Implementation of Revalidation for Nurses and Midwives NI

Programme Board Meeting - Readiness

8 July 2015, 1.30pm

Room C.3.18, Castle Buildings

Attendees:

Heather Stevens          DHSSPS (Chair)
Tim Aldrich              KPMG
Sean Brown               PCC
Frances Cannon           NIPEC
Anne Cleary              Marie Curie
Brenda Creaney           BHSCT
Rita Devlin              RCN
Mary Hinds               PHA
Caroline Lee             DHSSPS
Jane Lindsay             SEHSCT
Hilary Maguire           NI Hospice
Kieran McAteer           DHSSPS
Olive McLeod             NHSCT
Nikki Patterson          SEHSCT
Francis Rice             SHSCT
Eoin Stewart             UNISON
Joanne Strain            Four Seasons
Verena Wallace           DHSSPS
Ben Whur                 NMC
Anne Witherow            WHSCT
Linda Boomer             DHSSPS (Minutes)

Apologies:

Owen Barr                 UU
Alan Corry-Finn           WHSCT
Carol Cousins             Four Seasons
Donna Gallagher           OU
Loretta Gribben           NI Hospice
Glynis Henry              CEC
Breedagh Hughes           RCM
Charlotte McArdle         DHSSPS
Angela McLernon           NIPEC
Sam Porter                QUB
Janice Smyth              RCN
1. **Welcome and Apologies**

1.1 Heather Stevens welcomed all to the meeting and advised of the apologies. Heather advised that the purpose of the meeting was to focus on the state of readiness in relation to revalidation in N Ireland.

2. **Update on ‘Readiness’ within WHSCT Pilot Site**

2.1 Anne Witherow delivered a presentation on learning from the WHSCT pilot. Anne advised that overall the pilot has been very successful however issues of concern were highlighted, including:

- Non-registrant line managers had concerns regarding how they will link to the reflective discussion.
- The WHSCT will be training Lead Nurses at 8A or 8B level to act as champions and this will be a key resource/role to support staff through their revalidation. The role is still to be fully scoped.
- Pilot data uncovered some peaks in revalidation numbers: Sept/Oct biggest pressure points (expected) and also July.
- There was some angst regarding the role of the confirmer. There is a need to clarify that the role of the confirmer is to make a statement at a point in time based on the evidence presented whether the registrant has demonstrated that they have met revalidation requirements. It is not to confirm the fitness to practise of a registrant.
- At this point the longer term financial implications of revalidation are still largely unknown. It will require a shift in lead nurses’ time and the implications of this need to be considered.
- Early financial pressures are in and around the setting up of organisational systems and processes required to support successful revalidation, IT requirements and the preparation of 3,000 plus registrants complete their portfolio. Regional pressures were raised and include issues such as HRPTS requirements
- The WHSCT has secured some funds for an admin resource for approximately an 18 month period.
• It may be a challenge for many staff working in Social Care settings and in integrated teams to revalidate and to demonstrate sufficient nursing practise hours etc.

• The WHSCT is currently producing a video of staff who had been through the revalidation process and will share this with the Group.

**AP33: Copy of Anne’s presentation to be circulated to Group.**

**AP 34: Anne to send Linda Boomer link to video of staff who have been through the process.**

2.2 There was discussion regarding KSF appraisal systems and appraisal rates generally for registrants. It was noted that not all registrants were engaged in appraisal at some Trusts. Kieran McAteer advised there is a work stream being taken forward through the Nursing Revalidation Working Group which is developing Guidance Notes in relation to how Revalidation requirements can link to existing appraisal systems.

2.3 Discussion took place around the potential scenario whereby a confirmer may be considering signing-off a registrant for revalidation whilst the registrant is engaged in a fitness to practise (FtP) procedure. Some members felt the two processes could be easily separated and indeed this happens currently with PREP. It was stated that the outcome of a FtP case cannot be pre-empted and that the revalidation process should continue if any disciplinary action is ongoing.

2.4 It was highlighted that in medical revalidation if there is a FtP case ongoing the revalidation process is suspended. Ben Whur advised that legally the GMC is not allowed to put a doctor through revalidation when a formal FtP investigation is being carried out, however this is not the case for revalidation for nurses and midwives as the NMC is not asking for a statement on their FtP.

2.5 Some members felt that they could not personally revalidate a registrant if they were aware that concerns about that person had been flagged in relation to their performance (either through ongoing FtP action or through feedback).
Whilst members accepted that the two are separate processes, the issue of ‘public perception’ was noted should a registrant be revalidated whilst FtP action ongoing. Some members suggested that clear Guidance would be required on how the two processes should be managed simultaneously. Heather asked that the issue be noted as one which warranted further in-depth discussion at the next Programme Board meeting.

2.6  Heather asked if Anne would provide a paper giving ‘top tips’ on how revalidation operated at the WHSCT pilot. It would be helpful to include practical obstacles that were encountered in the process.

**AP35: Anne to add to her presentation practical tips/challenges in relation to the implementation of revalidation.**

3.  **NMC update - IPSOS**

3.1  Ben Whur, Senior Strategic Engagement Lead, NMC, advised that he was also standing in for IPSOS at the meeting. The KPMG Readiness and Cost Benefit Analysis reports are to go to the NMC Council on 28 July 2015 and are due to be published in September.

3.2  There were 19 pilots carried out throughout the UK; 2000 submitted revalidation applications and 1000 provided feedback to IPSOS. Feedback from confirmers was generally positive and people used the system in a professional way. Some registrants are submitting a lot of evidence, often more than is necessary, and taking the process very seriously. Some reflective pieces contained too much detail and others were too brief – seems to be matter of personal style.

3.3  Registrants in the pilot were initially daunted by the guidance and nervous about the process, feeling it was bureaucratic and cumbersome. However, Ben reported once they had gone through the process and used the guidance, feedback was generally positive and the guidance was found to be useful. Lots of feedback was received regarding the guidance and it will need
tweaked and simplified. Ben reported there were some IT technical problems but most found it relatively straight forward, including staff with different levels of IT expertise.

3.4 Further analysis of pilot data is still to be undertaken including in relation to those applicants that did not get through the process. IPSOS will be asked to produce a report on its findings later this month using plain language and in a format which is accessible to all levels of people. A Northern Ireland specific report is to be produced; it will show NI as ‘type of organisation’.

**AP36: Full IPSOS report to be available for the Programme Board meeting of 19 August 2015.**

**KPMG Update**

3.5 Tim Aldrich of KPMG referred the Group to the emerging key themes document that had been issued in advance of the meeting. Tim noted that buy-in to revalidation was found to be generally strong, particularly in pilot organisations. Tim advised that KPMG can’t give a detailed picture of each country and each setting, but can give key themes which have applicability across the 4 countries. They will be reviewing the Cost Benefit data in the next few weeks.

3.6 More needs to be done across the UK in terms of raising awareness within the non-public sector. Members noted this could be a role for RQIA in NI. KPMG have found through talking to organisations and the feedback from the survey that everyone is making plans but there is nervousness about whether this is the final model, and whether organisations should commit yet. Organisations are keen to receive learning from pilots and want this disseminated quickly.

3.7 Feedback demonstrated that the guidance is thought to be useful but that people had interpreted the guidance in range of ways. Staff would like examples of situations that they can refer to.
3.8 A survey was carried out to look at the costs and benefits of the revalidation model. When asked what additional resources would be needed to support revalidation, organisations submitted a wide range of estimates. Tim reported that, in general, pilot sites estimated half or less than half the costs of organisations that have not been through the process. Tim noted that whilst there are costs involved it needs to be asked if they are proportionate to the benefits, including enhanced patient safety.

3.9 There was acknowledgement that plenty of work had already been undertaken in NI in terms of preparation and that revalidation was the right thing to do. However, members expressed concern regarding readiness both at organisational and individual level. It was noted that the lead-in time for medical revalidation was much greater yet there are approximately 10 times more NMC registrants.

3.10 Members wanted assurance that revalidation was not going to fall. Ben acknowledged that revalidation was coming at a time when organisations were under a lot of pressure but there was a sense that in many ways it was acting as a driver for positive organisational change and that general nervousness was not necessarily the right reason to consider delaying implementation. Ben noted work done to date and the potential additional costs of delaying.

3.11 The need for individual professional responsibility and accountability was highlighted as well as the need to provide a supportive infrastructure for staff, including case studies and templates. Brenda Creaney and Jane Lindsay both suggested that a NI specific policy/guidance may be needed to support the implementation of revalidation. The policy would provide local direction for registrants and confirmers and could address, for example, the role of a confirmer.

3.12 Jane Lindsay asked how the patient/public had been engaged in developing the NMC revalidation model. Ben explained that patient representative
organisations and been involved in processes but that, whilst there was no formal requirement, there was further work to do in this regard and the evaluation should help strengthen patient/public engagement. Jane noted that the proposed timeframe from the end of the pilots through to introduction of revalidation, allowing sufficient time for analysis and embedding of learning from the pilots, was extremely tight. The Group agreed there was concern about the timeframe for implementation.

3.13 In relation to cost/benefit analysis, Heather asked whether any costs/benefits had been identified at the start of the project. Ben advised that the original analysis was based on the medical revalidation model but that the NMC model had evolved considerably and so required its own cost benefit analysis.

3.14 Ben advised that the NMC Council will be asked in October to take a decision regarding the introduction of Revalidation by which time the final “How to revalidate with the NMC” will be ready. Ben and Tim left the meeting at this point.

4. Overview of N Ireland Readiness

4.1 Frances Cannon gave an overview of the draft Update Report on Readiness which has been compiled by NIPEC. Discussion ensued around readiness and some important issues which remain unresolved. There was consensus that N Ireland was in a good position in terms of readiness in comparison to the rest of the UK. Heather said a final decision on readiness would not be made at today’s meeting and that is for the NMC Council to make this decision. It was agreed that the readiness report would be issued to members for comment.

AP37: Linda Boomer to issue Readiness Report to Group for comment.

4.2 A number of members expressed that they felt resourcing revalidation was a significant issue and that investment was needed now and probably for the next couple of years. It was stated that Directors of Nursing in the Trusts have plans to support revalidation but that these need to be funded. Mary Hinds
said the Commissioning Plan showed no money for Nursing revalidation and this needs to be flagged. Mary suggested she would work with colleagues in the HSC to develop a business case. Heather said this would be useful but noted that finances in the Department are obviously extremely tight. Heather asked for the business case to be submitted to the Department by early September.

**AP38: Mary Hinds to submit Business Case to Workforce Policy Directorate by early September 2015.**

4.3 There was some discussion regarding the HSC Business Plan Targets referred to in the draft Readiness report. Heather confirmed that the scope of the HSCB/PHA target (Target A) extends to organisations from which HSCB/PHA commission services. Target B requires Trusts to work with all service delivery partners to prepare for the introduction of revalidation, including those organisations from which Trusts commissioned services. Heather confirmed that in practice this would include for example sharing information and templates. Kieran confirmed these targets related to the 2015/16 Business Planning cycle. Francis Rice noted that where Trusts contract with independent sector organisations, assurances regarding regulatory requirements would be included in the contract.

4.4 It was agreed that there is a need to distinguish between general anxiety which is to be expected and real issues which are causing concern. Heather asked that the group capture a list of outstanding issues that will need to be considered by all members as we move forward and then discussed at the next Programme Board meeting. Items to be considered include:

- Clarity of Guidance regarding the potential scenario whereby FtP and Revalidation are ongoing simultaneously.
- Clearly understood and defined role of the Confirmer. Agree support that is needed for Confirmers across the board.
- NI policy discussion whether Confirmer must be a NMC registrant. CNO is to be included in this discussion. Noted that the 4-country approach is that the confirmer does not need to be a registrant.

- Nurses working in supported living and difficulty evidencing hours of practice. CNO has advised there is a meeting at the end of August in relation to this.

- Nurses working in GP practices and other smaller groups about which little is known in terms of readiness (eg smaller independent sector organisations/clinical trials/drug companies etc). It was noted that further discussion may be needed with the RQIA in relation to its role in respect of smaller independent organisations.

- RCN receiving queries from nurses who are not currently practising.

- Number of issues for consideration regarding bank staff – including the large numbers; impact on confirmer and issue if line manager is not a registrant.

- Use of HRPTS to record and report revalidation information.

4.5 Heather Stevens advised she would be keen to ensure a focus on these issues going forward and to find agreement before the Programme Board meeting in October. The issues will be discussed at the next Programme Board meeting on 19 August along with any outstanding issues on the Issues Log.

**AP39:** Members to consider topics listed at 4.4 and in Issues Log. These will be discussed further at Programme Board meeting on 19 August 2015.

5. AOB
5.1 There were no other issues for discussion.

6. Date of Next Meeting
   The next bi-monthly meeting for the Revalidation Programme Board has been scheduled for **19 August 2015** @ 1.30pm in D2 Conference Room, Castle Buildings
<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Action</th>
<th>Responsibility</th>
<th>Progress</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>AP23</td>
<td>6.5.15</td>
<td>Para on patient involvement to be added to previous minutes which are then to be re-circulated.</td>
<td>Linda Boomer</td>
<td></td>
<td>CLOSED</td>
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<tr>
<td>AP24</td>
<td>6.5.15</td>
<td>Frances to share list of KPMG organisations with the Group.</td>
<td>Frances Cannon</td>
<td>List of organisations emailed to Programme Board 12 May 2015</td>
<td>CLOSED</td>
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<tr>
<td>AP25</td>
<td>6.5.15</td>
<td>NIPEC to send out dates and co-ordinate master classes.</td>
<td>Frances Cannon</td>
<td>NIPEC is co-ordinating master classes with MIAD and a small sub group comprising CEC/ WHSCT pilot site and NIPRC</td>
<td>CLOSED</td>
</tr>
<tr>
<td>AP26</td>
<td>6.5.15</td>
<td>RCM’s legal advice re reflective pieces to be shared with the Department.</td>
<td>Breedagh Hughes</td>
<td>Legal advice received at the Department 11/6/15.</td>
<td>CLOSED</td>
</tr>
<tr>
<td>AP27</td>
<td>6.5.15</td>
<td>Consider running further road shows to end of June.</td>
<td>Frances Cannon</td>
<td>Five days have been agreed geographically spread across NI in large venues to facilitate as many registrants as possible to attend</td>
<td>CLOSED</td>
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<tr>
<td>AP28</td>
<td>6.5.15</td>
<td>Place link to recorded revalidation sessions and slides onto NIPEC website.</td>
<td>Frances Cannon</td>
<td>Completed</td>
<td>CLOSED</td>
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<tr>
<td>AP29</td>
<td>6.5.15</td>
<td>Write out to all Programme Board members seeking update on their organisation’s readiness for revalidation.</td>
<td>Frances Cannon</td>
<td>Letter issued from CNO and Heather Stevens to Members 15/5/15</td>
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<td>AP30</td>
<td>6.5.15</td>
<td>Email revised Issues Log to members</td>
<td>Frances Cannon</td>
<td>Completed</td>
<td>CLOSED</td>
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<tr>
<td>AP31</td>
<td>6.5.15</td>
<td>Caroline Lee to report back to Working Group re challenges faced in Social Care setting.</td>
<td>Caroline Lee</td>
<td>CNO is arranging meeting to discuss this issues at the end of August.</td>
<td>CLOSED</td>
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<tr>
<td>AP32</td>
<td>6.5.15</td>
<td>Email Risk Register to members</td>
<td>Frances Cannon</td>
<td>Completed</td>
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<td>Anne to send Linda link to video of staff who have been through process for sharing with Group.</td>
<td>Anne Witherow</td>
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<td>Linda Boomer</td>
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<tr>
<td>AP36</td>
<td>8.7.15</td>
<td>Full ISOS report to be available for Programme Board meeting of 19 August.</td>
<td>Frances Cannon</td>
<td>Completed 6/8/15</td>
<td>CLOSED</td>
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<tr>
<td>AP37</td>
<td>8.7.15</td>
<td>Linda Boomer to issue NIPEC readiness report to Group for comment.</td>
<td>Linda Boomer</td>
<td>Issued to Group 9/7/15</td>
<td>CLOSED</td>
</tr>
<tr>
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<td>Members to consider topics listed at 4.4 and Issues Log to be discussed further at Programme Board Meeting on 19 August 2015.</td>
<td>All Programme Board Members.</td>
<td></td>
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If actions are closed they should be coloured in (as above). They will remain on the register for the next meeting to enable the Chair to update members – they will then be removed from the table.