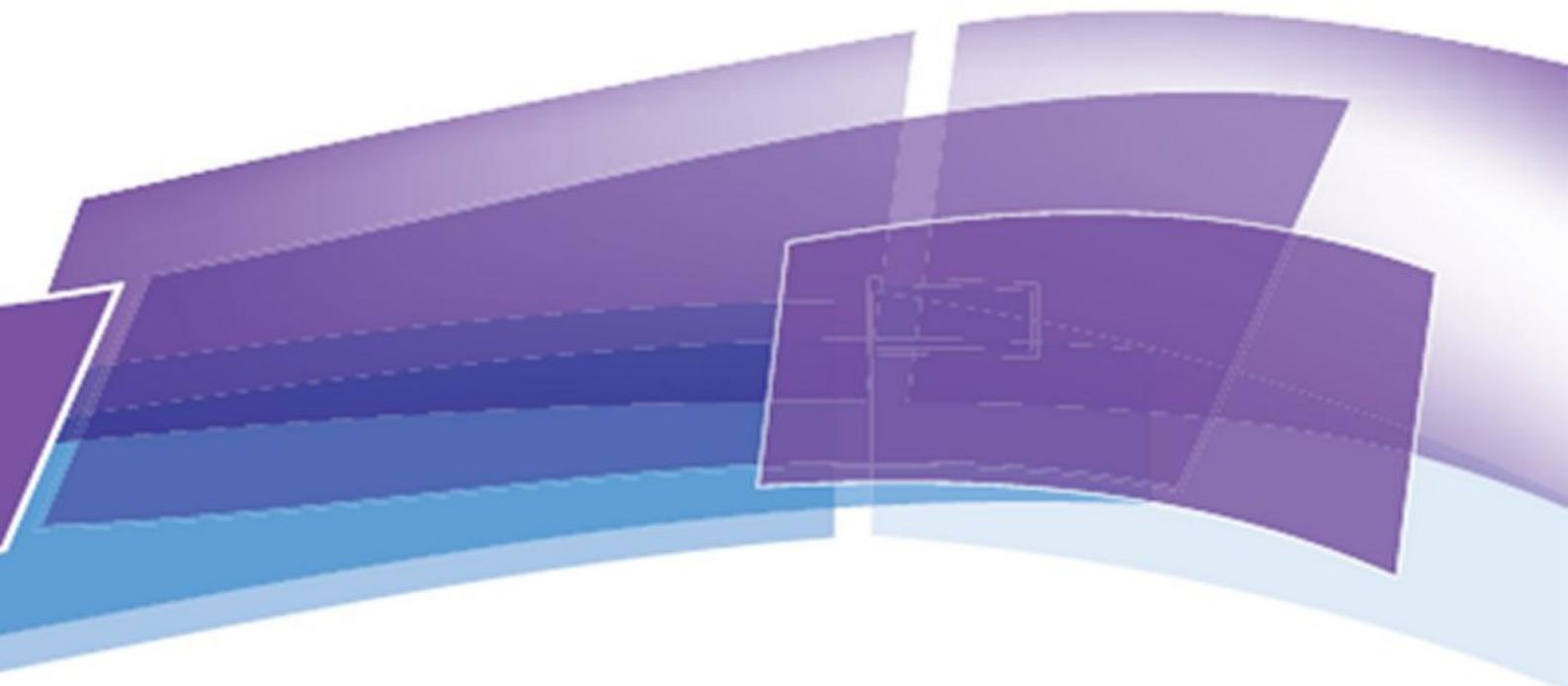


***Leading Teams: Regional Team Leader Project  
Final Report***



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

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## ACKNOWLEDGEMENTS

The Chief Nursing Officer (DHSSPS) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to facilitate, on behalf of the five HSC Trusts' Executive Directors of Nursing, a Regional Project to support and strengthen the role of Team Leaders, working in a community setting, throughout Northern Ireland.

We would like to thank all those who contributed in any way to this important project, particularly the following:

- The members of the Steering Group (Appendix One) who kept the progress of the Project under review and ensured the project targets were achieved
- The Working Group (Appendix Two) who ensured the project outputs were delivered as directed by the Steering Group members
- The Project Lead/NIPEC Senior Professional Officer who was responsible for co-ordinating the Steering and Working Groups and the development of the various project outputs
- The Professional Officers (Appendix Three), seconded to the project, for the highly important work they took forward within their own HSC Trusts
- The HSC Trusts' Assistant Directors of Nursing for their leadership, support and commitment to ensuring the project outputs met the needs of their organisations
- The members of the Stakeholder Reference Groups within each HSC Trust for their contribution in providing feedback to shape the project outputs
- The NIPEC Team, including administration and information technology staff, for their invaluable contribution to ensuring the successful outcomes of the Project.

We commend the project outputs to you all and are confident that this work will help to clarify and strengthen the role of the Team Leader working in a community setting, and, in so doing, provide support for front line multi-professional staff.



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Dr Glynis Henry  
Chief Executive  
NIPEC



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Mrs Olive MacLeod  
Executive Director of Nursing (NHSCT)  
Chair of the Project Steering Group

## **SECTION 1:**

### **1.1 Introduction**

In recent years, Health and Social Care (HSC) organisations in Northern Ireland have faced rapid changes in the political, social and economic climate in which staff operate. As a result, multi-professional team working is now common practice in community settings where effective team integration is important to and for continuity of care. The Team Leader, working in a community setting, plays a pivotal role in ensuring that patients/clients come first, that quality of care is a priority and that team members are supported, encouraged and developed.

Following the success of the Leading Care: Ward Sister/Charge Nurse Project in September 2010, the Chief Nursing Officer asked NIPEC to facilitate a similar project focused specifically on the role of the Team Leader working in a community setting, in collaboration with key stakeholders. The *Leading Teams: Regional Team Leader Project* was conducted between June 2011 and June 2012. The aim of the project was to support and strengthen the role of the Team Leader, responsible for managing a uni-professional or a multi-professional team, and in so doing, provide support for front-line staff.

The project was managed through a Steering Group, chaired by one of the HSC Trusts' Executive Directors of Nursing, to ensure that the objectives were achieved. A Working Group, chaired by the Project Lead/NIPEC Senior Professional Officer, was also established to take forward specific elements of the project and to ensure engagement with Team Leaders and other key stakeholders.

### **1.2 Background/Context**

The Team Leader role is crucial, in that it has responsibility for the daily delivery of high quality care in a safe environment, combined with the managerial responsibility for those who deliver the care (the nursing/midwifery and/or multi-professional team) and for those in receipt of the care (the patients/clients). The Team Leader therefore plays a pivotal role in the development and encouragement of the staff they are responsible for managing. It is their job not only to ensure that the standards of their team are high and the tasks that have been assigned are being done, but also to ensure that the team spirit and morale is kept. Developing and maintaining an effective team depends on the knowledge, skills and attitudes of the Team Leader to support staff in new ways of working that require sharing,

trusting each other, and overcoming possible feelings of insecurity and professional rivalries about their own roles and contributions.

Team leaders play a critical role in setting and clarifying objectives to ensure team members are clear about their role in ensuring the delivery of effective and efficient health and social care. Effective team leaders not only influence and facilitate the activity of others but also lead by example. However, the difficulties involved in developing and sustaining effective team working are also well recognised. For instance, nurses, social workers and allied health professionals working as members of a multi-professional team will be operating with different models or conceptualisations of health and social care, have different ways of working and training not to mention the different cultures and dynamics between professional groups. Nonetheless, these professional groups cannot succeed within a multi-professional climate if they compete with each other; they have to develop some commonality and complementary roles.

Team Leaders working in community settings within HSC Trusts are employed under the terms and conditions of Agenda for Change and must have a Knowledge and Skills Framework (KSF) Post Outline for their individual post (DH, 2004). It is important, therefore, that the core elements of the role, core competencies required and a learning and development framework are clear and available to support this important role.

### **1.3 Scope of the Project**

It became clear at the first Steering Group meeting that the scope of the project needed to be clarified. This was mainly due to the fact that there are a range of Team Leaders working in community settings who are employed on different Agenda for Change Pay Bands, for example, Bands 6, 7 or 8a.

However, as the majority of Team Leaders working in a community setting within HSC Trusts are employed on Agenda for Change Pay Band 7, the Steering Group members agreed that this would be the focus for the purpose of this project. It was also agreed that a recommendation would be included in the final project report for consideration to be given to the needs of Team Leaders employed on Agenda for Change Bands 6 and 8a as part of a separate piece of work.

#### **1.4 Definition of Team Leader**

For the purpose of this project and to ensure effective stakeholder engagement and participation to meet the objectives of the project the following has been used to define Team Leaders:

On the live Nursing and Midwifery Council register, working in a community setting on Agenda for Change Band 7 with responsibility for managing one or more of the following:

- Health Visitors
- Community Mental Health Nurses
- District Nurses
- Treatment Room Nurses
- Community Midwives
- School Nurses
- Community Children's Nurses
- Community Learning Disability Nurses
- Community based specialist nurses (e.g. heart failure, palliative care, respiratory, tissue viability, dementia, crisis response, home treatment and addictions)
- Community based intermediate care teams
- A multi-professional team.

#### **1.5 Transferability to other Professional Groups**

The Steering Group members also agreed that although this project was commissioned for nurses and midwives, the products and tools might have a potential added value in respect of transferability to other disciplines/professional groups responsible for leading teams within community settings, for example, Social Workers and Allied Health Professionals.

## **SECTION 2:**

### **2.1 Project Approach and Plan**

A project management approach was adopted to achieve the objectives. It was agreed with the Chief Nursing Officer that the work would commence in June 2011 and conclude at the end of June 2012. NIPEC approved the resources required for the project. A NIPEC Senior Professional Officer was identified as the Project Lead. A Steering Group (Appendix One) and a Working Group (Appendix Two) were established to take forward the implementation and management of the project. Professional Officers (Appendix Three) were seconded to the project from some of the HSC Trusts for a short period of time ranging from eight weeks to twelve weeks. This enabled a wide consultation exercise at a local level to ensure the project outputs met the needs of their respective organisations.

A Project Plan was developed to set out the project management structure, objectives and the programme of work required to achieve a successful outcome. The plan can be viewed at [http://www.nipec.hscni.net/cw\\_leadingteams.html](http://www.nipec.hscni.net/cw_leadingteams.html)

### **2.2 Project Aim and Objectives**

The aim of the project was to support and strengthen the role of the Team Leader working in a community setting, and in so doing, provide support for front-line staff, so that the post holders are enabled to:

- Ensure the delivery of safe and effective care
- Promote the development of a person-centred culture
- Improve and enhance the patient and client experience
- Manage and develop the performance of their multi-professional team
- Participate in the delivery of the organisation's objectives through the effective management of resources.

The objectives of the project were to:

1. Develop a role framework for Team Leaders working in a community setting which includes the core components of a job description and the core competencies required, linked to the Knowledge and Skills Framework (DH, 2004)

2. Develop a learning and development framework, which includes an implementation plan and an evaluation strategy, to support learning and development opportunities and activities
3. Make recommendations about processes that regionally and within organisations support succession planning for the Team Leader role
4. Develop a menu of resources which will be available on NIPEC's website for Team Leaders
5. Recommend an approach which supports the implementation and evaluation of the products within the HSC Trusts
6. Submit a project report to the DHSSPS Chief Nursing Officer.

### **2.3 Phases of the Project**

The project was delivered over three phases between June 2011 and June 2012:

- Phase one was conducted between June 2011 and September 2011 and involved agreeing the Chair of the Project Steering Group and developing the project plan and the terms of reference.
- Phase two was conducted between October 2011 and March 2012. This phase involved setting up the mechanisms and structures required to deliver the project. It also included the design and consultation on the draft project outputs.
- Phase three was conducted between April 2012 and the end of June 2012 and involved liaising with key stakeholders to refine and finalise the project outputs and final project report for presentation to the DHSSPS Chief Nursing Officer.

### **2.4 Project Implementation**

During phase one of the project the mechanisms and structures required to deliver the project were established. This included convening a Steering Group, chaired by an HSC Trust Executive Director of Nursing, to provide the overall direction, management and governance of the project. The Steering Group comprised representation from a range of key stakeholders including the five HSC Trusts, NIPEC, DHSSPS, Education Providers, Public Health Agency and Professional and Staff Side Organisations (Appendix One). The Steering Group met three times during the project. The first meeting was held in September 2011, the second in December 2011 and the third in April 2012.

During phase two of the project, nominations to a Working Group were sought from members of the Steering Group. Criterion for membership was provided to ensure that the Working Group was representative of all relevant areas of community practice. Subsequently, the Working Group was established and chaired by the Project Lead/NIPEC Senior Professional Officer, who was also a member of the Steering Group. Membership of the Working Group included representation from 49 Team Leaders, Locality Manager or Heads of Service across all HSC Trusts (Appendix Two). Forty Working Group members attended the first meeting in December 2011 and following this acted as a reference group to support the Project Lead in the design and development of the project outputs.

It was acknowledged that engagement with Team Leaders and other key stakeholders, including Human Resources colleagues, at a local level within each of the five Trusts was critical to the success of the project, particularly to support the development of the project outputs. Therefore at the September 2011 Steering Group meeting the members approved NIPEC's offer to second a Professional Officer (Band 7) to each of the five HSC Trusts for a three-month period between January and March 2012. It was agreed that the Professional Officers would be line-managed by a nominated Assistant Director of Nursing within the respective host Trusts. A job description and personnel specification was provided to each Trust by NIPEC which demonstrated that the Professional Officers were required to have had current or previous experience at a Team Leader level within a community setting. The Project Lead provided the Professional Officers with an induction to their role and supported them through regular meetings and updates during their secondment. They also joined the Working Group and remained members until the end of the project.

Only three Trusts were able to appoint a Professional Officer between January and March 2012. However, the Co-Director of Nursing from one of the other Trusts, who was also a Steering Group member, agreed to facilitate communication, engagement and consultation with the key stakeholders within her respective Trust and provided feedback to the Project Lead. The other Trust was able to second a Professional Officer for three months between April and June 2012. In addition, one Trust extended the secondment period for their Professional Officer for an extra two months between April and May 2012 to ensure effective communication about the project throughout the Trust.

The Professional Officers were also responsible for facilitating communication, engagement and consultation processes with Team Leaders and other key stakeholders within their respective Trusts in relation to developing and refining the project outputs. In particular:

- the core job description for Team Leaders
- the competence assessment tool for Team Leaders
- the career progression pathway and supporting learning and development framework for the role of Team Leader.

The Professional Officers were very successful within the Trusts and it was agreed by the Steering Group members that this approach would be useful during any subsequent implementation and evaluation phases of the project.

Phase three of the project involved the Project Lead presenting the draft project outputs at the final Steering Group meeting in April 2012. An extensive consultation exercise with key stakeholders was conducted during April and May 2012. During this phase the Project Lead and one Professional Officer liaised with Human Resources and Staff Side representatives at a regional level to refine and finalise the project outputs. These were approved by the Steering Group members before being presented with a final project report to the DHSSPS Chief Nursing Officer in June 2012. It is anticipated that the project outputs will be formally launched at NIPEC's annual conference in the autumn of 2012.

At the April 2012 Steering Group meeting it was agreed that the Steering Group and Working Groups could be stood down once the final report and project outputs had been presented to the DHSSPS Chief Nursing Officer in June. However, it was agreed that the members would be invited to attend future NIPEC conferences, events and meetings which were relevant to the project.

## **2.5 Communication Strategy**

Due to the breadth of the project and the pressure of time, a comprehensive communication structure was implemented. Regular reports from the Project Lead were presented to the members of the Steering Group at meetings and via emails to ensure that members were kept apprised of the progress of the project.

Team Leaders and other key stakeholders within each Trust were also kept informed of the progress of the project and their comment and feedback was sought to assist in the development of the various outputs.

Each Trust representative on the Steering Group agreed to liaise with their Stakeholder/Reference Group which included membership from the following groups: Team Leaders across the nursing and midwifery fields of practice; Human Resources (HR) and governance managers, patient/client/carer and staff side representatives. These groups held meetings approximately six-weekly.

A wide range of communication techniques were also employed during the project to inform, include and update key stakeholders about the project and to seek regular comment and feedback to support the development and refinement of the outputs, including:

- Publications were posted on the NIPEC website for ease of access, including the project plan, agendas and minutes of all meetings. The website was updated regularly with details of project activities.
- Daily/weekly telephone and email communication between the Project Lead and the seconded Professional Officers as well as monthly group meetings facilitated by the Project Lead.
- Teleconferencing was encouraged and used to facilitate maximum attendance at all project meetings including the Steering Group meetings.
- The Professional Officers held focus groups and one-to-one meetings with Team Leaders across the Trusts. They also maintained regular email contact with Team Leaders during their periods of secondment. Some of the Professional Officers attended Trust Stakeholder/Reference Group meetings and acted as a conduit of information between these and the Steering Group meetings.
- The various project outputs were sent via email or presented at a range of workshops, seminars and focus groups by the Professional Officers to receive comment and feedback from Team Leaders and other key stakeholders to assist in the development and refinement of the project outputs.

- The project was presented at various seminar and conferences, including NIPEC's Regional Ward Sister/Team Leader Conference in March 2012.
- Project bulletins were circulated to provide brief updates on the progress of the project, to highlight key activities and to invite feedback and comments from stakeholders.

## **SECTION 3:**

### **3.1 Project Plan Progress**

This section of the report provides information on progress against the project objectives, together with any difficulties or challenges experienced and the extent to which each objective was achieved.

#### **Objective 1**

***Develop a role framework for Team Leaders working in a community setting which includes the core components of a job description and the core competencies required, linked to the Knowledge and Skills Framework (DH, 2004).***

This objective was fully achieved.

To meet this objective, the Project Lead/NIPEC Senior Professional Officer initially undertook a review of the local, national and international literature to identify relevant role profiles, competencies and competency frameworks. In addition, a range of job descriptions and personnel specifications relating to the role of the Team Leader and examples of Band 7 KSF Post Outlines, which were currently being utilised within the five Trusts, were examined. This informed discussion and debate with the Steering Group and Working Group members regarding the core purpose and function of the role of the Team Leader, from both an organisational and a regional perspective. In addition, the Project Lead facilitated a workshop in December 2011, attended by forty Working Group members and, during which, the Team Leader competency domains and competency areas were agreed.

The Project Lead and the seconded Professional Officers used the findings from the above methods to develop a draft core job description, competency framework and KSF Post Outline which were circulated to the Steering Group and Working Group members for feedback and comments. Following amendments from feedback received, the Professional Officers consulted widely with Team Leaders and other relevant key stakeholders, including Trust Stakeholder/Reference Group members, to test the clarity and applicability of the drafts. The Professional Officers used a structured approach to seek feedback regarding these, for example, focus groups and one-to-one meetings with Team Leaders. Feedback from this process was summarised by the Project Lead and Professional

Officers and a final draft core job description, core competency framework and KSF Post Outline were formulated. These documents were presented to the Steering Group members at the meeting in April 2012.

Following the Steering Group meeting in April, the core job description, competence assessment tool and KSF Post Outline were circulated for final comment and feedback to the following:

- Steering Group and Working Group members
- Professional Officers who sought feedback from Team Leaders
- Trusts' Assistant Directors of Nursing for feedback from Trust Stakeholder Reference Groups
- Senior Human Resources representatives from the five Trusts and BSO
- Staff Side Organisations (Royal College of Nursing, Royal College of Midwives, Unison and CPHVA).

Following minor amendments, the final copies were approved by the Steering Group members before being presented with a final project report to the DHSSPS Chief Nursing Officer in June 2012.

The core job description, competence assessment tool and KSF Post Outline was finalised as a pdf on the NIPEC Team Leader mini website which could be printed off and completed as a hard copy. It will also be developed to complete online on NIPEC's website prior to the launch of the project products in the autumn of 2012.

## **Objective 2**

***Develop a learning and development framework, which includes an implementation plan and an evaluation strategy, to support learning and development opportunities and activities.***

This objective was fully achieved.

To inform the progression of the objective, a three stage process was conducted between January 2012 and June 2012 by the Project Lead and the Professional Officers. This included reviewing the extant literature, scoping what learning and development

opportunities were already available to Team Leaders within the five Trusts and mapping these against the draft competency framework for Team Leaders. In addition, the learning and development framework which was completed as part of the Leading Care: Ward Sister/Charge Nurse Project (NIPEC, 2010) was considered and adapted to support Team Leaders.

This helped to inform a draft learning and development framework which was included in the career progression pathway for Team Leaders document. This was subsequently circulated to the Working Group members for feedback and comments.

Following suggested amendments from the Working Group members the learning and development framework was presented to the Steering Group members for consideration and approval in June 2012.

### **Objective 3**

**Make recommendations about processes that, regionally and within organisations, support succession planning for the Team Leader role.**

This objective was fully achieved.

As there was limited direction from UK-wide approaches to succession planning, the Working Group and Steering Group members agreed that the relevant succession planning work and document which was completed as part of the *Leading Care: Ward Sister/Charge Nurse Project* (NIPEC, 2010) was appropriate for consideration and adaption to support this project.

Therefore the Project Lead and Professional Officers adapted the Ward Sister/Charge Nurse succession planning pathway. The draft Career Progression Pathway for Team Leaders document was circulated to key stakeholders seeking their feedback and comments.

Following suggested amendments from key stakeholders the Career Progression Pathway for Team Leaders was approved by the Steering Group members in June 2012. It was agreed that it would be published on the NIPEC Website to facilitate ease of access to the information.

#### **Objective 4**

**Develop a menu of resources accessible which will be available on NIPEC's website to support Team Leaders.**

This objective was fully achieved.

The Project Lead and one Professional Officer, who was seconded from one of the Trusts between April and June 2012, liaised with NIPEC's ICT department to design and develop a section of NIPEC's main website as a mini-site specifically for Team Leaders.

The four sections included on the mini-site are:

- A career pathway section with proposed learning and development activities to support succession planning for practitioners and career planning for Team Leaders
- A learning and development section to provide advice and guidance on professional development
- A section with the competence assessment tool to assist practitioners and Team Leaders to undertake a self-assessment and identify their learning and development needs.
- A section on the role and core responsibilities associated with the post. The core elements of the job description and the KSF Post Outline can also be accessed in this section.

The Professional Officer held a workshop in her respective Trust with 30 Team Leaders to gain their views and comments on the draft mini-site. Feedback, comments and suggestions from this exercise helped to further develop the mini-site. All of the resources produced as part of the *Leading Teams* project were uploaded onto this mini-site to make them easily accessible to Team Leaders.

It is anticipated that the sections of this mini-site will be further developed prior to the launch of the project at NIPEC's annual conference in the autumn.

## **Objective 5**

**Recommend an approach which supports the implementation and evaluation of the products within the HSC Trusts.**

This objective was fully achieved.

The Steering Group agreed at their meeting in April 2012 that an implementation phase of the project would be required. The members also agreed that the approach used (the secondment of Professional Officers) within this project were very successful and therefore this approach would be recommended as appropriate during any subsequent implementation and evaluation phases.

It was also agreed that NIPEC's Chief Executive would liaise with the DHSSPS Chief Nursing Officer, on behalf of the Executive Directors of Nursing within the five HSC Trusts, to secure funding to promote, implement and evaluate the Leading Teams: Regional Team Leader Project products and outputs.

The approach recommended would involve NIPEC seconding a Professional Officer from each of the five Trusts for a period of 6 months commencing in September 2012.

The other key aspects of the implementation phase would be to:

- Establish a Leading Teams: Regional Implementation Group with representation from all key stakeholders
- Raise awareness regarding the resources developed for Team Leaders including:
  - the mini-site, the competence assessment tool, the career progression pathway, the core elements of the job description and the KSF Post Outline
- Raise awareness of other NIPEC resources beneficial to managers including:
  - [www.nipecdf.org](http://www.nipecdf.org), Supervision, Learning Needs Analysis, Relevant Publications
- Conduct a survey to evaluate the utilisation and usefulness of the Leading Teams Project resources
- Collate the survey results to inform NIPEC of necessary improvements required to the Leading Teams resources

- Provide an implementation and evaluation report to the DHSSPS Chief Nursing Officer

## **Objective 6**

### **Submit a project report to the DHSSPS Chief Nursing Officer.**

This objective was fully achieved.

In June 2012, the Chair of the Project Steering Group/Executive Director of Nursing from one of the five HSC Trusts, the NIPEC Chief Executive and the Project Lead/NIPEC Senior Professional Officer, met with the DHSSPS Chief Nursing Officer. A final project report and the project outputs were presented. It was agreed that these would be formally launched at NIPEC's annual conference in the autumn.

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## SECTION 4:

### Project Evaluation

An evaluation was carried out towards the end of the Project to determine the effectiveness of the processes employed to carry out the Project Plan. All members of the Steering Group were invited to participate in this evaluation. An evaluation questionnaire (Appendix four) was distributed via email from NIPEC's Information Officer. All completed questionnaires were requested to be returned to NIPEC's Information Officer within a two week timescale. A reminder was sent after one week.

The majority of items on the evaluation form used a Likert scale response methodology, with the exception of a section related to the administration of the meetings which used a yes/no response.

The overall response rates are included in the table below:

<b>Project Group</b>	<b>Number of forms distributed</b>	<b>Number of forms returned</b>	<b>Response rate %</b>
<b>Steering Group</b>	19	6	31.58%

A summary is provided below:

- The management of the Steering Group was evaluated with a high level of satisfaction. All respondents provided a yes response regarding the effective organisation and administration of meetings.
- There was a high level of satisfaction regarding discussion and debate at the Steering Group meetings with all respondents providing a *strongly agree* or *agree* answer.
- All respondents provided a *strongly agree* or *agree* response to the structure of the meetings enabling members to make a positive contribution to the development of the Project outputs.
- Respondents indicated a high level of satisfaction with the communication methods employed during the project. All respondents *strongly agreed* with

the statement regarding communications keeping them up to date with the progress of the project.

- There was a high level of satisfaction with the way the project was structured, with the majority of respondents strongly agreeing that the overall structure was suitable for achieving the project objectives.
- The evaluation forms included a free comment section, which each respondent was invited to complete. A number of respondents commented on that this was a well organised and set up process. This provided useful information that informed the evaluation process.

## SECTION 5:

### 5.1 Recommendations

The following recommendations are made to ensure the effective implementation of the project outputs to support and strengthen the Team Leader role within the five HSC Trusts throughout Northern Ireland.

It is recommended that:

1. The use of the competence assessment tool is promoted within Trusts as an aid for Team Leaders to prepare for their supervision or KSF development review meetings and provide evidence for renewal of their registration with the NMC.
2. The core elements of the draft Job Description including Essential Criteria for Team Leaders (AfC Band 7) should be used by HSC Trusts to inform their own job descriptions for Team Leader posts.
3. The minimum core elements of the KSF Post Outline for the Band 7 post of Team Leader should be used by HSC Trusts to further develop, customise and agree the KSF Post Outline including sub-sets for the Team Leader post.
4. NIPEC will facilitate the development of '*Guidance to support the Commissioning, Design, Delivery and Application of Learning and Development Activities for the Role of Team Leader*'.
5. All Team Leaders should have access to the Team Leader section of the NIPEC website, to facilitate ease of use of the resources. They should also have access to the [www.nipecdf.org](http://www.nipecdf.org) to enable them to complete the competence assessment tool online when it is available in the autumn of 2012.
6. NIPEC will maintain a Team Leader section of its website and continue to enhance it so that it remains a useful resource for Team Leaders.
7. An implementation plan should be developed to support the introduction and use of the project outputs within HSC Trusts, including promotion of the Team Leader section of the NIPEC website. This plan should be submitted to the Chief Nursing Officer by NIPEC's Chief Executive and a report compiled at the end of each year on the HSC Trusts' progress against the plan.
8. A formal evaluation of the success of the project should be conducted in relation to the outcomes and the degree to which they have supported and strengthened the Team

Leader role. This should be commissioned by the Chief Nursing Officer to commence at an agreed date which allows time for the implementation of the project outputs.

9. Consideration should be given to the needs of Team Leaders employed within the Trusts on Agenda for Change Bands 6 and 8a.
10. The project outputs will be formally launched at NIPEC's annual conference in the autumn of 2012.

## **5.2 Conclusion**

The Leading Teams: Regional Team Leader Project has been an important milestone in the continuing development of the Team Leader role. The primary focus of the project was to support and strengthen the role, therefore bringing clarity to the role and encouraging newly qualified nurses and midwives to consider the Team Leader role as an excellent future career opportunity.

All project objectives were achieved and the various outputs were produced through effective engagement with and participation from Team Leaders, other nurses and midwives and other key stakeholders. The invaluable role that the Professional Officers played in ascertaining the views of a wide range of stakeholders at a local level within the Trusts was an important part in shaping the project outputs.

The main challenge now for HSC Trusts' is in the implementation phase. All the project outputs are freely available, for Team Leader and those aspiring to the role, to access at [www.hscni.net/teamleader](http://www.hscni.net/teamleader)

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Northern Ireland Practice and Education Council for Nursing and Midwifery (2006) *Careers Foundation Paper*. Belfast: NIPEC.

Royal College of Nursing (2009) *Breaking down barriers, driving up standards: the role of the ward sister and charge nurse*. London: RCN.

**APPENDIX ONE****MEMBERSHIP OF THE PROJECT STEERING GROUP**

<b>NAME</b>	<b>TITLE AND ORGANISATION</b>
Olive MacLeod (Chair)	Executive Director of Nursing, Northern Health and Social Care Trust
Dr Carole McKenna (Project Lead)	Senior Professional Officer, NIPEC
Alan Henry	Council Lay Member, NIPEC
Kathy Fodey	Nursing Officer, DHSSPS
Allison Hume	Assistant Director of Nursing (Nursing Workforce Lead), Northern Health and Social Care Trust
Nicki Patterson	Co-Director Nursing Workforce & Development, Belfast Health and Social Care Trust
Brendan McGrath	Assistant Director of Nursing (Workforce Planning and Modernisation) Western Health & Social Care Trust
Caroline Lee	Assistant Director of Nursing (Nursing Workforce & Development) Southern Health and Social Care Trust
Janice Vance	Locality Services Manager, Western Health and Social Care Trust
Janice Colligan	Primary Care Operations Manager, South Eastern Health and Social Care Trust
Linda Kelly	Assistant Director of Nursing (Safe and Effective Care), South Eastern Health and Social Care Trust
Eleanor Ross	Nurse Consultant, Public Health Agency
Maura Devlin	Head of HSC Clinical Education Centre for Nursing, Midwifery and Allied Health Professions.
Dr Patricia Gillen	University of Ulster
Clare Buchner	Queens University Belfast
Donna Gallagher	Open University
Janice Smyth, Director	Royal College of Nursing
Marion Ritchie	UNISON
Mary Duggan	CPHVA

## MEMBERSHIP OF WORKING GROUP

NAME	TITLE
<b>Northern Health and Social Care Trust</b>	
Heather Morrisson	Permanent Placement Team Leader
Marina Morrice	Integrated Team Manager
Rhonda McCollam	Integrated Team Manager
Joanne Spence	Integrated Team Manager
Annette McGookin	Team Leader
Audrey Harris	Primary Care Nurse Team Leader
John McLeod	Team Leader Multi-Agency Support
Catherine Skeet	Hospital Diversion Nursing Team
Fiona O'Neill	Home from Hospital Team Leader
Jacqueline Robinson	Community Midwife Team Leader
Lorraine Calvert	School Nurse Manager
Lorraine Henry	Health Visiting Manager
Geraldine McKendry	CBT Team Leader
Helen Deery	Mental Health Team Leader
Louise Taggart	Learning Disability Team Leader
Claire McCallum	CCN Sister
<b>Southern Health and Social Care Trust</b>	
Gladys Bleakley	School Nurse Team Manager
Siobhan Donaghy	Memory Services Locality Manager
Elizabeth Martin	District nursing Team Leader
Coleen McCabe	District Nursing Sister
Aideen Donnelly	ICS Team Leader
Carol Murphy	Health Visiting Manager
Ruth Carroll	Team Manager
<b>Western Health and Social Care Trust</b>	
Michael O'Neill	Adult Learning Disability Team Leader
Pauline Casey	Long Term Conditions Co-ordinator
Amanda Sayers	Lead Midwife Community
Kathy Jackson	School Nurse Team Leader
Mary Blee	Team Leader Community Children's Services
Claire Cartin	Primary Care Co-ordinator
Eileen Tyler	Co-ordinator For Rapid Response
Marion Curran	Primary Care Co-ordinator
Margaret Devine	Team Manager of Citywide Mental Health

<b>South Eastern Health and Social Care Trust</b>	
Ethna Sloan	Locality Manager Multi-Professional Team
Heather Finley	Locality Manager Multi-Professional Team
Amanda McGimpsey	Team Leader Integrated Care/Community Rehabilitation
Gordon Moore	Disability Sector Manager
Brona Shaw	Midwifery Team Leader
Robert Moore	Lead Nurse Primary Care Specialist Nursing, CNRRS & ICATS
Carole Mairs	Nurse Manager Child Health
Julie Chambers	Discharge Co-ordinator Community Children's Nursing
Margaret Bunting	Nurse Manager Child Health
<b>Belfast Health and Social Care Trust</b>	
Gary P Doherty	Team Leader, Addictions Day Treatment Service
Colette Hotchkiss	Nurse Development Lead Mental Health Services
Deborah McLaughlin	Lead Nurse Knockbreda District Nursing Services
Nuala Murray	Team Manager Knockbreda Multi-Professional Team
Fiona McGuigan	Team Manager Shankill Multi-Professional Team
Nora McCann	Clinical Co-Ordinator Community Children's Nursing
Yvonne McKeever	Team Leader School Nursing Services
Paula Reid	Child Protection Nurse Advisor/Health Visiting Services

## PROFESSIONAL OFFICERS SECONDED TO THE PROJECT

Name	Organisation	Secondment Period
Meg Rodgers	NHSCT	Jan – Mar 12
Siobhan Donaghy	SHSCT	Jan – June 12
Amanda McGimpsey	SEHSCT	Feb – Mar 12
Bernie Marlow	WHSCT	Apr – Jun 12

## Note:

There was no Professional Officer seconded to the project from the Belfast Health and Social Care Trust. However, the Trust's representative on the Project Steering Group facilitated engagement and consultation with the relevant key stakeholders.

**NORTHERN IRELAND PRACTICE AND EDUCATION COUNCIL  
FOR NURSING AND MIDWIFERY**

**LEADING TEAMS: REGIONAL TEAM LEADER PROJECT  
PROJECT EVALUATION QUESTIONNAIRE**

**STEERING GROUP MEMBERS**

As part of the evaluation of this project, NIPEC is seeking feedback from Steering Group members on the effectiveness of the management of the project.

I would be grateful if you would complete this questionnaire by ticking the relevant boxes. To return the questionnaire electronically, firstly save the questionnaire to the desktop, you will notice that where you are required to provide a response there is a shaded grey box. This is a tick box or text form field, which will allow you to input a tick or text. This is a protected document that will only allow you to input at the grey shaded boxes. When you have completed the form save your response and return the form as an email attachment.

The abbreviations represent the following comments:

**SA = Strong agree; A = Agree; D = Disagree; SD = Strongly disagree; N/A = Not applicable**

Additional comments are welcome if you feel that the tick box does not adequately reflect your views.

<b>1. Organisation of the meetings</b>	<b>Yes</b>	<b>No</b>
I always received an agenda and relevant notes at least 7 days before the date of the meetings.	<input type="checkbox"/>	<input type="checkbox"/>
The circulated and tabled papers were relevant for my needs.	<input type="checkbox"/>	<input type="checkbox"/>
The information presented in the papers was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>
The briefings on agenda items were adequate for my needs.	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of meetings was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
The schedule of dates for Steering Group meetings was helpful in planning my attendance.	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Discussion/debate at the meetings</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
The duration of the meetings was adequate for the business.	<input type="checkbox"/>				
There was sufficient time for discussion of items at meetings.	<input type="checkbox"/>				
In general a consensus of views was arrived at during discussions.	<input type="checkbox"/>				

My attendance at Steering Group meetings enabled me to adequately represent my stakeholder group.	<input type="checkbox"/>				
Members input to discussion at meetings was encouraged and valued.	<input type="checkbox"/>				
The structure of the Steering Group meetings enabled members to make a positive contribution to the development of the project outputs.	<input type="checkbox"/>				

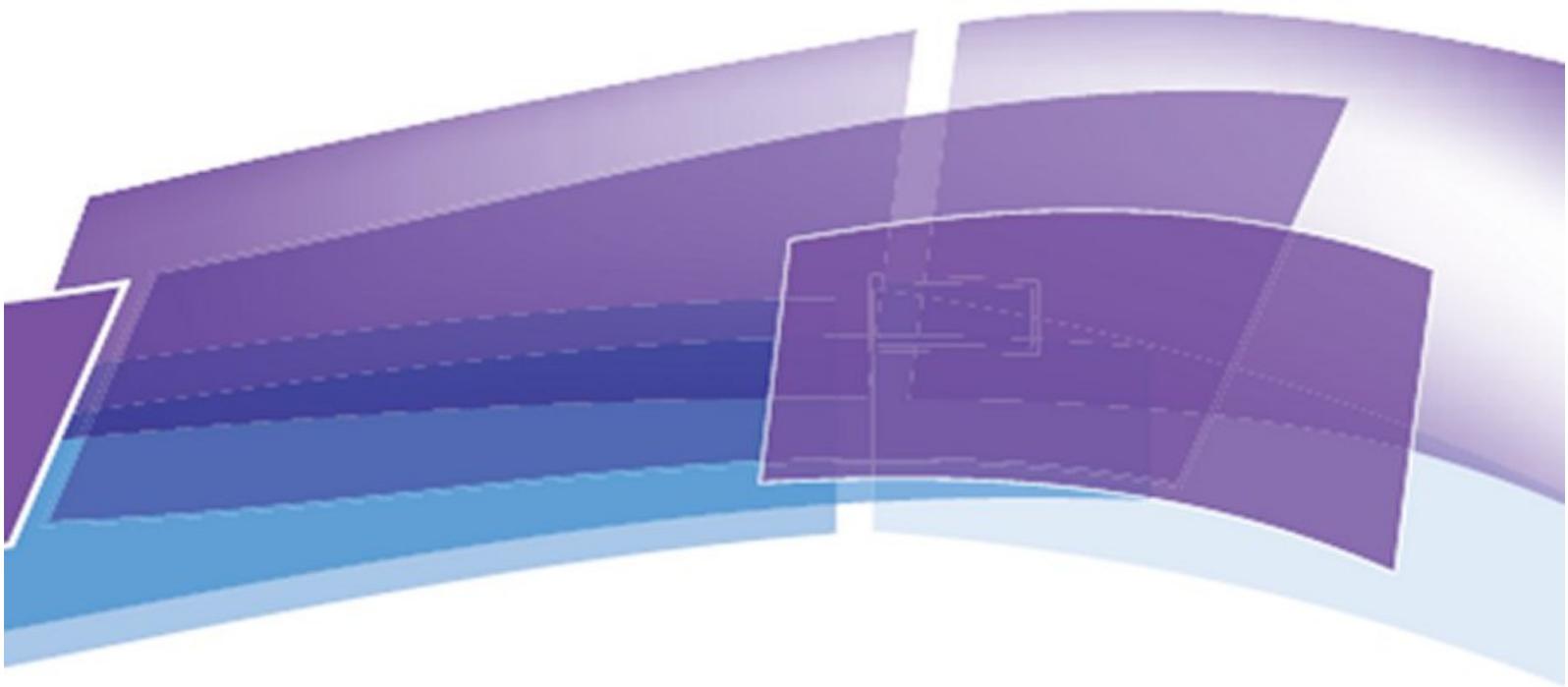
<b>3. Overall management of the project</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
The overall management of the Project facilitated a regional approach to the development of the project outputs.	<input type="checkbox"/>				

<b>4. Structure of the project</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
The overall structure of the project (i.e. Steering Group and Working Group etc) was suitable for achieving the project objectives.	<input type="checkbox"/>				
The project plan and work programme ensured the project objectives were achieved.	<input type="checkbox"/>				

<b>5. Communication and Consultation during the project</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>N/A</b>
Communication from NIPEC ensured that I kept up to date with the progress of the project.	<input type="checkbox"/>				
The project products were developed through effective consultation with key stakeholders.	<input type="checkbox"/>				
The NIPEC website page with information about the Project was; <ul style="list-style-type: none"> <li>• Easy to access</li> <li>• Current and up to date</li> <li>• Useful.</li> </ul>	<input type="checkbox"/>				

Please include any other comments which would have improved the management of the project:

Thank you for taking the time to complete this feedback sheet. Please return this form via e-mail to: [julie.edgar@nipec.hscni.net](mailto:julie.edgar@nipec.hscni.net) by Friday, 8<sup>th</sup> June 2012.



For further Information, please contact

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**Tel:** (028) 9023 8152

**Fax:** (028) 9033 3298

This document can be downloaded from the NIPEC  
website [www.nipec.hscni.net](http://www.nipec.hscni.net)

**September 2012**

