

**Professional Framework Emergency Nursing Care Project
Steering Group Meeting**

**Venue: Meeting Room, NIPEC, 2nd Floor, Centre House,
79 Chichester Street, Belfast BT1 4JE**

Date: 18th December 2014

Time 10.00 - 1200

Notes of Meeting

In attendance

Linsey Sheerin, Chair, Emergency Nursing Network, RCN (LS)
Frances Cannon, NIPEC, Project Lead (FC)
Roisin Devlin, Emergency Nurse Practitioner, SEHSCT (RD)
Jill Fleck, Dept Manager - Emergency Medicine A&E, SEHSCT (JF)
Diane Gillespie, Senior Sister A&E, BHSCT (DG)
Mandy Hawthorne, Ward Sister, BHSCT (Children's)
Helen McNeilly, Lead Emergency Nurse Practitioner NHSCT (HMcN)
Anne-Marie Philips, Nurse Education Consultant, CEC (AMP)
Joanne McMullan, Lecturer in Education, QUB (JMcm)
Monica Molloy, Senior Manager Modernisation and Workforce Planning, BHSCT (MM)

Teleconference Call

Martina Brown, Emergency Nurse Practitioner, WHSCT (MB)
Geraldine Byers, Nurse Consultant Emergency Care, BHSCT (GB)
Caroline Lee, Nursing Officer, DHSSPS
Sharon McRoberts, Assistant Director Nursing Workforce & Education, SEHSCT (SMcR)
Mary Burke, General Manager - Medicine & Unscheduled Care, SHSCT (MB)

Apology

Siobhan Donald, Nurse Consultant, PHA (SD)
Dr Vidar Melby, Senior Lecturer, UU (VM)
Olive MacLeod EXoN NHSCT
Kerry Glackin, Emergency Nurse Practitioner, WHSCT (KG)
Moirra Mannion, Assistant Director Nursing Workforce & Education, BHSCT (MM)
Joan Peden, Assistant Director of HR, BHSCT (JP)

Item	Notes	Action
1	Welcome & Introductions	
	<p>LS welcomed everyone to the meeting.</p> <p>The minutes of previous meeting were agreed.</p> <p>LS gave the back ground to the project and reminded the group of the aim of the project</p>	Noted
2	Background & ECA Update	
	<p>Roisin Devlin gave an update regarding the ECA and how it's work in relation to the development of competencies for Emergency Nursing Care. ECA has secured funding from RCN to progress work. She highlighted that the Faculty of Emergency Medicine (FEN) have been included in the early meetings; and the issue re: payment for the use of FEN competencies in the past has been an issue.</p> <p>The plan is the RCN will work with FEN with a view to wavier of current fee. If FEN will not wavier the fee then the RCN will explore possibility of Wessex ED Nursing Care competences.</p> <p>FC reported that this development will of course impact on this project and CNO has been advised of the work of the ECA.</p>	RD
3	Literature Review	
	<p>In principle CNO is content that the work from this project will dovetail with the work of the ECA, however, highlighted that it is vital that there should be "no extended delay".</p> <p>RD reported that the work of the ECA is due to complete in one year which will coincide with the time scales for this project.</p>	RD
4	Professional Officer	
	<p>AMP updated the group in relation to a revised literature review which aimed to widen its scope. AMP suggested that a small number of article reviewed appeared to be relevant to the project and these will need to be reviewed in more detail</p> <p>LS reported that the interviews for the professional officer post for the project were held yesterday and Roisin Devlin, ENP, SEHSCT has been successful. All present were extremely supportive of the appointment. FC thanked AMP for the input of one day per week thus far, and wished to note she has been an invaluable support.</p>	Noted

5	Scoping Tool	
	<p><i>Noted - Monica Molloy HR BHSCT joined meeting</i></p> <p>LS gave update on Scoping Tool and detailed what Trusts had returned, according to NIPEC records no scoping tools have been received from WHSCT: FC to double check and link with Martina Browne.</p> <p>All other Trust representatives noted outstanding information/documents to be submitted asap.</p> <p>FC reported the subgroup had met last Monday to collate what information had been gathered to date and from that we were able to share “high level messages” which reflects data gathered to date <u>only</u>.</p> <p>JF gave an overview of key messages – attached at Appendix 1</p> <p><u>Discussion Induction</u></p> <p>GB reminded group that induction should not become overly prescriptive as individuals reach competencies at different times depending on past experience/competencies/confidences.</p> <p><u>Mandatory Training</u></p> <p>SET is developing an ED specific mandatory training Matrix. It was agreed that this would not automatically be adopted by the other HSC trusts through this project – but would form an excellent starting point from which to develop a regionally agreed ED specific mandatory training matrix. GB stressed the need to quantify the time implications of any agreed mandatory training. It was acknowledged that this did need to be considered within this group.</p> <p><u>CPD</u></p> <p>CPD should be linked to ECG commissioning plan. JF had reported on the non – completion of commissioned courses. CL stressed that the cost implication to non – completion and how this needs to be reviewed.</p> <p>GM sought explanation regarding the role of this project, in considering the safe staffing levels in EDs</p> <p>FC advised that the TOR of this project does not include ED workforce planning. ED workforce planning is being addressed – the Normative staffing (Delivering Care) NIPEC project and the</p>	<p>FC</p> <p>All</p>

	<p>work of this group should dovetail with the Normative staffing project and other project e.g.</p> <p>Career Pathway for Nursing and Midwifery Framework</p> <p>Advanced Nursing Practice Framework</p> <p>Development of Health Care Support Worker Roles Delivering Care: A Northern Ireland Framework for Nursing and Midwifery</p> <p>Normative Staffing Ranges to support Person Centred Care.</p>	
6	Next Steps	
	<p>Engagement with ED's</p> <p>FC gave an update on the excellent response to the engagement visits across the EDs</p> <p>15th Dec 2014 – Southern Trust (AMP)</p> <p>16th Dec 2014 – South Eastern Trust (FC)</p> <p>19th Dec 2014 – South Eastern Trust Minor Injuries (FC)</p>	
7	AOB	
	<p>16th Jan 2015 – Belfast Trust (?Professional Officer)</p> <p>TCB – WHSCT Telephone call planned 22nd December</p> <p>Online Surveys 55 response</p>	FC
8	Next Steps	
	<p>Engagement visits will continue to visit All ED departments</p> <p>FC suggested the information submitted via the scoping Tools and the questionnaires need to be collated in totality. It was agreed that RD should commence this work which will probably take past 2nd March. The view was we may postpone the 2nd March meeting and hold a task & finish group to present the findings and review the collected data.</p> <p>Communique: to be sent out after this meeting</p> <p>GM asked about Manchester Triage Training and the recent review.</p> <p>FC advised that the review was complete and with CNO's endorsement the recommendations would be progressed via this project</p>	<p>RD</p> <p>FC</p> <p>FC</p>

9.	Next Meeting	
	2 nd March 2015 may be postponed depending on progress re: collecting and collating data	FC

Introduction

Important to highlight these findings are based on the scoping tool received up until the 10th December 2014. At which point not all scoping tools had been received.

WE have not analysed the Funded Staffing Establishments and ED attendances or the data received relating to Band 5s at all as there is a lot of information to be reviewed.

some of the HIGH LEVEL messages include

HCA Band 3

Role and skill set vary across EDs. Some ED appear to have only Band 3 others have Band 2 and 3. Some have NVQ level 3 qualification others none recorded on template. **Good Practice** One HCA is Dementia Champion,

ENP Posts

Variation in 'qualifications' of ENP to undertake role; currently ENP required to have SP Practice course as essential criteria of post

Is this necessary? Perhaps for this group to decide?

Dedicated support

Even considering the different types of ED who responded, big variation and dedicated support e.g. play therapist ECG technician, Crisis Response Nurse CPN assessed by OOHGP

Good Practice: play therapist with identified funding

Induction

All Nursing staff has corporate induction not all have ED specific induction. For Band 3 – Induction programmes appears limited

Good Practice

Internal Promotion /Support

Supernumary status unspecified formal induction appears limited

Preceptorship

Feedback across the scoping tools submitted, suggest that dedicated 6 months preceptorship is embedded however period of super -numary status varies.

Succession planning

Wide variations no formal succession planning – perhaps fair to say over emphasis on development of ENP role Senior nurse toolkit (RCN) access to assist with succession planning for managers

Mandatory Training

Not all mandatory training matrixes received however fair to say there is variation in what is classes as mandatory

Good Practice SEHSCT developing a ED specific Mandatory Training Matrix

CPD

PDP /Appraisal– used to identify CPD and educational needs linked to Commissioning Plan Limited specific identified CPD

Good Practice: although not defined common courses include ALS, APLS, TNCC completed within specific time frames

PDPs

Linked to KSF process PDP Trust Documentation in place. NHSCT have learning in caring training needs analysis

Good Practice: Nursing staff given time to prepare for PDP Band 6 & 7 complete PDP with Junior staff and staff undertaking PDP are required to attend training

Courses not completed

Variation one HSC Trust suggested 100% completion with another Trust saying 10 students “dropped out” reason – family bereavement, and lack of practice placements

Supervision

Yes happening however aspiration have two sessions which are meaningful

Opinion is that Clinical Supervision is in the most part a “tick box exercise”

Reported Clinical Supervision is usually done as group session or part of staff meetings at safety briefs

Challenges: Time, staffing levels

Learning Opportunities

Positive feedback: suggests use of a wide variety of methods, conferences, CEC In-house pop up sessions, elearning and ‘freeze weeks’, lunch & learn. Variation in the ‘selection processes’ used in ED for staff to attend CPD

Challenges time

Courses Requested

Advanced Nurse Practitioner important service development

Nurse requested X- Ray

Minor illness

MTS Triage Training in NI

MSc Advanced Nurse Practitioner leading to AN Role

British Orthopedic Casting Course

Advanced Practice Health assessment

Health care Studies leading to Nursing for HCAs Trust wide