Implementation of Revalidation for Nurses and Midwives NI

Project Plan

February 2015
Context

The NMC Council have committed to introducing a model of Revalidation for all nurses and midwives from December 2015 by order of the Privy Council. The chosen option requires no legislative change, builds on existing systems.

Before revalidation is launched at the end of 2015, it will be tested as part of a Revalidation Pilot Project. The NMC will develop and finalise the model for the revalidation process based on the outcomes of these pilots. They plan to launch the Revalidation model in December 2015 therefore from late December 2015, all nurses and midwives across the UK will start revalidating upon renewing their registration. The WHSCT have been identified as the pilot site for Northern Ireland and will be represented on the Programme Board.

Reporting Arrangements

The Programme Board will report through the Human Resources Directorate of DHSSPS 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 revalidation at National level.

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 they represent. In many instances this will require that robust mechanisms are set up internally within organisations to ensure that this is supported. Employer stakeholders from all sectors will be directly responsible for this within their own organisation.

NIPEC

NIPEC will support DHSSPS in its oversight of the work to introduce revalidation and play a role in piloting the Revalidation Model in Northern Ireland.
Aim
The overarching aim is to establish and harmonise a new system of nursing and midwifery revalidation, building on the work undertaken nationally, which will improve professional standards and provide assurances to both professionals and the public.

Terms of Reference
The terms of reference associated with this project are to:

• Examine from a Northern Ireland perspective proposals and plans from the NMC relating to revalidation and provide informed feedback on issues arising.
• Identify if there are resource implications for the NMC model which will be informed by National and local pilots and other work streams being led by the NMC.
• Support implementation of revalidation from December 2015 in Northern Ireland in line with the NMC model and timetable.
• Work with the NMC and HSC/non HSC organisations to support pilots which will test aspects of the revalidation model.
• Utilise outcomes of these pilots to maximise the learning and inform the implementation process.
• Work with employers to ensure that the agreed systems of appraisal and supervision in place in Northern Ireland are sufficiently robust and consistent to meet the requirements of the revalidation process. Work with employers to support the full implementation of appraisal and supervision.
• Escalate to the Programme Board any unresolved issues relating to revalidation.

Deliverables

• Robust systems including arrangements and processes to support revalidation
• Assurance that the agreed system(s) for appraisal/supervision are in place to support revalidation.
• Commitment from within organisations to implement revalidation as required by the regulator.
Constraints

• Diverse range of stakeholders.
• Timescales.
• Competing priorities for senior professional time.
• Capacity within organisations to take forward revalidation pilots and 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 DHSSPS in developing systems to deliver the new model of revalidation.

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 and updated Programme plan (NMC).
• The development of a robust communications plan (Appendix 1).

Benefits

• New systems of revalidation leading to improved patient/client safety.
• A consistent approach to revalidation across Northern Ireland in line with national guidance and regulatory requirements.
• Improved public confidence in practitioners.
Assurance

Individual registrants are accountable to the NMC and as such must individually ensure that they remain on the NMC register. Registrants must demonstrate to the NMC that they meet the requirements for revalidation.

In addition, employers have a responsibility to support registrants to revalidate in the context of their role and function across all health and social care settings set within the health and social care system across Northern Ireland. Health and Social care systems may only operate within the extant legislative and regulatory framework along with the standards and guidance developed to underpin this framework.

Within this context, employer responsibilities are informed by legislation such as the Health and Social Care (Reform) Act (NI) 2009 and articulated across a range of areas including the DHSSPS HSC Framework document, quality standards for the commissioning and provision of health and social care. These clearly specify that professional standards are critical to improving health and wellbeing of the population of Northern Ireland.

Professional leadership is also critical to this process across all organisations where there is a requirement for professional leaders to discharge their corporate responsibilities in this regard at different levels within the system of care (HSC Framework Document, DHSSPS) in full accordance with statutory functions of employing organisations and the professional duties and responsibilities described by regulatory bodies.

In summary, individual registrants and employers are accountable and responsible for ensuring that implementation of revalidation is consistent with the requirements of the UK regulator, the Nursing and Midwifery Council (NMC).

The Chief Nursing Officer will seek assurance in writing from all organisations who employ nurses and midwives regarding their readiness to support registrant revalidation from December 2015.
Regarding readiness across the HSC, such assurance fits within the extant accountability arrangements set up through the ‘HSC Framework’.

**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 workstream(s) reporting to a programme board.

**Departmental Board**

Ultimate responsibility and decision making for the project lies with the Minister, informed by the recommendations of the Departmental Board.

**Programme Board**

The Programme Board reports to the Departmental Board and is jointly chaired by the Chief Nursing Officer and Director of Human Resources (DHR). The DHR will be the Senior Responsible Officer (SRO) for the Programme.

The role of the Programme Board is to oversee the implementation of Revalidation for nurses and midwives in Northern Ireland.

The Board will be made up from stakeholder representatives from across Northern Ireland, including the following:

- DHSSPS (Office of the Chief Nursing Officer, Human Resources and Finance Directorates)
- NMC
- NIPEC
- Employers (Independent, HSC, General Practice, Voluntary)
- Trade Union
- Royal Colleges
• Education Providers
• Patient Client Council
• RQIA
• LMSA UK Forum

Some stakeholder representatives will be members of the Board with dual function (e.g. to consider and respond to the education, learning and training implications of the nursing and midwifery workforce across Northern Ireland and to their internal responsibilities as an employer of nurses and midwives).

Members of the Board are responsible for ensuring that they are aware of their responsibilities regarding full engagement with the constituents whom they represent.

**Project Communications Plan**

It will not be possible to have all stakeholders represented on the Board therefore the work of the Board must be underpinned with a robust communications plan which will aim to support all registrants and their employers to respond to the requirements for revalidation set by the NMC.

**Membership of the Programme Board**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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</thead>
<tbody>
<tr>
<td>Heather Stevens (Joint Chair and SRO)</td>
<td>Director of Human Resources, DHSSPS</td>
<td>DHSSPS</td>
</tr>
<tr>
<td>Charlotte McArdle (Joint Chair)</td>
<td>Chief Nursing Officer</td>
<td>DHSSPS</td>
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<tr>
<td>Peter Toogood</td>
<td>Director of Safety, Quality and Standards</td>
<td>DHSSPS</td>
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<tr>
<td>Ben Whur</td>
<td>NMC officer Senior Strategic Engagement Lead for Revalidation</td>
<td>NMC</td>
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<tr>
<td>Frances Cannon</td>
<td>Revalidation Project Manger</td>
<td>NIPEC</td>
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<tr>
<td>Damien McAlister</td>
<td>Representing five Trust HR Directors</td>
<td>Belfast HSC Trust</td>
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<tr>
<td>Pat Cullen</td>
<td>Director of Nursing/Midwifery &amp; Allied Professions</td>
<td>Public Health Agency</td>
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<tr>
<td>Brenda Creaney</td>
<td>Executive Director of Nursing</td>
<td>Belfast HSC Trust</td>
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<tr>
<td>Francis Rice</td>
<td>Executive Director of Nursing</td>
<td>Southern HSC Trust</td>
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<td>Alan Corry Finn</td>
<td>Executive Director of Nursing</td>
<td>Western HSC Trust</td>
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<td>Nicki Patterson</td>
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<td>South Eastern HSC Trust</td>
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<tr>
<td>Olive McLeod</td>
<td>Executive Director of Nursing</td>
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<tr>
<td>Maeve Hully</td>
<td>Chief Executive</td>
<td>Patient Client Council</td>
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<td>Janice Smyth</td>
<td>Director</td>
<td>RCN</td>
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<tr>
<td>Breedagh Hughes</td>
<td>NI Board Secretary</td>
<td>RCM</td>
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<tr>
<td>Eoin Stewart</td>
<td>Chair</td>
<td>UNISON HR Forum</td>
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<tr>
<td>Kathy Fodey</td>
<td>Director of Regulation &amp; Nursing</td>
<td>RQIA</td>
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<tr>
<td>Loretta Gribben</td>
<td>Director of Nursing &amp; Patient Services</td>
<td>NI Hospice</td>
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<tr>
<td>Anne Cleary</td>
<td>Deputy Director of Nursing</td>
<td>Marie Curie</td>
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<tr>
<td>Carol Cousins</td>
<td>CNMAC representing IND/VOL Sector</td>
<td>FSHC</td>
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<tr>
<td>Glynis Henry</td>
<td>Head of Clinical Education Centre</td>
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<tr>
<td>Sam Porter</td>
<td>School of Nursing and Midwifery - Acting Head of School</td>
<td>QUB</td>
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<td>Owen Barr</td>
<td>Head of School of Nursing</td>
<td>UU</td>
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<tr>
<td>Dr Eugene Deeney</td>
<td>GP</td>
<td>NIGPC</td>
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<tr>
<td>Caroline Lee</td>
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<td>Angela McLernon</td>
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<tr>
<td>Joyce Cairns</td>
<td>HR</td>
<td>DHSSPS</td>
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<tr>
<td>Damien McAteer</td>
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<td>DHSSPS</td>
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<tr>
<td>Jane Lindsay</td>
<td>Project Manager – Confidence and Care</td>
<td>DHSSPS</td>
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<tr>
<td>Verena Wallace</td>
<td>LSAMO</td>
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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 DHSSPS 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.
• Shape, agree and support NMC recommendations.
• 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 reports to the Programme Board and will be chaired by Deputy Chief Nursing Officer, DHSSPS and Chief Executive, NIPEC. 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. If required the working group may set up further groups (Task and Finish), agreed by the Programme Board, to progress aspects of the work (e.g. Communications, Human Resources). The core membership of the Working Group is as follows:

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
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<tr>
<td>Kiernan McAteer</td>
<td>HRD</td>
<td>DHSSPS</td>
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<tr>
<td>Peter Barbour</td>
<td>Assistant Director, Workforce Policy Directorate</td>
<td>DHSSPS</td>
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<tr>
<td>Anne Witherow</td>
<td>Assistant Director of Nursing</td>
<td>NMC Pilot NI &amp; Western HSC Trust</td>
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<tr>
<td>Liz Colgan</td>
<td>Senior Inspector</td>
<td>RQIA</td>
</tr>
<tr>
<td>Siobhan McIntyre</td>
<td>Nurse Consultant</td>
<td>PHA</td>
</tr>
<tr>
<td>Rose McHugh</td>
<td>Nurse Consultant Professional Lead representing Primary Care Nurses</td>
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<tr>
<td>Fiona Wright</td>
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<td>Rita Devlin</td>
<td>Professional Officer</td>
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<td>Gavin Fergie</td>
<td>Professional Officer</td>
<td>Unite</td>
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<tr>
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<tr>
<td>Donna Gallagher</td>
<td>Senior Lecturer</td>
<td>OU</td>
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<td>Maurice Devine</td>
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<td>CEC</td>
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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 transition 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.
- Develop and 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.

Other Roles and Responsibilities

Senior Responsible Officer

Ms Heather Stevens is the Senior Responsible Officer for the Programme and is responsible for:

- Ensuring that the needs of DHSSPS and Minister are fully met; and
- Reporting project progress to the Departmental Board.
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 is the Project Manager. The main responsibilities of the project manager are to:

- Report directly to the Chairs of the Working Group.
- Develop the PID and Work Plan.
- 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 developed in tandem with the NMC project plan. The project milestones will be developed based on the current indicative timescales for deliverables emanating from NMC and as such may be subject to change.
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 meet on a monthly basis. A set timetable for Working Group meetings has been agreed.

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 DHSSPS and Health and Personal Social Services.

Quality Control

This role will be undertaken by the Working Group, who will quality 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 Closure

Following implementation of the recommendations associated with Tackling Concerns Locally and Nationally the Programme Board will meet to formally close the project.

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.
- Available funding if this is identified as an issue through the UK pilots being set up by the NMC.
- The continuing period of change underpinned by ongoing financial challenges across the HSC and beyond.
- Various stakeholders are willing and available to take part in the project process.
- Stakeholders give their full 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:

- Develop and agree a list of stakeholders – The Working Group will develop a list of stakeholders for engagement. This will include (though not necessarily be limited to) representatives from DHSSPS, HPSS Trusts, PHA, Trade Unions, Royal Colleges, Voluntary and Independent sectors, GP’s, HSC Board, NIGPC, etc.

- Establish Principles for Stakeholder Engagement – Prior to consultation it is vital to establish the principles on which engagement is based. A significant amount of previous
consultation and engagement in respect of revalidation has been undertaken. The rationale on which the principles for stakeholder engagement are based therefore reflect the need to take cognisance of previous consultation findings, ensure timely, effective and efficient use of scarce project resources, and the requirement to develop a clear way forward. On this basis the nature of the stakeholder engagement process is to:

1. Ensure transparency and openness.
2. Ensure that employers and registrants are fully aware of their roles and responsibilities regarding the implementation of revalidation from December 2015.
3. Seek input to the overall decision-making process (rather than attempting to build consensus).
4. Seek specific input on areas where further design detail is required and where there is some scope to inform the decisions made by devolved administrations.

- **Develop Pre-Engagement Documentation** – Prior to engagement with stakeholders the Working Group will prepare and circulate pre-engagement documentation. This will take the format of identified elements for discussion.

- **Develop 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 is likely to be based on themes and will be geographically spread to facilitate equity of access. The likely themes for stakeholder engagement are:
  - Role of Employers and Registrants.
  - Information and Governance.
  - Identification of key issues and concerns.
  - Sharing of outcomes from pilot sites.
It is envisaged that stage 1 of the stakeholder engagement will take place during the pilot phase in the form of stakeholder road shows.

**Final NMC Model for revalidation**

Stage 2 will involve developing the way forward in terms of implementation of the agreed model. Engagement will outline how the recommendations from the NMC will be implemented via a number of component parts in order to deliver the agreed model. The outline of the model will be translated into action through the use of NMC guidance. The specific deliverables to be developed at this stage will be informed by the preceding project stages but are likely to include (though not be limited to) guidance in respect of:

- The Employer Role.
- Registrant role.
- Clinical and social care governance arrangements.
- Information standards and management.
- Guidance and support mechanisms to underpin arrangements for appraisal and supervision.
- Addressing fitness to practice in instances where concerns are identified.

The future model will be subject to Working Group and Programme Board sign off prior to finalisation. All draft guidance will be circulated to the Working Group and Programme Board prior to sign off.

**Training**

The CEC will design and deliver a range of programmes to address key issues that arise as part of the programme of work and will aim to support employers and registrants to fulfil their role and responsibilities relating to revalidation. Details and timescales for this will be agreed with the working group and fit with the NMC programme of work. The CEC will liaise at UK level to ensure there is consistency in its approach to this work stream.
Stakeholder Events

This stage represents the formal launch of the model for operation in Northern Ireland and the associated transition and implementation arrangements. A stakeholder event will be facilitated as means of raising awareness amongst appropriate stakeholders of the implementation of the model and associated recommendations.

POST-IMPLEMENTATION PROJECT EVALUATION

Following implementation of the model 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.
Alternative Formats

NIPEC is committed to making information as accessible as possible and to promoting meaningful engagement with those who use our services.

This document can be made available on request and where reasonably practicable in an alternative format.

Should you wish to request a copy of this document in an alternative format please contact NIPEC.

For further Information, please contact

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