



Post Registration Masters in Nursing Project Working Group Meeting

12th March 2019 9.30am 02D09 Jordanstown Campus

Present: Bernadette Gribben NIPEC, Toni McAloon UU, Tracie Fleming NHSCT, Sharon McRoberts SEHSCT, Helen McGarvey UU, Cathal O'Neill Independent Sector, Tom Rush PPI volunteer, Carol Chambers BHSCT, Annetta Quigley WHSCT, Gladys McKibbin HR, Fidelma Carolan Unison, Clare Martin Unison, Sue Foster NI Hospice, Annette Agnew UU, Moira Mannion BHSCT (via phone),

Apologies: Brendan McGrath WHSCT, Sharon Burnside SHSCT, Heather Weir NI Hospice, Liz Laird UU

	Agenda Topic	Discussion Notes	Action By whom
1	Welcome & introductions	Everyone welcomed and introductions carried out.	
2	Apologies	Apologies noted.	
3.	ToR Working group	Membership reviewed by group. No amendments required.	
4.	Confirmation of minutes from 5th February 2019	Minutes approved.	
5.	Project Initiation Documents (PID) and Work Plan	<ul style="list-style-type: none"> • PID was circulated prior to this meeting. • It was agreed that the PID will stay on the agenda and will be refined as issues arise throughout the process. • Work plan – Meeting with OU required to discuss the structure of the OU academic year and OU student application to this project. • Equality screening document has not been circulated as yet as it is still in draft format. Unison representative happy to review 	Project Manager & Project Lead to meet with OU on Wednesday 20 th March. Project Manager & Project Lead to review and recirculate

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6. (i)	Feedback from subgroups: Curriculum planning	<ul style="list-style-type: none"> The first meeting was held on 5th February 2019 and was attended by representatives from the Trusts, Academics and PPI. It was agreed that having recent UU/QUB graduates would be beneficial and 4 have been invited to the next meeting. Overview: 3 year Master programme into 2 year fast-track programme Fixed modules can be adapted – Research and dissertation 3 new modules required to cover e.g. quality, leadership person-centred practice, communication. 	
6(ii)	Recruitment	<ul style="list-style-type: none"> Due to difficulty getting a suitable date the first recruitment meeting is to take place after this meeting. Payment for Band 7 will be done via an MOU through NIPEC Band 5 will be employed by the Trust, not supernumerary 	<p>Project Lead to organize</p> <p>Project Manager to take forward MOU</p>
6(iii)	Placement Rotations	<p>Option 1 - 4 different placements of 6 months each – original CNO suggestion but it was felt 6 month's placement (when dissertation is due) is not long enough.</p> <p>Option 2 - 1 placement 6 months, 2 placement 3 months, 1 placement 12 months (placements 1&4 would be in the same area) – downside it reduces placement options to 3 areas.</p> <p>Option 3 - 1 placement 6 months, 2 placements 4.5 months, 1 placement 9 months – the recommended option of the placement rotation subgroup.</p> <p>This is to be brought back to the CNO for consideration</p> <ul style="list-style-type: none"> Students need to be in an area which is open to change and where they will receive high level of support. Final placement will be in the HSC placement. Mentoring the students was discussed and the option of using trained coaches from within each Trust. Each Trust needs to confirm they have trained coaches. Students will be placed outside the Clinical area where the coach is based and in the independent sector but the coach will maintain support for the student. The Independent Sector Board meeting is being held next week where this programme will be discussed and interest evaluated. 	<p>Project Lead to feed back CNO response</p> <p>Trust Representatives</p> <p>Independent sector rep to feed back</p>

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7.	Placement Learning outcomes	<ul style="list-style-type: none"> • Max of 4 benchmark statements will be developed for each placement. • Tie in placement with academic work • Possibility of QI initiative for their dissertation tapping into the existing QI activities • Trust Ethics/Governance – important that students are facilitated through this process and it is pitched as 'service improvement' • It was suggested a risk register may be helpful to capture and resolve evolving issues 	
8.	Communications Strategy	<ul style="list-style-type: none"> • The Steering Group reports to CNO • Steering Group will update CNMAC SWE • Working Group reports to Steering Group • Sub Groups report to Working Group • Trusts Members of Working Group to establish an Implementation Group with responsibility to ensure effective communications with <ul style="list-style-type: none"> ○ Ex DoN ○ Senior Nursing Leaders ○ L&D Forum ○ Each Placement areas ○ PET ○ ? others • Project Update to be provided via <ul style="list-style-type: none"> ○ communique through NIPEC SCAN to ensure standard information is shared across HSC ○ Facebook ○ Twitter 	Trust Representatives to update at next meeting
9.	Evaluation processes	<p>Several options were tabled:</p> <ul style="list-style-type: none"> • Initial evaluation of a concept such as resilience which could be evaluated at intervals • Long term evaluation via for example a funded PhD funded • Process evaluation/outcome evaluation 	Project Manager/Project Lead to take this to Steering Group for recommendations.
8.	AOB	Non noted	
	Next meeting	9 th April 9.30-11.30 12G02 UJJ / MD026 UUM	