



**Northern Ireland Practice and Education  
Council for Nursing and Midwifery**

*A Strategic Framework for Enhancing Practice  
Development Knowledge, Skills and Expertise  
in Northern Ireland (2009)*

Annual Implementation Progress Report

A Regional View



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## ACKNOWLEDGEMENTS

Internationally, person-centred practice is high on government agendas in terms of how care services are organised. It is embedded in a range of regional policy documents including '*A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery*' (DHSSPS, 2010) and '*Improving the Patient and Client Experience*' (DHSSPS, 2008) where the focus is explicitly on the promotion of 'person-centred standards'. Maintaining the drive for person-centred cultures is also at the core of the safety, quality and patient experience agenda, outlined in *Quality 2020* (DHSSPS, 2011).

*The Strategic Framework for Enhancing Practice Development Knowledge, Skills and Expertise in Northern Ireland* (2009) is at the heart of these agendas. This Report highlights the work of the Regional PD Strategic Framework Implementation Group to date, which has gone some way towards supporting a regional approach to the development of knowledge, skills and expertise for Practice Development (PD) across Health and Social Care (HSC) organisations in Northern Ireland. The on-going focus of the Regional Implementation Group will assist the DHSSPS, as well as the Commissioning, HSC and Education Provider organisations in developing strategies to ensure a regional, joined up approach to the development, commissioning and evaluation of practice development learning programmes, projects and initiatives, which are strategically appropriate, reflect organisational needs and are working effectively to offer the maximum benefit to patients and their families.

I would like to express my sincere thanks to the members of the Regional PD Strategic Framework Implementation Group who committed their time, energy and expertise to this work. I would also like to thank all of the key stakeholders across the HSC system who took part in the various consultations and attendance at meetings and workshops during the development of the Strategic Framework and supporting Operational Plan and Products Portfolio publications.

A particular word of thanks goes to Dr Carole McKenna, NIPEC Senior Professional Officer, for hosting the Group on behalf of NIPEC, coordinating and facilitating meetings and events and contributing to the drafting, printing and dissemination of the aforementioned publications.



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Professor Brendan McCormack  
*Chair of the Regional Implementation Group*

## 1.0 Introduction and Background

- 1.1 The modernisation and reform of health and social care services (HSC) in Northern Ireland is aimed at improving health outcomes, raising the quality of service delivery and improving the patient experience across the pathway of care. These aspirations are underpinned by principles of safety, effectiveness, efficiency, equity, access, and patient participation. There is also an increasing emphasis on the provision of person-centred care within healthcare systems; broadly interpreted as treating people as individuals. Existing evidence would suggest that to work effectively in this way requires the formation of therapeutic relationships between professionals, patients and others significant to them in their lives and that these relationships are built on mutual trust, understanding and a sharing of collective knowledge (Binnie & Titchen, 1999; McCormack, 2001; Nolan et al., 2004; McCormack, 2004; Dewing, 2004; Manley et al., 2008).
- 1.2 Person-centred practice is embedded in a range of regional policy documents including '*A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery*' (DHSSPS, 2010) and '*Improving the Patient and Client Experience*' (DHSSPS, 2008) where the focus is explicitly on the promotion of 'person-centred standards'. Maintaining the drive for person-centred cultures is also at the core of the safety, quality and patient experience agenda, outlined in *Quality 2020* (DHSSPS, 2011). McCormack et al (2011, p9) contend that "*developing person-centred cultures is not a one-person job; it requires commitment from a whole team ... .. nor are they achieved through one-off change events*".
- 1.3 High profile failures in health care systems and examples of poor quality of care have recently been identified leading to the needs of the organisation being regarded as having taking precedence over those of the patient (McCullough, 2011; Francis, 2013; Keogh, 2013; Berwick, 2013). Recommendations from the Francis Report (2013) highlight the need for staff working in healthcare to adapt and demonstrate a shared culture in which the patient is the priority in everything.

According to McCance (2013) achieving this requires a common set of shared core values; leadership at all levels; involvement of all staff; systems that recognise and apply the values of transparency, honesty and candour; freely available, useful and reliable information and a tool or methodology to measure cultural health.

- 1.4 Practice development, a systematic process, facilitates all of the above with the intended outcome of improving the patients' experience through person-centred practice. This is achieved by engaging practitioners in practice-based learning, enabling them to critically explore through reflection their practice with the intention of transforming the culture and context of care for patients, users, staff, teams and the service (Garbett & McCormack, 2002; Manley et al., 2008).
- 1.5 Although a range of practice development programmes, projects and initiatives have already been or are currently being delivered, implemented and evaluated within HSC organisations across Northern Ireland, McCormack et al (2011) report that there is more to be done in the development of person-centred care to move from 'person-centred moments' (individual, ad hoc experiences of person-centredness) to 'person-centred care' as an underpinning culture of all teams and organisations.
- 1.6 To support this, in 2009, '*A Strategic Framework for Enhancing Practice Development Knowledge, Skills and Expertise in Northern Ireland*' was developed as a partnership between The University of Ulster, NIPEC, the Health and Social Care Trusts, Queen's University, Belfast and the Royal College of Nursing. The framework sets out a vision for the systematic development of practice development knowledge, skills and expertise with the intention of achieving a regional, joined up approach to the development, commissioning and evaluation of practice development learning programmes, which are strategically appropriate and better reflect organisational needs.

1.7 The framework was officially launched in October 2011 at a seminar in Belfast attended by individuals representing a range of key stakeholder groups. The key strategic issues for implementation identified were:

- Location of practice development within existing Health and Social Care (HSC) strategy
- Collaboration between all stakeholders
- On-going development of practice development knowledge, skills and expertise
- On-going development of facilitators.

1.8 This paper presents a report of progress to date, outlining the methodology utilised, the outputs developed and the key recommendations for on-going implementation and monitoring of the framework.

## **2.0 Process for Reviewing Progress**

2.1 In 2011, a Regional PD Strategic Framework Implementation Group was established, hosted by NIPEC, to ensure a robust and formal process was in place to oversee the implementation and monitoring of progress against the Strategic Framework. The remit of the Group is to:

- i. Promote ownership of the Strategic Framework within all HSC Trusts in Northern Ireland.
- ii. Encourage strategic working between education providers across Northern Ireland.
- iii. Inform the development of a range of learning opportunities that will facilitate the growth of skills and expertise across the novice to expert learning and development framework.

- iv. Influence the design of Trust based activities that will facilitate the growth of skills and expertise across the novice to expert learning and development framework.
- v. Design and agree a process to quality assure learning and development opportunities.
- vi. Provide guidelines for the evaluation of Practice Development activities to demonstrate its value to enhancing person-centred care/cultures.

2.2 The Regional PD Strategic Framework Implementation Group, chaired by Professor Brendan McCormack, Director of the Institute of Nursing and Health Research and Head of the Person-centred Practice Research Centre at the University of Ulster, is comprised of Nursing and Midwifery representatives from the University of Ulster, NIPEC, all five Health and Social Care Trusts, Queen's University, Belfast and the Royal College of Nursing. The membership of the Group is presented in Appendix One.

2.3 The Group meets 3-4 times per year and aims to secure implementation of the Strategic Framework. A Terms of Reference for the Group is attached at Appendix Two.

### **3.0 Baseline Assessment and Progress**

3.1 During 2012, a draft tool was developed to collect data to measure the level of progress against the Strategic Framework. The draft tool was constructed to enable organisational self-assessment against the key areas for action outlined within the Strategic Framework to be evidenced and documented. A rating system (Figure 1) was included to assist organisations to indicate the extent of progress. Organisations were also encouraged to submit examples of evidence and action plans as necessary as part of the self-assessment process.

Figure 1: rating system used to indicate the extent of progress by HSC Trusts

No Progress	Some Progress	Significant Progress	Fully Achieved
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- 3.2 A face and content validity exercise was undertaken and following minor changes it was presented to the Regional PD Strategic Framework Implementation Group. The Group agreed to pilot test the progress measurement tool to identify a baseline of where each of the HSC Trust representatives responsible for leading on relevant actions within the Strategic Framework were in relation to these. Responses on progress were received from all HSC Trusts providing a baseline assessment.
- 3.3 From March 2013 to March 2014, the HSC Trusts representatives completed the progress measurement tool on a quarterly basis. Updates were provided at each Regional Implementation Group meeting and action plans were agreed for further enhancement of PD programmes, projects and activities at a regional and local level. The combined findings from completion of the progress measurement tool by HSC Trusts during 2013 and 2014 have been presented in Table 1 (Appendix Three).
- 3.4 Simultaneously, two subsequent documents were produced by the Regional Implementation Group to support the implementation of the Strategic Framework: ‘*An Operational Plan to Facilitate the Development of Practice*’ (2011) and ‘*A Products Portfolio*’ (2013). At the heart of these documents, which aim to enhance the practice development knowledge, skills and expertise in Northern Ireland, is ‘The Skills Escalator’ based on work by Benner (1984). This escalator identifies the learning outcomes that individuals should have achieved at the 5 different levels, with the underpinning assumption that movement should be dependent on attaining the knowledge and skills at each level before moving to the next. It is essential that systems and processes are in place to enable staff to

assess their existing practice development knowledge and skills in order to determine the 'level' at which they enter the framework and pursue their development.

- 3.5 Links have also been made during 2013 and 2014 with the HSC Safety Forum and the DHSSPS Chief Nursing Officer to align the Strategic Framework with policy and strategy.

#### **4.0 Discussion**

- 4.1 Work has steadily been progressing to review progress and monitor the implementation of the Strategic Framework. This process has been supported by the establishment of a Regional PD Strategic Framework Implementation Group. A self-assessment measurement tool has also been developed and implemented with HSC Trusts on a quarterly basis during 2013 and 2014. Although the findings provide a very broad overview of progress within HSC Trusts across the wide range of areas and settings, they have gone some way towards providing a baseline of where HSC Trust representatives responsible for leading on relevant actions outlined in the Strategic Framework are in relation to these and have helped to identify exemplars of good practice.

- 4.2 There have been many benefits to the approach that has been taken to date including the direction and support provided by the Regional PD Strategic Framework Implementation Group. To date, the Group has gone some way towards supporting a regional approach to the development of knowledge, skills and expertise for PD. This has included supporting stakeholder representatives to develop action plans linked to the Strategic Framework and supporting documents to review learning needs and commission according to need that is informed by an understanding of the available products, building capacity for engaging in PD, delivering flexible PD programmes and integrating the PD skills framework into appraisal systems.

- 4.3 In-roads have also been made in relation to these areas through the development and delivery of a range of programmes including the Developing Practice in Healthcare Programme, context specific PD programmes, (for example, the Mental Health PD programmes), the Person-centred Productive Ward and projects funded and supported by outside sources including the Patient's First Programme through the Foundation of Nursing Studies (FoNS).
- 4.4 A significant achievement in this period has been the development of the first ever 'Practice Development and Patient Safety School' in collaboration with the NI Patient Safety Forum and jointly funded by the HSC Nursing Division and the Office of the Chief Nursing Officer. The effectiveness of this school will be formally evaluated with the intention that it becomes a new PD product that can be commissioned in subsequent years.
- 4.5 However, there is currently a limited 'formal' infrastructure to support large-scale PD programmes and build PD facilitation capacity across Northern Ireland. Therefore, a proposed new approach for monitoring progress has recently been agreed by the Regional PD Strategic Framework Implementation Group and the DHSSPS Chief Nursing Officer. Aligning the role of the Group to the Chief Nursing and Midwifery Advisory Sub-Committee for Safety, Quality and Patient Experience will provide an additional formal support to on-going implementation of the Strategic Framework, oversee regional PD programmes, projects and initiatives and provide assurances to the Chief Nursing Officer of progress made towards person-centred cultures within HSC teams and organisations across Northern Ireland.
- 4.6 Utilising this formal support, the work of the Regional Implementation Group will continue to be underpinned by the principles of practice development (participation, inclusion and collaboration) and will use a range of practice

development methods that focus on working collectively, facilitation and evaluating practice.

## **5.0 Next Steps**

- 5.1 From 1<sup>st</sup> April 2014, the Regional PD Strategic Framework Implementation Group will be hosted by NIPEC, on behalf of the DHSSPS. NIPEC will be accountable to the DHSSPS Chief Nursing Officer for the Group, supported by the Chair of the Chief Nursing and Midwifery Advisory Sub-Committee for Safety, Quality and Patient Experience. The Group will continue to meet 3-4 times per year and a Terms of Reference will be agreed.
- 5.2 The Group will be hosted and coordinated, on behalf of NIPEC, by Dr Carole McKenna, NIPEC Senior Professional Officer (SPO) who will also be a member. NIPEC will co-ordinate meetings, workshops, and events on behalf of the Group and will provide agreed administration support to facilitate the work of the Group as required. Updates and relevant information regarding the work of the Group will be available on NIPEC's website.
- 5.3 The Group will be chaired by the Chair of the Chief Nursing and Midwifery Advisory Sub-Committee for Quality, Safety and Patient Experience. The Group will be chaired on an interim basis by Christine Boomer, (Research Fellow UU/SEHSCT) until the chair of the Sub-Committee takes up this position.
- 5.4 Existing representation from key stakeholder organisations on the Group will continue which includes the DHSSPS (Nursing Officer for Workforce, Education and Regulation), HSC Trusts (Assistant/Co-Directors/Education/PD Leads), NIPEC (Senior Professional Officer/Group Facilitator), RQIA and representatives from Education Provider and Professional organisations. Current members of the Group are presented in Appendix One.

- 5.5 The progress measurement tool will continue to be utilised on a quarterly basis to support the measurement of further progress and validate evidence by relevant organisations in relation to each of the actions outlined in *the Strategic Framework* and key recommendations from policy directions.
- 5.6 A Strategic Outline Business Case will be developed when and where appropriate/required to ensure that a dedicated resource is secured to support the implementation of the Strategic Framework, Operational Plan and Products Portfolio.
- 5.7 An annual report detailing progress will be provided to the DHSSPS Chief Nursing Officer in April 2015.

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Northern Ireland Practice Development Knowledge and Skills Strategic Framework Implementation Group (2013) *Products Portfolio*.

**Membership of the Regional PD Framework Implementation Group**

<b>NAME</b>	<b>ORGANISATION</b>
Professor Brendan McCormack (Chair)	UU
Dr Carole McKenna (Host)	NIPEC
Professor Tanya McCance	UU
Professor Vivian Coates	UU/WHSC
Dr Patricia Gillen	SHSCT
Caroline Lee	DHSSPS
Leontia Hoy	QUB
Lynn Fee	SHSCT
Gillian McCorkell	NIRAQ
Christine Boomer	UU/SEHSC
Anne Witherow	WHSC
Michael Davison	CEC
Elizabeth Graham	NHSC
Rita Devlin	RCN
Moira Mannion	BHSC
Fiona Wright	SHSCT
Brendan McGrath	WHSC
Sharon McRoberts	SEHSC

**Regional PD Framework Implementation Group**

**Terms of Reference**

1. Ensure a robust and formal process is in place to oversee the implementation and monitoring of progress against the Strategic and Operational PD Frameworks.
2. Participate in agreed workstreams at a local/regional level to support the achievement/progression of the Strategic and Operational PD Frameworks.
3. Ensure alignment with other relevant regional and national strategies e.g. Quality 2020.
4. Ensure an effective communication plan is in place that keeps local/regional stakeholders informed of the group's work/progress.
5. Identify further opportunities for strategic collaboration, sharing of good practice via HSC Trusts' updates, patient safety forum links, programme evaluations and reflecting on success of practice development initiatives.
6. Secure additional resources where applicable/possible to support work on local priorities
7. Inform other partnership organisations/groups on relevant issues and priorities and identify gaps across the range of practice development initiatives/provision to inform future planning/commissioning
8. Advise the DHSSPS Chief Nursing Officer, on an annual basis, of the progress being achieved by lead organisations against the Strategic and Operational PD Frameworks, in the form of an annual report.

TABLE 1: SUMMARY OF SELF ASSESSMENT REPORTED BY HSC TRUSTS

ACTION AREA: LEARNING NEEDS ANALYSIS					
There is evidence of:	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014
UNDERTAKING AN ASSESSMENT OF LEARNING NEEDS USING THE PRACTICE DEVELOPMENT SKILLS ESCALATOR AT TEAM AND/OR ORGANISATIONAL LEVEL, SUPPORTED BY THE GUIDANCE PROVIDED BY NIPEC (2008).	Significant Progress	Significant Progress	Some Progress	Some Progress	Some Progress
<b>Details Of Progress/Evidence</b>	An assessment of learning needs using the PD skills escalator promoted as part of the ward sister/charge nurse development programmes for their team, and individuals are supported to complete a self assessment. The facilitation and leadership module of the developing	Introduction of Learning in Caring TNA Tool into acute care areas. Facilitating managers to identify corporate, mandatory and specific training requirements including PD opportunities. Continued implementation of Learning in caring TNA Tool. Currently 31 clinical areas have this implemented.	Some progress made in line with the Person-centred PD programme – which we are currently recruiting for in the Trust.	The Products Portfolio has been circulated to wards and facilities as a resource for the learning needs analysis and will be used to inform the Education Commissioning plan for 2014/15.	Limited Progress- skills escalator has been highlighted to service leads by lead nurse for workforce planning and education. However work is still on-going and early stages in changing mind-set of Professional Leads in choosing course by titles to exploring and acknowledging skill set required to undertake activities and learning outcomes.

	<p>practice in healthcare programme. PD needs are included in the annual commissioning process, however due to the limited availability of products over recent years, requests have reduced. Within the developing practice in healthcare programme participants assess themselves against the PD skills escalator for specific modules.</p>				
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ACTION AREA: PRACTICE DEVELOPMENT PRODUCTS					
There is evidence of:	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014
DEVELOPING AN UNDERSTANDING WITHIN THE ORGANISATION OF THE RANGE OF PD PRODUCTS THAT CAN BE COMMISSIONED TO ADDRESS THE NEEDS IDENTIFIED.	Significant progress	Significant progress	Some Progress	Significant Progress	Some Progress
Details Of Progress/Evidence	<p>THE BHSCT has led in the Development and implementation of the DPHC Programme and delivery in BHSCT</p> <p>The development and implementation of the PG Cert in the past and is part of the group undertaking a full review.</p> <p>Development, implementation and delivery of the <u>Facilitation and Leadership Module</u> of the DPHC Programme which was delivered in partnership with the SET in 2012/13 and again in Oct 2013/ 14</p> <p>Working with CEC to enable the organisation to deliver further Regional <u>Facilitation and Leadership Module</u> for the DPHC Programme</p>	<p>NHSCT have for first time enrolled 6 students on the DPHC Pathway.</p> <p>NHSCT IN 2<sup>ND</sup> Year of DPHC Pathway with 4 students enrolled at masters level and 4 students at undergraduate level.</p> <p>The Trust continues to develop facilitators and presently has 4 DPHC facilitators.</p>	<p>PD strategy documents and PD products portfolio presented to N&amp;M workforce/L&amp;D forum and products portfolio doc circulated widely.</p> <p>DPHC presented at Trust forums and meetings – highlighting links with PD and PCP (linked also to Trust N&amp;M strategy).</p> <p>Additional DPHC facilitators being recruited and developed PG Cert.</p> <p>Facilitating L&amp;D</p>	<p>A successful Inspection visit to SHSCT has taken place and the MOU for DPHC pathway has been signed by the School of Nursing at Ulster and the Trust. It is the first Trust to incorporate AHPs in the student group.</p> <p>The Education Commissioning plan has been circulated to managers. In order to inform and encourage Nurses, Midwives and AHP's to request places on the DPHC programme, an awareness session is taking place on 11<sup>th</sup></p>	<p>Education sub group of TNMG Coordinates Education Commissioning, within the WHSCT.</p> <p>Lead Nurse workforce Planning and Education outlines specific education and training available to professional leads within all directorates, including the range and portfolio of PD products. The Trust position is that Education is commissioned for staff who are</p>

	<p>The BHSCT secured funding from the ECG to work with UU to deliver a Programme to support Facilitator capacity building</p> <p>As part of the Person-centred Practice Strategic Plan, a series of products have been developed e.g Understanding Person-centred Practice Understanding Practice Development Gathering feedback: Collecting Patient stories</p> <p>Provides mentorship to individuals in other trusts undertaking the above</p>		<p>presented to N&amp;M workforce/L&amp;D forum Dec 2013 and flyer circulated – aiming for at least 2 students in 2014/15 academic year.</p> <p>Presentation of the DPHC programmes at the N&amp;M Lunch and Learn scheduled for Sept 2013. Interest continues to grow. 20 modules requested for 2013/14. Identifying potential staff to undertake PG cert facilitation to commence 2014/15 Marketing PD products via the Trust N&amp;M workforce/L&amp;D forum</p>	<p>December in the Trust.</p> <p>There is some evidence of uptake of PD products including attendance by Trust staff on DPHC programme and attendance at the RCN Person Centred care programme.</p> <p>In addition, 5 members of staff including 1 AHP are attending the PD School in Apr/May.</p>	<p>working on a service improvement/ change management project and identified where PD methodology will be utilised- e.g. Productive Ward.</p>
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ACTION AREA: BUILDING CAPACITY					
There is evidence of:	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust
	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014	March 2013 - March 2014
BUILDING CAPACITY FOR ENGAGING IN PRACTICE DEVELOPMENT WITHIN TEAMS BY ENSURING A COHORT FROM ANY ONE TEAM HAS THE OPPORTUNITY OF A SHARED LEARNING AND DEVELOPMENT EXPERIENCE.	Significant progress	Significant progress	Significant progress	Significant progress	Significant progress
<b>Details Of Progress/Evidence</b>	<p>The BHSCT secured funding from the ECG to work with UU to deliver a Programme to support Facilitator capacity building in 2012. Established the Facilitators Forum to support individuals to develop their facilitation and knowledge and skills and to share experiences; however this has been put on hold until March 2014. Supported the CEC to develop a range of products on PCP and PD. PD approaches underpins Productive Ward (PW) activities. Presented at the Island of Ireland PW Conference in Dublin in Oct 2013.</p>	<p>NHSCT have re-energised the supervision policy and introduced a preceptorship policy. The Trust has also introduced Practice Development posts in Mental Health, Renal and Midwifery. Recent report to CNO identified significant improvement in nursing staff availing of supervision activity. The Trust has developed NHSCT 'Quest for excellence' Nursing and Midwifery Strategy 2013-2016 using methods of staff inclusion and</p>	<p>A number of activities on-going to develop capacity: Person-centred PD programme proposal presented to N&amp;M leads and teams – currently recruiting aiming to commence in Jan 2014 - facilitator development will be integral to this programme. Good evidence of emerging K&amp;S development within the submitted DPHC portfolios 2012/13 year. We are considering a mechanism</p>	<p>A number of practice based projects continue to be progressed in the Trust including the Regional Record Keeping Project led by NIPEC; Releasing Time to Care; Organisation of Care and Productive ward.</p> <p>A quality strategy is being developed with discussions about how best to share the Quality initiatives that are being undertaken by staff in the Trust, many of which use PD Methodologies.</p>	<p>A nursing EBP Forum has been formed comprising nursing representatives from each ward/ group of wards/ unit. Using methods of "high challenge" and "high Support" EBP Link Nurse act as a role model and information resource for colleagues, and liaise between their clinical area and the EBP Group. Reflecting on practice and using action research/ practice development methodology, link nurses in the Acute</p>

	<p>Developed a <i>Meal Time Experience Observation Toolkit</i> to support the DHSSPS 'Promoting Food and Nutrition Strategy'. The tool was developed with a MDT and is based on the WCCAT, Productive Ward Meal time module and the IIH 15 Steps tool.</p> <p>PD Activities have been registered with the BHSCT Leadership and Innovation Academy Practice Education Team participated in the BHSCT PCP Programme and using PD Principles have changed team working practice and are influencing education e.g. delivery of mentor preparation programme. The team also has developed an action plan to promote and raise awareness of PCP across all student areas.</p>	<p>participation. Funding has been received for service improvement projects from FONS and Queens Nursing Institute.</p>	<p>whereby as a Trust we pull outcomes from the portfolios of evidence. The 2 staff who successfully completed the PG cert Facilitating learning and development 2012/13 are to become practice-based facilitators for the DPHC Being a person-centred facilitator workshop developed between UU, SET &amp; BHSCT for new and existing facilitators of DPHC – very successful day and this is now being incorporated into both the student induction and revised regional induction/development programme for all new DPHC facilitators.</p> <p>X 1 ward involved in international KPI in Paeds project X 2 FoNS funded 'patients first' projects completed</p>	<p>Further to a RQIA Inspection, observations of practice have been undertaken in the Acute Directorate by the Executive Director of Nursing, Assistant Directors and Heads of Service who are registrants. An action plan is being developed to provide support for clinical areas.</p>	<p>Sector identified with colleagues an aspect of care, related to patients with Dementia, which required further investigation – creating a shared learning environment. Work is currently on-going to utilise and implement this into practice. The ultimate goal is to provided person centred practice, improve the patients experience and that of their families and also improve the ward's experience of caring for the patient with dementia, which can be challenging, into days current resources.</p> <p>In addition, Community staff, using action learning methodology has devised a Urinary Catheter Troubleshooting Pathway that will be implemented into practice throughout</p>
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			<p>(nurse facilitated discharge in Paeds + use of pain scores with patients with dementia), at consolidation and writing up stage – to be presented to Trust in April 2014. (NB 1 of these was with an area with no prior exposure to PD) + 1 new patients first FoNS project commenced Dec 2013 – introducing patient diaries in ICU Profiling PD within the new Quality Improvement and Innovation Centre (QIIC) due to open Jan 2014. Bespoke programmes in ward areas explicitly using PD methods to surface, raise awareness and understanding of issues. All plans are clearly tied into the strategic direction set out in the new SET N&amp;M strategy.</p>		<p>the Trust once approval has been obtained by the Governance Committee.</p> <p>The Trust applied for and has secured a FoNS bursary. This has been awarded to an acute medical ward and the team will be exploring a person centred work culture linked to the development of a person centred care planning approach. They have attended their first set of workshops in the first week of December in London week</p> <p>The roll out of the SKIN bundle through the patient safety programme has been underpinned by PD methods such as reflection, high challenge high support and the use of PDSA cycles with significant improvements made</p>
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					in the pilot ward in terms of patient Safety and cost reductions. The trust recognised the value of this work at the recent Trust Staff Awards with the joint first prize for team working and improved roved patient experience and outcomes.
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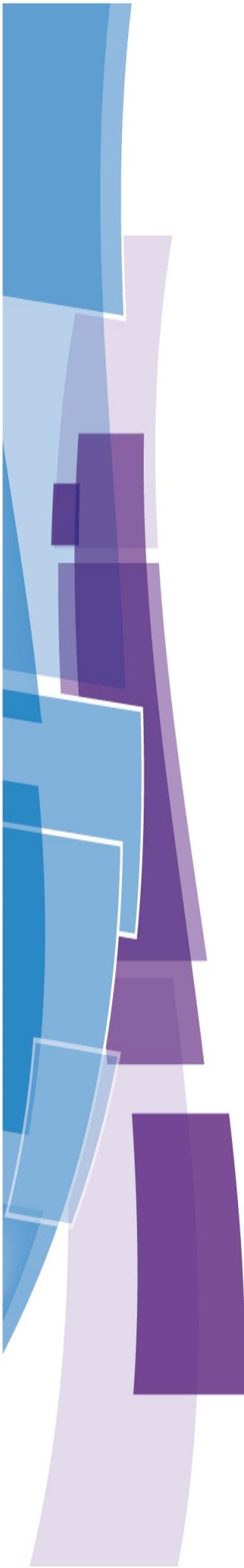
<b>ACTION AREA: PRACTICE DEVELOPMENT PROGRAMMES</b>					
<b>There is evidence of:</b>	<b>Belfast HSC Trust</b>	<b>Northern HSC Trust</b>	<b>South Eastern HSC Trust</b>	<b>Southern HSC Trust</b>	<b>Western HSC Trust</b>
	<b>March 2013 - March 2014</b>	<b>March 2013 - March 2014</b>	<b>March 2013 - March 2014</b>	<b>March 2013 - March 2014</b>	<b>March 2013 - March 2014</b>
<b>DELIVERING PRACTICE DEVELOPMENT PROGRAMMES THAT ARE FLEXIBLE TO TAKE ACCOUNT OF THE DIVERSE LEARNING NEEDS THAT WILL EXIST ACROSS TEAMS.</b>	<b>Significant progress</b>	<b>Significant progress</b>	<b>Significant progress</b>	<b>Significant progress</b>	<b>Significant progress</b>
<b>Details Of Progress/Evidence</b>	<p>A number of practice development programmes have been commissioned and delivered in BHSCT over the last number of years. More recently:</p> <p>The first Facilitation and Leadership Module was delivered in partnership with SET. The first non nurse attended and provided positively feedback throughout the programme. Cohort 7 commenced in Sept 2013.</p>	<p>Staff working in clinical areas have had the opportunity to attend person-centred study days. Feedback from ward managers and staff has been very positive. Several projects have been completed through the DPHC Pathway such as MUST-Nutrition project in acute care ward and handover induction of labour guidance, enhancing facilitation skills whilst working with service and teams. Further projects are planned with support from FONS and Queens Nursing Institute. Additionally the Trust have developed a HCA development programme</p>	<p>Number of strategies activities on-going here:</p> <p>Final cohort (i.e. 2 wards) of the Person-centred productive ward commenced in September</p> <p>Promoting staff to apply for PD funding opportunities, currently in progress: X 2 FONS 2012/13 supported 'patients first' projects consolidating and writing up – in paediatrics and pain service (see capacity section) X 1 new FONS 2013/14</p>	<p>A successful Inspection visit to SHSCT has taken place and the MOU for DPHC pathway has been signed by the School of Nursing at Ulster and the Trust. It is the first Trust to incorporate AHPs in the student group.</p> <p>The Education Commissioning plan has been circulated to managers. In order to inform and encourage Nurses, Midwives and AHP's to request places on the DPHC</p>	<p>2 TNMG workshops relating to the professional issues in nursing and midwifery were held May/June 2013. This led to a number of Value Clarification Exercises with Senior Nurses to determine their values and beliefs with regards to "person-centeredness". Followed up by a survey involving frontline staff.</p> <p>A series of PD workshops for a much wider group of staff are being planned in</p>

	<p>In 2012/13, the Person-centred Practice Programme is being delivered in the Belfast Trust with 7 teams across the Directorates currently engaged in the programme, from both acute and community settings involving the multidisciplinary team</p> <p>Those facilitating the Person-centred Practice programme in clinical practice were supported through an additional learning opportunity in the form of the bespoke facilitator programme funded by the ECG at the DHSSPS and delivered in partnership with the IPDC. The evaluation of this programme has informed regional commissioning of this programme and supports the delivery</p>	<p>explicitly utilizing PD tools to aid reflection and communication.</p>	<p>'patients first' programme commenced in ICU Dec 2013 – introducing patient diaries in ICU</p> <p>All new PD programmes clearly mapped to Trust N&amp;M strategy – to provide outcomes related to same</p> <p>Person-centred PD programme to commence in Jan 2014 – working with 4 teams in 2 cohorts to test out and 7 month programme aimed at creating the conditions for PCP. Research evaluation of same to deliver outcomes mapped to N&amp;M strategy.</p> <p>Profiling practice development as an improvement methodology in the QIIC alongside patient safety, etc.</p> <p>CEO profiling 'culture workshops' and their contribution to change</p>	<p>programme, an awareness session is taking place on 11<sup>th</sup> December in the Trust.</p> <p>There is some evidence of uptake of PD products including attendance by Trust staff on DPHC programme and attendance at the RCN Person Centred care programme.</p> <p>In addition, 5 members of staff including 1 AHP are attending the PD School in Apr/May.</p>	<p>conjunction with the CEC to explore the values/ beliefs - claims and concerns of band 5 and 6 staff in relation to person centeredness and nursing documentation.</p> <p>Productive ward work is on-going with workshops underpinned by PD methodology for the wards involved in PD.</p> <p>There has been some exploration and early conversations with the Clinical Education Centre in respect of the development of a Trust PD strategy and this will be taken forward in the early new year with their help and support</p> <p>The Trust was involved in the All Ireland PW conference held in Dublin October 2013 giving an overview of the PW in Northern Ireland and it was</p>
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	<p>of the Regional Practice Development Implementation Plan.</p> <p>The BHSCT has provided regional training on range of methodologies including patient and client surveys, observations of practice, patient stories and reviews of compliments and complaints to monitor compliance. The methods have now been adapted for use in a range of settings including acute medical and surgical, intermediate care, emergency departments, residential settings and mental health. Progress on this work is reported internally to the Equality, Engagement and Experience Steering Group. This group are considering ways</p>		<p>etc. at Trust Leadership conference</p>		<p>very evident by the range of speakers that PW is being underpinned by PD strategies which was very refreshing and exciting to see.</p>
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	<p>to ensure that this work is further embedded into governance arrangements within Directorates.</p> <p>The Ambulance Trust has requested training on a range of methodologies including patient and client surveys, observations of practice, patient stories and reviews of compliments and complaints to monitor compliance.</p> <p>The 10,000 Voices regional project commissioned by the PHA, which is in the planning phase. This project will focus on the collection of a large repository of patient stories using <i>Sensemaker</i> Software and will focus on the 5 patient and client experience standards.</p> <p>The Paediatric International Nursing</p>				
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	<p>Project: Key Performance Indicators (PINS): This research project involves 7 European sites and 5 Australian sites and is focusing on the further implementation and testing of the nursing and midwifery patient experience KPIs within a paediatric context. The project is currently going through governance, and data collection should commence in June 2013.</p> <p>Cohort 4 of Productive ward is completed. The programme in BHCT has been developed and delivered using the principles of Practice Development. Cohort 5 commenced in October 2013</p>				
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