Northern Ireland Practice and Education Council for Nursing and Midwifery

ACKNOWLEDGEMENTS FROM THE CHAIR OF THE REVIEW TEAM

A Partnership for Care: The Northern Ireland Strategy for Nursing and Midwifery was launched in 2010 and set out a range of priorities for nurses, midwives and healthcare support workers over a 5 year period. In taking forward this review of the extent to which those priorities had been embedded in nursing and midwifery practice, it is clear that significant progress has been made against the four strategic themes of: Promoting person centred cultures; Delivering Safe and Effective Care; Maximising Resources for Success; and Supporting Learning and Development.

The best practice examples presented within this report are just some of the many ways in which the focus on safety, quality and patient experience can be demonstrated within the nursing and midwifery contribution to improving health and social well being.

As Chair of the Review Team, I would like to thank all those who contributed to the process, particularly:

- The nurses, midwives and Health Care Support Workers across service and education at all levels, who participated in the interviews, focus groups and questionnaires
- The members of the Review Team (Appendix One) who contributed to the Review and ensured the outcomes were achieved
- Fiona Bradley, Professional Officer, NIPEC, supported by Angela Drury, Senior Professional Officer, NIPEC, who were responsible for coordinating and managing the Review process and outputs
- The administration and information technology staff at NIPEC, for their invaluable contribution to ensuring the smooth running of the project.

The report of this midpoint review will be presented to the Chief Nursing Officer with the aim of informing the future work plan of the Central Nursing and Midwifery Advisory Committee.

Kathy Fodey,
Nursing Officer,
DHSSPS
Chair of Review Team.
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SECTION ONE: INTRODUCTION, BACKGROUND AND REVIEW PLAN

Introduction

1.0 In January 2012, the Chief Nursing Officer (CNO) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to take forward a short, time-limited mid-point review of *A Partnership for Care: A Northern Ireland Strategy for Nursing and Midwifery, 2010 - 2015*¹. This report seeks to outline the aim, objectives, methodology and findings of the review and provide a suggested action plan and recommendations to the CNO for consideration by the Department of Health Social Services and Public Safety (DHSSPS) Central Nursing Midwifery Advisory Committee (CNMAC).

Background

1.1 *A Partnership for Care: A Northern Ireland Strategy for Nursing and Midwifery* (hereafter referred to as the Strategy) was released in June 2010. It was seen as the culmination of a number of work streams which had been progressed in Northern Ireland, in response to *Modernising Nursing Careers*² and *Midwifery 2020*³. The development of the Strategy was achieved through close collaboration and consultation with nursing and midwifery staff, key stakeholders and patient representatives, under the chairmanship of the CNO. Informed by the regional policy context, the Strategy set out the following key strategic themes for the period 2010-2015:

- Promoting person centred cultures
- Delivering safe and effective care
- Maximising resources for success
- Supporting learning and development.

1.2 These key strategic themes maximised the contribution of the drive, enthusiasm and energy of the family of nursing and midwifery⁴ to fulfil a vision of working in partnership(s) to meet the health and social care needs of the population of Northern Ireland.

1.3 The Strategy set out underpinning values for the family of nursing and midwifery; these are summarised below:

- “Care and compassion
- Dignity and respect

⁴ The family of nursing and midwifery relates to nurses, midwives and Health Care Support Workers
• Impartiality
• Partnership and collaboration
• Accountability
• Leadership
• Ongoing competence

Three key perspectives identified under each of the strategic themes provided indicators of how the Strategy would be achieved. Each of these key perspectives was articulated at strategic, organisational and individual level with the intention of identifying clearly the levels of accountability.

1.4 In January 2012, following a review of CNMAC and establishment of a new committee, it was considered timely to initiate a review of the implementation of the ‘Strategy’. This Review would describe the extent to which the priorities have been (a) progressed and implemented, (b) record and acknowledge examples of best practice, (c) highlight aspects which require further work and (d) develop a time-framed action plan to address identified gaps. It was also agreed that the Strategy would be tested for strategic ‘fit’ with Transforming Your Care.

Review Plan

1.5 A Review Team was convened in February 2012, comprising membership from a range of stakeholder organisations within the statutory, independent and voluntary sectors, including education provider organisations. A full list of membership, and Terms of Reference of the Review Team, can be found at Appendix 1, page, 35. At the first meeting of the Review Team, the Review Plan was agreed, with the following aims and objectives described to meet the desired outcome of the process:

Aims

1.6 The aims of this Review was to:

i. Assess the implementation of the Strategy across all relevant sectors at all levels and, where appropriate, to produce an action plan capable of addressing any identified gaps in implementation.

ii. Test the ‘fit’ of the Strategy with recent developments in strategic direction, mainly ‘Transforming Your Care’ (DHSSPS, 2011).


Objectives

1.7 At the first meeting of the Review Team the following objectives were agreed:

i. Agree a range of data collection methods.

ii. Gather and analyse information from the stakeholders in relation to implementation of the Strategy.

iii. Undertake focus groups with the stakeholders to capture qualitative feedback from nursing and midwifery staff, including healthcare and maternity support workers.

iv. Test for ‘fit’ with recent developments in strategic direction

v. Agree methods for presenting the data and information

vi. Share findings of the Review and agree recommendations with Health and Social Care (HSC) Trust Executive Directors and Assistant Directors of Nursing before finalising report.

vii. Present a final report of the Review to the CNO to include recommendations and time-framed action plan to address implementation further over the next 3 to 5 years.

Work Plan

1.8 At the first meeting of the Review Team, a work plan was agreed. This included: the development of a range of data collection methodologies; a process through which information would be returned to the lead officer at NIPEC; identification of key individuals who would take forward the data gathering process within a range of organisations; a process by which mapping to Transforming Your Care could occur and an associated outline time frame within which to achieve the objectives.

1.9 The Review was conducted over a six month period, data gathering occurring mainly within a two month period, May to June 2012.

1.10 Section Two of this report describes the approaches used to gather the relevant data to present the findings, conclusions and recommendations included within Section Three.
SECTION TWO: REVIEW PROGRESS

2.0 This section will provide an account of the progress of the Review in relation to each objective, presenting key activities, difficulties and challenges experienced, outcomes and the extent to which the objective was achieved.

2.1 Objectives I – III were:

i. Agree a range of data collection methods.

ii. Gather and analyse information from the stakeholders in relation to implementation of the Strategy.

iii. Undertake focus groups with the stakeholders to capture qualitative feedback from nursing and midwifery staff, including healthcare and maternity support workers.

2.2 A Partnership for Care: A Northern Ireland Strategy for Nursing and Midwifery, 2010 – 2015 described four strategic themes (please see page 1). Each of the strategic themes had three key perspectives, within which three levels of accountability and responsibility were identified. The challenge for the Review Team was to describe a process through which information relevant to the progress of the Strategy against the seventy-three indicators could be collected. The stage at which the Review was taking place was considered appropriate, given that it was at a mid-point through the Strategy time frame.

2.3 It was agreed that the following methods of data collection would enable an appropriate approach:

- Strategic and organisational level - via an agreed pro forma and face-to-face interview with relevant individuals
- Individual level - via a range of focus groups held in HSC Trust venues for Trust, independent and voluntary sector staff, and a short questionnaire provided to individuals at the focus group venues.

2.4 The pro formas were developed to capture the elements of the Strategy for which a range of key individuals had responsibility. The forms provided a self-assessment approach with a related scale of attainment, whereby individuals and teams could provide a level of evidence of achievement against the key perspectives. The pro formas were circulated to relevant individuals in April 2012, returned at the end of May 2012 and followed up with a face-to-face interview conducted by the lead officer in NIPEC. An example of a pro forma is included at Appendix 2, page 36. This information was then transcribed, collated and analysed within NIPEC to produce the findings of this review.
2.5 The Review Group agreed that the education sectors - although not definitively identified as individual organisations within the Strategy itself - should also be included within the Review and, as a result, pro formas were developed to collect information accordingly.

2.6 The independent and voluntary sectors were also invited to participate in the Review, and subsequently the same pro formas used for Executive Directors in the HSC Trusts were used within relevant organisations. Nursing staff from these organisations were also invited to attend focus groups aligning with their geographical locations within Trust venues.

2.7 The focus groups were designed to capture information through a series of broad – based, semi-structured questions, developed to draw out the relevant points within three of the strategic themes. These questions were agreed by the Review Team in advance.

2.8 One of the strategic themes: ‘Supporting Learning and Development’, involved personal and professional development and was focussed on the individual registrant. It was agreed, therefore, that an on-line questionnaire should be developed, with a series of 11 questions to collect the relevant data at an individual level. The questionnaire was made available to participants either via NIPEC’s website or by distribution and completion of hard copies at the end of the focus groups. The information from the hard copies was then entered into the electronic system by a member of NIPEC staff for collation of results.

2.9 Convenience sampling was used to ensure that a wide cross section of the nursing and midwifery workforce was represented; this included:

- The four fields of practice within nursing
- Midwifery
- Healthcare support staff
- A range of Agenda for Change (AfC) Bands
- Primary, Acute and Community sectors.

A total of 141 staff participated in the focus groups, which were both interactive and informative.

2.10 Objectives I – III were fully achieved. All individuals and groups participated fully in the data collection. A number of interviews had to be re-scheduled due to of participants’ competing commitments. This in turn led to the revision of the time frame for the production of the final report and action plan. An extended period and further meeting of the Review Team was agreed at the July meeting 2012.
2.11 Objective IV was:

Test for strategic fit with recent developments in strategic direction.

2.12 As *Transforming Your Care* was the most recent strategic document outlining the future direction for health and social care services in Northern Ireland, it was decided by the Review Team to test the ‘fit’ of this document against the Strategy. An exercise was undertaken by members of the Review Team to map the 99 key proposals from *Transforming Your Care* across to the four strategic themes within the Strategy. The mapping exercise identified where the family of nursing and midwifery will contribute to the recommendations and the aims of *Transforming Your Care*. It was encouraging to note that there was significant overlap and it was evident that the Strategy would facilitate the change and reform required by *Transforming Your Care* in the next five years. One area that was identified for further development was around public health themes. Whilst this was evident within the strategy, this exercise highlighted the need for a stronger emphasis to be placed on this element. This resulting summary will be submitted to CNO.

2.13 Objective V was:

Agree methods for presenting the data and information.

The Review Team agreed that the information provided through the range of data collection methods should be presented in a way which was visually appropriate and maximised the potential to showcase examples of good practice. Following analysis, data was presented graphically to illustrate levels of performance, with an accompanying narrative which provided an opportunity to identify areas of good practice within the strategic themes. In addition, through this process, areas that require further work were highlighted and broadly outlined within the recommendations.

2.14 Objectives VI - VII were:

vi. Share findings of Review and agree recommendations with HSC Trust Executive Directors and Assistant Directors of Nursing before finalising report.

vii. Present a final report of the review to the CNO to include recommendations and time-framed action plan to address implementation further over the next three to five years.

2.15 During the month of July 2012, the Review Report was drafted by NIPEC. The draft document was then circulated to the Review Team for comment, and amendments were made following a final meeting of the Review Team in early August 2012. At that meeting, the Review Team drafted a broad outline action plan for presentation to the CNO and for further discussion with CNMAC, DHSSPS.
2.16 Objectives IV - VII were fully achieved, with some adjustment to the projected time line. This was due to the re-scheduling of interviews and delayed submission of some elements of the data required from HSC organisations.

2.17 Section three of this document presents a summary of the collated data, gathered from the processes identified.
SECTION THREE: REVIEW FINDINGS

This section of the Report sets out the findings taken from the information submitted to NIPEC from the range of agreed data collection methods. The information relates to 13 organisations tasked with meeting the 12 indicators pertaining to the 3 key strategic perspectives. Each strategic theme is reported individually, presenting information that demonstrates the extent to which the Strategy is being achieved. Examples of good practice at strategic, organisational and individual levels are also included.
3.0 The development of Person Centred Cultures aims to ensure that the patient/client is an equal partner with the nurse/midwife. Assessing, identifying options for and delivering the most appropriate care for the individual. This involves information sharing on all aspects of the patient/client needs and available services.

**Strategic and Organisational**

3.1 Self-assessment ratings indicated that, for the most part, this theme was well or fully evidenced. An illustration of the overall responses can be found at Appendix 3, page 42.

3.2 It is evident from the Review that Personal and Public Involvement (PPI) responsibilities within all organisations at strategic and organisation level are being met. This was apparent through the range of organisational PPI strategies, and demonstrated as integral within Trusts’ and Independent Organisations’ corporate priorities/goals. It was evident that patients and clients have been involved in the design and delivery of services through different methodologies such as user groups and forums, focus groups, surveys, patient stories, compliments and complaints and user involvement in training sessions. Organisations provided a wide range of examples across the four strategic themes at strategic and organisational levels. Whilst not all examples could be included within the Review Report, a representation of examples has been included to illustrate good practice within the key perspectives across the strategic themes.

3.3 Examples of good practice provided within each of the key perspectives include:

**Best Practice Examples from Key Perspective 1**

**Ensuring Personal and Public Involvement**

**Strategic Level**

The Director of Nursing and Allied Health Professionals (AHPs) at the PHA identified that commissioning, service planning and delivery are carried out in collaboration with service users, carers and communities. The PHA and the Health and Social Care Board (HSCB) are committed to ensuring that staff understand PPI through training and development, impact measurement and stakeholder support. In addition, there are plans to collect 3,000 patient stories to inform care processes during 2012.

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Organisational Level

In the South Eastern Health and Social Care Trust (SEHSCT), nursing staff within the Disability Directorate have taken a lead role in establishing PPI partnerships with nursing colleagues within acute services. The aim of this collaborative has been to enhance the pathway of care through acute services for people who have learning disabilities. One example is reduced waiting times and increased availability of information for patients with learning disability within Endoscopy services as a direct result of feedback from patient satisfaction surveys. In addition, environmental improvements, including improved signage and privacy provision, have also changed as a result of this feedback.

Best practice Examples from Key Perspective 2

Improving the Patient/Client Experience

Strategic Level

Nursing and midwifery staff have been instrumental in taking forward work in relation to the evaluation of the impact of standards to improve the Patient/Client Experience (DHSSPS, 2008). Trust staff report on a quarterly basis to the PHA and an initial report has been completed and was presented to HSCB in May 2012, summarising key findings to inform future services. Action plans are also in place to address areas for enhancement.
Organisational Level

There was evidence provided by all HSC Trusts, and some independent organisations, that the practice of informal and formal ‘walkabouts’ by Executive and/or Directors of Nursing to identify issues and concerns is currently ongoing. Action plans are subsequently developed by nursing and midwifery staff to address areas of challenge. The Western Health and Social Care Trust (WHSCT) has set up a Trust Nursing and Midwifery Network, which rotates across the range of hospital sites, supporting staff through an opportunity to discuss wider organisational and strategic issues. The Executive Director of Nursing also attends these network meetings, providing an opportunity for engagement with a range of nurses and midwives across the organisation.

Within Queens University, Belfast (QUB) patients, clients and families play a key role in curriculum planning and development of education programmes. For example, in the Learning Disability programmes clients are involved in teaching and assessment of students. They also provide feedback to students who find this beneficial to their learning and development.

Best Practice Examples from Key Perspective 3

Working Together for Positive Outcomes

Strategic Level

In the Belfast Health and Social Care Trust (BHSCT), nursing and midwifery staff have worked in partnership with Belfast Carer’s Centre to identify and support older carers. This has resulted in the identification of five distinct work streams to further this activity.
Organisational Level

Eight community teams from Northern Ireland (NI) Hospice are currently aligned and working in partnership with most Trusts and other third sector organisations. This partnership working has enabled good communication across sectors, thus enhancing the opportunity to improve patient/client care. The NI Hospice also works with community groups, such as homeless, addiction teams and St Vincent De Paul, strengthening relationships across community boundaries.

3.4 Elements of the theme which were identified by respondents as needing further consideration:

- The Director of Nursing in the Public Health Agency (PHA) and the Directorate of Nursing and Midwifery within DHSSPS, in conjunction with the Patient and Client Council, will ensure the voice of the citizen is heard by supporting the involvement of patients and the public in shaping health policy and influencing service redesign, leading to a partnership approach to better health.

- The Directors of Nursing will adopt a systematic approach to PPI that links corporate decision making to local communities.

3.5 Elements of the theme which were identified by respondents as needing further progression were:

- The CNO in partnership with the Director of Nursing at the PHA will oversee the regional implementation and monitoring of the “Improving the Patient and Client Experience” standards.

- Directors of Nursing will work with PPI leads to ensure a co-ordinated and equitable approach to involvement across the HSC and where relevant the independent, community and voluntary sectors.

- Effective commissioning requires effective population needs assessment. Directors of Nursing will support nurses and midwives to work in partnership with community groups, statutory and voluntary agencies to compile and/or contribute to health and social care profiles of local populations to inform the commissioning process.

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Individual Level

3.6 There were some elements of the required information at individual level which the Review Team acknowledged would be difficult to access and describe within a short review process, recognising that access to registrants within clinical areas would need to be time-limited. Links between PPI and individual performance review was, however, the only element of this strategic theme which was not fully apparent in the feedback offered from the workshops. The data collected from the focus groups provided a rich source of information in relation to the level of achievement within each of the strategic themes. It was evident that patient/client feedback was collected in a range of different ways and that this information was used to change and influence practice/services. In addition, there was much evidence of patients/clients being involved in decisions related directly to their own care and treatment. Moreover, much work is continuing to improve practice in this area. Many examples were offered and a sample of these is provided below:

- The Four Seasons Healthcare organisations are currently undertaking a person centred project which focuses on dementia care. Positively Enhancing and Enriching Residents’ Lives (PEARL) supports the provision of feedback to staff from observations of practice, and is ultimately aimed at improving the resident experience.

- The Northern Health and Social Care Trust (NHSCT) has recently reviewed the patient/client menu in conjunction with observations of practice during protected mealtimes. This process has provided a rich source of information through which person centred practice is being supported.

- In the BHSCT, a recent review of the post-operative analgesia regimes has enabled them to be tailored appropriately to suit the needs of patients. Patients are subsequently discharged on the same day as surgery, having received the appropriate advice where previously they had to stay overnight.

- The NHSCT and SEHSCT have purchased and implemented the use of a new innovative pressure relieving mattress system in response to adverse patient feedback regarding previous systems in use.
3.7 The delivery of safe and effective care is the responsibility of all staff within the health and social care system including the independent, voluntary and community sectors. Nurses and midwives must recognise their personal responsibility and accountability for the delivery of evidence-based care. The Strategy recognised that nurses and midwives would do this through competent decision making and the effective identification and management of risk, recognising and acting on areas of poor practice to ensure the best outcomes for patients and clients\(^9\).

**Strategic and Organisational**

3.8 The findings indicated that most of this theme was well, or fully, evidenced. An illustration of the overall responses can be found at Appendix 4, page 43.

3.9 It was evident from the information provided that nursing and midwifery teams are maximising processes to support the individual governance and accountability frameworks within organisations. Examples of supervision and performance systems which provide a level of feedback on quality and safety were frequently offered. This included systems to manage risk and provide useful information in terms of feedback to a range of individuals at different levels within organisations. There was also good evidence that the research and development agenda was being taken forward via a range of opportunities, including joint appointments, research fellowships and reporting mechanisms to the Senior Nurse Executive Teams. Furthermore, there was good evidence of sharing between organisations of learning and experiences.

3.10 Examples of good practice provided within each of the key perspectives in this strategic theme include:

**Best Practice Examples from Key Perspective 1**

**Being Accountable for Care**

**Strategic Level**

The Local Supervising Authority Midwifery Officer at the PHA provides leadership, support and guidance on a range of midwifery matters. The Local Supervising Authority was inspected by the NMC and met 53 out of the 54 standards.

Organisational Level

The BHSCT has been working with nurses across the organisation to increase compliance against the CNO Standards for Supervision in Nursing (2007)\(^{10}\). The Organisation reports 91% compliance with the standards at present.

Best Practice Examples from Key Perspective 2
Managing Risk

Strategic Level

The CNO and Nursing Officers, DHSSPS, participate in a number of regional groups which seek to share the learning from Serious Adverse Incidents. This information in turn is shared via the Education Strategy Group (ESG) and also influences the curriculum planning process for Higher Education Institutions and the Clinical Education Centre (CEC). In particular, the CEC facilitates the opportunity for clinical staff to reflect on Serious Adverse Incidents and maximise the potential for learning and development.

Organisational Level

The Executive Director of Nursing NHSCT is currently responsible for leading an evaluation of the patient journey through the acute care sector. Part of this initiative links with the informal and formal ‘walkabouts’ carried out by senior nursing and midwifery staff. The evaluation data received from this exercise will in turn inform future quality improvements for the patient journey. Reports of this initiative are also provided at Trust Board level.

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\(^{10}\) Chief Nursing Officer for Northern Ireland (2007). *Standards for Supervision for Nursing*. Belfast: DHSSPS.
Best Practice Examples from Key Perspective 3

Delivering Evidenced Based Care

Strategic Level

The Research and Development (R and D) Sub-group of CNMAC has been responsible for taking forward the strategic direction of R and D activities within the region. An agreed work plan has included improving the understanding of what ‘development’ means in the context of R and D; exploring models of mentorship in the role of clinical research nurses in Northern Ireland; undertaking a scoping exercise into building capacity and developing a supportive infrastructure for nursing and midwifery and increasing the number of R and D opportunities within HSC Trusts.

Organisational level

The Southern Health and Social Care Trust (SHSCT) has recently appointed an individual with responsibility for developing and supporting research expertise within the organisation. It is hoped that this person will support a range of practitioners within a multi-professional context, to submit bids for research opportunities. In particular, work has been ongoing within the Emergency Departments of the SHSCT to develop knowledge and skills in this clinical setting.

The Nursing R and D unit in the BHSCT continues to lead and monitor the R and D framework supporting this type of activity. The Trust has secured significant funding for R and D work streams and currently supports eight individuals/teams in such activities. One example of this activity is that within the Renal unit which has successfully won an award for practice development work completed in regard to fistulas. The overarching aim of this project was to enable nursing staff to embed person-centred care into practice and enhance the patient experience by increasing and maintaining the number of patients who have haemodialysis via an arteriovenous fistula.
3.11 Elements of the theme which were identified by respondents requiring further consideration were:

- The CNMAC will work with the CNO and senior colleagues to develop a regional accountability framework for nurses and midwives
- Directors of Nursing will ensure the dissemination of evidenced-based policies, procedures, standards and guidelines for nursing and midwifery practice. These will be supported by a dynamic programme of audit to monitor practice and highlight concerns at an early stage

**Individual Level**

3.12 There were a variety of processes identified in the focus groups that were used to measure the quality of care, identify risks and enable a culture which supports practice improvement. These ranged from individual and collective feedback to formal and informal reporting mechanisms. There was good evidence that systematic processes to escalate concerns existed, and that areas of practice or service delivery which required improvement were addressed appropriately. Investigations including root cause analysis were used to identify risks and gaps in practice with evidence based time framed action plans implemented to monitor the required changes in practice. Training needs analysis and associated professional development along with shared learning were used to support staff to enhance practice. Furthermore there was evidence of registrants responding to service users’ individual needs and identified risks in a compassionate, respectful and dignified manner, promoting person centred practice.

Many examples were offered and a sample of these is provided below:

- On-going audits within NI Hospice have influenced improved staff development and organisational change to support a preferred place to die for patients and families, where death is expected and where at all possible. These changes have focused on community care and reduced hospital admissions.
- As a result of audits into administration of childhood immunisations the SEHSCT has reviewed consent forms and health check lists for pre-school clinics. This has improved communication links between departments ensuring that all information is uploaded on to the Child Health System and has reduced the risk of errors in administration of childhood immunisations.
- As a result of patient feedback to the nursing team within Tobernaveen, an acute mental health ward in Holywell Hospital (NHSCT), a family room was made available for children of patients.
- Nursing staff within the WHSCT have identified a number of key performance indicators which have been added to a corporate ‘dashboard’ reporting system. This ensures that clinical and managerial staff have a visual presentation of the standard and quality of care within the organisation.
3.13 The family of nursing midwifery and organisations need to ensure that public resources are fully utilised and focused to meet the needs of patients and clients, providing and improving health and social care. This requires entrepreneurship and innovation, balanced with the need to maintain the safety of patients and clients. The strategy recognised that nurses and midwives need to take appropriate actions to maximise the available resources and respond to the needs of patients and clients to ensure the best possible outcomes.\(^{11}\)

**Strategic and Organisational**

3.14 The findings indicated that over half of this theme was well or fully evidenced whilst a significant proportion identified some evidence only. In addition, one indicator had no evidence provided. An illustration of the overall responses can be found at Appendix 5, page 44.

3.15 It was evident from the Review that roles and practices within the family of nursing have changed and evolved as a result of many influences, such as: strategic drivers, evidenced-based practice, resources, accountability and performance management, improved information technology systems and the patient/client experience. Increased autonomy and decision making have enabled the nursing and midwifery workforce to lead, on and be accountable for, their practices and the care that they provide, supported by transformational leadership. Information provided supports the view that registrants have embraced a culture of change and innovation, whether that affects individual practice or arrangements to support the delivery of care, for example, where the point of care occurs.

3.16 Examples of good practice provided within each of the key perspectives in this strategic theme include:

**Best Practice Examples from Key Perspective 1**

**Responding To Need**

**Strategic Level**

The PHA has successfully introduced Family Nurse Partnership (FNP) in the WHSCT. This is an intensive preventative programme for vulnerable first-time young parents - delivered by specially trained ‘family nurses’ - from early pregnancy until the child is two. The aim of FNP is to improve the health and wellbeing of the most disadvantaged families and children, and to prevent social exclusion. Plans are in place to introduce the same programme in the BHSCT and SHSCT.

Organisational Level

The WHSCT has introduced new roles and skill mix to meet service need and to contribute to the patient/client care experience. Examples include Hospital at Night Teams in acute hospital settings, Rehabilitation Care Assistants within Intermediate and Rehabilitation Services, Trauma Coordinators and Trauma Assistants, resulting in improved throughput in Trauma and Orthopaedics.

Best Practice Examples from Key Perspective 2

Improving Outcomes Through Innovation

Strategic Level

The DHSSPS has supported initiatives, such the Florence Nightingale Foundation, in a number of ways, for example, hosting the Florence Nightingale centenary event (2010) in celebration of her life and work; funding annual scholarships and leading in partnership with UK colleagues at the Florence Nightingale Commemoration Service at Westminster Abbey, London (2011).

Organisational Level

- The revalidation of education programmes at the University of Ulster, (Ulster) recommended that research staff should contribute to the delivery of education programmes. As a result pre- and post-registration level students are provided with the opportunity of being taught by staff who are active in research projects. This has resulted in changes in practice occurring via study on programmes such as ‘Development of Practice in Health Care’.

- In SHSCT the introduction of telemedicine has reduced the rate of hospital admissions and GP referrals by 45% in patients with diabetes, stroke and Chronic Obstructive Pulmonary Disease. This has provided the opportunity for patients to avoid travel, facilitated more localised care, enabled more timely diagnosis and intervention, and reduced costs.
Best Practice Examples from Key Perspective 3

Workforce Planning

Strategic Level

The PHA, in partnership with the Royal College of Nursing (RCN) and Northern Ireland Practice and Education Council (NIPEC), is developing “A Toolkit to Support Job Planning for Specialist Nursing Roles” in HSC Trusts. This toolkit will assist nurses, managers and commissioners to design Clinical Nurse Specialist roles, ensuring that nurses are supported, and valuing appropriately the contribution such roles increasingly make to the provision of services.

Organisational Level

- As a result of Integrated Clinical Assessment and Treatment Services (ICATS) in the SEHSCT, the number of patients seen by the dermatology nurses has increased by 900 patients within a period of two years. This service is now evolving into a Primary Care Partnership model, where a specialist nurse works directly with local GPs to assess and treat patients in the practice setting.

- Recently the WHSCT applied a range of nursing workforce planning tools, such as Telford and Hurst’s Nurse per Occupied Bed methodologies, to review funded establishments in acute and older people’s nursing. This incorporated triangulation with patient dependency data, using Criteria for Care.

3.17 The indicator which needs implementation is:

- The CNO will task CNMAC to establish a regional workforce planning, development and modernisation subgroup which will advise the DHSSPS on a Northern Ireland wide approach to the effective management of supply and demand within the nursing and midwifery professions.

3.18 Elements of the theme which were identified by respondents as requiring further consideration were:

- The CNO and Director of Nursing at the PHA will champion the development of new and innovative ways of delivering high quality, compassionate care

- Directors of Nursing will adopt the use of service improvement methodologies to design systems and processes which respond to the needs of patients/clients, avoid duplication and maximise the use of resources.
• Directors of Nursing will promote a ‘can do’ culture within organisations supporting ward sisters/charge nurses/team leaders, individuals and teams to challenge traditional practices to improve patient client care

• The Director of Nursing at the PHA in collaboration with Directors of Nursing will build a workforce planning toolkit to ensure the right people with the right skills in the right job. This will include assessment of population health needs, knowledge of current nursing and midwifery staff, their skills mix and data on other healthcare professionals.
Individual Level

3.19 Many examples were provided at an individual level, relating to the way in which practices/services have changed to meet identified patient/client needs. This has resulted in new and innovative ways to deliver quality care within a range of clinical settings. It was evident that new and expanding roles have evolved that are flexible and responsive to the needs of the patient/client and service delivery within nursing, midwifery and the healthcare support workforce. Innovation and the application of research findings are well supported in practice and are encouraged, in order to improve the outcomes for patients and clients. Supporting staff was acknowledged as important, in helping to achieve a work-life balance.

Many examples were offered and a sample of these is provided below:

- Maternity Support Workers (MSWs) have been introduced into all HSC Trusts in response to changing population demographics, workforce challenges and the ageing profile of the midwifery workforce. The role of the MSW aims to support midwives in providing a high standard of care to women, their partners and babies during pregnancy.

- In the SEHSCT, the introduction of community Peripherally Inserted Central Catheter (PICC) and Hickman central venous line clinics has reduced the need for patients attending cancer centres to have their intravenous (IV) sites dressed. This also provides patients with the choice to attend a clinic for appointments instead of waiting for a home visit, thus improving efficiency.

- In the BHSCT, a system has been developed where patients with mental health problems are admitted through one point of referral. This has made access to services easier for the patients, family and carers.

- In the SHSCT, the development of multi disciplinary team working with District Nurses, Occupational Therapists and Social Workers has improved care in the community. Furthermore, the introduction of the Northern Ireland Single Assessment Tool (NISAT) has reduced duplication within community services.

- As part of the Safer Patient Initiative (SPI), the NHSCT introduced the World Health Organisation (WHO) Surgical Safety Checklist into theatres, with the aim of reducing harm in perioperative care, improving teamwork and communication.
Nurses, midwives and their support staff can only deliver high quality care if they maintain and develop their knowledge and skills, working together, respecting one another and communicating effectively. Given the pace of change in the delivery of health care and the rise in public expectations, the principles and values of lifelong learning are increasingly important to all members of the nursing and midwifery family. This Strategy sought to ensure that, within a supportive culture, learning and development would contribute to a knowledgeable and dynamic workforce, supported by strong and visible leadership at all levels.\textsuperscript{12}

**Strategic and Organisational**

The data gathered from respondents in relation to this last strategic theme indicated that most of this theme was well or fully evidenced. There was, however, a small proportion identified that had some evidence and one indicator that had no evidence provided. An illustration of the overall responses can be found at Appendix 6, page 45.

The Review highlighted that organisations and individuals are actively involved in learning and development. The importance of sharing knowledge and skills with others in order to deliver a high quality of care was evident. Whilst a supportive culture is crucial within organisations, it was recognised that further work would be beneficial to develop a mechanism for succession planning and career progression including leadership development.

Examples of good practice provided within each of the key perspectives in this strategic theme include:

**Best Practice Examples from Key Perspective 1**

**Promoting a Learning Culture**

**Strategic Level**

Each HSC Trust has worked collaboratively with the Education Commissioning Group at the DHSSPS to commission courses which are based on the analysis of learning needs within the organisations. The recent introduction of the Learning Contract within HSC Trusts should support the evaluation of the impact of such learning and development activities on practice. In addition, NIPEC continues to engage in a Quality Assurance Programme of non NMC commissioned activity, working with education provider organisations.

Organisational Level

The WHSCT has introduced a new staff appraisal system for all staff groups. This system incorporates self-assessment processes, using competence assessment frameworks and Knowledge and Skills Framework (KSF) job outlines to inform Personal Development Plans (PDP). It aims to provide nursing and midwifery staff with fair and equitable access to learning and development.

Best Practice Examples from Key Perspective 2
Developing the Workforce

Strategic Level

Consideration has been given to the regulation of the health care support and social care workforce. The contribution of the CNO and Nursing Officers at the DHSSPS, within the ‘Confidence in Care’ work streams, enabled debate in relation to these challenges. The regional approach taken through the ‘Confidence in Care’ project was in response to the Department of Health’s White Paper Trust, Assurance and Safety (2007)\(^\text{13}\), which set out a programme of reform for regulation of health professionals on a UK-wide basis.

Organisational Level

The SHSCT has initiated and delivered a Palliative and End of Life Care Link Nurse Programme for staff in private nursing homes, following the identification of need from these staff. The programme aims to increase knowledge and skills in relation to palliative and end of life care. There have been five education sessions delivered by the Trust’s Palliative Care Specialist Nurses over the past year. Evaluation to date has demonstrated that staff have an improved understanding, and increased knowledge and skills in this area of care. Staff from the private nursing homes, as well as Trust staff, have expressed a greater understanding of each other’s roles and that this has improved communication between the sectors, with the ultimate aim of enhancing the patient/client experience.

Best Practice Examples from Key Perspective 3

Developing Leadership

Strategic Level

In the last two years the DHSSPS has undertaken a review of the role of the Executive Director of Nursing in each of the HSC Trusts. In addition a newly constituted Central Nursing Midwifery Advisory Committee has begun work in the region providing professional leadership and direction to the family of nursing and midwifery.

Organisational Level

The SEHSCT has engaged in a range of leadership development models within the Trust, including corporate ‘Learning to Lead’ programmes for senior management teams and Band 6 and 7 managers completing Facilitation and Leadership programmes. The Trust has also established a Senior Nurse Shadowing Programme which provides opportunities for Band 7 and 8 nurses to shadow senior nurses at executive level.

Within the university, Ulster encourages staff to undertake the ‘Aspiring Leaders’ programme, which involves staff carrying out research as part of their teaching commitments. This builds confidence and prepares staff to develop their research expertise in applying for research grants, publishing papers and undertaking a PhD. The university holds four-year tenure posts which provide opportunities for staff to prepare and apply for more senior roles.

The SHSCT have implemented a successful governance leadership programme, looking at the concept of governance and corporate governance arrangements. 58 nurses and midwives in the SHSCT have completed this programme so far, which includes the completion of a project focused on sustainable improvements in patient/client care.

3.24 The indicator which needs implementation is:

- Building on the work already undertaken in the development of a post registration career framework the region should support the adoption of a skills escalator approach to support flexible career paths.
3.25 Elements of the theme which were identified by respondents as needing further consideration were:

- The CNO in association with NIPEC will adopt a regional approach to knowledge management through the practice and quality development database which will spark innovation, operational improvement and enhanced care.

- The CNMAC workforce planning, development and modernisation subgroup will review the outcomes of the Modernising Nursing Careers and Midwifery 2020 initiatives and advise on new ways of working including the role of nurse consultants and health care support workers.

- Nursing and midwifery regionally will adopt a succession planning approach to leadership development, identifying and nurturing leaders of the future in a commitment to ensure continuous, seamless leadership transition.
Individual Level

3.26 At individual level, the key perspectives within this strategic theme focused on personal and professional development and career planning. A questionnaire was designed to capture information regarding the rationale for the choices of different activities and the types of activity chosen by registrants to develop their knowledge and skills. It explored personal accountability and the level of participation in professional development to improve patient/client care. From the findings, it was evident that nurses, midwives and health care support staff took personal responsibility for professional development. The level of willingness to participate in quality and practice development was significant, as it supported them in leading and being accountable for patient/client care. There was also recognition on the part of registrants that learning should be shared with other members of staff so that the quality of care could be improved.

A summary of the findings from the responses to the questionnaires are detailed below.

3.27 10% of respondents were male, whilst 90% were female. 89% of respondents were nurses, while 10% were midwives. This information is reflective of the current nursing workforce14.

3.28 Table 1: Agenda for Change banding of respondents who participated in the questionnaire.

Staff Percentage per AfC Band

3.29 Table 2: Substantive role within which each respondent is currently employed.

![Graph showing Staff Percentage per Care Sector]

3.30 Table 3: Organisation in which respondents are employed.

![Graph showing Staff Percentage per Trust]

3.31 84% of respondents indicated that they frequently or actively engaged in learning and development activities through formal learning opportunities provided by education or training institutions, such as courses, study days, or in-service education. A significant number of respondents (79%) also indicated that they frequently or actively engaged in work-based learning, such as reflective accounts as
a result of audits, adverse incidents, case conferences, mentorship, preceptorship, coaching, reflective dairies, etc. It is evident, therefore, that nurses, midwives and healthcare support workers actively engage in a wide range of formal and informal learning activities as part of their personal and professional development.

3.32 In terms of individual ownership and responsibility for personal development within their current roles, the majority of respondents (66%) indicated that this was always the case, with 28% identifying that this was frequently so. Intentional linking of planned development to a specific career pathway provoked a mixed response: 42% indicated that that planning development needs was always linked to a specific career pathway whilst 28% indicated this frequently was the case. Over half of the respondents (57%) believed that the learning and development they engaged in always led to an improvement in their practice, while 36% stated it frequently achieved benefits in practice. A significant number of respondents (62%) indicated that sharing their learning with other members of the health care team always improved patient and client care and 31% stated this was frequently the situation. Respondents commented that sharing experience, knowledge and skills with other healthcare professionals was essential to improving patient/client care.

3.33 When questioned on the type of practice development activities undertaken to improve patient and client care, almost half of the respondents (48%) indicated that they frequently participate in quality improvement activities and 16% of respondents sometimes partake in such activities. There was a large and varied response as to the types of activities respondents took part in. These included supervision, reflection, service improvement methodologies, policy and guidelines developments and learning and development.

3.34 Over half of the respondents (51%) frequently become involved in quality improvement activities and 37% of respondents always participate in such activities, to improve patient and client care. Many comments were fed back in relation to the quality development activities that respondents engaged in. These included audits; patient satisfaction surveys; care bundles; student evaluations; surveys; performance management processes; multi-disciplinary meetings and learning and development related to quality improvement.

3.35 Opportunities to facilitate learning and development activities for other members of the health care team provoked a varied response. Almost a third (32%) of respondents always engaged in activities to facilitate learning and development whilst 21% sometimes accessed these activities to benefit the rest of the health care team. A significant range of examples was provided, including team/ward meetings; induction; mentorship; group supervision; appraisals; attending conferences and education programmes; forums and online discussions.

3.36 Over half of respondents indicated that learning and development always supported them to lead and be accountable for patient/client care, whilst 36% stated that this
activity frequently gave them the support they required to lead and be accountable for the care they provide.

3.37 Section Three of this document has presented the findings of the data gathering methodologies. Section Four concludes the Review process with a summary of findings, and related recommendations and action plan.
SECTION FOUR: CONCLUSIONS AND RECOMMENDATIONS

4.0 The purpose of the Review was to assess the implementation of the Strategy across all relevant sectors at all levels and, where appropriate, to produce an action plan capable of addressing any identified gaps in implementation, and to test the ‘fit’ of the Strategy with recent developments in strategic direction, mainly Transforming Your Care.

4.1 At a final meeting in August 2012, the Review Team acknowledged that the aims and objectives of the Review were fully achieved. This included:

- The consideration that a short extension in the original time frame had been agreed, due to the necessity to accommodate colleagues within the HSC organisations, independent and voluntary sectors, in relation to returning information
- The resultant time framed action plan identified gaps in implementation for consideration by CNMAC, through the CNO.

4.2 It was recognised that significant progress had been achieved against the range of indicators in the four strategic themes and three key perspectives within each theme. Senior nursing and midwifery colleagues acknowledged the links between the individual strategies for HSC Trusts or independent organisations and the Regional Strategy. This had been of significant assistance, as work against organisational strategies had been ongoing for a number of years.

4.3 The Review Team agreed, however, that recognition of the limitations of the Review process was required, namely, that the mechanisms necessary to gather data within a limited time frame were reliant on self-assessment and subjective judgement, at a set point in time.

4.4 The information gathered was nonetheless received as valuable to support the production of a suggested action plan for submission to the CNO, DHSSPS and subsequently CNMAC for consideration. It was acknowledged that progress towards implementation of the Strategy was, for the most part, well or fully evidenced by the respondent organisations. A collated summary of the pro formas and self assessment results can be found at Appendix 7, page 46.

4.5 Furthermore, feedback received from individuals during the information gathering process indicated that the role and participation of nurses and midwives, particularly within a model of service delivery that encourages a health protection approach, was not clearly evident in the body of the Strategy. A number of practitioners within the focus group sessions, in particular, pointed out that changing roles mirrored the changing ethos of health care in Northern Ireland, moving towards intervention, prevention of illness and promotion of wellbeing within a self management model. It was agreed by the Review Team that this approach was implicit in many of the indicators, particularly in relation to service improvements and innovation; it was...
felt, however, that this area should be raised within the recommendations as an additional work stream for consideration.

4.6 It was agreed by the Review Team that the summary document developed as a result of the exercise to map across the 99 key proposals within *Transforming Your Care* to the four strategic themes within the Strategy should be also be submitted to CNO, DHSSPS, to assist CNMAC in the development of their work plan.

4.7 The Review Team acknowledge that a significant amount of work has already been completed in relation to the majority of the indicators within the Strategy and that this work is continuing on an on-going basis. It was agreed, however, that the two outstanding indicators with no evidence should require urgent attention.

4.8 The Review team would therefore wish to make the following recommendations:

i. The Action Plan at Page 33 should be presented to the CNMAC in September 2012 for consideration.

ii. The two indicators in the Strategy which had no evidence linked to their achievement should be addressed in the next year (refer to Action Plan, Page 33).

iii. The indicators in the Strategy which require further consideration to reach achievement should be addressed (refer to Action Plan, Page 33).

iv. Roles and innovation/development of practice approaches linked to public health models of care should be supported in the next three years (refer to Action Plan at Page 33).

v. CNMAC should give consideration as to how the Strategy should be reviewed in the next one to three years.
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<tr>
<th>RELATED INDICATOR</th>
<th>PROPOSED ACTION TO PROGRESS</th>
<th>DATE FOR ACHIEVEMENT</th>
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<tbody>
<tr>
<td>The CNO will task CNMAC to establish a regional workforce planning, development and modernisation subgroup which will advise the DHSSPS on a Northern Ireland wide approach to the effective management of supply and demand within the nursing and midwifery professions.</td>
<td>Work to commence by 2013</td>
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<tr>
<td>Building on the work already undertaken in the development of a post-registration career framework, the region should support the adoption of a skills escalator approach to support flexible career paths.</td>
<td>Work to commence by 2013</td>
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<tr>
<td>The Director of Nursing in the PHA and the Directorate of Nursing and Midwifery within DHSSPS, in conjunction with the Patient and Client Council, will ensure the voice of the citizen is heard by supporting the involvement of patients and the public in shaping health policy and influencing service redesign, leading to a partnership approach to better health.</td>
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<td>The Directors of Nursing will adopt a systematic approach to Personal and Public Involvement (PPI) that links corporate decision making to local communities</td>
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<td>The CNO will in partnership with the Director of Nursing at the PHA will oversee the regional implementation and monitoring of the “Improving the Patient and Client Experience” standards</td>
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<td>Directors of Nursing Work will work with PPI leads to ensure a co-ordinated and equitable approach to involvement across the HSC and where relevant the independent, community and voluntary sectors.</td>
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<td>Effective commissioning requires effective population needs assessment. Directors of Nursing will support nurses and midwives to work in partnership with community groups, statutory and voluntary agencies to compile and/or contribute to health and social care profiles of local populations to inform the commissioning process.</td>
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<td>The Central Nursing and Midwifery Advisory Committee (CNMAC) will work with the CNO and senior colleagues to develop a regional accountability framework for nurses and midwives.</td>
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<td>RELATED INDICATOR</td>
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<td>Directors of Nursing will ensure the dissemination of evidenced-based policies, procedures, standards and guidelines for nursing and midwifery practice. These will be supported by a dynamic programme of audit to monitor practice and highlight concerns at an early stage.</td>
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<td>The CNO and Director of Nursing at the PHA will champion the development of new and innovative ways of delivering high quality, compassionate care.</td>
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<td>Directors of Nursing will promote a ‘can do’ culture within organisations supporting ward sisters/charge nurses/team leaders, individuals and teams to challenge traditional practices to improve patient client care.</td>
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<td>The Director of Nursing at the PHA in collaboration with Directors of Nursing will build a workforce planning toolkit to ensure the right people with the right skills in the right job. This will include assessment of population health needs, knowledge of current nursing and midwifery staff, their skills mix and data on other healthcare professionals.</td>
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<td>The CNMAC workforce planning, development and modernisation subgroup will review the outcomes of the Modernising Careers and Midwifery 2020 initiatives and advise on new ways of working including the role of nurse consultants and health care support workers.</td>
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<td>Nursing and midwifery regionally will adopt a succession planning approach to leadership development, identifying and nurturing leaders of the future in a commitment to ensure continuous, seamless leadership transition.</td>
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Appendix 1

Review Team Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Kathy Fodey</td>
<td>DHSSPS Nursing officer (Chair)</td>
</tr>
<tr>
<td>Charlotte McArdle</td>
<td>Executive Director of Nursing (SEHSCT)</td>
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<tr>
<td>Brendan McGrath</td>
<td>Assistant Director Nursing (WHSCT)</td>
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<tr>
<td>Lynn Fee</td>
<td>Assistant Director of Nursing (SHSCT)</td>
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<tr>
<td>Molly Kane</td>
<td>Regional Lead Nurse Consultant for Mental Health &amp; Learning Disability</td>
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<tr>
<td>Margaret Rogan</td>
<td>Consultant Midwife (BHSCT)</td>
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<tr>
<td>Claire Buchner</td>
<td>Teaching Fellow (QUB)</td>
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<tr>
<td>Stella Cunningham</td>
<td>Patient Client Council</td>
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<tr>
<td>Joanne Strain</td>
<td>Head of Care and Quality. (Four Seasons Health Care)</td>
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<tr>
<td>Barbara Watson</td>
<td>Clinical Services Manager (Northern Ireland Hospice)</td>
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<tr>
<td>Maura Devlin</td>
<td>Head of HSC Clinical Education Centre representing Education Strategy Group</td>
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<tr>
<td>Dr Marina Lupari</td>
<td>Central Nursing &amp; Midwifery Advisory Committee- Research &amp; Development Group</td>
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<tr>
<td>Alison Baxendale</td>
<td>NIPEC Client Council</td>
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<tr>
<td>Angela Drury</td>
<td>NIPEC Senior Professional Officer</td>
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<td>Fiona Bradley</td>
<td>NIPEC Professional Officer</td>
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Terms of Reference for the Review Team are as follows:

TOR1 To agree a Review, timescales and methodology for the review
TOR2 To contribute to the achievement of the Review aims and objectives
TOR3 To undertake ongoing monitoring of the Review against the planned activity
TOR4 To receive progress reports from the NIPEC Professional Officer and agree actions arising
TOR5 To evaluate the alignment of ‘A Partnership for Care’ with recent developments in strategic direction in Northern Ireland.
TOR6 To contribute to the development of the final Review report and time frame action plan for submission to the DHSSPS and PHA
## EXECUTIVE DIRECTORS OF NURSING

### A PARTNERSHIP FOR CARE

#### STRATEGIC THEME: PROMOTION PERSON CENTRED CULTURES

<table>
<thead>
<tr>
<th>There is evidence of:</th>
<th>Self Assessment</th>
<th>Examples/comments</th>
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<tr>
<td><strong>ENSURING PERSONAL AND PUBLIC INVOLVEMENT</strong></td>
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<td>Adopting a systematic approach to PPI that links corporate decision making to local communities</td>
<td>No Evidence</td>
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<td>Working with PPI leads to ensure a co-ordinated &amp; equitable approach to involvement across the HSC, independent, community &amp; voluntary sectors</td>
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<td><strong>IMPROVING THE PATIENT/CLIENT EXPERIENCE</strong></td>
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<td>Ensuring that organisational policies have due regard to the implementation of the patient and client experience standards</td>
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<td>Acting as inspirational role models providing visible leadership throughout their organisation acting on identifying aspects of poor practice</td>
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<td>WORKING TOGETHER FOR POSITIVE OUTCOMES</td>
<td>Supporting nurses &amp; midwives to work in partnership with community groups, statutory &amp; voluntary agencies to compile and/or contribute to HSC profiles of local populations to inform the commissioning process</td>
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<td>Of working collaboratively to enhance and sustain environments that value and support the contribution of nurses &amp; midwives working together within a range of disciplines to achieve positive outcomes</td>
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<td>STRATEGIC THEME: DELIVERING SAFE AND EFFECTIVE CARE</td>
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<td>disseminated and audited to monitor practice and</td>
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<tr>
<td>highlight concerns at an early stage</td>
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<tr>
<td>Supporting practitioners to develop research</td>
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<tr>
<td>expertise and utilise these skills within the</td>
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<tr>
<td>healthcare setting</td>
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</tbody>
</table>
## STRATEGIC THEME: MAXIMISING RESOURCES FOR SUCCESS

<table>
<thead>
<tr>
<th>There is evidence of:</th>
<th>Self Assessment</th>
<th>Examples/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESPONDING TO NEED</strong></td>
<td></td>
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<tr>
<td>Adopting the use of service improvement methodologies to design systems and processes which respond to the needs of patients/clients, avoid duplication and maximise the use of resources.</td>
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<tr>
<td>Leading on the assessment of need and development of enhanced roles for nurses &amp; midwives which improve the patient/client care experience.</td>
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<tr>
<td><strong>IMPROVING OUTCOMES THROUGH INNOVATION</strong></td>
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<tr>
<td>Supporting ward sisters/charge/nurses/team leaders, individuals and teams to challenge traditional practices to improve patient/client care.</td>
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<tr>
<td>Encouraging staff to celebrate and share validated innovations and research findings and where appropriate adopt and sustain new ways of working for the benefit of patients/clients.</td>
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<tr>
<td><strong>WORKFORCE PLANNING</strong></td>
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<tr>
<td>Being proactive in identifying future nursing and midwifery workforce requirements which will influence workforce commissioning to ensure the future needs of patients and clients are met.</td>
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<tr>
<td>Focusing on the values and worth of nursing &amp; midwifery, highlighting the strengths and advocating the professions as top careers for the future.</td>
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<tr>
<td>STRATEGIC THEME: SUPPORTING LEARNING AND DEVELOPMENT</td>
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<td>There is evidence of:</td>
<td></td>
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</tr>
<tr>
<td><strong>SELF ASSESSMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Evidence</td>
<td>Some Evidence</td>
<td>Well Evidenced</td>
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<tr>
<td>PROMOTING A LEARNING CULTURE</td>
<td></td>
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<tr>
<td>Ensuring that a learning and development action plan is implemented in each organisation and its impact evaluated</td>
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<tr>
<td>Promoting a fair and equitable access to learning and development which supports the KSF Framework and the appraisal/personal development process to meet training needs and demonstrate learning outcomes</td>
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<tr>
<td>DEVELOPING THE WORKFORCE</td>
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<tr>
<td>Encouraging and promoting staff to develop new skills and knowledge supporting the development of new roles which will improve patient/client care</td>
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<tr>
<td>Embedding the practice education coordinator &amp; facilitator roles to support learners in practice</td>
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<tr>
<td>DEVELOPING LEADERSHIP</td>
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<tr>
<td>Providing strategic leadership and acting as role models to ensure safe and sustainable services.</td>
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<tr>
<td>Providing leadership to frontline teams ensuring the delivery of safe, effective compassionate care</td>
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</tbody>
</table>
Appendices 3 - 7

The following appendices contain graphical illustrations of the data returned from respondents. It should be noted that each organisation had different numbers of relevant indicators to respond to. The graphs therefore, demonstrate evidence against relevant indicators.
A PARTNERSHIP FOR CARE
PROMOTING PERSON CENTRED CULTURES RESULTS

<table>
<thead>
<tr>
<th>Key</th>
<th>NE - Not Evidenced</th>
<th>SE - Some Evidence</th>
<th>WE - Well Evidenced</th>
<th>FE - Fully Evidence</th>
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</thead>
</table>

**Chart Key**

1. Chief Nursing Officer & Directorate of Nursing and Midwifery (DHSSPS)
2. Public Health Agency
3. BHSCT
4. NHSCT
5. SEHSCT
6. SHSCT
7. WHSCT
8. Open University
9. University of Ulster
10. Queens University of Belfast
11. Clinical Education Centre
12. NI Hospice
13. Four Seasons
A PARTNERSHIP FOR CARE
DELIVERING SAFE AND EFFECTIVE CARE RESULTS

Key
NE - Not Evidenced  SE - Some Evidence  WE - Well Evidenced  FE - Fully Evidenced

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A PARTNERSHIP FOR CARE
MAXIMISING RESOURCES FOR SUCCESS RESULTS

Key
NE - Not Evidenced   SE - Some Evidence   WE - Well Evidenced   FE - Fully Evidenced

CHART 1

CHART 2

CHART 3

CHART 4

CHART 5

CHART 6

CHART 7

CHART 8

CHART 9

CHART 10

CHART 11
No Applicable Indicators

CHART 12

CHART 13

Chart Key
1. Chief Nursing Officer &
   Directorate of Nursing and
   Midwifery (DHSSPS)
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A PARTNERSHIP FOR CARE
SUPPORTING LEARNING AND DEVELOPMENT RESULTS

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Chart 1
Chart 2
Chart 3
Chart 4
Chart 5
Chart 6
Chart 7
Chart 8
Chart 9
Chart 10
Chart 11
Chart 12
Chart 13
A PARTNERSHIP FOR CARE
PROFORMA SELF ASSESSMENT RESULTS

Key

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