



A Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015



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OUR STRATEGY

This strategy is the culmination of a range of work which has been undertaken in Northern Ireland in response to the Modernising Nursing Careers agenda since its launch in 2006 and is in keeping with the work currently being undertaken in the Midwifery 2020 initiative. It has been developed in consultation with members of the nursing and midwifery community and patient representatives through a series of engagement workshops held in August 2009. Its development has been overseen by a steering group chaired by the Chief Nursing Officer.

This strategy has been developed under the four strategic themes of:

- Promoting Person Centred Cultures
- Delivering Safe and Effective Care
- Maximising Resources for Success and
- Supporting Learning and Development.

Based on the information obtained during the engagement workshops three key perspectives have been identified under each of the strategic themes. These will be used as lenses through which to view the strategy and achieve our vision. Each of the key perspectives will be articulated at strategic, organisational and individual level to ensure that every nurse and midwife has a place in this strategy and can clearly see what it means for them.

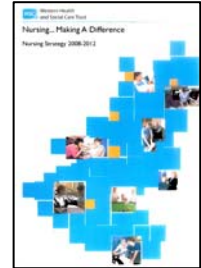
Also outlined in this strategy is the new post registration career pathways for nurses and midwives, centred on three zones of healthcare practice. These pathways will focus on developing our workforce for the future to meet the needs of patients/clients, building on a strong foundation of existing good practice and opening a new chapter for nursing and midwifery in Northern Ireland.

STRATEGY DEVELOPMENT

Trust Strategies

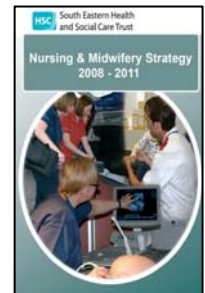
Reflected within the strategy are the themes contained within each of the five Health and Social Care Trust nursing and midwifery strategies which have been published during 2008/09, namely

Western Trust - Nursing ...Making a Difference – 2008 – 2012



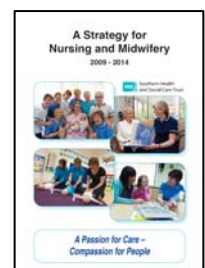
Northern Trust – Our Futures, our journey – 2008 – 2012

South Eastern Trust – Nursing and Midwifery Strategy 2008 – 2011



Belfast Trust – Striking the balance – 2009 – 2012

Southern Trust – A passion for care – compassion for people
2009 - 2014



This strategy should be seen as a high level road map to guide the community of nursing and midwifery over the next five years. It is based on the principle that the contribution of every nurse, midwife and support worker is valued and has a part to play in ensuring the delivery of high quality safe and effective care to our patients/clients. The strategic themes capture both the enduring values of nursing and midwifery as well a vision for the future.

This strategy will generate local action plans from each of the HSC Trusts, the Public Health Agency and the DHSSPS and will also be adopted by the independent and voluntary and community sector.



THE STRATEGIC AND POLICY CONTEXT

It is an exciting and challenging time to be part of the nursing and midwifery community in Northern Ireland. The restoration of devolved government in May 2006 and the implementation of the Review of Public Administration have reshaped our organisational and management structures. Throughout this unprecedented period of change the delivery of safe, high quality, effective and compassionate care has relied upon the community of nurses and midwives working across a diverse and wide range of settings with the aim of providing person centred care 24 hours a day 365 days of the year.

In addition to improved social conditions and public health successes, new drugs and technologies have contributed to the population living longer with people increasingly suffering from one or more chronic condition. Many of these conditions, such as cardiovascular disease, cancer, diabetes and chronic respiratory disease are linked by common preventable risk factors. Smoking, prolonged unhealthy nutrition, physical inactivity, and excess alcohol use are major causes of ill health within our population. As members of integrated, multidisciplinary teams nurses and midwives have important roles to play in working with patients/clients and their families in the prevention, treatment and management of chronic diseases from preschool through to old age.

The establishment of the new Public Health Agency, Health and Social Care Board and the Patient Client Council in April 2009 was driven by the need to improve the health and wellbeing of the people of Northern Ireland and reduce inequalities; as such our health and social care system should be proactive working towards anticipating and preventing health and social care problems rather than merely reacting to them. To achieve this there will be an increased focus on anticipatory care that crosses organisational boundaries. A self care approach will also be adopted which will allow people with long term conditions to have access to improved information, education and support, as well as new technology aimed at enhancing home-based care.

Similarly, health and social care organisations, local government and the independent, voluntary and community sectors will work together to ensure we place the person at the centre of decision making processes and that safe and effective care services are increasingly delivered in the individuals home.

Changes in demographic trends and the aging population mean that increasingly more of our nursing workforce is employed in the independent / voluntary and community sectors. The review of the nursing and midwifery workforce conducted in September 2008 indicated that between 2000 and 3000 qualified nurses are currently employed within these sectors. It is therefore important that we recognise the knowledge; skills and experiences attained within these settings and cultivate a highly skilled and flexible workforce for the future.

In Northern Ireland a range of policy initiatives, launched since 2002, have reflected the changing context of Health and Social Care and set the direction for future service delivery, namely

- Developing Better Services; Modernising hospitals and Reforming Structures
- Investing for Health
- A Healthier Future; A Twenty Year Vision for Health and Wellbeing
- Caring for People Beyond Tomorrow
- The Review of Public Administration
- Changing the Culture
- The Bamford Review

A summary of these documents is attached at **appendix 1**

These policy documents and initiatives reflect the changing face of health and social care in Northern Ireland. As nurses and midwives we must embrace the future opportunities and challenges that the professions face and exercise the direction outlined in our strategy to help shape our future

OUR VISION

OPTIONS FOR THIS STATEMENT

- Taking the lead, accounting for care
- Safe in our hands
- A partnership for care

To support this vision:

- Nurses and midwives will have the patient and the public as their primary concern, reducing inequalities and working in partnership with patients and the public for good health outcomes.
- The nursing and midwifery professions will work with other professional groups, other agencies and patients and communities to maximise the use of everyone's talents and skills.
- The nursing and midwifery workforce will be accountable, skilled and flexible always striving to work effectively and efficiently to provide safe, accessible and equitable care.
- Nurses and midwives will practice in an atmosphere of continual learning and development, demonstrating their commitment to continuous quality improvement and an ability to learn from experiences and accredited sources of evidence



OUR MISSION

To maximise the effectiveness of the nursing and midwifery contribution to improving health and social wellbeing and tackling inequalities for the population of Northern Ireland.

OUR VALUES

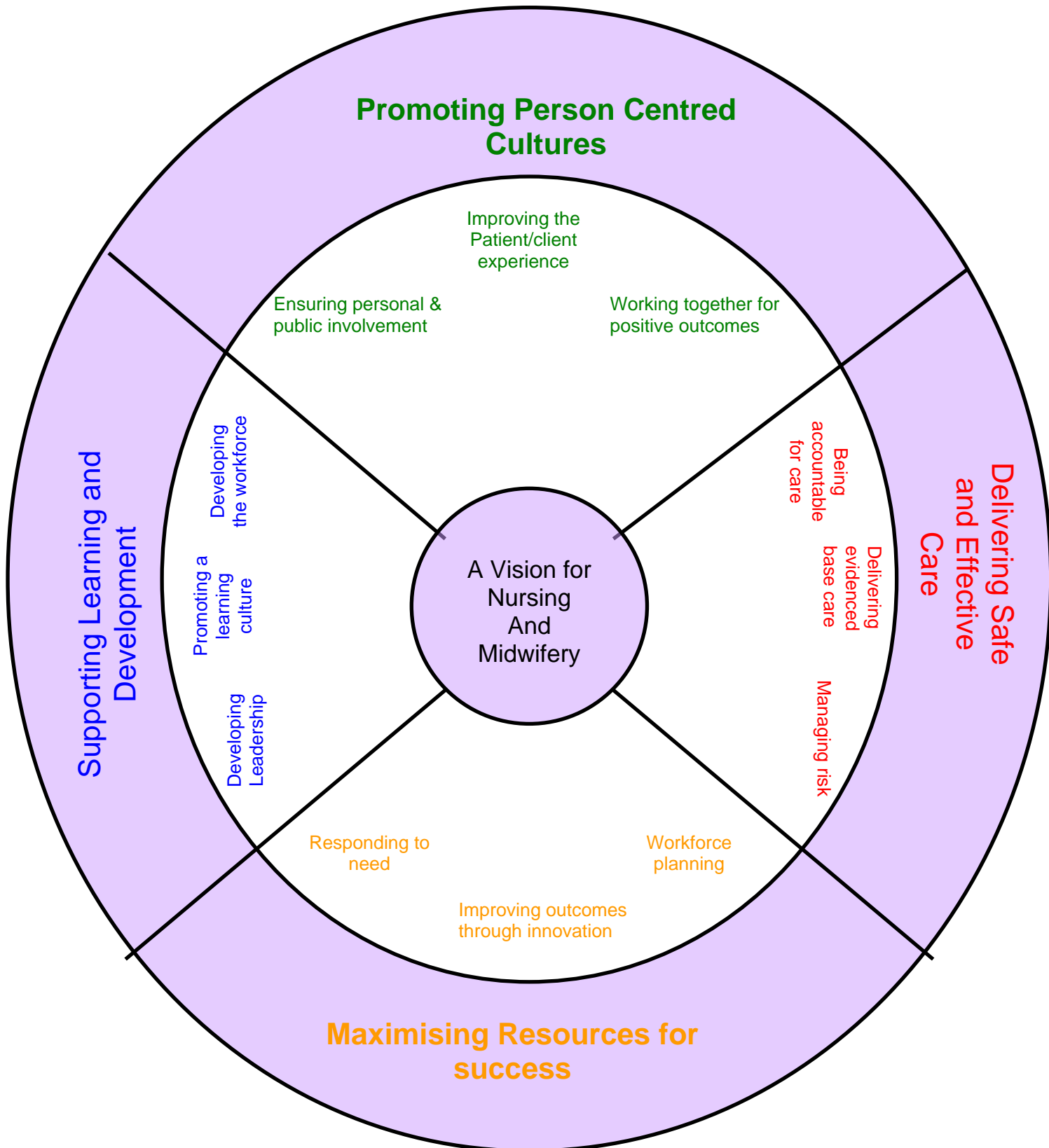
The underpinning values of nursing and midwifery are the principles and beliefs that guide the choices and daily practices of individuals and are relevant to any system, care setting or career structure. These principles are embodied within the Nursing and Midwifery Council Code: Standards of conduct performance and ethics for nurses and midwives (2008). Our values should articulate the manner in which we work. These need to be at the core of our practice and support person centred care.

As nurses and midwives we will:

- Treat people with **care and compassion**, with **dignity and respect** and with **impartiality**
- Be **accountable** for our actions
- Act in **partnership and collaboration** with patients, clients, carers and colleagues in the interests of providing high quality care
- Provide **leadership** to ensure safe and effective care
- Maintain **ongoing competence** throughout our working careers

Our vision, mission and values statements are an integral part of the way we work. Each and every one of us has a personal responsibility to express these values in the way we interact with our patients and clients and each other. These values should underpin every professional decision we make and are reflected throughout this strategy.

THE STRATEGY FOR NURSING AND MIDWIFERY



This regional strategy has at its core the vision for Nursing and Midwifery in Northern Ireland for the next five years. Under the strategic themes of promoting person centred cultures, delivering safe and effective care, maximising resources for success and supporting learning and development we will describe the key perspectives, activities, actions, goals and indicators which will enable us to achieve our vision

PROMOTING PERSON CENTRED CULTURES

“Being person centred requires the formation of therapeutic relationships between professionals, patients/clients and others significant to them in their lives and that these relationships are built on mutual trust, understanding and a sharing of collective knowledge”

(McCormack & McCance, 2006)

Through the development of Person Centred Cultures we aim to ensure that the patient/client is an equal partner with the nurse/midwife in assessing, identifying options for and delivering the most appropriate package of care for that individual. It involves sharing information on all aspects of the patient/client needs and available services and requires mutual respect and courtesy.



Effective care values the rights and needs of individuals and is accessible, responsive and promotes health and well being.

To achieve this we will focus on three key perspectives:

- Ensuring Personal and Public Involvement
- Improving the Patient/Client Experience
- Working together for positive outcomes



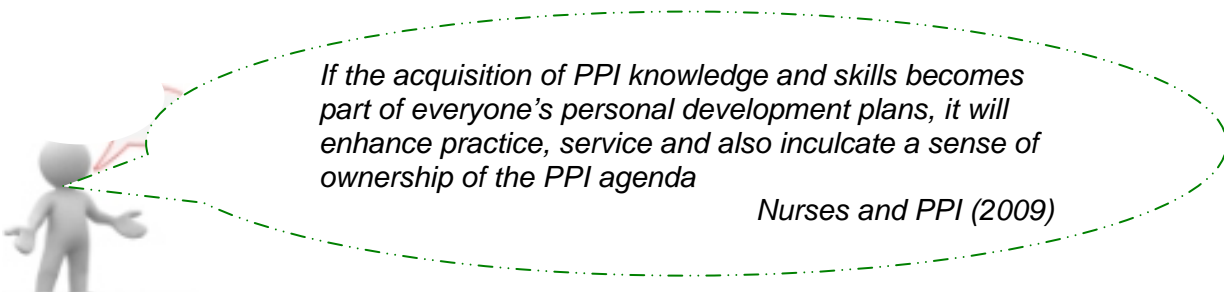
ENSURING PERSONAL AND PUBLIC INVOLVEMENT (PPI)

Engagement with individuals and communities should be an integral part of service planning, commissioning and delivery. It means discussing with those who use our services and the public: their ideas, our plans; their experiences, our experiences; why services need to change; what people want from services; how to make the best use of resources; and how to improve the quality and safety of services. (HSC circular (SQSD) 29/07)

AT A STRATEGIC LEVEL

- The Director of Nursing in the Public Health Agency and the directorate of nursing and midwifery within the DHSSPS, in conjunction with the Patient and Client Council, will ensure the voice of the citizen is heard by supporting the involvement of patients and the public in shaping health policy and influencing service redesign leading to a partnership approach to better health
- The commitment to PPI will be reflected in the leadership and accountability arrangements within HSC organisations. The nursing, midwifery elements of involvement will be coordinated and monitored by the Director of Nursing within the Public Health Agency.

-
- Directors of Nursing will adopt a systematic approach to personal and public involvement that links corporate decision making to local communities.
 - Directors of nursing will work with PPI leads to ensure a coordinated and equitable approach to involvement across the HSC.
 - Each nurse and midwife will recognise that PPI is part of their responsibility and demonstrate an individual contribution as part of their performance review
 - Each member of the nursing and midwifery community will use every opportunity to put patients/ clients in the lead for managing their care through a process of shared decision making



If the acquisition of PPI knowledge and skills becomes part of everyone's personal development plans, it will enhance practice, service and also inculcate a sense of ownership of the PPI agenda

Nurses and PPI (2009)



IMPROVING THE PATIENT/CLIENT EXPERIENCE

Patients and clients have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. This principle should be supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service

(Improving the patient and client experience, 2008)

AT A STRATEGIC LEVEL

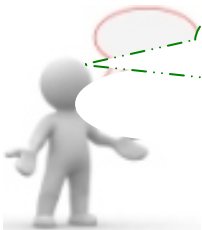
- The Chief Nursing Officer (CNO) in partnership with the Director of Nursing at the Public Health Agency will oversee the regional implementation and monitoring of the “Improving the patient and client experience” standards
- A regional working group will develop appropriate measurement methodology that will generate evidence of achievement against the patient and client experience standards

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will ensure that organisational policies have due regard to the implementation of the “Improving the patient and client experience” standards
- Directors of Nursing and their senior teams will act as inspirational role models providing visible leadership throughout their organisations
- The community of nursing and midwifery will proactively seek and act upon a range of feedback to evaluate the impact of the patient and client experience standards.

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will demonstrate professional behaviour to reaffirm their role as advocates and guardians of quality care through the implementation of the patient and client experience standards and adherence to their code of conduct



Good quality care is everyone's business; it requires champions in the boardroom and at the bedside

M Bradley (2008)



WORKING TOGETHER FOR POSITIVE OUTCOMES

Health and social care is a complex business; collaborative working, coordination and teamwork are necessary to achieve the positive outcomes nurses and midwives seek for our patients and clients

AT A STRATEGIC LEVEL

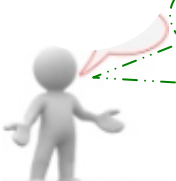
- Nurses and midwives will work collaboratively within a multi-agency environment to put public health and social well being at the core of our health and social care system,
- The nursing and midwifery community will work within service frameworks to secure an integrated and person centred approach to the development of services

AT AN ORGANISATIONAL LEVEL

- Effective commissioning requires robust population needs assessment processes. Directors of Nursing will support nurses and midwives to work in partnership with community groups, statutory and voluntary agencies to compile and/or contribute to health and social care profiles of local populations to inform the commissioning process
- Directors of Nursing will work together to enhance and sustain effective environments that value and support the contribution of nurses and midwives working together with a range of disciplines to achieve positive outcomes

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will work in partnership with their patients and clients supporting them to make informed choices about their care and treatment
- Nurses and midwives will work closely with and value the contributions of the multidisciplinary team in actively seeking positive outcomes for patients/clients



“Understand the contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care.....work with colleagues in ways that best serve the interests of patients.”

(GMC, Tomorrow's doctors, 2009)

DELIVERING SAFE AND EFFECTIVE CARE

The promotion of safe care must be complemented by the provision of effective care. Care should be based on the best available evidence of interventions that work and should be delivered by appropriately competent and qualified staff in partnership with the service user. Systems and processes within organisations should facilitate participation in, and implementation of, evidence-based practice.

(Quality Standards for Health and Social Care, 2006)

The delivery of safe and effective care is the responsibility of all staff within the health and social care system. Nurses and midwives must recognise their personal responsibility and accountability for the delivery of evidenced based care through competence in decision making and the effective management of risk, ensuring the best outcomes for patients and clients



To achieve this we will focus on three key perspectives:

- Being accountable for care
- Managing risk
- Delivering evidence based care



BEING ACCOUNTABLE FOR CARE

Accountability is integral to professional practice, everyday nurses and midwives make decisions that effect patient/client care in a wide variety of circumstances and environments based on professional knowledge, judgement and skills. Accepting responsibility and being accountable for such decisions is an essential part of delivering safe and effective care.

AT A STRATEGIC LEVEL

- The community of nursing will be represented on the NMC council to ensure the voice of Northern Ireland is expressed at the national level
- The CNMAC will work with the CNO and senior colleagues to develop a regional accountability framework for nurses and midwives

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will promote a culture wherein nurses and midwives have a legitimacy to challenge and escalate concerns appropriately, acting in the best interest of their patient or client in an environment of learning and continuous improvement
- An Operational Framework for Delegation of Decision Making will be adopted across Northern Ireland. This framework supplements the NMC guidance on the delegation of care and associated accountability.
- Directors of Nursing will monitor the implementation and maintenance of supervision processes against the regional standards via an annual report submitted to the CNO.

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will demonstrate through their actions understanding of their accountability to patients/clients, employers and the NMC
- Nurses and midwives will take ownership for quality care, holding themselves and others to account for the highest standards of care and acting to address poor standards

As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions.

Nursing & Midwifery Council (2008)





MANAGING RISK

To ensure the delivery of safe and effective care nurses and midwives must be able to manage risk, embrace accountability, and meet the demands of clinical governance. By adopting an anticipatory approach nurses and midwives can act proactively to minimise risk and provide a high quality service that meets patient/client needs and act on lessons learnt to drive improvements in the quality and safety of services ensuring that practice is informed and improved.

AT A STRATEGIC LEVEL

- The introduction of a Regional Adverse Incident and Learning (RAIL) system will introduce a cohesive and comprehensive regional system for reporting incidents and ensuring safety messages and regional learning are identified and disseminated in a consistent and effective manner
- The CNO will manage and co ordinate lessons learnt from incidents, accidents and reviews. The Directorate of nursing and midwifery will ensure that outcomes are fed back into undergraduate and post graduate training programmes to maximise the learning and reduce the risk of reoccurrence

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will inform, advise and assist colleagues at board level to understand how strategic decisions may affect the quality and safety of patient care and the wider patient experience
- Directors of Nursing will provide active leadership within a governance framework to enable risk to be assessed and managed effectively

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will have access to and work within established risk management policies and processes
- Nurses and midwives will be able to comprehensively assess and proactively respond to service users' individual needs and identified risks within their sphere of practice

.....Hospitals should do the sick no harm
(F Nightingale 1820 – 1910)





DELIVERING EVIDENCED BASED CARE

As professionals nurses and midwives must be able to demonstrate the effective integration of evidence, including research findings, into their clinical decision making processes to ensure the delivery of safe and effective care. Evidence based care must therefore be a core component of contemporary nursing and midwifery practice

AT A STRATEGIC LEVEL

- The nursing and midwifery directorate within the DHSSPS will ensure professional expertise is fully integrated into decision making processes at policy level
- The CNMAC Research and Development subgroup will provide leadership and strategic direction for nursing and midwifery research and development in order to improve positive patient experience and outcomes

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will ensure there are clear evidenced based policies, procedures, standards and guidelines for nursing and midwifery practice. These will be supported by a dynamic programme of audit to monitor practice and highlight concerns at an early stage
- Directors of Nursing will support practitioners to develop research expertise and utilise these skills within the healthcare settings

AT AN INDIVIDUAL LEVEL

- Nursing and midwifery decisions will be made through a process of critical analysis, characterised by compassion, respect and dignity.
- Nurses and midwives will utilise practice development, research and benchmarking to integrate evidence based care into their practice

Research-based practice is a hallmark of professional nursing. Nursing research, both qualitative and quantitative, is critical for quality, cost-effective health care
International Council of Nurses (1999)



MAXIMISING RESOURCES FOR SUCCESS

"Nursing innovations are key to improvement and progress in health systems worldwide."

(International Council for Nurses, 2009)

These are financially challenging times. Individuals and organisations need to ensure that public resources are fully utilised to meet the needs of our patients and clients if they are to continue to provide and improve health and social care.

This strategy recognises that as nurses and midwives we need to take appropriate actions to maximise our available resources and respond to the needs of our patients and clients ensuring the best possible outcomes.

To achieve this we will focus on three key perspectives:

- Responding to need
- Improving outcomes through innovation
- Workforce planning





RESPONDING TO NEED

Nurses and midwives are ideally placed to assist in identifying the needs of their patients and clients and to develop new and innovative ways to deliver care across a range of settings. New and expanding roles require additional skills and competencies building upon the solid foundations of existing practice and placing patients and clients at the centre of care.

AT A STRATEGIC LEVEL

- The CNO will task CNMAC to establish a regional group to consider the range of methodologies available for improving nursing and midwifery service delivery
- Each of the branches of the professions will be involved in reviews of their fields of practice to ensure they are fit for purpose and meeting the needs of patients and clients

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will adopt the use of service improvement methodologies to design systems and processes which respond to the needs of patients/clients, avoid duplication and maximise the use of resources
- Directors of Nursing will lead on the assessment of need and development of enhanced roles for nurses and midwives which improve the patient/ client experience

AT AN INDIVIDUAL LEVEL

- Nurse and midwives will recognise their unique contribution to improving the health and wellbeing of the population and will work with others to meet the needs patients/clients
- Nurses and midwives will strive to protect and secure optimum independence and self determination for each individual patient/client and their family

Every system is designed to achieve exactly the results it gets....if you don't like the results, change the system
Don Berwick, Institute of Health care Improvement, 1996





IMPROVING OUTCOMES THROUGH INNOVATION

Those who deliver care are best placed to make improvements in that care. In Northern Ireland nurses and midwives are at the forefront of service re-design, pushing the boundaries and challenging traditional practices. We will encourage innovation in the development of nurse, midwife and healthcare worker roles which harness and develop individual talents to improve outcomes for our patients and clients

AT A STRATEGIC LEVEL


- The directorate of nursing and midwifery within the DHSSPS will support initiatives such as the Florence Nightingale foundation travel scholarship to enhance nursing and midwifery practice, service delivery and improve patient/client care.

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will promote a “can do” culture within organisations supporting ward sisters/charge nurses/team leaders, individuals and teams to challenge traditional practices to improve patient client care
- Directors of Nursing will encourage staff to celebrate and share innovations and where appropriate adopt and sustain new ways of working for the benefit of patients /clients

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will identify opportunities for practice/ service improvements and communicate these to line managers
- Nurses and Midwives will spread and embed innovation to improve outcomes for patients and clients



Society and the health care system will value nurses and midwives not only as clinicians, but also as managers, teachers, researchers, activists, thinkers and policy-makers.
Prime Ministers Commission on the Future of Nursing, 2009



WORKFORCE PLANNING

Effective workforce planning will be used to develop a flexible responsive and high performing workforce. Through the recruitment and retention of skilled staff we will underpin service delivery, improve patient/client outcomes and effectively meet the current and future health and social care agenda.

In planning our workforce for the future we must consider the current and projected supply and demand factors that will impact on the delivery and development of nursing and midwifery roles.

AT A STRATEGIC LEVEL


- The CNO will task CNMAC to establish a regional workforce planning, development and modernisation subgroup which will advise the DHSSPS on a province wide approach to the effective management of supply and demand within the nursing and midwifery professions

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing, through their workforce leads, will work collaboratively to build a workforce planning toolkit to ensure we have the right people with the right skills in the right job. This will include assessment of population health needs, knowledge of current nursing and midwifery staff, their skill-mix, and data on other healthcare professionals.
- Directors of Nursing will focus on the values and worth of nursing and midwifery highlighting our strengths and advocating the professions as top careers for the future

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will recognise their skill sets both transferable and specialist to enable them to move flexibly between different environments of care
- Nurses and midwives will work with and support one another to help achieve a balance between work and personal life



Effective workforce planning in nursing has a profound impact on patient care – directly effecting factors such as mortality and failure to rescue

Professor Anne Marie Rafferty, 2009

SUPPORTING LEARNING AND DEVELOPMENT

Lifelong learning and development for staff in the Health and Social Care is key to delivering a modern patient and client focused service. It is important that the DHSSPS, working with its partners and related sectors, develops and equips staff with the skills they need to support changes and improvements in patient and client care.

(DHSSPS, Workforce Learning Strategy 2009 – 11)

Nurses, midwives and their support staff can only deliver high quality care if they maintain and develop their knowledge and skills. Given the pace of change in the delivery of health care and the rise in public expectations the principles and values of lifelong learning are increasingly important to all members of the nursing and midwifery community.

This strategy will ensure that within supportive culture learning and development will continue to contribute to a knowledgeable and dynamic workforce, supported by strong and visible leadership at all levels

To achieve this we will focus on three key perspectives:

- Promoting a learning culture
- Developing leadership
- Developing the workforce





PROMOTING A LEARNING CULTURE

A culture of learning does not necessarily develop spontaneously; it has to be nurtured, supported and developed over a period of time. Within a culture of learning we will create, acquire and transfer knowledge enabling nurses and midwives to reflect upon practice and with new knowledge and insights improve outcomes for patients and clients.

AT A STRATEGIC LEVEL

- Based on the learning needs analysis of nursing and midwifery the Education Commissioning Group, will commission education courses and development opportunities based on the needs of patient/clients. The impact of this learning will be evaluated to determine its bearing on practice.
- The CNO in association with NIPEC will adopt a regional approach to knowledge management through the practice and quality development database which will spark innovation, operational improvement and enhanced care

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will embrace the principles of a learning organisation ensuring that a learning and development action plan is implemented in each organisation and its impact evaluated.
- Directors of Nursing, through their education leads, will promote fair and equitable access to learning and development, using the Knowledge and Skills Framework and the appraisal/ personal development process to monitor training needs and guide development.

AT AN INDIVIDUAL LEVEL

- Each nurse and midwife will take responsibility for their personal development and career plan maximising formal, informal and experiential learning opportunities
- Nurses and midwives will actively participate in practice development opportunities and share the learning with others to improve outcomes for patients and clients

In a learning organisation people continually expand their capacity to create the results they truly desire, new and expansive patterns of thinking are nurtured, collective aspiration is set free, and people are continually learning to see the whole together.

Peter Senge (1990)





DEVELOPING THE WORKFORCE

Within health and social care our workforce is our greatest resource and asset. In a context of continuing change and developments in people's health and social care needs, advancing technology and rising public expectations the pattern of practice and the organization of care delivery creates both challenges and opportunities for nurses, midwives and support staff in working towards improvements in care.

AT A STRATEGIC LEVEL

- The CNAC workforce planning, development and modernisation subgroup will review the outcomes of the Modernising Nursing Careers initiative and advise on new ways of working including the role of nurse consultants and health care support workers
- Building on the work already undertaken in the development of a post registration career framework we will adopt a skills escalator approach to support flexible career paths across the three healthcare zones of practice as outlined on pages 32 – 35.

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will encourage and promote confidence in staff to develop new skills and knowledge supporting the development of new roles which will improve patient/client care
- Directors of Nursing will embed the practice education coordinator and facilitator roles, to support learners in practice

AT AN INDIVIDUAL LEVEL

- Nurses and midwives will engage in continuing professional development that will enhance professional practice and meet career aspirations
- Nurses and midwives will facilitate the professional and personal development of others, demonstrating leadership, reflective practice, supervision, quality improvement and teaching skills

Health care provision requires that practitioners possess the knowledge and skills to respond and adapt to current and future health care priorities and needs

WHO, Strategic Directions for Nursing and Midwifery, 2002





DEVELOPING LEADERSHIP

Leadership in nursing and midwifery is crucial to the quality of patient/ client care and to the development of the professions. Leaders need to be confident, competent, well motivated, self aware, and socially skilled. They need to be team players who are able to work with others across professional and organisational boundaries. In short good leaders make positive, tangible changes to the delivery of care.

AT A STRATEGIC LEVEL

- Nursing and midwifery will adopt a succession planning approach to leadership development, identifying and nurturing leaders of the future in a commitment to ensure continuous, seamless leadership transition.

AT AN ORGANISATIONAL LEVEL

- Directors of Nursing will build upon the leadership and facilitation skills of ward sisters, charge nurses and team leaders to influence practice through positive role modelling, encouraging improvements in patient/client care
- To nurture and develop nursing and midwifery leadership ability at all levels leaders will use coaching, mentoring and appraisal systems to provide staff with timely feedback from patients/clients and other sources

AT AN INDIVIDUAL LEVEL

- Every member of the community of nursing and midwifery should set an example of excellence for others
- Each nurse and midwife will be prepared to lead and be accountable for improvements in patient care.

The ability of midwives to be strategic leaders in service, policy and higher education requires that these roles are there to start with; and that midwives have the expertise, credibility and leadership skills to represent the profession and its contributions

Delivering high quality midwifery care, 2009

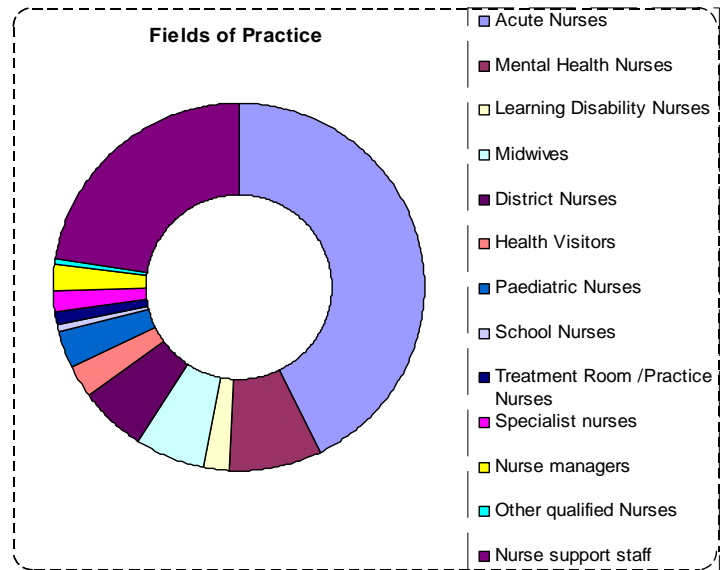


Nursing and Midwifery in Northern Ireland

The Review of the Nursing and Midwifery Workforce, conducted in September 2008, concluded that there was 20,860 (17,787 WTE) staff employed within the nursing and midwifery community. This included 16,140 (13,747 WTE) qualified staff and 4,720 (4,040 WTE) support staff.

Fields of Practice

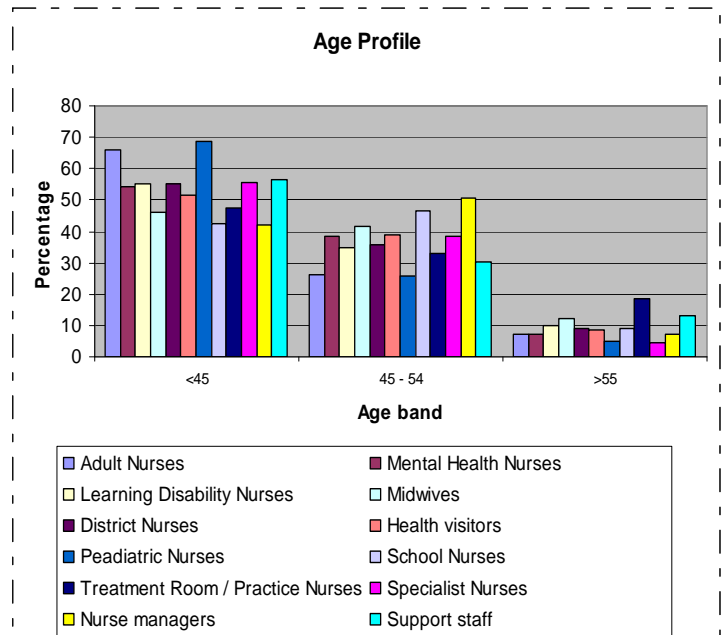
Acute nurses represented just under half (42%) of all qualified nursing staff. Mental health nursing was the next largest group representing 8% while midwives and district nurses each accounted for 6% of the qualified nursing and midwifery workforce



Age Profile

In Northern Ireland over the whole of the nursing and midwifery workforce an average of 47.7% of staff are aged 45 years or older.

Disproportionately large numbers of staff in clinical areas aged 55 and over are seen in the areas of midwifery, health visiting, school nurses and treatment room/practice nurses.





**NURSING AND MIDWIFERY
CAREER PATHWAYS**

Nursing and Midwifery Career Pathways

The nursing and midwifery population in Northern Ireland are registered with the Nursing and Midwifery Council, with nursing subdivided into the four areas of adult, mental health, learning disability and care of children, the majority of whom complete a three year pre registration programme which from 1990 has consisted of 50% theory and 50% practice.

For a career in midwifery individuals can either undertake a three year direct entry programme or following registration on part one (adult) of the register undertake a further 18 months programme of study.

Pre – Registration Education

The students of today are our registrants of tomorrow. Through effective educational programmes and mentorship we must support and develop nurses and midwives for the future

Professional education must be responsive to the needs of the service and in planning for the future we must ensure the involvement of employers, including the independent sector, and patients/clients to ensure qualified staff have the necessary skills and competencies to practice.

In Northern Ireland pre registration education is delivered by three providers, namely Queens University, the University of Ulster and the Open University. Competition for pre registration places remains high with courses consistently oversubscribed.

Nursing – In Northern Ireland pre –registration nurse education is currently offered at both BSc (Hons) and Diploma levels, with approximately 75% of nurses exiting with a degree.

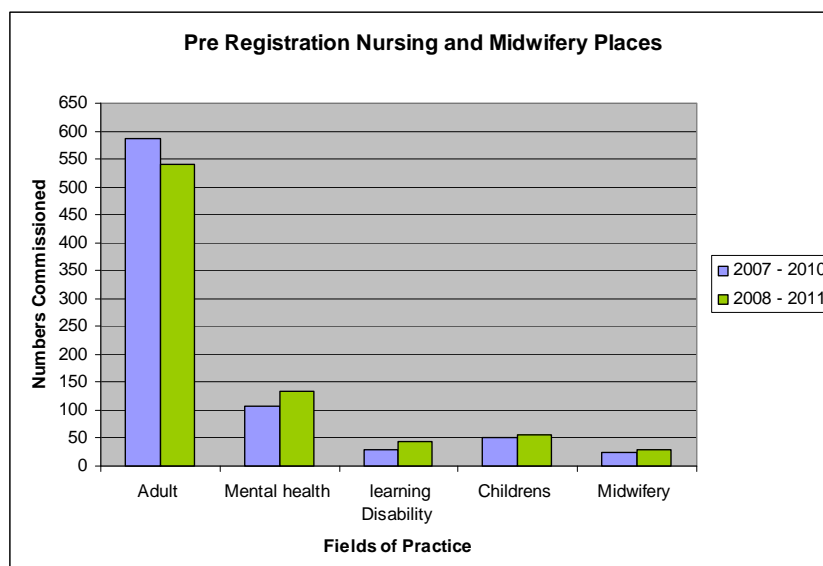


The NMC has undertaken a review of pre-registration nursing education in response to changes in policy and the delivery of healthcare. In addition to an all graduate profession, the review will propose a range of nursing competencies which will set out what is required of nurses within a changing health care system. For the first time, both generic and field specific competencies will be detailed for each of the four nursing fields of practice. From 2011 we will move to degree only programmes, incorporating the Nursing and Midwifery Council requirements.

Midwifery – Pre registration midwifery education is 3 years in duration and is offered at degree level. The programmes are 50% theory based in the university and 50% clinical which is a combination of hospital and community based practice. The NMC *Standards for pre-registration midwifery* (2009) details the standards of education and training required for pre-registration midwifery education programmes.

Commissioning

The Department of Health Social Services and Public Safety commission pre registration nursing and midwifery education in Northern Ireland. For the period 2007 – 2010 a total of 799 pre registration places were commissioned. This commissioning profile is continually assessed to ensure it meets the needs of service, this is reflected in the 2008 – 2011 figures which show an increase in the number of mental health, learning disability, children’s and midwifery places with an overall increase to 805 pre registration places.



Post Registraton Education

The Modernising Nursing Careers:Setting the Direction (2006) report identified a clear need for change to enable nurses to meet the demands arising from a modernised health service. The document outlines the imperative for a career structure that enables nurses to

“work in different care settings, to take on changed roles and responsibilities, develop a varied mix of skills, to persue education and training when they need it, and to develop both generalist and specialist skills as they require them”

Locally the Modernising Nursing Careers agenda initiated a programme of work, led by the directors of nursing, to consider and describe the future context for nursing and midwifery practice.

This culminated in the “Leading the Way” debate document in 2008, which recognised that the current categorisation of acute and community practice will increasingly have limited currency in future scenarios of health and care. There is indeed evidence that these are already redundant given the shift in care delivery from the hospital to community, the change in the complexity of care provided in acute settings, the emergence of service frameworks, the management of chronic diseases and the increasing emphasis on public health interventions.

Further development of these zones of practice was impacted upon by the Review of Public Administration process. To progress this work it was agreed in January 2009 by the Modernising Nursing Careers steering group that it was timely to incocorporate it into an overarching nursing and midwifery strategy.



It is envisaged that the future commissioning of post registration education will focus on three zones of healthcare practice. These will be used to shape nursing and midwifery professional development and careers. The three zones are identified as:

- **Health and Well Being Care**
- ***Elective, Urgent and Critical Care***
- ***Continuing Care and Support***

The nursing and midwifery contribution, activities and future characteristics have been identified within each of these zones. However it is important to note that there will be areas of practice which will and should overlap more than one zone. This is in keeping with the complexity and richness of the nursing and midwifery contribution to the health and well being of the population.

Health and Wellbeing Zone

This area of focus relates to meeting the health and wellbeing needs of the population. Elements would be currently recognised as: public health, health promotion, health education, health protection, health screening, maternity care and so on.

In terms of the current nursing and midwifery community this zone is likely to include some aspects of practice nurse roles, health visiting and occupational nursing services and include community development initiatives such as Sure Start. Midwifery practice would focus largely within this zone as midwives provide the holistic assessment and care to both mother and baby.

A Health and Wellbeing zone would require the nursing and midwifery community to have knowledge, competencies and attributes that may include; community development activity, tackling inequalities, screening and health education knowledge of population epidemiology.



Elective, Urgent and Critical Care Zone

This area of focus relates to meeting the immediate health and care needs of the population wherever that need may present. The elements within this zone would be currently recognised as elective surgery, critical interventions, crisis intervention, rapid response and emergency care. The short term care of a mother requiring instrumental delivery or a neonate requiring supported ventilation would fall within this zone.

In terms of the current workforce, this includes accident and emergency nursing, some aspects of treatment room nurses, acute care at home teams, mental health intensive and high dependency care. Midwives would traverse from one zone to another as the needs of the mother and baby dictate. This crossing of zones to provide different interventions would become more apparent as we describe more accurately the needs of patients and clients in our care.

The Elective, Urgent and Critical Care zone would require the nursing and midwifery community to have knowledge; competencies and attributes that may include; technological know how, safety and quality practices, early recognition capacity and critical intervention skills.



Continuing Care and Support Zone

This area of focus relates to meeting the health and care needs of the population with long term and chronic conditions. The elements within this orientation would be currently recognised as the care of children with complex needs, learning disability nursing, end of life care, severe and enduring mental illness, chronic disease management, dementia services and challenging behaviours.

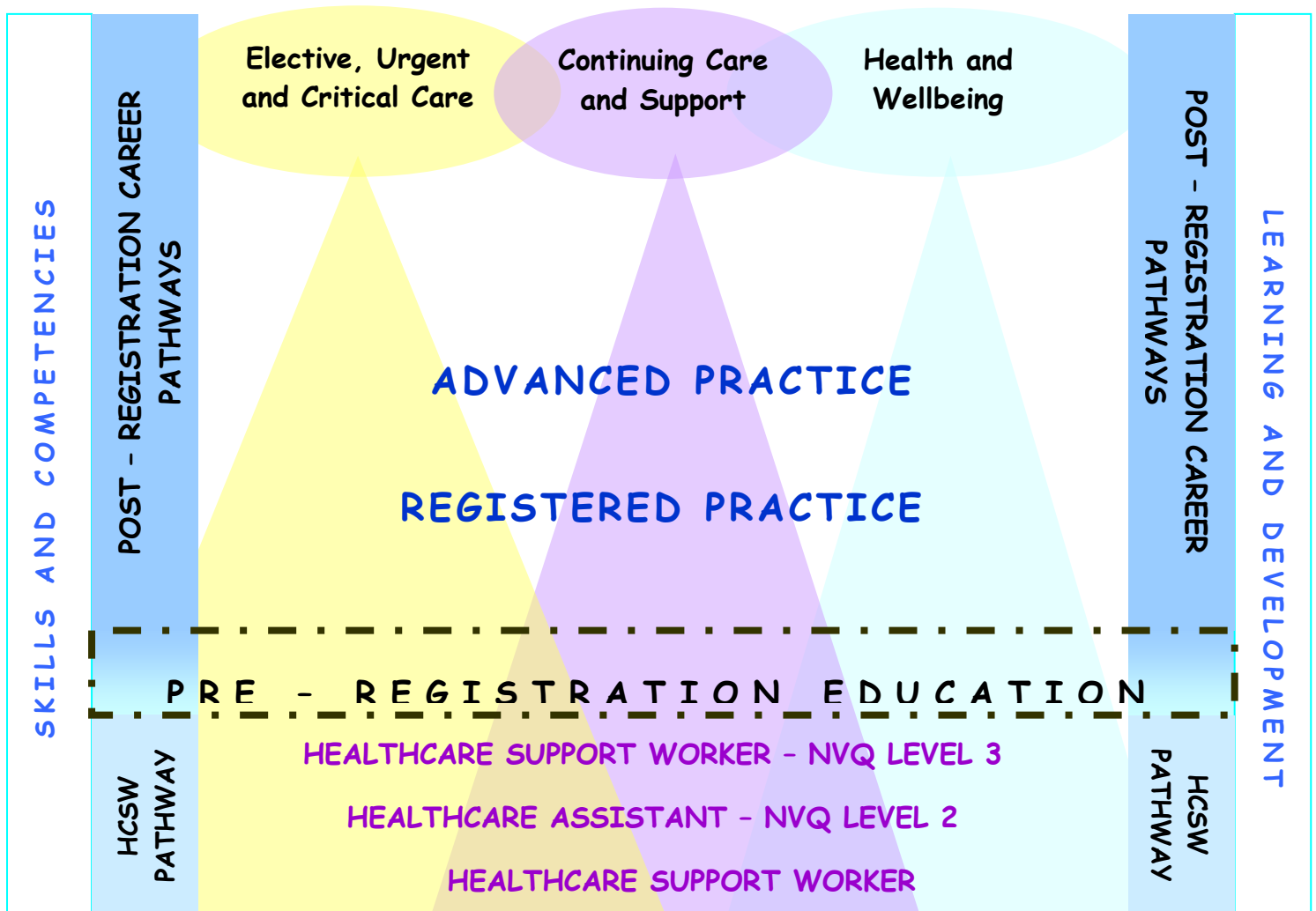
The current workforce contribution includes palliative care nurses, respiratory nurse specialists, mental health nurses, learning disability nurses, stroke nursing services and district nursing services.

The Continuing Care and Support zone would require knowledge, competencies and attributes that will include; self-care promotion, technological application, co-ordination of care, information management, end of life care and so on.



Nursing and Midwifery Career Pathways cont.....

In the post registration period it is envisaged that nurses and midwives would progress within these zones of practice as they gain skills and experience. Nurses and midwives with more advanced skills will manage patients/ clients with the most complex needs or lead multidisciplinary teams. Consistency across the zones will be achieved through common educational and professional milestones. Skills and competencies at differing levels of practice will have a common currency across all care settings. As nurses and midwives major in one pathway, they would minor in others, so they would acquire a portable portfolio of knowledge and skills that would support new directions at any step of their career.



Nursing and Midwifery Career Pathways

Future work on the development of the healthcare zones of practice and commissioning of post registration education will be undertaken by the regional Education Strategy Group. This group along with the Education Commissioning Group will oversee the process of commissioning education and learning and development opportunities for registered nurses and midwives and enable the development of knowledge, skills and competencies required for the delivery of safe and effective care.

Post Registration Practice

Consolidation period Post Registration - Nurses and midwives may begin their careers in any of the zones of practice. Guidance from the NMC recommends that all new registrants be afforded protected time in their first year of practice with the support of a preceptor. For midwives this period of consolidation culminates in a review process at which the progression from AfC band 5 to AfC band 6 takes place.

Post the consolidation period some practitioners will choose to specialise in a particular area of practice, whereas others will maintain a wider general focus. Both routes are of equal value and should be treated as such.

Appraisal and personal development plans will facilitate individuals in recognising the competencies they have already acquired and will assist them to either move between zones or to a higher level within a zone.

Advanced Practice – In line with the work undertaken by NHS Scotland in supporting the development of advanced practice and the advanced practice toolkit, it is recognised that this should be seen as a “level of practice” and not a job title and that advanced practice in nursing can be broadly defined by the International Council of Nurses’(ICN) definition (2001), i.e.:

“A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Master's degree is recommended for entry level.”

Nurses and midwives may be either in specialist or general roles with the emphasis on advanced clinical decision making, advanced clinical skills, research, clinical leadership and management. In line with the ICN definition it is considered that this level of practice should be supported by a Masters Degree or its equivalent.

Whilst it is recognised that the term advanced practice is not traditionally used in relation to midwifery, in the context of the career framework it would be seen as a term which will reflect midwives working in senior positions. This concept will be explored further within the Midwifery 2020 project which is due to report in 2010

Specialist Practice Qualifications

In partnership with Higher Education Institutions, the DHSSPS, as commissioner of nursing and midwifery post registration education, is undertaking a review of Specialist Practice Qualifications with the aim of establishing a Masters in Clinical Practice programme within which practitioners can opt to major in one of the 3 zones of practice previously described. It is envisaged that a Masters in Advanced Practice will also be made available, embracing the principles of the work on the Advanced Practice Toolkit.

Healthcare Support Workers

Health Care Support Workers are an important and valued part of our workforce and they play a key role in the delivery of safe and effective care. The duties undertaken often vary within the setting into which they are employed, for example theatre units, general medical wards or outpatient settings. Regardless of the setting direct patient care activities must be monitored by registered nurses/midwives to ensure that any activity is considered appropriate to the role and is supported by appropriate educational preparation and testing of competence.

To assist nurses and midwives an Operational Framework for Delegation Decision Making has been developed by the Central Nursing Advisory Committee. This framework utilises a flowchart approach to decision making and challenges the nurse or midwife to consider delegation in the context of the right task, right circumstances, right person, right communication and the right feedback.

In considering the roles and responsibilities of support workers there is more work required to obtain consensus on a number of areas including a common title for the role of support workers at AfC bands 2 and 3, establishing a common level of educational attainment for entry into the post of support worker and considering learning and development opportunities consistent with and supportive of the Knowledge and Skills Framework and mapped to the three zones of practice. This will offer opportunities within the needs of service to further their career at a pace appropriate to their ability, skills and aspirations with the potential to progress to pre registration education.

This work will be undertaken as part of the CNMAC workforce planning and development and modernisation subgroup.



WHERE DO WE GO FROM HERE

This strategy outlines a strategic vision for the community of nursing and midwifery in Northern Ireland. Each of our strategic themes of Prompting Person Centred Cultures, Delivering Safe and Effective Care, Maximising Resources for Success and Supporting Learning and Development have identified three perspectives through which together we will achieve our vision.

At an individual level each nurse, midwife and support worker has a responsibility to embrace the perspectives expressed in this strategy

At an organisational level Executive Directors of Nursing will develop action plans that will bring forward the implementation of this strategy and its key perspectives

At a strategic level the CNO and the Director of Nursing in the PHA will support and monitor the progress of our strategy.

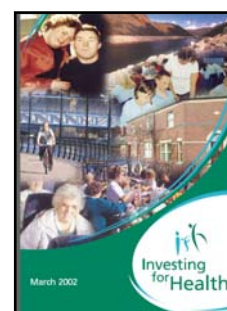
Appendix 1 – Summary of Policy Documents



Developing Better Services; Modernising Hospitals and Reforming Structures

- published in June 2002 this document contained a range of proposals for modernising acute hospital services, building on the recommendations from the Acute Hospitals Review Group report of 2000. The key areas addressed were the Future Configuration of Hospital Services; Future Organisational Structures; and Workforce issues. These issues have subsequently been largely subsumed by the Review of Public Administration and the introduction of Agenda for Change.

Investing for Health – also published in 2002 this document presented a cross-departmental, multi-sectoral framework for action to improve health and wellbeing in Northern Ireland by setting out how the Northern Ireland Executive plans to achieve its aim of 'working for a healthier people'



The strategy recognises the important contribution made by members of statutory and non-statutory groups and identifies the principles and values that should guide future action to improve health highlighting the cost of poor health to the individual, families and to the economy.

It is anticipated that a review of the investing for health strategy will take place in 2009 with a report and recommendations for future plans available by mid 2010.



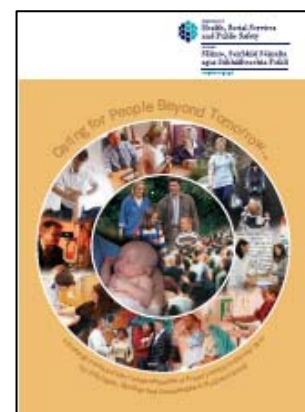
A Healthier Future - this regional strategy for health and wellbeing was published in December 2004 and was developed in consultation with key stakeholders. The strategy is a vision for health and wellbeing in Northern Ireland over the next twenty years and intends to give the direction of travel for health and social services.

The strategy places a strong emphasis on:

- promoting public health;
- engagement with people and communities to improve health and wellbeing
- the development of responsive and integrated services which will aim to treat people in communities rather than in hospital;
- new, more effective and efficient ways of working through multi-disciplinary teams;
- measures to improve the quality of services; and
- flexible plans, appropriate organisational structures and effective, efficient processes to support implementation of the strategy

In April 2009, the Minister launched the new Public Health Agency. This saw a range of functions in Health and Social Care brought together to focus on improving the health and wellbeing of everyone in Northern Ireland. This restructuring is an opportunity to create a system for health and social care services and health promotion that can deliver more effectively on the vision, strategic themes and policy directions set out in *A Healthier Future*.

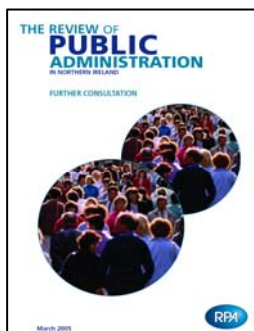
Caring for People Beyond Tomorrow published in October 2005 is a Primary health and social care strategic framework for individuals, families and communities in Northern Ireland. This strategy sets out the Department's policy position through a Vision Statement for a future Primary Care Service, and a



policy framework designed to steer the future development of policies and services in primary care.

Key aspects of the Strategic Framework are:

- A service focused on providing comprehensive person-centred care.
- A first point of contact that is readily accessible and responsive to meet people's needs day or night.
- A co-ordinated, integrated service employing a team approach with multi-agency linkages.
- An emphasis on engagement with people and communities about their care and the way services are designed and delivered.
- A focus on prevention, health education and effective self-care.



The Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002 with the final outcome announced by the Secretary of State in November 2005. Its purpose was to review Northern Ireland's system of public administration with a view to putting in place modern, accountable and effective arrangements for public service delivery in Northern Ireland.

It allowed for joined up thinking and the promotion of key cross cutting values such as efficiency, equality, accountability and co-terminosity.

Within Health and Social care there were two major phases for implementation of the RPA. The first phase involved the establishment of the 5 new integrated HSC Trusts and the retention of the NI Ambulance Trust with effect from 1 April 2007. The second phase completed in April 2009 witnessed the establishment of a Health and Social Care Board, a new Public Health Agency and a Patient Client Council to replace the previous four boards and health and social services council structure.

Changing the Culture published in 2006, sets out a three year action plan to minimise Healthcare Acquired Infections. The key areas within the document are as follows:



- Organisation and culture
- Education, training and practices
- Governance, accountability and audit
- Surveillance
- Patient and public partnerships.

Since the publication of this document a range of activities have been undertaken including a baseline review of skill mix to inform a full review in 2010.

The Bamford Review

The Bamford Review published in 2007 is a series of eleven reports which outline a strategic direction for Northern Ireland to modernise and reform mental health and learning disability policy and service provision. The reports set out a clear vision on how an excellent service for those with mental health and or learning disabilities and their families can be provided, with the service user experience at the heart of any improvement.

The Bamford Action Plan (2009 – 2011) sets out the governments commitment to improving mental health and wellbeing of the population of Northern Ireland and to driving service improvement for those with a mental health need or a learning disability.

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