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ADVANCED NURSING PRACTICE

IN NORTHERN IRELAND

ANALYSIS AND RECOMMENDATIONS

INVESTORS IN PEOPLE

NIPEC

CONTENTS

NIPEC

ACKNOWLEDGEMENT

I would like to thank all those who have worked to produce this regional review to inform the strategic and future direction of advanced practice for nurses in Northern Ireland. The publication of this report is both timely and appropriate.

There is no doubt that we face many challenges in terms of meeting the health needs of our population. However, as nurses, we have the opportunity to make a real difference, in line with the ambitions of *Health and Wellbeing 2026: Delivering Together*.

I firmly believe that this report and its recommendations will have a valuable impact in terms of further developing advanced practice here in Northern Ireland, as nurses take on more complex and expert roles. We already have evidence of the high-quality care this brings for those who use our services. This must be our ultimate goal.

Moving forward, we need to work to improve access to services and support transformational change, whilst improving on recruitment and retention of nurses and midwives.

I am confident that further developing advanced practice, as highlighted in this report, will help to achieve this for our people.

Maria McIlgorm

MARIA MCILGORM

Chief Nursing Officer

FOREWORD

We are delighted, on behalf of NIPEC, to present this report which aims to maximise the contribution of Advanced Nurse Practitioners (ANPs) in response to current and emerging health and care challenges, innovations and transformation of services in Northern Ireland.

ANPs already play a vital role across many areas within our health and social care system. The value of these roles is well documented. There are, however, areas of advanced practice that are currently under developed and more nurses are needed with advanced level of practice skills to work across all settings.

The people of NI deserve to be cared for by a workforce which has sufficient nurses, with the right skills, in the right place to ensure the delivery of a compassionate, person-centred, safe and effective service which we can be proud of.

Although the Department of Health is committed to developing the ANP workforce and embedding advanced nursing practice across a range of clinical settings, developing nurses to work at an advanced practice level requires significant investment for the employer as well as a substantial commitment from the nurse.

This report, presents recommendations aimed at building a critical mass of nurses working at advanced practice level across our health and social care system. This will optimise outcomes and impact for service users and contribute to effectively and efficiently addressing population health needs now and in the future.

Finally, we would like to thank the stakeholders who contributed to this project and have given a clear commitment to supporting further development of advanced nursing practice in NI. Their expertise, insight, judgement and tenacity has been invaluable.

DONNA KEENAN
Chair of Project Steering Group
Executive Director of Nursing, Primary Care & Older People's Services
Western HSC Trust

LINDA KELLY
Chief Executive
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INTRODUCTION

In 2016, NIPEC was commissioned, by the then Chief Nursing Officer (CNO), to produce a framework with the aim of providing clarity regarding the role of the Advanced Nurse Practitioner (ANP).

A Steering Group was established, chaired by an HSC Trust Executive Director of Nursing. Steering Group members were representative of senior nurses within HSC Trusts, Public Health Agency (PHA), Education Providers, Department of Health (DoH), Primary Care, Independent Sector and Royal College of Nursing (RCN). The Directors of Human Resources (HR) Forum and Northern Ireland Medical and Dental Training Agency (NIMDTA) were also represented on the Group.

The *Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts* (DHSSPS, 2016) was launched to enable a strategic and consistent approach to the development and implementation of the ANP role in NI.

An MSc Advanced Nursing Practice programme was subsequently commissioned, co-produced and delivered from 2017, underpinned by the *Advanced Nursing Practice Framework* and funded by the DoH.

In 2022, the CNO asked NIPEC to conduct a further programme of work to inform the strategic direction and future needs of Advanced Nursing Practice in Northern Ireland.

The project aim, objectives, methodology, findings and recommendations are presented within this document.

RIGHT CARE
RIGHT TIME
RIGHT PLACE

2 SUMMARY OF FINDINGS

Registered nurses are increasingly extending and expanding their scope of practice beyond initial registration within all health and care settings and developing their skills, competence and confidence.

A substantial, international body of evidence demonstrates the positive impact of nurses working at an advanced level of practice and that these nurses add critical value across various health care settings.

The studies highlighted in this report provide key insights into this important workforce and present several emerging lessons. Firstly, studies show that ANP roles have grown worldwide and have diversified within different specialty areas to become highly adaptive and effective. Secondly, new studies contribute to the evidence base of advanced nursing practice by highlighting the positive contribution of these practitioners to health outcomes. Thirdly, ANPs can provide effective and high-quality care, but require enabling policy and work environments to ensure that this workforce can practice effectively.

Retaining and transforming the workforce through advanced nursing practice is a strategic priority for health and social care in NI. The *Advanced Nursing Practice Framework* was developed to ensure regional consistency and common expectations about advanced practice.

A subsequent ANP masters level education programme was commissioned from 2017. While there is some evaluation evidence of the effectiveness of the ANP role since, evaluation of the role within an integrated health and social care system and within primary care is limited.

Several barriers were identified including issues with the ANP role not being accepted or understood by patients, colleagues, and managers and direct barriers to care, such as, the refusal from some speciality doctors to accept referrals from ANPs for diagnostic investigations.

This report identifies opportunities for further work and policy changes which are required if we are to maximise the contribution of this key workforce towards improving access to health care and health outcomes. Sharing lessons of advanced nursing practice developments regionally, nationally and internationally, along with evaluating the roles within new models of care and transformed health systems, will be critical in the future.

It is clear from the literature, that our nursing workforce will be tested in a variety of ways over the next decade, including responding to an ageing population with more complex and intense needs, increased demand for more primary care services and the need to bridge health care with the social factors that influence people's health and well-being.

To build a future workforce that effectively provides the health and care that our citizens in NI need and deserve, will require a substantial increase in the numbers and distribution of the nursing workforce, as well as an education system that adequately prepares nurses at all levels for these challenges.

New approaches to the education commissioning process along with the provision of ANP programmes that deliver a broad-based curriculum and incorporate the non-medical prescribing course are recommended to accelerate access to education and training.

Developing nurses to work at an advanced practice level requires significant investment for the employer and substantial commitment from the nurse. It is imperative that opportunities to access high quality education and learning and continuous professional development (CPD) activities are available and are aligned to career pathways, effective recruitment strategies and role planning.

However, future supply may be an issue due to underlying workforce issues. Effective workforce planning, including succession planning, will ensure that the ANP workforce is developed and deployed in a way that meets population needs, and therefore service demand, through different models of service delivery and multi-disciplinary working.

One way to help meet rising service demand is by developing a workforce that can adapt and respond, maximising existing roles and expanding the practice of nurses.

Advanced Nursing Practice Team within the Belfast HSC Trust

NIPEC

3 BACKGROUND

Health and social care services in Northern Ireland (NI) continue to face unprecedented challenges due to budgetary restraints and other pressures, making high-quality health care ever more difficult to deliver. A growing and ageing population with an increase in co-morbidities and complex needs, along with a post-pandemic backlog of people waiting for planned care, presents significant additional challenges to services. Although advances in treatments, drugs and technologies mean that outcomes are improving all the time, a chronic shortage of resources and workforce puts further pressure on services.

Over the past decade, several reports identified the need to reconfigure health and social care services in NI and reshape the workforce to support new models of care. These include, *The Right Time, The Right Place* (Donaldson, 2014) and *Systems, Not Structures: Changing Health and Social Care* (DoH, 2016a). Consequently, the Department of Health (DoH) published a 10-year plan, *Health and Wellbeing 2026: Delivering Together* (DoH, 2016b), which set out an ambitious vision to maximise the transformation of health and social care in NI.

The associated *Health and Social Care Workforce Strategy 2026: Delivering for Our People* (DoH, 2018a) highlighted the need for more investment in people, effective workforce engagement and planning, skills development, career pathways, increased numbers of trainees, the development of new roles, investment in the wellbeing of the workforce and empowering and supporting the workforce to do what they do best - provide excellent high-quality care. Work is underway to implement this strategy which aims to ensure the health and social care system has the right people and the right leadership to deliver safe, high quality services now and to meet the challenges of the future.

As recommended in *Delivering Together* (DoH, 2016b), a Nursing and Midwifery Task Group (NMTG) was established to identify how the contribution of nurses and midwives could be maximised to improve population health outcomes. The NMTG report (DoH, 2020) set out a roadmap for nursing and midwifery which, when implemented, will make a significant contribution to the transformation of health and social care services in NI. It is the ambition of the NMTG that "*nursing and midwifery delivers the right evidence-based care, with the right numbers, at the right time, in right place, by the right person with the right knowledge, and of course most importantly delivering the right experience and outcomes for persons, families and communities*" (DoH, 2020).

However, alongside workforce challenges, the NMTG identified the lack of specialist and advanced clinical posts as a major concern, particularly the impact this would have on delivering the ambition outlined in *Delivering Together* (DoH, 2016b). In order to maximise the contribution of nursing and midwifery to deliver safe and effective person and family centred care, the NMTG recommended a strategic plan which included further development of the ANP workforce across all branches and nursing specialities.

The *Advanced Nursing Practice Framework* (DHSSPS, 2016) provides a vital resource to assist ANPs in meeting the challenges of an enhanced focus on improving outcomes for our population's health and wellbeing, highlighted in *Delivering Together* (DoH, 2016b). It also acts as a guide for commissioners, workforce planners, education providers, employers, managers and nurses.

To enable a strategic and consistent approach to the development and implementation of the ANP role in NI, the *ANP Framework* (Figure 1) identifies Direct Clinical Practice as the central competency, supported by three other competencies, and learning outcomes essential for the ANP role. Building on the competencies achieved for initial nurse registration, it facilitates a career pathway for nurses who commit to the challenges and opportunities of achieving higher levels of capability within clinical settings.

Figure 1: Entry criteria and core competencies for advanced nursing practice in NI

ANPs already play a vital role across many areas of our health and care system including general practice, emergency departments, medical assessment units, out of hour's services, and within specialties such as paediatrics, orthopaedics, cancer care, mental health and critical care. The value of these roles is well documented along with the level of knowledge, skills and expertise required of ANPs to care for people with complex health needs in all health settings, throughout the life span.

Advanced practice nursing helps countries deliver high-quality, safe, affordable, patient-focused care around the world (ICN, 2020). There are, however, areas of advanced practice in NI that are currently under developed and more nurses are needed with advanced level practice skills to work across all settings.

4 PROJECT AIM

To undertake a programme of work to inform the strategic direction and future needs of Advanced Nursing Practice in NI.

Objectives

The following objectives will support the achievement of the aim:

i. Review the existing education requirements and delivery model of the ANP Education Programme in NI;
ii. Engage with relevant stakeholders, including the NMC to ensure alignment of future regulatory NMC requirements;
iii. Scope ANP programmes across the UK and ROI to inform the project report;
iv. Engage with stakeholders to make recommendations regarding changes to the education requirements and ANP programme delivery, reflective of the future needs of the profession, that can be used to inform and support the annual education commissioning cycle;
v. Explore current evaluation of ANP programmes in terms of educational priorities, processes and outcomes along with the potential for cost benefit analysis;
vi. Explore how current arrangements link in with existing career frameworks;
vii. Review the current ANP Framework to reflect the outcomes from the work above.

Scope

The project will be conducted using the above approach and will:

i. Include all Advanced Nursing Practice roles and settings in NI;
ii. Satisfy the requirements of the NMC Code (NMC, 2018) and any future review of post-registration standards for advanced practice;
iii. Support the highest level of quality, person/client safety and experience within all settings;
iv. Incorporate the principles of co-production and co–design to maximise partnership working and stakeholder involvement.

Operational definition

The literature identifies that there has been much ambiguity about advanced nursing titles since implementation of the role.

A recent evaluation of the introduction of ANPs into NI (Leary, 2022) found that 2 different titles were being used to describe a nurse working at an advanced practice level: Advanced Nurse Practitioner (ANP; n=32) and Advanced Clinical Practitioner (ACP; n-3) working as part of a multi-professional team. For the purpose of this report, the title ANP will be used to describe advanced nursing roles.

5 METHODOLOGY OVERVIEW

A robust project management approach was employed between November 2022 and May 2023, supported by a project plan.

A Steering Group (Appendix 1) was convened, chaired by an HSC Trust Executive Director of Nursing, to provide oversight, agree appropriate governance arrangements and to support achievement of the project aims and objectives. Representation was sought from senior nurses and midwives in HSC Trusts, DoH, PHA, Higher Education Institutions (HEIs), Clinical Education Centre (CEC), Primary Care, Independent Sector, Patient Client Council (PCC), RCN, RCM, the Northern Ireland Medical and Dental Training Agency (NIMDTA) together with ANPs and trainee ANPs. Representation from the Directors of Human Resources and Finance Forums were also invited to join the Steering Group on a co-opted basis.

A project structure (Appendix 2) and workplan with timescales were agreed by the Steering Group to enable achievement of the aim and objectives. This included the establishment of two Working Groups to bring specialist skills and expertise to the project. To ensure comprehensive engagement from key stakeholders, several additional members were invited to join the Working Groups through their networks. These included representation from England (HEE, NHS & the Centre for Advanced Practice), Wales (Cardiff University) and the Republic of Ireland (Dublin University). Other representation from ANP specialist areas included Mental Health, Adult and Older People and other areas including Surgical, Neonatal, Medical and Critical Care.

A range of methods were employed to meet the project aims and objectives:

i. A review of the local, national and international literature to inform the project;
ii. A scoping exercise of ANP programmes and requirements across the UK and Republic of Ireland (ROI);
iii. A stakeholder survey to gain feedback and suggest recommendations for the future of ANP in NI;
iv. Secondary data analysis of ANP programmes and role evaluations;
v. Engagement with NMC to ensure alignment of future NMC regulatory requirements;
vi. Focused in-depth meetings with relevant expert colleagues across the UK & ROI;
vii. Engagement with the DoH and PHA to gain information relating to the education commissioning of ANP programmes and links to the education commissioning cycle;
viii. Content and thematic data analysis;
ix. A final project report with findings and recommendations was presented to CNO;
x. Evaluation of project management processes were completed by NIPEC to inform future project management approaches.

6 FINDINGS AND DISCUSSION

6.1 Evolution of the Advanced Nursing Practice Role

Globally, the nursing workforce serves as the backbone of health and care systems, and the evidence shows that a well-educated and resourced nursing workforce achieves good health outcomes (Poghosyan & Maier, 2022). Without the nursing profession, millions of people around the world would not have access to high quality, safe and affordable healthcare services.

As the largest group of healthcare workers, they provide the majority of care, therefore it is not surprising that investment in the nursing workforce can yield significant improvement in patient outcomes (ICN, 2020).

A substantial body of evidence also demonstrates the positive impact of nurses working at an advanced level of practice. Advanced nursing roles were first introduced in the United States of America (USA) and Canada during the 1960s followed by the UK in the 1990s. A timeline overview of advanced practice in the UK is presented in Appendix 4. Advanced nursing roles have since evolved in many other countries including New Zealand and Australia (Delamaire & Lafortune, 2010), Japan (Fukuda *et al.,* 2014), Scandinavia (Holm-Hansen *et al.,* 2020), Europe (Unsworth *et al.,* 2022); Hong Kong, Taiwan and many Arab countries including Oman, Saudi Arabia, United Arab Emirates, Qatar and Jordan (Almukhaini *et al.,* 2021).

Since their inception, research has been accumulating which demonstrates that ANPs are associated with positive patient outcomes and that these nurses add critical value across various health care settings. Examples include an increase in access to care, decrease in waiting times, greater patient satisfaction, reduced hospital admissions and mortality, improved cost effectiveness, greater workforce efficiencies and reduced overall healthcare costs (Gloster *et al.,* 2015; Swan *et al.*, 2015; Maier & Aiken, 2016; Goldsberry, 2018; Boman *et al.,* 2020; Yang *et al.,* 2021; Aiken *et al.,* 2021; Doody *et al.,* 2022).

Furthermore, ANPs play a key role in developing and sustaining the capacity and capability of the health and care workforce. Recent studies, investigating how the rapidly changing practice and policy environments during the covid-19 pandemic, exemplified how ANPs are able to adapt under challenging conditions, enabling them to work to the full extent of their scope, education and training (Wymer *et al.,* 2021; Morley *et al.,* 2022).

In NI, the development of ANPs is aligned to *Delivering Together* (DoH, 2016b) and the *Advanced Nursing Practice Framework* (DHSSPS, 2016). The first ANP education programme, underpinned by the framework, was delivered in 2017. The programme initially offered three pathways: Primary Care, Children's and Emergency Care. However, Adult Medicine & Older People, Mental Health and Critical Care have since been commissioned.

Advanced nursing roles are applicable across all areas of practice. Stakeholders involved in this project reported that ANPs already play a vital role across many areas within our health and care system including general practice, emergency departments, medical assessment units, out of hours services, and within specialties such as paediatrics, orthopaedics, cancer care, mental health and critical care.

There are, however, fields of practice that are currently under developed that could benefit from more nurses with advanced level practice skills, in particular primary care and general practice. Indeed, as highlighted by Evans *et al.* (2020), ANP roles in primary care need to move beyond a perception of filling the gaps in existing provision to enabling wider service transformation.

Additionally, concerns were raised regarding ongoing workforce and recruitment challenges across the wider HSC system. It was further indicated that evaluation approaches should be strengthened to effectively compare the ANP role in NI to those working in other health and care systems. Moreover, there is a need for greater focus on workplace support and continuing professional development to support and optimise the ANP workforce.

KEY LEARNING

ANPs add critical value across various health and care settings...

Some fields of practice are underdeveloped and more ANPs are required...

Workforce issues pose a challenge to the further development of NSPs...

6.2 Definition of Advanced Nursing Practice

According to the International Council of Nurses (ICN, 2020) "*A Nurse Practitioner/ Advanced Practice Nurse* is *a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level*".

Advanced level nursing practice is not a doctor substitute, but a hybrid approach between nursing, allied health care professions and medicine to meeting patient needs and providing a range of additional value and benefits. It complements, supplements and augments the care that a multi-professional team can deliver (RCN, 2018).

The American Association of Nurse Practitioners (AANP, 2023) highlight that as ANPs are registered nurses with advanced education, the care they provide is deeply rooted in nursing's foundational principles.

ANPs offer a holistic and unique perspective to health, as they emphasise both care and cure by focusing on health promotion, education, and disease prevention (RCN 2018). Advanced practice is a level of practice, rather than a type or specialty of practice (NHS Employers, 2022).

Advanced Nurse Practitioners are educated to MSc level that is underpinned by the 4 pillars of advanced practice and have been assessed as competent in practice using their expert clinical knowledge and skills.

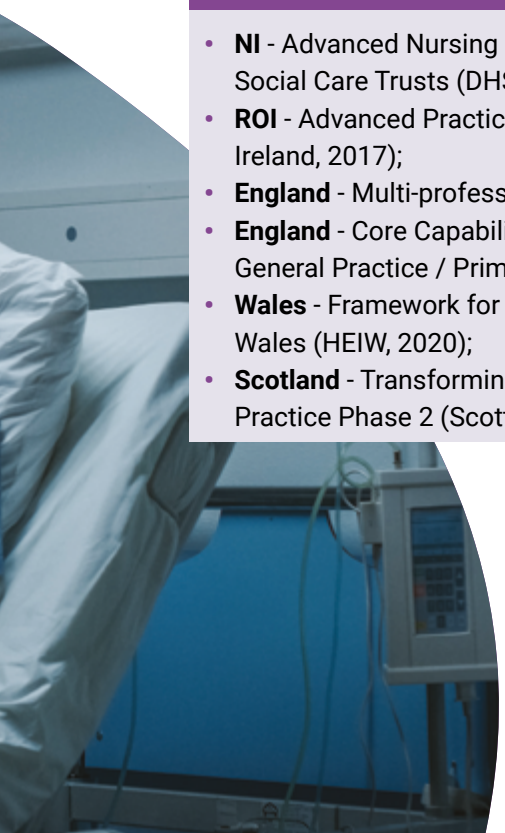
They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of people. Over the past several years, frameworks to guide advanced nursing and advanced clinical practice have been published in each of the four countries of the UK and the Republic of Ireland (ROI).

The *Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts* (DHSSPS, 2016) sets out the standards and requirements for advanced nursing practice in NI. This enables a strategic and consistent approach to the ANP role and acts as a guide for commissioners, workforce planners, employers, education providers, managers and nurses. It identifies the core competencies and learning outcomes essential for the ANP role, aligned to the four pillars of practice (clinical, leadership, research and education) based on the original conceptual framework for advanced practice (Manley,1997).

Each of the other countries have each taken a subtly different path to the setting of standards, requirements, role titles and education provision for advanced practice which lends itself to lessons being shared across the five countries (Figure 2):

Figure 2: Frameworks for advanced practice in the UK and ROI

UK & ROI Advanced Nursing/Clinical Practice Frameworks
• **NI** - Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts (DHSSPS, 2016); • **ROI** - Advanced Practice (Nursing) Standards and Requirements (Nursing & Midwifery Board of Ireland, 2017); • **England** - Multi-professional Framework for Advanced Clinical Practice in England (HEE, 2018); • **England** - Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England (Skills for Health, 2020); • **Wales** - Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (HEIW, 2020); • **Scotland** - Transforming Nursing, Midwifery & Health Professions Roles: Advanced Nursing Practice Phase 2 (Scottish Government, 2021).



The literature identifies that there has been much ambiguity about advanced nursing titles since implementation of the role. Indeed, a survey of 32 countries identified 13 different titles including; nurse practitioner, advanced practice nurse, clinical nurse specialist, nurse specialist, professional nurse, expert nurse, and nurse consultant (Pulcini *et al.,* 2010). Ambiguity persists amid a plethora of titles (Leary *et al.,* 2017) and there is little correlation between job title and pay (Woods *et al.,* 2020).

This project also identified that different titles were being used across the UK including ANP, Advanced Clinical Nurse (ACN) and Advanced Clinical Practitioner (ACP). Similarly, in NI two different titles are currently being used: the vast majority using ANP with a few using ACP. This aligns to the findings from a recent evaluation by Leary (2022) which, like Woods *et al.* (2020) found little correlation between job title and pay band.

KEY LEARNING

MSc Level ANPs work across 4 pillars of advanced practice…

ANP Framework identifies core competencies and learning outcomes for the role…

Ambiguity and lack of understanding of the ANP role still exists…

6.3 Advanced vs Specialist Practice

There has been considerable interdisciplinary debate regarding the distinction between advanced and specialist practice roles and whether 'specialist' practice is at a lesser level than 'advanced'.

It is increasingly recognised that 'specialist' practice is related to a specific context, be it a client group, a skill set or an organisational context. Begley *et al.* (2013) and *Cooper et al.* (2019) have completed significant work in relation to the distinguishing features of these roles.

In NI, to address this issue, NIPEC led the development of a *Career Framework for Specialist Nursing Roles: Supporting Specialist Nursing in Health and Social Care* (DoH, 2018b).

Stakeholders from this project agreed that both the *Specialist Nursing Framework* along with the *Advanced Nursing Practice Framework* (DHSSPS, 2016) have proven to be valuable resources in defining advanced practice and enabling a strategic and consistent approach to the introduction and development of these roles across health and care organisations in NI.

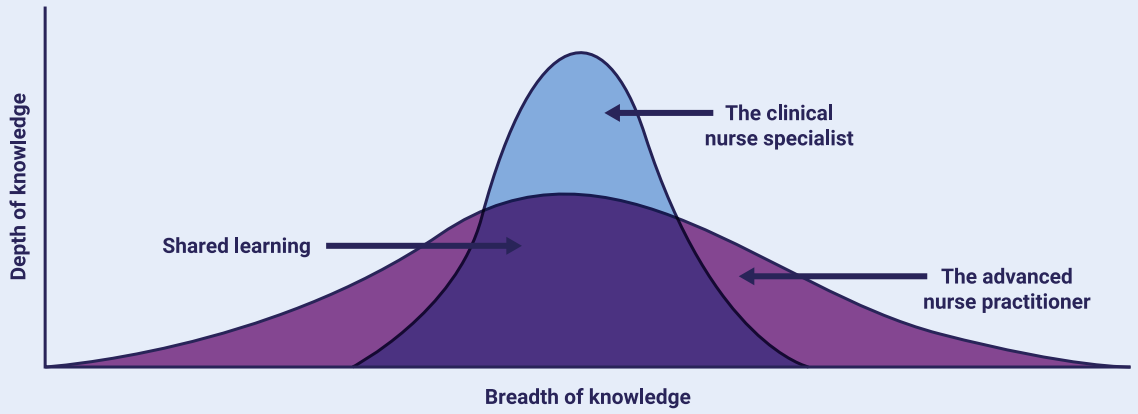
However, issues were reported by stakeholders, including the distinction between the ANP and CNS role and/or the role of the ANP is still not always fully understood by service users, health and care staff and managers. Cooper *et al.* (2019) caution that this may lead to ambiguity in relation to the development, scope of practice and impact of these roles.

It is therefore important that NI promotes the distinction between advanced and specialist nurse roles to facilitate effective nurse workforce planning and service development.

A model from registered nurse to advanced practice in NI would provide a solution to address some of these issues, in particular, demonstrate the difference between advanced and specialist nursing practice.

Cooper *et al.* (2019) concluded that the principle difference appears to be that the CNS roles are always specialist roles whereas the ANP role is often more of a generalist. A specialist implies a greater depth of knowledge within a specific clinical area. A generalist requires a greater breadth of clinical knowledge. This has been presented diagrammatically in Figure 3:

Figure 3: The difference between a CNS and an ANP (Cooper *et al.*, 2019)



Specialist and advanced nursing practice should therefore be viewed as levels of practice and practitioners should be supported within a role to achieve and maintain these levels of practice.

Stakeholders recognise that the health and social care system in NI has rapidly been evolving and transforming in recent years to deliver innovative models of care. Health and social care professionals have adapted to meet the increasing demands of individuals, families and communities, particularly ANPs. It is therefore timely to conduct a review of the current *ANP Framework* (DHSSPS, 2016), in partnership with stakeholders, to build upon the definition of advanced nursing practice in NI. It should be further designed to enable and promote a consistent understanding of the ANP role, building on work carried out previously and developed for use across all settings including primary care, community care, acute care and mental health.

The revised ANP framework should also provide the clarity required for future regulatory requirements, good governance, enabling employers to develop, enhance and deploy ANPs within their organisations. The framework should also include a refresh of the capabilities expected of practitioners working at advanced level across the four pillars of practice and describe the educational and support requirements.

Finally; it should provide employers with advice on planning and implementing advanced nursing practice, ensuring appropriate clinical and organisational governance and evaluation arrangements are in place to measure the impact of these roles.

KEY LEARNING

Distinction between ANP and CNS role not always fully understood…

Review the ANP Framework to include all fields of practice and any regulation…

Full utilisation of the ANP role is prevented in some cases…

6.4 ANP Scope of Practice

The ICN *Guidelines on Advanced Nursing Practice* (2020) emphasise that the ANP is fundamentally a nursing role, built on nursing principles aiming to provide the optimal capacity to enhance and maximise comprehensive healthcare services.

In addition, the scope of practice includes the range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in, and is authorised to perform. It defines the accountability and limits of practice.

The assumptions and characteristics for Advanced Nursing Practice, presented in Figure 4, are viewed as inclusive and flexible to take into consideration variations in healthcare systems, regulatory mechanisms and nursing education in individual countries.

Figure 4: Characteristics for Advanced Nursing Practice (ICN, 2020)

ANP Nature of Practice (ICN, 2020)
• The capability to manage full episodes of care and complex healthcare problems including hard to reach, vulnerable and at risk populations. • The ability to integrate research (evidence informed practice), education, leadership and clinical management. • Extended and broader range of autonomy (varies by country context and clinical setting). • Case-management (manages own case load at an advanced level). • Advanced assessment, judgement, decision-making and diagnostic reasoning skills. • Recognised advanced clinical competencies, beyond the competencies of a generalist or specialised nurse. • The ability to provide support and/or consultant services to other healthcare professionals emphasising professional collaboration. • Plans, coordinates, implements and evaluates actions to enhance healthcare services at an advanced level. • Recognised first point of contact for clients and families (commonly, but not exclusively, in primary healthcare settings).

Furthermore, the ICN highlights that a robust scope of practice is needed in each country where the ANP role is well developed. Examples include the *American Association of Nurse Practitioners' Scope of Practice for Nurse Practitioners* (AANP, 2015), *Competencies for the Nurse Practitioner Scope of Practice* (Nursing Council of New Zealand, 2017) and *Advanced Practice (Nursing) Standards and Requirements* (Nursing and Midwifery Board of Ireland, 2017).

In NI, the *Advanced Nursing Practice Framework* (DHSSPS, 2016) was developed to provide clarity about the Advanced Nurse Practitioner role. It also defines an ANP as practising autonomously within his/her expanded scope of clinical practice, guided by The *Code* (NMC, 2018), demonstrating highly developed assessment, diagnostic, analytical and clinical judgement skills.

An ANP manages the complete clinical care of patients using their advanced knowledge and skills. They offer an innovative nursing solution that adds value to a person's health and wellbeing outcomes and improves population health outcomes.

Nonetheless, in some cases, stakeholders highlighted the prevention of full utilisation of the ANP role, including the refusal from some other professionals to accept referrals, diagnostic and investigative requests from ANPs, the prevention of full prescriptive authority by ANPs and ANPs having limited access to referral pathways in the provision of full episodes of care.

This aligns with the findings from a recent evaluation of ANPs in NI that concluded "*in common with other studies, there are still gaps in perception and understanding of the role from patients, colleagues, and managers in Northern Ireland. Several barriers and facilitators were identified. There were still issues with the role not being accepted or understood and direct barriers to care such as the refusal of speciality doctors to take referrals or having investigation referrals refused. Radiology refusal of referrals seems to be a persistent issue*" (Leary, 2022).

Furthermore, some referrals by ANPs are not achievable without additional training, for example, ANP referrals for X-rays require full compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). At present nursing programmes do not include this training, which is essential in addition adherence to the employer's referral and clinical guidelines, protocols and competency frameworks.

It is therefore vital that all relevant additional training is included in future MSc Advanced Nursing Practice programmes to ensure full utilisation of the ANP role.

The environment in which ANPs function remains complex and demanding. To meet these needs, the ANP must play a significant role within each of the four pillars of advanced practice (Figure 5), identified by NHS Education for Scotland (NES, 2007), building on work by Manley (1997) and Hamric *et al.,* (2009 & 2014). These pillars have been incorporated into the ANP Framework in NI as core competencies along with related learning outcomes to further guide the role:

Figure 5: The four pillars of advanced nursing practice (NES, 2007)

The findings from this project identified that although ANPs require specific non-clinical time to allow working across the other three pillars, the majority of their time is spent on clinical practice. ANPs also indicated that even though they are leading practice change, they are not leading research related to the outcomes of changes to services. They reported that this is mainly due to time pressures, workforce issues and training. Gloster and Leigh (2021) reported similar findings and advise that the height of the pillars is considered flexible, depending on the current activity of the advanced practice, although the clinical pillar seems to have been prioritised ahead of the other three.

To address these issues, stakeholders agree that employer organisations must ensure ANPs have access to protected time to support development across the other three non-clinical pillars. In an attempt to embed a 10% requirement in practice, *Advanced Nursing Practice: Transforming Nursing Roles* (Scottish Government, 2021) states *"as a minimum, 3.75 hours per calendar week, pro rata, be allocated as non-clinical time on an ongoing basis.*

Health Education and Improvement Wales highlights the importance of recognising that practitioners will work across the four pillars. However, they are likely to change focus and percentage time allocation to individual pillars over time as more experience practitioners are likely to increase their time providing education to others or may have increasing roles in the leadership and management of others (HEIW, 2023).

Employers must therefore ensure that the composition of ANP roles, with regard to the four pillars of advanced nursing practice (NES, 2007), should be built into workforce planning and made clear during local job planning processes, both for individuals and at an organisational level.

KEY LEARNING

1. **ANPs practise autonomously within expanded scope, guided by the NMC Code (2018)**
2. **ANPs must play a significant role across each of the 4 pillars of advanced practice…**
3. **Job planning & protected time needed to work across the 3 non-clinical pillars…**

6.5 Regulation Procedures

As previously highlighted, there is an abundance of evidence to support the effectiveness of advanced nursing practice roles, which is reassuring but also indicates a continual requirement for validation of this role (Hooks & Walker, 2020).

Although the ICN (2002) recommended regulation of the ANP role, global variation continues to exist. For instance, many countries require national regulation of ANP titles, scope of practice and registration, including the ROI, Netherlands, Australia, Canada and the USA whereas others, including the UK and Finland, have adopted a mechanism of local governance of the ANP role by employers, however they do nationally regulate prescriptive authority (Maier, 2015).

The NMC, the statutory regulatory body for nursing and midwifery in the UK, published new standards for specialist practice qualifications (SPQs) and Specialist Community Public Health Nursing (SCPHN) in 2022. In NI, this also includes non-community nursing SPQs. Furthermore, CNO recently approved that in NI prescribing will be integrated into SPQs.

However, there is an absence of post-registration and revalidation standards to evidence the on-going competence and capability at advanced practice level.

In the absence of NMC regulatory standards, frameworks to guide advanced clinical practice have been developed across the four countries of the UK and ROI. Nonetheless, a lack of understanding regarding the role has been reported. This aligns with the findings from Oxtoby (2020) which concluded that much of the confusion over the ANP role stems from a lack of regulation. Furthering that, nurses without an MSc and/or the necessary prescribing skills, but with a wealth of experience, often describe themselves as ANPs (Leary *et al*., 2017).

Through engagement as part of this project, the NMC has further detailed its commitment to reviewing advanced level practice. Indeed, a three-pronged approach is well underway including the commissioning of independent evidence reports from the *Nuffield Trust* and *Britain Thinks*, engagement with stakeholders and a *Public Voices Forum*.

The recently published *Nuffield Trust Reports* (*Nuffield Trust* 2023; *Palmer et al.,* 2023) propose some primary options for the NMC to consider which include: keeping the existing statutory regulatory framework as it is, developing annotation of the existing NMC register for advanced practice qualifications or evidence of equivalence, or developing a second tier of regulation for advanced nursing and midwifery practice.

The reports also reveal different routes to strengthening advanced nursing and midwifery practice other than through statutory regulation. Instead, the NMC could influence employers to develop consistency in roles and safeguards, as well as engaging with educators to promote consistency and quality in education delivery across advanced practice programmes.

It is anticipated that the totality of the findings from the independent reports and stakeholder and public engagement, will lead to the launch of new post-registration standards and some form of regulation for advanced nursing practice by 2025.

In the meantime, attempts have been made at semi-regulation through the introduction of '*credentialing*' for advanced level nursing practice (RCN, 2018). Credentialing is a central function of a regulatory system and a credential represents a level of quality and achievement that can be expected in terms of standards met or competence shown by the ANP, the programme of study or the institution (ICN, 2020).

Spooner (2022) recommends a cautious approach to credentialing as checks by employers are not enough to protect patients; a lack of employer awareness of credentialing exists resulting in nurses not being asked to provide this information; the fees make RCN credentialing expensive for nurses and there is no incentive to take part at present as nurses are still able to get work irrespective of whether they've gone through credentialing.

Other bodies have also attempted to bring clarity to the ANP role, for instance, Skills for Health (2020) published a framework, commissioned by NHS England and NHS Improvement, to identify the core role of the ANP. The organisation recognises in its framework: "*Primary ACP (primary care nurse) roles, within general practice/primary care have so far developed without a set standard, and this has led to varying levels of attainment, resulting in disparity. This has created confusion for employers, fellow healthcare staff and people because of variations in titles, qualifications and competency*".

In NI, in the absence of NMC standards and revalidation requirements specific to advanced practice, the Belfast HSC Trust developed an ePortfolio for their ANP workforce.

This approach enables recognition of an individual's education and training, helps identify learning needs and access to further development required and provides a resource to store and evidence their advanced level practice.

Similarly, in 2021, Health Education England (HEE) launched an ePortfolio for advanced practitioners with a range of professional backgrounds, such as, nursing, pharmacy, paramedics and AHPs.

The development of a regional ePortfolio would provide reassurance to employers and service users, that individual nurses have the capability to work at an advanced level. Stakeholders involved in this project support this approach which will enable individual ANPs to clearly justify their level of knowledge and skills across the 4 pillars of advanced practice and assist them to move from one relevant service/practice area to another.

KEY LEARNING

No NMC regulatory standards specific to advanced practice…

Attempts have been made at semi-regulation through 'credentialing'…

NMC review is employing a 3 pronged approach to consider regulation…

6.6 Education Preparation for Advanced Nursing Practice

Education programmes to prepare ANPs for the role began to emerge in UK universities in the 1990s, with programme content initially replicating the North American advanced nursing practice broad conceptual model (Manley, 1997; Hamric *et al.*, 2009) which were further refined to four pillars of advanced practice (NES, 2007).

More recently England, Scotland and Wales have moved towards multidisciplinary advanced practice (HEE, 2017; HEIW, 2020; Scottish Government, 2021). Nonetheless, in line with nursing, advanced practice education for other professions encompass the four pillars of advanced practice with demonstration of core capabilities and area specific clinical competence. Although these pillars are detailed as clinical practice, facilitation of learning, leadership and evidence and research and development, exact language does vary slightly from country to country. For instance, the NI ANP Framework refers to direct clinical practice as the first core competency of advanced nursing practice, supported by three additional competencies; leadership and collaborative practice, education and learning and research and evidence-based practice (DHSSPS, 2016).

In the absence of UK regulation, advanced practice frameworks have set the standards and requirements for education programmes in each country. These apply to Higher Education Institutions (HEIs), and their associated health and care provider organisations, to inform the development, delivery, and evaluation of innovative, flexible and practice-orientated educational programmes that lead to an advanced practice qualification.

The ROI varies slightly in that advanced nursing practice is regulated by the NMBI. Similar to the UK however, the *Advanced Practice Nursing Standards and Requirements* (NMBI, 2017) include the four pillars of advanced practice.

Although the educational preparation of advanced practice differs between the four countries of the UK and ROI, a minimum of a full master's degree programme, as promoted by the ICN (2020), is required to work at an advanced practice level in each country, including NI. Gloster and Leigh (2021) advise that if an advanced level practice title can be used by practitioners whose education programme falls short of the full master's degree (or equivalent), any lack of clarity and expectation of the role will persist.

As part of this project, a comprehensive scoping exercise was conducted across UK and ROI. From almost 170 HEI's, those providing ANP and ACP programmes were scoped. A brief overview of the findings is presented in Figure 6:

Figure 6: Overview of findings from scoping of advanced practice programmes

UK & ROI Scoping: MSc Advanced Practice Programmes	
Course titles	• MSc Advanced Practice (Nursing) • MSc Advanced Practice (Midwifery) • MSc Advanced Clinical Practice • MSc Advanced Nursing Practice • MSc Advanced Clinical Practice (Advanced Nurse Practitioner)
Entry requirements	• On the live NMC register • Relevant graduate level qualification • Employed in relevant area of clinical practice • Varying years of experience (2-6 years) • Access to a clinical supervisor/mentor • NI only - Independent and Supplementary prescribing
Modules	Variety of modules – aligned to the four pillars of advanced practice: clinical practice, leadership and management, education and research.
Learning methods	Practice based learning in parallel to taught modules. Blended learning, face to face & virtual lectures & seminars, simulated learning, group work, self-directed learning, self-reflection, action learning sets & clinical placements.
Methods of assessment	Objective Structured Clinical Examination (OSCE) assessments. Clinical portfolio, coursework, examinations, written assignments, case study analysis & evaluation.

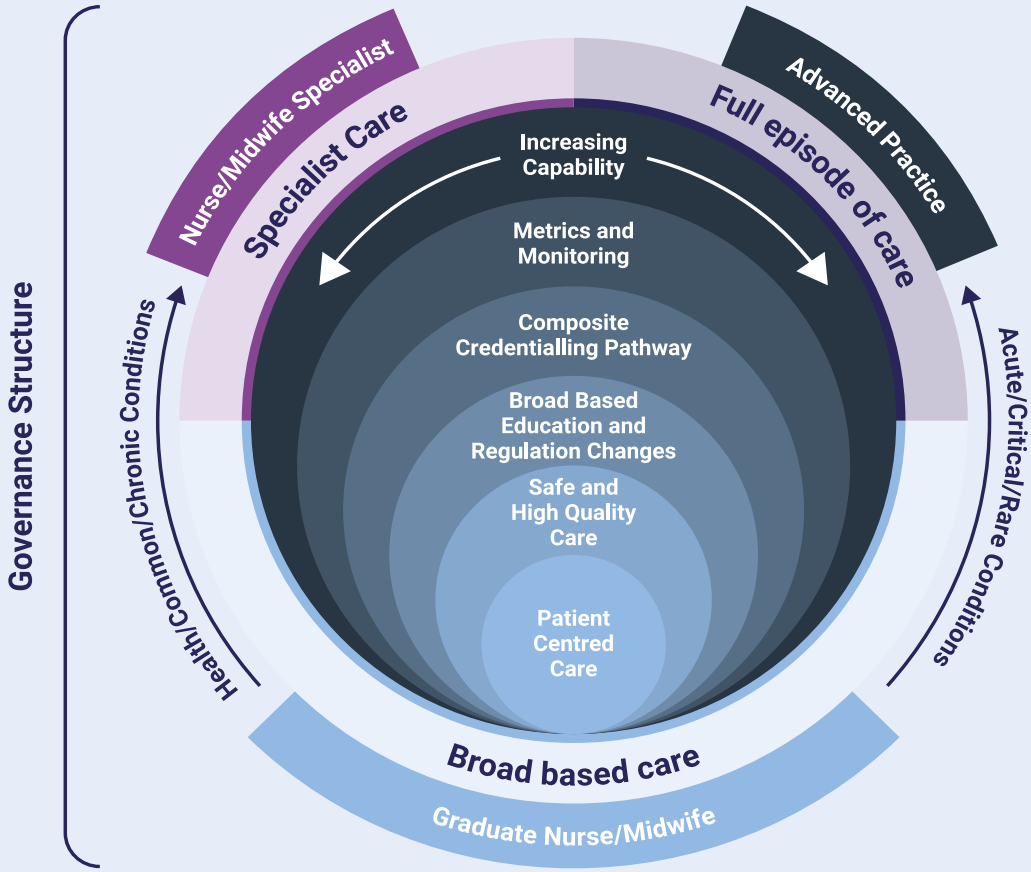
Stakeholders agreed that, in line with the other countries of the UK and ROI, the Independent and Supplementary prescribing course should be an integral part of the 2-year ANP programme, rather than as a pre-requisite.

Similarly, the education programme should include broad-based curriculum/ educational preparation of ANPs, delivered by HEIs with portfolio proficiencies being assessed in practice by the clinical supervisor.

Furthermore, the importance of ensuring that specialist modules are taught by an expert in that field with recent clinical experience was noted.

These recommendations align with the ROI's Model to Advanced Practice (NMBI, 2017) which identifies that ANPs focus on managing whole episodes of complete clinical care in contrast to specialist practitioners who focus on discrete aspects of a person's care (Figure 7):

Figure 7: A Model to Advanced Practice

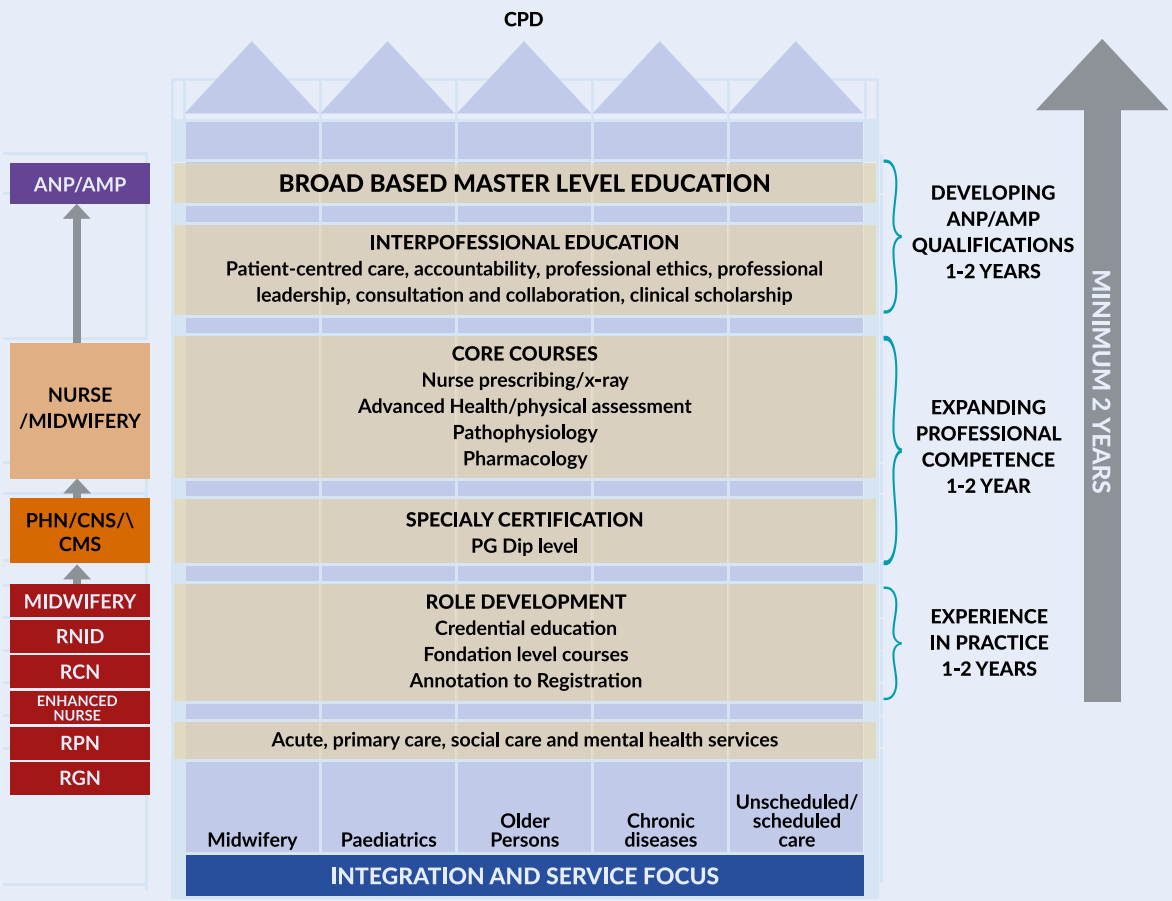


Source: Graduate to Advanced Nursing and Midwifery Practice (DoH, 2019)

This model highlights the interconnected nature of meeting service needs with a developmental pathway that prepares the nursing and midwifery workforce. In addition, it acts as a regulatory pathway that embraces credentialing and competence, ensuring a capable nurse/midwife provided and managed service, with patient-centred care and choice at the centre of the model (NMBI, 2017).

Furthermore, the associated education pathway for a nurse or midwife (Figure 8) supports implementation of the model and integrated pathways of care.

Figure 8: RoI education pathway to support graduate to advanced practice



Source: Graduate to Advanced Nursing and Midwifery Practice (DoH, 2019)

The model for graduate to advanced practice sets out a mechanism to support the development of a critical mass of advanced practitioners. It outlines a change to the way Nurse/Midwife are educated from graduate level by moving to an enabling credentialing system that facilities nurses/midwives to practice at an advanced level once the capability to practice has been achieved. The model also supports a change to how we utilise and deploy the nursing and midwifery resource by moving to provide a nursing response based on current needs and priorities e.g. integrated care, patient flow, hospital avoidance, waiting list reduction and access.

Measuring the impact and effectiveness (cost and clinical) of the new model is outlined through measuring the impact on patients, the service, regulatory and education areas (NMBI, 2017). A similar model/approach should be considered for NI.

KEY LEARNING

ANP Frameworks set the standards & requirements for HEI education programmes…

Move to a broad-based curriculum with integral NMP & practice portfolio…

Need for an ANP model with an education pathway for NI…

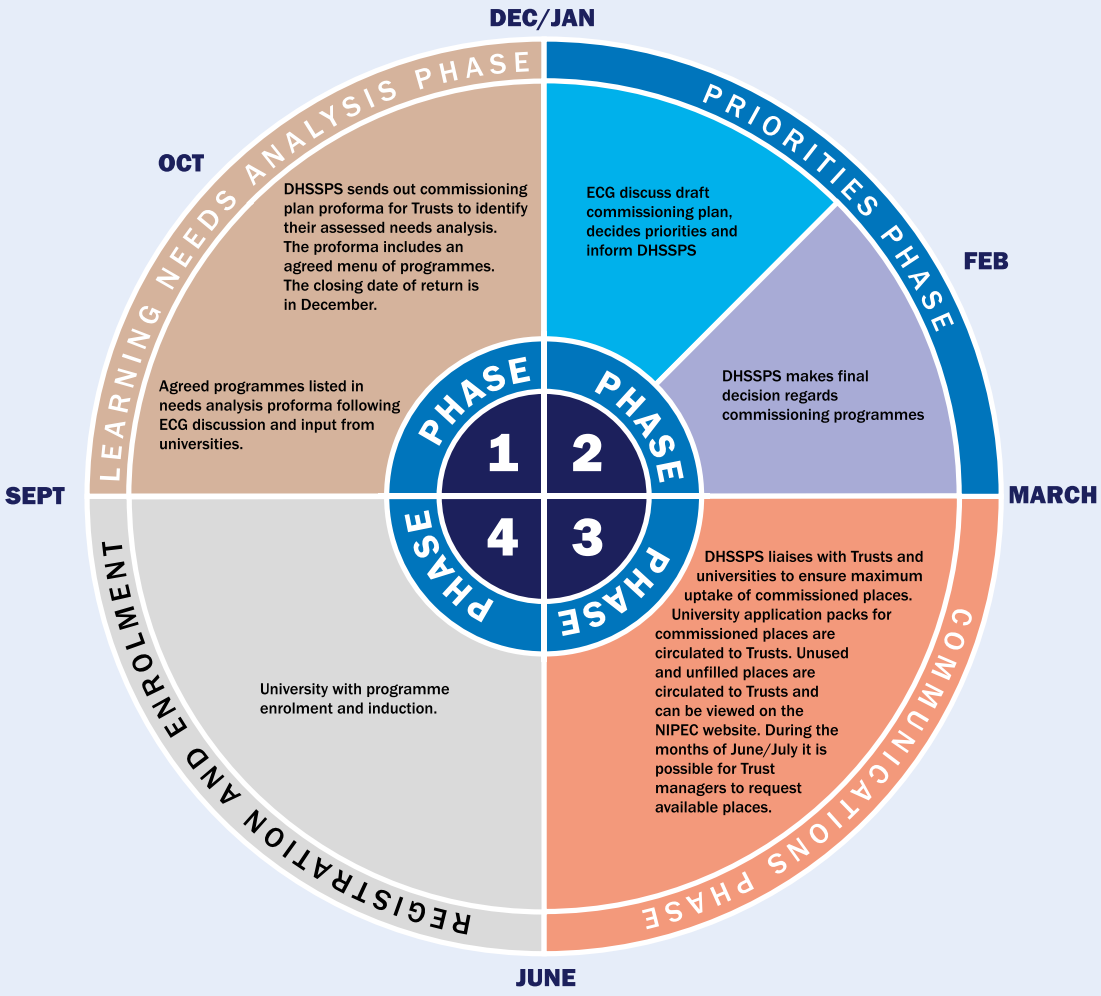
6.7 Education Commissioning of Advanced Nursing Practice

The *NMTG* (DoH, 2020) noted the need to stabilise the nursing and midwifery in order to ensure safe and effective care. Post-registration education was identified as a lever to both develop and retain nurses and midwives. NI differs from the rest of the UK and ROI in that it does not have a comprehensive, central workforce intelligence and education agency, for example, Health Education England (HEE), Health Education and Improvement Wales (HEIW), NHS Education for Scotland (NES) and Health Service Executive (HSE) in ROI.

In NI, the CNO is accountable for the management of the Post Registration Nursing and Midwifery (N&MW) Education Budget and for ensuring good governance in relation to the use of public funds. The budget is delegated to the N&MW Education Commissioning Group (ECG) to fulfil the post registration education and development requirements of nurses and midwives working within the Health and Social Care (HSC) system to ensure they are adequately prepared to meet service need. In addition, the Central Nursing and Midwifery Advisory Committee (CNMAC) provides support to the CNO on matters relevant to workforce education and development priorities.

Membership of the N&MW ECG, currently chaired by NIPEC's Chief Executive, includes the Deputy Chief Nursing Officer, Assistant Directors of Nursing in the HSC Trusts with responsibility for education, and their appointed representative, and the Assistant Director of Nursing at the Public Health Agency (PHA). The DoH Post Registration Education Commissioning Coordinator for Nursing, Midwifery and Allied Health Professionals is responsible for all aspects of the ECG Budget or the commissioning of post-registration education. The DoH commissioning process, or cycle, consists of four phases during the year (Figure 9):

Figure 9: Post-reg Education Commissioning Cycle for NI Nursing and Midwifery



ECG commissioning plans, the function of which is to ensure the Nursing and Midwifery workforce is adequately equipped with the necessary skills and knowledge to deliver safe and effective care, lead transformational change and meet the post registration workforce planning recommendations. Programmes are commissioned from NI education providers, usually Higher Education Institutions (HEIs) with whom the DOH has a Service Level Agreement (SLA).

The range of education and training programmes commissioned varies from year to year depending on training needs and strategic priorities. This flexibility is integral and necessary to ensure that Education Commissioning Plans are drawn up which reflect service need and planning in line with strategic direction and any workforce planning recommendations.

Evaluating the effective use and impact of the investment in education is a necessity for the HSC Trusts to demonstrate value for money and inform future education commissioning.

The regional *Learning Agreement and Evaluation of Learning on Practice Framework (NIPEC, 2021)* supports HSC Trusts to capture the impact and outcomes of commissioned education programmes on practice, including short programmes and standalone modules and NMC accredited programmes. The framework is applied to selected education programmes by the ECG on an annual basis. The framework is set out in two parts:

- a Learning Agreement to be completed prior to undertaking a commissioned education programme
- an Impact on Practice Outcomes Evaluation to be completed within 6 months after completion of the education programme.

Furthermore, a Quality Assurance Framework, developed by NIPEC and endorsed by the DoH, is used to quality assure a sample of commissioned activities each year.

It was also designed with a particular focus on the contribution of commissioned education and development activities on the enhancement of patient and client care through improving the knowledge and skill base of participants.

Strategic Theme 2 of the *NMTG* (DoH, 2020) recommended significant investment in 120 WTE ANP posts between 2021 and 2026 (Figure 10):

Figure 10: Investment in ANPs to Ensure the Delivery of Safe & Effective Care

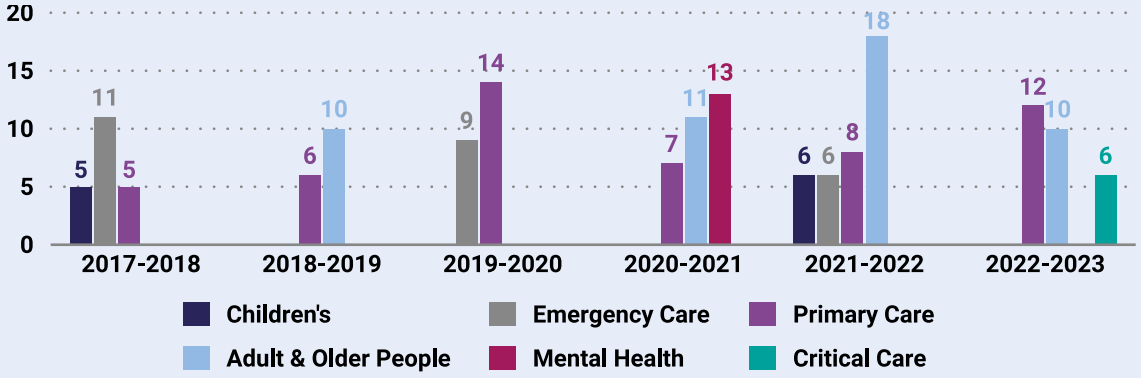
3.0 STRATEGIC THEME 2

Maximising the contribution of nursing and midwifery to deliver safe and effective person and family centred care.

NMTG RECOMMENDATIONS	WHAT WE WILL DO	WHAT THIS WILL MEAN	WHAT IT WILL COST AND BY WHEN					
			Phase 1		Phase 2		Phase 3	
			20/21	21/22	22/23	23/24	24/25	25/26
4. Build & resource a new career framework so that within ten years there are Consultant Midwives & Advanced Nurses across all branches & across nursing specialities.	Develop strategic plan which will systemically increase the number of Advance Nurse Practitioners, Consultant Nurses & Midwifes and Clinical Academic nurse/midwife roles.	120 WTE ANP in primary & community / secondary care 25 WTE Nurse/Midwifery Consultants. 25 WTE Clinical Academic posts.		£1.9M	£4.6M	£7.2M	£10M	£12.9M

This investment and education commissioning in recent years, as part of the overall transformation agenda, has funded training for ANP roles in Primary Care, Children's, Emergency Care, Adult Medicine & Older People, Mental Health and Critical Care. The number of commissioned ANP programmes per pathway from 2017 to date is presented in Figure 11:

Figure 11: Commissioned ANP MSc Educational Programmes



Furthermore, this has enabled the development of ANP roles across many areas of our health and care system including general practice, emergency departments, medical assessment units, out of hour's services, and within specialties such as paediatrics, orthopaedics, cancer care, mental health and critical care.

It is proposed that in 2026 the *NMTG* plan will be refreshed with a new five-year strategic action plan (DoH, 2020). It is essential that ongoing significant development of the ANP workforce across all practice areas and nursing specialities is included in any new plan, to reflect population health needs, new policy mandates as well as new ways of working.

A recent independent evaluation in ROI reported positive results regarding the impact that ANPs are having on patient access to care, waiting times and patient outcomes. Based on these findings, it was recommended that the national rollout of the model of Registered Advanced Nurse Practitioner (RANP) should continue with a target proportion of the number of ANPs representing 2% of the nursing workforce.

Stakeholders welcome all investment in and development of ANPs however, they identified a range of challenges that exist in relation to the education process and preparation. These are comparable to those identified in Maxwell's (2022) review of the current business model for commissioning and delivery of post-registration education for nurses, midwives, and allied health professionals in NI (Figure 12):

Figure 12: Nature and Scope of Education Commissioned in NI

Nature & Scope of Education Commissioned
• Trusts allocated a nominal volume of places based on staff and course unit cost; • Trusts request education places from an inventory of courses; • Variable process for establishing education and training needs within Trusts; • No regional guidance for conducting education needs assessments; • Unclear how Trusts determine the service needs (as opposed to individual's needs); • Unclear how requirements for knowledge and skills competencies are captured and influence educational needs assessments; • Unfilled places on a course undertaken by people that are not a good fit; • Lack of assessment of organisational readiness means new skills going unused (eg non-medical prescribing, nurse led hysteroscopy, and midwife led ultrasound scanning); • Much of the commissioning prepares staff for specialist roles but we need to maintain generalist skills; • Some nurses and midwives may need bridging modules in order to access Masters level courses; • The focus of ECGs is predominantly on immediate operational challenges with little funding for the other pillars needed for specialist and advanced practice, transformation, professional development and staff retention; • The annual funding cycle is too short with no medium to long term plan to ensure a workforce fit for purpose; • No framework to compare different provision or assess collective knowledge and skills of the workforce.

Source: adapted from Maxwell (2022)

In addition, stakeholders involved in this project advised of the following:

- a clinically focused MSc level programme with linkage to person-centredness as a central component of ANP education and practice;
- service areas may face significant difficulty as organisations struggle to prepare sufficient numbers of ANPs to meet demographic/population needs;
- small scale specialisms may find it more difficult to release staff to undertake the ANP education programme and/or some provision for smaller cohorts may not be available in NI;
- Independent and Supplementary prescribing should be incorporated into the 2-year ANP programme;
- provider education needs assessments should be based on a three-year cycle to facilitate forward planning for education providers;
- challenges should be addressed including funding for trainee salary costs, backfill for vacated posts and salary uplifts during or on completion of ANP programmes;
- primary care and the independent and voluntary sectors should have access to a regional budget to build the required capacity and capability of the ANP workforce across the wider health and care system;
- there is a need to address clinical supervision provision for future ANP trainees as previously agreed.

It was also noted that the findings and out-workings from the following reviews will have a significant impact on the future strategic direction of ANPs in NI:

- a recent review identified opportunities and made nine recommendations to CNO aimed at enhancing the commissioning and delivery of post-registration education for nurses, midwives, and allied health professionals in NI. "*A pragmatic response is to make incremental changes, through better governance wherever possible, to move to a more integrated and strategic approach to deployment of a limited budget*" (Maxwell, 2022);
- the findings from a recent Rapid Review of Independent and Supplementary prescribing in HSC Trusts (pending publication) will inform CNO and assist her decision-making about the integration of Independent and Supplementary prescribing into the new Nursing and non-Community Nursing SPQ programmes and future funding allocation;
- an NMC review of advanced nursing practice and the potential launch, in 2025, of post-registration standards for advanced practice along with some form of regulation.

The aforementioned DoH funding for ANP training in NI is provided annually to HSC Trusts through the ECG; funding does not include trainee salary costs, backfill for vacated posts, nor salary uplifts during or on completion of ANP programmes.

Primary Care, the Independent and Voluntary sectors do not have access to the ECG trainee budget.

Similar to HSC Trusts, these sectors need to source new revenue funding or reconfigure existing posts in order to build an ANP workforce. Within all sectors, a lack of recurrent staff funding has led to people, professional and service difficulties. For example, in HSC Trusts, ANP posts are often funded by reconfiguring and amalgamating existing emergency nurse practitioner and other specialist band 7 posts to become band 8a or 8b ANP posts. Thus, depleting band 7 emergency and specialist nursing services.

This is counter strategic as the NMTG report identifies the lack of specialist and advanced clinical posts as a major concern, particularly the impact on delivering the ambition outlined in *Delivering Together* (DoH, 2016).

Engagement with stakeholders indicated the need for a more flexible educational approach including APEL, credentialing and the development of an educational model fit to meet future needs of the profession together with wider HSC transformational requirements.

The scoping of UK universities demonstrated wide spread provision of multi-professional generic programmes with the exception of NI.

Whilst in the ROI, universities delivered focused nursing and midwifery advanced nursing and midwifery programmes, NI does not include advanced midwifery programmes or practice.

NI university evaluations highlighted trainee ANP dissatisfaction with a lack of confirmation of a post on completion of the programme.

There was consensus among stakeholders that a three-year education commissioning cycle was required with an identified recurring funding stream.

KEY LEARNING

The annual education commissioning process consists of four phases…

Funding for education via the ECG does not include salary costs, backfill etc…

A three-year commissioning cycle is required with recurring funding…

6.8 Clinical Supervision for Advanced Nursing Practice

Trainee ANPs

Trainee ANPs require supervision throughout their Masters level education programme. In NI a tripartite approach is employed involving a suitably qualified and experienced academic/programme lead who provides educational supervision along with the trainee's employment line manager who is responsible for ensuring that the trainee is getting the personal, academic and clinical support that they need. In addition, the clinical supervisor role is fulfilled by a suitably qualified and experienced healthcare professional, most often a Consultant or a General Practitioner.

The clinical supervisor is responsible for ensuring that the trainee is appropriately clinically supervised throughout their training. This may involve one-to-one supervision, especially near the beginning of the training, or ensuring that a team of suitably qualified and experienced people are available to provide supervision if the clinical supervisor is not present. The clinical supervisor should meet with the trainee on a regular basis to discuss progress help the trainee to build a portfolio of evidence to demonstrate their competence in advanced practice.

The role of the clinical supervisor is also to provide opportunities for the ANP trainee to reflect on and review their clinical practice, discuss individual cases in depth and identify changes or modifications to practice required to maintain professional and public safety. Clinical supervision also provides an opportunity to identify training and continuing development needs. However, Leary's evaluation (2022) identified issues around some unsupportive working environments and the reliance on GPs for the success of the trainee ANP role left some participants vulnerable. Perception of clinical supervision was largely one of a technical/managerial supervisor role, not reflection in action to develop as a practitioner.

A proposed alternative to traditional supervision methods approach has been applied in primary care in England. The 'hub and spoke' primary care model is an organisation where a main well-resourced hub is established that supplies intensive medical services and is complemented by satellite campuses/spokes. Advanced Clinical Practitioners (ACPs) valued consistent clinical support from a range of designated GP supervisors and peers afforded by the 'hub and spoke' model, working across different practice boundaries. Trainee ACPs experienced better levels of supervision when GP supervisors understood clinical supervision requirements, and the vision of the trainee ACP role in primary care (Gloster *et al.,* 2020).

Qualified ANPs

The supervision of health care practitioners through their training and beyond is an established part of practice, endorsed by professional bodies and regulators as the cornerstone of both professional and public safety (HEE, 2021). Effective implementation of reflective supervision is also an essential enabler to support the workforce, improve practice and enhance the quality of care and lived experience of those receiving care (DoH, 2022). The Nursing and Midwifery Council refers to supervision as part of employers' responsibilities and within their standards of proficiency for registered nurses.

In addition, frameworks for advanced practice aim to standardise the role, providing a clear definition and core competencies required. Furthermore, as highlighted by Lee et al., (2023) all registered nurses should be continuously developing their practice, and so it is anticipated that ANPs working at an advanced level will aspire to develop their practice beyond this threshold by working with a suitable clinical supervisor in their workplace. Indeed, experienced ANPs still require effective clinical supervision to develop, maintain and continuously improve their practice. This may be achieved through competence frameworks and locally agreed supervision models. The supervisory role required for ANPs was discussed extensively with stakeholders during this project. It was agreed that experienced ANPs should be prepared to make constructive use of supervision, have a named clinical supervisor and be offered at least two clinical supervision sessions per year, in line with the Reflective Supervision Framework (DoH, 2022).

This aligns to Recommendation 3 within *The Advanced Nursing Practice Framework Project Report* which states: *"it is important that HSC Trusts establish an infrastructure to support the implementation and sustainability of the advanced nurse practitioner role. This will include the provision of clinical supervision and professional nursing supervision". Given that this role development is new, the assistance of consultant/ specialty grade medical doctors or equivalent will be required to support the introduction and development of this role, until there is a critical mass of Advanced Nurse Practitioners within a specialty. Consideration must therefore be given to the financial implications of this and the impact on service delivery and training of under and post-graduate students".*

Stakeholders involved in this project reported that clinical consultants who supported the implementation of the ANP policy in NI and provided clinical supervision and mentorship to ANPs were instrumental to its successful implementation. In some examples, clinical consultants were the driving force in getting ANPs released to start the education programmes and organising their clinical rotations and experiences.

Consultants who supported the ANPs did so in a number of ways, for example, by providing clinical supervision and mentorship, working collaboratively with them when drawing up job descriptions and planning new services, negotiating with senior management for ANP resources, linking with other consultants to request their support for ANP initiatives and providing personal encouragement to continue and complete the ANP programme. To date, clinical supervision provided by medical staff has been through good will. There is a need to consider more formal arrangements, including a move to ANPs fulfilling the role of clinical supervisor.

Stakeholders also highlighted the need for ongoing CPD, mentorship and supervision for ANPs, beyond completion of their education programme, as part of a structured carer pathway. This was partly attributed to a lack of availability of relevant specialist training, a lack of funding and/or high workloads which prevented uptake of training opportunities.

KEY LEARNING

Clinical supervisor role is fulfilled by a Consultant or GP at present…

Support the development of a portfolio to evidence competence…

Need to consider future ANP supervision model and contract…

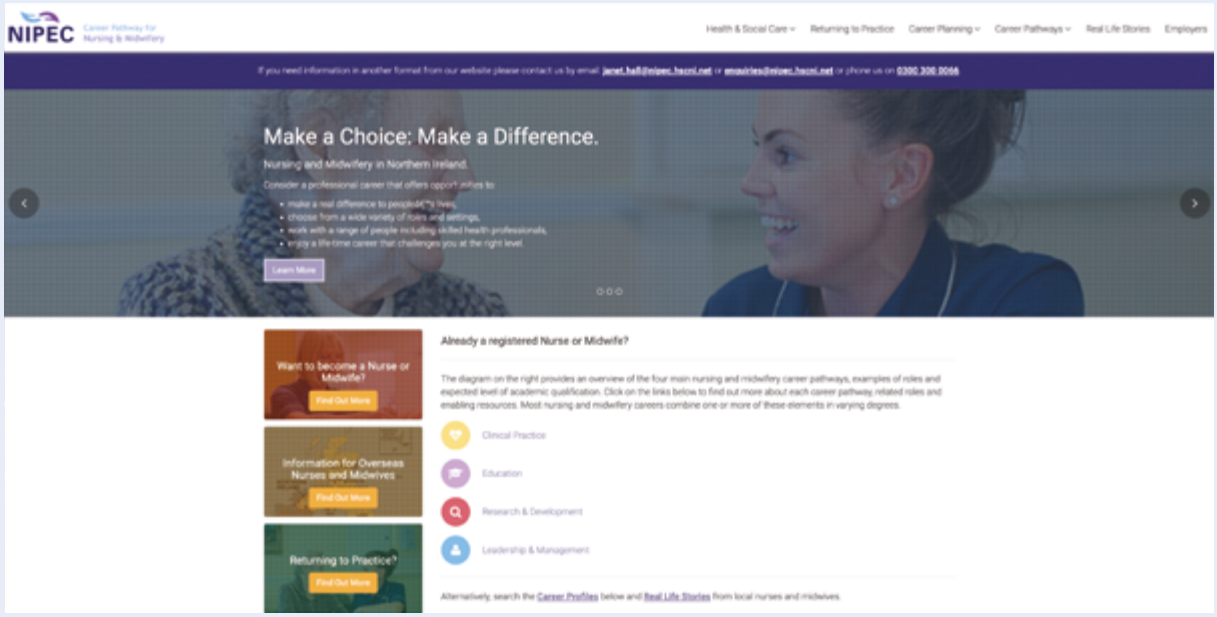
6.9 Links to a Career Pathway

The ICN (2010) highlighted the importance of a career pathway to facilitate the provision of improved health care, develop excellence in nursing and allow career advancement and remuneration for demonstrated competence, experience and education preparation at different levels within and across all fields of nursing.

Career pathways describe the route and approach that can be taken by someone wishing to develop their career within a given profession. A career pathway is not just about promotion or advancement to the next level. They can be both vertical and diagonal in terms of a promotion, or horizontal in terms of a sideways development move. Career pathways map out the role, knowledge, skills, experience and different levels within each setting.

In 2015, NIPEC facilitated the co-production of a regionally agreed career pathway to support the recruitment and retention of nurses and midwives and enhance the delivery of safe, effective and person-centred care. The *NI Career Pathway for Nursing and Midwifery* website was subsequently launched by the then CNO available at nursingandmidwiferycareersni.hscni.net.

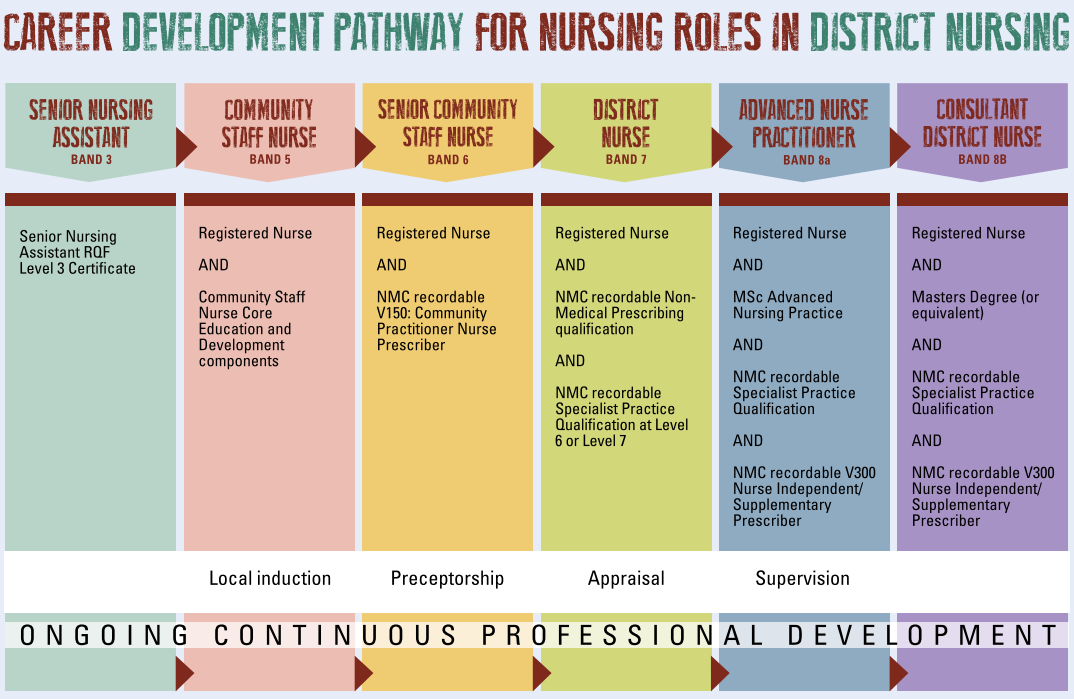
It provides an overarching pathway for nursing and midwifery careers across the four pillars of practice as well as information to guide those who are considering a career in nursing or midwifery, coming from overseas or returning to practice. Career specific pathways have also been developed including the General Practice Nursing Career Pathway, designed to facilitate a consistency of approach to the development of nursing roles in General Practice.



Career planning and development is a very important part of continuous professional development to guide nurses towards achieving their maximum potential. The *NI Nursing and Midwifery Career Pathway* provides nurses with an overview of what career planning and development is and why it is important today and for the future. It also introduces nurses to a career planning and development model and provides them with various career planning and development activities.

Although an ANP role involves working autonomously at a high level across all four pillars of advanced practice, experienced, highly-qualified ANPs can advance their clinical practice by providing expert care within a clinical career pathway, as presented in Figure 13.

Figure 13: Clinical Career Pathway for District Nursing:



[6]Modules at Level 6 are only for those Nurses who do not have a Primary Degree.

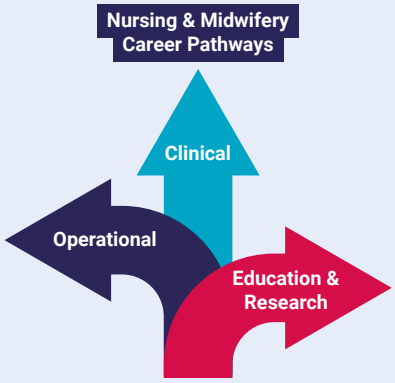
Some stakeholders involved in this project described a very structured pathway to becoming an ANP while for others, the posts evolved within their organisations and access to their role was more opportunistic. Progression to ANP was reported by some as not being an easy route for a range of reasons including, pre-requisites for the education programme, a lack of availability to undertake the ANP programme and/or a guaranteed ANP post following completion, issues with other professionals and how

they perceived the role and the opportunity to fully maximise their scope of practice and/or use transferable skills in senior positions. Support from management was identified as important and the need for ongoing relevant education and training to help with the integration of clinical skills, management and research.

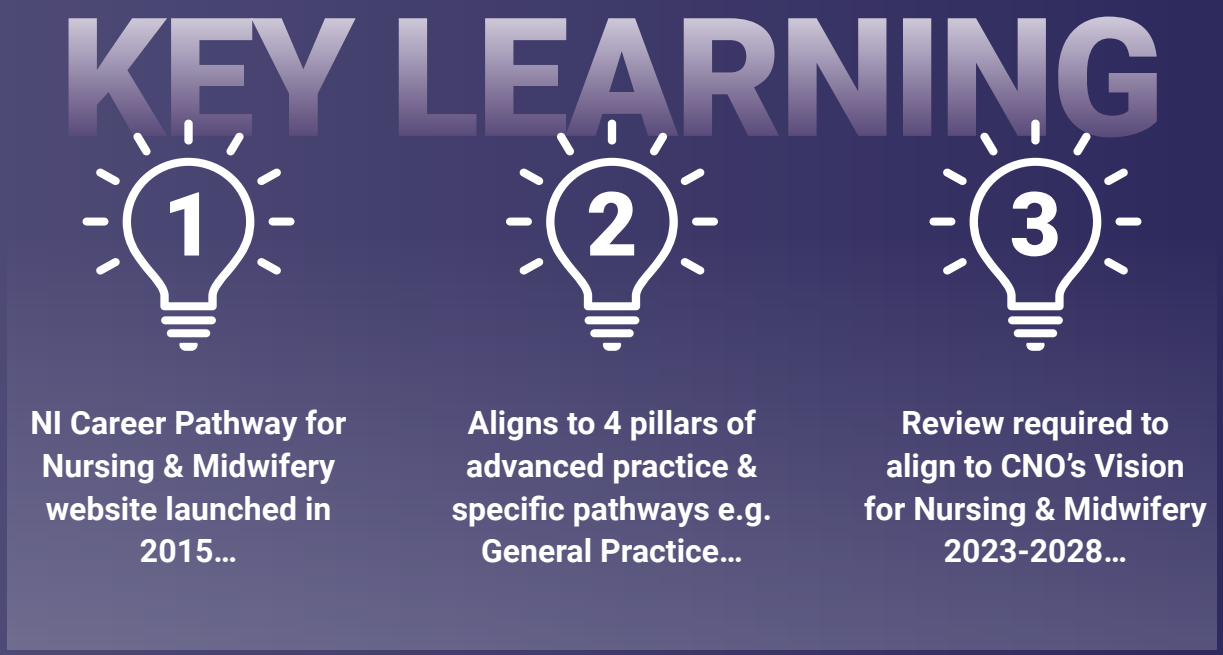
Stakeholders also agreed that the *NI Nursing and Midwifery Career Pathway* (NIPEC, 2015) remains relevant and is an important resource to support the sustainability and further growth of the ANP workforce. Indeed, it is necessary to present an individual with a structured progression roadmap and help to provide a clear understanding of where they stand within an organisation as well as motivating them to continue to develop within that organisation.

Furthermore, in 2023, CNO commissioned NIPEC to review the existing Career Pathway to ensure alignment to the strategic *Vision for Nursing and Midwifery 2023-2028*. Drawn from and guided by the *NMTG Report* (DoH, 2020), it identifies four key priorities and 3 career pathways (clinical, operational and research and development) as presented in Figure 14:

Figure 14: CNO's Vision for Nursing and Midwifery 2023-2028



This strategic vision will also aim to strengthen the relationship between career pathways and other priority areas and ensure they are closely linked to a learning and development strategy as continuous development is a major component of a mapped out career path.



6.10 Governance & Assurance

Robust and reliable governance and assurance processes and structures are required within health and social care organisations. They provide an assurance of their commitment and responsibility for expediating access to safe and effective person-centred care and to support the workforce to be maximally productive in optimising quality outcomes.

It is acknowledged, that although advanced level practice is encompassed within and regulated by the Code (NMC, 2018), which provides the professional standards to which all registered nurses and midwives working in the UK practice, this is not sufficient in isolation and further controls are required.

Thus, in addition to the Code, employer led governance is a key component of a wider governance framework that should monitor advanced level nursing practice, and thereby assure improved patient safety (RCN, 2018).

Indeed, the governance of advanced practice roles is vital to their success. Good governance involves inclusive, participative decision making with clear lines of accountability and responsibility. Policies and processes need to be in place and must include the evaluation of effectiveness, impact, ongoing sustainability and responsiveness. Organisations must ensure that robust governance arrangements are in place prior to the establishment of new roles, and these must be enhanced and strengthened for existing ones (HEE, 2017).

Furthermore, robust governance by employers makes transparent their responsibility for patient safety, and provides an additional layer of monitoring of appropriate competency, education and tangible evidence-based practice. Effective governance enables the employer to assure the public that they are deploying nurses to advanced roles in such a way that they can verify their fitness to practice as purposeful, planned, underpinned by appropriate education that is both measurable and safe (RCN, 2018).

The *Framework for Advanced Nursing Practice* (DHSSPS, 2016) provides guidance for employers to support processes that must be introduced so that they understand when and how this level of practice should be implemented. However, although a number of frameworks have been developed to guide advanced practice in the UK, unlike other countries, an absence of regulation contributes to variation and uncertainty in provider responsibilities in advanced practice governance and assurance (HEE, 2022).

Effective governance enables the employer to provide assurance that they are deploying nurses to advanced roles in such a way that they can verify their fitness to practice as purposeful, planned, underpinned by appropriate education that is both measurable and safe (RCN, 2018).

Nurses in NI perform their roles in a wide range of settings, including hospital and community, and in a wide range of teams both uni-professional and multi-disciplinary, statutory and in partnership with the independent sectors.

At the same time health and social care systems involve a range of different organisations which makes the process of professional assurance and accountability challenging, particularly in large complex organisations such as HSC Trusts.

Nonetheless, the findings from this project demonstrate a lack of clarity and reliability regarding organisational governance structures, mechanisms and processes to support the ANP workforce to be maximally productive.

A lack of a regional and co-ordinated approach to Advanced Practice in Northern Ireland was also identified.

Professional nursing governance frameworks should reflect the mechanisms by which the Director of Nursing can provide assurances to their Chief Executive/Board, or equivalent, about the quality of nursing care provided on behalf of that organisation.

Similarly, when implemented, a robust assurance framework will provide clarity about professional responsibility and evidence that structures and processes are in place to provide the right level of scrutiny and assurance across nursing services.

When implemented, an effective professional assurance framework will provide clarity about professional responsibility, accountability and evidence that health and social care organisations have consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice, through dedicated leaders, to provide the right level of scrutiny and assurance across nursing and midwifery services.

Other countries nationally have developed innovative systems to include a Self-Assessment Matrix and Dashboard, for example, Health Education England (HEE, 2022). A similar framework could be considered for NI to support employers to put anticipatory governance arrangements in place and assess their extent of readiness in relation to a number of key themes which aim to optimise how advanced practice roles contribute to workforce development, service delivery and patient care.

KEY LEARNING

A lack of clarity & reliability of governance & assurance was reported in NI…

Ongoing workforce & recruitment challenges raise additional governance issues…

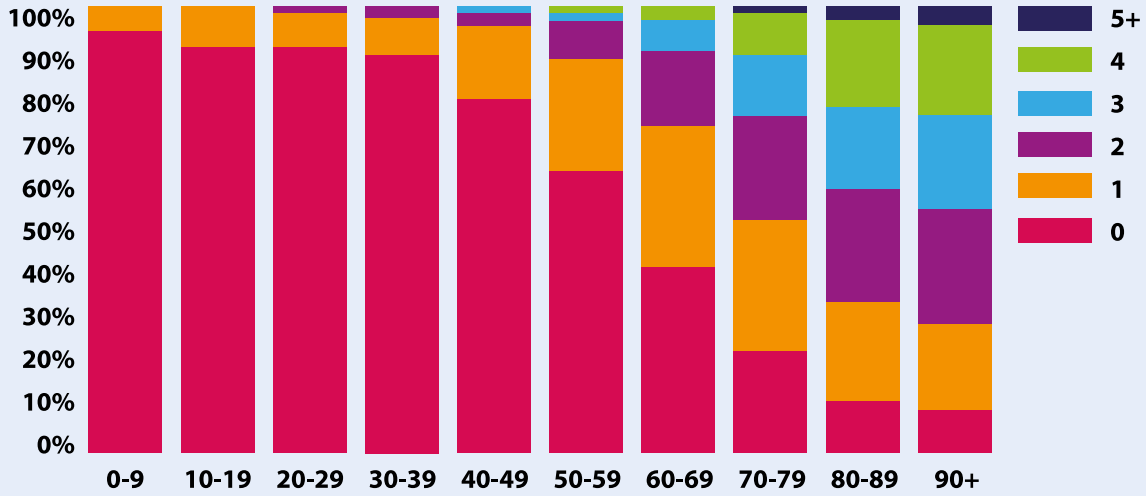
Consider innovative support systems e.g. regional self-assessment matrix & dashboard…

6.11 Workforce Planning for Advanced Nursing Practice

The Challenges Ahead

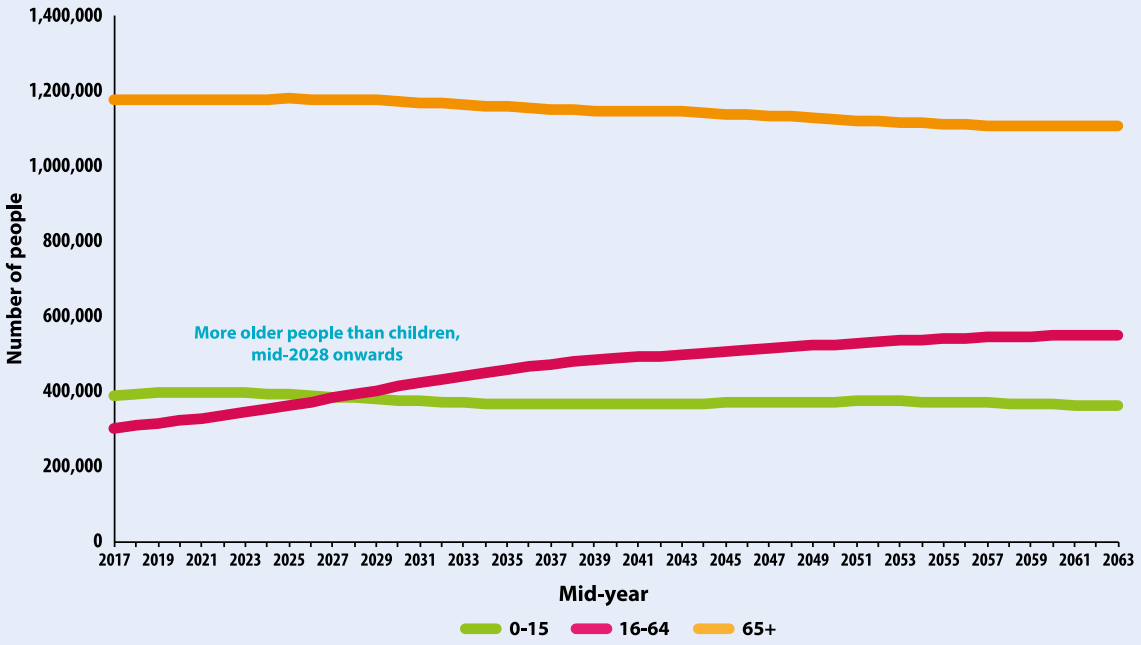
The *NMTG Report* (DoH, 2020) highlighted a range of challenges, included in this section, which we face over the next 10-15 years. NI, like all the other countries of the UK and ROI, is facing a world where demographic realities and the pace of technological and social change will transform the relationship people have with health and social care. We know demand for services is arising largely as a result of an ageing population, many of who are living with complex needs and long-term conditions (Figure 15):

Figure 15: Percentage of patients in each age band with indicated morbidities



It is estimated by the year 2028 the population of older people in NI will be greater than the number of children, the number of people over the age of 65 will make up 30% of the population and by 2061 it will grow to 50% of the population. The largest growth in the older person population will be those aged 85+ (Figure 16). We also know this means there will be a commensurate rise in co-morbidities.

Figure 16: Population by age group (mid 2017 – mid 2063)



The reality behind these numbers also means that the numbers of people with dementia is estimated to increase from an average of 20,000 to 60,000 by 2051. It is also estimated that 1 in 8 adults are also carers with the number expected to rise from 220,000 to 400,000 by 2037, meaning that 1 in four adults in NI will be carers.

We also know that 1 in 5 of our population now live with a long-term condition, 1 in 2 of us will experience cancer and about 60% of us are overweight, this along with sedentary lifestyles and excessive drinking has created additional demand on the health and social care system (Figure 17):

Figure 17: Picture of health needs in NI

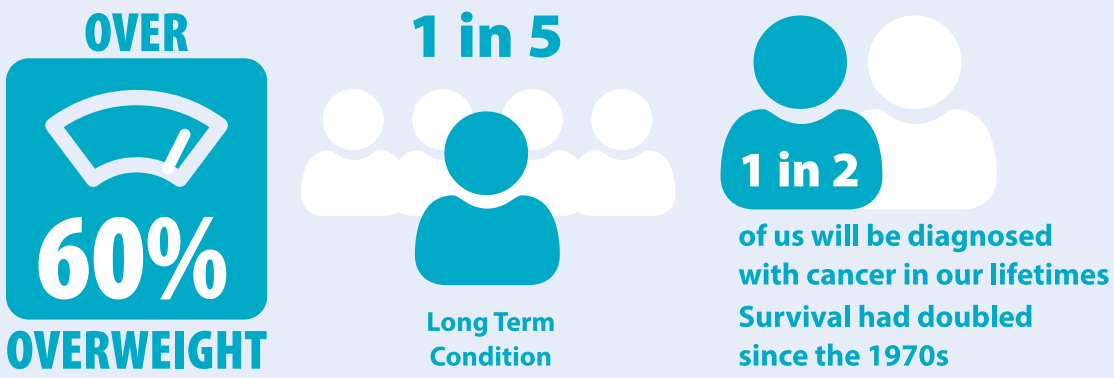


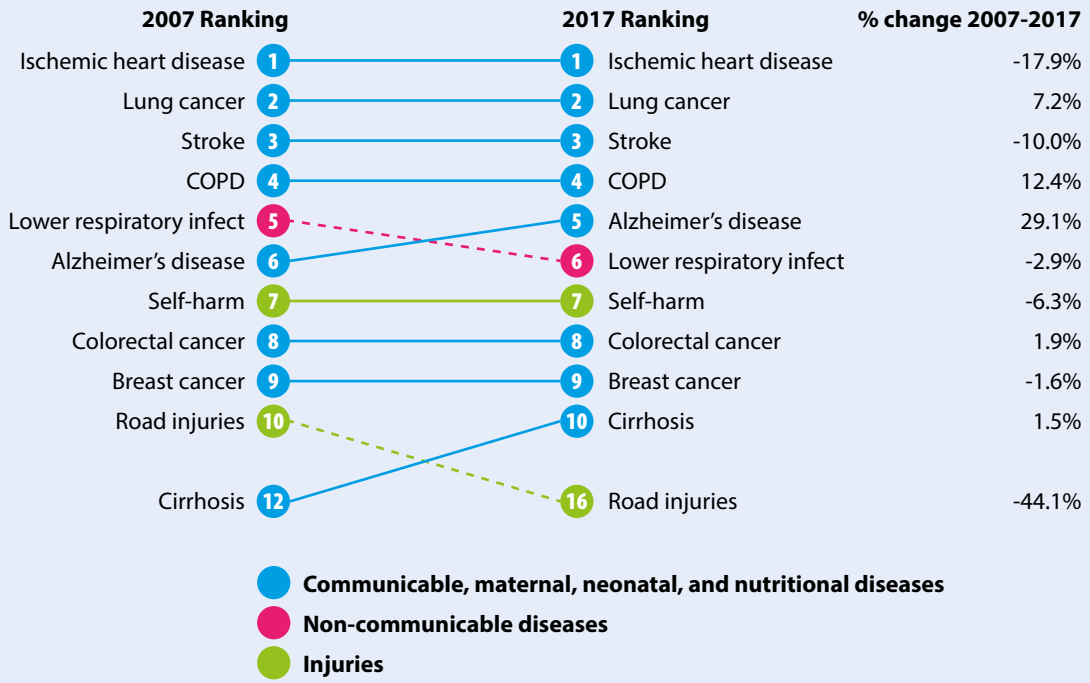
Figure 18 shows that, regrettably, in NI life expectancy remains 7 years less for males and over 4 years less for females in the most deprived areas when compared with the least deprived areas of NI.

Figure 18: Life Expectancy in NI

Issue	Least Deprived	Most Deprived	Gap
Male Life Expectancy (2012-14)	81.1 years	74.1 years	7.0 Years
Female Life Expectancy (2012-14)	84.1 years	79.7 years	4.4 Years
Male Healthy Life Expectancy (2012-14)	63.4 years	51.2 years	12.2 Years
Female Healthy Life Expectancy (2012-14)	68.0 years	53.4 years	14.6 Years
Alcohol-related Deaths per 100,000 (2010-14)	7.9	33.0	318%
Alcohol-related Admissions per 100,000 (2012/13-2014/15)	318	1,600	403%
Smoking-related Deaths per 100,000 (2010-14)	111	255	129%
Self Harm Admissions to Hospital per 100,000 (2010/11-2014/15)	106	427	302%
Suicide Deaths per 100,000 (2010-14)	9.2	27.2	196%
Preventable Deaths per 100,000 (2010-14)	140	347	148%
Low Birth Weight (2015)	6.1%	7.8%	27%

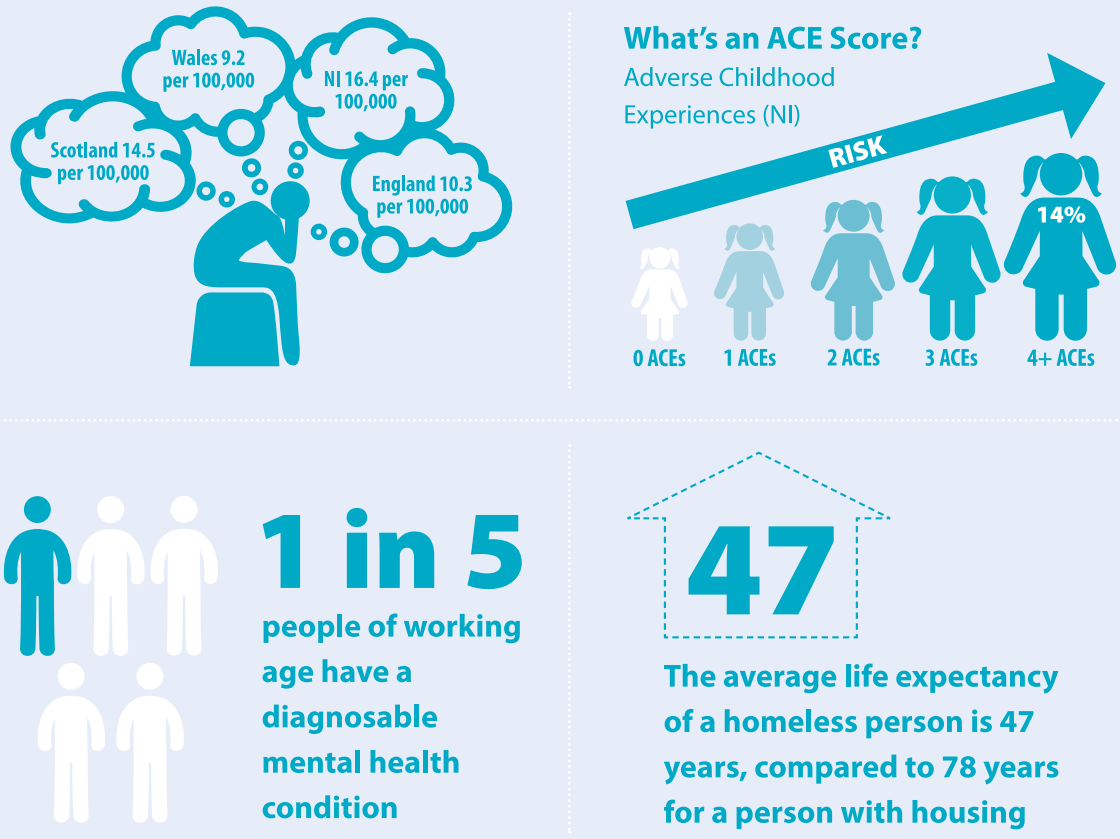
The many causes of premature death in NI are preventable through adopting healthier lifestyles (Figure 19):

Figure 19: Causes of most premature death



In NI, 1 in 5 people in will experience mental ill health (Figure 20). For people who experience serious mental ill health, research shows they live shorter lives by some 15- 20 years. Around 14% of Children and Young People (CYP) experience four or more Adverse Childhood Experience. Worryingly this means they are more likely to develop serious physical and mental health long term health conditions:

Figure 20: Causes of most premature death



This reality inevitably means the robust adoption of a population health approach and the fast tracking of innovation and implementation of evidence in order to prevent ill health, reduce the impact of health and social adversity, and enable people to live well and/or more independently with long term conditions.

Many long-term diseases affecting our population are closely linked to known behavioural risk factors, with 40% of the UK's disability adjusted life years lost being attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive (Newton *et.al,* 2015). Nurses and midwives currently lead the way in applying the Making Every Contact Count (MEEC) approach (Public Health England, 2016), however it is essential that all health and social care organisations, local authorities, the allied and wider health and care workforce, and relevant agencies also adopt this approach as an essential contribution to the prevention agenda, and as part of our commitment to work collaboratively to improve the health of our population in NI.

The Way Forward

Health and care services across the UK and ROI are actively developing and implementing new models to transform the way that services are delivered in an attempt to address the unprecedented challenges they face due to ongoing budgetary restraints and aforementioned pressures. For example, the *NHS Long-Term Plan (2019)*, committed to the development of 42 integrated care systems, delivered through sustainability and transformation partnerships, that aimed to cross traditional divides between health and social care sectors and related professional groups, and enable more efficient and innovative ways of working. These have led to new ways of working and service delivery models within some areas that have integrated primary and acute care systems along with mental health services. Others have created multi-speciality community care providers focused on providing better care and rehabilitation services for older people (NHS England, 2023). A wide range of case studies, short films and podcasts about how integrated care across the NHS is changing and developing to better meet people's needs are available on NHS England's website: www.england.nhs.uk/integratedcare/resources/case-studies/

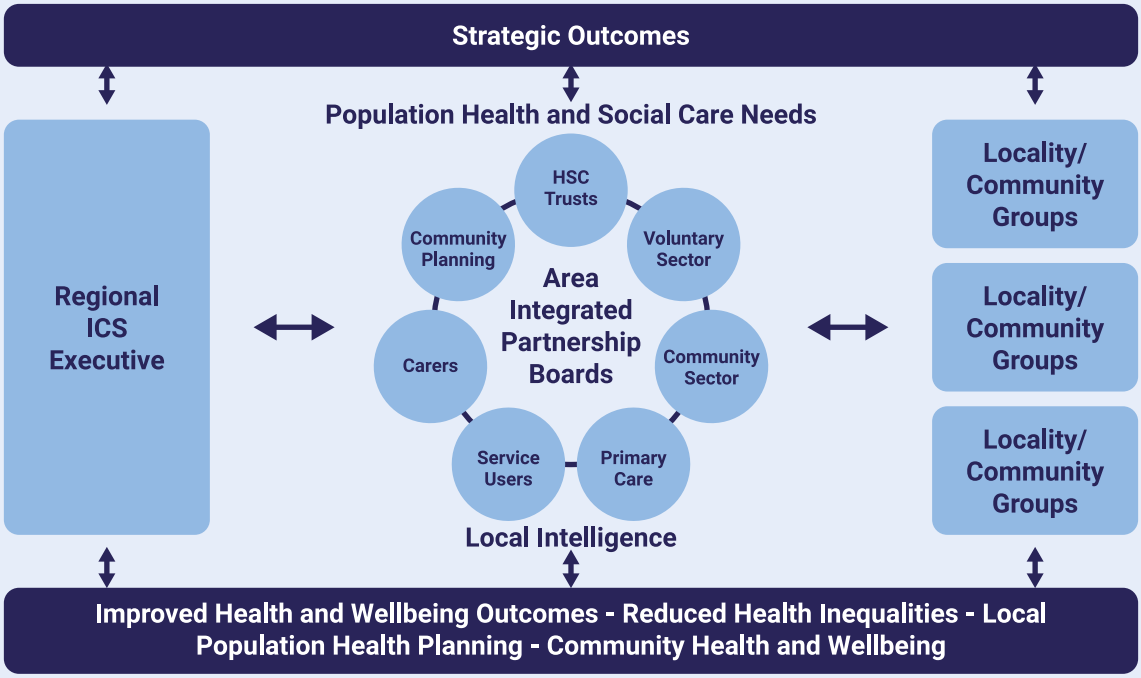
Similarly in NI, an Integrated Care System (ICS NI) has recently been introduced as the new commissioning framework, bringing together a range of partners to take collective responsibility for planning health and social care services, improving health and well-being and reducing health inequalities in Northern Ireland. The ICS NI will address demand by focusing on people keeping well in the first instance, providing timely, co-ordinated care when they are not and supporting people to self-care when appropriate.

To enable our population to live long, healthy, active lives the ICS NI will:

- Plan and deliver services based on population need;
- Deliver care within the community as far as possible, when it is required and appropriate, avoiding unnecessary visits to hospital;
- Help people to keep well in the first place with information, education and support to maintain their own health and well-being and to keep fit and well;
- Support and empower staff to deliver safe and effective services and develop their skills and expertise;
- Improve efficiency and optimise capacity, making the best use of available resources and support sustainability of services and the wider system.

Work is progressing on a number of fronts to deliver the vision of the ICS NI (Figure 21), with health and social care professionals, working with local councils, the community and voluntary sectors, patients, carers and service users, to plan and deliver health and social care services based on the needs of the local population.

Figure 21: Structure of the Integrated Care System in NI



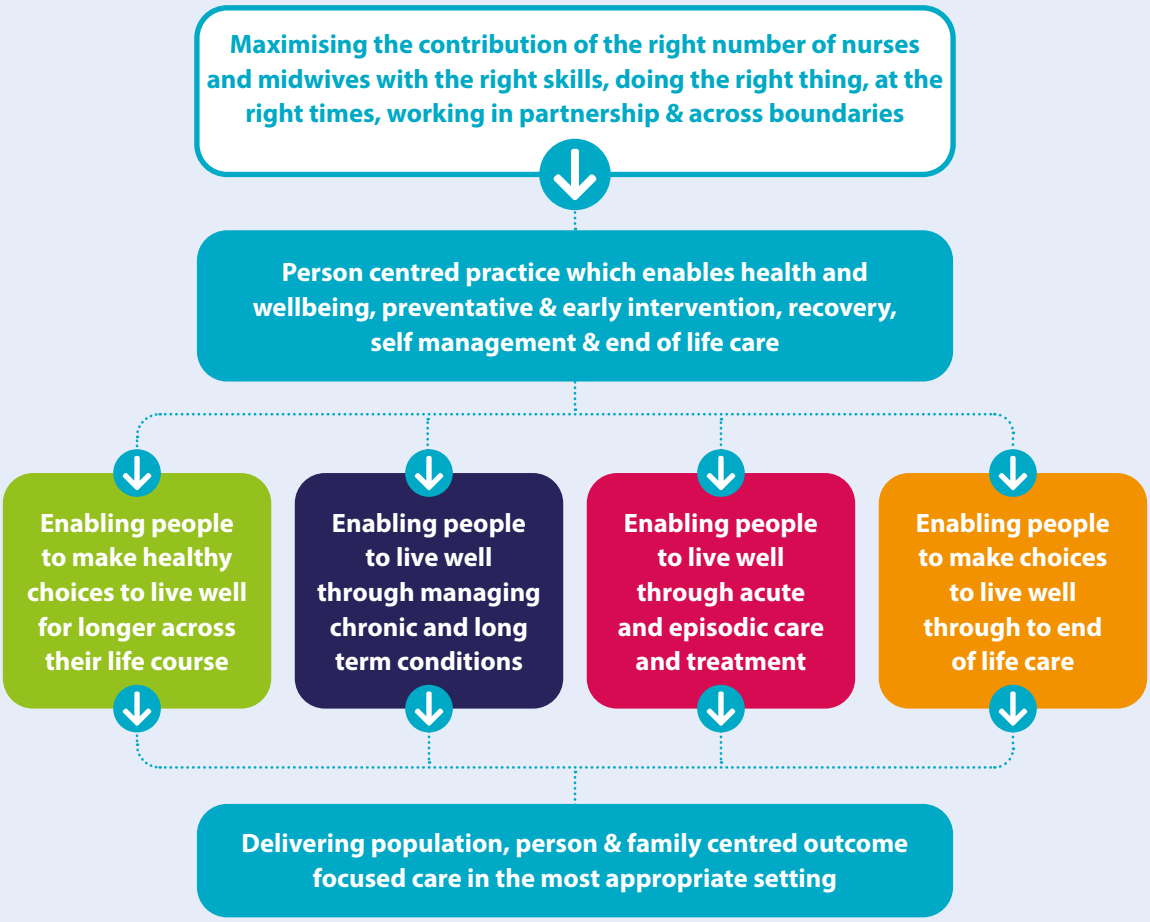
Integrated care models recognise the need to consider the optimal skill mix within the healthcare workforce and invest in the development of new roles and advanced practice skills to enable workforce expansion and ensure experienced professionals are practising to the full extent of their education and training (The Lancet, 2020). This recognition has a twofold purpose: experienced health and care professionals will be enabled to work across professional boundaries and take on an extended scope of practice thus addressing workforce needs while also providing career development and rewarding opportunities to improve retention.

ANPs are particularly well suited to function within integrated systems and are vital to the development and sustainability of integrated care and new service models. ANPs form a critical part of multi-professional teams and are often the interface between health and social care and other sectors while supporting patients to access appropriate care. As they are directly involved in patient care, they are often are aware of gaps in the service or areas for improvement. They develop clinical pathways for professionals and for patients and their families and support the use of guidelines and protocols to enhance standards of practice and care. Research demonstrates that ANPs are especially versed, not only in providing routine screening and episodic care,

but also in teaching self-care, providing developmental and emotional support and increasing compliance for health promotion and disease prevention.

Nurses and midwives make up the largest workforce within health and social care in NI. Every nurse and midwife has a critical role to play in promoting health and well-being and working in partnership with individuals, family, and their communities to address the wider social determinants of health and enable the population of NI to enjoy long health active lives (Figure 22):

Figure 22: We enjoy long Healthy Active Lives



Source: NMTG Report and Recommendations (DoH, 2021)

The *NI ANP Framework* (DHSSPS, 2016) identifies the core competencies essential for ANPs to undertake their role. These competencies also demonstrate why ANPs are central to the creation of sustainable future service models, for example, ANPs:

- employ highly developed skills to develop and sustain partnerships and networks to influence and improve healthcare services, delivery and outcomes;
- engage stakeholders and use high-level negotiating and influencing skills to develop and improve practice, processes and systems;
- provide professional and clinical advice to colleagues regarding therapeutic interventions, practice, service and quality improvement;
- demonstrate resilience as a clinical and professional leader
- develop robust governance systems by interpreting and synthesising information from a variety of sources in order to contribute to the development and implementation of evidence-based protocols, documentation processes, standards, policies and clinical guidelines and promote their use in practice.

The *ANP Framework* also acts as a guide for Commissioners, Workforce Planners, Executive Directors of Nursing, Education Providers, Employers and Managers of nurses, including nurses and ANPs themselves.

Workforce Planning Approach

A recent review highlighted that at service provider level, promotions, natural attrition and retirements mean there is a constant need to maintain and replenish the knowledge and skills of practitioners at all levels in order for services to stand still (Maxwell, 2022).

A key driver for the implementation of advanced roles is to enable nurses to practise to their full potential and optimise their contribution to meeting population needs, and therefore service demand, through different models of service delivery and multi-disciplinary working. A structured workforce planning process is necessary to identify where an ANP is of most impact in a person's journey through health and care pathways, and the types of ANP roles that may exist or need to be developed.

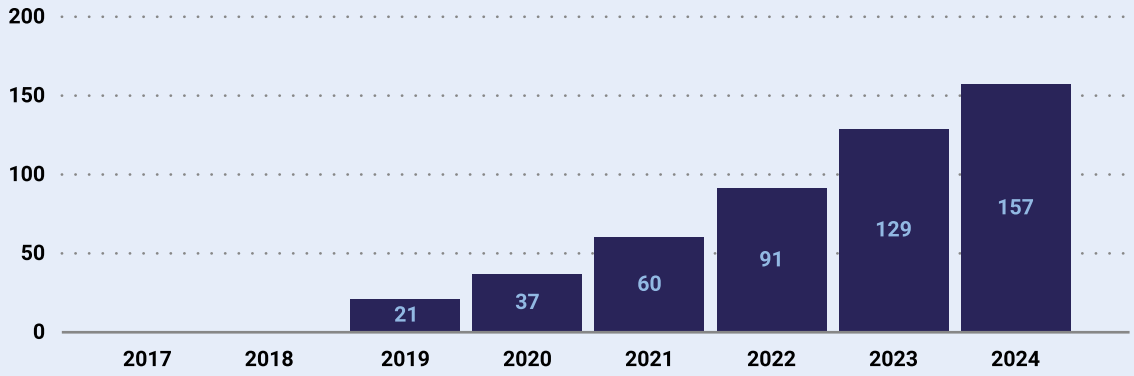
Effective workforce planning demands a collaborative, consistent, integrated and proactive approach across multiple stakeholders. No individual, group or organisation can undertake the process unilaterally and as a result, there is a range of responsibilities that lie within and between organisations that contribute to effective workforce planning.

In NI, the DoH plays a key role in ensuring that sufficient suitably qualified staff are available to meet the needs of the service overall. The six steps methodology (Skills for Health, 2009) is the agreed approach to workforce planning within NI's health and social care system, as utilised within the *Regional HSC Workforce Planning Framework* (DHSSPS, 2015a) and *Workforce Plan for Nursing and Midwifery in Northern Ireland 2015 – 2025 (DHSSPS, 2015b)*. Furthermore, local workforce development, staffing arrangements, ongoing support, mentorship, supervision and CPD as well as succession planning are the responsibility of individual employers, taking factors such as service needs and available resources into account.

Current Workforce Data

As previously mentioned in section 6.7 (page 27), the DoH committed significant funding for ANP educational programmes from 2017 to date which will have enabled the implementation of 152 qualified ANP roles in NI by September 2024 (Figure 23):

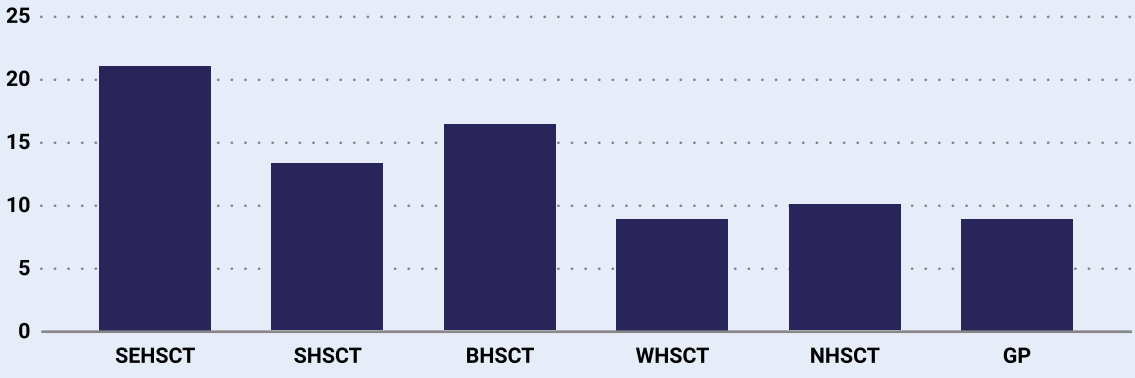
Figure 23: Trajectory of Qualified ANPs in NI between 2019 and 2024



Although these figures exceed the 120 WTE ANP roles by 2026 which were recommended by the *NMTG* (DoH, 2020), the figures do not include part time roles.

A survey of ANPs and trainee ANPs identified 96 ANPs and trainee ANPs in NI at November 2021 (13 had left their post and 1 was on long term sick leave). The majority worked within the South Eastern HSC Trust (Figure 24):

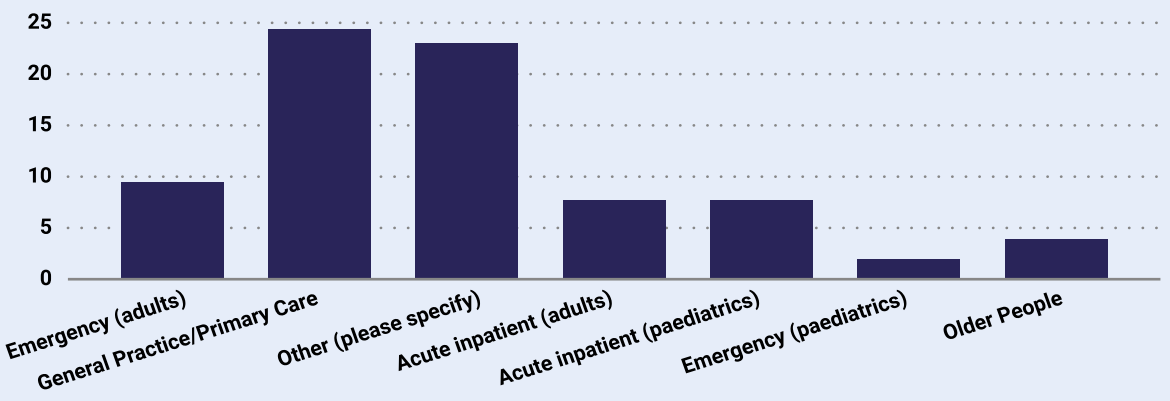
Figure 24: Survey results showing which region ANPs practise in at Nov 2021



The majority of those who responded (n=64) had been registered as a nurse for more than 10 years before undertaking the role of ANP, indicating a highly experienced workforce.

Figure 25 highlights that respondents worked across several areas of practice: the majority worked in General Practice followed by Other which includes 3 in community nursing, 2 in District Nursing, 2 in Emergency Adult and Paediatrics, 5 in Mental Health and 12 in medical specialisms:

Figure 25: Survey results showing areas of practice at Nov 2021



These findings demonstrate, that ANPs already play a vital role delivering high-quality, safe, affordable, patient-focused care across many areas of our health and care system.

The value of these roles is well documented along with the level of knowledge, skills and expertise required of ANPs to care for people with complex health needs in all health settings, throughout the life span.

There are, however, areas of advanced practice in NI that are currently under developed and more nurses are needed with advanced level practice skills to work across all settings.

Employer Organisations

The academic programmes and structured recruitment and support in NI appear to have significantly improved routes and pipeline to advanced practice (Leary, 2022).

Nonetheless, stakeholders involved in this project identified a range of challenges that remain for employers in relation to further development of advanced nursing practice roles, including:

- ageing of the population and nursing workforce, increasing patient acuity and technology, and new arenas for advanced practice;
- underlying workforce and recruitment issues compounded by the significantly lower proportions of nurses employed above band 6 level or above;
- releasing nurses to undertake an advanced education programme from a small specialism can destabilise that area and/or there may be no education provision available in NI due to small numbers;
- no funding provided for trainee salary costs, backfill for vacated posts and salary uplifts during or on completion of ANP programmes;
- no guarantee of an ANP post after significant time and commitment expended by the nurse to complete the education programme;
- a lack of systems and processes available to evidence advanced practice to enable movement from one practice area to another;
- annual commissioning of the education programme, rather than a proposed three-year process, coupled with the non-medical prescribing course as a pre-requisite to undertake the ANP programme, was also reported as presenting challenges.

On a practical level, employers, in identifying the need for advanced practice roles and their impact, can apply key principles to provide a framework for planning the ANP workforce and governance arrangements, for example:

- consider where advanced clinical practice roles can best be placed within health and care pathways to maximise their impact;
- define a clear purpose and objectives for advanced clinical practice roles;
- consider and evaluate the impact of advanced clinical practice roles on service user experience and outcomes and on service delivery and improvement objectives;
- ensure clarity about the service area the individuals will work within;
- ensure clear and unambiguous support for the role from the organisation/ employer at all levels;
- develop a succession plan for future workforce, actively supported for service sustainability, succession planning and staff retention (HEE, 2018).

Moreover, a range of workforce planning/advanced planning toolkits are useful to provide general information about advanced practice as well as useful tools and resources aimed at practitioners, educators, employers, commissioners and those planning the workforce across systems and patients/service users (Figure 26).

Figure 26: Examples of Toolkits to Support and Develop Advanced Practice

Advanced Practice Toolkit (HEE, 2018)

Workforce Planning Toolkit (HEIW, 2021)

Developing nurses to work at an advanced practice level requires significant investment for the employer and commitment from the individual. Therefore, to ensure that organisations benefit from such an investment and that ANPs continue to deliver robust up-to-date evidence-based care, stakeholders highlighted that it is imperative that employers provide the following:

- high quality CPD, mentorship and supervision;
- referral pathways and/or diagnostic testing and imaging, similar to their medical colleagues;
- job planning and career pathways which support them to meet all four pillars of practice;
- an ePortfolio with protected time to develop and maintain this;
- leadership activities and support to build leadership capacity at ANP level for the long-term sustainability of the role, including ANP involvement in improvement projects and senior management teams at hospital, community and primary care levels;
- effective evaluation and impact of ANP roles to support and inform further investment and development;
- a senior ANP lead within each HSC organisation to ensure all required systems and processes are in place and to liaise, network and share good practice with colleagues across NI and beyond;
- effective succession planning.

In NI, primary care has seen the biggest development of ANP roles with 52 primary care ANP programmes commissioned between 2017 and 2022. Many ANPs work as part of a larger primary care team where they are the first point of contact for a diverse group of patients, that historically have been reviewed by GPs. Many are also employed in individual practices or across GP Federations, working within a new model of care in a multi-professional context to improve patient outcomes.

Unprecedented challenges in primary care, such as, increased workload and workforce issues are key drivers for the growing trend nationally and internationally to redefine and expand nursing roles. ANPs support GPs and facilitate the transformation agenda in NI, reducing pressure on general practice which has been compounded by rising demand, and increased patient complexity. Similar to other UK countries, this is mainly due to an ageing population, initiatives to move care from hospitals to the community, and rising public expectations (Baird *et al.,* 2016).

Furthermore, the rate at which GP practices across the UK are handing contracts back to their relevant Department of Health has been gathering pace over the past several years (Bostock, 2018). This is reportedly due to issues such as retirement, work-life balance, staffing and recruitment problems and/or financial pressures facing the practice. The British Medical Association (BMA) has warned repeatedly that closures are at record levels. Indeed, a senior doctor recently called for urgent action to save GP surgeries in NI after a 15th practice was put at risk of closure in the past year (Wilson, 2023).

This aligns with findings from a recent General Medical Services report for NI (NISRA, 2023) which highlights that the number of GP practices in NI has fallen by more than 9% in eight years with the Western HSC Trust having the largest decrease of 16%. For instance, there were 317 GP surgeries in NI at the end of March 2023, compared to 350 in 2014. Consequently, the number of registered patients per practice has risen by about 17% from 5,500 to 6,439 over the same period. In the last financial year, there were approximately 54,000 new (first-time) patients registered to NI GP practices, a rise of 2,000 in the past year. Of these new patients, 36% were non-UK nationals, with more than half of them based in Belfast (52%).

Nonetheless, despite the decrease in the number of GP practices, the number of GPs, excluding locums, has gone up by almost 23% to 1,448 since 2014, with an increase of 29 GPs in the past year. However, these figures are in relation to overall headcount and not full-time equivalent posts therefore, they do not show the breakdown of those GPs who are working part-time.

NI has the second-highest number of GPs per 100,000 registered population in the UK with Scotland having the highest. In addition, a UK wide study, conducted by the National Association of Sessional GPs (NASGP, 2021), found that more than half of GP practices had significantly increased the use of locum GP sessions over the previous six-month period.

Consequently, there is renewed interest in reviewing and re-defining the roles of all frontline professionals in order to meet some of the workforce shortages. ANPs are arguably best placed to provide this flexible and responsive healthcare and the evidence demonstrates that they can deliver care that is safe, effective and enhances patient experience in primary care (Torrens *et al.,* 2020).

Engagement with stakeholders as part of this work highlighted a number of barriers which hinder the development and implementation of the ANP role in primary care settings. The demand to take over clinical work from GP's poses a challenge for ANPs with regard to ensuring they meet the other three pillars of advanced practice. Furthermore, it is accepted that the role of the ANP is designed to work alongside the GP, complementing their role rather than being viewed as a replacement.

It is acknowledged that primary care does not have the same infrastructure or support networks that are more firmly established in HSC Trust organisations, and this can present additional challenges. The importance of support networks is also reflected in studies internationally where evidence suggests that building relationships, strengthening collaborative arrangements and negotiating the role are critical to the success of the implementation of the ANP role (Torrens *et al.,* 2020). This theme is further reflected in a recent Scottish study which outlined that senior leadership at organisational level, who promoted ANP roles and enabled involvement of GPs at all stages of ANP role implementation, was crucial (Strachan *et al.,* 2022).

Other barriers identified were issues with training and recruitment of ANP trainees, attrition rates and a lack of consistency in allocation of funding. These issues have the potential to compromise development of the ANP role more widely in primary care and as demonstrated in the Scottish study requires, strategic and organisational leadership to provide and strengthen collaboration with higher education institutions and establish close working relationships with GPs in order to deliver work-based learning placements, supervision and support to ANP trainees.

Other literature proposed a standardised framework to support practice and training and confirmed existing calls for clarity, consistency and standardisation of the ANP educational pathway and role (Evans *et al.,* 2020).

A system wide approach to ongoing education and career development through primary care networks was advocated as well as a need to release practitioners, giving time to realise the full potential of the job role.

There was support for a more generalist approach to the ANP programme during stakeholder engagement and solutions proposed included consideration of a credentialing process and the development of an ePortfolio. Stakeholders also agreed that recognition of prior learning and experience would facilitate transfer to primary care from different specialities of advanced practice.

KEY LEARNING

Organisational policies must enable ANPs to practise to their full potential…

Workforce planning must be linked to education commissioning & career pathways for ANPs…

Credentialing & an ePortfolio would support ANP recruitment in primary care…

6.12 Evaluation and Cost Benefit Analysis of Advanced Nursing Practice

An increased focus on measuring outcomes and evaluating the impact of healthcare initiatives on patient's is an essential component of professional practice. Evaluating the role of the ANP can help showcase the role and provide a rationale for sustaining and developing services. Progress towards outcomes can be measured by developing and monitoring indicators, which provides further detail to determine if the intervention is making a difference.

The importance of measuring outcomes from the new models of care in NI w highlighted, but stakeholders explained that, due to the complexity of patient pathways and interprofessional working, measuring direct impact of the ANP role within the services was challenging. These experiences mirror findings from a review of advanced nursing practice, which revealed continued difficulties in extrapolating the attribution of the ANP to specific outcomes: it was deemed a necessity to identify nurse sensitive indicators of impact, which could then be attributed wholly or partially to nursing interventions (Casey *et al.,* 2018).

A recent evaluation by Leary (2022) found that while there is significant evaluation evidence of the clinical and care effectiveness of ANP roles, with generally positive feedback from patients, these roles have not been evaluated within NI's integrated health and social care system and have had limited evaluation within primary care.

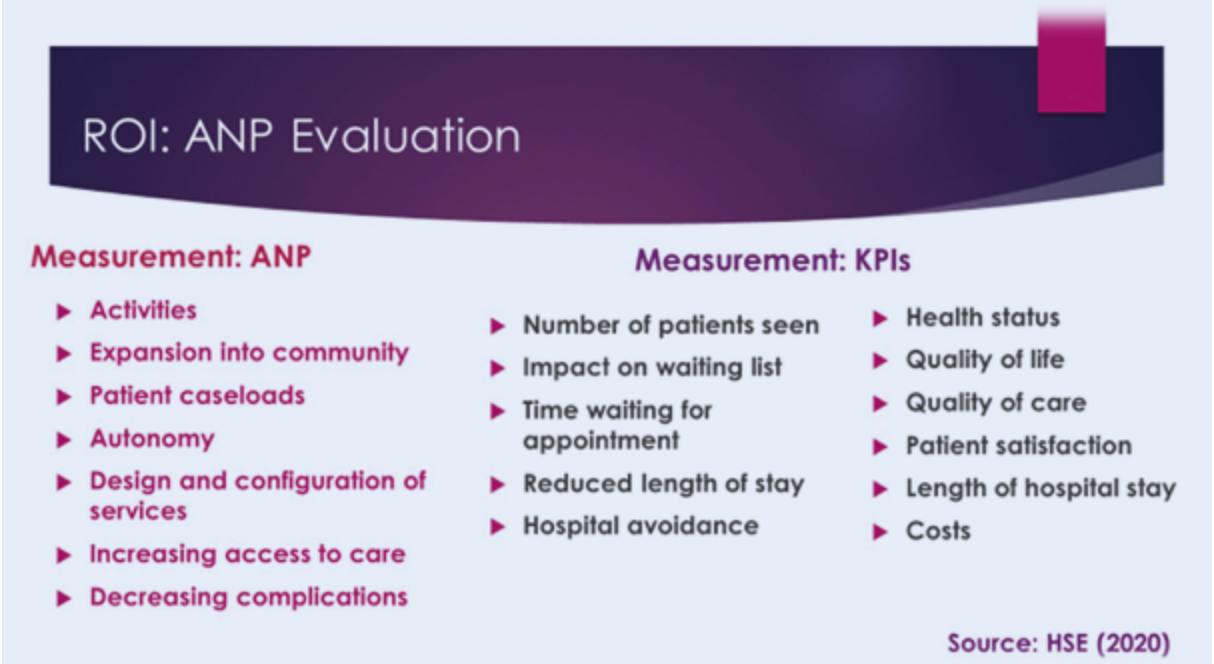
Stakeholders agreed that the development of a regional, robust evaluation framework is required to support an evidence-based approach to advanced nursing practice and inform future role and service development. It will also support evaluation of the impact of advanced practice roles on demographic need, service user experience and outcomes and on regional and local service delivery and improvement objectives. The evaluation framework should provide information and tools to:

- systematically measure the impact of the ANP role in relation to demographic need and organisational and population health outcomes;
- include the introduction of comprehensive economic evaluations and be underpinned by a robust evaluation model;
- consider measurement of the following:
  - access to job descriptions and extent of development;
  - activities and services provided by ANPs;
  - scope of practice and level of autonomy within the role;
  - non-medical prescribing patterns and practices;
  - access to and levels of supervision;
  - expansion of services eg outreach services, satellite clinics;
  - referral and discharge patterns;
  - patient/carer satisfaction;
  - multi-professional colleagues' views.
- evaluate the impact of the ANP on service challenges of waiting list reduction, timely access to service, improved patient flow and avoidance of unnecessary hospital admission and/or early discharge and other clinical key performance indicators;
- capture the perspective and experiences of patients and their families; the interdisciplinary teams; the health service organisation and the health system effect of implementation of ANPs.

Evidence from systematic reviews show the effectiveness of ANP functions, which point to a positive impact on indicators such as mortality, hospital readmission and therapeutic adherence, among others (Martin-Misener *et al.,* 2015; Donald *et al.,* 2015). However, the effects of ANP interventions on costs prove to be dependent on the health care context and the care model, and the functions of the ANP, thus, the cost-effectiveness relationship still represents a challenge. (Sichieri & Secoli, 2022).

An independent evaluation, conducted in the ROI, examined the specific impact of 124 ANPs appointed to four service areas of older persons, unscheduled (ED), respiratory and rheumatology care with known challenges (HSE, 2020). Several key indicators were used such as, access to services, waiting lists, avoidance of unnecessary hospital admissions, improved patient flow, and support for early discharge from hospital (Figure 27):

Figure 27: Evaluation of ANP Measurement Indicators (HSE, 2020)



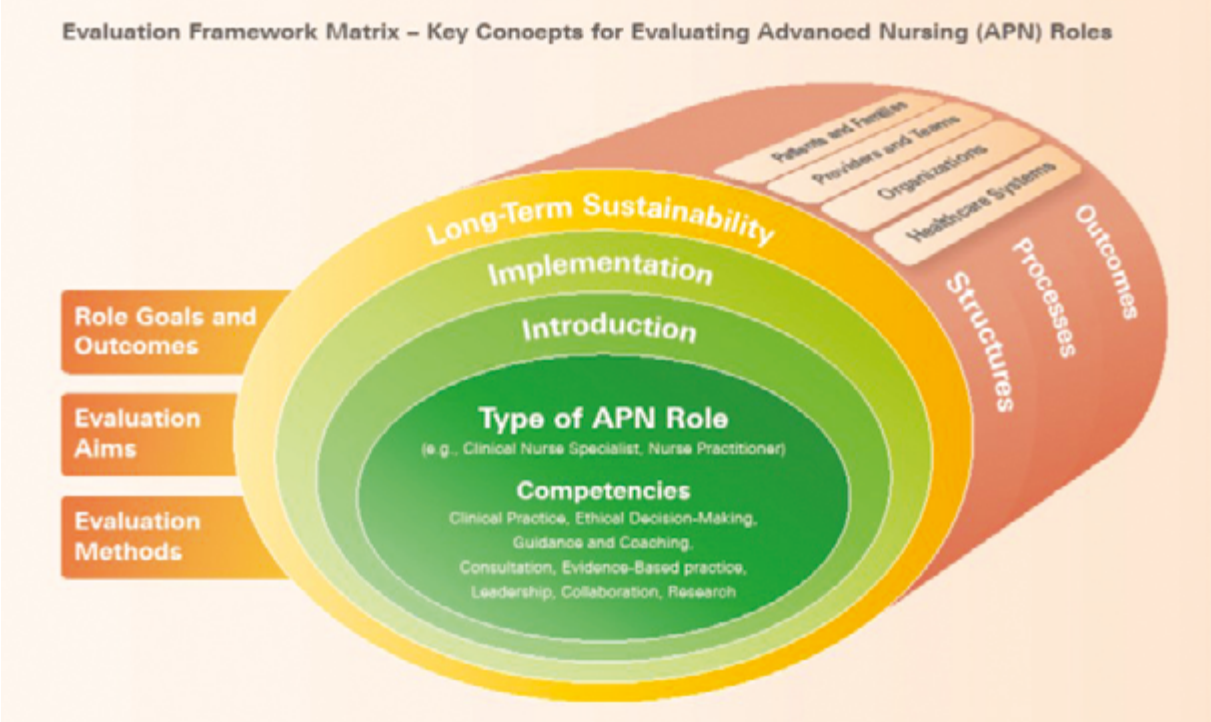
The evaluation report demonstrates the positive impacts for patients and services through implementation of ANP roles, for example, each ANP removes on average 3.9 patients per week from specialist waiting lists. On average 4.3 patients per ANP are avoiding hospital admission on a weekly basis and there is a reduction in overall Patient Experience Times (PET) of up to 2 hours 43 minutes for patients seen in emergency care areas which include ANPs as part of the care delivery model. Positive patient experiences were identified through surveys carried out across all four service areas with over 95% of patients reporting a positive experience of the care received from an ANP.

Due to the complexity of the ANP role and the number of sites in which the posts were being implemented, the PEPPA Plus evaluation model (Bryant-Lukosius *et al.*, 2017) was used as a framework to provide a structure that systematically measures

the impact of the ANP role on patient, nurse and organisational outcomes. Logic Models were developed that determined the role of the ANP as well as identifying key outcomes in the speciality areas.

It is proposed that a similar model of evaluation, incorporating the PEPPA Plus Framework (Figure 28) and the development of logic models, could be used to evaluate the role and impact of advanced nursing practice in NI.

Figure 28: PEPPA Plus Evaluation Model for Advanced Practice



In addition, the regional process for sourcing recurrent revenue is through Investment Proposal Template (IPT) initiation, a business case approach is indicated. A copy of the HSC Business Case Proforma For Expenditure is presented at Appendix 4. The following Draft ANP Costing Analysis Tool (Figure 29) has also been devised as an example of an aid to support ANP costing analysis. An outcome-based accountability report card, if used could provide data matrices, monitoring and evaluation/evidence of value-based care thus supporting future ANP service development.

The ANP Costing Analysis tool can be used in conjunction with the regional IPT templates for option appraisal, monetary costing analysis, benefits and risk analysis together with the template for Cost and Funding for the Preferred Option.

Figure 29: Draft Advanced Nurse Practitioner Business Costing Analysis Tool

Furthermore, *The Governance Framework for Advanced Practice* (HEE, 2018) includes a maturity matrix and dashboard which health and care organisations across all settings, including primary care, can formatively self-assess against and record progress. Sections for business cases and funding are also included. A similar interactive resource tool and dashboard should be considered for NI.

KEY LEARNING

1. **International evidence shows ANPs provide a high-quality & cost-effective service…**
2. **ANP roles have not been evaluated within an integrated HSC system…**
3. **Develop a robust evaluation framework to demonstrate impact/ outcomes of ANP role…**

7

CONCLUSION

With ever-increasing demands for health and social care services at a time of financially constrained budgets, it has never been more important to have the right staff who are educated and competent, delivering the best care possible at the right time for patients. Leadership and innovation are key to developing and delivering the right services and care and improving health and wellbeing outcomes for people.

It is clear that ANPs are well placed to play a significant role in the transformation of health and care services in NI. As such, the DoH are committed to growing this workforce and embedding advanced nursing practice across a range of clinical settings (DoH, 2016; DoH, 2018a; DoH, 2020).

Since the launch of the *Advanced Nursing Practice Framework: Supporting Advanced Practice in HSC Trusts* (DHSSPS, 2016) and the commencement of locally delivered MSc ANP programmes, further evolution is indicated in order to fully maximise the potential of this highly valued workforce. The vision for the scale and spread of ANPs is guided by the NMTG Report (DoH, 2020).

This report and recommendations will help to further inform the strategic direction and future needs of Advanced Nursing Practice in NI.

The findings were drawn from an extensive range of sources including UK and ROI stakeholders, specialist working groups, national and international literature, a scoping exercise of UK & ROI ANP educational programmes, survey information and in-depth meetings with experts. Thematic and content data analysis was used to draw out key areas for future focused attention and these are summarised as recommendations.

The recommendations aim to strengthen and support ANP standardisation, regulation, professional development, governance and assurance, leadership and include robust educational and service commissioning. Flexibility of educational provision, clinical supervision and evaluation of individual and population health outcomes are also recommended.

This programme of work was led by Dr Carole McKenna, Senior Professional Officer, NIPEC and overseen by a Steering Group, Chaired by Donna Keenan, Interim Executive Director of Nursing / Director of Primary Care and Older People's Services, WHSCT. A sincere thanks is conveyed to everyone who contributed to maximising the capability of ANPs and consequently improving the health and wellbeing outcomes for our NI population.

8 KEY RECOMMENDATIONS

For Department of Health

1. Refresh the Advanced Nursing Practice Framework, broadening the scope to include the wider integrated health and care system and aligned to relevant education and regulation standards and requirements.
2. Develop a regionally agreed Governance Framework for Advanced Practice to include a Self- Assessment Matrix and Dashboard (eg Health Education England)
3. Establish regional, strategic leadership and support to prepare future ANPs including a regional ANP Network/Community of Practice.
4. Commissioning of ANP education should be based on a 3-year cycle aligned to regional workforce planning to support the transformation of Health and Social Care services within Northern Ireland and associated career pathways.
5. Develop a NI Directory of Advanced Practice (credentialing process) to support employers and ANPs across the integrated health and care system.
6. Ensure a regional preceptorship framework/approach is developed and implemented to support newly qualified ANPs across the integrated health and care system.
7. Develop and monitor a regionally agreed evaluation framework to systematically measure the impact of the ANP role in relation to organisational, economic, demographic and population health outcomes.
8. Develop new or reconfigure existing revenues for the commissioning of ANP education to include trainee salary costs, backfill and which includes the wider integrated health and care system.
9. Collaborate with stakeholders including HEI's, employers and healthcare professionals to establish an Advanced Practice Academy to promote collaborative working in a safe and supportive environment and ensure high quality education, mentorship, networking and research opportunities for its members.

For Employer Organisations

10. Ensure that other Health and Social care staff develop an understanding and appreciation of the role of the ANP and that roles are fully integrated into service transformation and the future sustainability of services.
11. Implement an e-Portfolio approach for ANPs to support the evidencing of competencies and capabilities at an advanced level of practice and achievement of working across all 4 pillars of practice.
12. Ensure the introduction of ANP roles are preceded by a local organisational planning phase to include appropriate candidate selection and recruitment, AfC banding and assessment of organisational preparation/readiness to include assessment of the proposed clinical learning environments and availability of clinical supervisors.
13. Ensure clear job descriptions are in place to enable ANPs to work to the full scope of their practice to meet the needs of the population within the relevant service model.
14. Ensure effective job planning is in place to support automatic movement from a trainee to a qualified ANP on completion of the master's level programme with appropriate activity split across the four pillars of advanced practice.
15. Ensure organisational policies, guidelines and protocols enable ANPs to maximise the potential of the role (eg ordering x-rays, prescribing medication and making patient referrals to other healthcare professionals).
16. Allocate an Advanced Practice Lead within each employer organisation.
17. Ensure that robust governance structures and processes are in place to support the ANP clinical supervisor/mentor role.
18. Develop a contract with support for the ANP clinical supervisor role.
19. Ensure the provision of a mentor/supervisor role is built into the job plans of all future ANPs.

For Higher Education Institutions

20. Ensure that Independent and Supplementary prescribing course is an integral part of the 2-year ANP programme, rather than a pre-requisite.
21. Ensure the ANP master's level education programme is based on a broad-based curriculum, with portfolio proficiencies being assessed in practice by the clinical supervisor.
22. Ensure specialist modules are taught by an expert in a relevant field of practice with recent clinical experience.
23. Include all relevant training in future MSc Advanced Nursing Practice programmes e.g. IR(ME)R Referrer training and MRI Safety training is an integral part of the MSc Emergency Care Pathway.

9

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APPENDICES

APPENDIX 1

Advanced Nursing Practice Project

Steering Group Membership

Name	Role	Organisation
Donna Keenan	Chair of Steering Group / Executive Director of Nursing	WHSCT
Dr Carole McKenna	Project Lead / Senior Professional Officer	NIPEC
Linda Patton	Associate Professional Officer	NIPEC
Ursula Gaffney	Associate Professional Officer	NIPEC
Mary Frances McManus	Deputy CNO	DoH
Dr Patricia McNeilly	Nursing Officer	DoH
Anne Trotter	Assistant Director: Education & Standards	NMC
Dr Anna Jones	Director of Learning & Teaching	Cardiff University
Siobhan Donald	Assistant Director of Nursing	PHA
Dr Debbie Goode	Chair of Working Group 1 / Academic Lead Post Registration	UU
Roisin Devlin	Chair of Working Group 2 / Assistant Director of Nursing	SEHSCT
Brenda Creaney	Executive Director of Nursing	BHSCT
Olivia McManus	Advanced Clinical Practitioner (ACP)	BHSCT
Anne Marie Hunter	Advanced Nurse Practitioner (ANP)	SEHSCT
Barry Tierney	Advanced Nurse Practitioner (ANP)	WHSCT
Maria Loughran	Head of Nursing Workforce	NHSCT

Name	Role	Organisation
Tracie Fleming	Assistant Director Corporate Nursing	NHSCT
Justin O'Neill	Advanced Nurse Practitioner (ANP)	NHSCT
Maria Betts	Trainee Advanced Nurse Practitioner	NHSCT
Sharon Burnside	Practice Education Co-ordinator	SHSCT
Gillian Henry	Practice Education Facilitator	SHSCT
Gary Cousins	Beaumont Care Homes	Independent Sector
Nuala Devlin	Lecturer (Education)	QUB
Una St Ledger	Registered Nurse Teacher	OU
Patrick Gallagher	Senior Education Manager	CEC
Shirley Stronge	Senior Education Manager	CEC
Dr Camille Harron	Associate Postgraduate Dean - Careers and Professional Support	NIMDTA
Loretta Gribben	AD Nursing Policy & Practice	RCN
Karen Bowes	Senior Nurse Professional Practice	RCN
Maura Devlin MBE	Director of Nursing	Down GP Federation
Sandra McKimm	Advanced Nurse Practitioner (ANP)	Belfast GP Federation
Elaine Colhoun	Trainee ANP	Down GP Federation
Anne Witherow	Lead Nurse	Northern Federation

APPENDIX 2

Advanced Nursing Practice Project Steering Group

Terms of Reference

Purpose of the Group

The Project Steering Group is responsible to:

1. Agree the purpose of the project and provide a regional and professional perspective;
2. Agree a project plan, timescales and methodology for the project;
3. Provide expertise and oversee the implementation of the project and review of the outcomes;
4. Ensure communication and dissemination of information relevant to the project within each of the participating organisations/professional groups;
5. Contribute to a final project report;
6. Contribute to on-going implementation, monitoring and evaluation of the project outcomes.

Membership of the Group

Representation will be sought from senior nurses working within HSC Trusts, DoH, PHA, Education Providers, Primary Care, Independent Sector, RCN and RCM as well as nurses working within HSC Trusts and Primary Care at an Advanced Practice level and undertaking an MSc Advanced Nursing Practice. The Patient Client Council (PCC) and Northern Ireland Medical and Dental Training Agency (NIMDTA) will also be invited to join the Steering Group along with representation from the Directors of Human Resources and Finance Forums on a co-opted basis.

If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately.

Members of the Project Steering Group will:

- Contribute their professional perspective to the review of the model for delivery of the ANP Education Programme and ANP Framework;
- Participate in respectful debate, providing constructive challenge;
- Provide, manage and analyse information related to the review, ensuring confidentiality when required;
- Participate in shared learning across organisations;
- Consult with individuals of appropriate expertise as required to inform the project aim and objectives;
- Participate in electronic activity related to the production of a final report.

Chairing Arrangements

The Project Steering Group will be chaired by Donna Keenan, Interim Executive Director of Nursing / Director of Primary Care and Older People's Services, WHSCT.

Quorum

Quorate membership is 50% of the total membership number. The quorum should also reflect a balance of individuals from each organisation.

Frequency Of Meetings

The following meetings will be via zoom, with face to face meetings agreed as and when required:

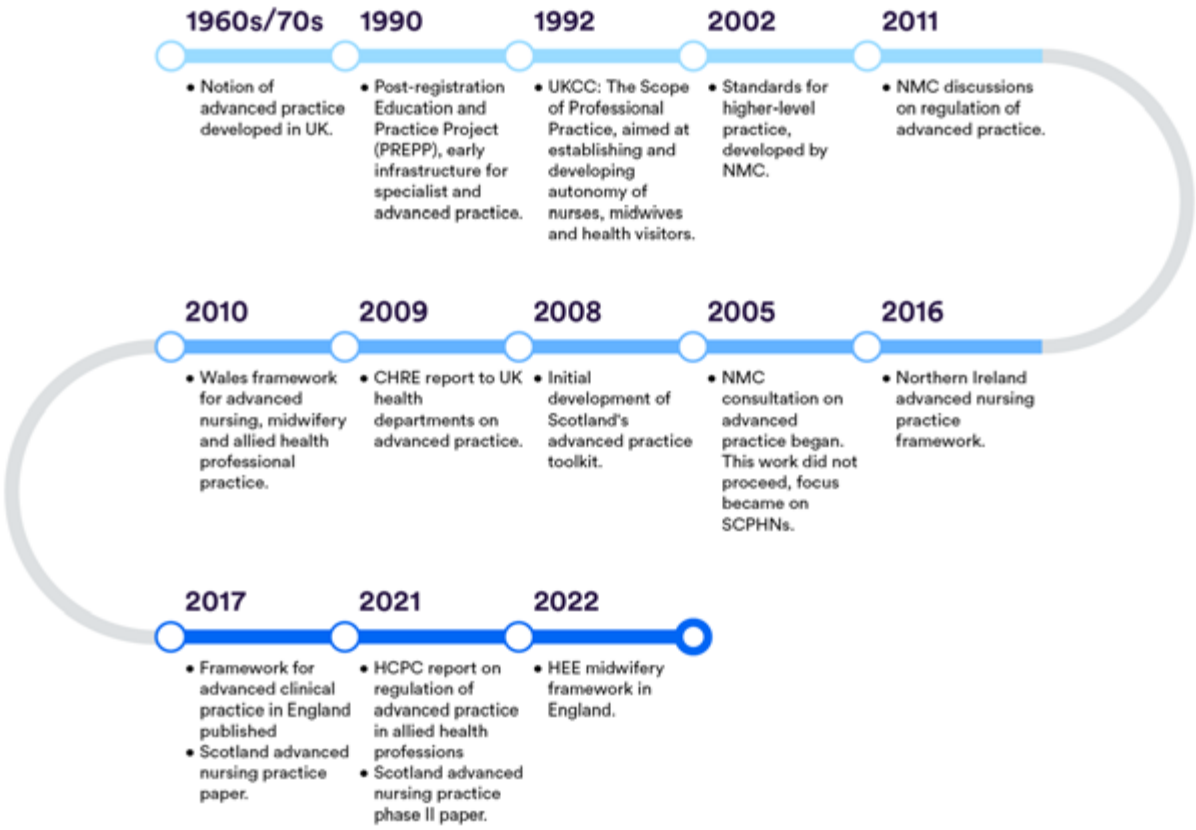
- Friday 18th November 1.30pm - 3.00pm
- Friday 16th December 1.00pm - 2.30pm
- Friday 13th January 1.00pm - 2.30pm
- Friday 10th February 1.00pm - 2.30pm
- Friday 10th March 1.00pm - 2.30pm
- Friday 21st April 1.00 – 2.30pm

Record of Meetings

NIPEC are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Chair/s of the project group/s.

APPENDIX 3

Overview of the timeline of advanced practice in the UK



Source: Palmer *et al.* (2023)

APPENDIX 4

HSC Business case pro forma for expenditure (up to £500K)

Proportionate Effort, Advice & Guidance:

- The business case template is based on HM Treasury Better Business Cases guidance and follows the Five Case Model for preparing business cases.
- All sections of this proforma should be completed.
- **Proportionate effort should be used throughout commensurate with the level of expenditure and complexity of the proposal e.g. a project costing £50k will not require the same level of detail as a project costing £500k. The level of detail provided should be based on the judgement of the appraiser, however, all questions should be answered.**
- Text boxes can be expanded or reduced depending on the level of detail required.
- By addressing the points within the business case, the general principles of appraisal are applied, and a suitable analysis is made to aid decision-making and deliver a value for money solution.
- For detailed guidance on business cases and expenditure appraisal, consult the Better Business Case Guidance for NI or seek advice from relevant professionals within your department/SPPG Finance.

Key Details:

Project Title:	
Responsible SPPG Directorate:	
SPPG Directorate Reference:	
SPPG Finance Reference:	
Provider Reference:	
Investment Year:	
SPPG representative name, job title and contact details:	
Issue date of commissioner specification to provider:	
Expected provider return date:	
Service commencement date:	

Funding:

A	**Departmental Contribution**	£
B	**Other Government Bodies[1] Contribution**	£
C	**Other Contributions (If Any)**	£
	Total Project Cost (A+B+C)	**£**

New or Existing Funding:	
Nature of Funding: (Recurrent/Non-recurrent/Other)	
Source of Funding: (including relevant cost centre if appropriate)	
Cost of proposal per year:	***CYE (2022/23):***
	FYE (2023/24 and beyond):

Approvals:

Approval of the Revenue Business Case (RBC) confirms that each of the sections have been adequately addressed in accordance with the Better Business Case Guidance for NI and that the necessary equality and rurality considerations have been satisfied in accordance with the relevant legislation.

1 Refers to the government departments under the control of the Northern Ireland Executive and their NDPBs / ALBs

Provider Approval:

Prepared by **Name Printed:** **Grade/Title:** **Date:**
Responsible Director Signature (required for all submissions) **Name Printed:** **(signed)** **Grade/ Title:** **Date:**
Trust Authorising Officer **Name Printed:** **(signed)** **Grade/Title:** **Date:**
Trust Director of Finance Signature **Name printed:** **(signed)** **Grade/Title** **Date:**
Trust Chief Executive Signature (required if bid is over £100k) **Name printed:** **(signed)** **Date:**

SPPG Approval:

Responsible Assistant Director / Director Approval in line with SODA
(required for all submissions)

Name Printed: **(signed)**

Grade/ Title:

Date:

SPPG Director of Finance Approval(if required)

Name Printed: **(signed)**

Grade/ Title:

Date:

Approval by SPPG SMT
(required for all submissions over £1m)

Date of approval:

Background to the Project

Please summarise the background to the project; the purpose of the business case; and the expenditure for which approval is being sought.

Please provide details on the background to the project in this text box.

1 Strategic Case

1.1 Context

Please provide details on:

- How the proposal links to existing policies and strategies (internal and external);

The origin of the project in terms of:

- The spending objectives e.g. what improvements are required to fulfil spending objectives; identification of project drivers and scope grounded within operational needs (as opposed to potential benefits);
- Existing arrangements e.g. what is the current status quo; how is it organised / what is currently provided?
- How the proposal links to existing policies / strategies (internal and external) and, which Programme for Government (PfG) Outcome(s) it contributes to and how.

Please provide context to the strategic case within this text box

1.2 Assessment of Need

Please summarise the need for the project in terms of:

- The deficiencies (e.g. condition, compliance, utilisation, cost, and throughput); how are customers serviced / inconvenienced and the implications if the project does not proceed?
- The future business needs e.g. gap analysis; need / demand for future services including demographics and alternative sources of supply;
- The benefits and proposed beneficiaries (i.e. who will be better off?) should be documented along with how this will be measured (for quantified or non-quantified benefits) which will directly show the impact of the proposed project/programme.

Please provide details on the assessment of need within this text box.

1.3 Objectives & Constraints

In order to assist with the appraisal of options, appraisers should identify and provide a description of the following within Table 1.1:

- Objectives and associated Outcomes;
- Targets related to these Objectives, along with the current Baseline measure (the use of performance indicators, using the OBA approach, may be helpful here).

In developing objectives, these should be as 'SMART' as possible – i.e. Specific, Measurable, Achievable, Realistic and Time-Dependent.

Table 1.1 - Objectives

1.					
2.					
3.					
4.					

Appraisers should also identify:

- Constraints to the proposal (i.e. these are externally imposed and are usually a set of parameters within which the project must be delivered. This may include, but not be limited to affordability, spatial, legislative, timing, legal constraints etc.);
- Dependencies (e.g. is the project reliant on another project, or the external environment to be successful?).

Please provide details on the project constraints and/or dependencies within this text box.

2 Economic Case

2.1 Identification and Shortlist of Options

Describe the shortlist of options considered, including the advantages / disadvantages of each (e.g. SWOT analysis) within Table 2.1. The shortlisted options should include:

- The 'Status Quo' (i.e. Business as Usual / the baseline from which improvement will be measured);
- The 'Do Minimum' option (a realistic option that meets core requirements);
- A range of other options which are capable of delivering the objectives (either partially or fully);
- Conclusions should be drawn on the different options including their ability to meet objectives.

Table 2.1 - Options

Option	Description	Advantages	Disadvantages	Meets Objectives?
1.				
2.				
3.				
4.				

2.2 Monetary Costs

Appraisers should:

- Detail the assumptions and sources utilised in producing the costs and benefits associated with each option considered;
- Cost each of the shortlisted options (refer to summary Table 2.2). A total / whole life cost should be used (based on project lifecycle) and should be both realistic and prudent;
- Table 2.2 should be completed for each of the options, with a detailed Net Present Cost (NPC) / Net Present Value (NPV) spreadsheet (Template) attached as an appendix;
- Provide evidence of costs being benchmarked or market tested (where appropriate)

Table 2.2 – Monetary Costs

Capital Expenditure							
Optimism Bias* (£)							
TOTAL CAPITAL COST (CAPEX)							
Operating Expenditure							
TOTAL OPERATING COSTS (OPEX)							
Total Expenditure							
TOTAL PROJECT COSTS (CAPEX + OPEX)							
NPC / NPV							

*Optimism Bias should be included for capital costs only.

2.3 Benefits

Summarise the benefits that will be delivered as part of the investment. This should include:

- Benefits by option (e.g. type of benefit, who will benefit, how the benefit will be measured? e.g. cash / non cash or quantitative / qualitative – i.e. non-monetary benefits) using Table 2.3.

Table 2.3 - Benefits

Benefit	Benefit Type	Impact on Option 1	Impact on Option 2	Impact on Option 3	Impact on Option 4
1.					
2.					
3.					
4.					

1.4 Risks

Detail the risks associated with each of the shortlisted options using Table 2.4. This should include:

- Differing types of risks (e.g. business, service and external risks) and their mitigations for managing the risk;
- An overall risk rating for each option should be provided (e.g. High, Medium or Low).

Table 2.4 - Risk

Risk Description	Likely Impact (I) and Probability (P) of Risk (H/M/L)				State how the options compare and identify relevant risk management / mitigation measures
	Option 1	Option 2	Option 3	Option 4	
1.					
2.					
3.					
4.					
Overall Risk (H/M/L)					

2.5 Recommended / Preferred Option

Select the recommended / preferred option for delivery. This should detail the:

- Selection decision – i.e. why has this option been selected from the shortlist of options developed (e.g. costs / benefits / risks / objectives / compliance / legal / ethical considerations may assist in explaining the decision). The recommended / preferred option will be taken forward for further analysis in Sections 3, 4 and 5.

Please provide a summary on why the recommended / preferred option has been chosen within this text box.

3 Commercial Case

In this section, the appraiser should provide an outline of the proposed procurement – i.e. what will be procured. It would be useful to consult either Construction and Procurement Delivery (CPD) or your relevant procurement expert within your department for advice on the procurement strategy. Appraisers should detail the following information in relation to the procurement:

- Describe the outputs – i.e. goods, services and works that will be procured and any legal / staffing implications associated with the preferred option;
- The approach to procurement (i.e. the strategy to undertake it) and the rationale for it;
- Market knowledge, e.g. demonstrate whether there has been any supplier engagement, the market risks and the number of potential bidders;
- How the proposed approach meets existing procurement rules and regulations and delivers value for money.

Please detail the commercial case within this text box

4 Financial Case

Following on from the procurement strategy, the appraiser should outline how the procurement of the project will be funded. Other relevant information regarding the funding of the project should include:

- Presentation of the financial implications and sources of funding for the preferred option (whole life cost inclusive of VAT, optimism bias, depreciation etc.) should be detailed in Table 4.1. For investment proposals exceeding five years, the table should be expanded accordingly;
- Details should be provided to confirm if the funding is secured / applied for, or what stage negotiations may be at;
- Assumptions surrounding revenue generation should be explained and justified where possible. An assessment of viability should be made. If a business plan has been completed as part of the project documentation, please append this to the Proforma;
- Please consult your relevant finance expert within your department for advice.

Please detail the financial case within this text box

Table 4.1: Cost and Funding for the Preferred Option

	Year 0	Year 1	Year 2	Year 3	Year 4	TOTAL
Capital Expenditure						
TOTAL CAPITAL COST (CAPEX) inc OB						
Operating Expenditure						
TOTAL OPERATING COSTS (OPEX)						
Total Expenditure						
TOTAL PROJECT COSTS (CAPEX + OPEX)						
Funding						
CAPEX Funding						
OPEX Funding						
Third Party Funding (CAPEX if any)						
Third Party Funding (OPEX if any)						
TOTAL FUNDING						
AFFORDABILITY ASSESSMENT	**Year 0**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
Shortfall / Surplus CAPEX (CAPEX Costs – CAPEX Funding including Third Party)						
Shortfall / Surplus OPEX (OPEX Costs – OPEX Funding including Third Party)						
Revenues						
Sales and Other Revenue / Income						

5 Management Case

Following on from the funding and affordability statement, the appraiser should outline the arrangements in place to successfully deliver the scheme / project. This should include:

- Proposed governance arrangements (e.g. diagram detailing roles, responsibilities and reporting lines and how the governance structure works);
- Project plan for delivery;
- Project assurance (i.e. definition of monitoring and quality criteria; monitoring performance and delivery; progress reports; provision of advice, guidance, support and information e.g. potential / actual overruns). This should include independent and impartial reviews including Gateway Reviews where appropriate;
- Management of risk (i.e. allocation and sharing of risk to those best placed to manage the risk via the public / private sectors);
- Delivery of benefits (i.e. benefits realisation plan); consideration should be given as to how this proposal fits into your business area's Report Card, with arrangements for collection of project management information in relation to the proposed activity, under the headings of 'How much did we do? How well did we do it? Is anyone better off'?
- Post project evaluation (e.g. who by / when PPE is completed, what will be evaluated and how widely will lessons learned be disseminated. Consideration should be given to providing an interim evaluation.

Please detail the management case within this text box

Benefits Realisation Template
Programme and Project Benefits Management Templates

OBA Guidance
Outcomes Delivery Plan Guidance

For further Information, please contact:

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November 2023

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