

<b>Trust Board Meeting</b>	<b>Date:</b>	<b>23 September 2015</b>
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Agenda item	Title	Executive Director lead and presenter	Report author
<b>BD/15/138</b>	<b>Revalidation Proposals</b>	<b>Andrew Dean, Executive Director of Nursing and Quality</b>	<b>Alan Metherall, Deputy Director of Nursing, Liz Bessant, Head of Nursing and Sarah Jones, Lead Nurse</b>

**This report is for:**

Decision	X
Discussion	
To Note	

**History**

*Executive Team Meeting – July 2015*

**The following impacts have been identified and assessed within this report**

Equality	
Quality	X
Privacy	

**Executive summary of key issues**

This report summarises proposals to support nurse revalidation processes in the Trust. Following the publication of the Francis report the NMC have introduced revised revalidation standards including evidence of practise hours, continuing professional development, feedback and reflection.

The paper outlines 2 potential methods to support revalidation in the Trust, a paper based approach and the procurement of an electronic portfolio, appraisal and revalidation package. The executive team are asked to support the development of a Nursing Revalidation Board to oversee revalidation, the procurement of an e-system to support evidence collection and review for confirmation of revalidation and the allocation of administration time to support the process.

**This report addresses these strategic priorities:**

We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	
We will be future focused	X

# 1 Introduction

## 1.1 Background

The inquiry into Mid Staffordshire NHS Foundation, (2013), resulted in a number of recommendations for the nursing profession. Since then the Nursing and Midwifery Council, (NMC), have been tasked with implementing a revised programme of revalidation for all registered nurses and midwives.

The Francis Report, (2013), also recommended that “the NMC could introduce common minimum standards for appraisal and support, setting benchmarks with which responsible officers would be obliged to comply. Such standards could, for example, include a requirement for 360-degree anonymous appraisal by colleagues, feedback from patients, and demonstration from records of continuous training, experience and skills”.

There is therefore an emphasis on not only demonstrating the requirement of revalidation on a 3 yearly cycle but also many of the aspects of revalidation at yearly appraisal.

## 1.2 The NMC and Revalidation

The NMC have revised the Code for registrants in preparation for revalidation, focusing on 4 themes, Prioritise People, Practise Effectively, Preserve Safety and Promote Professionalism and Trust, (NMC, 2015).

Revalidation pilots are currently underway across the UK. Provisional feedback has already been incorporated into the NMC’s approach to revalidation but the pilots will formally finish at the end of May 2015 and further feedback will be expected soon after.

The NMC are required to start implementation of revalidation in January 2016. In reality the NMC have proposed to require registrants to submit the requirement of revalidation and to undergo this process for those due to revalidate from April 2016 onwards. This is to allow time for those due to revalidate in April 2016 to collect the required information and submit to the NMC.

As yet there remains some lack of clarity about how the processes for revalidation will work and what the exact requirements will be. However the NMC suggests that the evidence to support revalidation is reviewed as part of the yearly appraisal process for registrants.

## 1.3 The Role of AWP in Revalidation

Revalidation is of great benefit to AWP. Revalidation provides AWP with increased confidence in our nursing staff; clarity through appraisal systems of areas for continuing professional development for registered nursing staff; recognition of the registered nursing role both nationally and within AWP, placing nursing registration on a par with medical; and strengthening of the professionalism of registered nursing staff.

Revalidation also encourages a more reflective registered nursing workforce.

Revalidation provides AWP with a mechanism to improve clinical engagement with the values and beliefs of the organisation by aligning these with the themes of the code.

It is important for AWP to support our registered nursing staff to demonstrate the required evidence for revalidation as easily as possible and also for the organisation to have assurance that registered nursing staff achieve the requirements in good time to revalidate.

A strong strategy and process to support revalidation is therefore essential. Unlike medical revalidation the launch of Nurse revalidation has no funds available to support implementation within employing organisations.

## 2 The Proposed Requirements of Revalidation

### 2.1 Overview of Requirements

	Revalidation	Proposed Requirements (currently being piloted)
	<b>Practice hours</b>	You must practise a minimum of 450 hours (900 hours for those with dual registration) over the three years prior to the renewal of your registration.
	<b>Continuing professional development</b>	You must undertake 40 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, over the three years prior to the renewal of your registration. Of these hours, 20 must be through participatory learning.
	<b>Practice-related feedback</b>	You must obtain at least 5 pieces of practice-related feedback over the three years prior to the renewal of your registration.
	<b>Reflection and discussion</b>	You must record a minimum of 5 written reflections on the Code, your CPD and practice-related feedback over the three years prior to the renewal of your registration. You must discuss these reflections with another NMC registered nurse or midwife.
	<b>Health and character</b>	You must provide a health and character declaration, including declaring any cautions or convictions.
	<b>Professional indemnity arrangement</b>	You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.
	<b>Confirmation from a third party</b>	You will need to demonstrate to a third party that you have met the revalidation requirements.
	<b>Keeping a portfolio</b>	We strongly recommend that you keep evidence that you have met these requirements in a portfolio (this is, however, optional).

Revalidation will be required every 3 years for registrants however it is clear from the Francis Report that registrants yearly appraisal should include much of the same elements.

Some of the evidence registrants working in AWP will require can be provided through existing systems within the organisation, e.g. MLE and ESR.

### 2.2 Who is a Confirmer?

In order to revalidate registrants will need confirmation from a third party that the revalidation requirements have been met. Within NHS organisations it is generally proposed that this confirmation is provided by the employer and that the evidence for meeting the standards for revalidation including reflection and discussion happens through the implementation of a 2 stage appraisal process, a professional appraisal process in addition to a separate performance one.

The NMC state that the confirmer can be a non-registrant, e.g. if the registrants appraiser is not also a registrant. However within the Trust it is proposed that only another more senior registrant can act as confirmer.

In addition final confirmation to the NMC of registrants on-going fitness to practise will only come from the Executive Director of Nursing and Quality or nominated deputies.

## 3 The Scope of Revalidation within AWP

### 3.1 Number of Registrants

The Trust holds revalidation dates for all registrants.

At May 2015 AWP employed 1192 registered nurses. The spread of revalidation dates is broad, across all months of the year, (minimum of 5, maximum of 89), but with higher numbers in July and September, (around 70 – 80 registrants per month). This is thought to be due to university graduation dates.

With some variation this would indicate that around 400 registered nurses will need to be supported to provide evidence for revalidation each year if our registered nurse employee numbers remain the same.

## 4 Revalidation Project Group

A project group was commissioned by Alan Metherall, Acting Director of Nursing in September 2014. The group is made up of Senior Nursing representatives, Human Resources, Learning and Development, JUC and Finance.

The group has been tasked with scoping, proposing and implementing a process for revalidation within AWP.

## 5 Proposals

### 5.1 Systems to Support Nurse Revalidation

A flow chart of the proposed revalidation process can be seen in appendix 1.

The NMC proposes to inform each registrant 2-3 months prior to their date for revalidation. AWP has already had examples of failures within the systems for the NMC to inform registrants of impending registration renewal dates. Whilst it is the responsibility of the individual nurse registrant to ensure their registration continues there have been occasions where this has lapsed without the registrant realising.

As an employer AWP will be required to confirm revalidation requirements have been met for our registrants. Therefore it is important we also remind nurses of their revalidation date and support them to gather evidence to support revalidation. This will require administration time to monitor and introduce systems to support reminders.

It is proposed to implement a second stage to the yearly appraisal system to support revalidation. This would mean an expansion of the current appraisal system to support professional appraisal for registered nurses in addition to the existing performance appraisal.

Where the appraiser is the registrants line manager and also a fellow registrant they would act as the confirmer that the NMC standards for revalidation have been met. If the appraiser is not a registrant the most senior nurse in the team will take on this role and will carry out the professional stage of the appraisal including the required reflective discussion. Both the registrant's line manager and appraiser and, if not also a registrant, the most senior nurse in the team will need to be informed in advance of the revalidation date in order to support this role.

It is proposed that 0.4 WTE Band 3 is required to administrate this and other aspects of the revalidation process.

Adaptions will be required to the current appraisal process for registered nurses. An exercise has been undertaken to map the revised NMC Code themes and standards to the existing AWP values and behaviours. This has demonstrated that there are too many differences between these to be able to rely solely on the existing appraisal process for revalidation.

There are 2 options for a 2 stage appraisal process to support revalidation; the introduction of an electronic nurse revalidation system which includes e-portfolio; and an adapted paper appraisal process. Both would need to include review of hours of CPD, feedback and reflection, and practice hours. These will be explored below.

## 5.2 E-Appraisals, Revalidation and E-Portfolio

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### 5.2.1 Equinti 360® Clinical

The system provides a full revalidation and appraisal process which can also be adapted to include AWP vision and values, therefore meeting the needs of both professional revalidation and performance appraisal, the system includes provision for 360° appraisal as standard. The system highlights missing evidence for revalidation. The costs include some training and access to support line.

Cost: Early Adopter, (sign up pre September 2015), £18,000 per year for 1,200 licenses. Minimum contract 3 years.

Post September 2015 sign up: £20,400 per year for 1,200 licenses.

£15 per Nurse if Early Adopter.

### 5.2.2 Clarity Appraisal Toolkit for Nurses

The system provides a full revalidation appraisal process which is set up along the 4 themes of the NMC Code. This can be adapted to include organisational vision and values and therefore can

be used for both professional and performance appraisal. The costs do not include training but do include support line.

Cost: Year 1 Free of Charge, Year 2, £12,000 per £1000 licenses.

£12 per Nurse.

Training costs for a train the trainers approach would be an additional £600 per day and it would be expected that 3-4 days training would be required for an organisation of the size of AWP.

Due to the costs involved a formal tender process is required and has commenced. Procurement has already been consulted on the process required and the timeframe for the software is anticipated to be in use within the required timeframe.

### 5.3 Adapted Paper Appraisal and Revalidation

The current appraisal paperwork could be adapted to include a second revalidation stage which would review evidence of registrants practising according to the Code and meeting the requirements of revalidation including CPD, feedback and reflection. This second stage would be carried out by the most senior nurse in a team.

Paper records would continue to be kept with both the appraisee, appraiser and confirmer and a revalidation form developed to include confirmation of NMC revalidation requirements. This would offer some minimal assurance that the requirements have been met.

A paper based approach would limit the assurance the Executive Director of Nursing and Quality would have that the registrant could evidence achievement of the standards of revalidation for the NMC.

Audit processes would be paper-based and time consuming, requiring visits to team bases and access to paper records of appraisal.

Whilst there are no significant implementation costs to this option there are a number of hidden costs:

- Time spent by registrant collating information to support revalidation from sources such as ESR, MLE, etc.
- Time spent reviewing paper records of evidence of revalidation by confirmer.
- Time spent auditing revalidation process.
- Risks of not identifying revalidation requirements and therefore registrants not revalidating presenting business continuity problems within teams.
- Lack of parity between Medical and Nursing appraisal and revalidation processes further devaluing the Registered Nurse Role in AWP.

### 5.4 Organisational Oversight of Nursing Revalidation

It is proposed that a Nurse Revalidation Board is commissioned by the Executive Team to oversee the process of Nursing Revalidation.

The role of the board would be to provide oversight of the processes involved in revalidation, review the process and implement appropriate changes, carry out audit of the revalidation process, act as revalidation assessors of fitness to practise where disputes arise, provide assurance to the organisation that revalidation processes are of a high quality and that registrants are appropriately supported to achieve revalidation.

It is proposed that the Nurse Revalidation Board is made up of senior nursing staff within the organisation both operational and within Nursing and Quality. The Terms of Reference of the Board will be developed. The board would meet on a monthly basis.

A programme of workshops will be held across all localities in summer and autumn 2015 to inform both registrants and confirmers of the revalidation process in AWP.

## **6 Recommendations and Approval**

The Executive Team is asked to support the following recommendations for nurse revalidation in AWP:

- The appointment of a Band 3 0.4 WTE administrator to support revalidation, post to be held within the senior nursing team in Nursing and Quality Directorate.
- The commissioning of a Nurse Revalidation Board and development of Terms of Reference for this group.
- The purchase of e-appraisal and e-portfolio for Nurse Appraisal.
- Approve the Nurse revalidation process outlined in the flow chart in Appendix 1.

## 7 Appendix 1

