

C.6 Submission to IHRD – Nursing Governance and Education Governance

1. The systems for developing and supporting governance across nursing and midwifery care are broad and fit for a range of professional and health and social care processes which have been developed to continuously improve and provide assurance regarding the quality of patient care across the UK and within Northern Ireland.
2. Improvements in professional practice in nursing and midwifery are led through the office of the Chief Nursing officer in DHSSPS which works in partnership with stakeholders across Northern Ireland, the devolved administrations and at international level to review and improve practice

Role of the Office of the Chief Nursing Officer, DHSSPS

3. The Chief Nursing Officer has a key role in ensuring that the Department is able to fulfil its responsibilities to:
 - Provide appropriate health and social care services, both in clinical settings such as hospitals and GP surgeries, and in the community through nursing, social work and other professional services.
 - Lead cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being.
4. As the head of the Nursing and Midwifery professions, the CNO, is responsible for the professional leadership, performance and development of these Professions in Northern Ireland, and provides visible and inspiring leadership for nurses and midwives across all sectors in Northern Ireland, ensuring that the professional values, ethos and principles are celebrated and encouraged in the face of many challenges. The CNO also helps to ensure that the contribution of the Allied Health Professions is fully effective at strategic leadership level, working closely with the Department's Lead AHP Officer.

5. As the Department's most senior advisor on nursing and midwifery issues, the CNO is responsible for providing expert professional advice and support to the Minister, Permanent Secretary/HSC Chief Executive, and senior administrative and professional colleagues, on all aspects of policy, which impact on nursing, midwifery and public health nursing, education, research and practice.
6. The CNO leads in establishing, promoting and reinforcing the strategic direction for nursing, midwifery and health visiting services, agreeing programmes of action, setting goals and targets and ensuring that progress is monitored and evaluated.
7. The CNO also reports on professional performance within Health and Social Care (HSC) in pursuit of high quality patient care and user experience, ensuring effective and efficient nursing practices are in place, supported by high quality professional training and development. As part of this, the CNO works across all policy areas and with other Chief Professionals officers within DHSSPS to support the delivery of care within the HSC Framework (separate paper).
8. Partnership working is key to the successful outworking of the work of the Office of the CNO. In addition to the corporate functions within DHSSPS, the CNO team which includes a range of Nursing, Midwifery and AHP professional officers, works across all professional groups and ALBs to develop and review policy and strategy.
9. The main stakeholders include the following:
 - Nursing and Midwifery Council
 - Other UK CNOs
 - NIPEC
 - RQIA
 - RCN
 - RCM
 - Various Trade Union bodies

- Education establishments including HEIs, Universities and Clinical Education Centre
- Leadership Centre
- IHM and NICON
- Trusts, PHA, HSCB
- Patient Client Council

PROFESSIONAL FORUMS

- Chief Nursing Officer and Directors of Nursing
- Acute Nurse forum
- Children's Senior Nurse Forum
- Strategic Midwifery Forum
- NMC update meeting and facilitated workshops
- 4 country liaison meetings – CNO and Professional Officer levels
- Nurse leaders network hosted by RCN

10. In support of the Minister and CNO, the Central Nursing and Midwifery Advisory Committee (CNMAC) is a statutory Advisory Body established in 1974 under Article 24 of the Health and Personal Social Services (Northern Ireland) Order 1972 and is chaired by the CNO. Its function is to provide relevant, timely and resolved advice to the Department and the CNO on matters concerning nursing and midwifery in Northern Ireland.

11. The Department and CNO from time to time ask CNMAC to undertake specific tasks, whether commenting on major consultative documents or deliberating on wider professional topics. CNMAC also advises on topics of its own choice. The remit of the committee includes:

- The provision of advice in relation to particular fields of practice of nursing and midwifery for which the committee may appoint specialist committees;
- The provision of advice on the implications, for nursing and midwifery of changes in technology, practice and policies;
- The identification of areas for particular study and research;

- The provision of advice to the Department on strategic plans; and ,
- The promotion of understanding and co-operation within and between the professions in health and personal social care and related areas. For example, in 2006 and 2008 guidance on the delegation of care to non-registered staff was issued by CNMAC.

12. Through the Office of the CNO, a range of policies and strategies have been commissioned. Many of these remain extant and work continues to be taken forward to continuously improve and support practice. Such work is based on recent research, evidence and outcomes/recommendations of inspections and inquiries from across Northern Ireland and the UK.

13. A range of nursing and midwifery strategies have been developed through DHSSPS and are available online at www.dhsspsni.gov.uk. Of particular note is the Northern Ireland Strategy for Nursing and Midwifery Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015

14. Commissioned through the CNO, the Northern Ireland Nursing and Midwifery Strategy “A Partnership for Care” is a high-level roadmap to guide the professions over a five year period. It sets out the vision and values for the professions and is based on four overarching strategic themes of:

- Developing person centred cultures;
- Delivering safe and effective care;
- Maximising resources for success; and,
- Supporting learning and development.

15. The strategy sets out that the family of nursing and midwifery will:

- Treat people with care and compassion, with dignity and respect and with impartiality
- Work in partnership and collaboration with patients, clients, carers and colleagues in the interests of providing high-quality care

- Be accountable for our actions
- Provide leadership to ensure safe and effective care
- Maintain ongoing competence throughout our working careers

The Four Strategic Themes

Developing Person Centred Cultures

16. 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 care for each individual. It involves sharing information on all aspects of patient/client needs and available services and requires mutual respect and courtesy.

Delivering Safe and Effective Care

17. The delivery of safe and effective care is the responsibility of all staff within the health and social care system including the independent, voluntary and community sectors. Nurses and midwives must recognise their personal responsibility and accountability for the delivery of evidenced based care. They will do this through competent decision making and the effective identification and management of risk, recognising and acting on areas of poor practice to ensure the best outcomes.

Maximising Resources for Success

18. Individuals and organisations need to ensure that public resources are fully utilised and focused to meet the needs of our patients and clients, providing and improving health and social care. The strategy encourages entrepreneurship and innovation balanced with the need to maintain the safety of patients and clients. It 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 to ensure the best possible outcomes.

Supporting Learning and Development

19. Nurses, midwives and their support staff can only deliver high quality care if they maintain and develop their knowledge and skills, working together, respecting one another and communicating effectively. 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 family.
20. This Strategy was later subject to evaluation – see NIPEC section below.

Role of NIPEC

21. In relation to facilitating regional learning and development of particular note is the work of NIPEC.
22. The Northern Ireland Practice and Education Council for nursing and midwifery (NIPEC) was established by the Northern Ireland Assembly in 2002 under the Health and Personal Social Services Act as an NDPB (Non Departmental Public Body) to support the development of nurses and midwives by promoting high standards of practice, education and professional development. NIPEC also provides advice and guidance on best practice and matters relating to nursing and midwifery.
23. NIPEC undertake work which is agreed through the Chief Nursing Officer by DHSSPS and is relevant to its practice and education duties. This work is commissioned by the DHSSPS and is taken forward through regional nursing projects.
24. NIPEC produces an annual report and is subject to accountability review mid-year and end-of-year which is undertaken by DHSSPS

Examples of projects undertaken for the DHSSPS by NIPEC-

<https://www.nipecdf.org>

25. Some of these include:

NIPEC / DHSSPS- MODERNISE LEARNING 2003

26. The DHSSPS Education Strategy Group identified broad strategic principles required to underpin learning and to promote the concept and culture of a learning organisation. NIPEC were commissioned to develop a framework and an action plan for an education and lifelong learning strategy for the nursing workforce.

Essence of Care 2004

27. Essence of Care benchmarks were designed to support quality improvement measures set out in *A First Class Service (1998)*. Essence of Care benchmarking is a qualitative approach and involves the identification of patient-focused best practice in aspects of care crucial to the quality of the patient's experience.

28. In 2004-5 the Department of Health, Social Services and Public Safety (DHSSPS) in conjunction with NIPEC completed a project to implement Essence of Care benchmarks across care settings in Northern Ireland. There was an excellent level of engagement across the HPSS, nursing home and voluntary sector. A total of 54 projects were initiated and showcased in an abstract document and the whole project was evaluated.

29. In 2006, NIPEC undertook a review of both the progress of these initial 54 projects and the progress on the recommendations of the Evaluation Report in relation to organisational integration and mainstreaming benchmarking activity.

The two main findings from the Review were that, although there was a wealth of substantive improvement in care and patient experience achieved from the initial projects, a low level of organisational mainstreaming was also indicated. NIPEC made further recommendations which, in the main, refer to the need to better

promote benchmarking activities and provide appropriate direction, support and infrastructure.

NIPEC Nurse Prescribing Project 2007

30. Through the CNO, NIPEC undertook a project on nurse prescribing. The project which reviewed the implementation of Nurse Prescribing in Northern Ireland commenced in October 2006 and was completed in May 2007.

31. To facilitate this, a project structure was set up including a Steering Group representing key stakeholders across the service sector and education sectors. A detailed work programme was taken forward involving nurse prescribing advisors, nurse prescribing leads in the Trusts and nurse prescribers across Northern Ireland.

32. The main findings indicated that planning in advance of the development of nurse prescribing was limited, as was the establishment of the necessary infrastructure to underpin the implementation and support for nurse prescribers themselves. There was recognition of areas of good practice and acknowledgement that robust governance systems are in place to ensure effective risk management. A number of recommendations were made as a result of the project, some of which are specific to nurse prescribing, while others are for consideration by Trusts as they continue to develop new roles and extend the roles of nurses and midwives.

Development Framework 2006-7

33. Continuous personal & professional development is an essential requirement for every NMC Registrant. The purpose of the Development Framework (DF) project, and its various resources, was developed to support and promote nurses', midwives' and SCPHNS' personal & professional development with the ultimate aim of improving patient/client care.

34. NMC Registrants in Northern Ireland all received a copy of *Your Development Framework Part II* with an accompanying DVD. These explain how the DF can support nurses to:

- Build an online portfolio;
- Assess themselves using the Competency Profile;
- Support their development, choose learning activities which suit their learning style;
- Plan for career development; and,
- Use the roles guide if planning a new role development.

35. Throughout the life of the project, various publications have been produced, resulting in a body of information incorporating evidence-based papers and guidance documents. NIPEC has completed work with the three universities in NI to develop a student version of the Development Framework website. This was launched at the end of September 2008.

Development Framework Implementation Project 2007

36. NIPEC seconded five Development Framework Support Officers from September 2007 until the end of September 2008, to provide support for registrants to access the Development Framework website and use the resources. They were working within the five NI Health & Social Care Trusts, demonstrating the website and helping nurses and midwives to register and create their own confidential online portfolio.

37. In addition, Trusts and Organisations throughout Northern Ireland have placed links to the Development Framework online resource on their intranets to facilitate ease of connection

Patient Experience 2008

38. The Chief Nursing Officer commissioned NIPEC to partner with the Royal College of Nursing (RCN) to produce a patient experience "statement" aimed at outlining the standards patients and clients can expect from services throughout health and social care sectors in Northern Ireland.

39. Patient experience is multi-professional and multi-disciplinary in scope, a positive "patient experience" being the responsibility of all involved in providing health and social care. This "statement", therefore, was to impact at organisational level as well as the practice and contribution of all individuals.
40. The work took account of the RCN's wider UK Dignity campaign activities and previous work articulating standards of patient experience previously initiated by the DHSSPS. The programme of work involved collaboration and consultation with key stakeholders from the health & social care and voluntary sectors. The objective of the work was to produce a document for use by organisations and a small booklet for circulation to all staff in Health & Social Care Trusts. Work was completed on the organisational document in mid-October 2008.
41. At the Chief Nursing Officer's Annual Conference, Wednesday 12 November 2008, the Minister for Health, Mr Michael McGimpsey, launched the organisational Patient Experience Standards document "Improving the Patient and Client Experience". This was followed by stakeholder workshops.

Evidencing Care: Improving Record Keeping Practice 2010-11

42. NIPEC has developed an illustrative record-keeping guide. *Evidencing Care: Improving Record Keeping Practice* has been produced through engagement with registrants in Northern Ireland, who informed us of what advice they would find useful to assist them to improve their record keeping practices. The aim of this guide is to build on the advice and guidance from our regulatory body, the Nursing & Midwifery Council (NMC).
43. This stand-alone guidance should enable the practitioner to understand:
- Why good record keeping is a necessity
 - Principles of the *NMC Guidance* on record keeping
 - The legal implications of poor record keeping
 - How record keeping reflects practice

Regional Ward Manager Project 2010

44. The focus of the project is to define clearly, support and strengthen the role of ward managers, in acute hospital settings.
45. The objectives of the project were to:
- Develop a role framework to provide clarity around purpose and functions of the role of ward manager;
 - Agree on a regional title and the core elements of a generic job description for the role of ward manager;
 - Develop an induction programme to support newly appointed ward managers
 - Make recommendations about processes within organisations and regionally to support succession planning for staff nurses who are identified as future ward managers;
 - Develop a menu of resources accessible on NIPEC website which will support ward managers in their role, support their ongoing development and will also facilitate succession planning with their staff.
46. Project Officers were seconded to each of the five HSC Trusts to support the development of the resources to support and strengthen the role of Ward Sisters/Charge Nurses. There were three sub-groups which progressed the work of the project
- Sub-group 1 - Agree regional title and core elements of generic job description and develop role framework
 - Sub-group 2 - Develop programmes including induction, ongoing development and succession planning programmes for ward managers.
 - Sub-group 3 - Develop processes to support succession planning within organisations and regionally.

Review: A Partnership for Care. Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015

47. In January 2012, the CNO commissioned NIPEC to undertake a short, time-limited mid-point review of *A Partnership for Care: A Northern Ireland Strategy for Nursing and Midwifery, 2010 - 2015*.
48. The purpose of the review was to assess the implementation of the Strategy across all relevant sectors at all levels where appropriate, record and acknowledge examples of best practice and produce an action plan capable of addressing any identified gaps in implementation. The review also aimed to test the 'fit' of the Strategy with recent developments in strategic direction, and in particular, *Transforming Your Care*.
49. The findings from the review indicate that significant progress has been made against the four strategic themes of: Promoting Person Centred Cultures; Delivering Safe and Effective Care; Maximising Resources for Success; and Supporting Learning and Development.
50. Best practice examples are presented within the report and demonstrate some of the many ways in which the family of nursing and midwifery contribute to improving health and social well-being.
51. A time-framed action plan to address identified gaps in implementation was developed as well as a summary of how the Strategy will contribute to the recommendations and aims of *Transforming Your Care*.
52. The report of the midpoint review was presented to the Chief Nursing Officer in November 2012 to inform the development of a future work plan of the Central Nursing and Midwifery Advisory Committee.

Ongoing Work

Evidencing Care through Key Performance Indicators for Nursing and Midwifery Project

53. NIPEC has recently commenced a regional project through CNO office in partnership with the Public Health Agency (PHA), the aim of which is to identify high level Key Performance Indicators to measure, evidence and monitor the impact and *unique* contribution of nursing and midwifery on the quality of patient and client care. This project has been taken forward in collaboration with other key stakeholders, including the five HSC Trusts, the DHSSPS and relevant professional organisations.
54. The project is being conducted over two phases. The first phase commenced in June 2011 and will focus on identifying the Key Performance Indicators and the methods/framework for measuring these. Phase two will commence focusing on the implementation and monitoring of the Key Performance Indicators within HSC organisations.

Workforce review

Normative Nursing and Midwifery Staffing Ranges

55. Through DHSSPS commissioning directions, DHSSPS commissioned the PHA and NIPEC to facilitate a project to define normative staffing ranges within primary and secondary care settings to support the achievement of safe and effective care. The resulting definitions should support constructive conversations to take place between commissioners and service providers. The need to develop tools to enable for effective workforce planning was recognised in the Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015: *A Partnership for Care*.

A Project Steering Group and Working Group have been set up and three communiqués have been produced to update stakeholders on the work which has been achieved so far. The paper is nearing completion with an expected outcome in time for next year's commissioning directions.

Patient and client experience

56. In 2009, the DHSSPS published the Patient and Client Experience Standards – ***Improving the Patient and Client Experience***. The document details five standards to be adopted and embedded across all HSC Organisations. These are: Respect, Attitude, Behaviour, Communication, Privacy and Dignity. The Standards were launched in 2009-10 and arrangements were put in place, to develop and test a range of methodologies to obtain a robust means to monitor compliance.
57. A triangulation of methodologies approach was agreed in which ***patient surveys, observations of practice*** and the ***collation of patient stories*** was agreed and implemented on an incremental basis and will inform the commissioning process.
58. A workshop is planned to review the progress on implementation of the standards in the HSC to date, and seek the views of relevant stakeholders to inform the future direction of progress.

Nursing Leadership

59. The development of Nurse Leadership plays a vital role underpinning all of the processes for education, development and governance
60. In 1998 ***Valuing diversity The Strategy for Nursing and Midwifery*** (DHSSPS) set targets for the development of nurse leadership and was the driver for the introduction of the Clinical Nurse leadership programme at the Beeches Management Centre and later the Delivering the Future leadership course in conjunction with Kings Fund Leadership Centre

Modernising Nursing Careers & Midwifery 20:20

61. Health and Social Care Services in Northern Ireland are undergoing unprecedented reform and nursing and midwifery care is changing as rapidly as the context in which it is practised. Nurses and midwives have taken on new roles, work across boundaries and are setting up new services to meet patient and client need.

62. In the autumn of 2006, the DHSSPS launched Modernising Nursing Careers (MNC) as a joint initiative with the other UK Health Departments. A number of work streams have been progressing in relation to this work. NIPEC is a member of the Northern Ireland MNC Steering Group and has actively engaged in the work being taken forward.

63. Similarly, in the spring of 2008, the four UK government departments launched *Midwifery 20:20*, with the aim of ensuring that the midwifery profession and midwifery care can meet the future health and social care needs of women and their families.

64. NIPEC has been working in partnership with the DHSSPS, particularly around the aspect of reviewing career pathways for nursing and midwifery in Northern Ireland. Work with Ward Managers and Team Leaders has also been a key project to support nurse leaders in the role – see NIPEC section above.

65. In addition to the above, a range of other mechanisms are of relevance in relation to governance across the nursing and midwifery professions, including those relating to education and development of these professions. These can be summarised across the following areas:

- Regulation: NMC requirements as an independent regulator;
- Appraisal and supervision;
- Management of poor performance; and,
- Education and training.

Regulation: NMC Requirements as an independent regulator

66. The NMC, previously known as the UKCC, is the independent regulator for nursing and midwifery in England, Wales, Scotland, Northern Ireland and the Islands.

The NMC keep a register of all nurses and midwives in the UK. It is illegal to work as a nurse or midwife without being on the NMC register. In order to be on the register, nurses and midwives must pay a yearly fee and prove that they fulfil our requirements for keeping their skills and knowledge up to date.

67. The main functions of the NMC are to:

- Safeguard the health and wellbeing of the public;
- Set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers;
- Ensure that nurses and midwives keep their skills and knowledge up to date and uphold professional standards; and, to
- Have clear and transparent processes to investigate nurses and midwives who fall short of standards

NMC Standards for conduct

68. Nurses and midwives have a code of conduct that they must adhere to, that states how they must work and behave. In summary these are:

- Make the care of people your first concern, treating them as individuals and respecting their dignity;
- Respect people's confidentiality;
- Collaborate with those in your care;
- Ensure you gain consent;
- Maintain clear professional boundaries;
- Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community;
- Share information with your colleagues;
- Work effectively as part of a team;
- Delegate effectively;
- Manage risk;
- Provide a high standard of practice and care at all times;
- Use the best available evidence;

- Keep your skills and knowledge up to date;
- Keep clear and accurate records;
- Be open and honest;
- Act with integrity;
- Deal with problems;
- Be impartial; and,
- Uphold the reputation of your profession

Links to NMC website as follows:

<http://www.nmc-uk.org/Publications/Guidance/>

<http://www.nmc-uk.org/General-public/What-people-should-expect-from-a-nurse-or-midwife/The-standards-we-expect-nurses-and-midwives-to-follow/The-code/>

<http://standards.nmc-uk.org/Documents/Annexe3 %20ESCs 16092010.pdf>

<http://standards.nmc-uk.org/Pages/Welcome.aspx>

<http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Specific-knowledge-and-skills.aspx>

<http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competency-Framework.aspx>

<http://www.nmc-uk.org/Publications/Midwifery-Supervision>

<http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competencies.aspx>

<http://www.nmc-uk.org/Press-and-media/Latest-news/NMC-and-GMC-release-joint-statement-on-professional-values/>

Appraisal and Supervision

Appraisal

69. Each nurse midwife or health visitor is required to have an annual appraisal with their line manager where performance and development requirements will be discussed. The appraisal process enables staff to have a clear understanding of their role and the part they play in their team and organisation, it gives them an agreed set of priorities and objectives for their work and helps identify the knowledge and skills they need to perform that role. Each appraisee should have a development plan including objectives, timeframes and expected outcomes by the end of the process. The development plan assists staff to plan their career progression. Effective performance appraisal and staff development contributes directly to improved patient outcomes (*Reducing patient mortality in hospitals: the role of human resource management* (Carol Borrill and Michael West, Aston Business School, 2003), and *Silence Kills: the Seven Crucial Conversations for Healthcare* (David Maxfield, Joseph Grenny, Ron McMillan, Kerry Patterson, Al Switzler, 2005)). That is why regulators such as the Care Quality Commission as well as the Department of Health regard it as so essential to ensure that appraisal and development reviews take place.

Supervision

70. Clinical supervision is an important element of clinical governance, enabling practitioners to examine their practice, skills, knowledge, attitudes and values. This has been highlighted in national and regional critical incident inquiries such as The Clothier Report (1994), Lewis Review (2003), Shipman Reports (2002 - 05), Murtagh Review (2005) and the McCleery Report (2006).
71. The Regulation Quality and Improvement Authority (RQIA) also recognise the importance of ensuring that staff have access to effective supervision. This is reflected in DHSSPS published quality standards for health and social care.

72. Clinical supervision should be available to registered nurses throughout their careers so they can constantly evaluate and improve their contribution to the care of people.

73. Along with the Nursing and Midwifery Councils' (NMC) PREP (continuing professional development) standard, clinical supervision is an important part of clinical governance. The following information relates to registered nurses.

74. The NMC supports the principle of clinical supervision but believes that it is best developed at a local level in accordance with local needs. They do not, therefore, advocate any particular model of clinical supervision and do not provide detailed guidance about its nature and scope. Instead, the NMC has defined a set of principles, which they believe should underpin any system of clinical supervision that is used.

75. The principles are:

- Clinical supervision supports practice, enabling registered nurses to maintain and improve standards of care
- Clinical supervision is a practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor
- Registered nurses and managers should develop the process of clinical supervision according to local circumstances. Ground rules should be agreed so that the supervisor and the registered nurse approach clinical supervision openly, confidently and are aware of what is involved
- Every registered nurse should have access to clinical supervision and each supervisor should supervise a realistic number of practitioners
- Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of clinical supervision should be included in pre-registration and post-registration education programmes
- Evaluation of clinical supervision is needed to assess how it influences care and practice standards. Evaluation systems should be determined locally

76. The NMC supports the establishment of clinical supervision as an important part of clinical governance and in the interests of maintaining and improving standards of care.

Further information

- The Code: Standards of conduct, performance and ethics for nurses and midwives (2008)
- NMC advice sheet on Accountability
- NMC PREP handbook (2006)
- NMC Standards to support learning and assessment in practice (2006)
- Midwives rules and standards (2004)

Midwifery supervision

77. Midwives have their own statutory system of local supervision. The NMC states that midwives must be supervised during their education and careers. Midwives must prove that their work is supervised in order to be on the register. Further information about this is published in the Midwives Rules and Standards and Modern Supervision in Action.

78. NIPEC have undertaken a number of pieces of work in relation to clinical supervision including:

Clinical Supervision Project

79. Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety.

80. From June to November 2006 NIPEC led a six month DHSSPS commissioned project with the assistance of a partnership Regional Review
81. The Review Group was composed of colleagues across the HPSS and branches of nursing with related expertise. The review looked at the practice of clinical supervision across post-registration nursing in the acute and community settings of Northern Ireland.
82. For the purpose of this review, the term "clinical supervision" included a wide range of activities that had a "supervision" impact such as action learning, reflective learning groups, critical companionship, professional and peer supervision, particularly where such activities are formally identified as having similar principles to clinical supervision.
83. The outcome of this review was a report on the level and effectiveness of clinical supervision arrangements across the HPSS which included a detailed summary of the methodology of the review and findings. An appropriate action plan included in the report subsequently raised the profile and necessity of clinical supervision activities.

Supervision Standards for Nursing Project 2009

84. In April 2008, CNO introduced two new standards for the supervision of nurses and a regional policy was agreed. This states that each registered nurse will undertake a minimum of two formal supervision sessions per year, the format for these sessions are arranged between the supervisor and supervisee.
85. It is the Department's expectation that over time there should be provision for every registrant nurse to have access to appropriate and regular supervision. This

was performance monitored across each organisation providing care, from April 2009.

86. NIPEC has regionally co-ordinated, on behalf of the CNO, a project to implement the DHSSPS standards issued in July 2007. A Regional Forum comprised of representatives from DHSSPS, Boards, Trusts, In-service education, Independent sector and the RCN were responsible for delivering the project outputs in 2008.
87. The outcomes of the project were achieved through a main working group and a learning and development sub-group who considered the criteria required to meet the standards and how they might be achieved.
88. The Regional Policy and Procedure template for supervision in nursing and the Learning and Development Strategy, developed as a result of this project are now available.

Evaluation of the implementation of Supervision in Nursing in Health & Social Care Trusts

89. NIPEC worked in partnership with the five Health and Social Care Trust professional leads for supervision in nursing to agree a single questionnaire to evaluate the second year of the implementation of supervision for each organisation. Each Trust was responsible for raising awareness of an electronic link which was completed anonymously.
90. Following the close of the portal at the end of February 2010, HSC Trusts were provided with the data for their individual organisations. This information will be used to improve supervision processes within HSC Trusts and will form a part of the Trust end-of-year reports which will be offered to the Chief Nursing Officer.
91. NIPEC produced a regional report at the end of the first year of supervision implementation in HSC Trusts.

Management of poor performance

87. Management of performance is undertaken at two levels:
- Trust level
 - NMC level
88. At Trust level, process as described above with appraisal and supervision is supplemented by Trust disciplinary and capability procedures and, if necessary, referral is made to the NMC. "Raising Concerns – A Guidance document for Nurses and Midwives 2013" outlines how individual practitioners may act and in 2011 the NMC also produced guidance and advice for employers of Nurses and Midwives
89. Regarding dealing with concerns and allegations, if an allegation is made about a nurse or midwife that they do not meet the standards for skills, education and behaviour that are set, or that there is a problem with their work, the NMC will investigate and, if necessary, act by removing them from the register permanently, or for a set period of time

Alert letter issued by the Chief Nursing Officer

90. An alert letter is the way in which all HSC employers are made aware of a health professional whose performance or conduct could place patients, staff or the public at serious risk. They cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work elsewhere in a health or social care setting in any capacity, whether or not requiring registration, before their regulatory body has had the chance to consider interim suspension or other measures. Even where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity. It is also a way in which all HSC employers are made aware of a health professional who may reasonably be considered to pose a serious potential or actual risk to patient care, staff safety or the public because their performance or conduct seriously compromises the effective functioning of a clinical team.
91. The alert will be issued in the form of a letter by the Chief Professional Officer, e.g. the Chief Nursing Officer DHSSPS to the Chief Executives of all Health and

Social Care organisations, the Chief Nursing Officers for Scotland, Wales and England and the NMC which regulates the profession. The notification will ask them to contact a named officer at the referring body for a written reference, if the individual concerned contacts them with a view to obtaining employment.

Education and training

Standards for education

92. The NMC set standards for education, to make sure nurses and midwives have the right skills and qualities when they start work. They also set standards for education throughout nurses' and midwives' careers, after they initially qualify. Nurses and midwives must continually train and take part in learning activities to show that their skills and knowledge are up to date.

Pre registration education

93. The Nurses Midwives and Health Visitors Act 1979 instigated the formation of the United Kingdom Central Council (UKCC) which was required to set standards for pre reg education programmes, maintain the nursing register, provide professional guidance and handle complaints regarding misconduct. It also established the four country national boards who were sponsored by each department of health to monitor the quality of nursing education delivered by the nurse education institutions.

Project 2000 Student nurse training 1990

94. The UKCC decided to raise the standard for entry on to all parts of the register from certificate to diploma level. This was approved by government and involved co operation of all 4 countries and third level education institutions. The new arrangements changed the ratio of student time between the classroom and the clinical area from 20:80 to 50:50 and all branches undertook a common foundation

programme of 18months and then a specific branch programme. This also ended the enrolled nurse programme.

Nurse Training delivered by Higher Education - 1997

95. In 1997, DHSSPS made the decision to move student nurse education into the higher education sector, this was in line with the rest of the UK and from 1997 – 2002 Queens University Belfast offered the Diploma in Nursing- Children's Branch. Quality assurance of education programme was undertaken independently by Mott MacDonald who are current agents of NMC

Post registration Education

96. In 1994, the UKCC published standards for education and practice following registration which set out a number of changes:
- A system for recording specialist practise qualifications;
 - Mandatory professional updating; and,
 - Return to professional practice programmes for persons out for longer than 5 years.

The UKCC's Prep requirements 1995

97. The Prep requirements are professional standards set by the UKCC. They are legal requirements, which nurses and midwives must meet in order for their registration to be renewed.
98. There are two separate Prep standards which affect registration:
- **The Prep (practice) standard** - The practitioner must have worked in some capacity by virtue of their nursing or midwifery qualification during the previous three years for a minimum of 450 hours, or have successfully undertaken an approved return to practice course within the last three years.

- **The Prep (continuing professional development) standard** - Nurses and Midwives must have undertaken and recorded their continuing professional development (CPD) over the three years prior to the renewal of registration.

99. All nurses and midwives have been required to comply with this standard since April 1995. Since April 2000, Nurses and Midwives must have declared on their Notification of Practice form that they have met this requirement on renewal of registration.

Post Registration Education Provision

100. At the same time as moving student nurse education into the higher education sector in 1997, DHSSPS set up in-service education units. Service level agreements were set up with Trusts to enable employers to access continuing professional development. Training could be delivered either in the form of short courses, study days or on a consultancy basis. The programmes are quality assured by NIPEC on behalf of the DHSSPS except for return to practice courses which are quality assured by agents of the NMC (Currently Mott Mac Donald). Post registration education is now managed and commissioned through an Education Commissioning Group (ECG) which reports to the DHSSPS Education Strategy Group (ESG)

Specialist Practice

101. In recognition of the need for some practitioners to work at a higher level in order to meet the needs of patients in 2001 the UKCC produced Standards for specialist education and practice and required nurses practising at this level to have their educational qualifications recorded on the nurse register.

Role of the DHSSPS Education Strategy and Commissioning Groups

102. The Education Strategy Group is a Sub-group established by the Central Nursing and Midwifery Advisory Committee and is currently chaired by Professor Carol Curran.

Education Commissioning Arrangements for Post-registration Education

103. The commissioning arrangements are managed through the Education Commissioning Group (ECG) formed after a major review and consultation by the Nursing and Midwifery Directorate (NMD). The group is comprised of key Trust representatives from all HSC Trusts, key personnel from DHSSPS and is chaired by Pat Cullen (Acting Director of Nursing & AHP, Public Health Agency).
104. A Business and Contracts Manager has responsibility for the management of the post registration education budgets for Nursing and Midwifery and for AHPs, which includes allocation to the two In-service units within the Province, and the funding of Development of Practice and Practice Development initiatives.
105. Quality Assurance of all NMC regulated and recorded programmes are undertaken by Nursing and Midwifery Council. Quality Assurance of all other programmes is undertaken by NIPEC.

Supporting Documents to be provided to the Inquiry

1	Content summary of previous evidence submitted by NMAPH in January 2013
2	A summary of the Structure and function of the DHSSPS Nursing and Midwifery Group
3	Letter from DHSSPS to Service areas regarding formation of Central Nursing Advisory Committee (CNAC) July 1993
4	Information document outlining the Roles and responsibilities of the Central Nursing Advisory Committee – CNAC. Now know as the Central Nursing and midwifery Advisory Committee & TOR - CNAC
5	Terms of reference for subgroups of CNMAC – Education Strategy Group, and the Research and Development group
6	Terms of reference for the Children’s senior Nurse Network and the Strategic Midwifery Forum
7	CNAC guidance on the delegation of specific aspects of nursing care January 2006
8	CNAC guidance on the delegation of specific aspects of nursing care September 09
9	Programmes from CNO conference 2008-12
10	A Northern Ireland Strategy For Nursing and Midwifery 2010-2015 – A Partnership For Care
11	Roles and responsibilities of the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
12	Programmes from NIPEC conferences 2007- 13
13	Modernise Learning – CNO News , 2004
14	Essence Of Care, 2004
15	Nurse Prescribing Project 1997 & Review of Nurse Subscribing 2007
16	Development Framework – Website Summary

17	Patient experience Standards
18	Evidencing Care – improving record keeping practice 2010/11
19	Regional ward Manager Project 2010
20	NIPEC review of Nursing Strategy – A Partnership for Care
21	Evidencing Care through Key Performance Indicators for Nursing and Midwifery – Summary website page
22	Current workforce Review – summary website page
23	1998 – Valuing Diversity – the Strategy for Nursing and Midwifery
24	Modernising Nursing Careers - 2006
25	NMC - The code – Standards of conduct, performance and ethics for nurses and midwives 2008
26	NMC – Guidance on Professional conduct July 12
27	NMC- Standards of Proficiency for pre – registration nursing education 2004
28	NMC – Education Standards – website information
29	NMC - Competencies – Children’s nursing Section – website information
30	NMC – PREP Handbook 2011
31	Integration of Nursing and midwifery Education with the University of Ulster and Queen University Belfast
32	NMC – Standards for specialist education and practice
33	NMC information sheet on What the public should expect
34	DHSSPS Alert Letter Policy
35	NMC- Raising Concerns 2013
36	NMC –Advice and Information for Employers of Nurses and Midwives 2011
37	NMC Fact sheet – Assessment and Investigation of Fitness to practise referrals to the NMC 2011
38	NMC – Record Keeping – Guidance for Nurses and Midwives

39	DHSSPS Review of Clinical Supervision For Nursing in the HPSS 2006
40	Letter from Chief Nursing Officer re Standards of Supervision for Nursing – July 2007
41	DHSSPS / NIPEC Supervision Project 2008
42	DHSSPS Leaflet re supervision

Additional Nursing Documents and key dates/ initiatives

Date	Nursing Event or publication	TAB
1989	Paediatric Nursing Guide to Policy	A
1996 October	A Strategy For Nursing, midwifery and Health Visiting in NI – Working Together and action - plans for each area of nursing 1995 – 6	B
	Nursing Services in NI – Severely Ill Child 1999	C
2001, June	CNO News started- Edition 1	D
2002, March	Children’s Nurse Advisor appointed to DHSSPS Nursing Team. Northern Ireland Practice and Education Council (NIPEC) formed. Workforce Review of Nursing , midwifery and health visiting	E

2003, February	Valuing Diversity- A report summarising achievements – 2003 Extended Nurse Prescribing	F
2003, May	Clinical supervision for mental health nursing	G
2004, November	DHSSPS Children's Service multi-professional Committee Set up	
2005, October	Overseas nurses programme commenced DHSSPS group reviewing training needs of nurses in A&E leading to competency framework development Clinical Supervision for Learning Disability DHSSPS multi-professional workshop on critical care of children	H
2006, April	Nursing Needs Assessment Tool Infection Control Strategy Ward Sisters Charter Safeguarding supervision introduced	I J K L

	Children Complex Needs Pathway produced	M
2009- Present	Senior Children's Nurse Network established at DHSSPS 2010	
	CNAC Improving Outcomes R&D	N
	NMC Standards of proficiency for Nurse and Midwife Prescribers	O
	NMC – Standards for Medicines Management	P
	NMC – Archived publications	Q
	List From NIPEC Website summarising current and previous work and a pen drive with all documents	R
	Regional role out of Southern Trust's competency framework for nurse in relation to the prescription, administration and review of IV fluids for children and young people	S
	PEWS as per CMO/CNO circular HSS (MD) 39/2012 taken forward by Safety forum - hard copy file	T
The safety forum has established a Paediatric collaborative - TOR	U	

