HSC

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

Report

**Review of the role of Link Nurses in HSC Trusts
in Northern Ireland**

October 2018

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ACKNOWLEDGEMENT

As Chair of the Review of the role of Link Nurses project group, I would like to thank the staff who contributed to this review including those who completed the surveys and engaged in the workshops. This has resulted in a comprehensive understanding of the role of the Link Nurse in HSC Trusts and has enabled the development of the principles and recommendations outlined in this report.

I also wish to acknowledge the members of the Review of Link Nurses project group who through their contribution, collaboration and commitment, enabled the successful progress and completion of this project.

Finally, I wish to thank NIPEC's administrative and professional staff for their contribution to the completion of this report.

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INTRODUCTION

1.1   This review was commissioned by the Chief Nursing Officer and is included in the NIPEC Business Plan for 2017-18.

2.0   Background

2.1   Link Nurses (LNs)[1] have been evident since the 1990's (MacArthur 1998). They were introduced initially to act as a bridge between theory and practice (Charalambous 1995) and as an adjunct to the role of the Specialist Nurse to ensure that standards of nursing care were maintained in their absence for patients with specialist nursing needs.

2.2   LNs are commonly used to support many areas of specialist nursing within the UK. These include diabetes, tissue viability, pain, nutrition, palliative care and infection prevention and control with roles increasing in line with increasing areas of specialist nursing practice. Changes in the provision of nursing care and the role of Specialist Practice Nurses (SPN) may have had an impact on the role of the Link Nurse in Northern Ireland.

2.3   Front-line nurses require an increasing range of skills and knowledge to ensure that care is both safe and effective. This requires the management of potentially complex health needs and the provision of enhanced and specialist nursing care throughout the patient's experience. Therefore, the extent of their role in relation to the provision of safe and effective care requires further exploration.

3.0   Project Scope

3.1   The Link Nurse role can be utilised variably within hospital and community settings in the HSC. The scope of this project was limited to HSC Trusts within Northern Ireland.

3.2   At the outset of the review it was considered that Link Nurses would be concentrated in specialist clinical areas of practice. It is recognised that the term 'specialist' relates to a range of nursing roles including those roles where being a specialist is inherent to registration including community branches of nursing and Health Visiting,

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[1]it is recognised that nurses and midwives can fulfil a Link Nurse role

Safeguarding Specialist Nurses, School Health Nurses and Community Paediatric Nurses. The project group were tasked with discussing this review as widely as possible within their organisations and the methodology of the review sought to be as inclusive as possible of the full range of nursing roles where Link Nurses have a presence.

4.0   AIM AND OBJECTIVES

4.1   Aim

To review the role of Link Nurses in HSC Trusts in Northern Ireland in order to understand their role and function in the provision of safe and effective care.

4.2   Objectives

i.   Define the term 'Link Nurse'
ii.   Review the literature on the role, function, attributes, barriers and facilitators for the Link Nurse role.
iii.   Determine the range of Link Nurses in clinical practice in Northern Ireland
iv.   Determine the key functions of the Link Nurse
v.   Determine the perception of Link Nurses, Specialist Practice Nurses, Senior Nurses/ Team Leaders/ Ward Managers of the Link Nurse role.
vi.   Provide an overview of the education and training available for Link Nurses in Northern Ireland
vii.   Make recommendations for the Link Nurse role in Northern Ireland.

5.0   METHODOLOGY

5.1   Methods

5.1.1   A project group was convened, chaired by Moira Mannion (Co-Director of Nursing, Education and Learning, BHSCT) and including representation from all five HSC Trusts, the PHA Education, Trade Union and the Independent Sector (Appendix 1). A total of 4 meetings were held between May 2017 and March 2018. The project group was tasked with being committed to the project and liaising with their

represented organisation throughout the project. A Project Initiation Document was developed and agreed.

5.1.2 A literature review was conducted in Feb 2017 and updated May 2017 (Appendix 2) in order to:

- identify a definition of the term 'Link Nurse'
- scope the literature on Link Nurses and identify alternative terms
- clarify the difference between a Link Nurse and a Nurse Champion.
- understand the evolution of the link nurse and describe the role and function in current practice.

Search Strategy

- database: CINAHL
- search terms: identified from a RCN Report on the role of Link Nurses in Infection Prevention and Control (IPC) (RCN, 2012) link nurs*; nurse champion*; link practitioner; role; purpose; function.
- search limits: dates were limited to 2011-2017 with the rationale that the group wanted to understand the link nurse role within the current context of practice and since the most recent seminal document (RCN, 2012).
- reference lists of retrieved papers were scanned for additional papers relevant to the review for potential inclusion
- data extraction: definition of link nurse; definition of nurse champion; role and responsibilities; attributes and characteristics; barriers and facilitators of the role; intended outcomes of the roles. These were chosen as they were relevant to the review and also the areas highlighted in the RCN Report.

5.1.3 An engagement process included a survey of Link Nurses, Specialist Practice Nurses, Senior Nurses, Ward Managers and Team Leaders Ward Managers/ Team Leaders. The survey which was developed by the project group and conducted via Survey Monkey (Appendix 3 and 4) took into account the results of a scoping exercise undertaken in 2016 by NIPEC (Appendix 5). The survey was also mapped against a European-wide survey on the role of the link professional conducted by

the European Network in 2012 to promote Infection Prevention for Patient Safety (EUNETIPS) (used with permission from Rose Gallagher, RCN). The surveys were circulated via Executive Directors of Nursing, project group members and NIPEC's website and social media accounts. The surveys were 'live' from 13th October 2017 until 17th December 2017. Reminders were sent out 4-weekly to ensure maximum circulation and project group members were reminded to highlight the survey at every opportunity.

In addition, three workshops were held in Belfast, Londonderry and Craigavon in November 2017. A total of 31 delegates attended the three workshops: six delegates from Senior Nursing and specialist practice attended the Belfast workshop; there were no Link Nurses at this workshop. 22 delegates from acute, community and the Independent Sector attended the Altnagelvin workshop with representation from adult, children's nursing, specialist practice, Senior Nursing, Team Leaders, Ward Managers, Link Nurses and the Independent Sector. Three participants representing specialist practice and Link nurses attended the Craigavon workshop.

The purpose of the workshops was to present the interim findings of the surveys and conduct a role clarification exercise (Appendix 6) based on a Practice Development exercise (Dewing, McCormack et al 2014). The themes were agreed by consensus during the feedback from each group after each exercise. Recurrent themes were merged by the project lead during the write up of the three workshops.

6.0   RESULTS

6.1   Objective i: Define the term 'Link Nurse'

A definition has been suggested in the recommendations.

6.2   Objective ii: Review the literature on the role, function, attributes, barriers and facilitators for the Link Nurse role.

Thirteen papers were identified: nine were included and three were excluded because they were not relevant to the review. Included papers fitted into three

categories: link nurses (n=4); nurse champions (n=4) an alternative to the link nurse role for the dissemination of specialist nursing skills within general nursing practice (n=1). Results in relation to Link nurses are provided here (Table 1) and results in relation to Nurse Champions are provided in Appendix 7.

Table 1: Literature review data extraction: Link nurses

Definition	Roles and Responsibilities	Attributes and characteristics	Barriers	Facilitators	Outcomes (Actual and intended)
'nurses currently in practice who have an express interest in a particular speciality and who act as a formal link to team members in a speciality' (MacArthur 1998 cited by Ward, 2015)	Link/bridge between specialist and clinical practice Coordinate patient care at point of delivery Advocate on behalf of patient Support ward staff in audit and surveillance Liaison with MDT Teach and facilitate learning Participate in the development of resources	Passionate visible in practice areas welcome to receive feedback enthusiastic resilient willing to collaborate inclusive willing to participate communicative approachable respectful non-judgmental supportive reflective proactive analytical problem-solver role model	lack of receptiveness to the role by other members of staff team Perceived lack of effectiveness of role High turnover of staff in clinical area Lack of time for education and audit Link nurse reluctant to be in the role	strong local and organisational management support for the Link Nurse role clear expectations of the role link nurse adequately skilled Training to facilitate attributes required Link nurse meetings	<u>Service</u> improved care sustainable change Improved access to specialist services Greater cooperation between services Improved continuity of care <u>Personal</u> Role satisfaction professional development confidence building <u>Organizational</u> reduced incidents corporate objectives met sustained body of expertise in specialist area (succession planning)

					standardized care
					learning activities tailored to the needs of the organization

6.3 Objective iii: determine the range of Link Nurses in clinical practice in Northern Ireland

The range of Link Nurses were identified from the Senior Nurse, Ward Manager and Team Leader (SN, WM & TL) survey. Respondents revealed that there are a wide range of roles which they consider to fit into the term "Link Nurse" (Table 2) however, it is clear that these roles fit into several categories: nurses linked to an area of specialist practice e.g. diabetes, infection prevention and control, nurses with additional skills or linked to an area of enhanced practice e.g. tracheostomy, smoking cessation, and non-nursing staff related to organisational roles e.g. COSHH, fire safety.

The number and range of Link Nurses in Trusts varied from one for each area of specialist practice to up to 60 wound Link Nurses in one Trust with the difference in these numbers and the range of roles determined by service need. How this service need was operationalized including the use of link nurses in meeting this need was not explored within the surveys. Trusts used a range of processes for maintaining details of the number and range of Link nurses. These varied from no process, a list provided solely for the survey and a database of Link Nurses throughout the Trust. When senior nurses, ward managers and team leaders were asked if having a process for monitoring the number of Link Nurses within their Trust would be helpful, responses indicated that this would be dependent on the number of link nurses and size of the team:

"I am not sure why knowing the number of link nurses would be
helpful in all honesty. I have the necessary resources within my

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team and each link nurse has an associate link educated to the same standard"

"Our team relies on link nurses; it would be good to have a centralised register of same"

"I'm not sure this is necessary within a small team."

One Senior Nurse/ Ward Manager/ Team Leader wrote:

"Every hospital and community clinical team has an Infection Prevention Control link nurse. Other specific roles have been emerging to support practice but these have been termed 'champions' rather than link nurses e.g. dual diagnosis champions is one that is being developed currently in all mental health teams to support skill development and improve standards of care for people with both a mental illness and an alcohol or drug misuse problem. The responsibility of managing/monitoring this role is held by a senior nurse whose job title is Dual Diagnosis Co-coordinator."

Table 2: the range of Link Nurses in HSC Trusts in Northern Ireland

palliative care (one Trust indicated a nurse and a HCA in this Link role) gynae oncology Oncology Haematology Oncology	TB nurse specialist Asthma / Allergy Respiratory
Tissue Viability Wound Care	Renal Home Dialysis urology Nephrology
stroke	continence continence advisory(bladder and bowel)
Infection Prevention and Control	Acute Pain Pain management
stoma care Gastrostomy Colorectal Nurse Endoscopist Gastroenterology	Mental health
Parkinson's Multiple Sclerosis Epilepsy Neurology Neuromuscular	Surgery, clinical Educator ENT/ head and neck nursing ENT
Diabetes Paediatric Diabetes	Breast Breastfeeding
discharge planning	Cardiology
Smoking cessation	sexual health
Paediatric Emergency Nurse Practitioner, ED	Critical Care
anaesthetics adult nursing	Manual handling
ophthalmology	COSHH, Health and safety waste Fire Officer/ warden General risk assessor 'difficile S' (cleaning product) trainer and 13 cascade staff
Falls Safe manual handling facilitator manual handling;	enteral feeding Trache care IV therapies BM*, BM trainers
HICC & PICC*, NEWS*, CCN*	Stroke
dementia,	
Haemovigilance assessors blood transfusion;	Substance Misuse Liaison
	*Hickman and peripherally inserted central catheter; Nursing early warning system; it is uncertain what CCN stands for.

6.4   Objective iv: Determine the key functions of the Link Nurse

In the Link Nurse survey, respondents were asked to identify what their role entails over and above their substantive post, what quality improvement initiatives they were engaged in and what specific dissemination activities they engaged in.

The top three in each of these categories is provided with all the responses provided in Appendix 8. In addition to their substantive role, Link Nurses stated that they attend staff meetings (94% of respondents), facilitate staff learning (82%) and engage in patient education and self-management (76%). In relation to quality improvement activities, 85% of Link Nurse survey respondents stated that they engaged in teaching and education, 64% stated that they were involved in patient and client engagement and 42% were involved in the development of resources. The Link Nurse role in dissemination of knowledge included 91% of respondents stating that they contributed to staff meetings, 79% engaging in one-to-ones with staff and 53% contributing to the staff notice board.

At the workshops, the first activity of the role clarification exercise was to identify what the role of the Link Nurse is. The responses from all three workshops are summarised as:

- To take responsibility for personal development

- Demonstrate leadership qualities

- Contribute to quality improvement

- Contribute to practice development (also relates to quality improvement)

- Be a change agent

- Disseminate information to nursing team

- Assess competence

- Have an enhanced level of knowledge on an area of specialist practice

- Facilitate staff in area of specialist practice

In summary, the Link Nurse engages in professional and patient-centred activities with the main functions and activities being:

1. maintain knowledge in Link area: attend training/ study days; reflection; revalidation activities; self- development & education

2. disseminate information on Link area to colleagues: safety briefings; face-to-face & group and one-to-one communication; maintain information folder; update notice board; contribute to team meetings; sign-post staff to additional sources of support/information; patient education and self- management; facilitate staff learning e.g. teaching sessions; communicate with multidisciplinary team about care related to Link area.

3. be involved in quality improvement activities relevant to the Link role: contribute to audit; contribute to surveillance

4. provide feedback to ward manager/ team leader about Link role activities: Keep manager informed; escalate concerns about Link Nurse role to Ward Manager and identified Link lead

6.5 Objective v: Determine the perception of Link Nurses, Specialist Practice Nurses, Senior Nurses/ Team Leaders/ Ward Managers of the Link Nurse role.

6.5.1 Findings from Surveys

Link Nurses were focussed on enhancing patient care through increased knowledge but were frustrated by the lack of clarity and support for the role at ward and organisational level. In particular there was lack of clarity for the role and variation in the commitment of Link Nurses to the role. This resulted in feeling undervalued and feeling under pressure when the Link Nurse workload was unrecognised and unevenly shared by other, less committed Link Nurses.

"I feel there is not enough time during ward duties to educate staff and update them. There is a second Link Nurse at ward level who doesn't have any interest in the role

and I feel management should note this and replace this staff member thus easing the workload on myself"

Individual comments highlighted the function of the Link Nurse role in contributing to the quality of care but highlighting the lack of clarity over the role:

"I feel this role is vital to community teams as it enables us to get together with other professionals and discuss practice"

"more clarity needed on the expectations of the role"

"non existent…not recognised or seen as important.."

"mostly undervalued but under pressure to complete audits for PHA and ensure staff educated to deal with RQIA inspections"

SPNs viewed the Link Nurse as a local source of information, support and enhanced knowledge for the nursing team. They viewed this local knowledge as beneficial for SPNs in understanding the issues and concerns that the nursing team have with respect to specialist practice. Responses from the SPNs have been summarised using respondents words and have been summarised as Structure, Process and Outcome of Link Nurse role:

Structure: a nurse who has a good understanding of the specialty and is a bridge between the SPN and the ward team and a point of contact for support, education and dissemination of information; a source of information and a resource for the nursing team; a dedicated role to address specific areas with application to clinical practice.

Process: Dissemination of information, education and updating staff using a variety of methods such as ward based information; report issues from the clinical area to SPN and advise on areas requiring development; support audit.

Outcome: Ownership of changes within nursing team and enhanced nursing practice; patient care improved by implementation of best practice; lessen workload on SPN and greater understanding of SPN role

To illustrate this one SPN stated:

*"link nurses are vital… bladder and bowel problems are so
common and specialist nurses are no longer specialist because
we are seeing things that a link nurse could advise on and give
specialists time, for more and more specialist care coming onto
community. also would get time to do education days for our
nurses and carers"*

When Link Nurse survey responses on role perception were mapped against the responses from the SPNs, SN, WM & TL survey, it was evident that SPNs, SN, WM & TL placed more emphasis on the role of the LN in quality assuring specialist nursing at ward level via audit and surveillance. This was also highlighted in the expectation by SPN, SN, WM & TL that Link Nurses have a function in *supporting best practice and reducing un-necessary involvement of the SPN*. Of note, both SPN, SN, TL & WM identified that the Link Nurse has a role in acting as a trouble-shooter and escalating concerns. Link Nurses did not specify this in their free-text answers.

One respondent in the SN, WM & TL survey summarised the function of the LN as follows:

*"To have specific knowledge and confidence in an area of practice
that is a core skill required by all nurses (and other professionals)
in the team. This specific knowledge and confidence held by the
link nurse should be seen as a resource by the team to support
their practice."*

6.5.2 Findings from Workshops

The themes identified in the role clarification exercise from all three workshops are provided in Table 3.

Table 3: Role clarification exercise – results

Activity 1: I believe the role of the Link Nurse is…	Activity 2: I believe the skills, knowledge and expertise I should bring to this role are…	Activity 3a: Things that would help me achieve/facilitate the Link Nurse role…	Activity 3b: Things that would stop me from doing this…
To take responsibility for personal development demonstrate leadership qualities contribute to quality improvement contribute to practice development (also relates to quality improvement) be a change agent Disseminate information to nursing team Assess competence Have an enhanced level of knowledge on an area of specialist practice Facilitate staff in area of SP Liaise with staff/SPN/family/patient Attend Link Nurse meetings (LN) Support patient/staff/SPN recognise concerns and challenge poor practice Contribute to guideline development	<u>Link Nurse</u> Leadership skills Change agent Knowledge and interest in area of specialist practice communication skills optimise existing opportunities for dissemination (LN) Abilty to manage budget (independent sector) <u>Senior Nurse/Ward Manager/ Team leader</u> Facilitate appointment of Link Nurses Support Link Nurses in order to assure quality of the role <u>Specialist Practice Nurse</u> Conduct a training needs analysis Assess training needs, facilitate training and maintain training records review the purpose and structure of the link nurse meeting make role explicit at appointment	define the Link Nurse role regionally make clear the expectations and limitations of the role gain 'buy in' from lead nurses and managers about the importance of the role and support required develop a process for the appointment of Link Nurses facilitate protected time generate a register of Link Nurses for each area of specialist practice facilitate peer support demonstrate an interest in the area of specialist practice improved dissemination processes from SPN to LN, LN to nursing team (over reliance on LN meetings)	Workforce issues e.g. LN moves ward/workplace and is lost to the LN system; shift systems one LN not enough? Imposing an irrelevant system Not being able to demonstrate effectiveness of the LN system Not having backing from Senior Nurses to facilitate what is needed Resistance to change LN not interested in the LN role (imposed)

6.6 <u>Objective vi: Provide an overview of the education and training available for Link Nurses in Northern Ireland</u>

Link Nurses were asked about their Qualifications/ Level of Education:

Registered Nurse (RN) 81.82% (n=99)

Specialist Community Public Health Nursing (SCPHN) 8.26% (n=10)

Degree in Nursing/Midwifery 42.15% (n=51)

Postgraduate Diploma 21.49% (n=26)

Master's Degree 4.96% (n=6)

Other: Independent nurse prescriber, children's nursing diploma, short course in area of specialist practice, Degree in Community Nursing, 15.70% (n=19)

In relation to education undertaken specific to the Link Nurse role, 41.53% (27) of respondents stated that they had attended either a University accredited specialist practice course or module. 20% (13) respondents stated that they had attended a Link Nurse study day such as that provided by the Clinical Education Centre with the remaining respondents engaging in self-directed learning. It is evident that Link Nurses have a range of nursing/ midwifery education.

In terms of maintaining knowledge in relation to the Link Nurse role, study days were the most common method with personal study and in-house training the second and third most stated responses (see appendix 9).In the workshops, aspects of the survey were clarified as they came up in the role clarification exercise. As LN meetings were highly valued by LN in the survey and attendance at LN meetings was considered an important aspect of the LN role in the SPN and the SN, WM & TL survey, the opportunity was taken to discuss the LN meeting. In addition, non-attendance at the LN meeting was mentioned as a barrier to fulfilling the role of the LN both in the surveys and in the workshops.

On probing, Link Nurses stated that opportunities to engage with SPNs and Link Nurse colleagues were limited and therefore when this did occur, such as at the Link Nurse meeting, it was very highly valued. The consensus at the workshops was that Link Nurse meetings tended to last either a morning or afternoon (four hours) and SPNs stated that they made an effort to rotate the time and venues to facilitate

attendance. Meetings content includes education, training, reflection, case reviews, updates regarding new policies and guidance and peer support. LNs consistently stated that they were unable to attend LN meetings and respondents in the SN, WM & TL survey stated that they felt unable to facilitate attendance either because they didn't receive the dates and times sufficiently in advance or because of staffing constraints. SPNs reported feeling frustrated at dwindling numbers at LN meetings. With regards to dissemination of information from SPNs to LN, there was a reliance on the LN meeting therefore non-attendance has a direct impact on the dissemination that LNs engage in.

On the issue of improved quality of care and measurement of impact of the LN role, there was evidence that in some HSC Trusts work has begun to achieve this (Appendix 10 used with permission from Maria Magee, Palliative Care Facilitator, WHSCT). In the workshops SPNs spoke about their experiences of the impact of the LN role in practice. Delegates were asked to share these stories for inclusion in this report to demonstrate the contribution of LNs to quality improvement. Patient's names and details have been anonymised to maintain confidentiality.

An example of the LN and SPN working together to provide optimal patient care 24/7:

There is no specialist nurse on Bank Holidays or weekends. The link nurse gives the patient the telephone contact details of the specialist service and reassures them that the Specialist Nurse will ring them the next day and gives them the agreed literature pack.

An example of the LN providing continuity of nursing care in the community post-MI:

The Link Nurse helps to promote the specialist advice patients need after an MI. Due to shorten stays now not all patients may get to see a specialist nurse before discharge eg on BH or weekends so Link Nurses can ensure that patients get the advice and support they need

An example of the Link Nurse working with the Ward Manager and contributing to safe and effective care:

Following an incident when a patient developed pressure damage it became apparent that the ward documentation was not up-to-date. The Link Nurse, Deputy Manager and Manager liaised with TVN Team Lead to create a bespoke Pressure Ulcer Risk Assessment (PURA) tool. The PURA form is completed for each patient on admission to the Unit and they are audited by the Link Nurse every 6 months. The Link Nurse has carried out training with the Band 2 & 3 staff, leading to better awareness and understanding of potential problems and reinforcing the importance of reporting concerns to the Nurse in Charge. The Link Nurse carries out a monthly mattress audit and removes damaged mattress covers or mattresses from use, ensuring the patients skin is not placed at risk from inadequate mattresses. The Link Nurse has also put together a poster giving details of all the dressings currently recommend to have in stock, this is on display in the Clinical Room. The poster provides a quick reference to ascertain which dressing should be used for each type of wound. (a Ward Manager)

An example of the impact that the Link Nurse has on direct patient care in conjunction with the SPN:

Link Nurses are an integral component in the delivery of effective wound care. They ensure that the recommendations are followed until review by a SPN as they cannot see the patient on a daily basis. In one example there was a young man who presented at E.D with an infected foot ulcer. He was turned away twice and when he presented on the third occasion he required major surgery where he lost part of his foot. Following surgical intervention the TVN became involved. The Link Nurse ensured that the recommendations where adhered to and that the service was fully briefed on the patient's other areas of care. This communication link ensured that as a SPN I was able to proactively direct appropriate patient care , facilitate timely discharge and reduce further risk to the patient. This young man has now returned to work and has resumed his life. (a Specialist Practice Nurse)

7.0 DISCUSSION

7.1 <u>Objective i: Define the term Link Nurse.</u>

The responses in the SN, WM & TL survey highlight the divergence of link roles across health and social care, both in acute and community settings. Some of these are organisational roles fulfilled by non-professional and /or non-nursing staff. In relation to nursing – which is the scope of this review – Link Nurses are 'linked' to Specialist Practice Nurses (e.g. Tissue Viability, Palliative Care), enhanced nursing practicitioners (e.g. anaesthetics, smoking cessation), nursing skills (e.g. IV therapies, enteral feeding). Outside of specialist nursing it is unclear who is responsible for the Link Nurse in terms of the practice area that they are linked to and the organisational accountability and governance for the role. A definition of the term Link Nurse is required to provide clarity.

7.2 <u>Objective ii: Review the literature on the role, function, attributes, barriers and facilitators for the Link Nurse role.</u>

The literature review was nurse focussed and therefore non-nursing link roles in health and social care settings were not explored in the literature review. The literature review highlighted the similarity between the attributes ascribed to the terms nurse champion and Link Nurse with the main difference being that the nurse champion is specifically employed as an agent of change. Having a definition of the term Link Nurse for use in health and social care in NI would provide additional clarity where nurse champions and Link Nurses exist.

7.3 <u>Objective iii: Determine the range of Link Nurses in clinical practice in Northern Ireland.</u>

The range of Link Nurses is diverse and not limited to specialist practice and is usually determined by service need as identified by ward managers, team leaders, senior nurses and SPNs. However, the process of how Link Nurses are nominated, the expectations of the role and the support provided varies greatly. These factors impact on Link Nurse satisfaction and effectiveness. There were areas where LNs were especially well established and models have been developed which were

reported as working well. These models could be used as a template for the development of the Link Nurse role throughout Northern Ireland.

This wide range of Link Nurses means that there is wide variation in support for the Link Nurse role at service and organisational level. This is especially evident in how Link Nurses are appointed, facilitated at ward level and how they are utilised within the organisation e.g. whether they continue in their role if they move practice areas within the HSC Trust. Given the variation in roles increased support at ward, department and organisational level would be beneficial. Link Nurses and SN, WM & TL agreed that there should be more opportunity for peer support. It was suggested that Link Nurses should know who the other Link Nurses are in their area were and how to contact them for support. In addition, organisational support was identified as an important aspect in supporting the Link Nurse role going forward, both for Link Nurses, Ward Managers, Team Leaders, Senior nurses and SPN. The nature of this organisational support requires further exploration.

7.4 **Objective iv: Determine the key functions of the Link Nurse**

This review has identified the key functions of the Link Nurse within HSC Trusts in NI. There are however a lack of organisational processes to firstly, support the appropriate nomination of Link Nurses, secondly, support them when they are in the role and finally implement the governance arrangements required to ensure safety and quality within the role. This is particularly important as new link roles evolve and are developed.

Workshop participants identified measures that would help Link Nurses to fulfil their role and these have been used in the development of principles for the Link Nurse role (see section 8.0).

7.5 **Objective v: Determine the perception of Link Nurses, Specialist Practice Nurses, Senior Nurses (including Ward Managers) of the Link Nurse role.**

The findings of the survey have illustrated the differing perspective that Link Nurses, SPNs and SN, WM & TL have of the link role. The Link Nurse is rightly focused on the patient however, the SPN and the senior nurse, ward manager or team leader

have different perspectives. A perception exists that the role of the Link Nurse includes trouble-shooting and escalating concerns regarding patient care. Whilst this is a reasonable perception, it must be acknowledged that all registrants have a responsibility to escalate concerns about patient care. As mentioned previously there is a view that more clarity is required around the quality assurance and governance structures associated with the role.

7.6 Objective vi: Provide an overview of the education and training available for Link Nurses in Northern Ireland

There was a wide range of education and training accessed by Link Nurses and it was beyond the scope of this project to explore this further. Some of the training was specific to Link Nurses and was developed locally, whilst others accessed University modules and study days. The Link Nurse meeting was frequently cited as a valued source of education and support. The disappointment, frustration and feeling of being undervalued expressed by Link Nurses when unable to attend the Link Nurse meeting highlights the importance of peer support. It also demonstrates the lack of opportunities available for support and development outside of this forum.

Link Nurses are experienced nurses and the education and training that they have obtained is evidence of the motivation and dedication that they have for the area that they work in. These staff are a rich resource in terms of knowledge and experience which should be acknowledged, valued and maximised. As the survey was directed at Link Nurses, the education and training of other link staff has not been captured in this review. Nevertheless, it argued that where link staff are supported to access education, this should be utilised to maximum effect within the HSC Trust and not wasted when, for example, staff step down from the role when moving to another area. The operationalisation of this should be explored by Trusts.

7.7 Objective vii: Make recommendations for the Link Nurse role in Northern Ireland

The project group has identified principles and made recommendations based on the findings of this review

8.0 KEY PRINCIPLES

1. The Link Nurse is a registrant who has a clearly identifiable relationship with another registrant or health care professional who is responsible for an area of practice.

2. The Link Nurse knows who she is accountable to for her link nurse activity and there is a clear governance structure which takes into account the relationship between the link nurse, the nurse or health care professional to whom he/she is linked and the link nurse's line manager.

3. The Link Nurse has been identified as being suitable for the role by nature of his/her attributes and/or skills. Where the Link Nurse does not have the necessary skills they are willing to and facilitated to obtain them.

4. The need for a Link Nurse is based on service needs/ priorities which have been clearly identified and communicated at service and/or organisational level.

5. The expectations of the Link Nurse role are communicated to the Link Nurse at the commencement of role attainment.

6. There is organisational support for the Link Nurse role.

7. The Link Nurse role is reviewed to ensure that it is meeting the needs of the service and that it is contributing to safe and effective care.

9.0 RECOMMENDATIONS

Recommendation 1

Present the findings of this report to the CNO Business Team for consideration regarding adoption across HSC Trusts.

Recommendation 2

The project group recommend that the following definition is adopted:

> *The Link Nurse is a registrant who has a clear link to practitioners in specialist or enhanced practice and who utilises the knowledge and skills gained through this formal relationship to contribute to safe and effective care within their team*

Recommendation 3

The terms Link Nurse and Nurse Champion should not be used synonymously and these should be recognised as distinct roles requiring similar attributes but having different functions**.**

Recommendation 4

A regional framework for Link Nurses should be developed which takes into consideration the range of Link Nurse roles identified within this report and incorporates organisational processes to support the Link Nurse role including: the nomination of Link Nurses; communication about role expectations; accountability; governance; education, including a consistent approach to role protection arrangements in relation to CPD opportunities; quality assurance

Recommendation 5

Utilise Quality Improvement methodology to support organisational changes in relation to the Link Nurse role and to measure change and utilise exemplars of good practice as benchmarks for improvement.

Recommendation 6

Take forward the recommendations of this report in a 2nd phase of the link nurse project

10.0 LIMITATIONS

The completion rate of the surveys was sub-optimal particularly in some Trusts. Feedback from project group members from these Trusts identified that the low response rates may be partially attributed to lower numbers of Link Nurses within some Trusts and link nurses not viewing themselves as fulfilling the requirements of a Link Nurse role.

The use of an online survey method is not always accessible in the clinical area and interruptions can have an impact, however the project group felt that this was mitigated by the inclusion of workshops in the engagement process. In addition, the project group were satisfied that the survey was circulated widely enough to gain sufficient insight.

The membership of the project group was weighted towards specialist practice and LNs connected to SPNs were prominent in both the surveys and the workshops. This may have skewed the results towards specialist practice. However the perspectives of SN, WM & TL has offset this by providing information about the range of LNs in practice that would not otherwise have been obtained.

As the title of this work was to review the role of the Link Nurse, this was one of the main search terms used in the Literature review. Whilst the term link practitioner was also used, the results of the literature review are concentrated on Link Nurses and the literature on the manifestation of the role by other health care practitioners and non-professional staff has not been explored. However, further exploration was beyond the scope of this review.

There was no consultation with general nursing (non specialist) staff

11.0 STRENGTHS

The scope of this review was informed by the commissioning brief, and the project groups' understanding of where Link Nurses were situated in HSCs. As documented in this report, the range of Link Nurses and the clinical areas where they are situated is much wider than the project group's initial understanding. The methodology for 'casting the net wide' to find Link Nurses - demonstrated by the wide range of nurses who completed the surveys and attended the workshops - has been proven effective and has enabled an understanding of the role that may not otherwise have been possible.

The inclusion of senior nurses, ward managers and team leaders provided a perspective on the LN role which would not otherwise have been captured. In particular the range of LN in HSC Trusts provided an insight into how the LN role has been adapted to suit local need and this has been used to inform the recommendations.

This report has highlighted the work of Link Nurses and the significant contribution that this experienced and motivated section of the workforce contribute to the provision of safe and effective care. Their contribution is acknowledged, particularly when considering the barriers that Link Nurses overcome to fulfil their role

Whilst the role of Link Nurses in the Independent sector was beyond the scope of this review, their views have been captured in the workshops. This has provided an insight which will potentially be useful in future work.

12.0 DISSEMINATION AND IMPLEMENTATION

This report has been reviewed and is endorsed by the project group members. It will be uploaded to the NIPEC website and a summary will be disseminated widely via NIPEC's social media accounts.

13.0 REFERENCES

Bradby, M. (2014) 'Engaging 300 'nurse champions' who work with carers' *British Journal of School Nursing* 9(3): 151-152

Burket, T.L., Hippensteel, D., Penrod, J., Resnick, B. (2013) *Pilot testing of the function focused care intervention on an acute care trauma unit* Geriatric Nursing 34(3): 241-246

Burnett, M., Lewis, M., Joy, T., Jarrett, K. (2012) *Participating in clinical nursing research: challenges and solutions of the bedside nurse champion* MEDSURG Nursing 21(5): 309-311

Chapman, J. (2012) *Annual health checks for people with learning disabilities* Learning Disability Practice 15(1): 22-24

Charalambous, L (1995) *Development of the link-nurse role in clinical settings* Nursing Times 91(11): 36-7

Dewing, J., McCormack, B. and Titchen, A (2014) *Practice Development Workbook for Nursing, health and Social Care Teams* Chichester: Wiley Blackwell.

Edge, J., Ackland, F.M., Payne, S., McAuley, A., Hind, E., Burren, C., Burditt, J., Sims, D. (2012) 'Inpatient care for children with diabetes: are standards being met?' *Archives of Disease in Childhood.* 97(7): 599-603

Farner, R., Livingston, J., Rubio, S.A., Gutierrez, M.V., Gong, A. (2014) 'The Nurse Champion Model for advancing newborn screening of critical congenital heart disease' *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* 43(4): 497 – 506

Inch, J. & Tyne, S. (2013) 'Innovation the EOC way the appointment of a transfer link nurse: is it the answer to a busy PACU's prayers?' *British Journal of Anaesthetic and Recovery Nursing* 14(1/2): 26-29

MacArthur, C (1998) 'Communication and collaboration: link nurses in diabetes care' *Journal of Diabetes Nursing* 2(2) 55-58

Manthorpe, J. (2012) 'Nurse champions of older people: a national audit and critical review International' *Journal of Older People Nursing* 7(3): 200-207

Moher, D., Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Mount, A., & Anderson, I. (2015) 'Driving change – not just a walk in the park: the role of the nurse champion in sustained change' *Nurse Leader* August; pp36-38

McGeever, L (2013) 'An alternative to link nurses: sharing specialist skills in colorectal care' *British Journal of Nursing (stoma care supplement)* S19-23

Rosenberg, J. (2016) 'The Link Nurse role in end of life care in aged care' *Australian Nursing and Midwifery Journal* 24 (2): 38

Royal College of Nursing (RCN) (2012) *The role of the link nurse in infection prevention and control (IPC): developing a link nurse framework.* RCN, London.

Ward, D. (2016) 'Role of the Infection Prevention and Control link nurse' *Primary Health Care* 26 (5): 28-31

Witkamp,F., Zuylen, L van., Maas, P. J van der., Dijk, H van., Rijt, C van der., Heide, A van der. (2016) 'Improving the quality of palliative and terminal care in the hospital by a network of palliative care nurse champions: the study protocol of the PalTeC-H project' *BMC Health Services Research* 13(1): 115
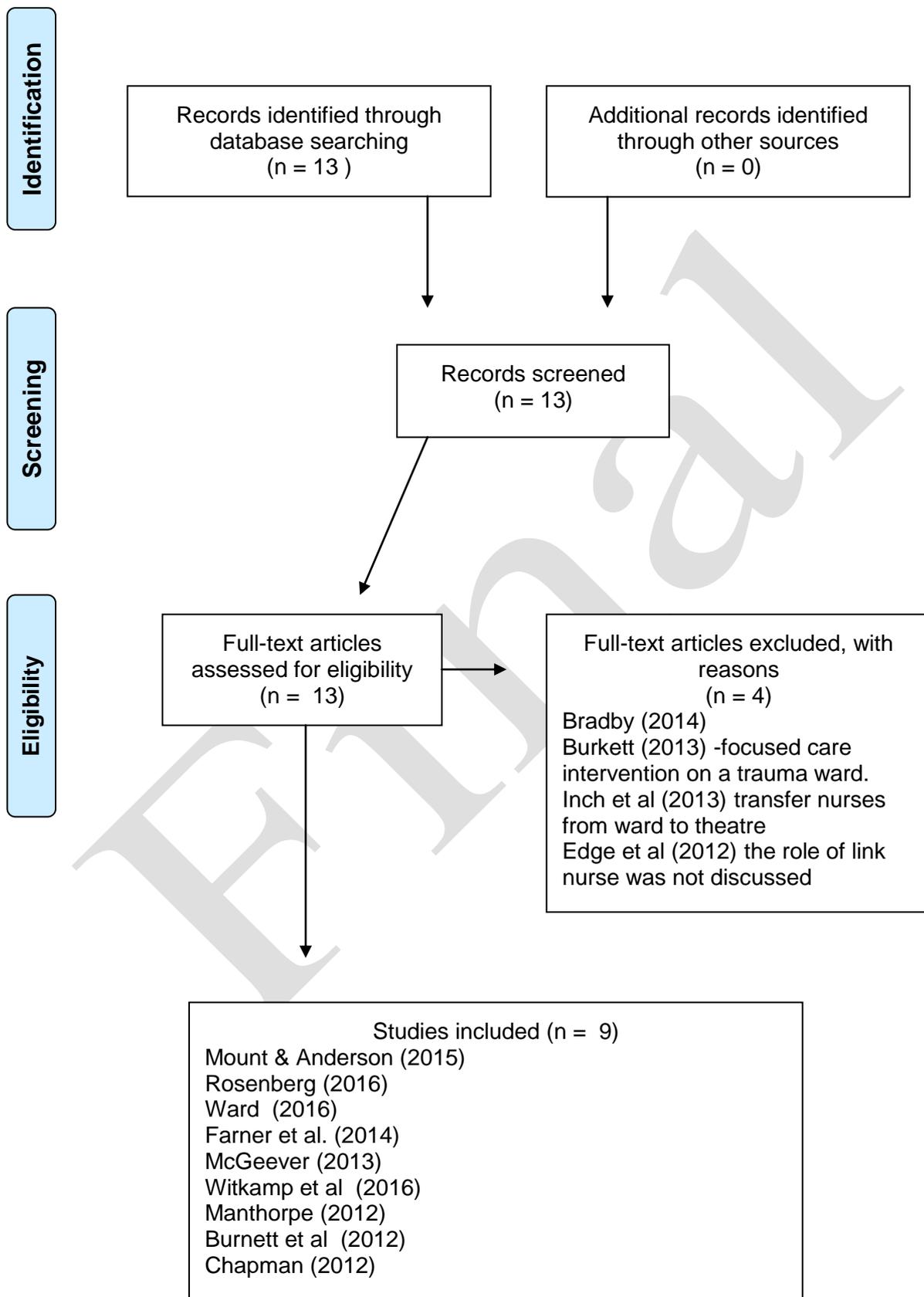
14.0 APPENDICES

Appendix 1: Project group membership

NAME	ORG	Job Title
Moira Mannion[1] (Chair)	BHSCT	Co-Director of Nursing: Education & Learning
Lorna Lawther (Project Lead)	NIPEC	Associate Senior Professional Officer
Jayne Carson	SEHSCT	Tissue Viability Nurse
Gillian Clarke	NHSCT	Infection Prevention and Control Nurse
Gary Cousins[2]	FSHC	Resident Experience Care Specialist
Majella Doran	CEC	Senior Education Manager (May- August 2017: Jan 2018 onwards)
Leonita Hoy	QUB	Lecturer – Education (replacement for L Leonard from November 2017)
Laurence Leonard	QUB	Lecturer – Education (until August 2017)
Sally Lynch	SHSCT	Palliative Care Nurse Specialist, Daisy Hill Hospital
Anne-Marie Marley	BHSCT	Respiratory Nurse Consultant
Dolores McCormick	RCN	Senior Professional Development Officer
Rose McHugh	PHA	Nurse Consultant
Jennifer Mullan	WHSCT	Lead Nurse – Tissue Viability Services
Anne O'Hagan	SHSCT	Macmillan Palliative Care Service Improvement Facilitator (Replacement for Sally Lynch from March 2018)
Anne-Marie Philips	CEC	Senior Education Manager (replacement for M Doran from November 2017-Jan 2018)
Ann Speed	Unison	Head of Bargaining, Unison

[1]From January 2018 until April 2018 the project was chaired by Dr Lorna Lawther

[2]a representative from the independent sector was included in the project group to provide a complete perspective of Link Nurses in HSC and inform the project.

Appendix 2: Literature review flowchart (Moher D et al, 2009)

Identification

| Records identified through database searching (n = 13) | Additional records identified through other sources (n = 0) |

Screening

Records screened
(n = 13)

Eligibility

| Full-text articles assessed for eligibility (n = 13) | Full-text articles excluded, with reasons (n = 4) Bradby (2014) Burkett (2013) -focused care intervention on a trauma ward. Inch et al (2013) transfer nurses from ward to theatre Edge et al (2012) the role of link nurse was not discussed |

Studies included (n = 9)
Mount & Anderson (2015)
Rosenberg (2016)
Ward (2016)
Farner et al. (2014)
McGeever (2013)
Witkamp et al (2016)
Manthorpe (2012)
Burnett et al (2012)
Chapman (2012)

Appendix 3: Summary of survey responses

Link Nurse Survey

122 responses

53% completion rate

7 mins average time spent on survey

Response rate:

BHSCT 37.14% (n=39)

NHSCT 7.62% (n=8)

SEHSCT 7.62% (n=8)

SHSCT 4.76% (n=5)

WHSCT 42.86 (n=45)

Practice setting:

Hospital 50.85% (n=60)

Community 45.76% (n=54)

Other: nursing home 3.39% (n=4)

Practice area:

Adult nursing 76.86% (n=93)

Children's nursing 7.44% (n=9)

Mental health 5.79% (n=7) Learning disability 0.83% (n=1)

Midwifery 2.48% (n=3)

Other: oncology, primary care (including treatment room) older people, community rapid response and district nursing 6.61% (n=8)

Years qualified:

0 – 4yrs 10.00% (n=12)

5 – 9yrs 10.00% (n=12)

10 – 14yrs 22.50% (n=27)

15 – 19yrs 11.67% (n=14)

> 20yrs 45.83% (n=55)

Qualifications/ Level of Education:

Registered Nurse (RN) 81.82% (n=99)

Specialist Community Public Health Nursing (SCPHN) 8.26% (n=10)

Degree in Nursing/Midwifery 42.15% (n=51)

Postgraduate Diploma 21.49% (n=26)

Master's Degree 4.96% (n=6)

Other: Independent nurse prescriber, children's nursing diploma, short course in area of specialist practice, Degree in Community Nursing, 15.70% (n=19)

Specialist Practice Nurse Survey

70 responses

50% completion rate

10 mins average time spent on survey

Response rate:

BHSCT 22.06% (n=15)

NHSCT 8.82% (n=6)

SEHSCT 22.06% (n=15)

SHSCT 7.35% (n=5)

WHSCT 39.71 (n=27)

Practice setting:

Hospital 61.43% (n=43)

Community 22.86% (n=16)

Other: hospital and community 15.71% (n=11)

Senior Nurses/ Ward Manager/ Team Leaders Survey

99 responses

34% completion rate

1 min average time spent on survey:

Response rate:

BHSCT 26.04% (n=25)

NHSCT 12.05% (n=12)

SEHSCT 28.13% (n=27)

SHSCT 2.08% (n=2)

WHSCT 31.25% (n=30)

Appendix 4: Survey Monkey Questions

Summary of Link Nurses survey questions

1. Employing Organisation
2. Age
3. What setting do you work in?
4. What area of practice are you currently working in?
5. How many hours do you work?
6. How many years have you been qualified?
7. What qualifications do you have?
8. How long have you been a Link Nurse?
9. Why did you become a Link Nurse?
10. What title is used in your area for a Link Nurse?
11. What do you think is the difference between the role of a Link Nurse and the role of a Nurse Champion
12. If you are a Link Nurse in a Community setting, how does your role differ from a keyworker or a champion?
13. How did you become a Link Nurse?
14. What do you think are the benefits of being a Link Nurse?
15. What personal qualities do you think you need to have in order to practice effectively as a Link nurse?
16. What skills do you think you need to have to fulfil the Link Nurse role?
17. What guidance have you been given about the parameters of your role?
18. Who gave you this guidance?
19. What does your Link nurse role entail over and above your substantive post?
20. How do you share your knowledge and expertise with colleagues?
21. Is there anything else you could be doing that would enhance your Link Nurse role?
22. What quality improvement initiatives do you participate in as part of your Link Nurse role?
23. What are the barriers to enhancing your Link Nurse role

24. What activities do you engage in to maintain your knowledge in relation to your Link Nurse role?

25. When have you attended specific education for your Link Nurse role?

26. What education have you undertaken specific to your Link Nurse role?

27. Is there anything else you would like to tell us about your Link Nurse role? If so please comment:

Summary of Specialist Practice nurse survey questions

21. What do you consider to be the minimum requirement for a nurse to be able to become a Link Nurse?

22. If you think there is any other information that would be relevant for this review please answer in the box below. 1. Employing Organisation

2. Age

3. What setting do you work in?

4. What is your area of specialist practice?

5. How many hours do you work?

6. How many years have you been qualified?

7. What qualifications do you have?

8. Does your area of specialist practice currently have Link Nurses in your Trust?

9. If yes to Q8, what do you consider their role to be?

10. If your area of specialist practice does not currently have a Link Nurse (s), what contribution do you think they could make?

11. If your area of specialist practice does not currently have a Link Nurse (s), how do you liaise with clinical staff to ensure that there is dissemination of specialist practice activity?

12. What role do you have in the nomination and/ or appointment of Link Nurses in your Trust?

13. What motivates staff to take on a Link Nurse role?

14. What do you think are the benefits of having Link Nurses in your area of specialist practice?

15. What do you think are the current barriers for enhancing the Link Nurse role?

16. How do you think the Link Nurse role could be enhanced and what would facilitate this?

17. How do you think the Link Nurse role contributes to the quality of patient care? If possible can you give an example of where patient care has been improved by the presence of a Link nurse in your area of specialist practice

18. If the Link Nurse role didn't exist, what alternatives do you think could be used to disseminate specialist practice at ward level?

19. What do you think is your role in supporting and facilitating Link Nurses?

20. What support have you provided to Link Nurses specific to their role?

Summary of Senior Nurses survey questions (senior nurses/ ward managers/ team leaders)

1. Employing Organisation

2. Age

3. What setting do you work in?

4. What area of practice are you currently working in?

5. How many hours do you work?

6. How many years have you been qualified?

7. What qualifications do you have?

8. What process/processes do you have in place for monitoring the number of Link Nurses in your Trust?

9. How many and what range of Link Nurses do you have within your department/ Trust?

10. If your department/ Trust does not have a process for monitoring the number of Link Nurses how would this be helpful?

11. How are Link Nurses appointed?

12. What motivates staff to take on a Link Nurse role.

13. What do you think is the role of the Link Nurse?

14. What do you think are the benefits of having Link Nurses in your department/ Trust?

15. What do you think are the current barriers for enhancing the Link Nurse role?

16. How do you think the Link Nurse role could be enhanced and what would facilitate this?

17. How do you think the Link Nurse role contributes to the quality of patient care? If possible can you give an example of where patient care has been improved by the presence of a Link nurse in your department/Trust.
18. If the Link Nurse role didn't exist, what alternatives do you think could be used to disseminate specialist practice at ward level?
19. What do you think is your role in supporting and facilitating Link Nurses?
20. What support have you provided to Link Nurses specific to their role?
21. What do you consider to be the minimum requirement for a nurse to be able to become a Link Nurse?

Appendix 5: NIPEC Preliminary Scoping for Link Nurse Review

Questions	ORG	COMMENT	DATE	Strengths of question	Weaknesses of question	Additional comments/ suggested question (s)
Question 1 Identify the number of Link Nurse Posts which currently exist in your Trust	SHSCT	Link nurses are usually not a specific post- they are usually staff in clinical areas who have a specific interest in the subject	23 Oct 16			
	SET	not sure it may be going to each of the specialist nurses and asking for their contact lists or go to each ward to ask for their list				
	WHSCT	Firstly we need to identify what is meant by link nurse. This term is used for interchangeably with 'Nurse Champions' e.g. for falls or Dementia. We also use the term – 'Nurses with Specialist Interest' i.e. those working in a specialist field (some working at a Specialist level).	24 Oct 16			

Questions	ORG	COMMENT	DATE	Strengths of question	Weaknesses of question	Additional comments/ suggested question (s)
Question 2 What method is used to recruit Link Nurses – does this differ depending on the area of practice/specialty?	SHSCT	usually identified through ward sister. Although some LN roles many be inherent in JDs – (would need to check this) but I think e.g. DN may still have a link nurse role into nursing homes	23 Oct 16			
	SET	no recruitment processes usually a nurse expresses an interest in a particular area				
	WHSCT	For the latter I can identify an approximate number of those in post.	24 Oct 16			
Question 3 What process is in place to support professional development and updates for Link Nurses?	SHSCT	Should be linked to ksf and current strategic developments	23 Oct 16			
	SET	There are planned meetings/training that they would attend – prob differs according to the field of interest				

Questions	ORG	COMMENT	DATE	Strengths of question	Weaknesses of question	Additional comments/ suggested question (s)
	WHSCT	Some of these nurses undertake regular updates but the impact of their 'informing others' is not evaluated. Some nurses have attended CEC programmes ranging from one day to a 3-5 days e.g. stroke care or palliative care, infection control	24 Oct 16			
Question 4 • What methods do Link Nurses use to update their ward/team/d epartment?	SHSCT	need to scope but imagine it would be a point of contact/expertis e to draw from	23 Oct 16			
	SET	should be updating literature in a file and communicating /teaching best practice at meetings/ward level				

Questions	ORG	COMMENT	DATE	Strengths of question	Weaknesses of question	Additional comments/ suggested question (s)
Question 4 • What methods do Link Nurses use to update their ward/team/d epartment?	WHSCT	The method of updating others is varied and is often as advised by the Training team (Infection control). Some of these nurses undertake regular updates but the impact of their 'informing others' is not evaluated.	24 Oct 16			
Question 5 Is there a mechanism to provide feedback that updates have been provided/completed?	SHSCT	Need to scope	23 Oct 16			
	SET	The only way would be if the link nurse kept records or ward minutes reflect this- I would not be hopeful of this				
Question 5 Is there a mechanism to provide feedback that updates have been provided/completed?	WHSCT	In its simplest terms numbers are counted in some cases for up-date training i.e. Link nurse trainers identified for BLS. May be we should start from a blank sheet informed by the available evidence.	24 Oct 16			

Appendix 6: Workshop programme and role clarification exercise.

Time	Topic	Facilitator
10:00 – 10:05	Registration Tea and coffee	
10:05-10:10	Introductions and Welcome Purpose of the day	
10:10-10:20	Background to Link Nurse Review Project Feedback from Link Nurse Review Surveys	
10:20 – 11:00 (including feedback)	Activity 1: I believe the role of the Link Nurse is…	
10:50-11:00	Feedback	Group members
11:00 – 11:40	Activity 2: I believe the skills, knowledge and expertise I should bring to this role are…	
11:30-11:40	Feedback	Group members
11:40 – 12:10	Activity 3: Things that would help me achieve/facilitate the Link Nurse role… Things that would stop me from doing this…	
12:10 – 12:20	Feedback	Group members
12:20-12:30	Summary of workshop and next steps	

'champions are advocates of new ideas or projects for which they feel personal ownership. The champion who emerges is well connected to people and resources of the organizatio n' (Farner et al, 2014) The nurse champion is a staff nurse recruited to work with researchers to implement a research intervention at ward level (Burnett et al, 2012).	identify gaps in knowledge and quality regarding care at ward level raise ward staff awareness / train staff/ identify training needs of staff support the dissemination of knowledge to achieve a specific change act as change agent at clinical level/ implementatio n of a specific change at organizational level but with specific impact at patient level participate in action planning lead peers monitor change progress via audit and data collection communicate about change progress toward team and stakeholders lead on new initiative to be introduced into clinical area	motivated to improve care competent in clinical area enthusiastic ability to influence others role model facilitator mentor ability to tailor change strategies to clinical context ability to work independently ability to overcome challenges/pr oblem solve committed dissatisfaction with status quo leadership skills Advocacy skills willing to learn	time required to facilitate change at ward level demotivating competing patient care priorities other role responsibilities lack of engagement from clinical staff to enable role to be achieved	engaging champion early in the change process (planning stage) support from nurse leaders driving the change self-nomination to role Financial and non-financial incentivisation Adequate training for the role Sense of belonging to a team clearly defined role and purpose support structures in place (e.g. training, protocols) close relationship between nurse champion and colleagues	Service improved quality of care sustained change introduction of nurse-led change tailored to local needs development of collaborative relationships enhanced application of research initiatives and outcomes into clinical practice Personal increased knowledge improved clinical skills improved communicati on skills perceived sense of belonging in the wider multi-disciplinary team (MDT) Organization integration of change practice into the culture of the organization improvement

	Engage in quality assurance with regard to the change initiative Be competent in the change initiative				in processes Sense of ownership of change initiative

Appendix 8: Detailed survey responses for Objective iv

Link Nurse Survey: *Q19 What does your Link Nurse role entail over and above your substantive post?*

Answer choices	Responses in % (number of respondents in brackets)
attend Link Nurse meetings	94.03% (63)
facilitate staff learning	82.09% (55)
patient education/ self management	76.12% (51)
disseminate information from the Specialist Practice Nurse	64.18% (43)
communicate with multidisciplinary team regarding specialist practice	50.75% (34)
act as a local resource for the Specialist Practice Nurse (SPN)	32.84% (22)
promote specialist practice activity[1]	26.87% (18)
conduct audits/ surveillance	25.37% (17)
support/organise Link Nurse meetings	13.43% (9)

[1]this refers to activity directed by the SPN e.g. care/treatment plans

Link Nurse Survey: *Q20 What quality improvement initiatives do you participate in as part of your Link Nurse role?*

Answer choices	Responses in % (number of respondents in brackets)
teaching and education	85.94% (55)
patient and client engagement	64.06% (41)
development of resources	42.19% (27)
Quality attributes training	21.88% (14)
Other (please specify): PHA surveillance/ audit/ part of a specialist interest group	7.81% (5)

Link Nurse Survey: *Q21 How do you share your knowledge and expertise with colleagues?*

Answer choices	Responses in % (number of respondents in brackets)
contribute to staff meetings	91.04% (61)
one-to-one with staff	79.10% (53)
contribute items to the staff notice board	53.73% (36)
one-to-one with ward manager	43.28% (29)
email staff with new information	41.79% (28)
social media updates to staff	4.48% 3
Other (please specify): teaching sessions, information/ practice resource folder kept for all staff to access	13.43% (9)

Appendix 9: Detailed survey responses for Objective vi.

Link Nurse Survey: *Q24 What activities do you engage in to maintain your knowledge in relation to your Link Nurse role?*

Answer choices	Responses in % (number of respondents in brackets)
Study days	80.00% (52)
Personal reflection/reading	70.77% (46)
In house training	66.15% (43)
Attended specific Link Nurse course	56.92% (37)
Supervision	27.69% (18)
Shadowing a Specialist Practice Nurse	10.77% (7)
Membership of professional interest group	6.15% (4)
Other (please specify): attend meetings/ University accredited course/module	7.69% (5)

Appendix 10: Example Survey: effectiveness of Link Nurses.
Used with kind permission from Maria Magee, Palliative care facilitator,
WHSCT)

Section 1: Palliative Care Link Nurse

1. Have you completed a Palliative Care Module (CEC)/Princess Alice Module
   (Hospice)

   Yes/No

   If No please give reason:

2. How many Palliative Care Link Nurse (PCLN) study days have you attended in
   the last 12 months?

   If you have not attended at least 2 please give reason.

3. Do you keep a personal portfolio of reflection/learning?

4. Do you keep a palliative care folder in your area of work?

   If yes, do you update it regularly? Do you ensure it is accessible to colleagues?

5. Do you find this model of practice effective?

6. Do you have any suggestions as to how improvements can be made in relation
   to the training of Palliative Care Link Nurses?

Section 2: Ward manager/Team Leader

1. Is there a designated Palliative Care Link Nurse currently based on your team?

2. Are you aware of the contents of the Palliative Care Link Nurse Framework?

3. How many palliative Care Link Nurse Study Days has your PCLN attended in
   the past 12 months?

   If your PCLN has not attended at least 2 please give reason:

4. Are you aware of palliative care folder/resource file updated by the Palliative
   Care Link Nurse in your area of work?

5. How does the Palliative Care Link Nurse cascade learning in your area of work?

Section 3: Colleague

1. Do you know who the PCLN is in your ward/area of work?

2. Have you ever referred to your PCLN for advice about any palliative care issue

3.   Do you find the advice given by the PCLN.
     Very helpful/somewhat helpful/I have never been given advice/ not recorded/
     not applicable

4.   Do you have any suggestions of how your knowledge of palliative care could be
     improved

15.0 EQUALITY AND GOVERNANCE SCREENING

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project/work stream/initiative* have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

As a result of these considerations:

(a)   a screening of the project/work stream/initiative* has been undertaken and can be viewed at http://www.hscbusiness.hscni.net/services/2166.htm. Using the Equality Commission's screening criteria, no significant equality implications have been identified. This project will therefore not be subject to an equality impact assessment.

*In addition, t*o ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various *Corporate* Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in the following table.

Equality and Governance Screening

Area	Comments
Risk Management questions	
- Have any risks been identified? - 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	
- 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)? - 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 Template to assist in considering equality and human rights	*None* *No* *None* *No*
Privacy Impact Assessment (PIA) questions	
- Will the project use personal information and/or pose genuine risks to the privacy of the individual? - Will the project 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? NB – please refer to NIAST guidance and template to assist in considering the PIA screening questions and whether a full assessment is required	No: vignettes have been anonymised No
Personal and Public Involvement (PPI) questions	
Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? NB – please refer to and use NIPEC's PPI Decision Tree/Algorithm to assist in considering PPI	No

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