

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

***“Leading Teams”***

**The Regional Team Leader Project**

Project Initiation Document

## 1.0 Introduction

- 1.1 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. There is evidence to show that multi-professional team working can lead to significant improvements in health and social care delivery (Junor et al., 1994). A key strength of multi-professional teams is that the combined expertise of a range of health and social care professionals is used to deliver seamless, comprehensive care to the individual. Furthermore, service users and carers prefer the care provided by such teams when compared to standard services (Simmonds *et al.*, 2001; Tyrer *et al.*, 2003, MHC, 2005).
- 1.2 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 multi-professional 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.
- 1.3 The Team Leader therefore plays a pivotal role in the development and encouragement of a multi-professional team. 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 multi-professional 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.

1.4 As a result of NIPEC's experience and success with a similar initiative for Ward Sisters/Charge Nurses (Appendix One), the Chief Nursing Officer asked NIPEC to lead a project focused on clarifying and strengthening the role of the multi-professional Team Leader.

1.5 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:

Team Leaders, on the live Nursing and Midwifery Council register, working in a community setting who are responsible for managing one or more of the following:

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

And Team Leaders, on the live NMC register, working in a community setting with responsibility for managing a multi-professional team

## **2.0 Project Plan – Aim and Objectives**

### **2.1 Aim of the Project**

The aim of the project is 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

## 2.2 Objectives of the Project

The objectives of the project are 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 to Community 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.

## 3.0 Methodology Overview

- 3.1 The project, led by Dr Carole McIlrath, NIPEC Senior Professional Officer, will be conducted over a period of 12 months between June 2011 and June 2012. NIPEC will host and provide all administrative support required during the lifetime of the

project. A draft work programme, designed to achieve the objectives, is attached at Appendix Two.

- 3.2 **Phase One** will run from June 2011 until September 2011 and will involve setting up the mechanisms and structures required to deliver the project. This will include convening a Steering Group, chaired by Olive MacLeod, NHSCT Executive Director of Nursing, to provide the overall direction, management and governance of the project. The Steering Group will comprise representation from a range of key stakeholders including the five HSC Trusts, NIPEC, DHSSPS, Education Providers, Public Health Agency, Patient and Client Council, Professional and Staff Side Organisations (Appendix Three). The first meeting of the Steering Group will be conducted in September 2011 at which time the Terms of Reference will be agreed (Appendix Four).
- 3.1 **Phase Two** will run from October 2011 until March 2012. Two further Steering Group meetings will be conducted during this time (with further extra ordinary meetings arranged if required). A Working Group, chaired by the Project Lead, will be convened comprising suggested nominations from the Steering Group members. The Working Group will meet six weekly during this phase and will be responsible for supporting the Project Lead in the design and development of the project outputs. If necessary, sub-groups will be established to take forward specific Working Group activities. In addition during this phase, Trust representatives will be identified to set up effective communication and consultation mechanisms, in relation to the project, within each of the HSC Trusts. These Trust representatives will act as conduits between the Working Group and relevant Trust Stakeholder/Reference Groups, gathering views and providing feedback on the various project outputs. The Project Lead will recommend the draft project outputs to the Steering Group by the end of February 2012.
- 3.2 **Phase Three** will run from April 2012 until June 2012. A final Steering Group meeting will be conducted during this time (with an extra meeting arranged if required). The draft project outputs will be further developed and refined. The final project outputs will be recommended to the Steering Group at the end of April 2012. A Project Report will be submitted to the Chief Nursing Officer at the end of May

2012. A formal launch of the project outputs will be planned for the Chief Nursing Officer's conference in June 2012.

- 3.3 The ongoing progress of the project will be available to view on NIPEC's website. In addition, individual Team Leaders will be encouraged to contribute to the project through an e-portal at [www.nipec.hscni.net/regionalteamleader.htm](http://www.nipec.hscni.net/regionalteamleader.htm)

#### **4.0 Evaluation**

- 4.1 An evaluation strategy will be developed to measure achievement of the project objectives and outputs.
- 4.2 The project will be evaluated and monitored on an ongoing basis, evidenced via an audit trail of the notes of Steering Group and Working Group meetings and a quarterly summary report from the Project Lead.

#### **5.0 Dissemination and Implementation**

- 5.1 Communication and consultation processes will be ongoing throughout the project, using various mechanisms. The Project Lead will provide feedback to the Steering Group via the Working Group members and Trust representatives in relation to improving the effectiveness of the communication methods. The NIPEC website and news bulletin, along with the HSC Trusts' and other organisations' newsletters, will reflect the progress of the project and encourage individuals' contribution and participation. An e-portal will be provided on NIPEC's website to allow individuals to contribute to the project.
- 5.2 On completion of the project, an official launch will be held at the Chief Nursing Officer's Conference to showcase the outputs. In addition, the Project will be summarised in a Final Report.

**APPENDIX ONE**

**NIPEC Ward Sisters/Charge Nurses Project**

*(detail to be inserted)*

## DRAFT WORK PROGRAMME

<b>Phase One: June 2011 until September 2011</b>	
<b>Activity</b>	<b>Target Date</b>
<ul style="list-style-type: none"> <li>• Agree Chair of Steering Group</li> <li>• Chairs' letter to stakeholder organisations for nominations to Steering Group</li> <li>• Organise first Steering Group meeting to agree:               <ul style="list-style-type: none"> <li>○ Steering Group Terms of Reference</li> <li>○ Project plan</li> <li>○ Process for nominations to Working Group</li> <li>○ Dates for further meetings</li> </ul> </li> </ul>	<p>Aug 2011 (met)</p> <p>Aug 2011 (met)</p> <p>21<sup>st</sup> Sept 2011(met)</p>
<b>Phase Two: October 2011 until March 2012</b>	
<ul style="list-style-type: none"> <li>• Briefing paper and nomination form sent to Trust representatives on Steering Group</li> <li>• Nominations received from Trusts</li> <li>• Organise first meeting of Working Group to agree:               <ul style="list-style-type: none"> <li>○ Terms of Reference</li> <li>○ Work programme for achieving outputs</li> <li>○ Sub groups, work activities and timescales as required</li> <li>○ Dates for further meetings</li> </ul> </li> <li>• Trust lead representatives to set up links with each Trust Stakeholder/Reference Group</li> <li>• Organise second Steering Group meeting December 2011 to monitor and evaluate activity and progress and agree way forward</li> <li>• Organise second Working Group meeting late January 2012 to finalise products</li> <li>• Organise third Steering Group meeting Mar 2012 for members</li> </ul>	<p>25<sup>th</sup> Oct 2011 (met)</p> <p>8<sup>th</sup> Nov 2011 (met)</p> <p>End Nov 2011 (met)</p> <p>Nov 2011 (met)</p> <p>Dec 2011 (met)</p> <p>Jan 2012 (met)</p> <p>Mar 2012 (met)</p>

to receive draft project outputs from the Project Lead and agree way forward	
<b>Phase Three: April 2012 until June 2012</b>	
<ul style="list-style-type: none"> <li>• Working Group to refine project outputs.</li> <li>• Steering Group meeting to receive and agree final project outputs</li> <li>• Submission of final report to Chief Nursing Officer</li> <li>• Launch at Chief Nursing Officer conference</li> <li>• Commence work on NIPEC website developing a menu of resources to support Team Leaders.</li> <li>• Link with CNO, HSC Trust EDoNs and NIPEC re implementation and evaluation (Phase 4).</li> </ul>	<p>Apr 2012</p> <p>Apr 2012</p> <p>May 2012</p> <p>Jun 2012</p> <p>Jun 2012</p> <p>Jun 2012</p>

## APPENDIX THREE

### STEERING GROUP MEMBERSHIP

NAME	TITLE AND ORGANISATION
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
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

**STEERING GROUP TERMS OF REFERENCE**

1. Agree the purpose of the project and provide a regional and professional group perspective.
2. Agree a project plan, timescales and methodology for the project.
3. Provide advice, oversee implementation, monitor progress and support adherence to the project plan.
4. Recommend that the necessary resources are committed to the project.
5. Receive progress reports from the Project Lead and agree actions arising.
5. Ensure effective communication and dissemination of information relevant to the project within each of the participating organisations/professional groups.
7. Contribute to the final report for submission to the DHSSPS
8. Recommend implementation, monitoring and evaluation of the project outcomes.

**Note:**

- Membership of Steering Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair.
- The Steering Group will meet on approximately four occasions within a twelve month period.

For further Information, please contact

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

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