrong...looking at systems, processes and people** 	Participants will be introduced to the tools used in Root Cause Analysis investigations and will learn how to look at the systems, processes and people within their own care environment to ensure that patients are receiving safe and effective care at all times . They will learn how to use the tools both reactively and proactively and how to use them to investigate complaints, serious adverse incidents and near misses. The Francis Report and Winterbourne View will be discussed within this session and throughout the programme.
3pm	**Comfort break**	
3.10pm	**(continued)** 	As above
4.15pm	**Evaluation and close**	

Day Two: Leadership and Practice Development

Time	Activity	Intended learning outcomes
9.30am	**Welcome and review of Learning from day one**	Participants will be given an opportunity to identify key learning from the previous day and will be introduced to the learning aims and objectives of day two
10am	**An introduction to advocacy and empowerment** 	In this section participants will be introduced to the concepts of advocacy and empowerment and the role of the leader in creating a culture which supports them both for patients but also for staff.
11am	**Tea/Coffee break**	
11.15pm	**An introduction to the principles of Practice Development** 	Participants will be introduced to the theory underpinning PD, how it can be applied in practice and some of the tools which participants will be able to use in their workplace. Participants will learn how to use the tool to help a group develop a common vision for a team/ project/ change initiative. They will also identify an improvement project which they will develop throughout the course of the programme.
12.45	**lunch**	
1.30	**An introduction to the principles of Practice Development (continued)**	As above
3pm	**Developing an evaluation framework** 	Participants will learn how to work systematically to plan out a Practice Development Project, how to use the tools, and how to develop an evaluation strategy to enable them to measure outcomes
4.15 pm	**Evaluation and Close**	

Day Three: Managing Performance…Yours and Theirs

Time	Activity	Intended learning outcomes
9.30am	**Welcome and Review of Learning from previous days**	Participants will be given an opportunity to identify key learning from the previous module and will be introduced to the learning aims and objectives of day three.
10am	**Understanding Performance Management from the perspective of** • **The individual** • **The manager** • **The organisation** 	Participants will be introduced to the theories underpinning performance management from a corporate perspective and will learn how to engage employees in the corporate shared vision. They will discuss how to translate this down to a vision for their own area of responsibility. They will then learn about performance management from an individual manager and employee perspective including how to manage difficult people and how to bring an employee through capability procedures.
11am	**Tea/ Coffee Break**	
11.15am	**Understanding Performance Management (Continued)**	As above
12.30pm	**lunch**	
1.15pm	**Developing your emotional intelligence and your personal leadership style** 	Participants will be introduced to the theories underpinning the development of emotional intelligence and will learn about effective leadership behaviours and how they can begin to integrate these behaviours into their working day. This will include principles of developing and managing an effective team.
3pm	**Comfort break**	
3.10	**Developing your emotional intelligence and your personal leadership style** **(continued)**	As above
4.30pm	**Evaluation and close**	

Day Four: Leading for Quality and Safety

Time	Activity	Intended learning outcomes
9.30am	**Welcome and introduction to day 3**	Identify key learning from day 1 & 2 and review any issues which need to be clarified. Participants will be introduced to the planned activities for day 3
9.45am	**An Introduction to Human Factors** 	This session is concerned with understanding and enhancing human performance in the workplace, especially in complex systems. Participants will be introduced to human factors research and its finding that fallibility is part of the human condition. They will • Understand the concept of human factors in healthcare including situational awareness and the use of briefings and handovers • Learn the vocabulary of the human factors approach • Establish the link between human factors and safety , effective team work and safety and leadership and safety
11am	**Tea/ coffee break**	
11.15am	**An Introduction to Human Factors** **(Continued)**	As above
12.30md	**lunch**	
1.15pm	**Basic issues of safety** **Blunt and Sharp end decision making** 	Participants will be introduced to the idea of blunt end and sharp end decisions and actions and how they can impact on each other. They will then be asked to analyse a decision they have made recently and look at the impact this may have had on the way others could work.
3pm	**Comfort break**	
3.10pm	**The Role of the Commissioning Nurses in the HSC** 	In this session participants will be introduced to the nurses responsible for commissioning services for learning disabled patients/ clients. They will learn how commissioning works and how they can work to influence it.
4.150pm	**Evaluation and close.**	

Day Five: The Leader and Culture

Time	Activity	Intended learning outcomes
9.30am	**Welcome and Review of Learning from previous days**	Participants will be given an opportunity to identify key learning from the previous module and will be introduced to the learning aims and objectives of day five
10am	**Leading the delivery of effective person centred care** 	Participants will be introduced to theories for person centred care. The relevance of patient experience within current HSC policy, commissioning and Trust strategies explored. Personal values with regards to person centred care will be clarified, and examples drawn from participants practice. The emphasis of the session will be their role as a leader in the delivery and development of such practice to ensure high quality patient experience.
11am	**Tea/ Coffee Break**	
11.15am	**Person centred care framework** 	Participants will debate the applicability and usefulness of the Person Centred Framework as a gauge for person centredness, incorporating their current approaches to service user participation. Key performance indicators for quality care will be discussed as will the relevance of these towards achieving organisational objectives.
12.30pm	**Lunch**	
1.15pm	**Workplace culture and its impact on patient experience and outcomes** 	Participants will be introduced to the theories relating to workplace culture; they will consider what an effective culture is like and what is required to achieve it. They will discuss the workplace cultural analysis tool (WCCAT), and use it to reflect on their own work setting, identifying strengths and weaknesses and potential areas for action. The impact of context and culture on the patient client experience will be explored.
3pm	**Comfort break**	
3.10pm	**Workplace culture and its impact on patient experience and outcomes** **(continued)**	As above
4.15 pm	**Evaluation and Close**	

Day Six: Developing Services for Today and Tomorrow

Time	Activity	Intended learning outcomes
9.30am	**Welcome and Review of Learning from day five**	Participants will be given an opportunity to identify key learning from the previous day and will be introduced to the learning aims and objectives of day six
10am	**Keeping the patient at the centre of service redesign** 	Participants will explore the principles around service redesign and explore how to keep it patient focused and how to identify and measure intended outcomes
11am	**Tea/ coffee break**	
11.15am	**Tools to help service redesign** 	Participants will be introduced to a variety of Service Improvement tools. They will get an opportunity to practice some of the tools with their peers to develop confidence in using them
12.30pm	**Lunch**	
1.15pm	**Knowing how we are doing and explaining it to others** 	Participants will learn about performance management, outcomes identification and measurement, selling their change and use of key performance indicators to evaluate their successes
3pm	**Comfort break**	
3.10pm	**Knowing how we are doing and explaining it to others (continued)**	As above
4.15pm	**Evaluation and close**	

Day Seven: Action Planning

Time	Activity	Intended learning outcomes
9.30am	**Welcome and Review of Learning from all three modules**	Participants will be given an opportunity to identify key learning from all modules and will be asked to identify how their leadership behaviours have changed to ensure better outcomes for patients and staff
11am	**Tea/ coffee break**	
11.15am	**Identifying challenges to change** 	Participants will have an opportunity to discuss the changes they have been able to make in their service, or to discuss the reasons that change hasn't occurred using both learning set activities and a problem based learning framework
12.30pm	**Lunch**	
1.15pm	**Claims, concerns and issues in my service and developing an action plan to address them** 	Participants will use Practice Development tools to help them do a stock take of their service and will then develop an action plan identifying how they as leaders are going to make the necessary change happen
3pm	**Comfort break**	
3.10pm	**Claims, concerns and issues in my service and developing an action plan to address them (continued)**	As above
4.15pm	**Evaluation and close**	

Department of Health

Health, Social Services and Public Safety

Llywodraeth Cymru
Welsh Government

The Scottish Government
Riaghaltas na h-Alba

Strengthening the Commitment:

Living the commitment

UK Strengthening the Commitment Steering Group

Strengthening the Commitment:

Living the commitment

UK Strengthening the Commitment Steering Group

June 2015

Foreword

Strengthening the Commitment set out our vision of how learning disability nurses could expand their role to ensure that people with learning disabilities are treated with dignity and respect and receive the care and support they need. In the changing world of health and social care services the role of learning disability nurses is pivotal to achieving this vision. In the past three years a tremendous amount has been achieved in all four countries as learning disability nurses have expanded their skills, knowledge and competencies, developed measurable outcomes and evidence-based interventions, have significantly strengthened their research skills, and are creating a critical mass of leaders to effect further change.

These achievements have only been possible because of the clear commitment to implementation of the recommendations in *Strengthening the Commitment* across all four countries and the leadership shown within each country. We are proud of the great strides that have been made to improve the lives of people with learning disabilities and to ensure that their needs are kept firmly on the health and social care agenda. This report identifies these achievements and celebrates the innovative and successful work that is going on across the United Kingdom led by learning disability nurses working across a range of settings. Our congratulations and thanks to each and every professional who has made such a significant contribution to this work.

The population of people with learning disabilities continues to increase as children born with a learning disability live longer, more fulfilled lives and adults grow into older age. As a consequence, the support of learning disability nurses is even more vital across the age range and in all settings. Learning disability nurses play a vital role in reducing the health inequalities that have all too often been experienced by people with learning disabilities.

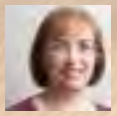
> *'Health services need to understand that people with profound and complex learning disabilities often have multiple health needs so won't fit into generic health structures where one need is addressed at a time, issues need to be tackled collectively. Looking holistically is a key skill of a learning disability nurse.'*
>
> Carer, mother of adults with learning disabilities

Despite the great achievements made in the past three years, there remains much to be done. We are busy identifying the next steps in our journey and will be true to our commitment to improve the lives of people with learning disabilities through strengthening the role of the key professionals who work with them to make sure they have better lives.

Jane Cummings
Chief Nursing Officer
England

Fiona McQueen
Chief Nursing Officer
Scotland

Charlotte McArdle
Chief Nursing Officer
Northern Ireland



Jean White
Chief Nursing Officer
Wales

June 2015

Contents

Executive summary

This report celebrates the achievements of learning disability nurses across the United Kingdom and the difference they have made, and continue to make, to the lives and health outcomes of people with learning disabilities.

Three years ago, *Strengthening the Commitment* set out a range of challenges based on principles and values that are important to people with learning disabilities, their families and carers. UK government health departments, employers, educators, people with learning disabilities, their families and carers, learning disability nurses, students and wider health and social care staff have all risen to these challenges and are now delivering a significantly improved, person-centred, and imaginative service for people with learning disabilities.

The four countries have worked together to address the challenges and through visible, high profile leadership have developed opportunities to create a learning disabilities service fit for the 21st century. Four broad challenges were identified to support the development of learning disability nursing: strengthening capacity, strengthening capability, strengthening quality, and strengthening the profession. These have been addressed by a strategy of work driven forward nationally and locally and with regular reporting processes that have ensured all countries have kept the challenges firmly in view.

A number of major UK-wide initiatives have supported the vision of learning disabilities services to meet the needs of all those with learning disabilities.

Nurturing future leaders

Leaders are being identified at all levels and supported by innovative programmes to develop personal leadership abilities. For example, a two-day workshop was held for 42 people from across the UK who benefited from the opportunity to explore the development of practice, research, writing for publication and working with leading coaches.

Engagement with frontline practitioners and networking

The success of the implementation strategy has depended on active engagement with frontline practitioners to engage them with the aspirations and practical planning of the initiative. Networking has flourished, stimulated particularly by an explosion in the use of social media. The innovative case studies throughout this report demonstrate the range of work being carried out at grass roots level across the UK.

Developing the evidence base

The academic underpinning, research and the evidence base for learning disability nursing is being strengthened by the work of the UK Learning and Intellectual Disabilities Nursing Academic Network (LIDNAN). A model for collaborative working has been established which future work will ensure a robust academic and research base for the future.

UK Learning Disability Consultant Nurse Network

The UK Learning Disability Consultant Nurse Network have been instrumental in sharing ideas and have developed the Health Equalities Framework which provides an evidence based outcomes framework to reduce the impact of service users' exposure to determinants of health inequalities. It is being adapted for children and young people with learning disabilities.

Independent and voluntary sectors

Many learning disability nurses are employed in the independent and voluntary sector and the Independent Sector Collaborative has been established to ensure a high quality and sustainable workforce across all sectors.

Learning disability competence in other fields of nursing

Staff working in general health and social care settings are seeking to expand their knowledge and ability to communicate with people with learning disabilities. Initiatives across the UK are developing these skills so that people with learning disabilities receive the appropriate care.

We recognise that the job is not yet done and this report also sets out our commitment to the future agenda. A framework of priority actions and associated milestones will be developed and we will ensure that the involvement of people with learning disabilities continues to be central to our framework for delivery.

As new staffing models develop the role of the learning disability nurse will be vital to ensure safe, compassionate and competent care in whatever setting. Every learning disability nurse plays a key role in continuing to meet the needs of people with learning disabilities, their family and carers and continuing to develop learning disability nursing as a strong and vibrant profession.

1 Our vision

When *Strengthening the Commitment* was published in 2012 it set out a clear agenda to meet the challenge of making sure that people with learning disabilities across the United Kingdom had the high quality support from learning disability nurses that they deserved, needed and were entitled to in modern, 21st century health and social care services. Learning disability nurses had the opportunity to implement this agenda and to take their services forward to a new level: in the past three years they have seized that opportunity with both hands.

The population of people with learning disabilities is increasing across the UK. There are approximately 1.5 million people in Britain living with learning disabilities (Learningdisabilities.org.uk). Demographic projections suggest that the numbers of people with learning disabilities will increase by 14% by 2021 as many more children born with a learning disability live longer, more fulfilled lives into adulthood, and the increasing adult population of people with learning disabilities grows into older age. Yet we continue to have evidence that people with learning disabilities experience significant health inequalities and are dying at a younger age than people without learning disabilities.

People with learning disabilities

- **Have poorer health than the general population**
- **Are more likely to need hospital services compared to the general population [26% compared to 14%] (Beacock et al., 2015)**
- **97% of people with a learning disability who die had one or more long-term or treatable health condition (Heslop et al., 2013)**
- **Have difficulty accessing and using general health services**
- **Are 58 times more likely to die aged under 50 than other people**
- **Men with learning disabilities die, on average, 13 years sooner than men in the general population (Heslop et al., 2013)**
- **Women with learning disabilities die, on average, 20 years sooner than women in the general population (Heslop et al., 2013)**
- **43% of deaths of people with learning disabilities were unexpected with repeated problems of delayed diagnosis, poor identification of needs and inappropriate care (Heslop et al., 2013)**

Strengthening the Commitment recognised that the role and profile of learning disability nursing had changed significantly over the previous three decades and that the workforce had become widely distributed across the health and social care sector.

The values and principles that are important to people with learning disabilities, their families and carers and which were spelt out in *Strengthening the Commitment* continue to underpin learning disability nursing. The challenges set out remain as true today as three years ago and there are now new and emerging challenges that need a renewed, fresh focus to make sure we are responsive to the needs of people with a learning disability, and their families and carers while continuing to strengthen the learning disability profession.

Four clear challenges were identified to support the development of learning disability nursing:

- Strengthening capacity
- Strengthening capability
- Strengthening quality
- Strengthening the profession.

We knew that the actions required of the profession were considerable, that they would be taking place in a time of recession, uncertainty and increasing diversity across the four UK healthcare systems. As this report will demonstrate, UK government health departments, employers, educators, people with learning disabilities, their families and carers, learning disability nurses, students and wider health and social care staff have all risen to the challenges and are now delivering a significantly improved, person-centred and imaginative service for people with learning disabilities.

For example, the health and social care organisations in England are delivering a major programme to transform the care of people with learning disabilities. This includes a commitment to redesign care models and services which reduce the need for patient beds and support people in a place they call home. As part of this work new staffing models will be developed and the role of the registered learning disability nurse will be vital to ensure safe, compassionate and competent care in whatever setting.

This report celebrates the achievements made in the past three years and the positive impact that learning disability nurses have on health outcomes. The examples of positive practice in this report have been chosen to be representative of the wide range of innovative work that is taking place in all four countries. There are numerous examples of innovations and developments across the whole UK and the Fact File provides brief information of many of these. We hope that you will find these examples inspiring and useful as you work to improve learning disability services for some of the most vulnerable people in our society.

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Unity and collaboration

A key feature of the implementation of the *Strengthening the Commitment* initiative has been the way the four countries have worked together to address the challenges and opportunities to create a modern learning disability nursing service fit for the 21st century. Partnership working across all four countries has been central to our work and every country has contributed to a shared understanding of the agenda and of how to approach it.

Inevitably each of the countries has worked at a different pace as each approached the challenges from a different starting point. The Chief Nursing Officers of each country have been actively and visibly committed to strengthening the role of learning disability nurses and recognise the benefits of having specifically prepared nurses to support people with learning disabilities. All recognise the crucial role that learning disability nurses play in the care of people with learning disabilities whether in specialist hospital services or within community services, in championing health improvement and working to tackle the health inequalities experienced by people with learning disabilities.

A commitment to implementation

Across all four countries there has been a commitment to implementing the recommendations in *Strengthening the Commitment* and to set up systems to monitor progress. A clear programme of work has meant that the strategy has been driven forward nationally and locally and regular reporting processes have ensured all countries kept the strategy firmly in view. There has been progress on all seventeen recommendations and regular reviews of action plans to strengthen services for people with learning disabilities.

High level leadership

A UK-wide Strengthening the Commitment Steering Group has provided strategic leadership and a clear work plan with deliverables. The Steering Group has coordinated activities and initiatives across the four countries and has been the focus for great achievement and celebration. Membership of the Steering Group, see Appendix 1, has included the leads from each of the four countries, student representatives, academics, the independent and voluntary sectors, the Royal College of Nursing, and practising learning disability nurses.

Visible, high profile leadership within and across all four countries has been a key factor in ensuring that the challenges set out by *Strengthening the Commitment* have been kept clearly in view. Members of the Steering Group have acted as role models and a focus for the aspirations of many learning disability nurses by being visible, approachable and actively expanding the horizons of learning disability nursing.

Recently, the UK Strengthening the Commitment Steering Group has been joined by the Deputy Chief Nurse, representing the Chief Nurse, from the Republic of Ireland seeking support and partnership working to modernise learning disability nursing provision in her own country.

The UK Strengthening the Commitment Steering Group has established positive working relationships with key national organisations such as the Royal College of Nursing, MENCAP, the Royal Society of Medicine, the Council of Deans of Health and many others. Such partnerships have ensured that learning disability nursing is regularly considered and reviewed by key stakeholders.

Throughout all four countries there have been examples of initiatives being spearheaded by senior leaders to demonstrate the importance placed on developments such as the Health Equalities Framework (HEF).

Nurturing future leaders

Leaders at all levels of the profession must be supported. A UK-wide initiative by the UK Strengthening the Commitment Steering Group focused on nurturing future leaders within the profession. A leadership programme for 3rd year students attended by 42 people from across the UK included a two-day leadership workshop which explored the development of practice, research and writing for publication with the opportunity to discuss issues in small groups with leadership coaches. The evaluation of the workshop highlighted the value participants found in developing their personal leadership abilities and their confidence to use these abilities to bring about change in practice.

'It's made me brave … I can go into situations and ask questions.'

Amy Hodkin,
student

Engagement with frontline practitioners and networking

Implementing the strategy has been grounded in working with frontline practitioners to engage them with the aspirations and practical planning resulting from the initiative. There has been bottom-up engagement with action plans throughout the NHS, the independent and voluntary sectors. Clinicians at all points of their careers have engaged with the process and networking has flourished.

There has been an explosion in the use of social media and communities of practice have developed as a result with practitioners sharing good practice and experiences across the UK. Previously learning disability nurses and students tended to be fragmented and could feel isolated but use of Facebook and Twitter alongside numerous more conventional meetings and events, has enabled practitioners to become connected with *Strengthening the Commitment* as an anchor for the development of new ideas. As practitioners move out of their more traditional roles, it is the more important that they are able to stay connected with their colleagues and to exchange ideas and practice and to drive the profession forward.

#ldnursechat

A voluntary, social media based discussion and networking forum set up by learning disability nurses which has developed an international following. #ldnursechat is in talks with universities to promote the profession and to share networking skills.

@WeLDnurses

Connects learning disability nurses, talking and sharing with everyone with a passion for learning disability care. Has 3,982 followers (at June 2015).
https://twitter.com/WeLDnurses

Academic networking and the evidence base for learning disability nursing

It was clear that the academic underpinning, research and the evidence base for learning disability nursing needed to be strengthened. The UK Learning and Intellectual Disabilities Nursing Academic Network (LIDNAN) was created to tackle this challenge and has proved highly successful. The aims of LIDNAN are to:

- Represent and promote learning disability nursing education, research and practice development
- Influence and respond to UK learning disability nursing agenda through well-informed debate, discussion and dissemination of material
- Act as a source of consultation and advice to learning disability nurses and others on learning disability nursing education and research
- Share good practice and innovations in the development and conduct of learning disability nursing education and research.

The network has achieved a great deal in the past three years and has established a model for collaborative working which strengthens the profession and ensures a robust academic and research base for the future. Its work plan consists of nine areas of activity including post-registration development. In Scotland the *Career and Development Framework for Learning Disability Nursing in Scotland* (NES, 2013) outlines the developmental needs of the registered nursing disability workforce, reflecting the key priorities for workforce development in *Strengthening the Commitment*.

Positive practice (UK wide)

Developing research capacity and capability in learning disability nursing

The following case study illustrates the work that UK LIDNAN has achieved to develop research capacity and capability among learning disability nurses.

The challenge

Two reviews of learning disability nursing research (Northway et al, 2006; Griffiths et al, 2007) highlighted key limitations of learning disability nursing research relating to both quality and quantity. *Strengthening the Commitment* included two recommendations (16 and 17) relating to the need for practice to be evidence-based and calling for an extension of learning disability nursing research. To progress work in these areas a work stream concerning research was established under the auspices of the Learning and Intellectual Disabilities Nursing Academic Network (LIDNAN).

The aim was to increase research capacity and capability within learning disability nursing to promote better quality of service provision and enhance development of the profession thus linking to all of the key principles of *Strengthening the Commitment*.

The journey

Initial activities focused on developing wide engagement with research by raising awareness and stimulating discussion and interest. A research session was included in the leadership workshop held in July 2013 for 3rd year student nurses. A Facebook group, twitter feed and blog were established in March 2014 and by May 2015 the Facebook group had grown to 1,254 members.

At the Positive Choices conference in 2014 a survey was undertaken of delegates (310 responses) to determine factors affecting the use of research in practice, sources of information used and priorities for future learning disability nursing research. The findings of this survey suggest that whilst practitioners use a variety of sources to access evidence there are barriers to using such evidence to develop practice.

Key priorities for future research were identified as being access to healthcare and health promotion, service user perspectives, and the outcomes of nursing interventions.

A paper detailing findings from this study relating to the teaching of research has been published (Northway et al, 2015). In December 2014 the University of South Wales hosted a research event attended by over 50 delegates from many parts of the UK including students, clinically based staff and academics. All delegates engaged in undertaking a strengths, weaknesses, opportunities, threats (SWOT) analysis that has been used to inform development of a position paper regarding learning disability nursing research.

The results

This work stream is still in its relatively early stages. Nonetheless there has been a great deal of activity and many more learning disability nurses are now engaged in discussions regarding research. This engagement has been at all levels of the profession including students, clinicians and academics and from across the UK.

It has been encouraging that many nurses want to be actively involved in research – the challenge now is to develop frameworks that enable this to happen. The position paper has been presented to the UK Strengthening the Commitment Steering Group and to the Academic Network: discussions are currently taking place as to how its recommendations will be taken forward.

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Members of the working group were: Helen Atherton (University of Leeds), David Charnock (University of Nottingham), Nicky Genders (University of South Wales), Joann Kiernan (Edge Hill University) and Sue Read (University of Keele)

UK Learning Disability Consultant Nurse Network

The UK Learning Disability Consultant Nurse Network (UK LDCNN) has provided a vital focus for innovation and development across all four countries. The open sharing of ideas and initiatives has meant that ideas have spread quickly and readily. A major piece of work undertaken by members of the UK LDCNN was to develop an outcome measure for learning disability nursing practice: the Health Equalities Framework (HEF). The HEF provides a clear example of nurse leaders stepping up to meet the challenges to the profession laid out in *Strengthening the Commitment*. Its UK wide dissemination demonstrates the value of a collaborative four-country approach and the UK Strengthening the Commitment Steering Group was an invaluable reference group at all stages of its development.

Strengthening the Commitment (recommendation 9) called on nurse leaders to develop outcomes focused frameworks to evidence the value of the learning disability nursing contribution.

The Health Equalities Framework

The Health Equalities Framework (HEF) is a systematically developed, evidence based outcomes framework which was developed by four members of the UK LDCNN (Dave Atkinson, Phil Boulter, Crispin Hebron and Gwen Moulster). It measures the extent to which services are delivered to reduce the impact of service users' exposure to determinants of health inequalities. Exposure to these determinants is known to be associated with premature, avoidable deaths and grossly impoverished quality of life.

All four countries are supporting its rollout and pilot work is ongoing in Northern Ireland and Scotland and has recently been concluded in Wales. In England, where the framework was initially developed, increasing numbers of services are making routine use of the HEF as key outcome measure. Subjective feedback from practitioners suggests the HEF guides nursing practice, validates nurses' decision making and informs caseload management.

The HEF not only measures the difference that services make to individual service users but also allows comparison of differing models of service delivery and informs commissioning decisions by aggregating anonymised data. Outcomes data is set against the context of profiles of population needs so that regional differences can be recognised and explored. The tool can therefore also inform public health strategy for people with learning disabilities.

The HEF, along with supporting materials, have been made freely available to services, practitioners and families alike. It is increasingly being recognised as having value across multidisciplinary teams and has been presented, and well received, internationally. A number of further HEF related initiatives are ongoing including: development of a free HEF app, development of a new HEF for children and young people with learning disabilities and a project which links the HEF to best practice care pathways.

Independent and voluntary sectors

The independent and voluntary sectors have a critical role to play in providing a range of services for people with learning disabilities. Many learning disability nurses are employed in the independent and voluntary sectors. However, the actual numbers of those employed are not known as employment figures for the independent and voluntary sectors are not collected nationally. The four UK health departments together with key partners and representatives from

the independent and voluntary sectors have formed an Independent Sector Collaborative and have held three engagement conferences. The aim has been to establish better understanding of, and planning for, a high quality and sustainable registered learning disability workforce across all sectors. As major employers, it has been important to ensure that the independent and voluntary sector providers are engaged in workforce planning with student nurse education commissioners.

Commissioning arrangements vary across the four countries. The independent and voluntary sectors also offer a varied range of clinical placements and experience for student nurses. Exposure to the independent and voluntary sectors at an early stage in nurses' careers increases understanding and improves flexibility and transferability between sectors and employers. It also increases career options, for example, there has been an increase in the number of learning disabilities nurse consultants employed in the independent sector.

Promoting learning disability competence in other fields of nursing

There are concerns about the numbers of learning disability nurses as demand for learning disability nursing is likely to grow. There are also concerns that many staff working in general health and social care settings are seeking to expand their knowledge of how to improve how they communicate with and respond to the needs of people with learning disabilities and have little access to training. *Strengthening the Commitment* called for those who develop or deliver education to 'ensure that nurses in other fields of practice develop the core knowledge and skills necessary to work … with people with learning disabilities who are using general health services'.

LIDNAN together with the UK Council of Deans of Health (CoDH) published a report (Beacock et al., 2014) that addressed the question of how to best promote learning disability competence in other fields of pre-registration nursing education. The report's recommendations highlight a number of areas in which higher education provision and the framework that govern it could be developed. The recommendations include:

- a standard competency framework should be developed to support consistent delivery of learning disability competence, based on the priority areas identified in the literature
- people with learning disabilities, their families and carers should be involved in all aspects of curriculum design and delivery
- the role of learning disability nurses and how they support people across a range of settings should feature as part of education delivery
- that HEIs consider a range of activities and models as a means of delivering learning disability education.

In Scotland a series of 'Thinking Space' events facilitated by NHS Education for Scotland brought key stakeholders together to develop plans to ensure student nurses in other fields of practice are prepared to support people with learning disabilities. A number of recommendations were made including:

- supporting students to evidence achievement of Nursing and Midwifery Council (NMC) outcomes through an e-portfolio and placements with people with learning disabilities
- clarifying the roles and responsibilities of the learning disability lead (LDL), recommending an LDL for each institution offering nursing programmes and measuring their impact
- networking among the universities currently offering learning disabilities courses and those who do not.

Focus on capacity

Accurate information about where learning disability nurses work is important for workforce planning. The challenge set by *Strengthening the Commitment* was to scope the learning disability workforce, including those working in the independent and voluntary sector and in social care so that strategic workforce development plans could be developed.

Learning disability nurses have a history of working in a wide variety of settings in health and social care. Consequently it can be challenging to obtain accurate figures of where and how many learning disability nurses are working and in what roles. This is particularly so across the independent sector where there are many individual employers and no centrally collected data for numbers employed. Where we have available data we will continue to monitor trends in workforce numbers and settings. It is clear that there continues to be a need to strengthen the numbers of learning disability nurses, particularly as the numbers of people with learning disabilities increases.

The holistic, person-centred skills of learning disability nurses are valued in the prison service, secure services, forensic services, children's services, general practice, social care (where they may not be employed as registered nurses), the police, voluntary sector, the community, and with families, as well as in the acute sector, accident and emergency and neurosciences. Without good information about the location and activities of learning disability nurses it is difficult to move forward.

The four UK health departments, together with key partners, have held three engagement conferences with the independent and voluntary sector. The aim was to establish better understanding of, and planning for, a high quality and sustainable registered learning disability nursing workforce across all sectors. An Independent Sector Collaborative is taking this work forward.

> *'The issue is not the lack of services but rather the lack of specialist professionals and expertise working within primary and secondary healthcare.'*
>
> Carer, mother of adults with learning disabilities

Positive practice (Northern Ireland)

Strengthening capacity: responding to clients with complex needs

A core skill of learning disability nurses is to work with people who have complex needs and who may present with challenging behaviour. When a breakdown happens for such clients, skilled learning disability nurses can work as part of a crisis outreach team to stabilise the client's care and condition so that the individual does not have to be admitted to an acute hospital setting. The following case study illustrates how this vital service has been developed in Northern Ireland.

The challenge

Clients with complex learning disability needs who present with mental ill health or behaviour that challenges need specialist care. The challenge was to provide effective support for individuals to enable them to stay in their own homes and avoid unnecessary admission to hospital where possible.

The journey

The Southern Health and Social Care Trust (SHSCT) developed a Learning Disability Crisis Response Service to effectively support clients with complex learning disability needs to remain in the community. The purpose of the service is to provide short-term assessment, support and treatment for adults with a learning disability and their carers in an effort to effectively support clients to remain in their own home and avoid unnecessary admission to hospital where possible.

The crisis response service was developed by two learning disabilities nurses to provide expert assessment, treatment, care planning and evaluation for adults with a learning disability who present with mental ill health or behaviour that is perceived as challenging. This is a tertiary service, delivered by a small team of professional staff as a part of community based specialist services for adult learning disability.

The service is delivered in the 'home' environment as a viable alternative to hospital admission. The direct intervention in the home allows the adult with a learning disability to use the support of family and social networks during times of distress to aid the process of recovery. It also allows for the identification of precipitating environmental factors that may lead to an episode of mental ill health or behaviours that are perceived as challenging in the environment where they occur. This provides the opportunity for nursing staff to work collaboratively to deliver an intervention aimed at ameliorating or minimising these factors.

Acute inpatient services for adults with a learning disability now consist of one ward of 10 beds for short-term assessment and treatment, located alongside acute mental health beds on the Bluestone site at Craigavon Area Hospital.

The development of this team demonstrates the commitment of SHSCT to the implementation of regional policy recommendations as set out in *Transforming your Care* (2011) and *The Bamford Action Plan* (2012-2015). It also effectively demonstrates how the SHSCT has strengthened the capacity of the learning disabilities nurses to meet the needs of clients whilst delivering on the recommendations within *Strengthening the Commitment*.

Strengthening capacity is evidenced in the following ways.

- This team delivers a specialist service to adults with a learning disability outside of traditional roles and places of work.
- Organisational and decision-making skills of team members are harnessed to deliver interventions that encourage empowerment, participation, shared decision-making and minimise risk.
- Team members have acquired greater skills and knowledge particularly in liaising with other health professionals and stakeholders.
- Enhanced ability of team members to engage in high levels of autonomous decision making, discretion and clinical with support available if required from consultant psychiatrist on-call.
- The team act in an advisory role to adults with learning disability and their families/carers and a diverse range of health professionals and stakeholders during periods of periods of mental ill health or behaviours that challenge.
- Training carers/independent healthcare providers to build capacity in managing emergency or crisis situations.

The results

Outcomes for service users

Outcomes for people with learning disabilities are evidenced through the reduction in the number of admission to acute learning disability hospital beds in the host trust. There has been a 60% reduction in the number of admission in the 21 months since the team was formed.

Innovation/continued professional development

As part of this team's development there will be ongoing review of skills requirements and associated competencies. As the service grows and develops it is anticipated that further continuing professional development opportunities will be identified including those at a postgraduate level to enhance the existing skill set of the team in providing holistic care to meet the bio-psycho-social needs of clients.

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The aim of acute liaison nurses is to improve standards in hospitals and to ensure that reasonable adjustments are made for people with learning disabilities so that they are able to access health services. Learning disability nurses in the role of acute liaison nurses work with general nurses to give them the confidence to work with people with learning disabilities. The following case study presents the views of an acute liaison nurse and the mother of two men both of whom have learning disabilities and highlights the vital role played by the acute liaison nurse.

The challenge

This case involved a mother and her two sons both of whom have profound learning disabilities and complex care needs. Learning disability nursing input had been stopped because the community learning disability nursing team resource was redirected, leaving the mother struggling day to day and with an unclear direction for service implementation. The family's GP had over 1,000 patients and did not have the expertise to support the family.

The mother's view

'The challenge primarily was transition to adult services for my younger son. I had already been through the transition process for my older son, 11 years before. My honest feeling was that if he had an acute admission to an adult ward he would die.

'Both sons had lots of services involved however these were disjointed and we still relied heavily on outreach and short breaks from the children's hospice. We are thankful this had been continued until my son was 21. This time was challenging because of the lack of services for people who can meet the needs of people with profound learning disabilities in healthcare services. The issue is not the lack of services but rather the lack of specialist professionals and expertise working within primary and secondary healthcare. For example there are no specialist acute consultants which is what is provided in paediatric services.'

The practitioner's view

'The mother had to fill in the gaps left by services including invasive treatment that she was told could not be provided in the community. The learning disability nurse (LDN) identified the need for assistance to support the family and ensured their individual needs were met. The lack of engaged service provision was impacting on both sons' health and wellbeing.'

The journey

The practitioner's view

'The mother has provided exceptional care to her sons, the family's resilience has enabled them to meet the challenges thrown at them. The primary liaison LDN identified the sons' health needs through their annual health checks and followed up on identified health needs from their health action plans, as well as implementing identified reasonable adjustments at their GP practice.

'Both sons had hospital admissions during the past year. This time was stressful, but was eased by the assistance of the acute learning disability liaison nurse who ensured the hospital acute staff were meeting the needs of both sons by implementing reasonable adjustments and arranging for their mother to stay at the hospital.

'The LDN also helped the mother in a care coordinator role. Service provision in the community for her sons had been problematic due to the complexity of their needs and the LDN's role was to ensure the sons' health needs were being met in a person-centred way, to advocate for the family, and work strategically to ensure the community services were competent and meeting their needs.'

The mother's view

'This journey has not been easy, especially due to the unpredictability of my sons' health. It means there have been emergency situations that have meant advocating for both my son's more regularly then any parent should have to. I have found services create barriers, which has meant I have had to fill the void.

'I have had vast experience of adult services for people with learning disabilities and often been told I am unlucky due to my older son being ahead of the increasing population of people coming through transition with profound and complex disabilities. However he has been in adult services for more than 10 years and I have not seen the amount of improvement I would have hoped for.'

The results

The mother's view

'This isn't a situation that can be resolved over night, however the involvement of LDNs across the health services has definitely improved access and treatment for my sons. Having a named person to offer support and bridge the gap between services cannot be undervalued. The answer would be more resources but I am aware this is cannot always be relied upon, but it is often professionals skills which are lacking, this could be resolved by standardised training.

'Health services need to understand that people with profound and complex learning disabilities often have multiple health needs so won't fit into generic health structures where one need is addressed at a time, issues need to be tackled collectively. Looking holistically is a key skill of a LDN.'

The practitioner's view

'The LDN's impact across the health services has ensured steps towards a seamless transition across primary and secondary care as outlined in Valuing People (2001). Being proactive in primary healthcare is looking to reduce premature death among people with learning disabilities whilst the role of acute liaison nurses is to meet deficits in service delivery in secondary care. LDNs have a duty to advocate for improvement to health service delivery to ensure the needs of individuals are being met independently.'

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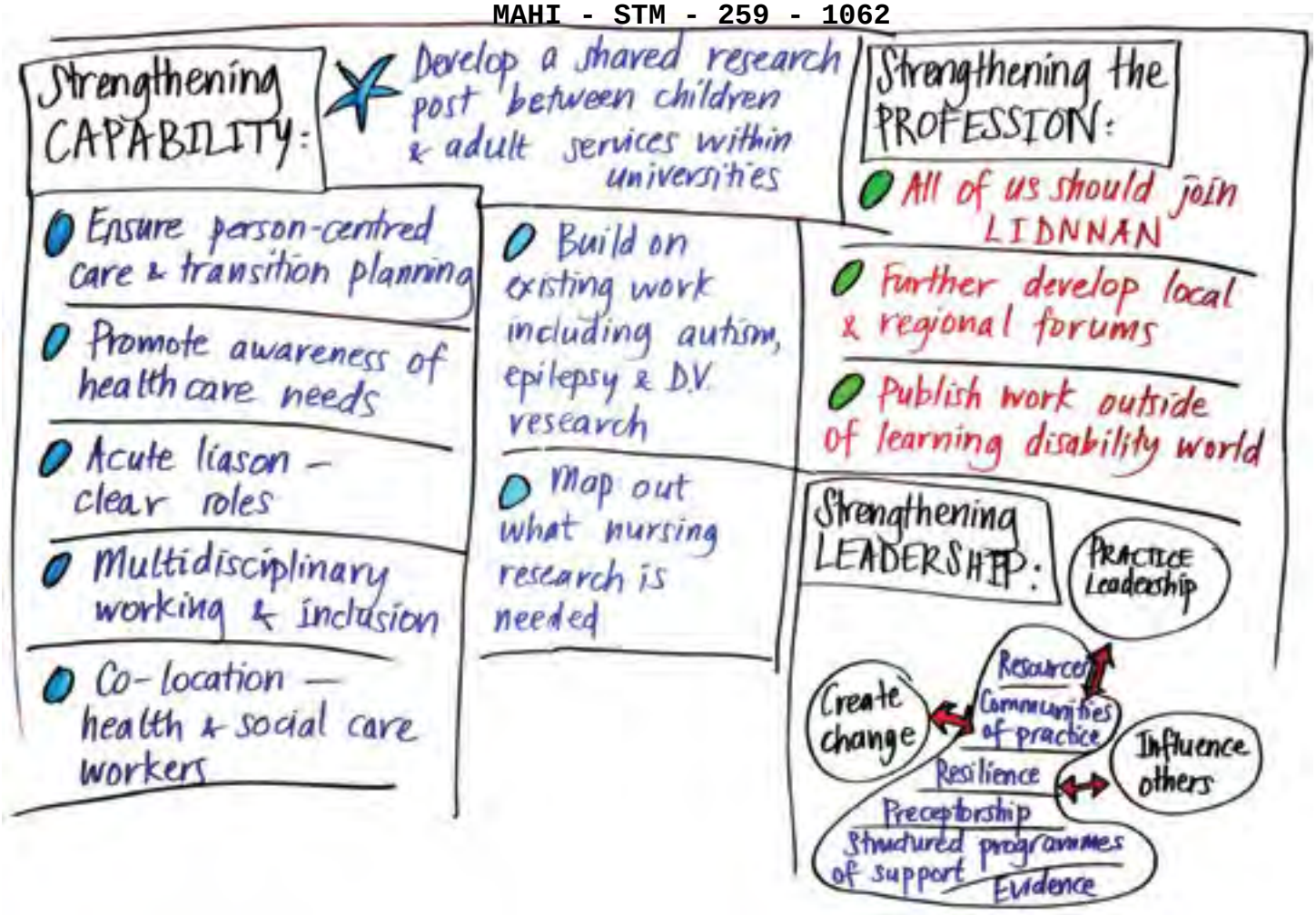

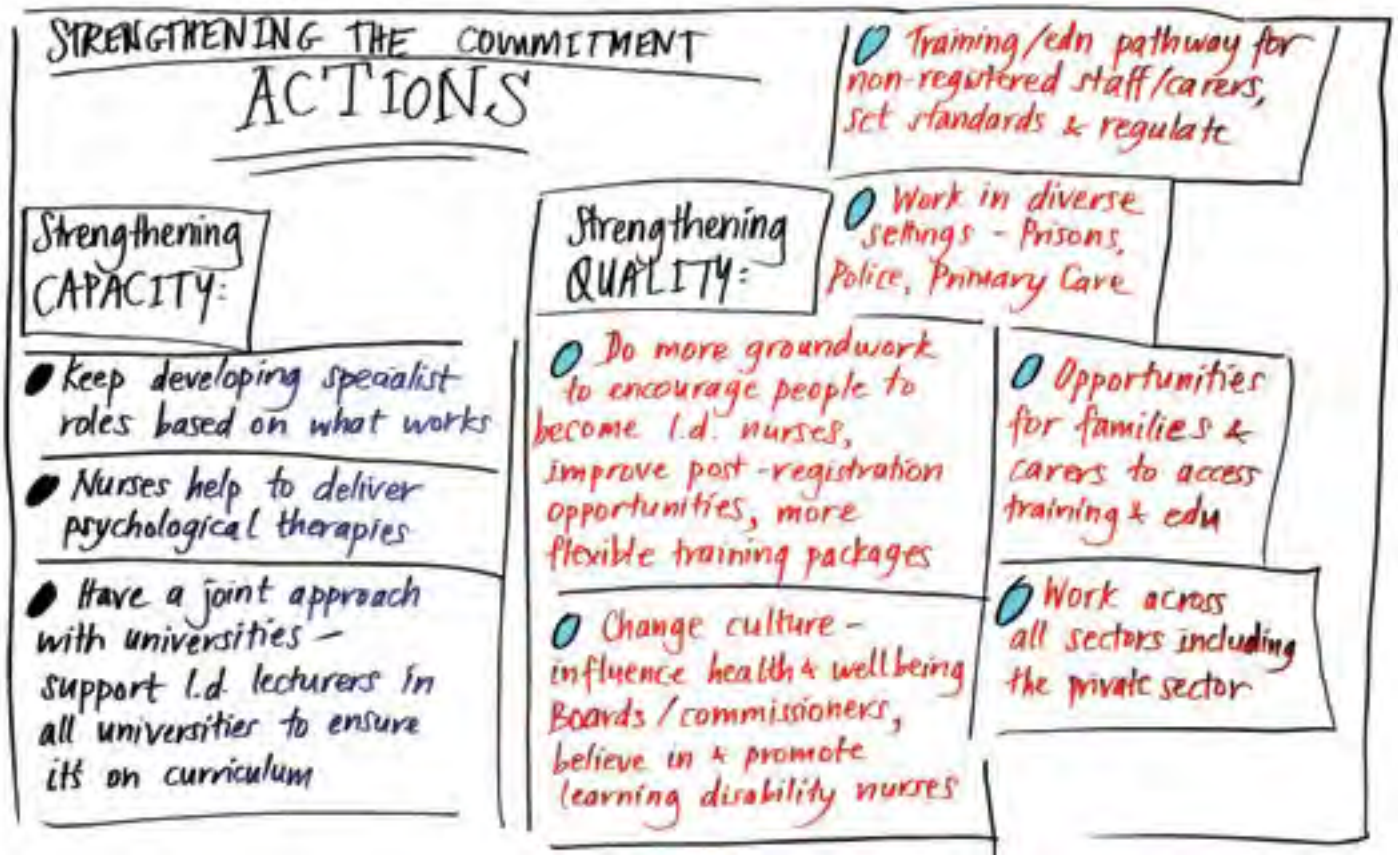

Graphics created at *Strengthening the Commitment* event held at the University of Wolverhampton, 2014. Reproduced with thanks to Staffordshire and South Shropshire Foundation Trust and Pen Mendonca www.penmendonca.com

Focus on capability

The challenge set by *Strengthening the Commitment* was that the skills, knowledge and competencies of learning disability nurses needed to change and extend to reflect the changing needs of people with learning disabilities. Learning disability nurses have an important role to play in supporting timely access to services as well as contributing to preventative and anticipatory care. The following case study relates to strengthening both capacity and capability. It focuses on developing leadership and also enabling experienced learning disability nurses to facilitate learning in practice.

Positive choices: Together we are better

Positive Choices is the only national conference designed to give student nurses the freedom to celebrate the contribution they make to the lives of people with a learning disability. Established before the publication of *Strengthening the Commitment,* the core *Positive Choices* team have worked closely with the UK Strengthening the Commitment Steering Group to support implementation and to facilitate the leadership event for 3rd year students. It relies on the goodwill of five universities, speakers who give their time and talents freely, and organisations including the Department of Health, learningdisabiltynursing.com, RCN Learning Disability Practice, who sponsor the event each year.

'Invigorating'

'Supports and inspires'

The challenge

The right support is key to enabling people to live meaningful and fulfilled lives. The skills, attitudes, knowledge and confidence in supporting people are central to getting the support right. Service commissioners and providers face a major issue in providing effective, efficient and equitable services for people with a learning disability who present with challenging behaviours. There may be serious consequences for people with a learning disability and behaviours perceived as challenging, including risk of placement breakdown, neglect, abuse and social deprivation, and staff play an invaluable role in supporting them.

The journey

NHS Education for Scotland recognised the role of support workers in supporting people with learning disabilities and wanted to roll out their educational resource: *Improving Practice: Supporting people with learning disabilities whose behaviour is perceived as challenging. An educational resource for support workers.*

The leadership role of learning disability nurses was recognised and NES recruited experienced learning disabilities nurses from all over Scotland to act as trainers. Trainers attended a series of five workshops to work through a trainer's toolkit that accompanied the resource. Each of the workshops concentrated on a unit from *Improving Practice*:

- **Day 1** Value based care and getting orientated
- **Day 2** Positive behavioural support and communication
- **Day 3** Active support plans and skills development
- **Day 4** Reactive and restrictive practice
- **Day 5** Future facilitation and evaluation

These workshop enabled trainers to become familiar with the resource, *Improving Practice*, and explore how to make best use of the trainer's toolkit. Trainers then worked through the units with their support workers. The fifth workshop concentrated on future facilitation and evaluation.

The results

Trainers gained tremendously from the group work and the networking. One trainer observed the impact that the Improving Practice resource had for the support workers that she facilitated.

'Whilst working through Improving Practice with my two support workers I became aware of a change in their values, their motivation and their interactions with the tenants they were working with. They learnt the skills necessary for planning person-centred care and gained the confidence to implement it, sometimes without the support of the entire staff team. The tenants are being enabled to participate in more active lives and, for one of them, a simple thing like a cup of coffee and a chat with staff before bed has become an integral part of ending the day in a positive way.'

Yvonne Maclean,
community learning disability nurse

Support workers also identified the major changes to their attitudes and practice as a result of participating in the programme.

'Doing this course has opened my eyes to how much the individual was capable of doing for himself. Skills have been lost over time as staff were doing for him and not with him. The activity plan now in place enhances his life and builds on his skills. He is a much happier person.'

Marie White, support worker

'From the start of the course my values have changed and the way I work has changed. I look at the individual now, putting them at the centre of everything that I do and try to encourage them to take part in their own lives more.'

Lesley Robinson, support worker

Improving Practice: Supporting people with learning disabilities whose behaviour is perceived as challenging. An educational resource for support workers. Published by NHS Education for Scotland in 2004. This resource is freely available to staff throughout Scotland.

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Positive practice (England)

Strengthening capability, quality and care: empowering people with learning

The health and social care organisations in England are delivering a major programme to transform the care of people with learning disabilities. This includes a commitment to redesign care models and services which reduce the need for in-patient beds and support people in a place they call home. As part of this work, new staffing models will be developed and the role of the registered learning disability nurse will be vital to ensure safe, compassionate and competent care in whatever setting.

People with learning disabilities suffer a higher incidence of ill health than the general population. In the following case study a team approach succeeded in reducing the numbers of individuals reaching crisis point.

The challenge

There is a higher prevalence of ill health among people with learning disabilities partly because people with learning disabilities and their carers often do not recognise a deterioration in health until the situation has become serious. The intensive health outreach team in Cheltenham recognised that referrals often reached crisis level because of unmet basic health needs such as malnutrition and dehydration. The team also recognised that practitioners needed to have appropriate resource readily to hand in an accessible form to respond to referrals.

The journey

The team identified the need to link care planning with care pathways incorporating the Health Equalities Framework together with the resources related to the determinants of health inequality. Following a series of workshops, nutrition and hydration were identified as factors in the majority of the referrals. The team also recognised that information was not always stored in an organised way to enable practitioners to access it quickly and effectively.

Claire James, administration manager, created a flow chart for nurses and health care assistants which linked resources for care staff and service users. As the flow chart developed, additional resources were created for use by practitioners.

For example, carers often did not understand how to judge the amount of fluids an individual was having during the day. The team created a fluid chart in the form of an image of a jug which carers could mark to show daily intake as the jug ‘filled up’. In addition a nutritionist worked with the team to identify foods that were nutritious and hydrating.

The flow charts, linked to the electronic pathway, enabled practitioners to locate relevant resources in a timely way when called out to referrals in residential settings, supported living environments and even over the weekend.

The outcomes

- Electronic care pathways support timely access to services i.e. right person, right place, right time as well as contributing to preventative and anticipated care.
- The care pathways improve safety and increase the productivity of the learning disability nurse through preparation and the ability to access the resources needed for reasonable adjustments and partnership care planning in a timely and responsive manner.
- They enable non-registered nurses to have access to reliable, evidence-based resources in the absence of senior staff thus enabling registered nurses to use their skills to the utmost while spreading their knowledge to all sectors.
- The resource includes easy-read and health information to aid proactive and preventative literature that increases health literacy and prevents unnecessary admissions and improves safety for service users and allows the nurses to respond in a timely fashion so aiding the productivity of the team as a whole.
- The journey to implement solutions has helped staff look at the relationship between health inequalities and the care provided and to recognise that basic healthcare and preventing ill health needed to be embedded in the social care environment before a crisis occurs.
- Staff are more productive in relation to releasing time to care, the independent care providers receive valuable resources to increase health literacy and are better able to offer preventative solutions themselves.
- Service users experience greater consistency of care and advice from learning disabilities and care providers. Students are able to follow the pathways which reinforced their knowledge of using validated procedures, and enable them to provide guidance in a structured systematic approach.
- Health literacy among people with learning disabilities and their carers improved alongside their ability to recognise a deterioration in health before a crisis occurs.
- The approach offers staff clarity and validity and allows them to work to minimise health inequality by using their unique skills while also transferring skills and information to other care sectors.
- The culture has moved from reactive and crisis-led to a more preventative strategy that is also responsive and measurable.
- The resources linked to the electronic pathway provide easy-read and template care plans and visual aids that can be saved and personalised for the individual. These bespoke examples of care planning empower the individual and carers thereby assisting and promoting a move from a culture of exclusion to one of inclusion.

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Positive practice (Wales)

Strengthening capability in forensic care in the independent sector

Many learning disability nurses work in the independent sector. This case study is an example of partnership working between statutory services and an independent sector provider (Public Health Wales, 2013) who up until that time had had no previous experience of working with high-risk offenders. It demonstrates the added value brought to the service by a learning disability nurse.

The challenge

A small independent provider specialising in supporting individuals with learning disabilities and serious challenging behavior, including high risk offenders, values the skills of learning disability nurses in working with these individuals to deliver evidence based treatment programmes.

The journey

A detailed risk assessment using a forensic Structured Assessment of Violence Risk in Youth (SAVRY) risk assessment (Webster, Douglas et al, 1997) enables the multidisciplinary team to work with individuals with high risk behavior including sexual offences to reduce the possibility of a recurrence (Lindsay et al, 2004). A review of the relevant literature (Lindsay and Taylor, 2005) demonstrates the potential benefits of this approach for individuals and the protection of public safety.

The learning disability nurse, who is also the forensic lead, leads and develops the organisation to become knowledgeable and skilled in working with this cohort of complex individuals. Interventions involve a treatment-based approach using adapted material from validated and recognised pathways (Craig et al, 2010) and which may include weekly sessions at the person's place of residence in conjunction with the clinical psychologist from the local learning disability team. The Good Lives Model (Ward, 2011) is promoted to ensure a rich, fulfilling and meaningful lifestyle.

The results

Individuals have a safe therapeutic space for their treatment and are able to discuss their thoughts and beliefs and how they are affected by them. They are then able to understand how thoughts can become actions and actions are offences which have consequences. They also learn coping strategies and gain in confidence.

The benefits for staff are also considerable. The forensic lead ensures staff have clinical supervision and attitudes, confidence and competence have improved as staff now understand the context of how the offence cycles for these individuals have developed over time and how their learning disability impacts on the choices they have made. They now have a healthier, positive relationship with high risk individuals which has helped in the growth of self-esteem.

The organisation recognises the added value that having someone with a learning disability nursing background can bring to a service. They understand that working with people with complex presentations is more than just challenging behaviour and that people are people first and the behaviours they exhibit are in a context which needs to be understood.

Through demonstration, direct work and clinical supervision the organisation has been strengthened in its ability to work with offenders with a learning disability. The added value that having a person employed with a learning disability nursing background has helped to strengthen the service capacity issue and has increased the local options available to commissioners through evidence-based practice, in partnership with statutory services and the independent sector.

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Focus on quality

Strengthening the Commitment highlighted that learning disability nurses need to embrace the movement towards quality improvement and demonstrate impact through measurable outcomes and evidence based interventions that improve safety, productivity and effectiveness alongside traditional person-centred approaches. The following case study demonstrates how learning disability nurses were empowered to modernise their practice and to improve the health experience of people with learning disabilities.

'Learning disability nurses help someone to have the best life they could have.'

Annie Norman,
RCN

The challenge

Strengthening the Commitment set out a number of challenges for learning disability services in Scotland. The learning disabilities nursing team in NHS Lanarkshire has played an active part in taking forward the modernisation agenda set out in the report. The majority of the team are involved in one or more sub-group of the Local Implementation Group.

The journey

One working group carried out a scoping exercise to collect base-line information about the role of the learning disability nurse from people with learning disabilities, their carers, learning disability nurses, other healthcare professionals and other agencies. This information was the driver for the project 'Strengthening our Practice'. The overall aim of the project was to empower the learning disability nurses to modernise their practice and improve the healthcare experience of people with learning disabilities. The project supported the implementation of the Moulster and Griffiths learning disability nursing framework into practice.

The project links to three of the principles of *Strengthening the Commitment.*

- **Capability** will be strengthened by maximising the skills, knowledge and competencies of learning disability nurses within a range of settings, including community, in-patients and the independent sector. The framework highlights the values and rights based aspect of learning disability nursing.
- **Quality** is being addressed through the use of the Moulster and Griffiths model which includes an outcomes focused measurement framework to allow nurses to demonstrate the effectiveness of their nursing process. The project addressed future quality issues by involving student nurses and university lecturers.
- The **learning disability nursing profession** will be strengthened with a focus on incorporating research, reflection and evidence base into everyday practice.

The main challenge for this project was the struggle experienced by learning disability nurses with their desire to improve and modernise their practice while experiencing the pressures of increasing clinical

demands. The joint support of senior nurses and managers was pivotal in addressing the challenges. It was important that the nurses understood and appreciated some of the gaps in their practice and were made aware of the policies and guidance that supported the proposed change.

Funding was sourced from NHS Education for Scotland (NES) to provide a development day for the learning disability nurses in NHS Lanarkshire and the independent sector. There was also representation from student nurses, higher education institutions and a user/carer group.

The day was facilitated by Gwen Moulster who provided an overview of the theory behind the Moulster and Griffiths model and provided practical exercises to complement the implementation. The development day was evaluated extremely positively and was the main driver behind the nurses' motivation to use the model.

The framework is being implemented using the small test of change model: Plan, Do, Study, Act (PDSA). A practice development nurse and two community senior charge nurses have formed an implementation support team. They have re-designed the framework paperwork to meet the requirements of NHS Lanarkshire, set up drop-in support sessions for learning disability nurses involved in the project, and arranged one to one visits to their bases for additional support.

The project is due for completion in May 2015, but initial results are very positive. The project is addressing *Strengthening the Commitment* priorities for the future by raising the profile of learning disability nurses within NHS Lanarkshire and other agencies and is also helping to build relationships with the independent sector through collaboration.

The results

Initial feedback from the learning disability nurses involved in the project is positive. There is already evidence of a culture change as the nurses are aiming to be more outcome focused in their approach and are more aware of the need to seek out the evidence behind their interventions. They feel more confident in having a unified approach across the service, however it will take some time for them to get used to what they perceive as an increase in paperwork. Improved electronic systems may help to address this in the future. The benefits of documenting reflection on a case-by-case basis was initially viewed with doubt, however nurses have been able to see the positive impact, both on care planning and also as a basis for clinical supervision. It can also be used as a means to evidence, revalidation requirements set out by the Nursing and Midwifery Council.

Feedback from carer groups has been positive and the project has been taken to service user groups for consultation. A collective advocacy group has agreed to offer ongoing support to the project.

Contacts

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Focus on strengthening the profession

Effective, strong leadership was highlighted by *Strengthening the Commitment* as being essential to ensuring that networks for learning disability nurses across the UK provide a powerful platform from which to celebrate, promote and develop their unique contribution. The following case study highlights the leadership programme developed for learning disability nurses in Northern Ireland.

> *'My client trusts and relies on me … I'll do my best for him.'*
>
> Amy Hodkin, student

Positive practice (Northern Ireland)

Learning disability leadership programme

The challenge

Increasing demand for learning disability services, complexity of need and the recommendations of various regulatory and inquiry reports pointed to the need to build the relevant set of leadership and practice development knowledge and skills within the learning disability nursing workforce in Northern Ireland. This challenge was set within the context of *Strengthening the Commitment*. A bespoke regional leadership programme has been developed to equip the profession to meet these demands and to identify and support a cohort of confident, competent leaders to support the learning disability nursing profession, now and into the future. The need for this programme has been recognised and endorsed at ministerial and Chief Nursing Officer level.

The programme has been developed and delivered by the Royal College of Nursing (Northern Ireland).

The journey

The programme focuses on strengthening the profession and aims to help participants develop their leadership knowledge and skills necessary to ensure the delivery of safe and effective care in all learning disability settings. The content has been designed to deliver the learning outcomes concerned with the responsibilities of being a senior nurse working within learning disability services, with a particular focus on effective leadership behaviours, understanding whole systems working, managing the health versus social care conflict, positive performance management culture and the principles of working in and leading effective teams.

At its heart the programme seeks to build leadership capacity and capability to ensure visible leadership for the profession within Northern Ireland now and into the future.

In the context of *Strengthening the Commitment* this leadership programme has focused on helping participants develop competencies and skills in a number of key areas, including:

- leading for change
- practice development methodology
- problem based learning
- root cause analysis.

At a fundamental level the leadership programme will be an important mechanism to support succession planning and raise the profile of learning disability nurses and nursing in Northern Ireland.

In nurturing and developing new and aspiring leaders who are equipped (individually and collectively), Northern Ireland is aiming to transform the culture of service provision for individuals with a learning disability, to raise and improve nursing standards, to develop and role model strong clinical leadership and professionalism within the profession and ultimately to develop and ensure a better future of high quality nursing care for people with learning disabilities throughout their lifespan.

The results

The first cohort of learning disability nurses completed the programme in March 2015 and there will be follow up evaluation to establish the impact on practice and the development of leadership skills and behaviours. However, it is also the intention and responsibility of the Northern Ireland Regional Collaborative for the Northern Ireland Action Plan to ensure that we support and assist in the development of these individuals in a leadership context.

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Positive practice (Wales)

Raising the profile of learning disability nursing

One of the challenges facing learning disability nursing is the perception of the profession among other nurses, the public and prospective students. Too often we hear reports that learning disability nursing is viewed negatively or that parents of newly diagnosed babies or children with a learning disability do not realise that learning disability nurses are there to support them. The following case study illustrates an approach to introducing young people to learning disability nursing.

The challenge

Merthyr Tydfil is an area in South Wales where people with learning disabilities are mainly cared for by their own families in the family home. One of the day opportunities provided locally is in the college. The Independent Living Skills (ILS) department provides educational opportunities to a client group who have additional health needs alongside their learning disability, therefore recognising that health and social outcomes are interdependent. The lead nurse based in the local health team for adults with learning disabilities recognised that a working partnership was needed between the college and the health team.

The college also provides education to young adults who are embarking on their career paths; some are working towards qualifications to enter nursing. This was felt to be a good opportunity to raise the profile of learning disability nursing and a proposal was offered to the college to deliver a half-day session to a group of students studying on the health and social care module.

One of the challenges was to create a session that would be meaningful, memorable and delivered in a manner to create engagement. The other was to gain positive feedback from all students. While it was not expected that all students would leave the session wanting to become a learning disability nurse, the aim was to raise the profile of the profession and to enlighten potential student nurses.

The journey

The nurses led a session with a group of college students on International Disability Day, promoted by the United Nations. The aims of the session were to promote an understanding of disability issues and mobilise support for the dignity, rights and wellbeing of people with disabilities whilst celebrating the provision of Merthyr College.

The session was made up of:

- a presentation on disability awareness focusing on disability issues and attitudes
- a treasure hunt game to reinforce disability issues and celebrate the college provision. Students were invited to explore the college and locate particular reasonable adjustments that the college provides
- college students from the ILS department being invited to talk about their college course and their experiences in the college. The aim was to bring together the two departments as nursing students may be on a work placement in the ILS department and this would help build bridges
- a presentation on the role of the learning disability nurse describing examples of work, places to work and demonstrating that learning disability nursing is a promising career
- a question and answer session led by learning disability student nurses about their own experiences in university and what the course had to offer. A video created by the university has also been added to the presentation.

The results

Feedback has been positive and appears to have stimulated an interest among students for learning disability nursing and a greater understanding of the role played by learning disability nurses.

'I found this morning very interesting and the opportunity of this session has made my career path clearer. Thanks'

'I found the morning really interesting, it also made me think of different jobs I would possibly like to do.'

'Today's talk was very interesting and helpful, I would like to be a learning disability nurse, thank you very much.'

The session has been repeated to another group of students this year, and it is planned to continue to deliver the session on an annual basis. The aim is to continue raising the profile of learning disability and assist in strengthening the capacity of learning disability nurses.

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Persons involved in the project:

Elizabeth Fair – Lead nurse (project leader)
Rhiannon Smith – Community nurse
Rebecca Thomas – 3rd year student
Jessica Bamwell – 2nd year student

MAHI - STM - 259 - 1080

Our commitment to the future agenda: living the commitment

In the three years since the publication of *Strengthening the Commitment*, the UK has lived through a period of prolonged austerity; seen ever-increasing public expectations and the rise of social media that moves information at the blink of an eye. The NHS continues to be in the throes of public reform which will see health services delivered within integrated health and social partnerships and in some parts of the UK an increasing mix of statutory and private provision.

The UK-wide Steering Group is committed to continuing its work to ensure that learning disability nurses build on *Strengthening the Commitment* while responding to the challenges of the new health and social care context. We need to meet the needs of people with learning disabilities, their families and carers in 5, 10, 15 years from now. We need to find creative ways for learning disability nurses to collaborate with other professionals and agencies in integrated settings whilst at the same time retaining all that is unique and special about what they offer. We need to make sure that learning disability nurses continue to add value and have impact and that their individual contribution remains valued within a multiprofessional and multi-agency context.

The spirit and thrust of *Strengthening the Commitment* remains as relevant today as three years ago. New and emerging challenges require a renewed, refreshed, refocusing of *Strengthening the Commitment* to make sure that we are responsive to the needs of people with learning disabilities and continue to strengthen the learning disability nursing profession. We have identified four key action areas for cohesive and collaborative action across all four countries. From these the UK Steering Group will set out a framework of priority actions and associated milestones for 2015-2018.

1 Strengthening the unique role and contribution of learning disability nurses

- Learning disability nurses add value to people's lives and we will celebrate and vocalise the contribution they make so it is evident to health and social care professionals, commissioners of services and to the public.
- Learning disability nurses play a key role in identifying children with learning disabilities as early as possible and then in supporting them and building resilience among children and young people with learning disabilities. In 2012 the IHAL estimated that there were 236,000 children in England with severe, profound and multiple, moderate learning disabilities or autistic spectrum disorder. This indicates the scale of the challenge to local authorities in providing adequate services for these children. The highly successful Health Equalities Framework is to be adapted and will be rolled out in line with individual country's implementation plans for children and young people's services, so that the health outcomes of learning disability nurses' contributions can be measured.
- Programmes to transform care and services for people with learning disabilities together with new staffing models will reduce the need for in-patient beds and enable learning disability nurses to deliver safe, compassionate and competent care across all settings.
- People with learning disabilities experience unacceptable health inequalities that put them at risk of disease and premature death. Many of the determinants of poor health can be mitigated by appropriate preventative measures such as better screening, targeted

information, advice and support and reasonable adjustments to ensure people get good quality healthcare. Learning disabilities nurses play a major part in reducing inequalities and their role in public health will be expanded and strengthened to ensure they make their vital contribution to reducing health inequalities among people with learning disabilities.

2 Strengthening leadership among learning disability nurses

- Learning disability nurses are in leadership positions throughout government departments, higher education institutes, the criminal justice system, the independent and voluntary sector, and within health and social services. Their influence is evident in decision and policy making across the four countries in leading change and innovation, and demonstrating the care and treatment that people with learning disabilities should receive. Strong leadership at all levels including clinical leadership is critical to making things happen and we will continue to develop leaders to be highly visible and involved in current economic, political and social issues.
- Learning disability nurses will continue to increase awareness amongst commissioners and non-nursing managers of the benefits of learning disability nursing in terms of delivering measurable outcomes. Leaders in learning disability nursing will demonstrate their impact on improving health outcomes for people with learning disabilities.
- Work will continue to ensure learning disability nurses fulfil a key leadership role and bridge the gap between primary and secondary health services for people with learning disabilities. They ensure that reasonable adjustments are made and support healthcare staff as they work with people with learning disabilities.

3 Regulation, revalidation, workforce and the professional development of learning disability nurses

- Learning disability nurses will be supported to respond to the opportunities and challenges of revalidation, including continuing the development of models of support for learning disability nurses working in all settings and in isolated roles. The potential of reflective practice and clinical supervision to be embedded in day-to-day practice will be explored as a key element of revalidation.
- The standards embedded in the pre-registration learning disabilities nursing curriculum equip nurses with the confidence, attitudes, awareness and leadership capabilities to enter practice with a group of individuals who often have complex care needs. We will continue to deliver and develop the curriculum to make sure that students have a wide experience of learning disabilities and have the necessary skills to contribute to the care of people with learning disabilities.
- Nurses emerging from programmes from all fields of nursing should have a sound insight into how to care for people with learning disabilities who will engage with health services across their life span and across all their healthcare needs. The work started in the four countries to integrate learning disabilities within all nursing programmes in higher education institutions (HEIs) will be driven forward and strengthened.

- Education provision should be developed with co-production at its heart where people with learning disabilities, families and carers contribute fully to the development, delivery and evaluation of nursing programme curricula.
- Resources should be targeted so they have the greatest impact and projects that are innovative and which progress the educational agenda will be supported. Flexible delivery options and support within HEIs will be developed.
- Recruitment to learning disability nursing needs to continue to be strengthened and encouraged. To respond to this, learning disability nurse leaders and practitioners will continue to demonstrate their role in improving people's lives, the variety of settings in which they work and their contribution to reducing health inequalities.

4 Quality improvement, impact and assurance

- New models of care have been developed and will continue to be implemented across all four countries. These models aim to improve the support for and care of people with learning disabilities so they can live with the respect and dignity of any other human being.
- The use of the Health Equalities Framework is already being considered by the four countries and in some instances being rolled out at local level. This will enable the outcomes of learning disability nurses' contribution to be measured and their added value demonstrated.
- Research and investigation into learning disability nursing, and by learning disability nurses, will continue to expand so that a robust evidence base can be further developed. This will contribute to innovative ways of demonstrating the positive impact that learning disability nurses have on healthcare outcomes.
- The strong foundations laid by the Learning and Intellectual Disabilities Nursing Academic Network (LIDNAN) will be reinforced, work streams reviewed, and networks and communication enhanced across all learning and intellectual disabilities nurses working in higher education.
- Learning disability nurses will work with people with learning disabilities, carers, employers and commissioners to ensure that regulation is robust and meets the needs of people with learning disabilities.

Learning disability nurses welcomed and embraced *Strengthening the Commitment* and the range of innovative developments that have been taken forward has been impressive. This report celebrates these achievements whilst recognising that there are many other examples across the UK of learning disability nurses doing exemplary work to ensure people with learning disabilities are treated with compassion, dignity and respect and have the right care, at the right time in the right place.

We also recognise that the job is not yet done and this report also sets out our commitment to the future agenda. Every learning disability nurse plays a vital role in continuing to do the best we can to meet the needs of people with learning disabilities, their family and carers and continuing to develop learning disability nursing as a strong and vibrant profession.

These examples of innovative practice have been submitted to the UK Strengthening the Commitment Steering Group. The listing provides a brief description of the work together with email contacts to enable readers to follow up examples of particular interest.

England

Name/contact details	Case study title
Yvonne Courtney and **Lynne Westwood** Yvonne.Courtney@sssft.nhs.uk L.R.Westwood@wlv.ac.uk	**Rollout of Strengthening the Commitment to stakeholders** To plan and host a conference involving service users, their carers and supporters, pre-registration learning disability student nurses from two universities (Keele and Wolverhampton) qualified and unqualified nursing staff from SSSFT and neighbouring Trusts. This involved approximately 150 delegates.To work collaboratively with key stakeholders who don't normally work together.
Sally Powell Sally.Powell@glos.nhs.uk	**Developing a mainstream parenting course for parents of children with LD** Adapting a parenting course based on Webster Stratton and running it. Results showed that parents felt more confident in managing their child's behavior and the child's behavior had improved as have communication skills between parent and child. Involves learning disability nurses, CAMHS services.
Elaine Thomas ElaineM.thomas@sssft.nhs.uk	**Implementing the Moulster Griffiths Nursing Model** Implementing a new model of nursing care using high quality documentation to support high quality care delivery. The model enabled a means of measuring the success of care delivered through the health equality framework.
Karen Breese and **Yvonne Courtney** Karen.Breese@sssft.nhs.uk Gwen.Moulster@sssft.nhs.uk	**Impact of nursing leadership in enabling effective collaborative working** Shows effective leadership from two nurses who lead the Clinical Effectiveness Group. The group has developed an overarching physical health care pathway, revised the epilepsy pathway, held education forums, and increased confidence in service user involvement among other things.
Jim Blair Jim.Blair@gosh.nhs.uk	**Better care – healthier lives** Eight key principles form the foundation of the work at Great Ormond Street Hospital for people with learning disabilities. Among other initiatives, a protocol has been developed for the preparation and recovery for people with learning disabilities and the hospital passport records the individual patient's likes and dislikes.
Glenn Batey and **Declan Munnelly** Glenn.batey@nhs.net	**Internet Risk Awareness Group for people with learning disabilities** The aim of the Internet Risk Awareness Group (i-RAG) is to support people with learning disabilities to use the internet in a safe and inclusive manner. i-RAG is the first specific psychoeducational intervention for people with learning disabilities to raise awareness of the risks of using the internet.

Northern Ireland

Name/contact details	Case study title
Gordon Moore gordonw.moore@setrust.hscni.net	**Implementation of GAIN Guidelines** The GAIN guidelines identify 12 specific areas as the most pressing areas of need for people with a learning disability who use general hospital settings.
Molly Kane Molly.kane@hscni.net	**Health facilitation for people with learning disability in Northern Ireland** The development of health facilitation as a commissioned and accepted model of improving the health of people with a learning disability in Northern Ireland has relevance across the four themes of *Strengthening the Commitment*.
Sarah Boyd Sboyd30@qub.ac.uk	**Learning disabilities pre-registration programme** Student perspective on how the programme strengthens the quality of individual practice and raises the profile of the learning disability profession.
Lisa Hanna-Trainor lm.hanna-trainor@ulster.ac.uk	**Looking at retirement options for adults with intellectual disabilities** A focus on the service user supports that need to be in place to ensure an effective transition form adult services to those geared to meet the needs and preferences of older people with learning disabilities.
Maria Truesdale mn.truesdale@ulster.ac.uk	**Adults with learning disabilities and diabetes** Developing a structured diabetes education programme for people with learning disabilities and their carers and assessing potential gains from such a programme.
Edna O'Neill edna.oneill@setrust.hscni.net	**A joint epilepsy clinic** The clinic enables individuals to receive specialist care locally, in a person centred way with additional time for each clinic appointment. The epilepsy nurse can follow people up in the community in partnership with the learning disability psychiatrist and GP.

Scotland

Name/contact details	Case study title
Gary Docherty gary.docherty@danshell.co.uk	**The Danshell Skype family contact project** Provides a tangible communication link between service users with learning disabilities and their family/carer. The use of technology (Skype) to enable this process of interactions, ensuring we continue to support families to keep in touch with their relative and opportunities to participate in meetings such as CPA and to contribute to assessment and care planning processes. This project enhances relationships between the company and the families and between the families and the service users.
Jonathan Gray / Allison Ramsay Allison.ramsay@nhs.net	**Scottish Senior Learning Disability Nurses Group** The SLDSNG has provided consistency and momentum in the implementation of *Strengthening the Commitment* recommendations across Scotland. The group has focused on improving the profession to ensure that learning disability nurses have the right skills and knowledge to deliver a high standard of care and support to patients and their families.
Heather Duff heather.duff@nhslothian.scot.nhs.uk	**Managed Care Network HEF Project** The implementation of the HEF across the four health board areas of the Learning Disability Managed Care Network (LDMCN), South East Scotland. The focus initially will be for community learning disability nursing staff and multidisciplinary staff from Borders health and social care. The second phase of the project may include specialist nurses, inpatient service staff and other community learning disability multidisciplinary health and social care staff who work with people who have a learning disability.
June Knight june.knight2@nhs.net	**Develop the role of nurse practitioner for people with learning disabilities with a comorbid mental health diagnosis or a suspected underlying mental health condition** To provide evidenced based, participative and recovery focused treatment programmes. To include: non-medical prescribing provision. Development and provision of appropriate psychosocial interventions. To support development and implementation of service mental health care pathway. To participate in research and contribute to development of mental health provision for people with a learning disability.

Scotland *cont.*

Name/contact details	Case study title
Christina Bickers Christina.Bickers@nhslothian.scot.nhs.uk	**Programme for support workers supporting people with learning disabilities** A training needs analysis was sent out to all healthcare support workers supporting people with NHS Lothian learning disability services. The data informed the type of training to be delivered. This included topics such as communication, higher health needs of people with a learning disability, values/attitudes, etc. The training was delivered over two days and was facilitated by practitioners from across NHS Lothian consisting of AHPs and nursing staff. The training was interactive and support workers were encouraged to participate and share their experiences/knowledge.
Marion Gilchrist, Nicholas Jenkins, Steve Wright, Jan Thomson, and Gareth Davison Marion.gilchrist@aapct.scot.nhs.uk	**Getting involved, being involved: shaping a community focused response to *Strengthening the Commitment*** Learning disability nursing leaders within NHS Ayrshire and Arran recognised a need to create opportunities for local communities to become involved in interpreting the vision and recommendations from *Strengthening the Commitment,* in terms of what was relevant for them. Doing so will help to align the work of the local implementation group with the priorities of those accessing services.

Wales

Name/contact details	Case study title
Victoria Jones Victoria.jones@southwales.ac.uk	**Improving quality through collaboration with experts: infiltrating the system!** The Teaching and Research Advisory Committee (TRAC) meets monthly at the University of South Wales. Its members are from the third sector across South Wales. It is facilitated by a learning disability nurse lecturer. It is an advisory group to the Research Unit for Development in Intellectual Disabilities (UDID). We aim to advise UDID on all aspects of teaching and research from our perspective as experts by experience.
Elizabeth Prichard Elizabeth.pritchard@wales.nhs.uk	**The use of an accessible health goals plan** A case study of working with an individual to assess their capacity and understand their needs resulting in a shared plan of support. The learning disability nurse used pictorial support to develop a person centred approach which concentrates on the individual's needs.

Wales *cont.*

Name/contact details	Case study title
Nichaela Jones and Sue Jones Nichaela.jones@wales.nhs.uk and Susan.jones18@wales.nhs.uk	**The development of nurse led clinics for short term interventions on specific healthcare needs** The description of the implementation of nurse clinics, led by learning disability nurses focusing on specific issues and problems. The example used to illustrate that service is a sexual health intervention but the clinic deals with a range of issues and provides advice and support on these. These include sleep problems, healthy living, continence and routine health assessments.
Georgina Hobson Georgina.hobson@wales.nhs.uk	**Development of dialectical behavioral therapy (DBT) as an approach for people who have emotional regulation difficulties in addition to learning disabilities** Nurses are taught to use and apply DBT in group and individual sessions to support people who have additional emotional difficulties.
Tracey Lloyd tracey.lloyd@wales.nhs.uk	**Check for change. Development of educational workshops for people with learning disabilities to increase their awareness regarding cancer** A Macmillan initiative across Wales encompassing all things related to cancer and learning disabilities. Aims include improving awareness, encouraging screening and early health intervention/diagnosis, supporting all involved, developing existing knowledge.
Rachel Morgan rachel.morgan4@wales.nhs.uk	**Implementing reasonable adjustments to enhance care for people with learning disabilities within acute healthcare settings** As part of the newly developed hospital liaison role within Aneurin Bevan Health Board work has been undertaken within acute hospital settings to enhance access for people with learning disabilities. This has included implementing reasonable adjustments in relation to timings of procedures, environmental adaptations, staff education and support in relation to capacity and consent.

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Membership of the UK Strengthening the Commitment Steering Group

Name	Representing	Dates
Ros Moore [Chair]	CNOs	September 2012-November 2014
Hugh Masters [Interim Chair, November 2014 – current]	Scottish Government	September 2012-current
Dave Atkinson	Independent Nurse	September 2012-current
Sue Beacock	Learning Disability Nurse Academics Network	September 2013-March 2015
Sue Beacock	Welsh Government	March 2015-currrent
Phil Boulter	UK Nurse Consultants Network	September 2012-current
June Brown	Scottish Government	December 2012-April 2013
Frances Cannon	NIPEC representing DHSSPS	September 2012-current
Brenda Devine	DHSSNI	September 2012-December 2012
Jenifer French	Welsh Government	September 2012- February 2015
John Goree	Independent Sector	September 2012-March 2015
Bob Hallawell	Learning and Intellectual Disabilities Nursing Academic Network	September 2012- September 2013
Crispin Hebron	UK Nurse Consultants Network	September 2012-current
Amy Hodkin	Student representative	December 2012-current
Susan Kent	Republic of Ireland	December 2014-current
Joshua Kernohan	Student representative	December 2012-current
Elaine Kwiatek	NHS Education for Scotland	May 2014-current
Helen Laverty	Positive Choices	May 2014-current
Jo Lay	Learning and Intellectual Disabilities Nursing Academic Network	December 2014-current
Joanne McDonnell	NHS England	March 2015-current
Debra Moore	Independent Sector	September 2012-current
Gwen Moulster	UK Nurse Consultants Network	September 2012-current
Annie Norman	RCN	September 2012-current
Ruth Northway	Wales National Implementation Group	September 2012-current
Hazel Powell	NHS Education for Scotland	September 2012-current
Margaret Serrels	Scottish Government	September 2013-June 2014
Ben Thomas	Department of Health	September 2012-current
Robert Tunmore	Department of Health	September 2012-April 2013

We are grateful to the following for permission to include photographs in this report.

- Julie M Davies, 2nd year student nurse, University of South Wales
- Hayley Goleniowska, Advocate at Downs Side Up www.downssideup.com
- Natty Goleniowska

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Outcomes Measurement in Learning Disabilities Nursing:

Learning Event 23rd October 2015

Summary Report

The Northern Ireland Action Plan[1] sets out the action required around outcome measurement in Learning Disabilities Nursing as follows:
The Collaborative will:

- Develop and agree a process of measuring and demonstrating the outcomes of nursing practice.
- Link with the Regional Key Performance Indicators (KPIs) project to consider the introduction of relevant KPIs within settings where registered nurses - learning disabilities work.
- Ensure that key themes and issues identified via patient experience measures (locally and regionally) inform, improve and develop the practice of registered nurses - learning disabilities.

In order to further progress this requirement, the Collaborative agreed to organise a Learning Event to provide an opportunity to examine/explore a number of ways of measuring Learning Disabilities nursing outcomes and reach a consensus about the way forward for this specific requirement of the action plan.
This short report seeks to provide the reader with an overview of the event and a summary of the key messages as a result of group work on the day.

The Learning Event

The Learning Event which was funded and hosted by the Clinical Education Centre took place on the 23rd September 2015. It was agreed this was not a one off event but rather an opportunity to hear about a range of outcomes tools and use information and discussion from the event to inform the Collaborative how best to progress the above action.

The Event provided an opportunity for the audience to hear about a range of outcomes tools to:-

- increase their awareness of the various evidenced based outcome tools available to measure the contribution of LD nursing
- contribute to the discussion/debate which will inform the work of the NI Collaborative in progressing this key action from the NI Action plan.

[1] http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx

Nominations were agreed locally by the Collaborative representative and a number of other key stakeholders were specifically invited by the Chair of the Collaborative. The full to capacity audience comprised 71 participants from a range of key organisations. Ms Molly Kane, Nurse Consultant PHA chaired the day which was opened by Dr Glynis Henry. A programme for the day can be viewed at Appendix 1.

The morning session was specifically designed to include a number of speakers' covering a range of perspectives and outcomes tools used by nursing as follows:

- Care Planning and Patients Outcomes RQIA inspection findings RQIA perspective: W. McGregor, Mental Health & Learning Disabilities Inspector RQIA
- Nursing Objectives with Impact Professor O. Barr, Head of School Ulster University
- Using the Health Equalities Framework (HEF) in a uni-professional context. D. Atkinson, LD Nurse Consultant
- Learning from the Pilot of the HEF in the BHSCT - Opportunities and Challenges Sister R. Brennan, BHSCT
- Key Performance Indicators (KPIs). Professor C. McArdle, Chief Nursing Officer
- Specialist Intervention Specific outcomes tools. Dr. L. Taggart, Reader, Ulster University
- Outcomes: are we hitting the target and missing the point? S. Rogan, Advanced Practitioner & Team Manager& Dr. H. Hanna Consultant Child & Adolescent Psychiatrist in Intellectual Disability
- Outcomes STAR, H.McCarroll, ASD Co-ordinator NHSCT

Group work

The afternoon session provided an opportunity for the audience to participate in group work to reflect on what they had heard during the morning session, offer their perspective and to tease out practical aspects of outcomes measurement within learning disabilities nursing. At registration participants were randomly assigned to a group. There were four work stations as follows:

(1) Nursing Care Planning

(2) Key Performance Indicators (KPIs).

(3) Health Equalities Framework (HEF)

(4) Moving Forward

Each group had the opportunity to contribute to each workstation using table mats which posed a number of questions about the particular area/topic (Appendix 2). The participants fully engaged in all aspects of the day and the group work has yielded a rich source of information to help inform the Collaborative in how to progress this particular action. Full transcripts of the notes of the feedback recorded via table mats can be provided on request. Information gathered has been collated and the key messages stemming from the analysis of the feedback is as follows:

Summary Findings

(1) Nursing Care Planning

It was reported that the use of nursing care plans varies across settings. It was recognised that user involvement in the nursing care planning process is not as would be expected and care plans were not viewed as person centred as they should be. It was reported that opportunities for person centred focused objectives lies with the RNLD completing them and there is a need to re-invigorate RNLDs to develop and apply person centred nursing care plans in practice.

Challenges identified by the participants to improving the quality of care planning were as follows: time, change management, culture, risk management i.e. what patient objectives are versus the professionals view.

It was recognised that use of nursing care plans with the community is particularly difficult. Over the last few years with the emergence of integrated care teams and NISAT Trusts have actively implemented MDT care plans. It was reported MDT care plans do not easily facilitate the extraction of nursing assessment, planning, intervention and evaluation. Participants also identified a need to challenge senior managers, to support the use of Nursing Care Plans

Participants suggested that care plans should be more “user friendly” and person centred although recognised that in some case this is difficult as care plans are electronic which may not facilitate an easy to read approach.
There was also a desire to ensure that realistic goals are identified as “discharge” is not necessarily a realistic goal.

Good practice example: SEHSCT have translated care plans into Easy Read and are therefore more accessible for service user

There was a general consensus that the Learning Event has been helpful in refocusing RNLDs in the importance of care plans in demonstrating outcomes and articulating the contribution of RNLDs.
It was reported that after today some participates suggested they would highlight and make reference to care planning at team meetings. One table mat had the following documented “Need change in culture and belief in what we do as RNLDs”

(2) Key Performance Indicators

Potential indicators of good nursing practice included the following

- Health checks – reduction of health inequalities (x 4)
- Epilepsy management and epilepsy care plans
- Medication monitoring/compliance
- Assessment of mental health needs
- Assessment of nutritional needs
- Assessment of health assent (ie) BMI B/P
- Evidence of Behaviour support plans

Participants reported that current KPI's used in acute setting may be more relevant to Learning Disability in-patient settings or community based services. There was a view that KPIs should focus on the unique role of the RNLD and emphasise the Bio psycho social underpinnings of nursing and the role of the RNLD within that.
There was a general consensus that KPI's for Learning Disabilities Children's services would different from Learning Disabilities Adult service or at least may have a difference emphasis. There was general agreement that there is no process in place to measure or report KPI's.
As the discussion focused on Nursing KPIs there was limited discussion on MDTs KPIs as a result there was no consensus on what these might be.

(3) HEF

There was a recognition that HSC Trusts/Organisations are using different outcome tools within a range of services as demonstrated at the Learning Event. General feedback that the HEF was very useful and particular reference was made to the fact it had no upper age limit which was viewed as helpful. It was also felt its use will help to protect the RNLD as a profession. Participants particularly liked the "health and wellbeing focus of the HEF.
In terms of using it locally it was reiterated that there is a need for regional approach led by the DHSSPS to its introduction and implementation to ensure it becomes embedded. There is also recognition that application of the HEF at a regional level will require strong nursing leadership locally particularly as RNLDs work in MD teams. Colleagues made specific reference to the need for training and education for the RNLD workforce to support its implementation. There was some concern voiced as to how it can be used and introduced as RNLDs work in MD Teams.
The HEF and Outcomes STAR particularly resonated with participants. The Outcomes STAR was viewed as being particularly person centred and STAR can be used for different aspects of care. Those working in Children's Learning Disabilities services are awaiting HEF for children's with anticipation.

General consensus that one size does not fit all settings and therefore there needs to be a range of outcomes tools available to use. Outcome tools need to be person centred and based on the needs of people with Learning Disabilities. General view that the outcomes tools currently used are dictated from "above" and this does not always ensure the best outcomes for the patient.

In terms of obstacles to the implementation of outcomes measurement tools the following were identified under the headings of strategic, organisational and individual

- <u>Strategic</u>
  Lack of strategic vision
  Need for training and support to implement
  Training should be included on the ECG plan- at regional level

- <u>Organisational</u>
  Organisations are too target driven and a sense they are gathering data that is never used
  Organisations have purchased certain tools and therefore insist they must be used

Difficulty incorporating new tools /outcomes measures into existing documentation

- Individual
  RNLD's already using a variety of tools
  RNLD's still not well enough informed and require more information
  Working in MD Teams can be a challenge for RDLD's to use outcomes measurement tools specific to their role

Opportunities

- There are clear benefits in the use and application of outcomes tools as when integrated into care of each individual patient/client such tools facilitate the measurement of change. "*Outcomes tools should help shape person centred care planning"*. The HEF has specific "health focus" so therefore viewed as positive for patients in reducing health inequalities.

Next steps
Repeatedly there was an identified need for a regional approach to the implementation of Outcomes Tools in Learning Disabilities nursing services. A number of participants suggested that education and training regarding nursing outcomes tools should be covered in pre-post registration education.

Conclusion

- There are clear benefits in the use and application of outcomes tools as when integrated into care of each individual patient/client such tools facilitate the measurement of change.
- Potentially the use of Outcomes tools offers opportunity to help shape person centred care planning and evidence the contribution of the RNLD.
- General consensus that one size does not fit all and therefore there should be a range of outcomes tools available to use ranging from person centred care plans to regional KPIs. *(Development of a Framework)*
- Outcome tools should be selected on their relevance to the needs of patients/clients with Learning Disabilities.
- There was an agreement for a regional approach to the implementation of Outcomes tools in Learning Disabilities nursing services.
- There is a recognition that working in MD Teams and the challenges of extracting the nursing contribution to care from that environment can be an barrier for RNLDs .
- Strong professional leadership and support at organisational and policy level is required to ensure that RNLDs are enabled to apply outcome tools and KPIs which are facilitate the extraction of nursing input
- Implementation of outcomes tool should be supported by relevant education and training

General Feedback

Feedback and evaluation for the Learning event was extremely positive. 92% of participants indicated that the event met their learning objectives, 90% indicated that the content of the event was applicable to their practice and 94 % indicated that the

learning Event was either Excellent, Very good or Good. Participants indicated that if the Collaborative was to arrange other Learning Events, they would be keen to attend.

Appendix 1

Programme

Outcomes Measurement in Learning Disabilities Nursing: Learning Event
23rd October 2015
Venue: Lecture Theatre, Clinical Education Centre, Craigavon Area Hospital. BT63 5QQ.

Time	Topic	Speaker	Title
9.15-9.30	Welcome and introductions	Dr Glynis Henry	Head of Clinical Education Centre
9.30 – 9.50	Care Planning and Patients Outcomes RQIA inspection findings	Wendy McGregor	Mental Health & Learning Disabilities Inspector, RQIA
9.50 – 10.10	Nursing Objectives with Impact	Professor Owen Barr	Head of School, Ulster University
10.10 – 10.30	Key Performance Indicators	Professor Charlotte McArdle	Chief Nursing Officer
10.30 -10.50	Tea/ Coffee		
10.50 – 11.10	Specialist outcome measurement tools	Dr. Laurence Taggart	Reader, Ulster University
11.10– 11.30	Outcomes: are we hitting the target and missing the point?'	Siobhan Rogan & Dr Heather Hanna	Advanced Practitioner and Team Manager. Consultant Child & Adolescent Psychiatrist in Intellectual Disability
11.30 – 11.50	Outcome Star	Heather McCarroll	ASD Co-ordinator NHSCT
11.50 – 12.20	Using the Health Equalities Framework (HEF) in a uni-professional context Learning from the Pilot of the HEF- Opportunities and Challenges	Dave Atkinson & Rhona Brennan	Independent Nurse Consultant Ward Sister Muckamore Abbey Hospital
12.20-1.00	Panel discussion		

	Question & Answer Session	
1.00 – 1.45	**Lunch**	
1.45- 3.10	Café Style - Facilitated Discussion	
3.10 – 3.45.	Feedback	
3.45 – 4.00	Summary and close	Dr Glynis Henry Head of Clinical Education Centre

Opportunity to attend Launch of new Forum for Registered Learning Disabilities Nurses

A new Forum for Registered Learning Disabilities Nurses is being launched to provide a platform to exchange best practice, explore professional issues and to provide networking opportunities and support.

The Regional Professional Development forum for Learning Disabilities Nurses is being set up by NIPEC and the Royal College of Nursing at the request of the Northern Ireland Collaborative.

The Forum will facilitate professional communication and serve as a resource on matters relating to Learning Disabilities Nursing.

If you are a Registered Learning Disabilities Nurse who would like to help shape developments in nursing practice and enhance person-centred care please join us for the launch of the Forum on

Date 2th March 2017

Time 10:00am – 12:00pm

Venue: Yarn Suite, Mossley Mill,

Newtownabbey, County Antrim, BT36 5QA

All Registered Learning Disabilities Nurses across all settings are welcome to attend the launch and join the Forum. If you would like to attend, please negotiate time off with your manager and contact lorraine.andrews@nipec.hscni.net before the 23rd February for catering purposes.

Terms of Reference

NI Collaborative & Royal College of Nursing

Professional Development Forum Learning Disabilities Nursing

The NI Collaborative requested NIPEC and the Royal College of Nursing, to establish a Regional Professional Development Network/Forum for learning disabilities nurses, this paper sets out the Terms of Reference for the Forum.

Background

In July 2012 the UK Modernising Learning Disability Nursing Review, "Strengthening the Commitment"[1] (STC) was released. Since then a Northern Ireland Action Plan (the Action Plan) has been developed to take forward its recommendations. Following a period of consultation the Action Plan was officially launched by the Chief Nursing Officer (June 2014).

It sets out a clear direction of travel and priorities for registered nurses - Learning Disabilities in Northern Ireland for the next three to five years and is the first such professional action plan to be published by the DHSSPS (now Department of Health) in Northern Ireland for this field of practice. The plan is relevant to nurses working within the statutory, independent, or voluntary sectors and education providers and intends to provide a clear strategic direction and add impetus to further the development of an effective, competent high quality nursing and health care support workforce.

The Northern Ireland Collaborative

[1] **The Scottish Executive** (2012). *The Report of the UK Modernising Learning Disabilities Nursing Review*: *Strengthening the Commitment.* Edinburgh; Scottish Government.

In June 2014 the Northern Ireland Collaborative was established to lead drive, support and monitor the delivery of the Action Plan. The Collaborative comprises representation from; the Independent/Voluntary sector; the five Health and Social Care Trusts, nursing students at pre and post registration level, Education Providers, NIPEC, the PHA, RQIA, RCN and ARC. A full membership list and Terms of Reference for the Collaborative can be viewed on NIPEC website.

The NI Action plans sets out at number of actions aligned to the four headings within the Report of the Modernising Learning Disabilities Nursing Review; Strengthening Capacity, Strengthening Capability and Strengthening Quality and Strengthening the Profession, to be taken forward by the NI Collaborative.

Particular to the establishment of this Forum an action under the heading Strengthening the Profession within the NI Action plan reads:

Strengthening the Profession

- In collaboration with NIPEC and the Royal College of Nursing, establish a Regional Professional Development Network/Forum for learning disabilities nurses to include HSC Trusts, the education sector and the independent/voluntary sector.

To that end the NI Collaborative have requested NIPEC and the Royal College of Nursing, to establish a Regional Professional Development Forum for Learning Disabilities Nurses **open to all** Registered Learning Disabilities Nurses.

Purpose: Terms of Reference

I. To provide a mechanisms to share best practice, promote continuous professional development and provide a platform to explore professional issues relating to Learning Disabilities Nursing
II. To champion professional recognition of RNLDs and to provide networking opportunities which support and promote professional connectedness
III. To act as an expert reference group to support the work of the NI Collaborative
IV. To contribute to the NI Collaborative Annual Report to the CNO

V. To facilitate professional communication and serve as a resource on matters relating to Learning Disabilities Nursing including responses to professional implications of particular strategic policy/ies
VI. To support the development of links with other organisations as appropriate
VII. Support implementation of priorities identified through the STC UK Steering Group and NI Collaborative.

Forum Membership

The Professional Development Forum Learning Disabilities Nursing is open to **all** Learning Disabilities Nurses across all settings to include HSC Trusts, the education sector and the independent/voluntary sector.

An RCN representative will support the Chair of the Forum. Facilitation and administrative support for the Forum will be offered by NIPEC.

Roles will be agreed at the first meeting.

Role of the Chairperson

- agree agenda for each meeting
- invite guest speakers as appropriate
- guide the meeting in a facilitative manner where discussions need an outcome and ensures an action is agreed
- review draft notes before circulation

Role of NIPEC Support

- prepare agenda and Chair's notes where relevant
- take brief notes and agreed action points of discussions
- ensure a notes of forum meetings is avilable in the NIPEC Strengtherning the Commitment NI Action Plan website page.
- ensure room bookings for meetings are made

Meetings

- It is acknowledged that invitations may be offered to individuals outside of the membership of the Forum to attend for specific purposes.

- A standard agenda will be drawn up in advance of the first meeting representing a broad meeting outline.
- Membership of the Forum will be discussed at the first meeting of the group to ensure wide representation has been achieved.
- Future frequency of meetings will be agreed at the first meeting.

Conduct and Confidentiality

All members of the Professional Development Forum for Learning Disabilities Nursing are bound by the rules of confidentiality and ensure information is shared appropriately.

Finance and Resources

There are no specific resources available to support this initiative however the contribution of members and their employers are recognised as the main resource through which the Forum will be established and maintained. NIPEC will endeavour to provide modest funding to facilitate meetings which will be rotated around venues.

Accountability

The Forum will provide verbal or written report of activity to the NI Collaborative which will be disseminated via the Collaborative Communique. Arrangements for reporting into the NI Collaborative will be agreed where Forum members act as expert reference group or take forward specifc workstreams as agreed by the NI Collaborative.

Information of Forum meetings will be avilable in the NIPEC Strengtherning the Commitment NI Action Plan website.

Forum members are responsilbe for dissemminating information within their respective organisations

Review

These *Terms of Reference* will be reviewed at the first meeting of each year.

Strengthening the Commitment: Learning Disabilities Nursing Northern Ireland Collaborative

Outcomes Based Resource Pack

Registered Nurses Learning Disabilities (RNLD)

The NI Collaborative would like to acknowledge representatives from the following organisations who were critical in collating the information and resources contained in this document including:

- *Health and Social Care Trusts (HSCT)*
- *Northern Ireland Academic Education Institutions (AEIs)*
- *Independent Sector*
- *Royal College of Nursing (RCN)*
- *The Regulation and Quality Improvement Authority (RQIA)*
- *Clinical Education Centre (CEC)*
- *Public Health Agency (PHA)*
- *Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)*

Introduction

The purpose of this document is to bring together a range of evidence based outcome based resources tools which could be utilised by RNLDs to help demonstrate the impact of their contribution in providing safe effective person centred care for people with learning disabilities. Diagnostic tools have not been included within this document.

The outcome based resources included have been obtained from a range of sources including, RNLDs from five HSC Trusts working with people with learning disabilities across the life span and tools referenced in NICE Guidance. This document provides the name, a brief overview of the tools, and where to find out further information via web links (all web pages were accessed on the 6th January 2019) or where the tools are being used in practice. The names of the HSCT who reported using each resource is noted, it was not practicable to provide the names of individual staff members from each HSCT, so it was agreed that the HSCTs will be noted. You will be able to obtain more information from your colleagues in the HSCT Learning Disability services, about how they use the resource. Where the name of a service is not provided, information has been provided on the outcome based resource as these could be potentially useful resources to RNLDs.

For ease of access the tools and resources are presented in two sections, Section 1 relates to outcomes measurement tools used in Children's services and Section 2 relates to outcomes measurement tools used in Adult services – some tools are used in both Children and Adult and are referenced in both sections. In addition, some of the tools listed in the each section may be of use for either children or adults depending on their abilities and needs, so RNLDs are advised to read both sections of the document.

Professor Owen Barr

Professor of Nursing and Intellectual Disabilities

Ulster University, Co-chair NI Collaborative

Ms Eileen McEneaney

Executive Director of Nursing, NHSCT, Co-Chair NI Collaborative

Signature 

Signature 

Background

As Registered Nurses for people with learning disabilities it is expected that nursing care is based on a person-centred assessment which captures the individual's strengths and abilities, whilst identifying and recognising the particular needs which can be addressed through specific nursing interventions. In collaboration with the person with learning disabilities, their needs should be prioritised and a plan of care agreed - based on the best available evidence. It is acknowledged that RNLDs work as part of interdisciplinary teams to provide the best care and to support the abilities and meet the needs of people, in such situations nursing care plans forms part of the overall interdisciplinary approach to care, but are still clearly identifiable as a nursing document providing the prescription of nursing interventions.

Furthermore, Registered Nurses need to evaluate the outcomes of the care they provide and to be able to demonstrate the positive effect it is having on the person's health. Registered Nurses must also quickly recognise any detrimental impact of the care provided and adapt their nursing care plan and interventions to improve a person's health and well-being and prevent any harm. Therefore, Registered Nurses need to have in place approaches and tools to monitor the effectiveness of the care they deliver and establish the outcome of care provided is having on the person receiving nursing care.

This Outcomes Based Resources document provides information on a number of resources and tools available to Registered Nurses to help demonstrate the impact of the care they provide, either as an individual or alongside colleagues within an interdisciplinary team. The Regional Collaborative (for the NI Action Plan: Strengthening the Commitment for Learning Disability Nursing) has gathered the information on these tools together from among the members of the Collaborative and is sharing this information to assist RNLDs to potentially demonstrate the impact of their role in working with people who have learning disabilities. Most RNLDs work in interdisciplinary teams and collaboration with their colleagues is a core requirement of the professional practice of nurses. It is still important to be able to identify and clearly articulate information about the contribution RNLD to the successful achievement of person centred outcomes through the steps of assessing, planning, implementing and evaluating nursing interventions. It also crucial RNLDs contribute to any wider quality audits within their services including e.g. Key Performance Indicators.

Clear information to support the successful achievement of agreed objectives can be used to highlight the contribution of RNLDs to the lives of people with learning disabilities. Equally, lessons learnt from situations were limited progress occurred can also provide important learning. Nurses should take opportunities to share these insights with colleagues (maintaining anonymity of the person using nursing services). In particular, sharing information relating to how it was possible to clearly demonstrate evidence of progress, or the need for review of objectives and the steps to achieve these, is vitally important to the delivery of safe effective care.

The importance of a baseline assessment and clear objectives

The necessary first step required in order to evaluate and evidence how a person's health and well-being has improved it is important to have an accurate baseline from which to demonstrate any progress and outcomes achieved. Therefore, the first step in demonstrating the impact of nursing intervention is to undertake a person centred nursing assessment of the abilities and needs of the person with learning disabilities and record this baseline information. The information gathered should be relevant to the decision to provide a particular nursing intervention and is often influenced by the setting in which the person is being cared for. It is accepted that at times direct nursing intervention needs to commence promptly, for example in safeguarding related situations, in such situations, it is still important that baseline information is gathered, although it may be limited and delayed slightly until any initial emergency situation is addressed.

Once a baseline has been established, the RNLD, in collaboration with the person with learning disabilities, family and other carers, (where appropriate and with the agreement of the person with learning disabilities) should set clear person centred objectives in relation to what the planned nursing intervention intends to achieve, for example an increase in physical activity, the development of a new skill, a reduction in pain, or an increase in opportunities to use local community facilities. These objectives should be written in the nursing care plan and start with the person's name, a clear statement of the outcome they will achieve (or change in physical or mental health), the support they will be provided with to do so, and the criteria for success, including a very specific timeframe. Objectives are steps towards a longer term goal, and should be monitored at least on a monthly basis, or more frequently.

The following are exemplars:-

'*Paul will take all his prescribed medication from a pre-packed dispenser, independently and without errors for seven consecutive days'*

'Mary will be able to attend her daytime activities four days a week with the support of one carer for four weeks'.

When supporting a person with behaviours that present a challenge to carers and/or professionals, the aim of the nursing intervention should be identified as an increase in the activities the person will be able to do or achieve, rather than solely a reduction in a behaviour that family and other carers find challenging. Without accurately establishing an agreed baseline it will not be possible to demonstrate any conclusive change in a person's health and well-being. This will result in nursing documentation being little more than a record of the activities undertaken, but with no way of establishing any indication of effectiveness of the nursing interventions or outcomes achieved.

On-going 'data' collection and decision making

Once nursing objectives have been agreed with the person using services (and family and other carers where relevant), nurses should collect information which can be used as 'data' to demonstrate progress towards the achievement of the objective or to identify if no progress is being made. The type, amount and frequency of the information collected will be influenced by the nature of the objectives in the nursing care plan. This information should keep a focus on evidence of progress (or lack of progress) towards the agreed objective (outcome based information), rather than the information gathered being largely focused on the nursing activities undertaken (process based information). The information gathered may be a combination of quantitative and qualitative evidence, including quantitative information about increased functioning, successful achievement of skills, time spent in desired activities. It may also include self-reports from the person with learning disabilities (and family and other carers where relevant) about how they are feeling and areas in which they feel they are making progress. The frequency of information collection will also be influenced by the timeframe for the achievement of the agreed objectives in the nursing care plan and could range from daily information, weekly or at least monthly information. Information collected less frequently will not be sufficient to effectively monitor the impact of the specific nursing interventions being provided and may create a situation where there is an unacceptable risk of a delay in noting a deterioration in the health and well being of a person with learning disability.

The information collected should be reviewed to support the continuation of the nursing care plan and nursing intervention, if clear progress is being made. Alternatively, the evaluation of the information collected may indicate the need for the revision of the

nursing care plan and nursing intervention, if the objective has been achieved or progress is limited and therefore the steps towards the overall objective need separated into more achievable steps.

Selecting an approach – key points to consider

In this document there are a range of evidence based outcomes based resources to aid robust decision making about appropriate interventions to achieve agreed goals and assist in the evaluation of nursing interventions. The selection and use of these outcome based resources should be dependent on identified abilities and needs of the person with learning disabilities and informed by the RNLDs professional and clinical judgement. The use of the outcomes based resources included in this document should help provide clear evidence of the impact of the contribution of the RNLD in providing safe effective person centred care for people with learning disabilities.

When making a professional nursing decision about which outcome based resource to use with a specific person with learning disabilities, the RNLD should consider the points below:

- Relevance – what is the purpose of using the outcome measure and what is it you are trying to gather information on?
- Timing – is the outcome resource appropriate to use with the person with learning disabilities at this time?
- How will you explain the use of this outcome resources to the person with learning disabilities, (family and carers, where relevant)?
- Is there an easy read version available to assist the understanding for the person with learning disabilities, family and carers.
- Does the outcome based resource need to be used in its entirety or is the resource designed to enable parts of it to be used separately? *These resources have been robustly developed for specific purposes and should not be altered in their use (apart from the need to use UK based language on occasions).*
- Many of these resources have free online resources that RNLDs can use update their knowledge and skills as part of their professional CPD responsibilities and obtain the necessary education to use the tool. For a small number of these tools, more formal education is mandated for the use of the tool. Is there an education / training issue related to use of the tool?
- Copyright and costs – consider are there copyright implications and costs. Ensuring copyright laws are observed is the responsibility of the RNLD and Trust/Organisation using that particular tool.

Approaches / tools that could be used to demonstrate impact of RNLD interventions

Section 1

Outcomes based resources: - CHILDREN			
Name	**Brief overview**	**Further information**	
The Aberrant Behaviour Checklist	The Aberrant Behaviour Checklist (ABC) is a symptom checklist for assessing problem behaviours of children and adults with developmental disabilities (intellectual disability, ASD, cerebral palsy, epilepsy).	http://www.slossonnews.com/ABC.html	SHSCT WHSCT
Adaptive Behaviour Scale	Adaptive Behaviour Scale is a survey interview conducted by clinicians with parents/guardians and/or teachers to measure the level of an individual's personal and social skills required for everyday living.	https://images.pearsonclinical.com/images/Assets/vineland-3/Vineland-3Domain-LevelTeacherFormSampleReport.pdf	
CAMHS SS- measures satisfaction with the service	The CAMHS Satisfaction Scale (CAMHS SS) measures the following seven dimensions of satisfaction with mental health services: (1) Overall satisfaction, (2) Professionals' skills and Behavior (3) Information, (4) Accessibility of services, (5) Effectiveness of treatment, (6) Relatives' involvement, and (7) Types of intervention offered	https://www.corc.uk.net/outcome-experience-measures/camhs-satisfaction-scale/	BHSCT
CORE Outcome	CORE Outcomes Measurement Tools CORE – OM	http://www.coreims.co.uk/Abou	

Measure	The CORE Outcome Measure *('Parent' measure)* The CORE-OM is a 34-item generic measure of psychological distress, which is pan-theoretical (i.e., not associated with a school of therapy), pan-diagnostic (i.e. not focused on a single presenting problem) and draws upon the views of what practitioners considered to be the most important generic aspects of psychological wellbeing health to measure. The CORE-OM comprises 4 domains: • Well-being (4 items) • Symptoms (12 items) • Functioning (12 items) • Risk (6 items) •	t_Measurement_CORE_Tools.html	
Developmental Behaviour Checklist (DBC-P)	The DBC-P and DBC-T (Einfeld & Tonge, 1992, 2002) are 96-item instruments used for the assessment of behavioural and emotional problems young people aged 4-18 years with developmental and intellectual disabilities. The DBC-P is to be completed by a parent or carer, and the DPB-T is to be completed by teachers or teacher's aides. The tools can be used in clinical practice in assessments and monitoring interventions, and in research studies.	http://www.med.monash.edu.au/assets/docs/scs/psychiatry/dbc-info-package.pdf	WHSCT
FACES Pain Scale – Revised (FPS-R)	The Faces Pain Scale – Revised (FPS-R) has been adapted from the original Faces Pain Scale. This instrument has been developed for use with children between 4-16 years and can be used as a self report instrument to enable children to report the sensation of pain on a 0-10 scale. The scale is considered easy to administer and no permission is required for clinical, educational, or research use of the FPS-R, provided that it is not modified or altered in any way.	https://s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/Resources2/FPSR/facepainscale_english_eng-au-ca.pdf	WHSCT
Adapted	This is a clinical tool designed to help assess the risk of a child developing a pressure ulcer.	http://www.healthcareimprovementscotland.org/our_work/pat	WHSCT

Glamorgan Pressure Ulcer Risk Assessment Scale (V.7)		ient_safety/tissue_viability_resources/paediatric_glamorgan_tool.aspx https://www.magonlinelibrary.com/doi/abs/10.12968/jcyn.2007.1.5.27446	
Global Assessment of Functioning (GAF): measures changes in overall level of functioning	The Global Assessment of Functioning (GAF) assigns a clinical judgement in numerical fashion to the individuals overall functioning level. Impairments in psychological, social and occupational/school functioning are considered, but those related to physical or environmental limitations are not. The scale ranges from 0 (inadequate information) to 100 (super functioning). Starting at either the top or the bottom of the scale, go up/down the list until the most accurate description of functioning for the individual is reached. Assess either the symptom severity or the level of functioning, whichever is the worse of the two. Check the category above and below to ensure the most accurate one has been chosen. Within that category there will be a range of 10. Chose the number that is most descriptive of the overall functioning of the individual.	https://www.albany.edu/counseling_center/docs/GAF.pdf	BHSCT SHSCT
Goals Based Outcomes	Goal Based Outcomes (GBOs) are a way to evaluate progress towards goals in clinical work with children and young people and their families and carers (but the ideas can equally be adapted to work in other settings). They simple compare how far a young person feels they have moved towards reaching a goal, they set at the beginning of an intervention, compared to where they are at the end of an intervention (or after some specified period of input). GBOs use a simple scale from 0 -10 to capture the changes	http://www.corc.uk.net/media/1219/goalsandgbos-thirdedition.pdf	BHSCT WHSCT

	(see Appendix 1: GBOs record sheets from ww.corc.uk.net). The outcome is simply the amount of movement along the scale from the start to the end of the intervention		
HONOS LD: measures changes in mental health needs	HONOS provides a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people and people with Learning Disabilities Development and testing over three years resulted in an instrument with 12 items measuring behaviour, impairment, symptoms and social functioning (Wing et al., 1996). The scales are completed after routine clinical assessments in any setting and have a variety of uses for clinicians, researchers and administrators, in particular health care commissioners and providers.	http://bjp.rcpsych.org/content/180/1/67 Luo W, Harvey R, Tran T, *et al* Consistency of the Health of the Nation Outcome Scales (HoNOS) at inpatient-to-community transition https://bmjopen.bmj.com/content/6/4/e010732	BHSCT
Key Performance indicators (KPIs)	KPIs aim to measure, evidence and monitor the impact and unique contribution of nursing and midwifery on the quality of patient and client care. A KPI specific to RNLDs related to Public health and Health Improvement has been developed and piloted across the HSC Trusts and Independent sector.	http://www.nipec.hscni.net/work-and-projects/evidencing-care-through-key-performance-indicators-for-nursing-and-midwifery-project/	
Nissonger Child Behaviour Rating Form	The Nissonger Child Behavior Rating Form was designed to assess the behavior of children and adolescents. The assessment has 76 items and three sections. The form takes about 15 minutes to fill out and there is both a teacher and parent version of the form. The assessment is designed to be used with children and adolescents aged 3 to 16. Section 1 consists of a short answer question and Section 2 has ten items that asks about the occurrence of various behaviors and the respondent must rate the child's behavior on a 3-point scale	http://disabilitymeasures.org/ncbrf/	SHSCT BHSCT WHSCT

	ranging from 0-not true to 3- completely/always true. Section 3 is a scale of problem behaviors and has 66 items.		
Sheffield Learning Disability Outcome Measure	The Sheffield Learning Disability Outcome Measure (SLDOM) is a measure of parents' perception of their child's symptoms and their ability to cope with their child's symptoms.	http://www.corc.uk.net/outcome-experience-measures/sheffield-learning-disabilities-outcome-measure/	BHSCT SHSCT
Strengths and Difficulties Questionnaire: Perceived areas of strength and difficulties of the child	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: 1. emotional symptoms 2. conduct problems 3. hyperactivity/inattention 4. peer relationship problems 5. pro-social behaviour	http://www.sdqinfo.com/a0.html	BHSCT SHSCT
SUDEP Risk Assessment	This evidence based checklist can be used when assessing or discussing the risks of sudden death among people with epilepsy and their families. A copy of the scale can be obtaining by completing a request at the bottom of the web address provided.	https://sudep.org/checklist	NHSCT

SECTION 2

Outcomes Based Resources: ADULT			
Name	**Brief Description**	**Further information**	
Abbey Pain Scale	Pain Assessment Tool for use with patients with cognitive impairment including patients with Dementia who cannot verbalise or have communication difficulties	https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf	All HSCT TRUSTs
Braden Scale	The Braden Scale for Predicting Pressure Ulcer Risk, is a tool that was developed in 1987 by Barbara Braden and Nancy Bergstrom. The purpose of the scale is to help health professionals, especially nurses, assess a patient's risk of developing a pressure ulcer.	http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/braden_risk_assessment_tool.aspx	All HSCT TRUSTs
Dementia Questionnaire for People with Learning Disabilities (DLD)	Dementia is hard to determine in people with intellectual disabilities. With the *DLD* it is possible to assess dementia at an early stage. The items primarily based on international guidelines for dementia diagnosis. The *DLD*, an informant-based questionnaire, consists of 50 items and eight subscales including: • Short-term memory • Long-term memory • Orientation • Speech • Practical skills	https://www.pearsonclinical.co.uk/Psychology/AdultCognitionNeuropsychologyandLanguage/AdultGeneralAbilities/DementiaQuestionnaireforPeoplewithLearningDisabilities(DLD)/DementiaQuestionnaireforPeoplewithLearningDisabilities(DLD).aspx	WHSCT NHSCT

	• Mood • Activity and interest • Behavioural disturbance		
Disability Distress Assessment Tool (DisDat)	The Disability Distress Tool if Intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. Designed to also document a person's usual content cues, thus enabling distress cues to be identified more clearly. This is NOT a scoring tool. It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client or patient to any environment. Meant to help you and your client or patient. It gives you more confidence in the observation skills you already have which in turn will help you improve the care of your client or patient. Useable by both lay people and professionals as a means of providing a clearer picture of a client's 'language' of distress.	https://www.stoswaldsuk.org/how-we-help/we-educate/education/resources/disability-distress-assessment-tool-disdat/disdat-tools/	WHSCT
FACES Pain Scale – Revised (FPS-R)	The Faces Pain Scale – Revised (FPS-R) has been adapted from the original Faces Pain Scale. This instrument has been developed for use with children between 4-16 years and can be used as a self report instrument to enable children to report the sensation of pain on a 0-10 scale. The scale is considered easy to administer and no permission is required for clinical, educational, or research use of	https://s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/Resources2/FPSR/facepainscale_english_eng-au-ca.pdf	

	the FPS-R, provided that it is not modified or altered in any way.		
General Health Questionnaire (GHQ)	The *General Health Questionnaire (GHQ)* is a screening device for identifying minor mental health disorders in the general population and within community or clinical settings such as primary care or general medical out-patients. Suitable for all ages from adolescent upwards – not children, it assesses the respondent's current state and asks if that differs from his or her usual state. It is therefore sensitive to short-term mental health problems but not to long-standing attributes of the respondent. The self-administered questionnaire focuses on two major areas: • The inability to carry out normal functions • The appearance of new and distressing phenomena. It is available in the following versions: • GHQ-60: the fully detailed 60-item questionnaire • GHQ-30: a short form without items relating to physical illness • GHQ-28: a 28 item scaled version – assesses somatic symptoms, anxiety and insomnia, social dysfunction and severe depression • GHQ-12: a quick, reliable and sensitive short form – ideal for research studies.	https://www.gl-assessment.co.uk/products/general-health-questionnaire-ghq/.	

Glasgow Anxiety Scale for people with intellectual disabilities (GAS-ID)	This is a 27 item scale that when completed has been shown to be reliable in distinguishing anxious and non anxious people with intellectual disabilities. A copy of the scale can be downloaded at (The Anxiety scale appears after the Depression scale): https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FalId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK	https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2788.2003.00457.x https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FalId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK	
Glasgow Depression Scale for people with intellectual disabilities (GDS-ID)	This is a 20 item scale that when completed has been shown to be reliable in distinguishing anxious and non anxious people with intellectual disabilities. It also has a 20 item Carer's supplement that can be completed by or with carers. A copy of the scale can be downloaded at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwintZGrhtrfAhXhTxUIHbS8BKsQFjABegQICBAC&url=http%3A%2F%2Fwww.derbyshirehealthcareft.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FalId%3D7840&usg=AOvVaw3H8vRGv-CJwf-X7drT0PuK	https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/development-and-psychometric-properties-of-the-glasgow-depression-scale-for-people-with-a-learning-disability/4DF91A3D990E6AAFF40656DEADE3F7BC	
Health Equalities	The HEF works by monitoring the degree and	https://www.ndti.org.uk/uploads/file	BHSCT

Framework (HEF)	impact of exposure of people with learning disabilities to acknowledge, evidence based determinants of health inequalities. The resulting profile is not dependent on the complexity of a person's needs, their specific conditions are appropriately identified and responded to and that individuals are receiving the right support. The core outcome of service involvement should be reduction in the adverse impact of exposure such as determinant and mitigation of any associated hazardous consequences. The Health Equalities Framework tool HEF can be used to establish a clear consensus around service priorities using indicators that focus on social, biological, behavioural, communication and service related factors. There is also a freely available electronic interface (the eHEF), which will enable data to be aggregated across services, professionals and teams to analyse variations in service outcomes.	s/The_Health_Equality_Framework.pdf	
Health of the Nation Outcome Scales (HoNOS) LD: measures changes in mental health needs	HONOS provides a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people and people with Learning Disabilities Development and testing over three years resulted in an instrument with 12 items measuring behaviour, impairment, symptoms and social functioning (Wing, Curtis & Beevor, 1996). The scales are completed after routine clinical	http://bjp.rcpsych.org/content/180/1/67 Also read: Luo W, Harvey R, Tran T, *et al* Consistency of the Health of the Nation Outcome Scales (HoNOS) at inpatient-to-community transition https://bmjopen.bmj.com/content/6/4/e010732	BHSCT

	assessments in any setting and have a variety of uses for clinicians, researchers and administrators, in particular health care commissioners and providers.		
Key Performance Indicators (KPIs)	KPIs aim to measure, evidence and monitor the impact and unique contribution of nursing and midwifery on the quality of patient and client care. A KPI specific to RNLDs relating to Public Health and Health Improvement has been developed and piloted across the HSC Trusts and Independent sector.	http://www.nipec.hscni.net/work-and-projects/evidencing-care-through-key-performance-indicators-for-nursing-and-midwifery-project/	All HSC TRUSTS
Montgomery–Asberg Depression Rating Scale (MADRS)	MADRS is a ten-item diagnostic questionnaire used to measure the severity of depressive episodes in patients with mood disorders.	https://psychology-tools.com/montgomery-asberg-depression-rating-scale/	WHSCT
Malnutrition Universal Screening Tool (MUST)	Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/pgn-must_0.pdf	All HSC TRUSTS
Mini PAS-ADD	The Mini PAS-ADD is an assessment tool for undertaking mental health assessments with people with learning disabilities.	https://www.pavpub.com/the-mini-pas-add-handbook/.	WHSCT
LUNSERS	The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) is self-rating scale for	https://innovation.ox.ac.uk/outcome-measures/liverpool-university-	SEHSCT BHSCT

	measuring the side-effect of antipsychotic medications. The scale consists of 41 known side effects of neuroleptics. Each 'side-effect' listed is scored on a five point rating scale of 0 - 4, i.e. 0 = 'Not at all' and 4 = Very much. It can be used to provide a general overview of the person's experience to side effects over the last month. It is useful also in pinpointing specific troublesome side effects for further assessment and / or changes in the medication strategy.	neuroleptic-side-effect-rating-scale-lunsers/	WHSCT NHSCT
Outcomes STAR	The Outcomes STAR is a suite of tools for supporting and measuring change when working with people. The different stars are designed to be completed collaboratively as a part of key working. They are sector wide tools – different versions of the Star include homelessness, mental health and young people. All versions consist of a number of scales based on a model of change. Using the tool and a 'Star Chart', the person with learning disabilities and worker plot where they are in relation to defined criteria. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format.	http://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/	WHSCT
Promoting Quality Care (PQC) 2010 – Learning Disability	A core function of mental health and learning disability services is to assess the treatment and care needs of people presenting to them. Understanding the level of risk that an individual	https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf	All HSCT Trusts

	may present forms part of his/her overall assessment and it is an integral part of formulating an appropriate care package. Within this PQC on page 70 a framework for assessing risk under specific headings can be accessed. (Revised May 2010).		
SUDEP Risk Assessment	This evidence based checklist can be used when assessing or discussing the risks of sudden death among people with epilepsy and their families. A copy of the scale can be obtaining by completing a request at the bottom of the web address provided.	https://sudep.org/checklist	NHSCT

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January 2019

MAHI - STM - 259 - 1126

January 2019

1.0	Health and Well Being needs of People with Learning Disabilities
1.1	**Overview of indicator**
Key Performance Indicator	**% of people with Learning Disabilities receiving care from a Registered Nurse Learning Disabilities (RNLD) that have a plan of care recorded that identifies specific health and well-being need(s)[1].**
Process measures	Review of documentation Baseline will be established from TBC
Outcome measures	**100% of people with Learning Disabilities receiving care from a RNLD who have a plan of care recorded that identifies specific health and wellbeing need(s).**
Rationale for monitoring	There is strong evidence[2] that people with learning disabilities have poorer physical and mental health needs when compared to the general population. In addition many have difficulties accessing and using general health services. Learning Disabilities Nurses have expertise in facilitating and supporting access to general health care services. They are ideally placed to contribute to the prevention, early- intervention, strengths–based and public health approaches that are increasingly being applied to the general population to address health needs and can be used or adapted for the learning disabled population. Public Health interventions is a key recommendations of Strengthening the Commitment[3] and a key strategic intention set out within "Delivering Together"[4]. This KPI will support Learning Disabilities Nurses to be proactive in preventative and public health focused interventions, promoting the assessment and development of person centered care plans where relevant in relation to mental and physical health problems.

Frequency of reporting Process Measure: Bi–monthly

Baseline: % of people with Learning Disabilities receiving care from a Registered Nurse Learning Disabilities (RNLD) that have an appropriate plan of care recorded that identifies a specific health and wellbeing need(s) will be established from TBC 2017 – TBC 2017.

To Note. A Health and wellbeing need is broadly defined as any mental and physical health need examples are provided at Appendix 2). The baseline will be established by reviewing the case load records of 20% of the total RNLD workforce in the HSC community settings and the Independent Sector to include for example nurses working in specialist roles including forensics, epilepsy, behaviour support, Health Facilitators etc

[1] A health and wellbeing need is broadly defined as any, mental and physical health need (detail at Appendix 2)

[2] Emerson, E. and Baines, S. (2010) Health Inequalities & People with Learning Difficulties in the UK: available at https://www.improvinghealthandlives.org.uk/uploads/doc/vid_7479_IHaL2010-3HealthInequality2010.pdf

[3] The Scottish Executive (2012). *The Report of the UK Modernising Learning Disabilities Nursing Review*: *Strengthening the Commitment.* Edinburgh; Scottish Government.

[4] Department of Health. (2016). *Health and Wellbeing 2026: Delivering Together*. Available for download at: https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

Regional Reporting to PHA: Quarterly (Number of charts audited, number compliant)
Method of data collection: **Process measures** will be measured by a periodic audit of nursing records which will sample a different cohort on each audit cycle. **Outcome measures** will be provided by audit of nursing records using agreed regional audit tool at Appendix 1.

Appendix 1

All people with Learning Disabilities who have an identified Health and Well Being need receiving care from a RNLD have a health needs assessment and appropriate plan of care – Audit Tool

	Yes	No
Question 1: Is there evidence that an assessment of the patient/clients' needs has been undertaken by an Registered Learning Disabilities Nurse: **prompt:** the reviewer should see evidence of a nursing assessment within the patients notes as part of a MDT assessment or within nursing documentation)		
Question 2: Have there been person centred **health and well-being needs** identified as part of the patients/clients assessment? **prompt:** the reviewer should refer to Appendix 2 which give examples of health and wellbeing needs. This list is not exhaustive and clients may present with other health and well being needs.		
Question 3: Is there evidence in the patient/clients care plan of specific intervention/s to address identified **health and well-being needs?** **prompt:** the reviewer should see evidence of a person centered nursing care plan within the patients notes as part of a MDT or Nursing documentation		
All three question need a **Yes** answer to give an **Overall Yes Response** Please circle one Yes of No as appropriate	**Overall Response** **Yes** **No**	

Regional Reporting Data Required for the Health & Well-Being KPI Learning Disabilities Nursing

Name of Trust

Please review patients/clients records, using the Audit Tool at Appendix 1, of people with Learning Disabilities receiving care from a RNLD who have and identified Health and Well Being need recorded in their Nursing Care Plan across all settings including in-patient, community, RNLDs working is Specialist roles, i.e Epilepsy, Behaviour Support, Health Facilitation etc. Record Overall Response for each record reviewed.

Service area	Record 1	Record 2	Record 3	Record 4	Record 5
In-patient	*yes*	*no*	*yes*		

Appendix 2

A health and wellbeing need is broadly defined as any, mental and physical health need.

Examples are presented in Table 1 below, which is not exhaustive:

Table 1

Physical Health Care needs	**Mental Health need**
Speech, hearing and visual impairment.	Depression
Epilepsy	Social isolation
Urinary and faecal incontinence.	Anxiety
Nutrition: Increased risk of obesity	Psychosis:- hallucinating/paranoid
Poor oral health (including dental caries and loss of teeth).	Self-harm
Poor diet, increased rates of constipation and gastro-oesophageal reflux disease.	Suicidal behavior
Lack of physical exercise	Sexually inhibited
Sleep disorders	Substance misuse /Drugs alcohol
Increased risk of chronic obstructive pulmonary disease	Confusion
Disorders of vision and hearing	Early onset dementia
Access to screening (general health, breast, testicular)	Bi-polar disorder

Spread Plan

Phase 2 of the KPI: Health and Well Being needs of People with Learning Disabilities

When an acceptable level of compliance with the measurement of this KPI has been consistently achieved (need to agree acceptable % compliance rate e.g. 80-100%) consideration will be given to additional measurement which should attempt to measure outcome through the following;

- Is there evidence in the progress notes that the nurse offered and or completed a planned intervention to meet the identified health and well-being need in the plan of care?
- Further evidence should be gleaned by asking the individual in receipt of care or their relatives how they felt about the intervention delivered by the nurse

Exhibit 58

MAHI - STM - 259 - 1133

Launch of the Career Pathway for Registered Nurses Learning Disabilities

Professor Charlotte McArdle

Chief Nursing Officer, DoH

19th June 2018

Maurice Devine

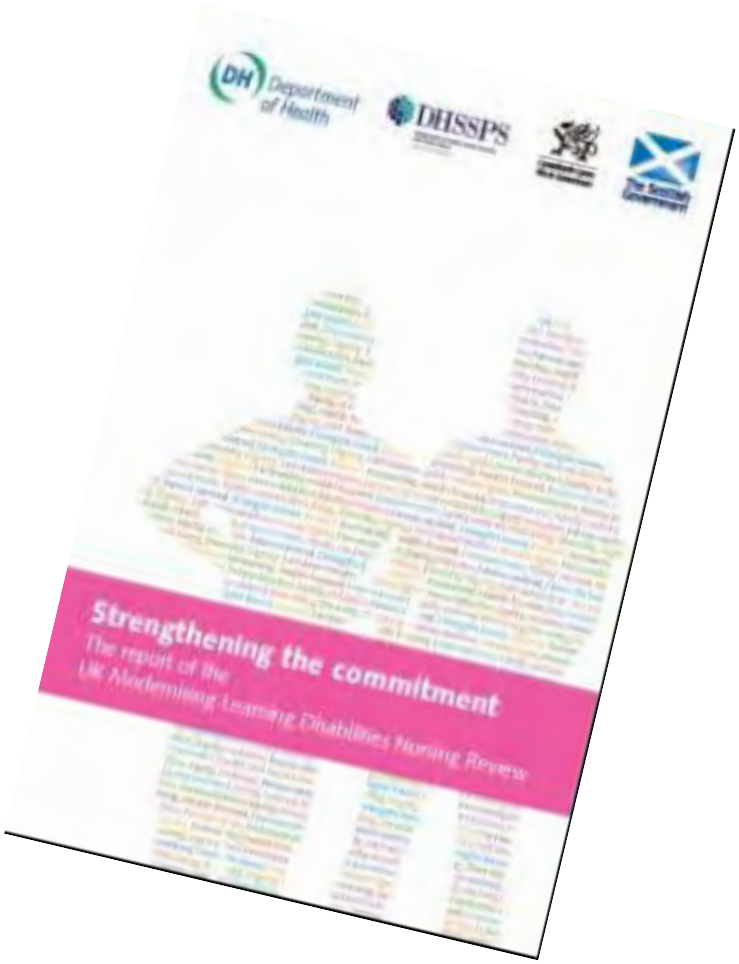
Assistant Head of CEC

Chair of the Career Pathway Registered Nurses Learning Disabilities

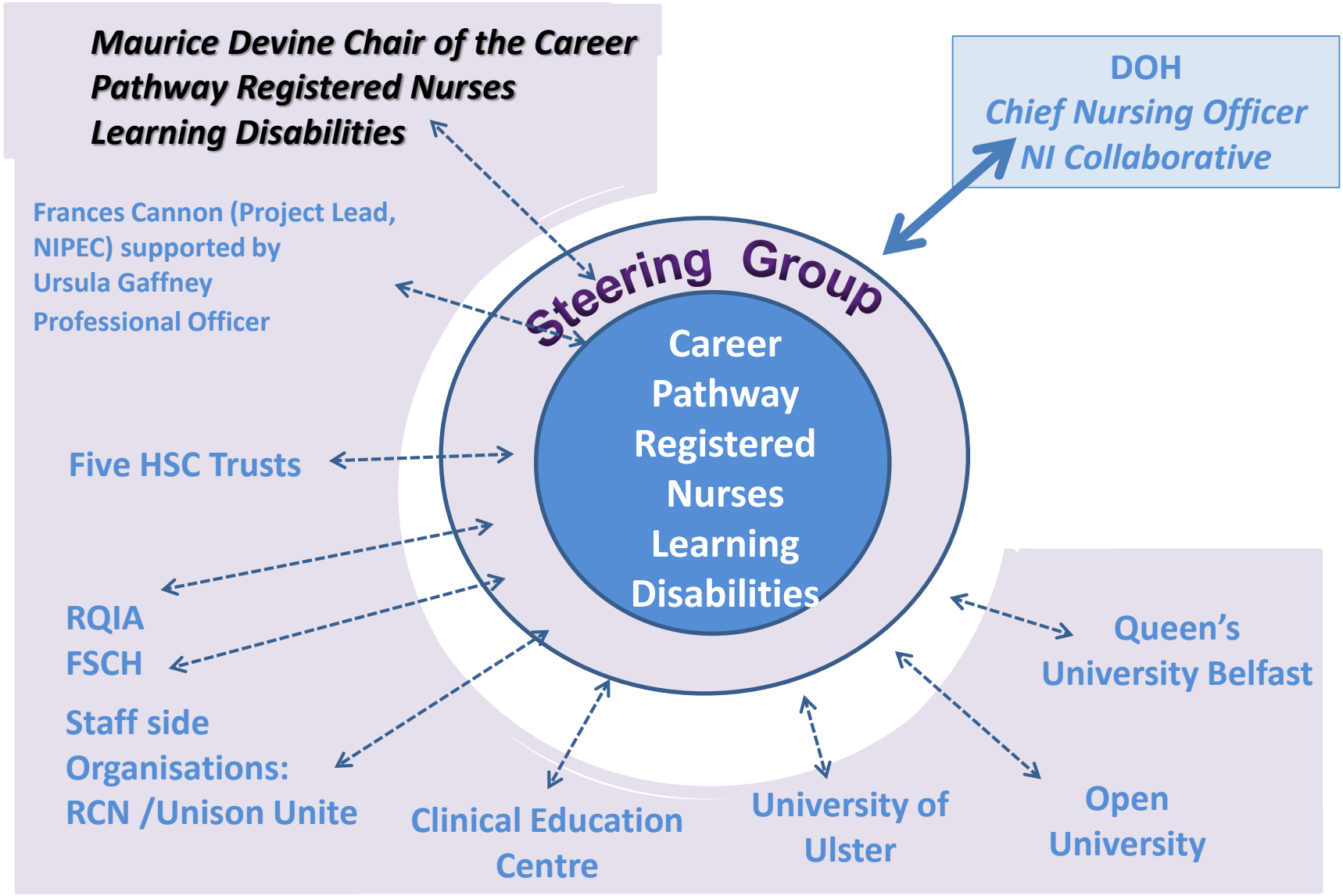
Aim of the project:-

Under the theme of Strengthening Capacity the NI Collaborative are specifically asked to:-

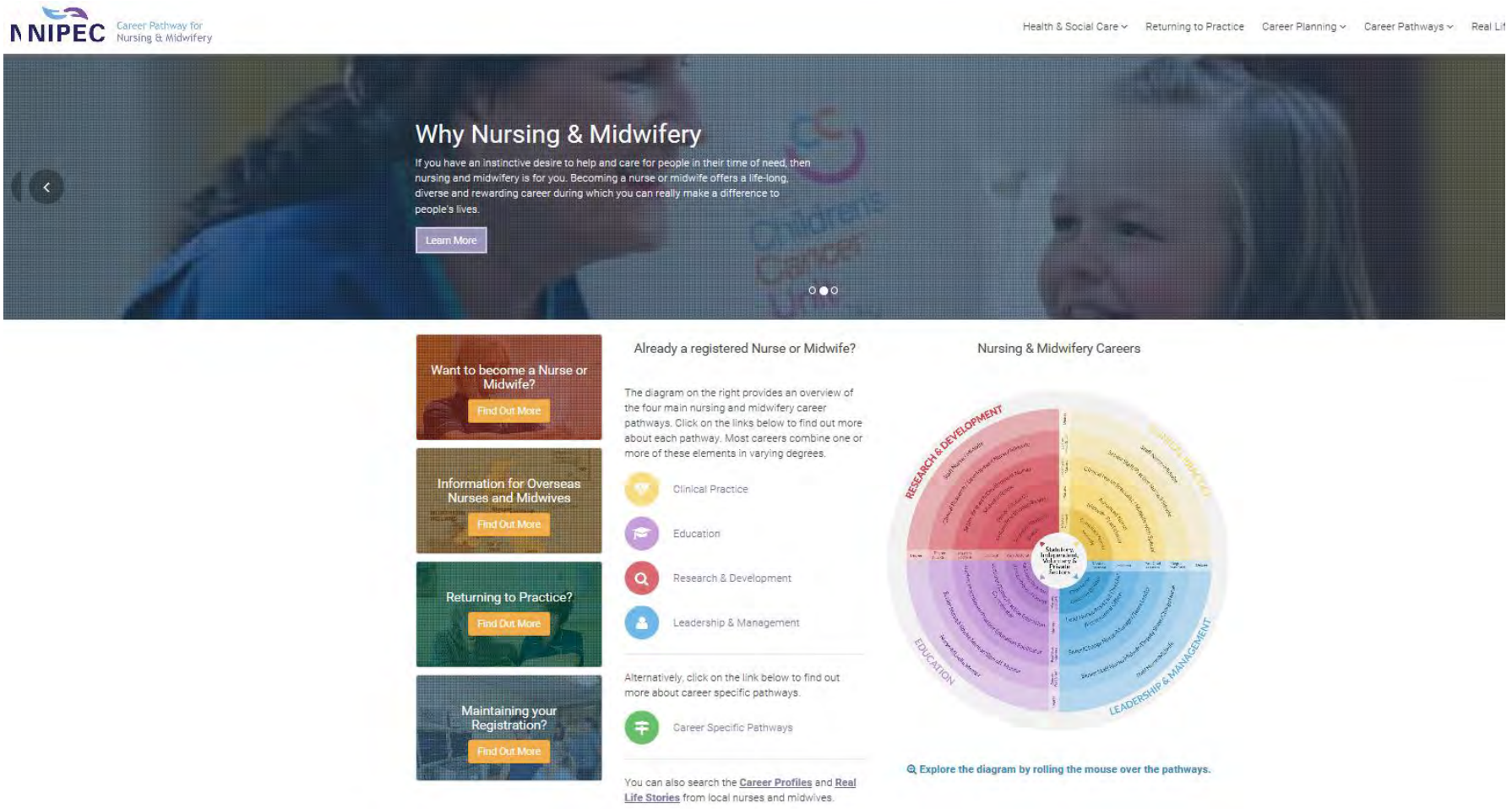
Contribute to and provide a learning disabilities nursing perspective to the regional Career Pathway Project, being facilitated by NIPEC and in doing so, assist health and social care service providers and learning disabilities nurses to identify/consider/pursue the range of career progression pathways that are available to them.



Project Steering Group



NIPEC Career Pathway



Real Life Stories

File Edit View Favorites Tools Help

Continuing professional d... https--www.health-ni.gov... abouttabs Latest hearings

Owen Barr

Professor of Nursing and Intellectual Disabilities, UU

Joanne Blair

Nurse Lecturer, QUB

Maurice Devine

Assistant Head of Clinical Education Centre

NIPEC Career Pathway: Registered Nurses Learning Disabilities

http://www.nursingandmidwiferycareersni.hscni.net/career-pathways/career-specific-pathways/

Frances Cannon

Project Lead

SPO NIPEC

NIPEC

Northern Ireland Practice & Education Council
For Nursing and Midwifery

Career Pathway
Learning Disabilities Nursing

Are you interested in a career in Learning Disabilities Nursing?

Do you want to further develop your career as a Learning Disabilities Nurse?

- Clinical Domain
- Management and Leadership Domain
- Education Domain
- Research and Development Domain

This web based Career Pathway for Learning Disabilities Nursing provides information to support professional and career development, whether you're an aspiring Learning Disabilities Nurse or you want to further develop your career in this field of practice.

For more information visit:
http://www.nipec.hscni.net/resource-section/lear-dis-nur-home/

Nicki Patterson

- **Chair of the NIPEC Career Pathway Governance Group**

Northern Ireland Practice and Education Council

Impact Evaluation of
The Royal College of Nursing's (RCN)
Senior Nurse Leadership Development Programme
For
Registered Learning Disabilities Nursing

Content **Page No**

1.0 Introduction

1.1 In February 2011 the four United Kingdom (UK) Chief Nursing Officers commissioned a UK wide project that aimed to reflect upon, review and shape the future of the learning disabilities nursing professional field of practice. As a consequence in April 2012 the Report of the UK Modernising Learning Disabilities Nursing Review: Strengthening the Commitment[1] was released. The report sets out seventeen recommendations under four specific themes *Strengthening Capacity, Strengthening Capability Strengthening Quality and Strengthening Quality*. In response a Northern Ireland (NI) Action Plan[2] has been developed and the NI Collaborative has been established to progress the actions.

1.2 Recommendation 15 from Strengthening the Commitment (StC) under the heading of *Strengthening the Profession* focuses on the need to build leadership potential and capacity within the Learning Disabilities nursing profession. Within the NI Action Plan one of the key actions states that the Collaborative should;

"enhance the professional leadership capacity and potential within registered nurses - learning disabilities in Northern Ireland"

1.3 In 2015 in association with the NI Collaborative the Chief Nursing Officer (CNO) commissioned the Royal College of Nursing (RCN) to plan and deliver a bespoke Senior Nurse Leadership Development Programme for Registered Nurse Learning Disabilities as a means of specifically addressing this action.

1.5 The modular programme was delivered between 5th February 2015 and the 13th March 2015 finishing with a consolidation day on 26th March 2015. A total of 19 participants attended the programme, five from the independent sector and 14 from the five Health and Social Care (HSC) Trusts, with a band mix ranging from band 5 to band 8a.

1.6 In 2017 the CNO through the NI Collaborative, requested NIPEC to engage with the participants who had completed the programme to undertake an impact measurement evaluation.

[1] **The Scottish Executive** (2012)*. The Report of the UK Modernising Learning Disabilities Nursing Review*: *Strengthening the Commitment.* Edinburgh; Scottish Government.

[2] Department of Health (2014) Modernising Learning Disabilities Nursing Review Strengthening the Commitment Northern Ireland Action Plan March 2014

2.0 Impact Measurement Framework

2.1 It was agreed by the NI Collaborative that NIPEC's Impact Measurement Framework (2012)[3] would be used as a structure for the evaluation. The Framework was adapted to support the evaluation as detailed below at Table 1 covering five areas including alignment, attainment, adoption, utility and efficiency with each area having a particular focus and question/s.

Table 1 Impact Evaluation Framework

AREA	FOCUS
Alignment	Was the decision to attend the programme aligned to the participant's organisational / personal objectives?
Attainment	How well were the learning objectives of the Leadership Development Programme met?
Adoption	Was the right people on the right programme? – were you the right person to attend?
Utility	How have the learning/learning outcomes of the programme been utilised in practice? What were the opportunities/challenges
Efficiency	What has been the impact on practice? How efficient and/or cost effective has it been to send the participants on the programme?

3.0 Methodology

3.1 Invitations to attend an evaluation workshop and details of what to expect on the day was sent via email to all 19 participants. A copy of the evaluation framework at Table 1 was included in the correspondence.

3.2 Six participants attended the workshop, facilitated by two NIPEC Senior Professional Officers. Additionally three other participants provided feedback by email and teleconference. A total of nine participants engaged and contributed to the evaluation of the programme.

[3] Impact Measurement Framework (2012) Northern Ireland practice Education Council available at www.nipec.hscni.net

4.0 Findings

4.1 ***ALIGNMENT***: *How well was the decision to attend the programme aligned to your organisation / personal objectives?*

Five of the nine participants personally requested to attend the leadership programme as part of their Continuous Professional Development (CPD). The remaining four participants reported they were required to attend by their Line Managers.

None of the participants had completed a Learning Agreement[4] before attending the programme. As a group, there was a consensus opinion that this would have been helpful for both them and their line managers as it would have clarified expectations for all parties particularly in terms of implementing the learning from the programme into practice on completion of the programme.

Key Message: A Learning Agreement should be completed by future participants in partnership with their Line Manager to ensure both parties have a clear understanding of the expected learning outcomes of the programme and agree anticipated and expected impact on practice.

Any requirement to attend the programme as opposed to a mutual agreement of programme attendance should be considered.

4.2 ***ATTAINMENT****: How well were the objectives of the Leadership Development Programme met?*

Participants reported that the Programme Lead was a very experienced professional who made the programme interesting and very informative. The Programme Lead was supported by a range of outside speakers with relevant expertise who delivered or co-delivered particular aspects of the programme. Participants all felt that the objectives of the programme were met.

There was a general consensus however that the impact of the programme could be further enhanced with more focus on leadership issues and challenges relating specifically to the Learning Disabilities nursing profession and ensuring speakers delivering the programme content are supported by those with expertise and insight to Learning Disabilities Nursing. Whilst seven of the nine participants stated that due to their own experience as Managers and Leaders they could translate and interpret the learning for their specific field of practice, the point was raised that a different cohort of participants with less experience could have a different experience.

[4] NIPEC (2016) Learning Agreement Template available at http://www.nipec.hscni.net/download/professional_information/resource_section/education_and_development/LEARNING-AGREEMENT-TEMPLATE-updatedjuly2016.pdf

All participants agreed that the programme provided an opportunity to enhance and support the development of leadership potential and as a result succession planning.

Universally the participants reported that the leadership tools and resources critically analysed and reviewed as part of the programme has, and will continue to be very useful, particularly to assist with:

- **Performance Management** – through knowing the service, knowing the team
- **Root Cause Analysis** – when investigating incidents and during problem-solving
- **Process Mapping** – leading to service improvement
- **Knowing your business** – which includes clarity of roles within the service
- **Emotional Intelligence** – knowing oneself, raising professional profile
- **Workplace culture** – including what you (as a leader) permit, you promote. This enhances a good value basis for safe and effective care.

Key messages:
Further programmes should ensure that leadership issues specific to Learning Disabilities are included
Delivery of the programme should be supported with expertise in Learning Disabilities Nursing.

4.3 ***ADOPTION:*** *Was the desired target reached?*

Almost all participants who engaged in this evaluation received the course content prior to the commencement of the programme which provided them with the aim and learning objectives which supported their attendance.

Of the four that were required to attend, two had recently been appointed to a band 7 role. These participants expressed a view that they would have welcomed the opportunity to have been fully inducted into their new roles before embarking on this development opportunity, in order to accurately identify their leadership and management learning needs. They suggested, that to yield the maximum benefit from the learning, it would helpful if the programme was offered around a six-month period post appointment to a leadership role.

Key message: The programme should be offered to registrants with management /leadership experience (around a six-month period post appointment to a leadership role).

4.4 ***UTILITY:*** *How have the learning outcomes been utilised?*

Almost all of the participants commented that the learning from the programme has not been utilised within their respective organisations.

Participants reported feeling discouraged due to a perceived lack of support and encouragement from their Line Managers since completing the programme particularly in the utilisation or adoption of the leadership tools and resources that they were introduced to as part of the programme. Additionally, some participants commented on how having a non-Nurse Line Manager raised particular challenges when trying to implement change, utilise new resources and demonstrate leadership.

To further support leadership capacity within the Learning Disabilities profession the participants suggested there is a need to encourage and create a culture of empowerment and leadership development at every level. It was agreed that the programme could be further enhanced through the provision of mentorship / buddying/supervision arrangements post completion of the programme and/or follow up supported by the Programme Lead. Invitations could also be extended to line managers to brief them on the programmes aim and objectives and to provide them with the opportunity to discuss and agree how they would support participants during and after the programme.

Key message: The programme could be further enhanced through the provision of mentorship / supervision/buddying arrangements post completion of the programme and/or follow up supported by the Programme Lead.

Invitations could be extended to line managers to brief them on the programmes aim and objectives and to provide them with the opportunity to discuss and agree how they would support participants during and after the programme.

4.5 ***EFFICIENCY:*** *How efficient and/or cost effective have the outcomes been?*

Given the reported difficulties in utilising the learning from the programme identified at para 4.4. the participants suggested that the learning from the Leadership Programme has not necessarily resulted in a more efficient or effective approach to working within their role

The participants who engaged in the evaluation stated that this was a very exciting time for the Learning Disabilities nursing profession. They hoped that with a review of guest speakers, including line managers delivering the programme content and the inclusion of more practical issues relating to leadership in Learning Disability, this programme would result in further positive outcomes with the support of line managers on completion of the programme.

Some of the participants commented that some aspects of this programme could be included in the Learning Disabilities Nursing undergraduate programme to enhance professional leadership capacity and potential.

Some of the participants suggested the inclusion of project/improvement work as part of the programme which would support participants to implement and embed change in practice.

Key message: This evaluation would suggest that attendance on the programme could yield better outcomes for individuals and service users through a quality improvement approach. This would engage the support of line managers at the outset, during programme delivery and in support of participants changing practice, through utilisation or adoption of leadership tools and resources.

5.0 Conclusion

All participants were enthusiastic and grateful for the opportunity to provide feedback on the programme and being able to highlight important issues that they felt would maximise outcomes of the programme. They demonstrated that they felt it incumbent on them to provide feedback which will support and be of benefit to others undertaking the programme.

Participants were mainly concerned that Line Managers should be engaged in agreeing and actively supporting development and maintenance of supportive environments to facilitate resilience and enable professionalism with the Learning Disabilities Nursing field of practice.

6.0 Actions for consideration

- A Learning Agreement should be completed by future participants in partnership with their Line Manager to ensure both parties have a clear understanding of the expected learning outcomes of the programme and agree anticipated and expected impact on practice

- Further programmes should ensure that leadership issues specific to Learning Disabilities Nursing and the professional field of practice are included

- Delivery of the programme should be supported with expertise in Learning Disabilities Nursing

- The programme should be offered to registrants with management /leadership experience (around a six-month period post appointment to a leadership/management role)

- Consideration should be given to a quality improvement approach which engages the support of line managers at outset, during programme delivery and in support of participants changing practice, through utilisation or adoption of leadership tools and resources

- The programme could be further enhanced through the provision of mentorship/ supervision/buddying arrangements post completion of the programme and/or follow up supported by the Programme Lead.

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For further Information, please contact:

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Tel: 0300 300 0066

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

August 2017

NIPEC

Evaluation of The Registered Nurses Learning Disability Professional Development Forum October 2018

Royal College of Nursing Northern Ireland

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Introduction and Context
RNLD Professional Development Forum

- Initiated as an action point from the NI Collaborative.

- Providing a platform to exchange best practice, explore professional issues, provide networking opportunities and support.

- Facilitated in partnership with NIPEC RCN Universities and Trust Practitioners.

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To Date

- Six Forum meetings held in various locations across the region.
  - March 2017
  - June 2017
  - November 2017
  - March 2018
  - June 2018
  - October 2018

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Evaluation Method

- On line Survey Monkey and paper survey completed November 2018 n= 79 Responses to n=18 Questions
- Questions centred on participant's
  - Basic demographic details
  - Views and opinions on Forum Topics
  - Frequency and duration of Forum meetings
  - Notification of Forum meetings
  - Application to practice of Forum Topics
  - Views on how the Forum could be developed
  - Participants willingness to present
  - Potential agenda items and managerial support in attending Forum

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Results

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Northern Ireland
Northern Ireland

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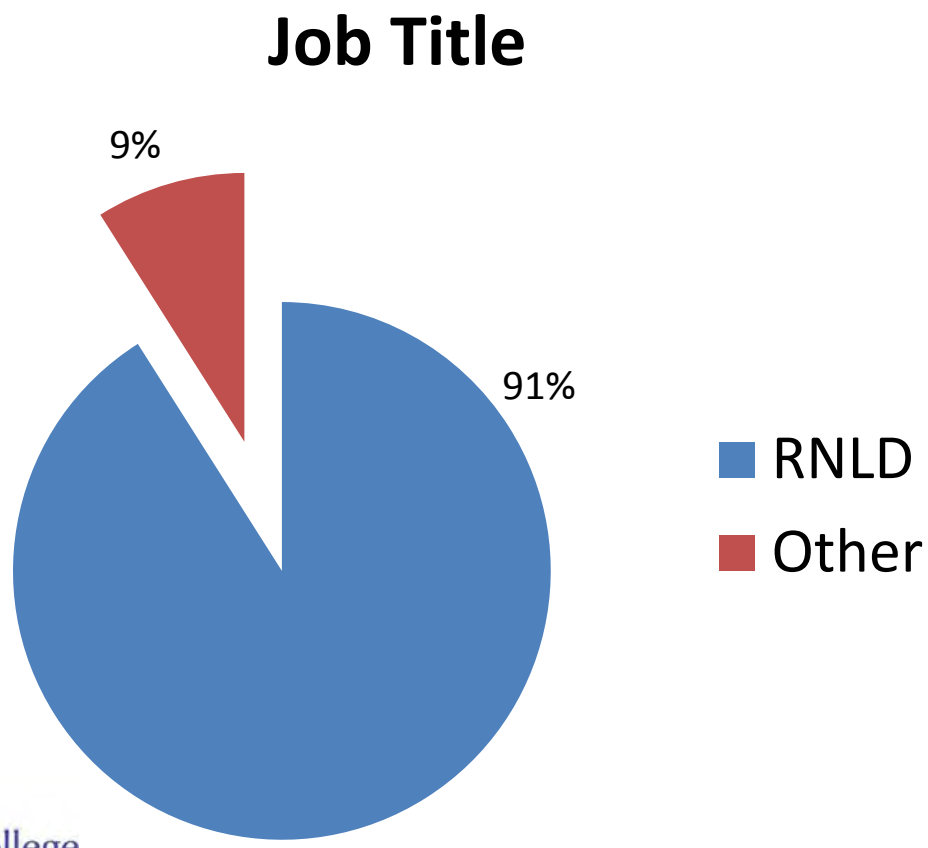
Q1 Are you a ..



- Other Responses
  - Practice Education
  - No answer
  - N/A
  - RGN
  - RGN and RN Mental Health

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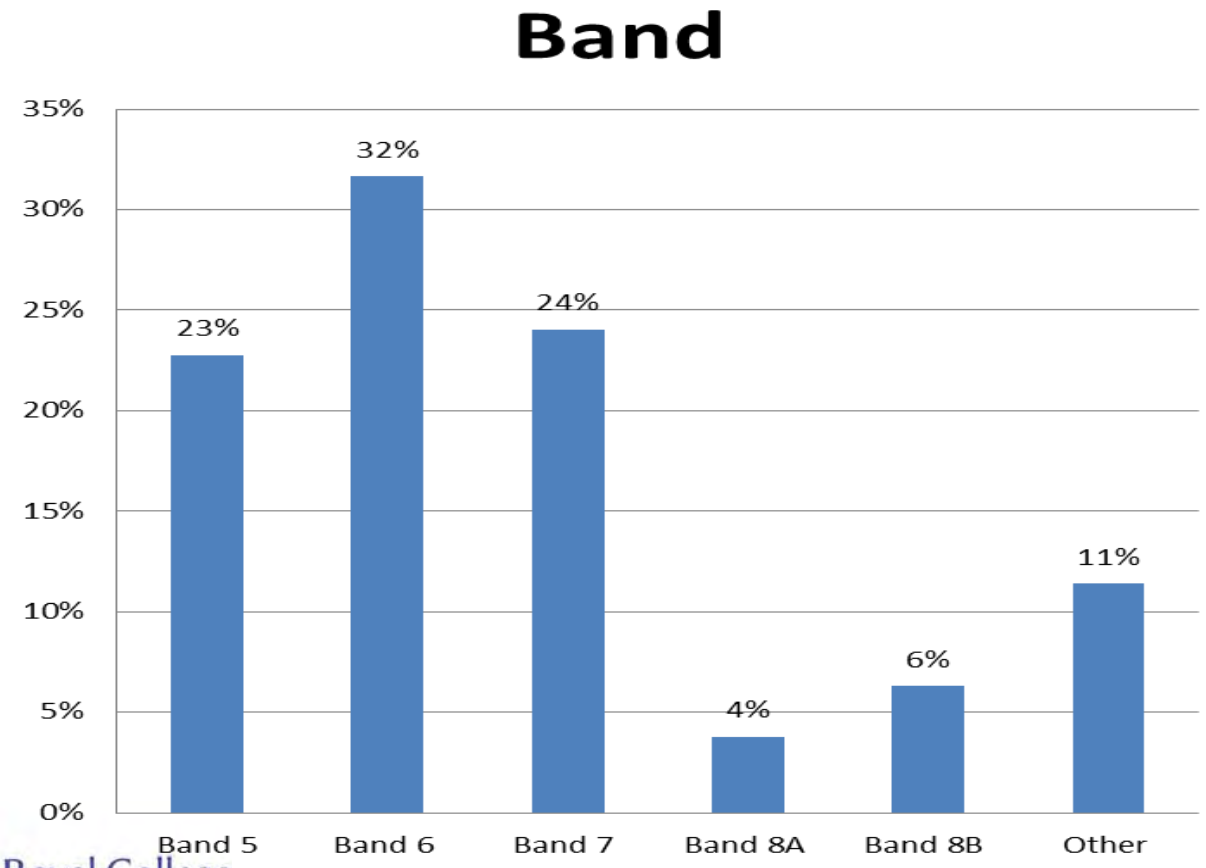
Q2 What Band are you ?



- Other Responses
  - Charity
  - Manager
  - N/A
  - Retired Bank Nurse
  - Lecturer

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Q 3.
Please Specify your Area of Practice

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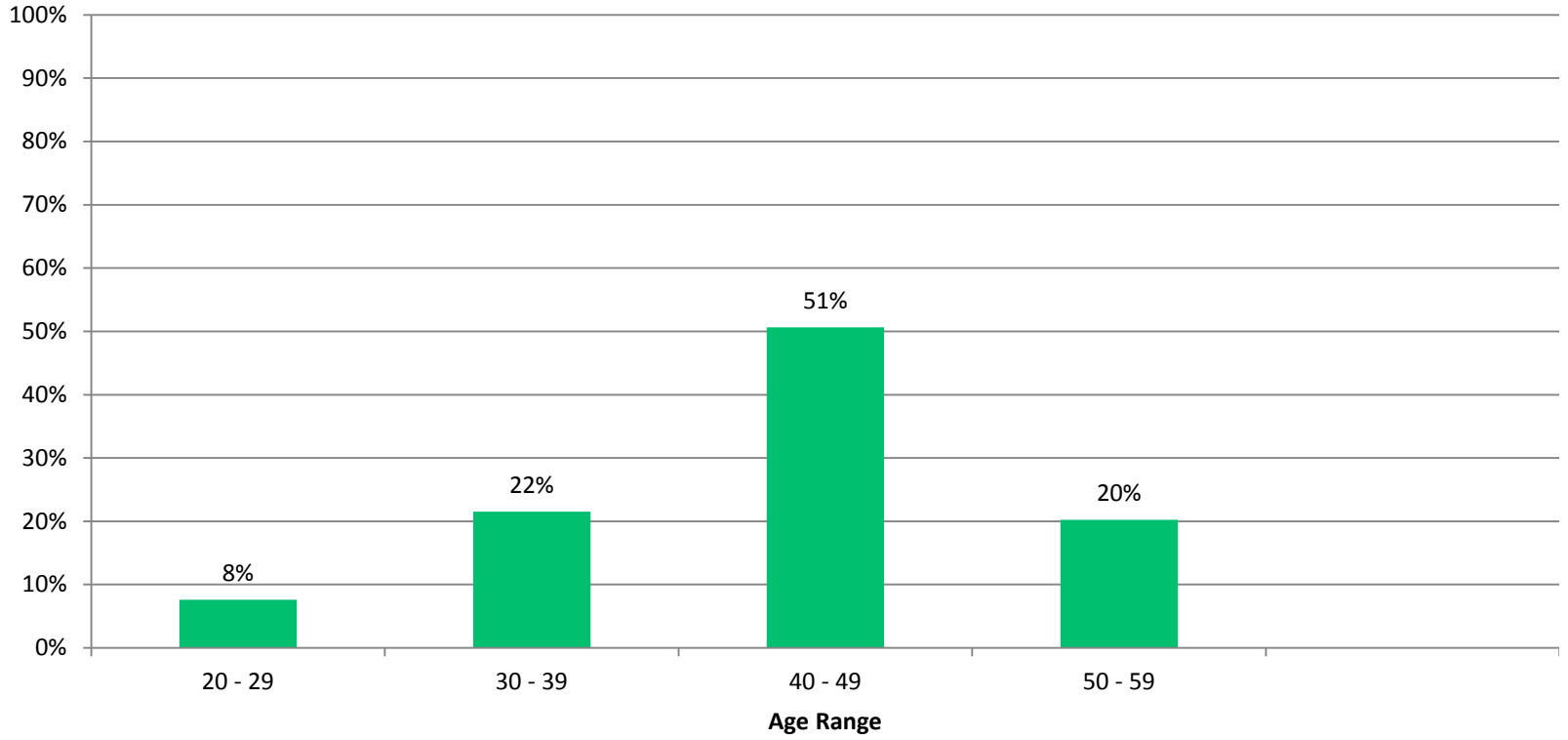
Q. 4 What age are you?



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Q. 5 Have you ever attended the NIPEC/RCN RNLD Professional Development Forums?

Attendance at Forum Meetings

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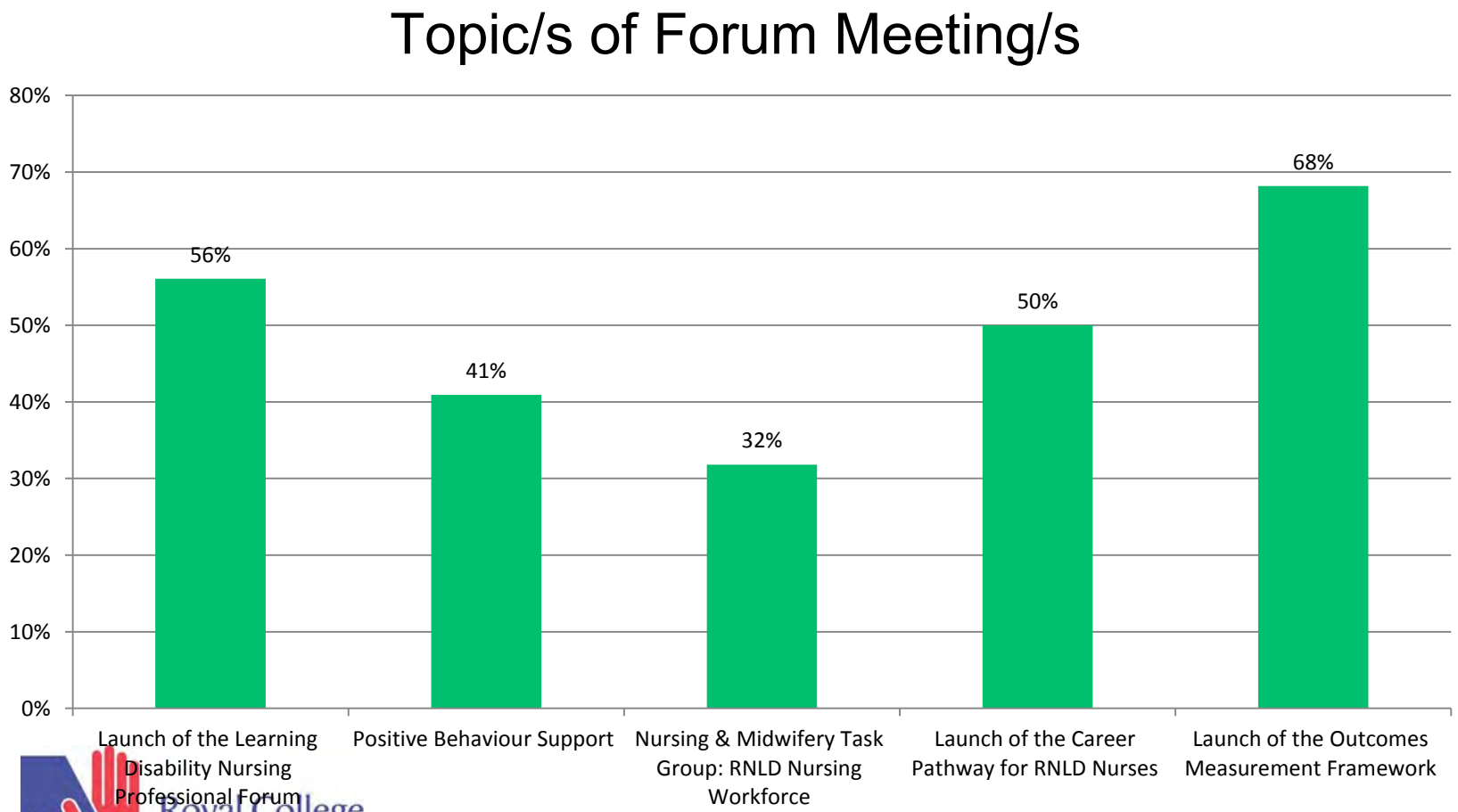
Q. 6 If You Answered Yes What Were The Forum Topics



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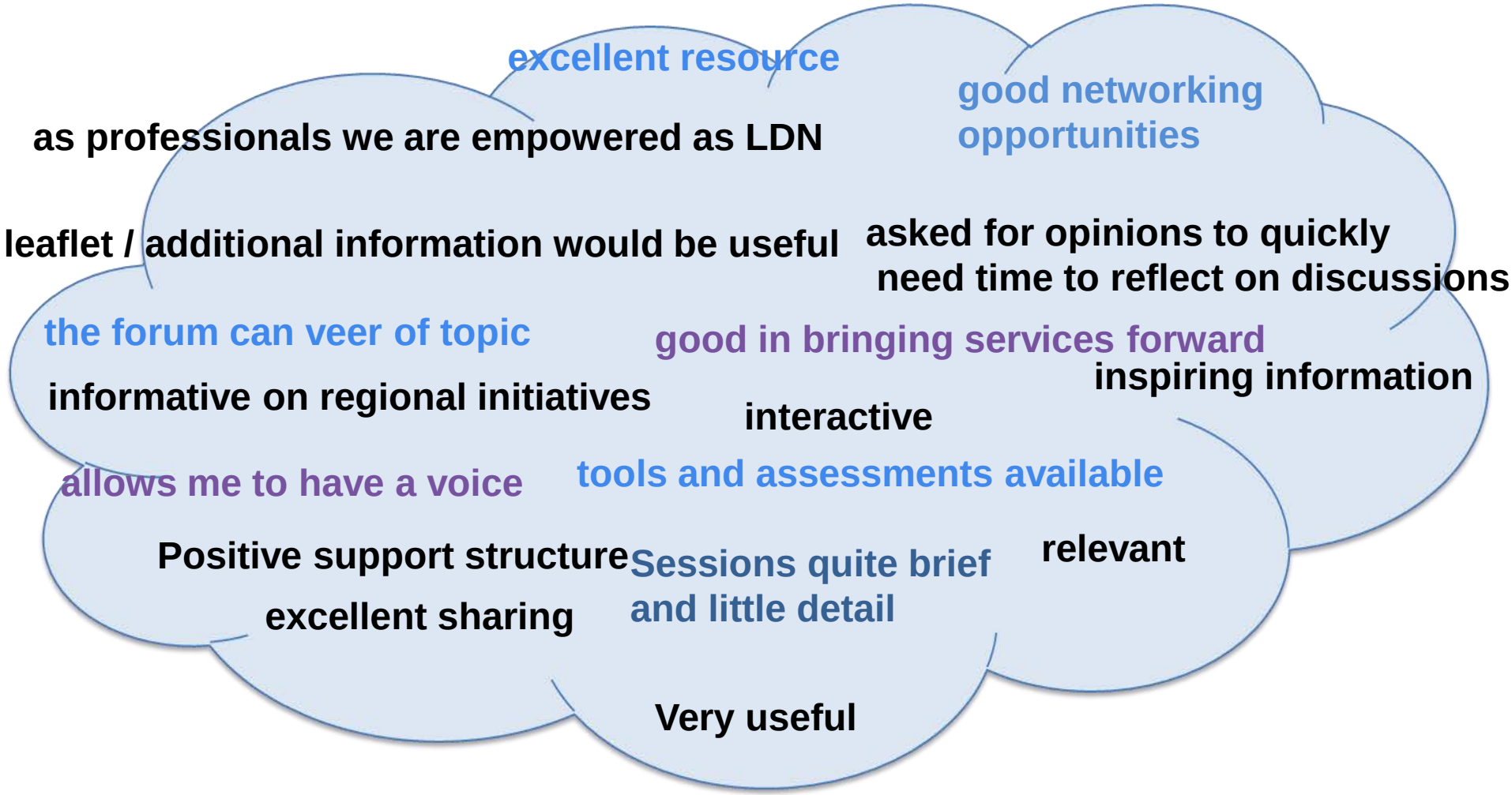
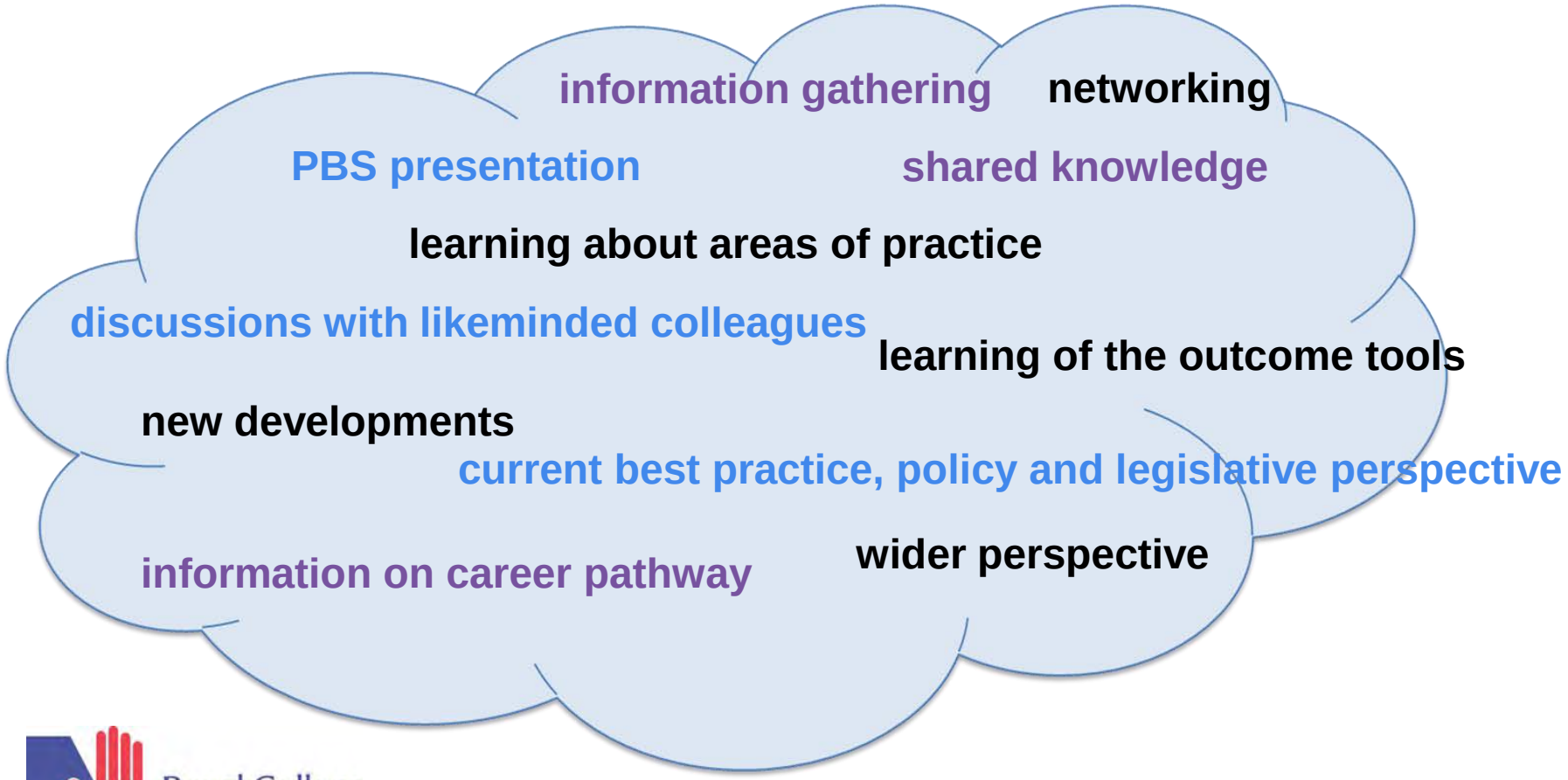
Q7.
Comments on the usefulness/helpfulness of the information provided



NIPEC

Q.8 Most Helpful about the Forum Meetings



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Q9. Least helpful about the Forum meetings?

Organisational	Logistical	Professional
require copies of presentations	veering of topic	employed as LD nurse in social work setting and using the framework document
poor feedback in regard to presentations when not able to attend	need mics	lack of focus on children's disability related topics
information on the forums not disseminated widely enough	travel *	more opportunity for RNLD to present
2 hours is quite short	prolonged discussion about logistics and things that have been achieved instead of looking forward to other improvements.	task group forum not clear on that
late notification of topics on programme	need some new faces to reenergize it and more group discussions	people who refuse to think outside the box and reluctant to embrace or consider new ways of working
tends to be a lot of talking and not much action	some locations are not ideal	better ways to use collaborative knowledge in a forum meeting that can improve services and highlight the specialism of RNLD
		unsure of the goals of the forum - haven't seen any impact of them

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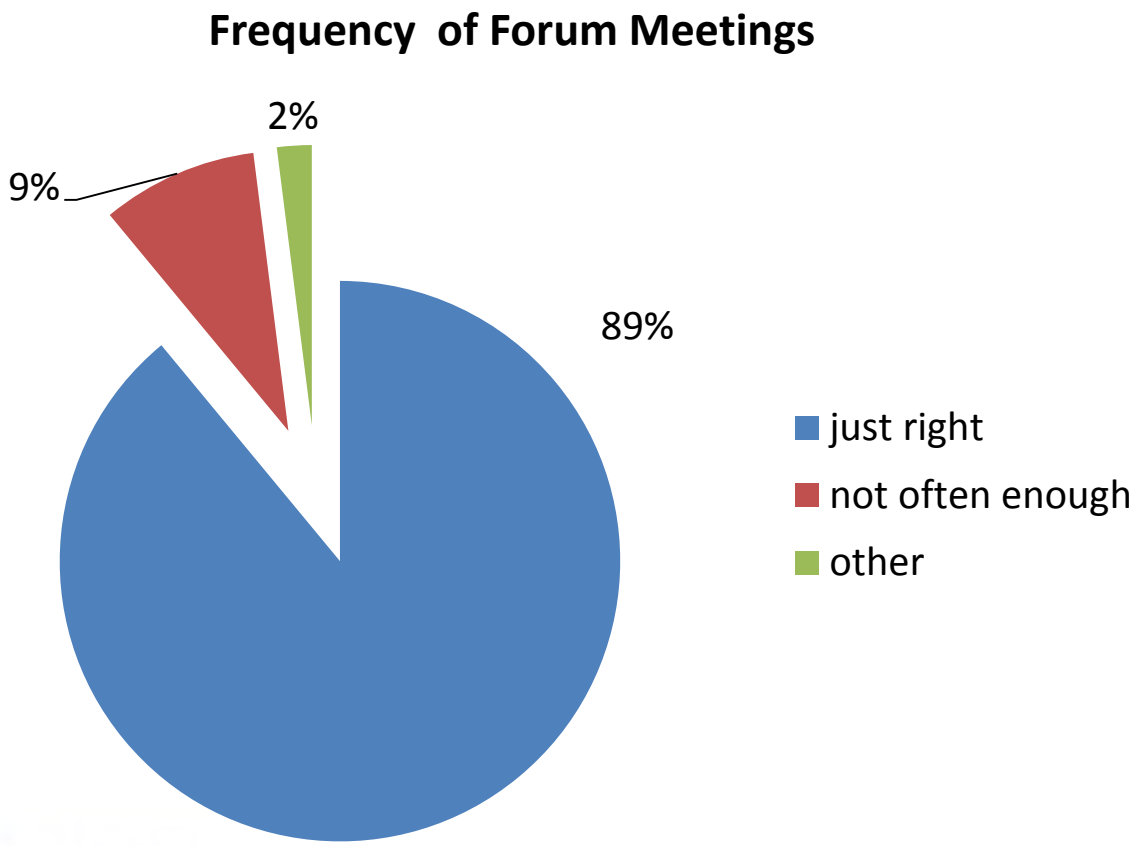
Q. 10 Do you think the Forum Meetings Happen



- Other Comments
  - N/A
  - Did not attend

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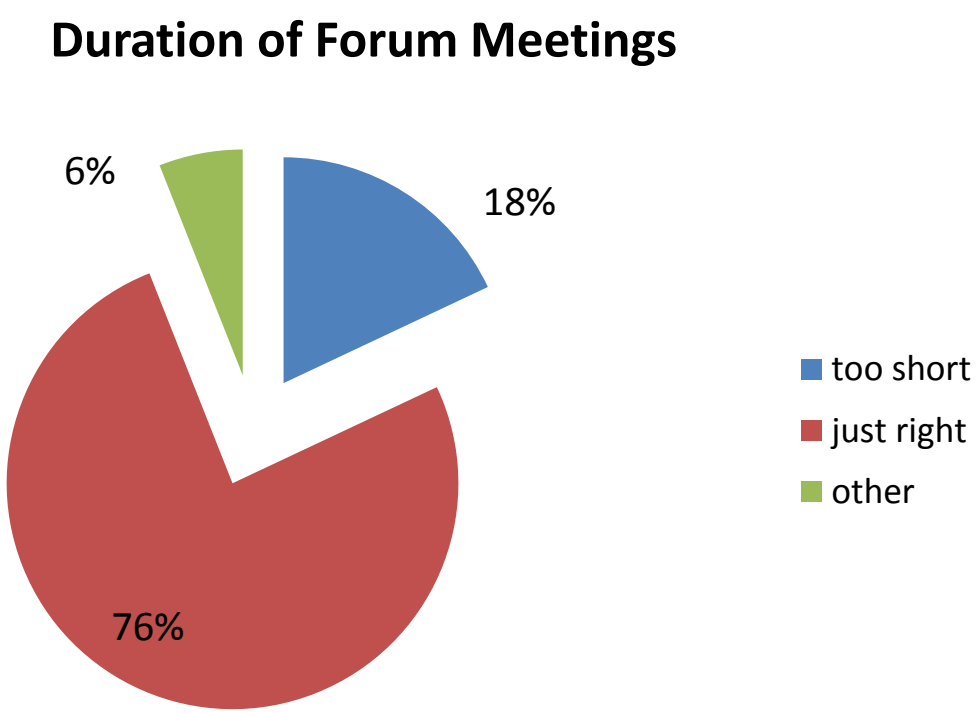
Q. 11 Do you think the duration of the Forum meetings are:



- Other responses
  - "depends upon the subject and if people travel a distance to attend, a short meeting, the benefit of attending in diminished."
  - N/A
  - Did not attend

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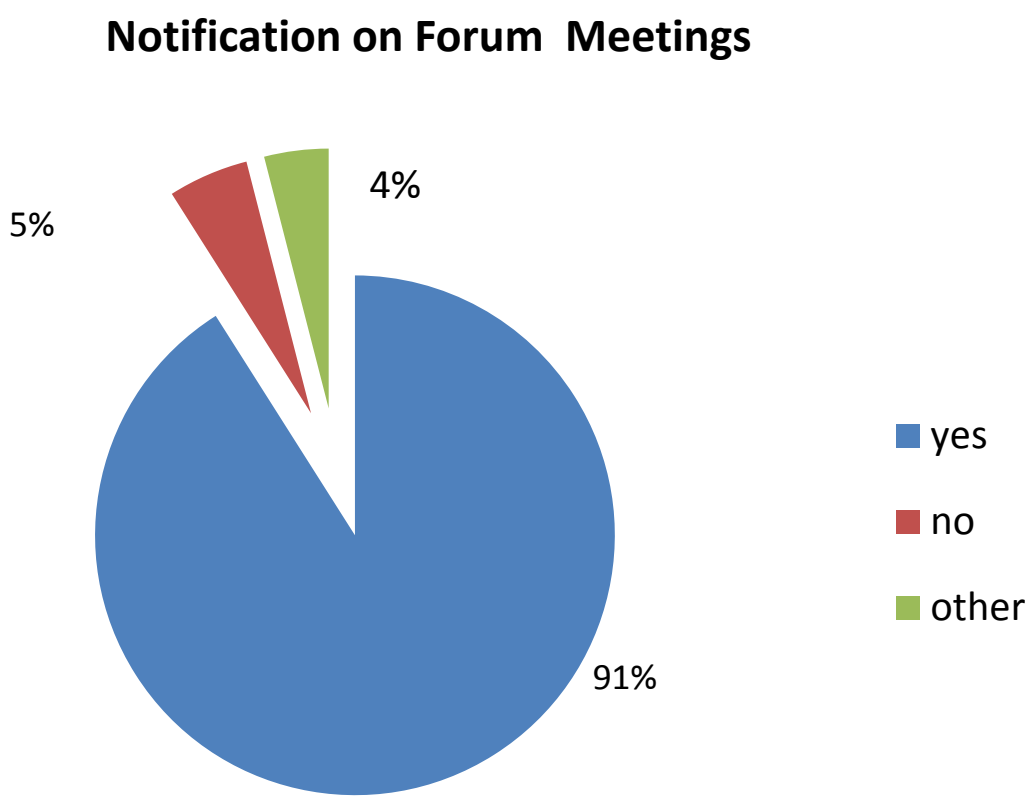
Q. 12 Do you receive enough notification about the Forum meetings?



- Other Responses
  - No answer
  - Did not attend

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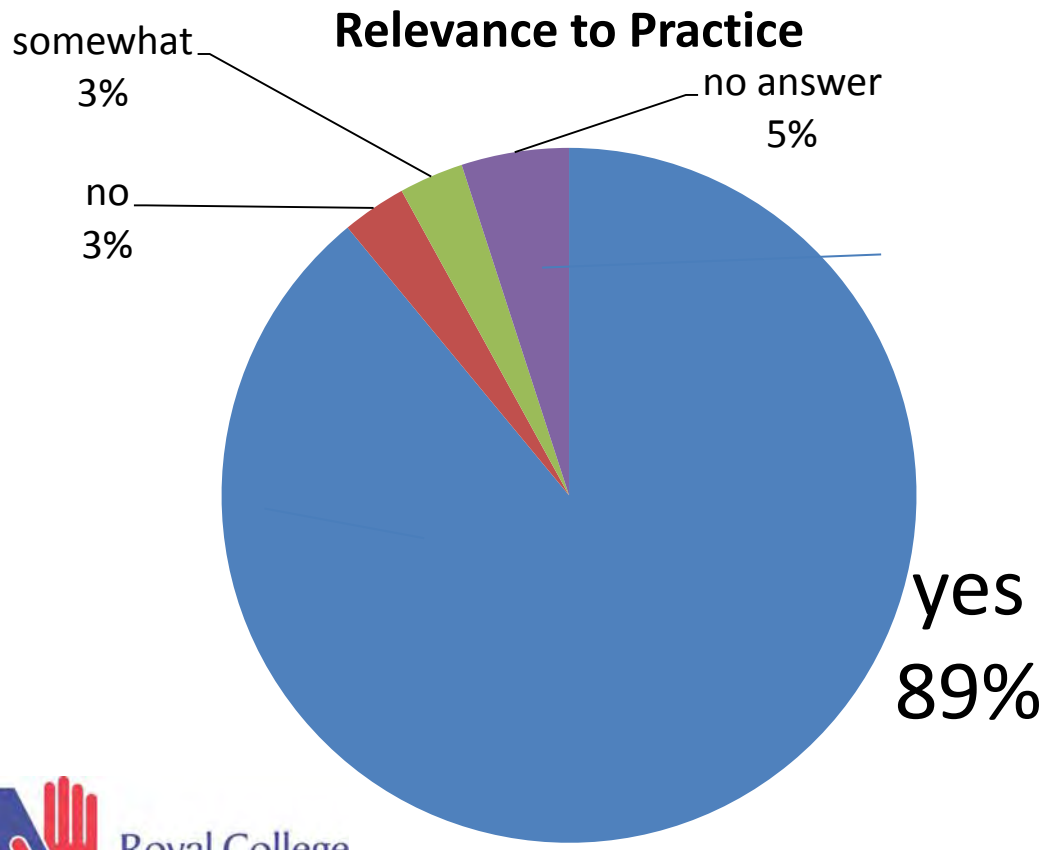
Q.13. Do you think the Topics/Agenda items are relevant to your practice?



- Other Comments noted
- Need to focus on items that effect staff on the ground rather than management issues
- Profiles of other areas needed
- Framework measurement tool was great
- Need to have the agenda in advance in time to prepare questions

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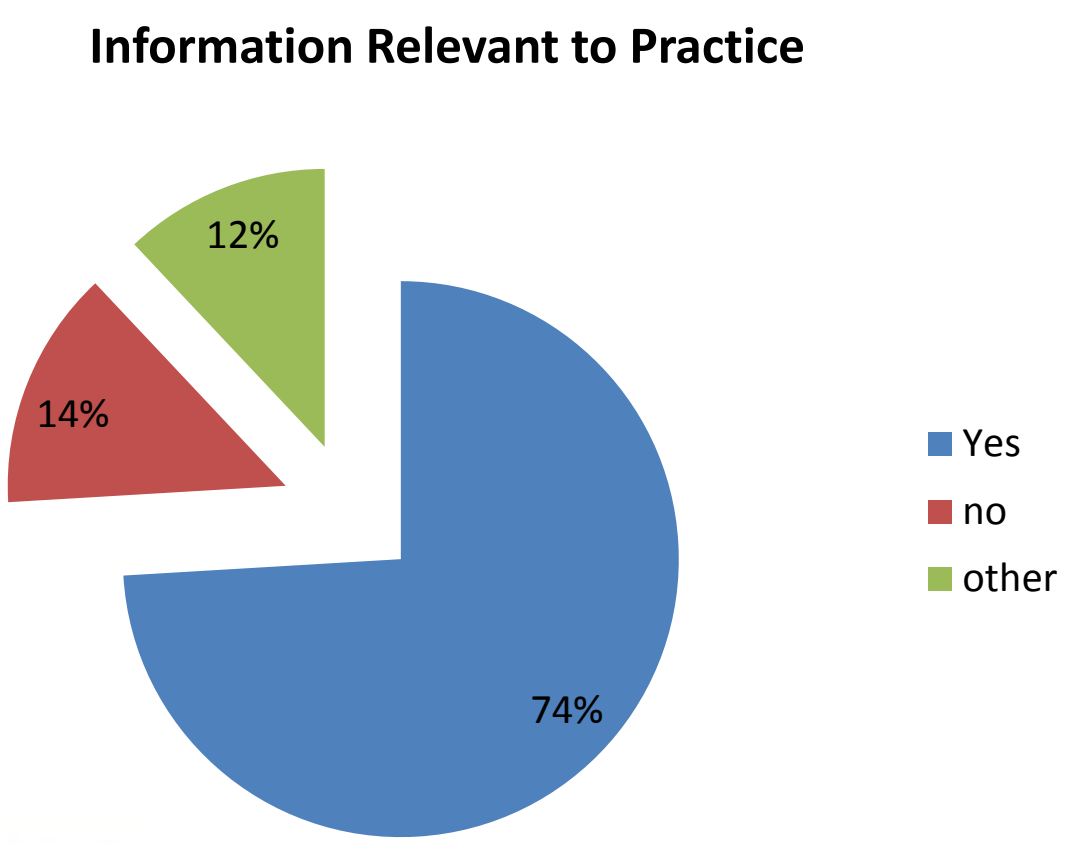
Q.14 Have you received notification/information relevant to your practice as an RNLD because you are a member of the Forum?



- Other Comments
  - "Not specifically in regard to specialist practice "
  - N/A

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Q. 15
How do you think the Forum meeting could be further developed?

- **Ownership**
  - build capacity and encourage ownership of the forum
  - wider variety of speakers and presentations
  - invite other universities to attend. outside speakers from other places not in NI
  - practitioner lead and key note speakers
  - subcommittee who work on specific actions to create and drive results
  - more membership from inpatient areas
- **Practice**
  - sharing best practice
  - continued development of tools and relevant to practice
  - content captures and address topical areas of discussion pertaining to practice
  - topics discussed are relevant and sharing of providers discussing their practice useful
- **Service Provision**
  - cross Trust agreements for patient transferring
  - Specific Trust information on services provided across the region

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Q.15 Cont….

- **Clinical**
  - taking more view of mental health promotion and suicide prevention learning from recent incidents of abuse
  - promoting MDT and multi agency working
- **Structure of Forum**
  - more structured session and less structured sessions to allow for networking
  - travel
  - more time to net work
  - run more often
  - more central location
  - feedback and sharing online
  - minute/ actions sent to all members / nurses who wish to subscribe to a newsletter
- **RNLD Profession**
  - need to find ways of publicising the profession
  - encourage present level of high attendance
  - continue

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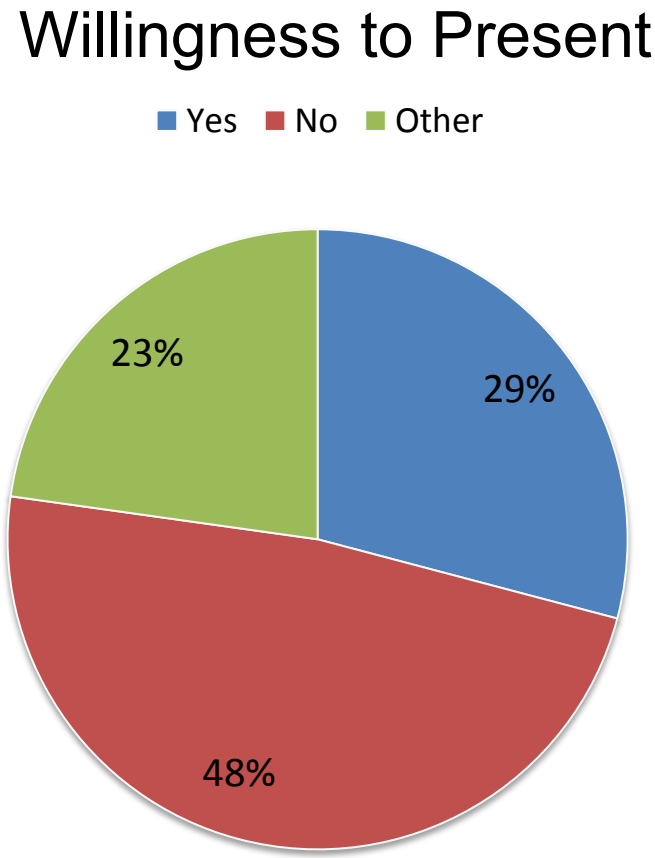
Q. 16 Would you be willing to present at further meetings?



- Other Responses
  - Depends on the agenda topic
  - May consider in the future
  - Would present if part of a group
  - Potentially
  - Not practicing as a nurse

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Question 17

Can You Please Suggest Potential Agenda Items/Speakers For Future Forum Meetings

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Clinical Topics

Trauma / Attachment	Medications / Policies Antipsychotics	Mental Health And Learning Disabilities	Mental Health Aids
Dementia	Early Intervention	Suicide Prevention	Forensics
Family Planning	Continence Care	Sleep Hygiene	Epilepsy Seizure Description Changes
Positive Interventions	Managing Crisis Behaviours	Drug Use	Sexual Health
Dysphagia	Promotion of Physical Wellbeing	Positive Behaviour Support	

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Practice and Education Topics

Dols	Best Practice In Other Trusts	Kardix Signing For GPS	Delegation To Non Registrants
Role Of CNLD	Assessment	Career Development	Mental Capacity
Restrictive Practice	New Research	Leaning From MAH	Regional Tools
New Curriculum	Sensory Integration	PIPS - Is It Failing LD ??	Service User Feedback
LD Link Nurses	Leadership	Reflective Practice	Early Interventions
Development Of Health Facilitation	Cultures	Safeguarding	Complex Care At Home
Transitioning - Parent To Speech	LD Liaison Role	Useful Training Opportunities	Treat me well LD Framework

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Strategic / Operational Topics

Defining Rules and CMS within MDT Critical For Service	RNLD In Social Care	Role Of LD In Acute Settings	SQE Projects
Staff Recruitment	RNLD In Supported Living	MDT Working	Importance Of Organisation Hierarchy
Criteria For Service Provision	Student Agenda	Feedback From Recent Creating Cultures Programme And Impact	Safe Staffing Levels
Concerns About Care Homes	LD Awareness In Public Service	Quality Improvements Initiatives	Hospital Community Interface
Agree Regional Training Requests			

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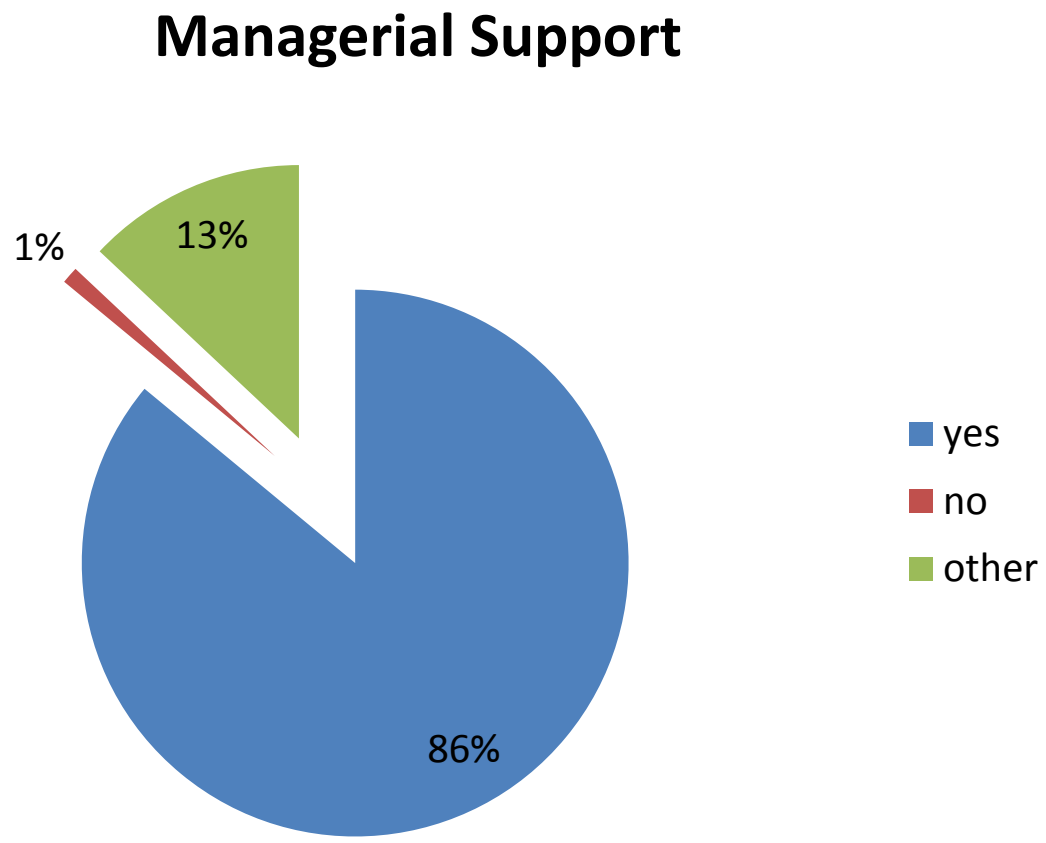
Q. 18 Does your manager support attendance at the meetings?



- Other Reponses
  - N/A
  - No answer given
  - Restricted to one member of staff attending

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Conclusions

- Registered Learning Disability Nurses overwhelming state the benefits of attending the Forum including the opportunity to
  - Network
  - Hear about regional initiatives
  - Gain support
- The vast majority of respondents are RNLD Band 6.
- Most respondents are aged 40-49.
- Request for more emphasis on Children's Services and the specialism of RNLD
- Nearly 90% of respondents had previously attended the Forum
- Some organisational issues are a concern particularly re; travel and Forum location.

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Conclusions cont.

- The majority of respondents felt the frequency and duration of the Forum meetings i.e. three per year and lasting 2 hours was “just right” .
- The majority of respondents felt they received enough notification about the Forum meetings while 90% stated the topics and agenda items were relevant to their practice.
- Respondents felt increased ownership of the Forum was important along with more emphasis on LD practice issues and service developments in moving forward.

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Conclusions cont.

- There was a degree of reluctance for Forum members to present at the meetings.
- A comprehensive list of clinical, professional and operational topics were requested for future agenda items.

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Recommendations

- Encourage attendance from the RNLD services and publicise the work of the Forum to RGN and RMN colleagues.
- Encourage more Band 5 nurses to attend Forum meetings.
- Promote a environment to support RNLD to present practice and service improvement, practice development initiatives at meetings.
- Review the suggested agenda items and include these in future meetings.
- Develop an action plan regarding succession planning in relation to the facilitation of future Forum meetings.

Royal College of Nursing Northern Ireland

Professional Development Forum
Registered Nurses Learning Disabilities

1st March 2018 10.00am – 12midday

Venue: Magee Campus Great Hall, Ulster University, Magee Campus, Northland Road, Londonderry, BT48 7JL

TOPIC: RCN NI 2017 Nurse of the Year – RNLD Finalists

2017 was a highly significant year for Registered Nurses – Learning Disability who were extremely well represented at the 2017 RCN NI Nurse of the Year awards. RNLDs made the finalists' list in four distinct categories, recognising the importance and value of the skills and expertise of RNLD across a range of specialities.

This meeting of the Professional Development Forum will focus on the award winning work of the 2017 finalists:

- The **RCN NI Nurse of the Year 2017 Siobhan Rogan** is from the SHSCT who received the overall award recognising her inspirational work in establishing the first fully integrated Child and Adolescent Mental Health Service (CAMHS) for young people with intellectual disability. Siobhan cannot be at the Forum meeting, her colleague Racheal McMaster will provide an overview of the service on her behalf.
- **Paul McAleer** from the NHSCT won the Inspiring Excellence in Mental Health & Learning Disability for his role in delivering the 'Second Chance for Change' psychodrama project.
- **Sara McCann,** an Epilepsy Nurse specialist, also from the NHSCT won the Learning Disability Award Category for her work in developing a Nurse Led Epilepsy Clinic.
- **Yvonne Diamond** from Priory Adult care was the runner up in the Chief Nursing Officers Award and was jointly nominated for her achievements if developing a new pathway for patients with complex mental health issues as a consequence of acquired brain injury. Unfortunately Yvonne cannot join us at the Forum meeting.

The nomination processes for RCN NI Nurse of The Year 2018 has just launched, **closing on 16 February 2018**, bringing an opportunity for RNLD to again shine throughout the breadth of categories.

Please note there will be free parking available on the day in the Magee campus for those attending the Forum meeting

Please follow link for map
https://www.google.co.uk/maps/place/Ulster+University+Magee+Campus/@55.0062362,-

Complimentary tea and coffee on arrival

For further details contact frances.cannon@nipec.hscni.net

Professional Development Forum
for
Registered Nurses Learning Disabilities

23rd November 2017 10.00am – 12midday

Venue: Conference Room 1, Braid Valley Hospital, Cushendall Road, Ballymena, BT43 6HL

Topic: Nursing & Midwifery Task Group: RNLD Nursing Workforce

The Nursing and Midwifery Task Group (NMTG) was set up by the Minister for Health in the Autumn of 2016 to look at the contribution nurses and midwives could make to population health and develop a roadmap that will provide direction in achieving world class nursing and midwifery services in a reconfigured HSC over the next 10-15 years. The work has been split into three sub-groups:

1. Workforce
2. Population Health
3. Care delivery in Primary, Community and Acute Care settings

The NMTG have already held a series of workshops, to date, throughout NI relating to Workforce and Population Health. We are delighted that we have secured a NMTG Workforce workshop for this RNLD Forum for you to:

- **hear the feedback the NWTG has received thus far**
- **highlight the priorities for Learning Disabilities Nursing.**

We strongly encourage you to attend on the 23rd November to have your say and contribute to this important work. Register your interest at Lorraine.andrews@nipec.hscni.net on or before 20th November 2017.

Please follow this link to access the
A Description of the Learning Disabilities Nursing Workforce – A Report (2016)
http://www.nipec.hscni.net/download/projects/current_work/promote_profdevelopment/strengthening-commitment/resources/A-Description-of-the-LD-Nursing-Workforce-in-NI-A-Report.pdf
which should help inform your thinking.

For further details contact frances.cannon@nipec.hscni.net

Royal College of Nursing Northern Ireland

NIPEC

Professional Development Forum
Registered Nurses - Learning Disabilities

19th June 2018 10.00am – 12midday

Venue: Great Hall, Magee Campus, Ulster University, Northland Road, Londonderry, BT48 7JL

The main event:

Launch of the Career Pathway for Learning Disability Nurses by Professor Charlotte McArdle, Chief Nursing Officer.

The NI Collaborative is delighted to have the CNO formally launch the Career Pathway for Learning Disability Nurses at this Forum meeting - a key priority under the Theme Strengthening Capacity in the NI Action Plan

The launch will be followed by an update from the NI Collaborative

Please note there will be free parking available on the day in the Magee campus for those attending the Forum meeting

Please follow link for map
https://www.google.co.uk/maps/place/Ulster+University+Magee+Campus/@55.0062362,-

Complimentary tea and coffee on arrival

For further details contact frances.cannon@nipec.hscni.net
To book a place please email lorraine.andrews@nipec.hscni.net

Royal College of Nursing Northern Ireland

NIPEC

Professional Development Forum for Registered Nurses Learning Disabilities

17th October 2018

All Events are from 10am – 12midday

Venue:
The Great Hall, Downshire Hospital, 53 Ardglass Rd, Downpatrick BT30 6JQ

TOPIC

Outcomes Measurement Framework

To Include:

Presentations from RNLDs

To register your attendance please email
lorraine.andrews@nipec.hscni.net

The Forum aims to provide a platform for Registered Nurses Learning Disabilities to exchange best practice, explore professional issues and promote networking opportunities.

All Registered Nurses Learning Disabilities across **all settings** are welcome to attend.

Further information for these events to follow closer to the date.
Information about previous events is available
http://www.nipec.hscni.net/ni-action-plan-strengthening-the-commitment-rnld-forum/

Royal College of Nursing Northern Ireland

NIPEC

Professional Development Forum
Registered Nurses - Learning Disabilities

26th March 2019 10.00am – 12md

Venue:
Lecture Theatre, Clady Villa,
Clinical Education Centre,
301 Saintfield Road, Belfast BT8 8BH

Topic:

- **Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery**
- **RNLD Professional Development Forum Evaluation Feedback**

To register your attendance please email
lorraine.andrews@nipec.hscni.net

The Forum aims to provide a platform for Registered Nurses Learning Disabilities to exchange best practice, explore professional issues and promote networking opportunities.

All Registered Nurses Learning Disabilities across **all settings** are welcome to attend.

For further details contact frances.cannon@nipec.hscni.net
eilish.boyle@nipec.hscni.net

Royal College of Nursing Northern Ireland

NIPEC

Professional Development Forum
Registered Nurses - Learning Disabilities

26th March 2019 10.00am – 12md

Venue:
Lecture Theatre, Clady Villa,
Clinical Education Centre,
301 Saintfield Road, Belfast BT8 8BH

Topic:

- **Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery**
- **RNLD Professional Development Forum Evaluation Feedback**

To register your attendance please email
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The Forum aims to provide a platform for Registered Nurses Learning Disabilities to exchange best practice, explore professional issues and promote networking opportunities.

All Registered Nurses Learning Disabilities across **all settings** are welcome to attend.

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eilish.boyle@nipec.hscni.net

Royal College of Nursing Northern Ireland

NIPEC

Professional Development Forum
Registered Nurses - Learning Disabilities

Date: 17th February 2020
10.00am – 12midday

Venue:

The Lecture Theatre, Clinical Education Centre, Craigavon Area Hospital, 68 Lurgan Road, Portadown BT63 5QQ

Topic:

Epilepsy

To register your attendance please email
lorraine.andrews@nipec.hscni.net

The Professional Development Forum aims to provide a platform for Registered Nurses Learning Disabilities to exchange best practice, explore professional issues and promote networking opportunities.

All Registered Nurses across **all settings** and **all fields of practice** are welcome to attend.

Further information
http://www.nipec.hscni.net/work-and-projects/pro-prof-dev-of-nurs-mids/strengthening-the-commitment/

For further details contact frances.cannon@nipec.hscni.net
eilish.boyle@nipec.hscni.net

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NIPEC

NI COLLABORATIVE ACTION PLAN WORKSHOP

Supporting People who are Experiencing or at Risk of Behavioural Distress in Learning Disabilities Nursing.

The Old School Canteen, Main Building, Tyrone and Fermanagh Hospital,
3rd May 2019
9.30 am –3pm

Facilitators

- **Professor Owen Barr - Professor of Nursing and intellectual Disabilities School of Nursing UU**
- **Lorraine Clarke WHSCT**
- **Glenda Frazer WHSCT**
- **Jacqui Boyd WHSCT**

9.30 - 10.00	**Coffee and Registration**	**All**
10.00 - 10.20	**Welcome and Introduction**	**Eileen McEneaney EDoN NHSCT**
10.20 - 10.45	**Devising a workshop safety agreement**	**Lorraine Clarke WHSCT**
10.45 - 11.00	**Coffee**	
11.00 - 11.30	**Claims, Concerns and Issues Exercise.**	**Lead by Professor Owen Barr**

11.30 - 11.50	**Case Presentation –** Behaviour Nurse Specialist Learning Disabilities (Questions and discussion)	**Barry Davey** **SEHSCT**
11.50 - 12.10	**Case Presentation** RNLD (Questions and discussion)	**Ailish McMeel** **RCN/ BHSCT**
12.10 - 12.30	**Case Presentation** RNLD inpatients (Questions and discussion)	**Lorraine Feeney Ward Sister Lakeview Hospital WHSCT**
12.30 - 1.15	**Lunch and networking**	**All**
1.15 - 1.35	**Case Presentation** **S**upported living Questions and discussion	**Rosemary Wray NHSCT**
1.35 - 1.55	**Case Presentation** RNLD Children's Services	**Lisa Harris** **Ronan McLaughlin** **WHSCT**
1.55 - 2.25	**Review CCI Exercise**	**Lead by Professor Owen Barr**
2.25 - 2.45	**Development of/personal action team plans for practice including consideration of Human Factors in Learning Disability Nursing**	**Lorraine Clarke**
2.45 - 2.50	**Learning and reflections from today's presentations (One minute one message)**	**Lorraine Clarke and team**
2.55 - 3.00	**Thank you/acknowledgments** **Evaluation and Close**	**Professor Owen Barr**

NI Collaborative Action Plan Workshop
Effective Responses to Safeguarding Incidents (Children and Adult)
In Learning Disabilities Nursing
The Innovation Factory, Forthriver Business Park, Springfield Road, Belfast

23rd May 2019 10am – 3pm

Facilitators	Owen Barr, Professor of Nursing and Intellectual Disabilities Ulster University. Paula McIlwaine SEHSCT, Barry Davis SEHSCT & Damian Mc Aleer Clinical Education Centre.	
9.30 - 10.00	Registration and Coffee	All
10.00 - 10.15	Welcome, Opening remarks and House Keeping	Professor Owen Barr
10.15 - 10.30	Revisit Group Agreement and Learning from Workshop 1	Barry Davey
10.30 - 11.00	Values Clarification Exercise	Paula McIlwaine Professor Owen Barr
11.00 - 11.20	Coffee	

11.20 - 12.20	Role of Children's Safeguarding Nurse *Case presentations* *Table Top - Decision Making Exercise*	Kelley Donnelly Safeguarding Children's Nurse Specialist. SHSCT Barry Davey
12.20 - 12.30	Summarise and complete VCE (if required)	All
12.30 - 1.15	Lunch and networking	
1.15 - 2.15	Role of the Adult Safeguarding Nurse *Case presentation* *Table Top Decision Making Exercise* QI Project on Adult Safeguarding	Ray McCafferty, Adult Safeguarding Nurse Specialist. NHSCT and Damian McAleer Nurse Education Consultant, CEC
2.15 - 2.30	As a Collective of RNLD what are our Values and Beliefs- (summary of the VCE session)	All
2.30 - 2.45	One minute one message	Barry Davey
2.45 - 2.55	Post Card Exercise (actions/goals for the next 6 months)	Paula Mc Ilwaine
2.55 - 3.00	Evaluations and Closing remarks	Professor Owen Barr

Exhibit 70

MAHI - STM - 259 - 1194

Llywodraeth Cymru
Welsh Government

DoH
www.health-ni.gov.uk

DH Department of Health

Sustaining the Commitment

The report of the UK Modernising Learning Disabilities Nursing Reviews

#100yrsRNLD #RN 1919 LD 2019

Celebrating 100 years of learning disability nursing
and forward to the next 100 years

January 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Sustaining the Commitment

In 2011, the UK chief nursing officers initiated a review of learning disability nursing to ensure a focus and direction for registered learning disability nurses (RNLDs) and to highlight their longstanding commitment to this essential field of the nursing family. This resulted in the publication in 2012 of Strengthening the Commitment which set out a clear agenda to meet the challenge of making sure that people with learning disabilities across the United Kingdom had high quality support from RNLDs.

Throughout the review the four UK countries joined by the Republic of Ireland in the implementation phase worked closely with people with a learning disability, their families and carers, nurses and others to meet the challenge of making sure that people with a learning disability had the support that they deserved, needed and were entitled to in modern health and social care services.

Each country agreed to lead specific workstreams and meet regularly to oversee a programme of work. Much has been achieved throughout the programme including the sharing of good practice, nurturing of future leaders, structural changes in terms of networks, as well as products that have come out of the programme. Many of these are highlighted in Living the Commitment published in 2015 and include:

The development and strengthening of networks

The UK Learning and Intellectual Disabilities Nursing Academic Network (LIDNAN) was set up as an outcome of the work programme. The Network continues to flourish bringing together academics and practitioners from across the UK and the Republic of Ireland to support a robust academic and research base.

More RNLDs than ever before are using social media and communities of practice to share practice and experience, learning and supporting each other.

The UK Learning Disability Consultant Nurse Network continues to provide a focus for innovation and development across the UK countries. The Health Equalities Framework (HEF), an outcome measure was developed by members of the Network and is being used across the UK.

In Wales, following concerns about safety of care of people with a learning disability accessing acute care, a hospital care bundle was developed with the family of a deceased patient. The care bundle received greater attention due to the Strengthening the Commitment programme and has led to improvements in care and a greater understanding by general hospital staff. The family has gone on to establish the Paul Ridd Foundation that supports awareness training for champions in health care settings.

Leadership

As well as the high level leadership demonstrated by the chief nursing officers the programme enabled a number of student and newly qualified nurses to be developed and mentored either through involvement in the programme, individual mentorship or participation in the bespoke leadership programme that was delivered.

Promoting competence

A number of products were commissioned via NHS Education for Scotland during the programme, the work focuses on:

- improving health equalities for people by the development of the Equal Health Framework and associated learning resources
- supporting workforce development in Positive Behaviour Support and Active Support
- developing a range of resources to enhance staff's knowledge and skills in supporting people with learning disability who have complex care and support needs

The resources, which are available for wide use across the UK, can be found on the NHS Education for Scotland website and include

- Learning Byte - Living Healthy Living Well
- Learning Byte - Postural Care
- Learning Byte - Breaking the Barriers
- Equal Health Educational Framework
- Equal Health Informed Practice DVD
- Equal Health Skilled Learning Resource
- Career and Development Framework for Learning Disability Nursing in Scotland
- National Framework for Pre-registration Learning Disability Nursing Field Programmes in Scotland
- Positive Behavioural Support: A Learning Resource
- Positive Behavioural Support: Facilitators Pack
- Thinking about me? Essential psychological care for people with learning disabilities
- Improving practice:supporting people whose behaviour is perceived as challenging
- Career Pathway for RNLD's in Northern Ireland
- Outcomes Based Resource Pack for Registered Nurses Learning Disabilities

Throughout, the programme has sought to strengthen the role of RNLDs recognising the benefits of having specifically prepared nurses to support people with learning disabilities.

As a consequence of the programme, progress has been made in strengthening the profession by ensuring networks that provide a platform to promote, share and develop the contribution of learning disability nurses, developing competence within the profession and across the wider health and social care system, providing outcome measures and resources to reduce health inequalities and strengthening leadership among learning disability nursing.

Challenges that still need to be addressed

It is now time to reflect on progress and consider the challenges that are still before us and in doing so reaffirm the important role that RNLDs have in supporting people with a learning disability and their families within the health and social care system.

We continue to face a number of challenges across the UK, including:

- recruiting and retaining the right number of RNLDs
- a need to build expertise across the health and social care systems to ensure reasonable adjustments are made and health needs identified and met
- complexity of services that can result in difficulties in accessing and navigating services
- some people with learning disability are remaining in hospital settings far longer than they should and are effectively living in an NHS bed and some people are receiving treatment a long way from home.

As a consequence, the support of RNLDs remains vital across the age range and in all settings. RNLDs play an important role in reducing the health inequalities that have all too often been experienced by people with learning disabilities. Going forward each country has their own programme of work through which the CNOs will continue to demonstrate their strong commitment to learning disability nursing. This document aims to act as a springboard to support the UK countries to continue to maintain the focus upon the needs of individuals with a learning disability and the importance of the role of the RNLD.

What next

In Wales

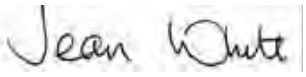
The Minister for Health and Social Services established a comprehensive review in February 2017. The review sought to assess how well public services in Wales identified and responded to the needs of individuals with a learning disability and their families/carers. The result of the review was the Learning Disability – Improving Lives Programme report published in June 2018. This report makes 24 recommendations across housing, health, education, transport and social care. The recommendations were fully supported by Cabinet and all sectors are now progressing work to deliver on these. There is a Ministerial Advisory Group in place to oversee the work.

Additional funding of £2m was announced in March 2019 to support the territorial Health Boards to strengthen capacity. This money is being spent on areas like acute and primary care liaison and to create a number of clinical lead posts Public Health Wales to support Health Boards in delivering on the health recommendations.

RNLDs have a role across all of the recommendations within Improving Lives, including:

- maximising the opportunities for RNLDs to work more effectively across the lifespan and particularly with children and around transition
- being able to offer a range of assessments and interventions that support people to live in their own homes and reduce the need for admission to specialist learning disability hospital settings
- supports the reduction of restrictive practices and inappropriate use of medication
- capitalising on the support RNLDs can provide in building expertise in the wider health care system to support people to have their health needs identified and met
- driving nurse led practice and advanced practice within learning disability services

Welsh Government is committed to ensure people who have a learning disability have access to a range of public services that will work seamlessly in partnership with them and their carers to enable individuals to live happy, healthy, fulfilling lives.



Professor Jean White CBE, Chief Nursing Officer (Wales)

In Scotland

The Minister for Mental Health, Minister for Older People and Equalities and Convention of Scottish Local Authorities (COSLA) launched the Keys to Life: implementation framework and priorities 2019-2021 in March 2019.

The framework is shaped by the Scottish Government's National Performance Framework that sets national outcomes describing the kind of Scotland it aims to create.

The outcomes reflect the values and aspirations of the people of Scotland, are aligned with the United Nations Sustainable Development Goals and help to track progress in reducing inequality.

The outcomes most closely aligned with the Keys to Life are that people are healthy and active; respect, protect and fulfil human rights and live free from discrimination; grow up loved, safe and respected so that they realise their full potential, and live in communities that are inclusive, empowered, resilient and safe. Safe, effective person centred care is at the heart of health care in NHS Scotland.

The strategic outcomes of the Keys to Life are

- A Healthy Life*:* People with learning disabilities enjoy the highest attainable standard of living, health and family life.
- Choice and Control**:** People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse.
- Independence**:** People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
- Active Citizenship**:** People with learning disabilities are able to participate in all aspects of community and society.

The Chief Nursing Officer's long term strategy to shape the future of the nursing workforce is expressed in the Nursing 2030 vision and through Excellence in Care (EiC). EiC will ensure NHS boards and integrated joint boards have a consistent and focussed approach to measuring, assuring, reporting and improving the quality of nursing and midwifery care and practice.

The systems will inform quality of care reviews at national and local level, and drive continuous improvement in nursing and midwifery care. EiC quality measures for learning disabilities focus on opportunities for people with learning disabilities and the central role of RNLDs whose work and value base is often cited as good practice where people may experience difficulties in communication or experience stigma and discrimination.

RNLDs are central to reducing inequalities through direct interventions and working in partnerships, embedding collaborative working across multi-disciplinary, multi-agency and academic partnerships. This approach advocates person, family, carer, support networks which enable greater participation in care. The approach maximises the opportunities for RNLDs to work effectively in knowledge exchange and collaborative approaches within public health for people with learning disabilities,

such as increased access and participation in national screening programmes, early identification and prevention. It also improves access, participation and outcomes focus for people with learning disabilities to services such as health checks and epilepsy care plan review.

RNLDs have led the way in a number of modern health contexts, for example Modern Outpatient, Realistic Medicine, Lived Experience and Self-Management. They have used a quality management approach to identify areas of improvement and ensured an equal focus on building on strengths. They have developed a shared leadership model resulting in an 'Exceptional' Healthcare Improvement Scotland Rating for 'Leadership', European Foundation Quality Management 5 star award, and multiple national and international recognitions with recurring themes of innovation, safety and person centred model of care. RNLDs have also significantly contributed to reviews of incapacity law and practice, and the review of learning disability and autism in Scotland's Mental Health Act.

In Strengthening the Commitment, Scotland committed to lead for the four nations on work on positive behaviour support and interventions by RNLDs. Positive Behaviour Support (PBS) is core to the work of learning disability nursing: using behavioural technology and person centred values to understand the function or cause of the behaviour of concern. PBS brings together values, theory and process to support people. NHS Education Scotland has developed and hosts a range of PBS learning resources.

Our future vision for RNLDs is that they will:

- be central to the development of Trauma Informed Care and complementary approaches to service delivery for people who have a learning disability with complex needs

- consider how best to contribute to the knowledge, skills and attributes the current and future workforce across NHS Scotland need, sharing their learning and experience of practice which is sustainable and progressive, focusing on prevention, early intervention and enablement to support people to continue to live well in their own homes and communities;
  Shape and influence national policy development, stepping into an enhanced leadership role to continue to model person centred approaches across NHS Scotland

Fiona McQueen, Chief Nursing Officer (Scotland)

In England

As Chief Nursing Officer for England, I recognise how the *Strengthening the Commitment* and accompanying guidance, has provided the four countries of the UK with a common framework to raise the national profile of learning disability nursing and to help shape learning disability nursing practice. I see the guidance as an important enabler for change, clearly illustrating the contribution and impact of this valuable branch of nursing and recognising the vital work done by learning disability nurses every day to support people and their families.

As we progress the NHS Long Term Plan in England, it is a time of opportunity for learning disability nurses, and for those aspiring to pursue a career in this field. Our commitment to increase incentives for those entering pre-registration nursing will support the explicit ambition to increase the number of learning disability student nurses and the recent announcement to increase funding for continuing professional development will support those in practice to further enhance their expertise.

I am very much committed to ensuring learning disability nursing remains a priority. Delivering improved care and improved outcomes will require greater cohesion across the nursing workforce, with learning disability nurses leading the way in reducing health inequalities and supporting nursing colleagues across all sectors to deliver our collective aims for people and their families. It will be important that learning disability nurses are more fully integrated into the wider workforce and are recognised as key enablers within the multidisciplinary team.

The recent celebrations to recognise 100 years of learning disability nursing showcased an amazing array of innovation and I have personally committed to build on the success of this by supporting several initiatives to help sustain the positive profile of the profession.

As we look towards the next 100 years, I believe learning disability nursing will continue to gain prominence, with the expertise of learning disability nurses being actively sought across health and social care. Fundamentally, learning disability nurses will always remain expert ambassadors and advocates, ensuring people's voices are heard, their rights upheld, and their access to high quality care ensured.

Ruth May, Chief Nursing Officer (England)

In Northern Ireland

Northern Ireland has a ten year plan to transform its health and social care system including improving the lives of those 40,177 people living in NI with learning disabilities.

In January 2017, the NI devolved government collapsed however despite the absence of a sitting Executive or Assembly, NI currently continues to work within the context of the Ministerial direction set out by a previous Health Minister in 2016 in the document Health and Wellbeing 2026: Delivering Together.

A major aim in NI's draft Programme for Government is for the people of NI to 'enjoy long healthy, active lives'. The Department of Health is the lead agency for delivering this outcome. Research shows that people with learning disabilities do not enjoy equal opportunity in living long and healthy lives. The research has also repeatedly highlighted the mortality gap and health inequalities they experience.

The Chief Nursing Officer for Northern Ireland is sustaining her commitment to develop, strengthen and grow the scope of practice and role of RNLD's in Northern Ireland through a range of work streams. As part of this commitment the Chief Nursing Officer has commissioned a number of strategic projects which are specific to nursing for people with a Learning Disability including:

- asking the Public Health Agency to progress a phase of the Delivering Care Policy Framework for Nursing and Midwifery Staffing in Northern Ireland focusing on Learning Disability Nursing (Hospital and Community). The Delivering Care Policy Framework aims to support the provision of high quality care which is safe and effective in hospital and community settings through the development of a framework to determine staffing ranges for nursing workforce

- commissioning a Review of Nursing for people with a Learning Disability in Northern Ireland

- commissioning the Foundation of Nursing Studies to facilitate a bespoke Creating Cultures Programme for RNLD's working across Northern Ireland

- commissioning a regional professional development forum for RNLD's, This forum was launched in March 2017 and is jointly led by NIPEC and RCN NI, To date, the forum has facilitated seven learning events which were attended by an average of 50 RNLD's from across the region

- commissioning NIPEC to develop a specific Practice Assessment Document for Learning Disabilities nursing students in Northern Ireland in preparation for the Future Nurse Future Midwife NMC Education Standards Northern Ireland implementation

In addition, the Department of Health in Northern Ireland have;

- retained the bursary for undergraduate nurse training in Northern Ireland. Places for undergraduate training for learning disabilities nursing students were increased by 33% in 2018-19 and increased by a further 25% 2019-20, taking the total number of undergraduate training places for learning disability nursing up to 50

- commissioned the Health and Social Care Board to develop a new Regional Model for Adult Learning Disability Services in Northern Ireland

- undertaken to implement the first phases of The Mental Capacity Act (Northern Ireland) 2016 in October and December 2019. The Mental Capacity Act (NI) 2016 is a progressive piece of legislation that, when fully commenced, will fuse together mental capacity and mental health law for those aged 16 years old and over within a single piece of legislation, as recommended by the Bamford Review of Mental Health and Learning Disability

All the work being progressed to improve the lives of people living with learning disabilities is happening against a backdrop of serious allegations of abuse at Muckamore Abbey Hospital, NI's main hospital for people with learning disabilities which is currently the subject of a large-scale police investigation. This has been an extremely turbulent time for patients, their families and staff working in Learning Disability services. The Chief Nursing Officer for Northern Ireland is committed to a culture of learning and quality improvement. The findings and associated learning from this investigation will undoubtedly be a further driver for change and reform.

These work streams, and the outcomes of ongoing and future reviews will inform and set out the roadmap for the transformation and development of new services for people with a learning disability and the future role of RNLD's.

The Chief Nursing Officer and the Department of Health's vision is to ensure that everyone living in Northern Ireland will enjoy long, healthy, active lives; and to ensure that people get the right care, of excellent quality, at the time of need as outlined in the Draft Programme for Government. Achieving this requires transformation across the Health and Social Care system. RNLD's will have a central role to play in helping to deliver this vision.

Charlotte McArdle

Professor Charlotte McArdle, Chief Nursing Officer (Northern Ireland)

Conclusion

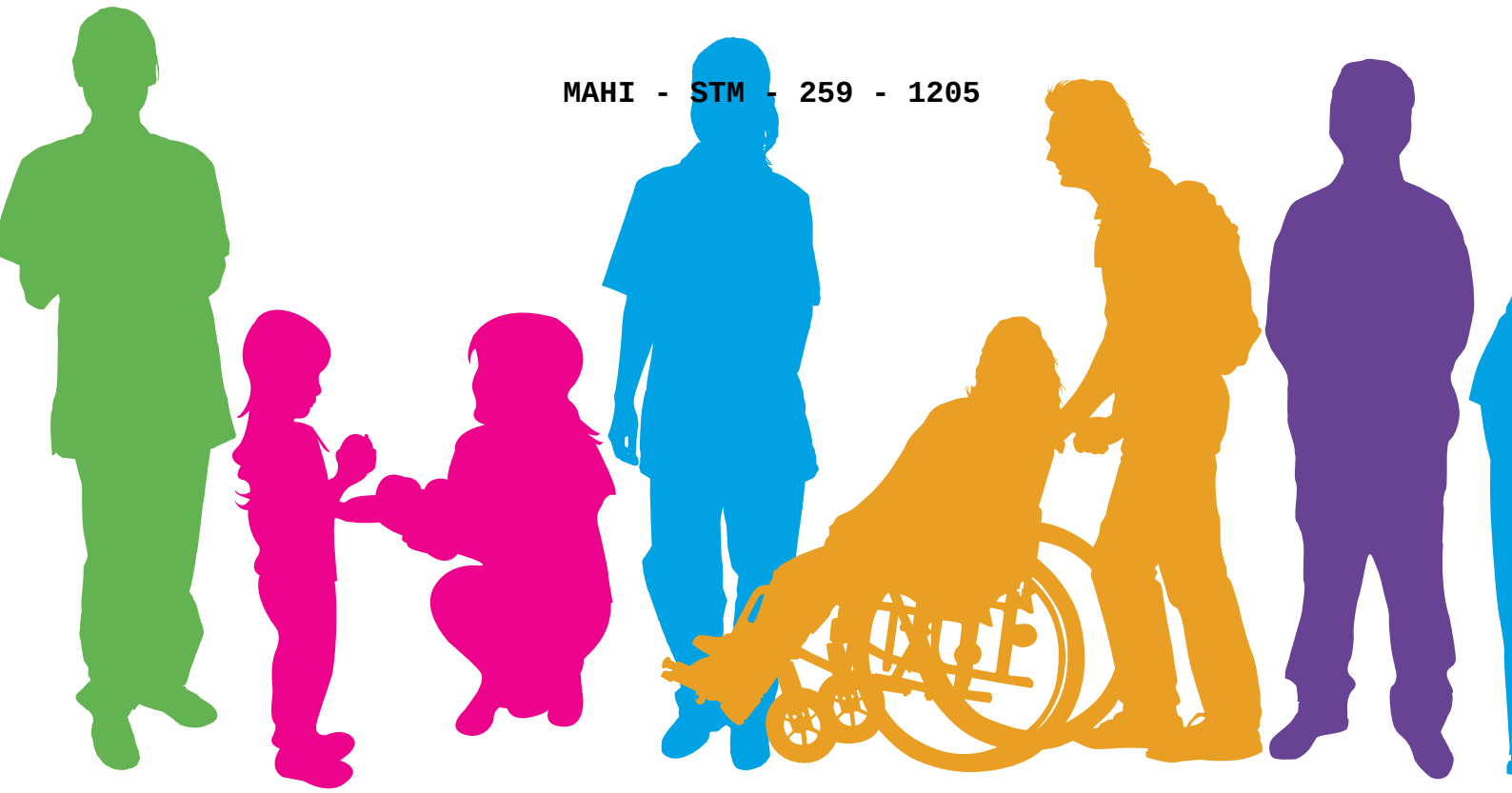
Strengthening the Commitment and Living the Commitment has provided the four countries with a framework to raise the profile of learning disability nursing and to shape learning disability nurse practice. The development of networks and connections across the four countries has ensured that the voice of learning disability nursing is heard and the value and impact of the profession is recognised. A great strength has been the work that the profession has done in working with people and their families and this is a partnership that we endorse as each country progresses forwards with their plans to continue to strive for excellence.

It is an exciting time for learning disability nursing, there is a strong social movement promoting the profession and national groups advocating and leading discussions on the future role of learning disability nursing. This has led to increased employment opportunities across a greater variety of settings and an increase in demand for learning disability nurse training. We are committed to listening, hearing and taking action to support the delivery of learning disability nursing across the four countries and will continue to work closely with colleagues to build the capability and capacity of the workforce. We recognise that there have been challenges in recruiting to learning disability nurse training programmes and we are in support of the actions to promote learning disability nursing as a profession and in support of the national commitment to invest in the workforce.

We recognise that learning disability nursing has faced many challenges. The most significant of these has been in the failure of care for some of the most vulnerable people. Learning disability nurses are committed to challenging poor, discriminative and abusive practice and we are committed to standing with the learning disability nursing workforce to promote abuse free care that promotes the welfare of people and their families. We welcome a greater cohesion across the nursing workforce to reduce health inequalities and promote positive outcomes for people with learning disabilities.

As the celebrations of 100 years of learning disability nursing are coming to an end, it is important to reflect on where learning disability nursing has come from and to look beyond the horizon to the future role of learning disability nursing. Strengthening the Commitment and Living the Commitment has demonstrated the work that has been undertaken to affect the some of the changes needed to make a difference to people’s lives and each of the countries has stated their ongoing pledge to further evolve the workforce by identifying priorities to continue with this work in line with national policy and developments. Moving in to the next decade learning disability nurses must continue to be ambassadors, working with people, their families and communities to promote and advocate for the rights of people with learning disabilities to receive the health care they need.

MAHI - STM - 259 - 1205



The CNOs would like to thank NHS Grampian for their support in producing this publication.

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NIPEC

Dear…..,

Re: Northern Ireland Delegation Framework for nursing and midwifery.

In 2014, the Central Nursing and Midwifery Advisory Committee (CNMAC) agreed that the practice of delegating aspects of nursing and midwifery care in Northern Ireland required further exploration. Work completed to date includes:

- A regional scoping exercise conducted by the Clinical Education Centre (CEC)
- A regional workshop to consider aspects of the delegation of nursing and midwifery care jointly hosted by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the CEC.

Subsequently, a number of priorities were presented to CNMAC to determine immediate and future action, ensuring that the process of delegation of nursing and midwifery care at a local and regional level would meet the requirements of the Nursing and Midwifery Council (NMC) Code[1] and support the highest possible level of patient/client safety. The priorities included:

- A review/refresh of the existing Delegation Framework for nursing and midwifery Staff (CNMAC, 2009), within a multi-disciplinary approach if possible.
- Consideration of assessment of risk along with guidance and the effective use of a traffic light system that is explicit regarding activity that should not be delegated.

We have been asked to jointly chair a Task and Finish Group on behalf of the Chief Nursing Officer, to develop an approach to delegation of nursing and midwifery practice that addresses these priorities. The final product will be reported to CNMAC. Angela Reed, NIPEC will be working with us to support the work to a successful finish.

We have discussed with NIPEC a proposed methodology, which at this stage will commence with a single day workshop Friday 23rd September 2016 9:30am – 4:30pm.

We would like to invite you to nominate individuals (see representation grid Appendix A), who would provide the appropriate knowledge and skills to progress the work appropriately at the workshop. Terms of Reference for the Task and Finish Group are outlined at Appendix B.

Thank you for your commitment to this work,

Kind regards,

[1] Nursing and Midwifery Council. (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. London, NMC.

Appendix A: Regional Task and Finish Group: Delegation of Nursing and Midwifery Care

HSC TRUSTS	
Service Area	HSC Trust
Prison Health Care	SEHSCT
Children's In-patient Ward	EDoN
Community Learning Disabilities	Workforce and Governance ADN
Mental Health In-patient	WHSCT
Community Children's	EDoN
District nursing	Workforce and Governance ADN
Outpatients services	BHSCT
Learning Disabilities in-patient	EDoN
Adult	Workforce and Governance ADN
Midwifery	NHSCT
School nursing	EDoN
Specialist Nurse practitioner	Workforce and Governance ADN
Mental health community	SHSCT
Health visiting	EDoN
Specialty nursing e.g. ICU ED	Workforce and Governance ADN
INDEPENDENT SECTOR	
Joanne Strain	Head of Nursing Care Standards and Quality, FSHC
Melanie Bowden	Practice support manager, FSHC
Alana Irvine	Regional Manager, FSHC
Vera McKendrick	Director of Care Services, Optimum Care
Ciaran Sheehan	Director of Care Circle
RQIA	
DHSSPS	
Charlotte McArdle	DHSSPS Chief Nursing Officer
Mary-Frances McManus	Nursing Officer, DHSSPS
Heather Finlay	Nursing Officer, DHSSPS
Maura Devlin	Member of CNMAC
NIPEC	
Angela Reed	Senior Professional Officer, NIPEC
Michelle Burke	Professional Officer, NIPEC
EDUCATION PROVIDER	
	Head of CEC

Maurice Devine	Assistant Head of CEC
	QUB
	Ulster
Donna Gallagher	OU
PHA	
Lynne Charlton	Head of Nursing, Quality, Safety and Patient Experience, PHA
Patricia McStay	LSA Midwifery Officer
PROFESSIONAL/UNION	
Garrett Martin	Deputy Director, RCN Northern Ireland
Rita Devlin	Head of Professional Development, RCN Northern Ireland
Gavin Fergie	Professional Officer, Health Sector, UNITE
SOCIAL WORK	
Jillian Martin	DoH

Appendix B: Terms of reference, Regional Task and Finish Group: Delegation of Nursing and Midwifery Care

Purpose

The Task and Finish group is responsible for agreeing a draft Delegation Framework for nursing and midwifery care in Northern Ireland to ensure that the process of delegation at a local and regional level will meet the requirements of the Nursing and Midwifery Council (NMC) Code[2] and support the highest possible level of patient/client safety.

2. Main Functions

a. To agree the draft Delegation Framework for nursing and midwifery care in Northern Ireland.

b. To make recommendations to the Central Nursing and Midwifery Advisory Committee (CNMAC) in relation to the content and implementation of the agreed draft Framework.

3. Accountability

The Task and Finish group is accountable through the Co-Chairs to the Chief Nursing Officer (CNO) via CNMAC, who will agree the draft Framework, making any required amendments, before final 'sign-off' by the CNO.

4. Member Responsibility

- To contribute to the achievement of the development of the draft Framework
- Participate in activity related to the production of the draft Framework
- Participate in respectful, open debate
- Welcome and provide constructive challenge
- Manage information related to the Framework responsibly, ensuring confidentiality when required

5. Frequency of Meetings

The Task and Finish group will meet for a one day workshop in September 2016, following which time the Co-Chairs of the group will agree a way forward, communication strategies and any requirement for further meetings.

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[2] Nursing and Midwifery Council. (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. London, NMC.

Exhibit 72

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NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

DECIDING TO DELEGATE:
A DECISION SUPPORT FRAMEWORK FOR NURSING AND MIDWIFERY

Leading and inspiring nurses and midwives
to achieve and uphold excellence
in professional practice.

CONTENTS

FOREWORD

We are delighted to provide to you: *Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery.* This framework has been co-produced through a high level of engagement with nurses, midwives and other professionals across Northern Ireland.

The work to produce this new resource has benefited from the experience of a wide range of individuals who are delegating tasks and duties every day to enable person-centred care and services to be delivered in Northern Ireland. In recognition of the increasing complexity of service delivery and responsibility for the delivery of care crossing professional boundaries, particularly between nursing and social work/social care, we were asked to jointly Chair the Task and Finish Group convened to complete this initiative. This approach afforded an opportunity to understand the roles and responsibilities of each of the professions and the challenges and issues faced in the delegation of tasks and duties.

The construction of the framework acknowledged the work that the Central Nursing and Midwifery Advisory Committee (CNMAC) had completed in the past, and the revision of the Nursing and Midwifery Council (NMC) Code in 2015, which includes clear messages about the responsibilities of nurses and midwives when delegating tasks and duties.

The focus of this framework is centred on the person being cared for and the need for safe and effective delegation that supports services to enable and promote health, independence and wellbeing in the place of the person's choice, as far as is possible.

We commend its use and look forward to advancing the next stages of this important work which will consider a framework to support delegation across professions.

Kathy Fodey

Director of Regulation and Nursing, Regulation and Quality Improvement Authority (RQIA) (until April 2018)

Colum Conway

Chief Executive of Northern Ireland Social Care Council (NISCC) (until September 2018)

A FRAMEWORK FOR DELEGATION OF NURSING AND MIDWIFERY PRACTICE

Introduction and Context

Section 11 of the Nursing and Midwifery Council Code (NMC)[1] states clearly that registrants are accountable for decisions to delegate tasks and duties to other people. That includes the responsibility to *confirm that the outcome of any task*[2] *delegated meets the required standard*[3] for the task.

The ability to delegate safely is a critical requirement and competence for the 21st century healthcare worker. Stakeholder feedback in Northern Ireland (NI) on the current decision making process for delegating nursing and midwifery tasks and duties identified that the development of a decision support tool would promote consistency across all care and service contexts. Consequently, there is the potential for patient safety and the quality of care and services provided to be improved.

The public in NI are living longer, often with long-term health conditions and are having fewer children. Estimated figures indicate that by 2026, for the first time there will be more over 65s than there are under 16 year olds[4], which will potentially have an impact on the supply of a workforce for the future. Whilst longevity is a measure of the success of our services in NI, it also brings challenges in terms of the demands and pressures on Health and Social Care (HSC) services. Efficient use of HSC resources, the pace of innovation, existing workforce recruitment challenges and inefficient delivery models inform the case for change, outlined in the strategic direction of the ministerial statement within *Health and Wellbeing 2026: Delivering Together*[5].

The advent of a new outcomes based approach in the draft Programme for Government[6] puts an onus on all services to work together, across silos and boundaries to deliver the best outcomes for the population of NI.

It is recognised that links exist across the health and social care system and in all sectors, relating to the future direction of services. Accordingly, the focus of this framework is centred on the person being cared for and the need to reach agreement on a scheme of delegation that supports services to enable and promote health, independence and wellbeing in the place of the person's choice, as far as is possible.

[1] Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives.* London: NMC. Page 10.
[2] *Ibid*, n 1.
[3] *Ibid*, n 1.
[4] Department of Health. (2016). *Health and Wellbeing 2026: Delivering Together.* Belfast, DoH.
[5] *Ibid*, n5.
[6] Northern Ireland Executive. (2016). *Draft Programme for Government Framework 2016 – 2021.* Available for download at: https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf

Scope

The nursing and midwifery delegation decision framework will:

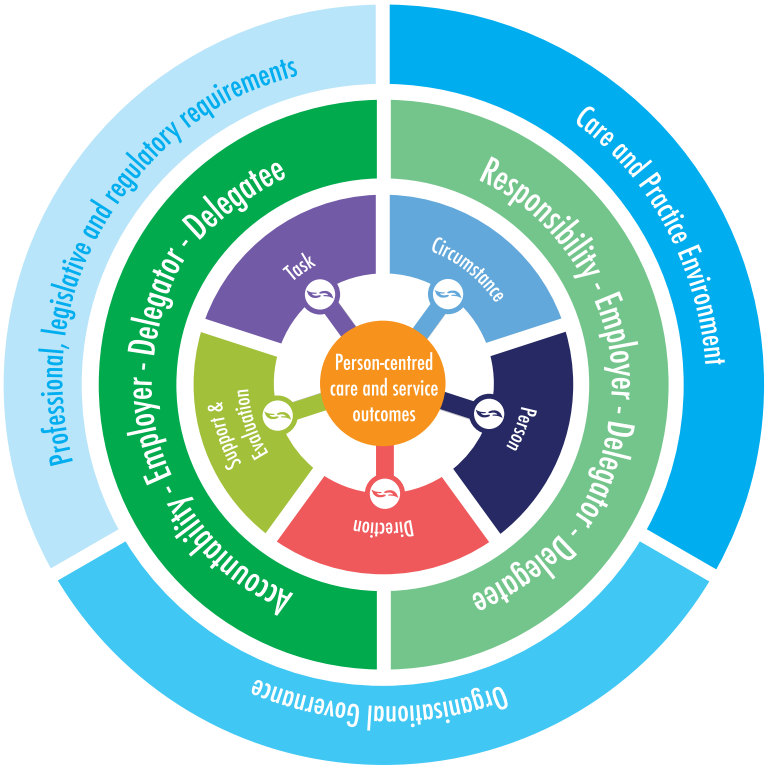
- satisfy the requirements of the NMC Code
- support the delivery of person centred outcomes for care and service
- work in primary, secondary and community care contexts
- support practice delegated to staff working within an employed capacity e.g. domiciliary, healthcare support staff, classroom education support staff
- utilise an approach that informs effective and consistent decision making

Framework Overview

The Framework for delegation of nursing and midwifery tasks and duties is pictorially represented below at **Figure 1: Decision Framework for Delegation of Nursing and Midwifery Tasks and Duties**.

The representation below outlines the framework as a whole, the main purpose of delegation being the achievement of person-centred outcomes. The framework recognises that safe, effective, person-centred delegation of nursing and midwifery tasks and duties is supported by policy, procedure and governance arrangements within organisations, and that accountability and responsibility to oversee an appropriate process for delegation of tasks and duties lies with employers, delegators and delegatees, at different stages of the process.

Figure 1: Decision Framework for Delegation of Nursing and Midwifery Tasks and Duties



Definition and Purpose

Delegation for the purposes of this framework, is defined as the process by which a nurse or midwife (delegator) allocates clinical or non-clinical tasks and duties to a competent person (delegatee).

The delegator remains accountable for the overall management of practice, for example, in a clinical context: the plan of care for a service user, and accountable for the decision to delegate. The delegator will not be accountable for the decisions and actions of the delegatee[7].

The NMC has established that on occasion nurses and midwives may delegate tasks or duties to other registered nurses or midwives. In these cases, there may be particular circumstances where accountability for each element of practice is clearly defined and agreed. This does not reflect the usual practice environment, however, where each registered nurse or midwife acts autonomously.

The purpose of delegation is to ensure the most appropriate use of skills within a health and social care team to achieve **person-centred outcomes**. In a clinical context, delegation of nursing and midwifery tasks and duties should always be focused on the needs and wishes of the person receiving care or services, and not based on professional, system or organisational drivers external to the care/service process.

Requirements to support decisions to delegate nursing and midwifery tasks and duties

Delegation of nursing and midwifery tasks and duties takes place in a context, whether that is in an organisation that provides care and services, client's own home or other area where nurses and midwives practice.

The context of practice has a number of important considerations to underpin effective decisions to delegate. That will include attention given to environmental arrangements, whether that is clinical or non-clinical; governance arrangements; and professional, legislative and regulatory requirements. These contextual arrangements support the delivery of safe, effective person centred care and services, that meet the needs of the population of Northern Ireland.

This framework defines three main requirements to be considered, that underpin and ensure the safety and effectiveness of any decision to delegate taken by nurses and midwives. Organisations and individuals employing or securing the services of nurses and midwives are accountable and responsible for ensuring appropriate arrangements are in place to support the safe, effective, person-centred delegation of nursing and midwifery tasks and duties.

[7] Adapted from the definition within the All Wales Guidelines for Delegation (2010).

They are that:

Care and Practice environments are organised to support effective decision making processes. This requirement includes:

- ensuring safe nurse/ midwife staffing ratios
- appropriately skilled and developed staff to meet required standards[8]
- appropriate provision of resources to meet required standards
- appropriate organisation of care or practice
- appropriate environments for practice, care and treatment to be provided.

Organisational governance arrangements are in place to support effective delegation decisions. This requirement includes:

- provision of policies and procedures
- accessibility for staff to organisational policy and procedure documents including clinical and professional standards
- accessibility of appropriate job descriptions
- accessibility of appropriate learning and development opportunities for all staff
- processes for immediate raising and escalating of concerns.

Professional, legislative and regulatory requirements that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered. This requirement includes consideration of:

- the NMC and other regulatory codes in decision making
- accountability for decisions to delegate
- accountability for deeming the delegatee competent at the point of decision making
- accountability for confirming that the delegated task has met the required standard of outcome
- the scope of non-delegable tasks and duties for example: midwifery practice, prescribing and detention under mental health legislation.

The safe, effective, person-centred delegation of nursing and midwifery tasks and duties assumes that the requirements outlined, page 5 to 6, have been considered and met. Use of the risk based Decision Support Matrix at **Table 1**, page 12, of this document is underpinned by the supporting context described within these paragraphs.

[8] Each 'task' will have a described optimal standard of process and procedure which must be achieved to ensure safety, quality and person-centredness.

Nursing and Midwifery Decision Support Framework for Delegation.

Considering: Accountability, Responsibility and Process.

Any decision to delegate nursing and midwifery tasks and duties using this framework is underpinned by seven elements that should be applied to each decision. They are:

a. Accountability

b. Responsibility

c. Process which comprises the right:

   i. Task

   ii. Circumstance

   iii. Person

   iv. Direction

   v. Support and evaluation

On many occasions the decision to delegate will be a straightforward one, with clarity on each element of the framework providing an obvious choice to delegate. These decisions should optimise the skill of the nursing or midwifery team and enhance personal experience.

On other occasions, the decision to delegate will require a number of robust arrangements to be in place before delegation of tasks and duties may occur, including described mechanisms to provide evidence to the delegator that the identified outcomes of the delegated task have been achieved.

Accountability

Accountability in the context of nursing and midwifery delegation means that a registered nurse or midwife is answerable for choices, decisions and actions measured against a specified standard or standards.

For those who are delegating nursing and/or midwifery tasks and duties this includes accountability to consider and adhere to:

- Professional standards
- Employment standards
- the delegation decision making process

  and for confirming

- the safety, quality and experience of the outcome against the described standard.

  For those individuals who are accepting the delegated task or duty (delegatee), being accountable for their own actions includes adherence to:

- the described professional standards
- employment standards
- acting within organisational policies and procedures.

Responsibility

In the context of delegation of nursing and midwifery tasks and duties taking **responsibility** means that a registered nurse or midwife should be prepared and able to give an account of his or her actions for any decision to delegate. Delegators and delegatees have responsibilities to support a framework for decision making to delegate nursing and/or midwifery tasks and duties. They include that:

The delegator has

- authority to delegate the task
- competence relating to the task[9]
- undertaken an assessment of need prior to decision making and obtained any required consent
- undertaken a risk assessment as to whether or not the task is delegable in the particular circumstance
- provided clear direction to the delegatee, checking competence and understanding to carry out the task
- provided the necessary level of supervision for the delegatee
- ensured a process is in place to enable regular and ongoing review and evaluation of the outcome of the delegated task in the context of the ongoing assessment of clients changing needs.

The delegatee

- confirms acceptance of the task
- communicates the outcome (written and/ or verbal)
- understands the factors that inform the delegation decision making process
- communicates or reports relevant changes to the delegator which may impact on safety or the outcome, taking into consideration the delegation decision making factors
- maintains his/her own competence
- works to the terms of his /her employment
- works to the organisational policies and standards including raising and escalating concerns
- adheres to relevant codes of practice.

[9] A registrant may be unfamiliar with particular tasks or duties due to his/her scope of practice – where updating may be required due to a change in practice provision. This Framework reflects the need for nurses and midwives to be competent in the task or duty themselves before delegating to someone else.

Process

Accountability and **responsibility** underpin the decision making process to delegate nursing or midwifery tasks and duties to another member of staff. This process has five elements to consider to assist decision making, particularly for those decisions which may be more complex.

For the purposes of this framework the five process elements have been called the five 'Rs' – reminding nurses and midwives who are making decisions about delegation to consider whether or not conditions for each element are 'right' to enable delegation to occur safely, efficiently and in a person-centred manner.

They are:

Confirming the **right task** requires consideration whether or not the activity:

- is within the authority of the delegator to delegate
- is performed in systematic steps that require little or no modification
- can be performed to give a predictable outcome within agreed parameters
- does not involve assessment /decision making beyond the scope of the task.

Confirming the **right circumstance** requires consideration of:

- the condition of the person receiving care
- the person being involved in the development of, and is in agreement with, his/her person-centred plan of care.

Confirming the **right person** to delegate to requires consideration of whether or not the delegatee:

- has the required knowledge and skills to carry out the task competently
- has the necessary time to undertake the task
- is confident to carry out the task.

Providing and confirming the **right direction** requires:

- a person centred plan of nursing or midwifery care, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been developed and agreed with the person receiving care
- clear person-centred communication about the:
  - › delegated task
  - › standard of outcome based on professional and organisational standards, policies and procedures
  - › time requirement for review.

Providing and confirming the **right support and evaluation** requires that the delegator puts in place a system or process to:

- enable advice in line with the person centred plan of nursing and midwifery care
- enable the raising and escalating concerns appropriately
- determine the outcome of the delegated task.

Risk Based Decision Support

It is important to restate that *on many occasions the decision to delegate will be a straightforward one, clarity on each element of the framework providing an obvious choice to delegate, that optimises the skill of the nursing or midwifery team and enhances personal experience.* A nurse or midwife who delegates tasks and duties must be able give account as to why a decision was taken. This framework will provide structure for evidencing decisions to delegate practice and also to prompt thinking about review of outcomes.

On each occasion where delegation of nursing and midwifery tasks and duties occurs, the delegator works within a framework to support decision making outlined within this document at pages 5 to 9. In applying this framework, a number of required assumptions are satisfied before a decision is taken to delegate a task or duty to an individual or individuals.

This does not mean that a written record of every decision to delegate is necessary. A person-centred plan of nursing or midwifery care and evaluative summary must contain sufficient information in relation to delegated tasks and duties to support decision making, including evidence of a discussion with the person receiving nursing or midwifery care and where capacity is present, consent. Other evidence that supports non-clinical delegation decisions will be found in, for example, annual objectives, professional supervision records, action plans or learning and development plans.

On some occasions, the decision to delegate will require a number of robust arrangements to be in place before delegation of tasks and duties may occur, including a description of ways in which evidence might be provided to the delegator that the identified outcomes of the delegated task or duty have been achieved.

Where a decision to delegate requires critical analysis and direction, it will be helpful to use the matrix described at **Table 1**, page 12. The matrix assumes that the factors within the **accountability** and **responsibility** sections have been considered and incorporates the five elements of the process section of the framework, that is, the right **task, circumstance, person, direction** and **support and evaluation**.

The decision support matrix considers the elements of the framework across three domains of: potential for patient/client harm, complexity of care and predictability of the outcome. The domains can also be translated for non-clinical decision making, described simply as: *potential for harm* with the exception of the inclusion of the criterion *stability of condition of the person receiving care*.

How to Use the Decision Support Matrix

Having worked through the assumptions to assure that appropriate arrangements are in place, a nurse or midwife wishing to make a decision to delegate should think through each of the eight criteria (for details of the criteria refer to **Table 1**, page 12) to consider the subject matter of the decision. Responses to the criteria are situated within three columns depending on the likely level of risk: green for low risk, amber, medium risk and red high risk.

Where consideration of the decision leads to responses situated entirely within the green – low risk column, the task or duty may be delegated.

Where consideration of the decision leads to responses situated within the green and amber columns only, the task or duty may be delegated with mitigating supportive actions required. Professional judgement and critical thinking should be used by the nurse or midwife to ensure that any decision to delegate is supported appropriately. On occasion, following consideration of the facts, it may be that a decision is taken not to delegate, or indeed to delegate to another person, who is for example, more confident to undertake a particular task.

Where consideration of the decision leads to **any** responses situated within the red – high risk column, the task or duty must **not** be delegated at this time. Where circumstances change across the criteria, the decision to delegate can be reviewed and taken at a different point in time. Similarly, mitigating supportive actions may lead to a different decision at a later stage, for example delegation to a colleague or peer who has the required knowledge, skills and confidence.

The use of the matrix will enable critical thinking relating to decisions to delegate nursing and midwifery tasks or duties thereby providing opportunities for reflection, discussion and solution focused thinking between staff members.

A number of scenarios have been developed, as a result of a period of live testing which took place following the initial development of the framework. They have been produced to act as a guide in the use of the framework and the decision support matrix. They can be found at **Appendix 1**, page 13.

Conclusion

This document sets out a decision support framework for delegation of tasks and duties by registered nurses and midwives in Northern Ireland.

It describes requirements to support delegation in a range of practice environments and considerations under which a decision to delegate can be taken.

In March 2018, the Central Nursing and Midwifery Advisory Committee to the Chief Nursing Officer, agreed the framework for use by nurses and midwives in Northern Ireland.

TABLE 1: DECISION SUPPORT MATRIX

Assumptions:

1. Accountability and responsibility have been considered and assured.
2. A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
3. Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.

Potential for [patient/client] harm	**Low Risk of Harm**	**Medium Risk of Harm**	**High Risk of Harm**
Can the limits of the task be clearly described without decision making?	Clear task limits – Does not involve decision making beyond the scope of the task	Task has limits that may change within described parameters using decision support	Critical and analytical decision making necessary
Has the delegatee appropriate knowledge, skills and confidence to carry out the task?	Competent and Confident	Requiring some additional knowledge and skills development and /or expressed need for some additional supervision	Not competent and / or not confident
What level of person-centred communication to the delegatee is required?	Simple communication required about the task and expected outcome	Some complex communication required about the task and expected outcome	Complex communication required about the task and expected outcome
Complexity of care	**Uncomplicated**	**Medium levels of complexity**	**Highly Complex**
Can the task be performed in systematic steps?	Yes	Yes - some with decisions required between steps	No – critical and analytical decision making necessary between steps
Does the task require modification?	No	Some with directed decision support	Yes - Critical and analytical decision making necessary
Predictability of the outcome	**Highly predictable**	**Medium levels of predictability**	**Low predictability**
Is the outcome of the task predictable?	Yes	Predictable under certain conditions	No
Is the condition of the person receiving care stable?	Yes - Stable	Prone to fluctuation within predictable described limits	No - Unstable
Are there timely feedback mechanisms to confirm the outcome?	Yes	Yes but a delay may occur in feedback of outcome – some mitigation may be needed	No

Key:

- All green – delegate
- One or more amber and no red – professional judgement and mitigating action required
- One or more red – do not delegate

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

EXAMPLE OF LOW RISK:
DELEGATE TASK

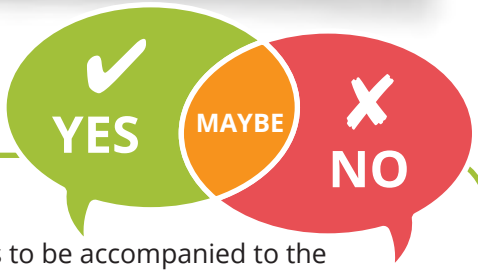
ASSESSMENT

Linda is 46 years old and has been admitted to a day surgery unit to have her gall bladder removed by laparoscopy. She returns to the ward area following an uncomplicated procedure with two small wounds that are covered with surgical dressings. She wishes to get out of bed and walk to the bathroom post procedure, prior to discharge.

ASSESSMENT

Staff Nurse Amy is responsible for Linda's care before and after her procedure. A nursing assessment prior to transfer to theatre had not revealed any nursing needs beyond pre and post-operative care including health education. Linda was fully independent prior to admission. Amy has been monitoring Linda since her return from recovery. All vital signs have been within appropriate ranges, based on Linda's pre-assessment information and baseline measurements on the morning of surgery. Linda's wounds are dry and she has had pain medication administered orally which has relieved her pain, following the prescription on her post-operative medications chart.

Amy considers the decision support framework and realises that the only question she is unsure of is whether or not Delia, a recently appointed Senior Nursing Assistant, is confident to take on the task unsupervised.



DECISION

Amy approaches Delia and explains that Linda needs to be accompanied to the bathroom as this is her first time out of bed post-operatively. Delia discusses with Amy her experience of undertaking similar tasks in her previous place of employment. Delia assures Amy that she understands the need to raise the alarm if Linda feels unwell at any stage and describes what she would do in that event to Amy's satisfaction. Amy delegates the task of accompanying Linda to Delia and records this in Linda's nursing record when she is evaluating the nursing plan of care.

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

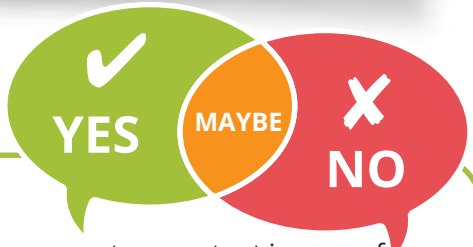
EXAMPLE OF MEDIUM RISK: PROFESSIONAL JUDGEMENT REQUIRED

ASSESSMENT

John is a 58 year old man who has had a laryngectomy valve in place for 22 years. His wife Joan has carried out the twice daily cleaning of the valve because he has always found it difficult to manage himself. Joan has recently developed sight difficulties and is no longer able to clean the laryngectomy valve. There are no other family members able to provide care. John has been referred to the District Nursing team.

ASSESSMENT

An assessment is made by the District Nursing Sister, Gina who manages the team, and a plan of nursing care described working with John to agree an appropriate level of care. Using the decision support tool, Gina realises that most of the indicators for the task of caring for the valve could potentially be 'green' allowing delegation to occur, if the team had the knowledge, skills and confidence to carry out the task, the process for the task performed in steps and the outcome consistently predictable, linked to the stability of John's condition. Both registered and un-registered staff within the team are not competent in caring for a laryngectomy valve and the stability of John's condition is not known. The visits will be required indefinitely which will have an impact on the capacity of the team.



DECISION

The district nursing team members agreed that they were not competent in care of a laryngectomy valve. Three members of the team attended a local care setting of excellence in practice to undertake training. This ensured all registered staff were competent in care of laryngectomy valve BEFORE considering delegation to a Senior Nursing Assistant (SNA).
The current trust policy did not include care of a laryngectomy valve in a community setting - which required changing.
A process to assure and monitor the ongoing competence of SNAs was approved and implemented.
Registered staff carried out the task for a period of time to assess the predictability of the outcome, the systematic steps in the process and the stability of John's condition, before delegating.
Having assured and recorded all of this information the task was delegated to competent SNA team members, with regular review by the District Nursing team.

APPENDIX 1: USING THE DECISION SUPPORT MATRIX: SCENARIOS IN PRACTICE

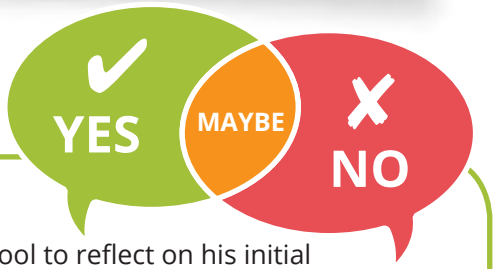
EXAMPLE OF HIGH RISK: DO NOT DELEGATE

ASSESSMENT

Ernest is an 84 year old man who has been admitted to hospital with an extension of a pre-existing stroke he had 12 months ago. He is orientated and although drowsy most days, he has capacity and is able to provide consent for care and treatment. He has been aggitated since admission due to the further loss of movement he has experienced, and mild slurring of his speech. His pressure points were assessed on admission and Ernest was deemed high risk for pressure damage with a Braden Score of 10. He is exhibiting signs of depression related to his rehabilitation and is refusing to be assisted out of bed.

ASSESSMENT

Ben, the Deputy Charge Nurse, is responsible for Ernest's care on shift. He receives handover from Monica on nightshift, and realises that Ernest will need significant assistance with his personal hygiene, mobility, nutritional and psychosocial needs. Working with him on the team is Asha a senior nursing assistant. They are looking after 8 people together, with a range of acuity and dependency needs. Ben knows Asha has worked in the ward team for 5 years and is very used to working with people who have experienced stroke. She has undertaken training in specialist moving and handling techniques and is competent to assist Ernest. Ben's initial assessment leaves him uneasy about delegating Ernest's personal care to Asha.



DECISION

Ben decides to use the delegation decision support tool to reflect on his initial professional judgement. He decides that a nursing assessment of Ernest is required whilst undertaking the tasks associated particularly with his personal hygiene needs and skin assessment. This task requires a level of clinical judgement that is outside of Asha's competence. He assures himself that he cannot describe all of the elements that Asha needs to look for in a succint instruction, and additionally, given Ernest's low mood and aggitation, a psychosocial assessment can be undertaken whilst caring for his personal needs. Ben decides not to delegate the task to Asha.

ADDENDUM 1: PRODUCTION OF THE FRAMEWORK

In June 2014 the Central Nursing and Midwifery Advisory Committee (CNMAC) agreed that the practice of delegating nursing and midwifery tasks and duties in Northern Ireland required further exploration. Subsequently, a range of activities were taken forward by the Health and Social Care (HSC) Clinical Education Centre (CEC), and Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) under the commission of the Chief Nursing officer (CNO), Department of Health (DoH). A number of priorities were presented to CNMAC in December 2015, to determine immediate and future action, ensuring that the process of delegation of nursing and midwifery tasks and duties at a local and regional level would meet the requirements of the Nursing and Midwifery Council (NMC) Code[10] and support the highest possible level of patient/client safety. The priorities included:

- A review/refresh of the existing Delegation Framework for nursing and midwifery Staff[11] within a multi-disciplinary approach if possible.
- Consideration of assessment of risk along with guidance and the effective use of a traffic light system that is explicit regarding activity that should not be delegated.

NIPEC was commissioned by the CNO to lead the production of an approach to delegation of nursing and midwifery tasks and duties that addressed those priorities. Kathy Fodey, Director of Regulation and Nursing, Regulation and Quality Improvement Authority (RQIA) and Colum Conway, Chief Executive, Northern Ireland Social Care Council (NISCC) were asked to jointly chair a Task and Finish Group on behalf of the CNO. The final product was to be reported to CNO via CNMAC.

Working with the Co-Chairs, the lead officer in NIPEC produced a project plan and outline methodology, which included the convening of a workshop attended by a wide range of representation across statutory, non-statutory, education, policy and staff-side organisations. The purpose of the workshop was to bring together a range of nursing and midwifery colleagues from across sectors to discuss their understanding of delegation in nursing and midwifery, ideas to support effective delegation and then test an outline framework which was based on best evidence in this area. With a view to the intersection of nursing and midwifery care and services with social care, a number of social work colleagues attended the event to listen and contribute to the discussion, to enable future thinking for social care settings and inter-professional teams.

The intention was to draw on the considerable work which had taken place by other countries to date, evidenced through publications and frameworks already in existence and engage with delegates regarding proposals for an outline framework. Colleagues engaged in a range of exercises to stimulate discussion and comment on the outline provided, including scenario testing of a decision support matrix. At various points throughout the day the Co-Chairs and Project Lead, NIPEC, facilitated feedback.

[10] *Ibid*, n 1.
[11] Central Nursing Advisory Committee. (2009). *Central Nursing Advisory Committee Delegation Decision Making Framework.* Belfast, DHSSPSNI.

Delegates were invited to opt into membership of a Task and Finish Sub Group to take the work forward. Names were offered by individuals and were subsequently agreed by Executive Directors and CNO. Membership of the Sub Group is at **Addendum 2**, page 19.

This group was convened in early January 2017 to refine the framework based on the feedback obtained through the October 2016 workshop. Following a period of review and finalisation, the framework was tested in a range of nursing and midwifery practice settings to enable final refinement and feedback.

Overwhelmingly, the registered nurses who engaged in testing the draft framework found it useful. Many stated that they felt the structure and clarity of the matrix empowered autonomous decision making, enabling them to articulate a rationale as to why they had made particular decisions to delegate nursing tasks and duties.

Throughout the testing phases it was apparent that there were a number of complex schemes of service provision to which the delegation framework might apply and for which a collective solution should be considered to set in place principles for a regional cross-agency, multi-professional approach.

A small number of actions were identified, therefore, relating to necessary next steps through for consideration by the Task and Finish Sub Group, CNMAC and the Chief Nursing Officer.

The first phase and decision support framework were presented to CNMAC 23rd March 2018 for approval.

EVIDENCE THAT INFORMED THE PRODUCTION OF THE DECIDING TO DELEGATE DECISION SUPPORT FRAMEWORK

The Deciding to Delegate framework worked forward from evidence gathered from a scoping exercise carried out by the Health and Social Care Clinical Education Centre (HSC CEC)[12] and a workshop event hosted jointly by NIPEC and HSC CEC to the Central Nursing and Midwifery Advisory Committee (CNMAC) in December 2015[13].

In addition to these reports, a range of literature and resources informed the thinking relating to the production of the framework including:

Australian Nursing Federation. (2011). *ANF Guidelines: Delegation by registered nurses and registered midwives.* Available for download at: http://www.anmf.org.au/documents/policies/G_Delegation_RNs_RMs.pdf

Gillen, P. and Graffin, S. (2010). Nursing Delegation in the United Kingdom. OJIN: *The Online Journal of Issues in Nursing.* 15(2). Manuscript 6.

Hasson, F., McKenna, H. and Keeney. S. (2013). Delegating and supervising unregistered professionals: the student nurse experience. *Nurse Education Today*. 33: 229 – 235.

National Health Scotland Flying Start Programme: Delegation available at: http://flyingstart.scot.nhs.uk/learning-programmes/communication/delegation/

National Leadership and Innovation Agency for Healthcare (2010). *All Wales Guidelines for Delegation*. Llanharan, NLIAH. Available at: http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf

Nursing and Midwifery Council. (2018). *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* London: NMC. Available for download at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Royal College of Nursing. (2011). *Delegation: A Pocket Guide.* London, RCN.

Royal College of Nursing: Accountability and Delegation: https://www.rcn.org.uk/professional-development/accountability-and-delegation

Ruff, V.A. (2011). *Delegation Skills: Essential to the Contemporary Nurse.* Master of Arts in Nursing Theses. Paper 21.

Stonehouse, D. (2015). The art and science of delegation. *British Journal of Healthcare Assistants.* 9(3): 150 – 153.

[12] HSC Clinical Education Centre. (2015). *Summary Report on the Delegation of Nursing Care for Central Nursing and Midwifery Advisory Committee.* Belfast, CEC.

[13] HSC CEC and NIPEC. (2015). Regional Workshop To Consider Aspects Of The Delegation Of Nursing Care: Report To CNMAC. Belfast, NIPEC.

ADDENDUM 2: MEMBERSHIP OF TASK AND FINISH GROUP SUB-GROUP

NAME	ORGANISATION
Finlay, Heather	DoH
Wallace, Verena	DoH
Martin, Jillian	DoH
Higgins, Patricia	NISCC
Rodigues, Ethel	UNITE
Martin, Garrett	RCN
Hughes, Breedagh	RCM UNISON
Pelan, Aisling	BHSCT
Rafferty, Esther	BHSCT
Devlin, Nuala	BHSCT
Brown, Fiona	NHSCT
Hume, Allison	NHSCT
Pullins, Suzanne	NHSCT
Burke, Mary	SHSCT
Hamilton, Grace	SHSCT
Holmes, Sharon	SHSCT
Kelly, Linda	SEHSCT
McRoberts Sharon	SEHSCT
Mills, Paul	SEHSCT
Taylor, Janet	SEHSCT
Elaine Cole	SEHSCT
McGarvey, Brian	WHSCT
McGrath, Brendan	WHSCT
Witherow, Anne	WHSCT
Brown, Oriel	PHA
Devine, Maurice	CEC
Watson, J-P	Ind & Vol

Responsibilities of Sub Group Membership:

- Contribute to the achievement of the aims and objectives
- Participate in planned activity related to the production of the Framework
- Participate in respectful, open debate
- Welcome and provide constructive challenge
- Consult with individuals of appropriate expertise as required informing the production of the framework
- Actively participate in testing the final draft framework
- Manage information related to the work plan responsibly, ensuring confidentiality when required
- Attend all meetings required to develop a final draft Framework for circulation to the wider Task and Finish Group

GLOSSARY

The following descriptors are defined within the context of this document

Term Used	Term Descriptor
Appropriate	Suitable or proper in the circumstances.
Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Capacity	The ability or power to do or understand something.
Competence	The knowledge skills attitude and ability to practice safely without direct supervision.
Competent	Having the necessary ability, knowledge or skill to do something successfully.
Consent	Permission for something to happen or agreement to do something – in healthcare this is accompanied by the boundaries of informed agreement, i.e. an individual has been provided with the appropriate information to make a decision.
Delegate	To entrust a task or duty to another person.
Delegatee	Competent person who agrees to accept the task or duty delegated to them by the nurse or midwife.
Delegator	Nurse or midwife who delegates a task or duty to a competent other person.
Midwife	A person who has undergone training and education to meet the Nursing and Midwifery Council (NMC) standards for pre-registration or post-registration midwifery practice, and deemed competent to join the NMC register, thereafter renewing their registration every three years through revalidation. Midwives commit to upholding professional standards within the NMC Code of practice and behaviours.
Non-registered	A person who has not been trained and educated to the Nursing and Midwifery Council (NMC) standards for pre-registration nursing or midwifery and is therefore not a part of the NMC register.
Nurse	A person who has undergone training and education to meet the Nursing and Midwifery Council (NMC) standards for one or more of the four pre-registration nursing specialisms: adult, children's, learning disabilities and mental health, and deemed competent to join the NMC register, thereafter renewing their registration every three years through revalidation. Nurses commit to upholding professional standards within the NMC Code of practice and behaviours.

Term Used	Term Descriptor
Protocol	The accepted or established code of procedure or behaviour in any group, organisation, or situation.
Scope of Practice	The area of someone's profession in which they have the knowledge, skills and experience to practise safely and effectively, in a way that meets the standards of their respective regulator and/or employer and does not present any risk to the public or to the health professional.
Service User	A person who uses the services of a health professional or any other relevant service.
Skill	The ability to do something well; expertise.
Supervision	The active process of directing, guiding and influencing the outcome of an individual's performance of a task.
Task or duty	A piece of work to be done or undertaken.

NIPEC

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79 Chichester Street
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Tel. **0300 300 0066**
https://nipec.hscni.net/

This document can be downloaded from the NIPEC website https://nipec.hscni.net/

January 2019

Exhibit 73

Deciding to Delegate: A decision support Framework for Nurses and Midwives

On 31ST January 2019 ***Deciding to Delegate: A Decision Support Framework for Nursing and Midwifery*** *was officially launched by Professor Charlotte Mc Ardle, Chief Nursing Officer for Northern Ireland. The aim of the Framework is to ensure that the process of delegation of nursing and midwifery tasks and duties at a local and regional level meet the requirements of the Nursing and Midwifery Council (NMC) Code and support the highest possible level of patient/client safety.*

NIPEC is providing Delegation Awareness sessions to:

- Provide an overview of the Decision Support Framework
- Identify how you might use the Decision Support Framework in practice
- Provide information regarding where to access further resources, guidance and support.

WHO SHOULD ATTEND: These sessions are open to all Nurses, Midwives, their employer's and managers across all settings. The sessions may also be of interest to Nursing Assistants, Senior Nursing Assistants and Maternity Support Workers. To reserve a place please follow the link: https://nipec.hscni.net/events/categories/delegation-awareness-session/ indicating which session you would like to attend.

NIPEC Delegation Awareness Sessions WHSCT		
Venue	**Date**	**Time**
Boardroom, 1st Floor, Main Hospital, Altnagelvin Area Hospital	2nd March 2020	**09:30 – 10:30** **10:30 – 11:30** **11:30 – 12:30**

Registered Nurse Learning Disabilities – Strategic Workforce Development Group

Terms of Reference

1. BACKGROUND

Over the past few decades, in response to a better understanding of how best to meet the needs of the population of people with a learning disability there has been a shift in the strategic direction and associated models of service provision. Meeting the health and social care needs of people with a learning disability in this new landscape has presented both challenges and opportunities for RNLD's.

In 2019 Chief Nursing Officer, Department of Health initiated a review of the role of the registered nursing for learning disabilities workforce in Northern Ireland. The overarching aim was to examine the current role of a Registered Nurse Learning Disabilities (RNLD) and make recommendations to support the future role within health and social care settings across Northern Ireland to enable people with a learning disability, their families and carers to be supported, to achieve and maintain good health and to live long, healthy, active and fulfilled lives.

In light of this, nursing pre and post graduate education and professional development provision needs updated to ensure new ways of working are implemented and roles developed. In doing so, RNLD's will have an important role to ensure people are enabled and supported to achieve their full health and wellbeing potential, and inequalities in health are reduced.

2. PURPOSE OF THE GROUP:

The Chief Nursing Officer commissioned NIPEC to establish a Task and Finish Group to rapidly build on previous learning. The group will define the roles that RNLDs should be delivering, in line with evidence-based practice, to meet the needs of the population in Northern Ireland. This will include the development of a proposed model to ensure the availability of a suitably skilled and resourced

registrant workforce across primary, secondary and specialist health and social care service in Northern Ireland, in line with the strategic direction.

To achieve this purpose, the Group (see Annexe 1 membership) will focus on the following objectives:

- Ensure effective communication and engagement with key stakeholders about the work of the Task and Finish group, including dissemination of information within organisations and provide timely feedback.

Define the plan:

- Scope the current RNLD practice model
- Scope the health care needs of the population of individuals with a learning disability in Northern Ireland

Map the Service Change

- Identify evidence-based interventions to meet the health care needs of the population of individuals with a learning disability in Northern Ireland
- Define a best practice model for RNLDs to meet the health care needs of the population of individuals with a learning disability in Northern Ireland

Defining the Required Workforce

- Describe the role of the RNLD in the model of care (across the lifespan) that maximises the impact across all health and social care services for people with learning disabilities.
- Establish regionally agreed definitions on all roles relating to RNLDs.
- Develop a Nursing Career Framework for RNLDs, to include specialist, advanced practice, consultant nurse and clinical academic roles across specialist learning disabilities services for children, adults and older people.
- Develop, aligned to the Career Framework above, a Learning and Development Framework for RNLDs.

Understanding Workforce Availability

- Review current education commission model (pre and post registration) and make recommendations aligned to the Learning and Development Framework

- Recommend a plan for a phased approach to deliver a regional workforce model which provides: the right staff, with the right skills in the right place based on local population learning disability healthcare needs

Developing an Action Plan

- Establish a regional RNLD Community of Practice Group that will act as a source of guidance and expertise for RNLD roles.

- Consider the governance, reporting and accountability arrangements to ensure ongoing professional nursing leadership for the RNLD workforce

Implement, Monitor and Refresh

- Make recommendations regarding to on-going implementation, monitoring and evaluation of the objectives.

3. CHAIRING ARRANGEMENTS

The Task and Finish group will be Co-chaired by Suzanne Pullins, Executive Director of Nursing (NHSCT) and Linda Kelly, Chief Executive of NIPEC.

4. QUORUM

Quorate membership is 50% of the total membership number.

5. FREQUENCY OF MEETINGS

Meetings will be arranged in order to complete the activity which will be defined in an agreed work plan. A number of work streams will be established to focus on specific areas of work.

6. RECORD OF MEETINGS

NIPEC staff are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Co-Chairs of the Group.

7. ACCOUNTABILITY OF TASK AND FINISH GROUP

The group will report directly to the Chief Nursing Officer as per governance structure below.

NI Learning Disability Nursing - Strategic Workforce Development Group

Membership	Organisation
Chair – Suzanne Pullins	NHSCT
Co-Chair – Linda Kelly	NIPEC
Prof. Owen Barr	Ulster University
Siobhan Rogan	PHA
Siobhan Donald	PHA
Sheila Kinoulty (From Jan 23) (Gillian McCorkell up to Dec 22)	PHA
Gillian Weir (From Jan 23)	PHA
Dr Patricia McNeilly (up to Dec 22)	Workforce – NMAHP, DoH
Michelle Curran	BHSCT
Rhona Brennan	NHSCT
Seamus Coyle	NHSCT
Barbara Tate	SEHSCT
Maureen Roberts	SHSCT
Clionagh McElhinney	WHSCT
Frances Cannon	NIPEC
Cathy McCusker	NIPEC
Wendy McGregor	RQIA

NI RNLD Expert Reference Group

Prof Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University, **Chair**
Siobhan Rogan Assistant Director for Mental Health and Learning Disability, PHA.
Frances Cannon, Associate Senior Professional Officer, NIPEC (Project Support)
Michelle Curran, Consultant Nurse Learning Disabilities, BHSCT
Michael McBride RNLD, Children's, BHSCT
Frances Maguire, RNLD Adult, BHSCT
Barbara Tate, Trainee Consultant Nurse Learning Disabilities, SEHSCT
Julie Richie, representing RNLD Children's SEHSCT
Stephanie Price Lead Nurse Adult SEHSCT
Maureen Roberts Trainee Consultant Nurse Learning Disabilities, SHSCT
Donna Grant representing RNLD Children's SHSCT
Oisin McAuley representing RNLD Adult SHSCT
Seamus Coyle Trainee Consultant Nurse Learning Disabilities NHSCT
Rhona Brennan Operational Lead NHSCT
Michelle Angelone representing RNLD Children's NHSCT
Clionagh McElhinney Trainee Consultant Nurse Learning Disabilities, WHSCT
Janet Doherty Head of Service Lead Nurse Adult WHSCT
Donna Milligan Community Nurse – representing Children's WHSCT
Denise McGill Triangle Housing

Rosaline Kelly, Senior Nurse Professional Practice, Royal College of Nursing
Damian McAleer, Nurse Education Consultant, Clinical Education Centre,
Nicola McCann, Learning Disability Inspector, Regulation and Quality Improvement Authority
Maurice Devine, Staff Tutor Open University
Dr Lynne Marsh, Senior Lecturer, Queens University Belfast
Leslie–Anne Newton Arc UK (circulation only)
Representation of people with learning disabilities
Pre-registration student (Lynne Marsh to identify)

WORKPLAN AND ASSOCIATED OUTCOMES

Activity	Whom	By	Outcome
Develop draft ToR	Core Group	8th August 2022	Presented & agreed at first Steering Group meeting
Seek endorsement by CNO	Chair	15th August 2022	Endorsement granted by CNO
Establish Governance Structure with associated workstreams	Core Group	End of August 2022	Completed & included in ToR
Develop an engagement and communication plan	DOH	End of March 2023	Completed
First Steering Group meeting	Co-Chairs	16 September 2022	First Steering Group meeting held and work programme agreed.
Planning Workshop & allocation of work programme and tasks related to Steps 1 and 2 of DoH Workforce Planning Model	Co-Chairs & members of Steering Group	17 November 2022	Agreed the following activities to be undertaken by those attending the workshop: • Scope the current RNLD practice model • Scope the health care needs of the population of individuals with a learning disability in Northern Ireland • Identify evidence-based interventions to meet the health care needs of the population of individuals with a learning disability in Northern Ireland.

			• Define a best practice model for RNLDs to meet the health care needs of the population of individuals with a learning disability in Northern Ireland.
Second Steering Group meeting	Co-Chairs	19 January 2023	Steering Group meeting held and agreed actions and notes circulated for progressing
Third Steering Group Meeting	Co-Chairs	16 February 23	Steering Group meeting held and agreed actions and notes circulated for progressing
Fourth Steering Group Meeting	Co-Chairs	23 March 23	Meeting rescheduled to 12 June 2023
Preparation of 1st Draft Report	Owen Barr & Siobhan Rogan Sheila Kinoulty Frances Cannon & Cathy McCusker - tbc	10 March 23	Presentation to CNO on 6 April re progress to date & proposed model CNO asked for more information, a practical plan for implementation of the model
Fourth Steering Group meeting	Co-Chairs	12 June 23	Steering Group meeting held and agreed actions and notes circulated for progressing
Preparation of 2nd Draft Report & Executive Summary	Owen Barr	19 June 23	Owen shared report with Steering Group
Update to EDoNs	Co-Chairs	19 June 23	Linda Kelly & Suzanne Pullins shared key points of report
Communication & Engagement with people with learning disability & their carers 15 -20 people invited by Jackie Kelly Patient Client Council	Frances Cannon & Owen Barr & Consultant Nurses	30 June 23	Virtual meeting planned to present this work. No-one attended.

Communication & Engagement with ERG	Frances Cannon & Owen Barr	29 June 23	Meeting in Muckamore Hospital with ERG – Cathy McCusker & Sheila Kinoulty attended and provided an update on Career Pathways. Discussed with Group way forward & next steps for development of Career Pathway & core roles
Submission of Draft Report to CNO	Owen Barr & Siobhan Rogan Sheila Kinoulty Frances Cannon & Cathy McCusker	30 June 23	Submission of key principles to CNO.
Communication & Engagement with people with learning disability & their carers 15 -20 people invited by Jackie Kelly Patient Client Council	Frances Cannon & Owen Barr & Consultant Nurses	17 July 23	Virtual meeting to present this work, 3 people attended.
Updates to report to reflect discussion with CNO	Owen Barr & Siobhan Rogan Sheila Kinoulty Frances Cannon & Cathy McCusker	20 July 23	Completed updates to report to reflect discussion with CNO.
Fifth Steering Group meeting	Co-Chairs	4 August 23	Steering Group meeting held and agreed actions and notes circulated for progressing
Communication & Engagement with people with learning disability & their carers NIPEC organised	Frances Cannon & Owen Barr & Consultant Nurses	19 September 23	NIPEC Engagement event, 21 people attended.
Cascade communication & engagement presentation to Consultant Learning Disabilities Nurses	Owen Barr & Frances Cannon	3 October 23	Owen Barr shared the power point presentation with RNLD Consultant Nurses so they can deliver it locally in their Trust areas to various groups including people with a lived experience and carers.

Sixth Steering Group meeting	Co-Chairs	9 October 23	Steering Group meeting held and agreed actions and notes circulated for progressing
Discussed draft Report with CNO	Owen Barr, Siobhan Rogan Linda Kelly & Suzanne Pullins	23 October 23	Presented draft report to CNO – revisions to report proposed
Update to EDoNs	Co-Chairs & Owen Barr	31 October 23	Linda Kelly, Suzanne Pullins & Owen Barr discussed report with EDoNs
Report to be finalised & prepared for publication	Frances Cannon & Siobhan Rogan	6 March 24	Report sent to Page set up –– send to SG for final proofing
Meeting of RNLD Strategic Workforce Group – Workforce Planning aligned to the Report	Co-Chairs Pullins, Owen Barr, Siobhan Rogan, Siobhan Donald & Frances Cannon	29 March 24	Meeting to identify impact of new roles which need to be considered in new continuity of carer model for RNLD nursing. Consideration of service evolving.
Develop an easy read version of the Executive Summary	Frances Cannon	w/c 4 March	Barbara/ Frances to make links with Lynsey Burrows SE Trust to develop the easy read version.
Present report at CNO Business meeting	Co-Chairs, Owen Barr & Siobhan Rogan	April 24	To be presented.
Share with EDoNs	Suzanne Pullins	April 24	Consult with EDoNs regarding sharing of report & wide sharing within Trusts including Directors who have operational responsibility for RNLDs
Present report to Muckamore Departmental Advisory Group (MDAG)	Co-Chairs, Owen Barr & Siobhan Rogan	17 Apr 24	Update being provided in February 2024 and for presentation at April meeting.

NI RNLD Expert Reference Group Workplan & Associated Outcomes

Activity	Whom	By	Outcome
Develop Terms of Reference of the RNLD Expert Reference Group (ERG)	Core Group	January 2023	Formally agreed to change name to the RNLD Expert Reference Group (ERG) TOR Developed /reviewed and agreed by RNLD ERG at Jan 2023 meeting
Agree membership of the RNLD ERG	Core Group	January 2023	Membership of the group had been specifically sought to ensure they have the professional expertise to inform the work of the Registered Nurse Learning Disabilities – Strategic Development Project Group. Explore ways of ensuring Service User engagement and representation addressed Agreed to invite ADON to join the RNLD ERG -
Establish Governance Structures	Chair /Project Officer	January 2023	Meeting with Chief Executive NIPEC and co-Chair of the RNLD strategic Development group to discuss – agree that whilst the strategic Development group in place the ERG would report to it – thereafter annual report to CNO - included in TOR
RNLD ERG monthly meetings to be scheduled for 2022/23 in order to optimise attendance	Core Group	January 2023	Dates for year 2023 agreed and shared with members of the group.
RNLD PDF Forum to be relaunched as an RNLD Community of Practice (CoP)	Core Group	28 April 23	RNLD CoP launch event marked the “standing down” of the RCN/NIPEC PDF Forum. This RNLD CoP was a virtual event, Event 1: 28th April 86 participants from across all settings including representation from the HSC Trusts, the education sector and the independent/voluntary sector linked in via MS Teams Topics ✓ Recommendations of the DOH Workforce Review of the role of RNLDs ✓ An overview of the RNLD Strategic Workforce Development Project

			✓ Update on workstreams aligned to the RNLD Strategic Workforce Development Project ✓ An update on the New Learning Disabilities Service Framework Model. **Event 2: 24th October 2023** ✓ 94 participants from across the HSC system attended this virtual event. **Topics**: ✓ Building Resilience and Wellbeing *Professor Siobhan O'Neill Mental Health Champion* ✓ The Model for RNLD Nursing and the recommendations from the RNLD Strategic Workforce Development Project *Linda Kelly CEx NIPEC & Project Co-Chair* **Event 3: 27th February 2024** **Topics** ✓ UPDATE: on the Model for RNLD Nursing and the RNLD Strategic Workforce Development Project *Prof Owen Barr* ✓ RNLD Acute Liaison Role *Emer Ferguson & Sinead Gallagher RNLD Acute Liaison Service WHSCT*
RNLD ERG	Core Group	7 November 23	ToR and membership of the ERG will be reviewed and meetings for the incoming year will be scheduled Update

			At the ERG meeting on 7th November 2023 the group had planned to review the Terms of Reference for the RNLD ERG. Following some discussion, it was agreed that the TOR needs to be less focused on the RNLD Strategic Development Project Group going forward and the aim of the ERG needs to be broader than the project. However, the ERG members where of the view that given the stage of the work of the RNLD Strategic Workforce Development project it would be helpful to extend the TOR of the ERG for the moment and plan to review in again in February when an action plan to take forward the recommendations from the project report has been agreed and it is clearer what pieces CNO will ask NIPEC to progress. Annual report of the RNLD ERG is being prepared and will be shared with CNO. Reporting arrangements to be agreed by CNO.

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NIPEC

Registered Nurse Learning Disabilities – Expert Reference Group

(RNLD ERG)

TERMS OF REFERENCE

December 2022

BACKGROUND

In 2014 the in response to the Strengthening the Commitment - NI Action Plan the NI Collaborative was established to take forward the actions from the NI Action Plan. In 2019 the CNOs across the UK noted their intention to stand down the four countries Strengthening the Commitment groups. This coincided with the Department of Health (DOH) decision to undertake a review of the role of registered nurses; learning disabilities workforce in Northern Ireland. By agreement with the CNO the recommendations from the review will inform the activity of the Collaborative going forward.

The 31st January 2020 marked the start of the pandemic. During the pandemic meetings and activity of the Collaborative was paused at the request of the HSC due to system pressures, scheduled meetings were impacted significantly with only two catch up-meetings during this time.

The DOH is now concluding the review of the role of the Registered Nurses Learning Disabilities workforce in Northern Ireland (pending publication) and the CNO has commissioned NIPEC to establish a Registered Nurse Learning Disabilities – Strategic Development Project Group to take forward the outworking's of the review.

In September 2022 the CNO and the CEx of NIPEC asked the Collaborative to provide a high-level overview of work of the NI Collaborative with a view to a refresh /rebrand and re-energising of the group whose primary function going forward would be to support the outworking's of the Registered Nurse Learning Disabilities – Strategic Development Project Group.

To that end the NI Collaborative members met on the 8th November 2022 to consider the membership of the new group and explore potential name changes.

There was a consensus view that the membership of the refreshed Group which aims to support Project Group must include those with the right professional expertise to inform the work and it was also agreed that the name of the group would change from the NI Collaborative to the Registered Nurse Learning Disabilities – Expert Reference Group (RNLD ERG)

Registered Nurse Learning Disabilities – Expert Reference Group (RNLD ERG)
AIM:
The RNLD ERG will act as a resource and an expert reference group for the various workstreams stemming from the Registered Nurse Learning Disabilities – Strategic Development Project Group. The RNLD ERG will:

- take responsibility for providing awareness and encouraging participation in the out workings of the Project group across all areas of nursing for people with learning disabilities
- actively contribute to the development of a Nursing Career Framework for RNLDs, to include specialist, advanced practice, consultant nurse and clinical academic roles across specialist learning disabilities services for children, adults and older people.
- provide a regional resource through the sharing of knowledge, expertise, service development, and innovation that will promote, influence and enhance best practice and consistency in nursing practice of people with learning disability within services across N. Ireland
- provide a forum to identify continuing professional development opportunities and inform the commissioning of programmes that will enhance RNLD practice aligned to the objectives of the Registered Nurse Learning Disabilities – Strategic Development Project Group.
- work with and utilise the RNLD Community of Practice to engage with RNLDs across the region to take forward specific work streams/initiatives being progressed - promoting opportunities to enhance professional leadership capacity and capability within RNLD nursing
- provide leadership and support for and support to all the nursing fields of practice and other professional groups who work with people with learning disabilities in Northern Ireland
- work to support the implementation of regionally agreed initiatives in local areas, facilitating action and communicating progress within their organisation
- when requested, give timely feedback to the group or to those in work streams on proposals, decisions or actions

Individual members of the RNLD ERG group will:

- Take a leadership role for specific elements of the work streams on behalf of the Registered Nurse Learning Disabilities – Strategic Development Project Group
- Actively engage and contribute to the work streams stemming from the RNLD ERG and work to agreed timescales
- Work to support the implementation of regionally agreed initiatives in local areas, facilitating action and communicating progress within their organisation

Membership
The RNLD ERG is comprised of individuals from a range of relevant organisations and sectors and involves representation from people with learning disabilities and family members / carers representation - as part of the process of implementation including:

- Prof Owen Barr, Professor of Nursing and Intellectual Disabilities, Ulster University, **Chair**
- Siobhan Rogan Assistant Director for Mental Health and Learning Disability, PHA.
- Frances Cannon, Associate Senior Professional Officer, NIPEC (Project Support)
- Michelle Curran RNLD, Nurse Consultant, BHSCT
- Michael McBride RNLD, Children's, BHSCT
- Frances Maguire, RNLD Adult, BHSCT
- Barbara Tate, Trainee RNLD Nurse Consultant SEHSCT
- Julie Richie, representing RNLD Children's SEHSCT *replaced* by Sharon Ogle Dec2023
- Stephanie Price Lead Nurse Adult SEHSCT
- Maureen Roberts Trainee RNLD Nurse Consultant SHSCT
- Donna Grant representing RNLD Children's SHSCT
- Oisin McAuley representing RNLD Adult SHSCT
- Seamus Coyle RNLD Trainee Nurse Consultant NHSCT
- Rhona Brennan Operational Lead NHSCT
- Michelle Angelone representing RNLD Children's NHSCT
- Clionagh McElhinney Trainee RNLD Nurse Consultant WHSCT
- Janet Doherty Head of Service Lead Nurse Adult WHSCT
- Donna Milligan Community Nurse – representing Children's WHSCT
- Denise McGill Triangle Housing *replaced* Dec 2023 by Marius Coman
- Rosaline Kelly, Senior Nurse Professional Practice, Royal College of Nursing
- Damian McAleer, Nurse Education Consultant, Clinical Education Centre,
- Nicola McCann, Learning Disability Inspector, Regulation and Quality Improvement Authority
- Maurice Devine, Staff Tutor Open University
- Dr Lynne Marsh, Senior Lecturer, Queens University Belfast
- Leslie–Anne Newton Arc UK (circulation only)
- Claire Thompson pre-registration Student QUB

Where required the RNLD ERG will identify and co-opt other members to contribute to the group were relevant.

RNLD ERG Meetings

- Meetings of the RNLD ERG will be held monthly
- Meetings will only proceed of there is representation from the five HSC Trusts and other groups in memberships of the ERG
- Meetings will take place using a blended approach including face to face meetings hosted across the region and virtual meetings (Microsoft Teams)

- Where required the RNLD ERG will identify and co-opt other colleagues to contribute to the group were relevant.
- When absence from meetings is unavoidable members will provide a short briefing paper ahead of the planned meetings.

Review and evaluation

There is a requirement for the RNLD ERG to provide a formal report on activity on an annual basis to the Chief Nursing Officer. Review and evaluation of progress, however, will be a continual dynamic by the RNLD ERG membership.

***To ensure the TOR remain relevant and reflect current professional and strategic direction they will be reviewed at the first meeting of each year*.**

Review Date January 2024

Terms of Reference

Registered Nurse Learning Disabilities Expert Reference Group (RNLD ERG)

Communities of Practice

This paper sets out the Terms of Reference for a Registered Nurse Learning Disabilities Communities of Practice.

BACKGROUND

In 2014 in response to the Strengthening the Commitment[1] - NI Action Plan the NI Collaborative was established to take forward the actions from the NI Action Plan. The NI Collaborative at that time requested NIPEC and the Royal College of Nursing, to establish a regional Professional Development Network/Forum for learning disabilities nurses

In 2019 the CNOs across the UK noted their intention to stand down the four countries Strengthening the Commitment groups. This coincided with the Department of Health (DOH) decision to undertake a review of the role of registered nurses; learning disabilities workforce in Northern Ireland. By agreement with the CNO it was intended that the recommendations from the review would inform the activity of the Collaborative going forward.

The 31st January 2020 marked the start of the pandemic. During the pandemic meetings and activity of the Collaborative and the Regional Professional Development Network/Forum for learning disabilities nurses was paused at the request of the HSC

[1] **The Scottish Executive** (2012). *The Report of the UK Modernising Learning Disabilities Nursing Review*: *Strengthening the Commitment.* Edinburgh; Scottish Government.

due to system pressures. Scheduled meetings were impacted significantly with only two catch up-meetings during this time.
The DOH is now concluding the review of the role of the Registered Nurses Learning Disabilities workforce in Northern Ireland (pending publication) and the CNO has commissioned NIPEC to establish a Registered Nurse Learning Disabilities – Strategic Development Project Group to take forward the outworking's of the review.

In September 2022 the CNO and the Chief Executive of NIPEC asked the Collaborative to provide a high-level overview of work of the NI Collaborative with a view to a refresh /rebrand and re-energising of the group whose primary function going forward would be to support the outworking's of the Registered Nurse Learning Disabilities – Strategic Development Project Group.

To that end the NI Collaborative members met on the 8th November 2022 and agreed the re-energised group should be known as the Registered Nurse Learning Disability Expert Reference Group (RNLD ERG). The RNLD ERG has since met on several occasions and have requested that the Regional Professional Development Forum is rebranded as an RNLD Communities of Practice (CoP) **open to all** Registered Learning Disabilities Nurses. This direction aligns the group with recommendations of the Nursing and Midwifery Task Group.

To that end the RNLD ERG have requested NIPEC to establish an RNLD CoP open to all Registered Learning Disabilities Nurses and other nurses who have an interest in supporting people with learning disabilities - across all settings to include HSC Trusts, the education sector and the independent/voluntary sector.

Purpose: Terms of Reference

I. To provide a mechanism to share best practice in learning disability nursing, promote continuous professional development and provide a platform to explore registration specific and wider professional issues.
II. To champion professional recognition of the valuable and important role of learning disability nursing
III. To provide networking opportunities which support and promote professional connectedness
IV. To provide a mechanism that facilitates communication with and to the learning disabilities nursing workforce on professional matters
V. To support the development of links with other organisations as appropriate

Facilitation and administrative support will be offered by NIPEC. It is anticipated a minimun of three meetings a year will be scheduled and will be a mix of virtual and face to face. Informtion and dissemination of RNLD CoP meetings will be disseminated via the membership of the RNLD ERG.

Role of the Co-Chairs

- agree agenda for each meeting
- invite guest speakers as appropriate
- guide the meeting in a facilitative manner where discussions need an outcome and ensures an action is agreed
- take brief notes and agreed action points of discussions
- ensure room bookings/virtual arrangments for meetings are made

Conduct and Confidentiality

All members of the CoP are bound by the rules of confidentiality and ensure information is shared appropriately.

Finance and Resources

There are no specific resources available to support this initiative however the contribution of members and their employers are recognised as the main resource through which the CoP will be established and maintained. NIPEC will endeavour to provide modest funding to facilitate meetings which will be rotated around venues.

Accountability

The CoP will provide a verbal or written report of activity to the RNLD ERG.

Review

These *Terms of Reference* will be reviewed each year.

Date for Review April 2024

DECISION SUPPORT MATRIX

Exhibit 77

MAHI - STM - 259 - 1255

Assumptions:

1. Accountability and responsibility have been considered and assured.
2. A person centred plan of nursing or midwifery care is in place, based on an assessment of nursing/midwifery needs guided by appropriate risk assessments, which has been **developed and agreed** with the person receiving care. Where capacity is compromised, the plan should be guided by the person's known preferences, or by the person(s) with parental responsibility/legal guardian.
3. Processes are in place to allow immediate escalation of need or concern, should the circumstance arise.

Key:

- All green – delegate
- One or more amber and no red – professional judgement and mitigating action required
- One or more red – do not delegate

Potential for [patient/client] harm	Low Risk of Harm	Medium Risk of Harm	High Risk of Harm
Can the limits of the task be clearly described without decision making?	Clear task limits – Does not involve decision making beyond the scope of the task	Task has limits that may change within described parameters using decision support	Critical and analytical decision making necessary
Has the delegatee appropriate knowledge, skills and confidence to carry out the task?	Competent and Confident	Requiring some additional knowledge and skills development and /or expressed need for some additional supervision	Not competent and / or not confident
What level of person-centred communication to the delegatee is required?	Simple communication required about the task and expected outcome	Some complex communication required about the task and expected outcome	Complex communication required about the task and expected outcome
Complexity of care	**Uncomplicated**	**Medium levels of complexity**	**Highly Complex**
Can the task be performed in systematic steps?	Yes	Yes - some with decisions required between steps	No – critical and analytical decision making necessary between steps
Does the task require modification?	No	Some with directed decision support	Yes - Critical and analytical decision making necessary
Predictability of the outcome	**Highly predictable**	**Medium levels of predictability**	**Low predictability**
Is the outcome of the task predictable?	Yes	Predictable under certain conditions	No
Is the condition of the person receiving care stable?	Yes - Stable	Prone to fluctuation within predictable described limits	No – unstable
Are there timely feedback mechanisms to confirm the outcome?	Yes	Yes but a delay may occur in feedback of outcome – some mitigation may be needed	No

Lynn Woolsey
Deputy Chief Nursing Officer for Northern Ireland

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Via Email:
Trust Directors of Mental Health and Learning Disability
Executive Directors of Nursing
Maria McIlgorm, Chief Nursing Officer
Linda Kelly, Chief Executive NIPEC

C5.14
Castle Buildings
Stormont Estate
BELFAST
BT4 3SJ

Email: nursingandmidwifery@health-ni.gov.uk

Date: 28 July 2023

Dear Colleagues,

Regional Learning Disability Assurance Dashboard Development

Following discussion and agreement at the Muckamore Departmental Assurance Group on 28th June 2023, I am writing to seek nominations from within your organisations to contribute to the development of a multidisciplinary assurance dashboard, with the initial focus on inpatient facilities.

The purpose of this dashboard will be to enhance existing arrangements in place across each or your organisations and agree a standardised model which will form an integral part of future regional assurances. I have asked NIPEC to facilitate this initial work.

I am seeking nominations from within your organisations to provide contribute their expertise to this initial phase as follows:

- Assistant Directors for LD inpatient units/beds
- Consultant LD Nurses
- Assistant Directors of Nursing for Patient Safety & Governance.

Please send your nomination to Brenda Carson, Senior Professional Officer, NIPEC - Brenda.Carson@nipec.hscni.net by 20th August 2023.

We will be in contact regarding wider stakeholder representation in due course.

Yours sincerely

Lynn Woolsey
Deputy Chief Nursing Officer