I’m delighted to be writing to you as Chief Executive. This is an exciting and challenging time for the nursing and midwifery professions in Northern Ireland, and for NIPEC. I look forward to working with NIPEC’s partners to meet the demands of the modernising nursing and midwifery agenda, which has a focus on improving health outcomes for the population.

My priority will be to review and refresh our existing Corporate Strategy to ensure that it is fit for purpose. NIPEC has a wealth of corporate knowledge in its staff and Council. This will be invaluable to me, as the new CE, in helping me shape the future for the organisation. In addition, new members of staff have joined the NIPEC team, bringing with them knowledge and expertise that will complement the existing skill base.

NIPEC also has a well-developed reputation for collaborative working with key stakeholders, something I intend to continue and strengthen. As part of my induction, I will be meeting with, and listening to, our stakeholders, feeding back their priorities into our work programme.

I welcome the opportunity to acknowledge the leadership and work of previous Chief Executive, Paddie Blaney, who left NIPEC in October 2008 to take up post as a Consultant with the International Council of Nursing, and to wish her well in her new role. I have inherited a strong organisation and I look forward to building on the foundation Paddie has left behind, taking NIPEC forward into 2009 and meeting the challenges that lie ahead.

Frances comes to NIPEC with a strong background in nursing and midwifery practice and education, in Scotland and latterly in Northern Ireland. She held senior management positions in nursing & midwifery education at Queen’s University, Belfast, her last role being a combined one of Associate Head of School (including School-wide responsibility for governance) and Director of Midwifery Education. This provided significant experience in senior professional leadership at organisational level within QUB, through her activities in the School and across the university.

Frances has also been able to influence standards of nursing and midwifery education and practice at regional, national and international levels.
Development Framework

Following the launch of the Development Framework in 2006, NIPEC began to scope the implications of raising awareness and providing training across Northern Ireland for Registrants to use the online resources. The appointment of five Support Officers working within the Health and Social Care Trusts was an immensely successful initiative. The Implementation Project ended in September 2008, and NIPEC is pleased to report that there continues to be a rise in the number of people registering to use the resources of the website. There are currently 7,208 registered users, who spend an average of seventeen minutes working within the website each time they log on.

The success of the project was due to the level of enthusiasm and motivation shown by the Support Officers in promoting the Development Framework, and also the commitment of the Executive Directors of Nursing, their teams and operational managers in releasing staff to attend training during a time of what was to be great organisational change.

If you would like to know more about the Implementation Project, go to: http://www.nipec.n-i.nhs.uk/pw_dfimplementationproject.htm

During September 2008, a new section of the website was also launched. The Development Framework - Student Version allows student nurses and midwives to keep an online portfolio; plan, log and reflect on their learning and development; store associated evidence online and consider their future career in nursing or midwifery.

Registration is via www.nipecdf.org and students will be re-directed to their version of the website.

Supervision in Nursing

Since the end of the project to implement Supervision in Nursing - which NIPEC led from November 2007 to May 2008 - Trusts have been gathering information relative to the numbers of staff who are engaging in supervision activities.

NIPEC has been working in partnership with the five Health and Social Care Trust professional leads for Supervision in Nursing to evaluate the quality of supervision processes during the first year of implementation.

Two questionnaires have been designed, seeking the opinions of both supervisors and supervisees throughout the five Trusts. Each organisation is responsible for distribution and collection of the questionnaires, which are anonymous. The completed questionnaires were then made available to NIPEC during January 2009 for collation and reporting. It is hoped that a general regional report will be produced, as well as confidential reports for each of the five Trusts.

The information from these questionnaires will help those reviewing supervision processes for registrants and implementing change where appropriate.

Would you like to create your own Development Framework portfolio? Go to www.nipecdf.org
August 2008 saw the completion of the RHWSF Learning and Development Project. Members of the project Steering Group were delighted to have the opportunity to profile the resources at the Chief Nursing Officer’s Annual Conference on 12th November 2008.

The Learning and Development Strategy has been written for Trust/Organisational Learning and Development Leads, Service Managers and Education Providers; its aim is to assist with the achievement of the standards laid out in the Respiratory Health and Well-Being Service Framework - by developing the competence of nurses providing care to patients with respiratory needs, and their carers.

The Respiratory Competence Assessment Tool (R-CAT) is for use by individual nurses and midwives, where applicable, to benchmark their competence in respiratory care and management of patients with Asthma and Chronic Obstructive Pulmonary Disease (COPD). This can be used as a part of the appraisal, supervision or learning needs analysis processes already in place within your organisation. The tool contains instructions for use, in the first section of the document. The self-assessment rating scale and process in the R-CAT is similar to the system used by the Competency Profile within the NIPEC Development Framework (DF). R-CAT also contains references to the DF, directing users to further help or guidance.

Each HSC Trust has received a number of copies of both documents, for distribution to the relevant managerial personnel and to clinical areas where respiratory patients are cared for. The documents should be photocopied for individual benchmarking or, alternatively, they can be downloaded from www.nipec.n-i.nhs.uk

Here at NIPEC, we would welcome any feedback you have relating to the tools and we are keen to provide support to help ensure that the resources produced as a result of this project are used.

"This framework should help you build on skills you already"

If you would like help or more information, please contact Angela Drury, Senior Professional Officer, on 028 9023 8152 or via angela.drury@nipec.n-i.nhs.uk

http://www.nipec.n-i.nhs.uk  ☎ 028 9023 8152  ☎  http://www.nipecdf.org
Four new colleagues appointed

**Brenda Devine, Senior Professional Officer**

Brenda has held senior managerial positions in a variety of Health & Social Care settings. While with the Mater Hospital Trust, she led several quality and service improvement initiatives for the Maternity Unit.

Brenda has also been Senior Manager and Deputy to the Chief Officer of the Eastern HSS Council, as well as Programme Manager for the Clinical & Social Care Governance Support Team advising multi-disciplinary teams during regional service improvement initiatives. In a recent secondment to the DHSSPS Nursing & Midwifery Directorate, Brenda was NI Project Lead for a national pilot, which tested ‘Care Bundles’ (a new concept in Maternity Services). She continues to engage in professional development activities, and has achieved several further qualifications.

**Angela Drury, Senior Professional Officer**

Prior to January 2007, when she was appointed Professional Officer at NIPEC, Angela held a variety of clinical posts, including Ward Manager in the Northern HSC Trust. She participated in several projects, including development of practice in the area of infection control, and Essence of Care benchmarking.

Since joining NIPEC, Angela has worked in all corporate areas and acted into a Senior Professional Officer role for Practice and Quality. She has led a number of regional initiatives, including the Regional Implementation Project for the Chief Nursing Officer’s Standards for Supervision in Nursing, and the Respiratory Health & Well-Being Service Framework Learning and Development Strategy for Asthma and COPD Care (nursing). Angela pursues her own professional development through further studies. Having recently completed a degree course, she will shortly commence a Master’s in Medical Law.

**Carole McIlrath, Senior Professional Officer**

Carole has worked as a mental health nurse in hospital, community and primary care settings, and has been involved in multi-disciplinary research and practice development.

Since February 2000, she has been Senior Practice Development Officer with the Royal College of Nursing (RCN). During this time, she has led or co-led a number of innovative initiatives, acting as Regional Lead for various campaigns (e.g. RCN Dignity Campaign) and has been involved in the design, delivery and evaluation of a range of leadership and practice development programmes. Carole has also led a range of initiatives aimed at identifying and creating learning and development opportunities for Health Care Assistants, linked with the Modernisation Agenda and Knowledge and Skills Framework. Carole has acquired a number of additional qualifications and has recently completed her Doctorate.

**Gemma Prendergast, Secretary**

Gemma comes from Adelaide, South Australia, although since August 2006 she has lived in Belfast, where her mother grew up. She has worked in retail and latterly in the registration department of NI Social Care Council. After leaving university in Adelaide, Gemma travelled to Scandinavia, London and finally Belfast, which she had visited in 2003.

Having stayed with family, she decided she wanted to remain in Belfast and experience work and the social scene in Northern Ireland. Used to hot dry summers, 42° C with little rain, Gemma was excited by her first experience of snow in January 2008, and constant rain - which, she notes, everyone here seems to complain about!
NIPEC Retains IiP Status

Following a Post Recognition review carried out on 12th September 2008 and the first assessment using the current version of the Investors in People Standard, NIPEC has continued to be recognised as an Investor in People organisation.

In all, 65% of staff members were interviewed and from this process, evidence was gathered in the form of notes, details of practices, systems, activities and quotes from interviewees. A comprehensive file of evidence, covering all the 39 areas examined, was also forwarded to the Assessor prior to the assessment.

In recommending that NIPEC be recognised, the Assessor stated:

“Since the last assessment (June 2003), the organisation has been unclear about its future direction and the role it will fulfil as a result of the RPA exercise and its potential impact on NIPEC. This lack of clarity has affected the organisation’s planning process, with business plans focusing on achieving annual objectives and the completion of specific work, rather than long-term development activities and strategic initiatives. However, a constant throughout this period of uncertainty was the professional attitude and high level of specialist expertise applied by all staff to deliver NIPEC’s services, advice and support to those working within the nursing and midwifery field.”

and

“NIPEC is undoubtedly committed to using the Investors in People framework as a business improvement tool and was able to provide strong evidence that it is meeting all aspects and requirements of the current version of the Investors in People Standard.”

<table>
<thead>
<tr>
<th>Indicators of Evidence</th>
<th>IiP Rating</th>
<th>NIPEC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>***</td>
<td>64%</td>
</tr>
<tr>
<td>Sufficient</td>
<td>**</td>
<td>36%</td>
</tr>
<tr>
<td>Less than Adequate</td>
<td>*</td>
<td>-</td>
</tr>
</tbody>
</table>

In analysing the data collected, the evidence was classified against each of the IiP indicators, as shown on left.

Of the 39 areas examined, 64% achieved the rating of ‘strong evidence’ with the remaining 36% being rated as ‘sufficient evidence’.

In acknowledging this achievement at the November 2008 Council meeting, Mrs Maureen Griffiths, Chair of NIPEC, said:

“The Council is delighted to record that, following an assessment under the new IiP criteria, NIPEC has retained its IiP employer’s status and that this has been achieved solely by the hard work and dedication of the staff during this period of unprecedented change and uncertainty within the HSC sector.”

The Investors in People Standard is a business improvement tool designed to advance an organisation’s performance through its people.

http://www.nipec.n-i.nhs.uk  ◆  028 9023 8152  ◆  http://www.nipecdf.org
The DHSSPS is accountable for the management of a budget to support the education, training and development needs of post-registration nurses and midwives, to ensure that this workforce has the skills and competencies to deliver safe and effective care to patients and clients. This is managed through an annual cycle of activities. The Commissioning Cycle has four phases:

**Phase 1: Learning Needs Analysis.** Involves the publication of a range of programmes previously requested by Trusts in recent years. Trusts also identify new programmes which need to be developed to support service delivery.

**Phase 2: Priorities.** The Education Commissioning Group (ECG) agrees which programmes of learning need to be purchased and submits its commissioning plan to the DHSSPS for approval. Commissioned programmes are confirmed with the education providers on the basis that they meet strategic direction and are viable in terms of student numbers. Once the budget has been finalised and agreed, the full commissioning plan is circulated to Trusts.

**Phase 3: Communication.** The Business and Contracts Manager, DHSSPS, informs Trust Education Leads of any commissioned programmes with availability of unused places, which can be filled on request.

**Phase 4: Registrations and Enrolment.** Involves student registration and enrolment with the education providers.

It has been agreed that NIPEC will publish on its website information relating to each phase of the Commissioning Cycle; this will enable Ward Managers and Team Leaders, in collaboration with their team members, to select appropriate learning and development activities to support ongoing developments and improvements in service delivery.

The website will be updated on an annual basis, as directed by the DHSSPS.

The DHSSPS Commissioning Cycle is available on the NIPEC website; to view, click on the following link or type it in to your browser:

www.nipec.n-i.nhs.uk/dhsspscomissioningcycle.htm

For more information, contact Lesley Barrowman, Senior Professional Officer, at lesley.barrowman@nipec.n-i.nhs.uk
During the Autumn of 2008, the Chief Nursing Officer, DHSSPS, asked NIPEC to work with the Royal College of Nursing (RCN) to produce a Patient Experience Statement aimed at outlining the standards patients and clients can expect from services throughout health and social care sectors in Northern Ireland.

A positive patient experience is the responsibility of all involved in providing health and social care. This Statement, therefore, was to impact both at an organisational level and on the practice and contribution of all individuals. This initiative, led by NIPEC in close partnership with the RCN, took account of the latter's UK-wide Dignity Campaign activities and earlier attempts by the DHSSPS to articulate standards of patient experience. The aim was to produce a document for use by organisations and a small booklet for circulation to all staff in Health & Social Care Trusts.

Collaboration and consultation with key stakeholders from the Health & Social Care and voluntary sectors took place through a number of facilitated workshops; this was an important part of the document production process. The document for organisations, completed mid-October 2008, was launched the following month at the Chief Nursing Officer’s Annual Conference by the Minister for Health, Mr Michael McGimpsey. Work is ongoing to develop the information booklet for all staff.

To find out more about this initiative and to access the Patient Experience Statement IMPROVING the Patient and Client experience go to http://www.nipec.n-i.nhs.uk/cw_patientexperience.htm

Respect ♦ Attitude ♦ Behaviour ♦ Communication ♦ Privacy & Dignity

All nurses and midwives have a responsibility to ensure that they possess the knowledge and competence to deliver safe and effective care (NMC, 2008). Ward Managers and Team Leaders work closely with members of their teams to facilitate the drawing up and implementation of a personal development plan that will enable them to provide care to a high standard.

Learning Needs Analysis is a structured process of gathering and interpreting information, and it can help to identify the learning and development needs of nurses and midwives. NIPEC has been working alongside the Assistant Directors/Co-Directors with responsibility for learning and development in each HSC Trust to develop a Learning Needs Analysis guide for Ward Managers and Team Leaders.

A copy of this guide will be distributed to each Ward Manager and Team Leader; it is also available to download from the NIPEC website at http://www.nipec.n-i.nhs.uk/cw_learningneedsanalysis.htm
CAMHS

The Department of Health, Social Services & Public Safety (DHSSPS) has requested that NIPEC take forward work to develop a competency profile and a learning and development framework for those nurses and midwives who provide care for children and adolescents with identified mental health needs.

Standards are currently being produced for Child and Adolescent Mental Health Services (CAMHS), through the production of a Mental Health Service Framework. NIPEC is currently undertaking an initial scoping exercise and an Expert Reference Group is being recruited to help with this.

The Scoping Workshop will be held on 19th February. An outline project plan is being developed for consideration by the DHSSPS.

Further information on the Child and Adolescent Mental Health Services project may be obtained by contacting Cathy McCusker on 028 90238152, or by emailing cathy.mccusker@nipec.n-i.nhs.uk