

Northern Ireland Practice and Education Council for Nursing and Midwifery

A Review of Nurse Training and Development Needs within the HSC Trust the Independent & Voluntary Sector Regarding Nutritional Awareness Needs of Patients /Clients.

Project Plan



| Contents | | Pages |
|----------|-----------------------------------|-------|
| 1.0 | Introduction | 1 |
| 2.0 | Background | 1 |
| 3.0 | Project Aim and Objectives | 2 |
| 4.0 | Work plan Overview | 2 |
| 5.0 | Resources | 3 |
| 6.0 | Communication and Dissemination | 3 |
| 7.0 | Equality and Governance Screening | 4 |
| 8.0 | Evaluation | 4 |
| | Appendices | 5 |

I.0 Introduction

The Promoting Good Nutrition Strategy for adults¹ was launched on 9 March 2011. The purpose of the strategy is to improve the nutritional care of adults in all health and social care settings. Subsequently guidance and resources to support nutritional care in practice were launched in November 2013. The regional implementation steering group responsible for the implementation of the strategy requested NIPEC to undertake a work programme to deliver on the following objective:

Establish a working group to review the training education and development available for nursing staff² including nursing assistants employed in the HSC Trusts, Independent Care Home Providers and Voluntary Sector in relation to awareness of the nutritional needs of patients /clients and their responsibilities in meeting identified needs.

- 1.2 To achieve the objective NIPEC will establish a Working Group with representation from Nursing (Education Leads), Independent Home Care Providers and Voluntary Sector, Department of Health Social Services and Public Safety DHSSPS, Royal College of Nursing (RCN), Education Providers including Open University (OU), Ulster University (UU), Queens University Belfast (QUB), Clinical Education Centre (CEC), NIPEC Council, Patient Client Council (PCC) and Regulation and Quality Improvement Authority (RQIA) Unison, Unite/Community Practitioners and Health Visitors Association CPHVA (See Appendix One for proposed membership of Working Group).
- 1.3 The project will focus on gathering information from the Health and Social Care HSC Trusts, Independent Sector, Voluntary Sector, Education Providers and other key stakeholders.

2.0 Background

2.1 The Promoting Good Nutrition strategy was designed to build on the "Get your 10 a day" and applies across all Health and Social Care settings in Northern Ireland. Promoting good nutrition is everyone's business and the successful implementation of the Promoting Good Nutrition strategy will require access to a range of evidenced based educational programmes to support practitioners to improve their practice. Good nutritional practice must focus on the prevention, identification and management of malnutrition (in this case under nutrition).

¹ DHSSPS (2011) Promoting Good Nutrition: A strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016. Belfast: DHSSPS

² Nursing staff in this project includes the family of nursing e.g nursing assistants

3.0 Project Aim and Objectives

3.1 **Aim**

The aim of the project is to review the training Education and Development available for nursing staff employed in the Health and Social Care Trusts, Independent Care Home Providers and Voluntary Sectors in relation to awareness of the nutritional needs of patients /clients and their responsibilities in meeting identified needs. To make recommendations to the Regional Implementation Steering Group regarding training, educational and development requirements to address any gaps identified.

This project excludes patients /clients who have specific enteral and parenteral nutritional needs and patients/clients with specific dietary interventions e.g coeliac

3.2 **Objective**

The objectives are as follows:

- Scope the training, education and development available for nursing staff to access in each of the HSC Trusts, and across the Independent Care Home Providers and Voluntary Sector in relation to:
 - awareness raising regarding the nutritional needs of patients/client
 - > their responsibilities in meeting identified needs.
- Scope the policies in HSC Trusts and the Independent Care Home Providers and Voluntary Sector in relation to awareness of patient /client nutritional need and responsibilities of nursing staff.
- Identify the resulting gaps in training provision and policies in relation to the above and make recommendations to address identified gaps.
- Make recommendations for pre and post registration nursing education, training and development in relation to awareness of patients/clients nutritional needs

4.0 Work Plan Overview

NIPEC will lead this work programme, in partnership with key stakeholders. It is proposed that this should be conducted over a six month period commencing in October 2014. Following the establishment of a working group the methodology proposed below will be further defined.

4.1 **Methodology**

It is intended to deliver the initiative over two phases, **Phase 1:** information gathering and **Phase 2** analysis and recommendations.

Phase 1.

The working group will be established comprising of representatives as detailed in (Appendix 1)

- Agree data collection methodology
- Gather data regarding the range of available training education and development in relation to patient/client nutritional needs and staff responsibilities in meeting identified needs across the HSC Trusts and Independent Care Home Providers and Voluntary Sector.
- Scope the HSC Trusts, Independent Care Home Providers and Voluntary Sector policies in relation to awareness of patient /client nutritional need and their responsibilities.

Phase 2

- Analysis of the data collected and identify gaps in the training education and development and policies available.
- Make recommendations as to how identified gaps in training and polices might be addressed.
- Submit a draft report of findings and recommendations to the Promoting Good Nutrition Implementation Steering Group at the end of the project.

5.0 RESOURCES

- 5.1 NIPEC will co-ordinate, host and provide professional nursing expertise as well as administrative support to the project, applying a project management approach. Individuals on the Working Group and any additional groups have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the project.
- 5.2 Participating organisations will undertake that relevant staff be released for all required meetings, for the duration of the project, and to support further participation in activities/groups, if required, to achieve the objectives of the project.

6.0 COMMUNICATION AND DISSEMINATION

- 6.1 Communication and consultation will be ongoing throughout the project, using various mechanisms such as email, teleconferencing facilities and face-to-face meetings. The NIPEC website and news bulletin will reflect the progress of the project.
- 6.2 Dissemination of the Final Report of the project will be the responsibility of NIPFC.

7.0 EQUALITY AND GOVERNANCE SCREENING

- 7.1 To ensure NIPEC and its stakeholders are meeting its legal obligations in relation to Equality, Personal and Public Involvement and Governance, the project plan, its aims, objectives and proposed outcomes have been screened for any issues relating to the following areas:
 - Risk Management
 - Equality and Human Rights
 - Privacy Impact Assessment
 - Personal Public Involvement
- 7.2 A summary of these considerations and any action required is documented in Appendix Two.

8.0 EVALUATION

- 8.1 Ongoing evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievements of the objectives outlined in the project plan and the project management process.
- 8.2 The final project report will include a record of the project management and evaluation processes.

APPENDIX ONE

PROPOSED WORKING GROUP MEMBERSHIP

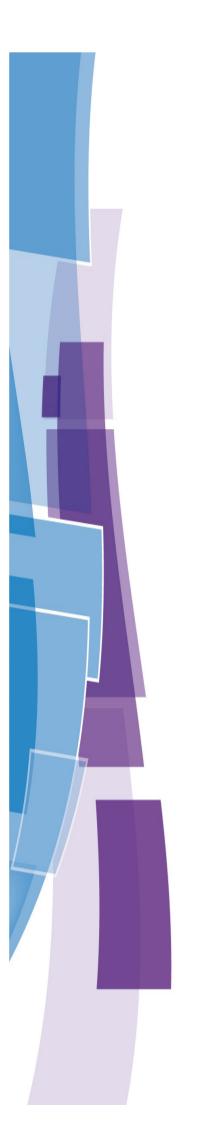
| Stakeholder Organisation | Representative |
|---|---|
| 5 HSC Trusts Nursing Learning and Development Leads | Elizabeth Graham, ADoN, Nursing, Education and Development NHSCT, (Chair), & representing the Education Leads |
| 5 Health & Social Care Trusts | Sharon McRoberts, ADoN, Workforce and Regulation, SEHSCT |
| 5 Health & Social Care Trusts, HR Representative | Awaiting nomination |
| Royal College of Nursing | Linzi McIlroy, Senior Professional Officer |
| Independent Sector Four Seasons Healthcare | Joanne Strain, Head of Nursing, Care Standards and Quality |
| | Eileen Dunlop, Human Resources, Training and FM Manager |
| Independent Health Care Providers | Awaiting nomination |
| Clinical Education Centre | Catronia Campbell, |
| (N&M & AHP) | Senior Education Manager |
| DHSSPS Nursing & Midwifery | Caroline Lee, Nursing Officer |
| NIPEC | Frances Cannon, Senior Professional Officer (Project Lead) |
| | Cathy McCusker, Senior Professional Officer Paul Davidson, Council Member |
| Patient Client Council | Unable to nominate |
| RQIA | Sheelagh O'Connor, Infection and Prevention Hygiene Inspector |
| | Trygiono moposioi |

| Stakeholder organisation | Representative |
|------------------------------|--|
| Unite /CPHVA | Unable to nominate |
| PHA | Mary McElroy, Patient, Safety, Quality, Patient Experience, Lead Nurse |
| Open University | Donna Gallagher, Senior Lecturer, Nursing |
| Queens University | Beverley McClean, Nurse Lecturer (Pre-Reg) |
| Ulster University | Pauline Black, Nurse Lecturer |
| NI Hospice | Clare McVeigh, Lecturer in Palliative Care |
| Foyle Hospice | Awaiting nomination |
| St Johns Hospice | Carmel Campbell, Nursing Director |
| Marie Curie Cancer Care | Miriam McKeown, Acting Hospice Manager |
| UNISON | Awaiting nomination |
| British Dietetic Association | Pauline Mullholland:- as expert reference as and when required |

APPENDIX TWO

Outcome of Screening Assessment

| Screening Assessment | 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? 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 Templates to assist in considering equality and human rights | | | | |
| Privacy Impact Assessment Questions | | | | |
| Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual? Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? Personal and Public Involvement Questions | | | | |
| Will the project/initiative require input from | | | | |
| patients/clients? If no - no further action is required. If yes - please apply NIPEC's Personal and Public | | | | |
| Involvement Policy. | | | | |



For further Information, please contact

NIPEC

Centre House 79 Chichester Street BELFAST, BT1 4JE

Tel: 028 9023 8152 Fax: 028 9033 3298

This document can be downloaded from the NIPEC website <u>www.nipec.hscni.net</u>

May 2014