Department of Health, Social Services and Public Safety
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NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

Implementation of the Strategic Framework for Practice Development in NI

Project Initiation Document

HSC

INVESTORS IN PEOPLE

CONTENTS

1.0 Introduction

1.1 In February 2014, the Chief Nursing Officer at the Department of Health, Social Services and Public Safety (DHSSPS) asked NIPEC to formally host a Regional Group, which was established in 2011, to develop and support the implementation of '*A Strategic Framework for Enhancing Practice Development Knowledge, Skills and Expertise in Northern Ireland*' (2009).

1.2 This paper presents the proposed project plan, including the aim and objectives, methodology, resources and evaluation, to support a regional approach to the implementation and evaluation of the Strategic Framework.

1.3 This will assist the DHSSPS 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 clients.

2.0 Background

2.1 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).

2.2 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*".

2.3 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.

2.4 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). Nonetheless, despite the fact that nurses and midwives articulate that patients deserve to be treated as individuals, respected and cared for within a therapeutic relationship, it is recognised that translating these concepts into day to day practice remains challenging for staff (McCormack & McCance, 2006). 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.

2.5 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 a range of Nursing and Midwifery stakeholder organisations. This 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.

2.6 In 2010, a Regional PD Strategic Framework Implementation Group was established to ensure a process was in place for key stakeholders to actively engage in the implementation and monitoring of progress against the key issues outlined within the Strategic Framework. 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 HSC Strategies.
- Collaboration between all stakeholders.
- On-going development of practice development knowledge, skills and expertise.

- On-going development of facilitators.

2.7 Subsequently, two documents were produced by the Regional PD Strategic Framework Implementation Group to support the implementation of the Strategic Framework: '*An Operation 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.

2.8 To date, the Regional PD Strategic Framework Implementation 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 accordingly, 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.

2.9 In-roads have also been made in relation to these areas through the development and delivery of a range of programmes. These include the Developing Practice in Healthcare Programme, context specific PD programmes, (for example, Mental Health), 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).

2.10 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.

2.11 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 Implementation Group and the DHSSPS Chief Nursing Officer. Aligning the role of the Regional PD Strategic Framework Implementation Group to the Chief Nursing and Midwifery Advisory Sub-Committee for Safety,

Quality and Patient Experience will provide an additional formal support for 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.

2.12 Utilising this formal support, the work of the Regional PD Strategic Framework 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.

3.0 Aim and Objectives

3.1 Aim

The aim is for NIPEC to host the Regional PD Strategic Framework Implementation Group, on behalf of the DHSSPS, to support on-going implementation of the Strategic Framework (2009), oversee agreed specific regional PD programmes, projects and/or initiatives and provide assurances to the DHSSPS Chief Nursing Officer of progress made towards person-centred cultures within HSC teams and organisations across Northern Ireland.

3.2 Objectives

The objectives, which will support the overall aim, are as follows:

i. Promote ownership of the strategic framework within all Health and Social Care 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.

vii. Submit an annual report to the DHSSPS Chief Nursing Officer with an action plan to take forward the recommendations outlined within the report.

4.0 Scope

4.1 Considering the wide range of health and healthcare services provided in Northern Ireland, the role of the Regional PD Strategic Framework Implementation Group is by necessity, broad in its scope, acknowledging that nurses and midwives deliver care 24 hours a day, 365 days a year, across the age spectrum.

4.2 Therefore, the membership and work of the Regional PD Strategic Framework Implementation Group will include nursing and midwifery staff employed within the public sector and where possible, those employed within the independent sectors, such as, private and voluntary sector employees; taking account of primary, community and hospital care settings.

5.0 Methodology Overview

5.1 From 1st 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. A Terms of Reference for the Group is included in Appendix One.

5.2 The Group will be hosted, on behalf of NIPEC, by Dr Carole McKenna, NIPEC Senior Professional Officer (SPO) who will also be a member.

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 Chief Nursing and Midwifery Advisory Sub-Committee for Safety, Quality and Patient Experience takes up this position.

5.4 Existing representation from key stakeholder organisations on the Group will remain including the DHSSPS (Nursing Officer for Workforce, Education and Regulation), PHA, HSC Trusts (Assistant/Co-Directors/Education/PD Leads), NIPEC (Senior Professional Officer/Group Facilitator), RQIA and representatives from Education Provider and Professional organisations. Membership details of the Group are presented in Appendix Two.

5.5 NIPEC will co-ordinate meetings, workshops, and events on behalf of the Group and will provide agreed administration and IT support to facilitate the work of the Group as required.

5.6 Once accepted by the DHSSPS, the PID and relevant information will be available on NIPEC's website.

6.0 Resources

6.1 The Chief Executive of NIPEC will discuss and agree facilitation by the Lead Senior Professional Officer and administration support. Support for a small number of workshops or events related to the work of the Group will be supported by NIPEC as required.

6.2 Any additional support or external expertise required will be sought from the Education Commissioning Group and the DHSSPS as appropriate.

7.0 Dissemination and Implementation

7.1 Communication and consultation processes will be ongoing throughout the lifetime of the Group using various mechanisms including the NIPEC website, NIPEC News and CNO News bulletins, along with utilisation of key stakeholders' communication mechanisms. This will reflect the progress of the work conducted by the Group and encourage individuals' to contribute to and participate at various stages.

7.2 On completion, the Group's annual report of progress to the Chief Nursing Officer will be available on NIPEC's website.

8.0 Project Screening Assessment

8.1 In line with meeting its legal obligations in relation to Equality, Personal and Public Involvement and Governance, NIPEC will be responsible for Equality Screening the work of the Regional Practice Development Strategic Framework Implementation Group.

8.2 The PID, including the aims and objectives and proposed outcomes will be screened for any issues relating to the following areas as appropriate:

- Risk Management
- Equality and Human Rights
- Privacy Impact Assessment
- Personal Public Involvement

8.3 A summary of these considerations and any action required will be documented in Appendix Three.

9.0 Evaluation

9.1 Evaluation of the processes employed by NIPEC to host and facilitate the Group will be conducted on an annual basis with a view to enhancing and improving these.

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

Appendix One

Regional PD Strategic 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.

Note:

Meetings will take place four times per year at quarterly intervals. Membership of the Group must be agreed with the Chair/Group Members.

Appendix Two

Membership of the Regional PD Strategic Framework Implementation Group

(as at 15 Dec 2015)

NAME	ORGANISATION
Professor Tanya McCance (Chair)	UU
Christine Boomer (Co-chair)	UU/SEHSCT
Dr Carole McKenna (Host)	NIPEC
Gillian McCorkell	NIRAQ/WHSCT
Anne Witherow	WHSCT
Caroline Lee	DHSSPS
Leontia Hoy	QUB
Lynn Fee	SHSCT
Sharon McRoberts	SEHSCT
Briege Quinn	PHA
Eilish Boyle	CEC
Elizabeth Graham	NHSCT
Patricia Gillen	SHSCT
Rita Devlin	RCN
David Robinson	BHSCT
Fiona Wright	SHSCT
Christine Goan	RQIA
Ruth Baillie	WHSCT
Melanie Bowden	FSHC
Carmel Harney	SHSCT

Carol Cousins	FSHC
Donna Gallagher	Open University

Appendix Three

NIPEC - Outcome of Equality Screening Assessment

Screening Assessment	Comments
Risk Management questions	
• Have any risks been identified? If no - no further action is required. If yes then, • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?	No
Equality and Human Rights questions	
• Has any negative impact to Equality and Human Rights been identified? If no - no further action is required. If yes then, • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)?	No

• Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? **NB –** please refer to NIPEC's Equality Screening Policy and Screening Templates to assist in considering equality and human rights	
Privacy Impact Assessment questions	
• Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual? • Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?	No
Personal and Public Involvement questions	
• Will the project/initiative require input from patients/clients? If no - no further action is required. If yes **-** please apply NIPEC's Personal and Public Involvement (PPI) Policy.	No

For further Information, please contact

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