



**Professional Induction for BAND 5 and Band 6 Nurses and Midwives
across the five HSC Trusts
Meeting: 7th December 2016 @ 2pm NIPEC**

Present:

Moira Mannion, (CHAIR) Belfast H&SC Trust
Frances Cannon, NIPEC (Project Lead)
Claire McGuigan, Northern H&SC Trust (teleconference)
Dawn Ferguson, Southern H&SC Trust
Sharon McRoberts – South Eastern H&SC Trust
Elish Boyle - Clinical Education Centre
Linzi McIlroy, Royal College of Nursing
Ursula Doherty, Rep HR Director for 5 Trusts, WHSCT (teleconference)

Apologies:

Sally Martin, Western H&SC Trust
Fiona Bradley, Clinical Education Centre
Maura McKenna, Rep Staff Side Organisations
Mary Caddell, Royal College of Midwives
Marc Bailie, DOH Workforce Policy

1.	Welcome and introduction Moira Mannion welcomed everyone to the meeting
2.	Review of previous notes Dawn Ferguson to be included as an apology in notes of previous meeting Action: Replace “overseas nurses” with international nurses.
3.	Review of PID Replace “overseas nurses” with international nurses throughout the PID document including the TOR. Action: Under Human Resources /Corporate Section: Action: Last bullet point to stop at relevant trust policies, procedures and practices (delete rest of sentence). Under Local or Department Inductions: Action: Move bullet point 4 and place under the Human Resources Corporate section.

<p>4.</p>	<p>Scoping Tools:</p> <p>Frances reported that the sub group had met on two occasions. Unfortunately not all sub group members were able to attend as planned.</p> <p>Each scoping tool submitted was reviewed and the data was collated onto one table.</p> <p>Frances tabled a draft paper for discussion prepared by the sub group relating to the data collated which highlighted:</p> <ul style="list-style-type: none"> - Common recurring topics across fields of practice - Variation in the duration of programmes - Variations in mode of delivery - Lack of information relating to Mental Health and Learning Disabilities nursing induction. <p>The most recurrent topics throughout the induction across all areas of practice were themed under the following headings:</p> <ul style="list-style-type: none"> • Professional Practice Record keeping Patient Client Experience, Person Centred Care. • Health and Social Care Documentation NEWS/PEWS/MEWS, MUST, Fluid Balance Charts, Hyponatremia. • Clinical Practice IPC, Medicines management, venepuncture, Cannulation, POC testing, Life support, Haemovigilance, Anaphylaxis, Syringe pumps, EoL Care. • Risk assessment Falls prevention, Tissue Viability. • Safeguarding Adult Children Domestic Violence, UNICONNI. • Health & Safety Manual Handling, MAPPA, Lone Worker. <p>Discussions</p> <p>There was agreement that the collated scoping tool should be sent out to all HSC Trust representatives for accuracy checking.</p>
<p>5.</p>	<p>Next steps</p> <p>As a means of progressing the work stream it was agreed a subgroup should be convened to review the data and make amendments to the theming already done if required.</p> <ul style="list-style-type: none"> ➤ The sub-group are tasked to develop a regional agreed generic professional induction programme detailing regionally agreed topic titles and programme content. ➤ The topics and content should draw on local guidelines e.g. the requirement for BLS aligned to outputs of PHA work relating to the deteriorating patient

- The subgroup should include expertise across all fields of practice including adult, children's, midwifery, mental health and learning disabilities nursing and Part 3 of NMC register.

Proposed Sub – Group members – Nominations

TRUST	NAME	Practice Area
SCHST	Patricia Cosgrove	Midwifery
SEHSCT	Seamus Coyle	RNLD
BHSCT	Adrian Bell	Adult
SHSCT	Una Toland	Children's
NHSCT	Nomination by Claire McGuigan	Part 3 NMC Register
BHSCT	Orla Tierney	Mental Health
WHSCT	Sally Martin	Adult
CEC	Fiona Bradley	CEC in service education

There were discussions as to how the induction programme could be recorded on HRPTS. There was a suggestion that HRPTS should link with CEC records to enhance the opportunity for a "passport" type arrangement, thereby reducing duplication of time and resources.

Recognised that a generic regionally agreed induction programme will not meet the requirements of each clinical area; rather will detail what "must be covered" in professional nursing and midwifery induction. Each HSC Trust may wish or decide to expand and extend their local inductions but the purpose of this project is to detail what must be included.

Action Points:

1. Send out scoping tables to each of the HSC Trusts for accuracy checking
2. Convene a sub group to:
 - Agree topics for a regional professional induction programme
 - Regionally agree the core content related to each topic

6. Date time next meeting
3rd March 2017