



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

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



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Regional Review of Induction Programmes for Band 5 Nurses and Midwives

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1.0 Introduction

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

2.0 Context

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

3.0 Background

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

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

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

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

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

Corporate Induction/Welcome:

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

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

Nursing/Midwifery Induction:

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

Nursing/Midwifery Induction aims to:

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

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

Local or Departmental Induction:

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

Local or Departmental Induction aims to:

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

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

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

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

4.0 Objectives of Project

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

Phase 1

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

Phase 2

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

5.0 Methodology

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

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

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

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

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

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

6.0 Phase 1 Analysis of information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.0 Phase 1 Findings:

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

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

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

8.0 Themes and Summary Findings

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

Content

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

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

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

Delivery

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

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

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

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

9.0 Phase 2

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

Discussion

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10.0 Recommendations

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

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

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

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

Membership of Steering Group

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

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

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

REGIONAL SCOPING OF INDUCTION PROGRAMMES FOR BAND 5 NURSES AND MIDWIVES

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

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

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

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

Table 1
Professional Practice

	Adult	Children's	Mental Health	Learning Disability	Midwifery
Record keeping	Yes	Yes	Yes	Yes	Yes

Health Social Care Documentation

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

Clinical Practice

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

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

Risk Assessment

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

Safeguarding

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

Health and Safety

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

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

The Sub Group are tasked to:

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

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

Group members – Nominations

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

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

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

HSC Trust Induction

Topics aligned to fields of Practice

CODE

L = Licenced

RP = regional policy

* Requires updating

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

TABLE 1**Professional Practice**

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

Health Social Care Documentation

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

Clinical Practice

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

Risk Assessment

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

Safeguarding

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

Health and Safety

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

Table 2
Nursing and Midwifery Clinical Induction - Topics Core

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

Nursing and Midwifery Clinical Induction Topics - Area Field Specific

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

HSC Trust Corporate Induction/ Welcome

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

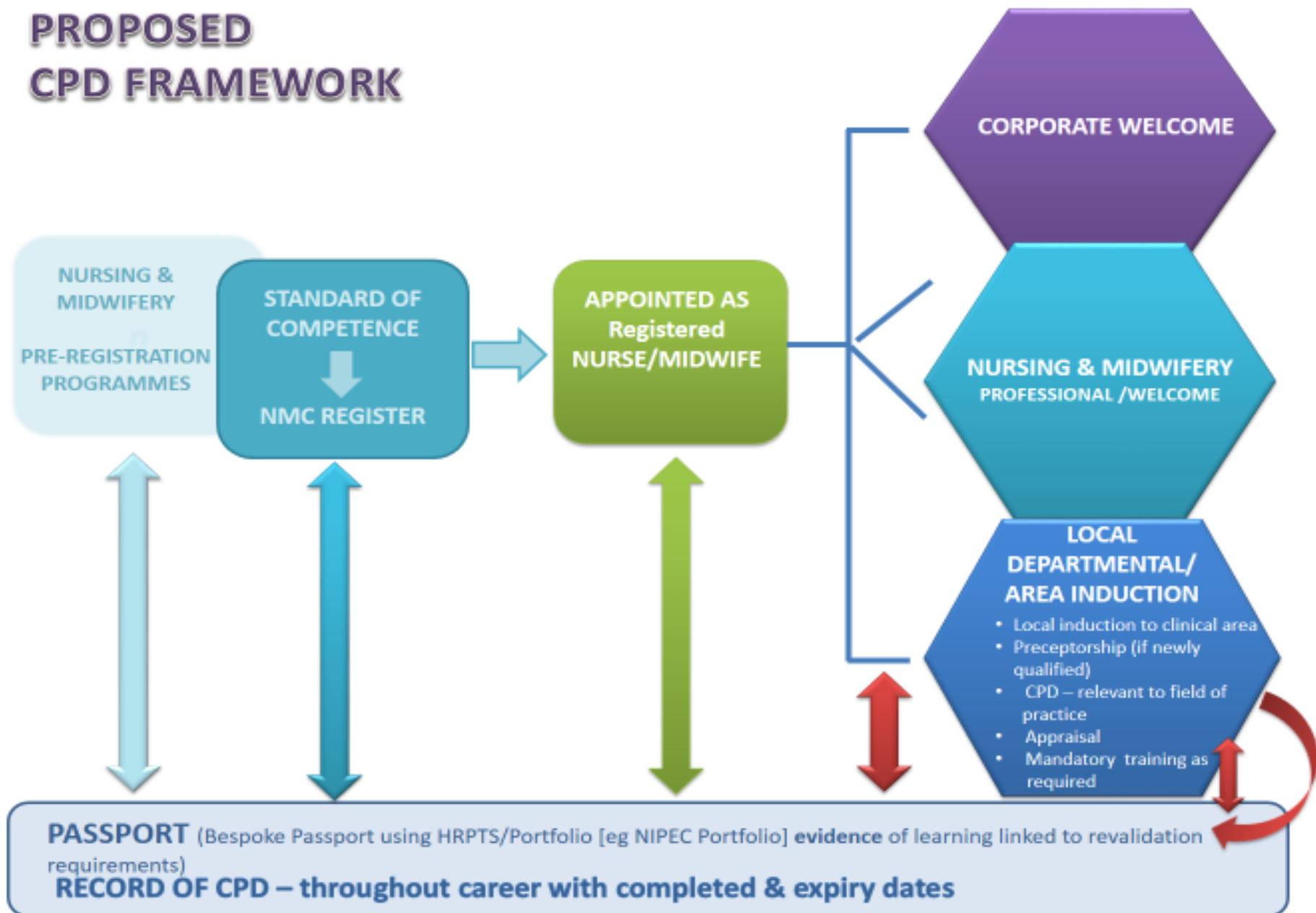
*Statutory training requirements aligned to Delivering Care – Nurse Staffing (2016)

**included after Nov 3rd 2017 meeting

HSC Trusts Nursing and Midwifery Professional Welcome Induction

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

PROPOSED CPD FRAMEWORK





For further Information, please contact

NIPEC

Centre House

79 Chichester Street

BELFAST, BT1 4JE

Tel: 0300 300 0066

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

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