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Project Evaluation Report
May 2005
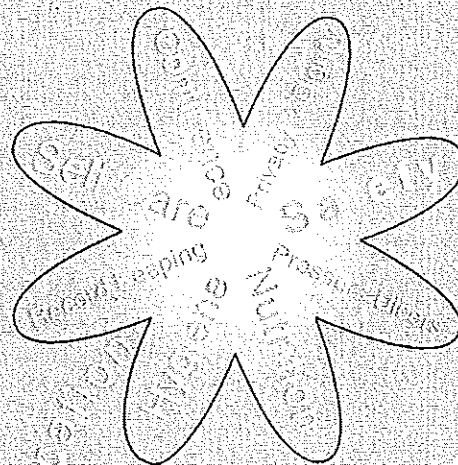
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FOREWORD

The Essence of Care Project was initiated by the Chief Nursing Officer (CNO) at the Department of Health, Social Services and Public Safety (DHSSPS) and taken forward in partnership with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). Essence of Care identifies benchmarks of best practice within a number of important patient-centred areas. As acting CNO and Chief Executive of NIPEC, we are delighted to present this Project Evaluation Report.

The aim of the project was to test and develop the Essence of Care benchmarks in the Northern Ireland health and social care context. The year-long project began in March 2004, but was extended until 31st May 2005. The DHSSPS and NIPEC were delighted with the level of engagement in the project, with 16 HPSS Trusts, 5 Nursing Homes, Marie Curie Cancer Care and the Prison Nursing Service taking part, aiming to improve the patient's and client's experience of care across various sectors of health care.

The project evaluation demonstrates the effectiveness of the project management structures established to guide and support the project. It also demonstrates a significant volume of benchmarking activity, with a total of 54 projects. There is evidence of good practice being shared within and across organisations, culminating in a very successful "Sharing the Learning" event held on 10th May 2005. A report containing abstracts of the benchmarking activities was distributed and is available on the NIPEC web-site www.nipec. n-i.nhs.uk

In the time-frame of this project, it was not possible to evaluate directly the impact on patient care; we would, however, encourage health and social care organisations to build on the progress to date, by demonstrating and sustaining improvements in the patients' experience of care.

Finally we would wish to acknowledge the valuable contribution made by the Essence of Care Steering Group, the Project Team and Project Officer, Ms Suzanne O'Boyle, to the successful completion of this important initiative.

Francis Rice   Paddie Blaney
Acting C.N.O. DHSSPS   Chief Executive NIPEC

CONTENTS

1.0 Introduction

The Nursing and Midwifery Advisory Group within the Department of Health, Social Services and Public Safety (DHSSPS), in partnership with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) took forward the Northern Ireland Essence of Care Project. The aim of the project was to improve the patients' experience in relation to the fundamental and essential aspects of care that matter to them.

The Essence of Care Toolkit was designed to support the measures to improve quality set out in A First Class Service (DoH, 1998) and is a key element of Clinical and Social Care Governance. The document was developed from a commitment in the strategy for Nursing, Midwifery and Health Visiting, Making a Difference (DoH 1999) and can be used by all health care personnel to explore the benefits of benchmarking to help improve the quality of the fundamental aspects of care. It is a qualitative approach and involves the identification of patient-focused best practice that influences the quality of the patient's experience.

The benchmarks were devised around nine fundamental aspects of care and have been tested, refined and endorsed during a process of consensus agreement involving over 2000 patients, professionals and user group representatives in England. These include:

- Continence, Bladder and Bowel Care
- Personal and Oral Hygiene
- Food and Nutrition
- Pressure Ulcers
- Privacy and Dignity
- Record Keeping
- Safety of Clients with Mental Health Needs in Acute Mental Health and General Hospital Settings
- Principles of Self-Care
- Communication

The benchmarking process outlined in Essence of Care helps practitioners to take a structured approach to sharing and comparing practice, enabling them to identify best practice and to develop action plans to address poor practice.

2.0 Northern Ireland Essence of Care Project

In Northern Ireland, the consultation paper, Best Practice Best Care, published by the DHSSPS in April 2001, set out proposals for new arrangements aimed at providing high quality services in the HPSS. The proposals in Best Practice Best Care centred on:

- Setting Standards - improving services and practice
- Delivering Services - ensuring local accountability
- Improving monitoring and regulation of services.

It was recognised that the Essence of Care Toolkit could be a useful mechanism to support the setting standards strand, and it also linked into NIPEC's corporate business under Development of Practice activities, where one of the objectives was to promote nationally agreed core standards.

The aim of the Northern Ireland Essence of Care Project was to test the Essence of Care Benchmarks across the acute, community, voluntary and independent health and social care sectors. The key objectives of the project were as follows:

1. To test all nine benchmarks in the Northern Ireland health and social care context,
2. To encourage benchmarking within organisations and across organisations and sectors.
3. To establish links from the project to the development of a Clinical and Social Care Governance infrastructure within Northern Ireland.

3.0 Project Management Structure

The DHSSPS Nursing and Midwifery Advisory Group and NIPEC led the project in partnership with the participating organisations and a project management approach was adopted as illustrated below. A project plan was developed to guide the implementation of the project and is available at Appendix 1.

Project Management Structure for
Northern Ireland Essence of Care Project

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┌─────────────────────────────┐
│       Essence of Care        │
│       Steering Group         │
└─────────────────────────────┘
              ↕
┌─────────────────────────────┐
│         Project Team         │
└─────────────────────────────┘
              ↕
┌─────────────────────────────┐
│       Project Officer        │
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              ↕
┌─────────────────────────────┐
│       Key Facilitators       │
└─────────────────────────────┘
              ↕
┌─────────────────────────────┐
│      Facilitators Forum      │
└─────────────────────────────┘
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┌─────────────────────────────┐
│     Project Team Leaders     │
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DHSSPS

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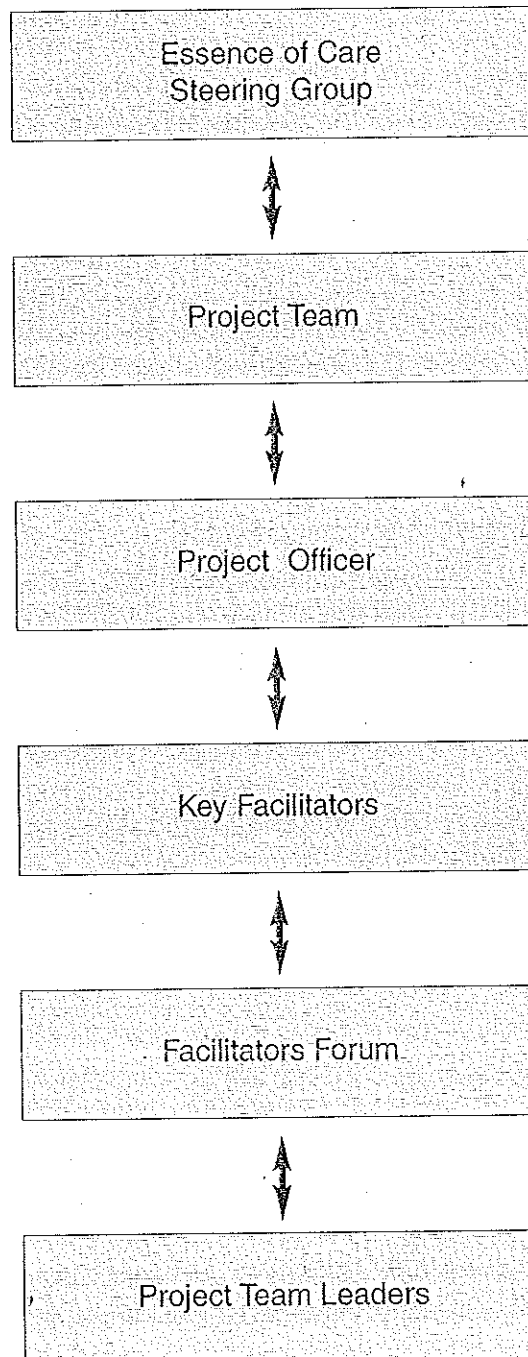
The following table shows the responsibilities of each group within the project management structure.

Table 1

Group	Responsibilities
Steering Group (for membership see Appendix 2)	• Chaired by CNO • To monitor progress of the project • To ensure links to the Quality Framework • To receive progress reports from the Project Officer • To ratify amendments to the Essence of Care Toolkit • To ratify a robust communication strategy
Project Team Nicki Patterson Brendan McGrath Suzanne O'Boyle (see Appendix 3)	• To support the Project Officer • To ensure adherence to the project plan
Project Officer Suzanne O'Boyle	• To coordinate the overall planning of the project • To facilitate the benchmarking process in organisations • To ensure links to the Quality Framework • To report progress and concerns to the Project Team and Steering Group
Key Facilitators (for membership see Appendix 4)	• To lead the Essence of Care benchmarking process within their organisation • To report progress to the Project Officer • To attend the Facilitators' Forum
Facilitators Forum	• To serve as a support network • To promote networking opportunities
Project Team Leaders (for membership see Appendix 5)	• To lead benchmarking activity within ward, department or team • To facilitate benchmarking activity • To coordinate benchmarking activity • To report progress to Key Facilitator

Communication Strategy

The benchmarks were tested across acute, community, voluntary and independent sector organisations. A communication strategy was developed to promote the Northern Ireland Essence of Care Project; and this utilised a range of existing media to raise awareness and communicate progress with participating organisations and other stakeholders. The stakeholders involved in this project are indicated in the following diagram.

Stakeholders in the Northern Ireland Essence of Care Project

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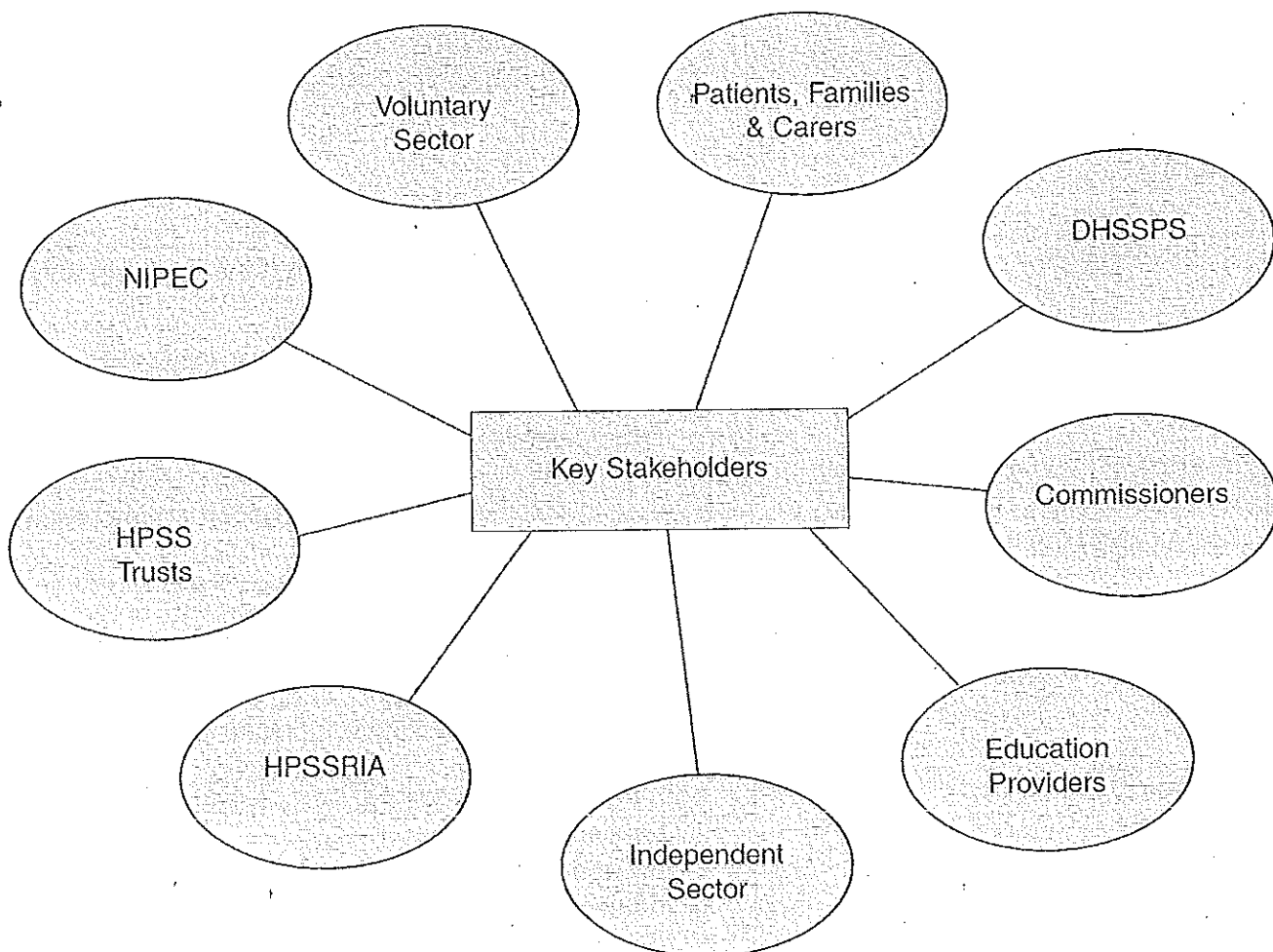
5.0 Project Evaluation

An important element of the total management of the project was a comprehensive evaluation scheme, within which the following critical success factors were identified:

1. Have the objectives of the project been met?
2. What was the volume of activity?
3. Have the project management structures been effective?
4. Was the communication strategy effective?
5. Is there evidence of multi-professional involvement?
6. Is there evidence of user involvement?
7. How will the Essence of Care principles be sustained post project status?
8. Was there evidence of leadership from senior managers?

The data collection to inform the overall evaluation was obtained by sourcing information collated throughout the project (see Appendix 6).

5.1 Were the objectives of the project met?

- All nine benchmarks have been tested within the Northern Ireland health and social care context (see Appendix 7).
- Benchmarking occurred across acute, community, voluntary and independent sector organisations (see Appendix 8). Six organisations benchmarked within the community, and five nursing homes benchmarked three aspects of care within the independent sector.
- Benchmarking occurred informally across several organisations via Facilitators' Forum meetings and workshops. There were also three organisations which established links in England.
- Links with Clinical and Social Care Governance were made via close liaison between the Essence of Care Project Team and the Standards Development Task Group, with representation on the Steering Group. This ensured that Essence of Care as a benchmarking tool was referenced in the Care Standards. The principles of Essence of Care have also been incorporated into the *Quality Standards for Health and Social Care* (DHSSPS, 2005).

5.2 What was the volume of activity?

The following table shows the number of organisations which participated in the Northern Ireland Essence of Care Project.

Table 2

Sectors	Number of organisations invited	No of organisations participated
HPSS Trusts	18	16 (89%)
Independent Sector (Nursing Homes)	9	5 (56%)
Voluntary	1	1 (100%)
Statutory	1	1 (100%)

The regional project initiated fifty-two Essence of Care benchmarking projects within the participating organisations (see Appendix 5). The volume of activity relating to each benchmark is demonstrated as follows:

Table 3

Benchmarks	No. of Organisations
Communication	6
Privacy and Dignity	5
Food and Nutrition	14
Pressure Ulcers	7
Continence, Bladder and Bowel Care	5
Personal and Oral Hygiene	5
Safety of Clients with Mental Health Needs	6
Record Keeping	3
Self-Care	2

Project Officer Support

Throughout the life of the project, the Project Officer was actively involved in supporting the benchmarking process across all the participating organisations. The following activities summarise the level of Project Officer support:

- four workshops were delivered internally to seventy-four Project Team Leaders and Key Facilitators
- The Project Officer delivered twelve individual workshops to organisations which requested these on-site
- eight site visits were made by the Project Officer to organisations requesting additional help and support
- there was ongoing support to the Key Facilitators through informal communication from the Project Officer.

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5.3 Have the project management structures been effective?

5.3.1 Steering Group

The Steering Group met four times over fifteen months. Attendance at these meetings was good and the minutes of the meetings provide evidence of the discussions and decisions agreed.

5.3.2 Project Team

The Project Team had thirteen meetings. Each meeting had minutes taken, which demonstrate the decision-making, interaction with stakeholders and networking that took place throughout this project. There was also ongoing informal communication and support to the Project Officer from the Project Team members.

5.3.3 Project Officer

The Project Officer initiated the Facilitators' Forum as a source of support and networking for Key Facilitators. This was complemented by regular informal contact with Key Facilitators and Project Team Leaders.

The Project Officer was presented with many challenges but relates the success of the project to the following factors:
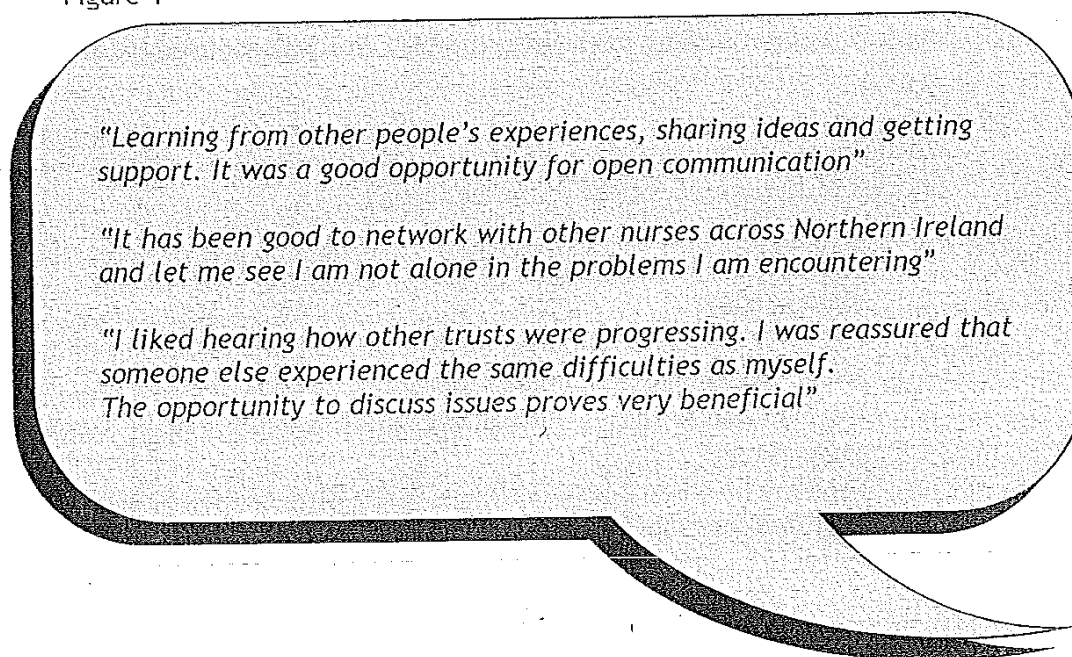
- Enthusiasm and hard work of the Key Facilitators and Project Team Leaders
- The leadership and support given by the Directors of Nursing and Senior Managers within organisations
- The Facilitators Forum which acted as a resource for support and networking
- The time afforded by organisations to the Project Officer to allow awareness sessions to occur.

5.3.4 Key Facilitators

The Key Facilitators identified to lead the implementation of Essence of Care within organisations largely had this responsibility added to their existing responsibilities of quality improvement or practice development. Several Key Facilitators nominated a deputy to attend the Facilitators' Forum in their absence. This did not appear to affect the progress of the project in these organisations, as communication was very good. Two organisations identified specific resources to appoint a dedicated project lead.

A Facilitators' Forum was established for support and networking opportunities. A total of nine meetings took place from July 2004 until April 2005. Evaluations show that the objectives of the group (see Appendix 9) were met. The notes of the meetings were recorded, demonstrating regular feedback and progress, discussion on concerns and the sharing of best practice. Feedback from evaluations was very positive and the following quotes demonstrate that the Forum was an invaluable form of support and networking.

Figure 1

"Learning from other people's experiences, sharing ideas and getting support. It was a good opportunity for open communication"

"It has been good to network with other nurses across Northern Ireland and let me see I am not alone in the problems I am encountering"

"I liked hearing how other trusts were progressing. I was reassured that someone else experienced the same difficulties as myself. The opportunity to discuss issues proves very beneficial"

These meetings were well attended by Key Facilitators or their nominated deputies. Tables 4 and 5 show the percentage attendance at all nine meetings.

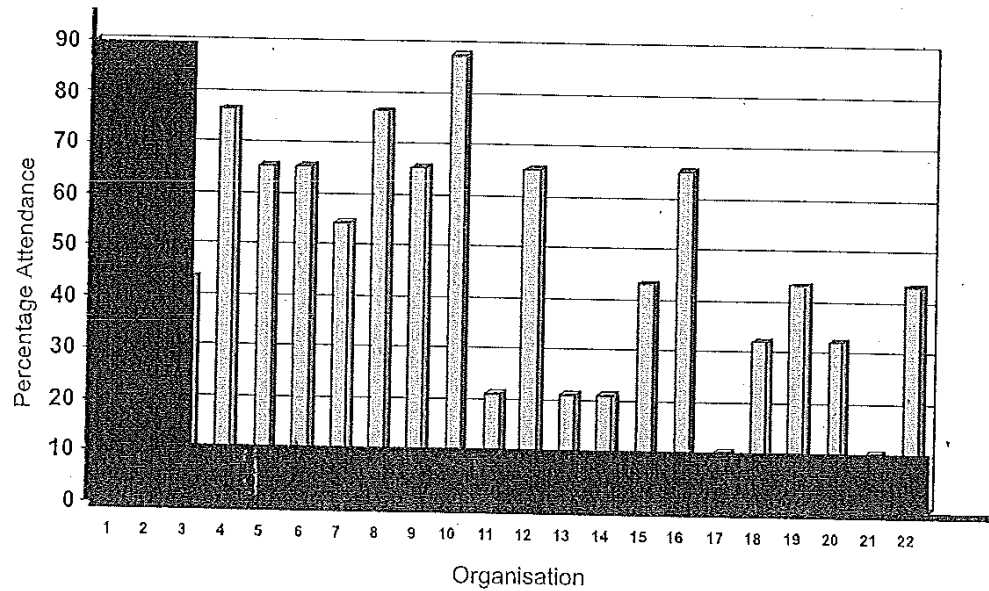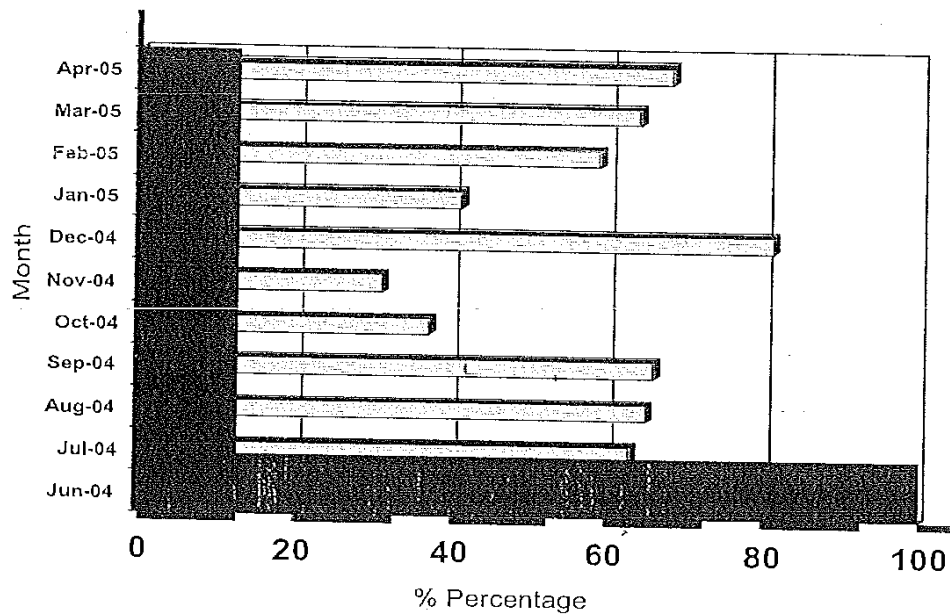Table 4   Percentage attendance per organisation at Facilitators' Forum

Table 5   Percentage attendance per month at Facilitators' Forum

5.3.5 Project Team Leaders

Within each organisation, a Project Team Leader was identified to lead each benchmark; in some organisations, however, the Key Facilitator was also the Project Team Leader. A workshop was facilitated by the Mater Hospital and a further one hosted by NIPEC. Nineteen people attended the Mater workshop and thirty attended the NIPEC workshop. On request three further workshops were facilitated by the Project Officer for Project Team leaders in respect of specific benchmarks, and these were attended by thirty-eight people. The overall evaluation of these sessions was positive. Feedback reflected that the workshops were valuable, but that they should have occurred earlier in the project.

Figure 2

"This meeting was good to find out what is being done in other areas and how problems have been overcome. We are still fairly new to this project - would have liked to have had this done earlier in the Project. Good to meet other team leaders so that there is a network of support for each other"

Figure 3

"Excellent workshop. I am better informed about how to use the documentation, and how to actually benchmark. I am much happier about being the team leader and taking Essence of Care forward in my organisation"

Figure 4

"I found this workshop very useful, it was informative and provided me with an opportunity to meet others doing the same benchmarks as me, which I found extremely beneficial. Good to learn not to get bogged down in the documentation"

5.3.6 Reporting Mechanism

Given the number of individual benchmarking projects and geographical spread, electronic communication was widely used by the Project Officer to monitor progress against project objectives. This reporting mechanism was enhanced with the development, by the Project Officer, of a proforma, which was circulated to all Key Facilitators for completion and return electronically. The volume of information collated through this process informed the Project Officer's reports to the other project management structures and the project evaluation report. For example:

- Progress report to the Steering Group on a quarterly basis
- Updates to the Project Team on a monthly basis
- Interim report to the Steering Group, eight months into the project
- Final Project Evaluation Report

Whilst this method of reporting progress was effective in terms of the quality of information the Project Officer received, one organisation claimed that there was too much repetition within the reporting documentation.

5.3.7 Project Plan

The Project Plan helped to manage the key activities and milestones throughout the life of the project (see Appendix 1). Project Plans were also produced by seventy per cent of the participating organisations. Midway through the project, the Project Team anticipated that many organisations were not on schedule to complete their benchmarking activity as projected, due to the slow progress in the early part of the project. As reported in the interim report, the reasons for delay were timing in relation to the holiday period and the reported difficulties of convenimg groups. The Project Team advised the Steering Group of their concerns and a three-month extension was granted by the DHSSPS.

5.4 Was the communication strategy effective?

A significant element of the project plan was the communication strategy. This ensured that the project and its progress were communicated widely to the range of stakeholders through the following methods:

- Project Identity - a logo was developed to establish an unique identity for the Northern Ireland Essence of Care Project. This logo has been used in all correspondence and published material throughout the life of the project

- Communication with Stakeholders
  An event officially launching the project in May 2004 chaired by the Chief Nursing Officer, and attended by Key Facilitators and Directors of Nursing

  The Project Officer delivered twenty-five awareness sessions in the participating organisations, to an audience of 573 senior nursing and multi-professional colleagues throughout Northern Ireland. Presentations were also delivered by the Project Officer to:

    - over 750 nursing students at Queens University Belfast, University of Ulster and Open University
    - Association of Continence Advisors' Conference
    - Regional Community Nurse Managers' Group
    - CPHVA Group
    - Southern Board Independent Sector Forum
    - Nursing Home Managers
    - Open University Tutors
    - Ward Managers' Leadership Programme, Beeches Management Centre

- The Project was profiled in:
    - CNO News
    - NIPEC E-News (a quarterly electronic newsletter)
    - DHSSPS Quality Newsletter
    - Trusts Newsletters and Bulletins
    - Belfast Telegraph, through an article focusing on "a day in the life" of the Project Officer published on the 11th January 2005 in the Tuesday Night Public Sector Job Finder supplement.

- Publicity material, in the form of a "pop-up" stand and an information leaflet, were created to raise awareness at external events.

- Essence of Care Web Page.
  A specific page was created within the NIPEC website to publicise the project, report progress and serve as a further source of support to the personnel within participating organisations. This proved to be a very popular and valuable resource, as demonstrated by the number of "hits" illustrated in Table 6.

Table 6   Essence of Care Web Page Hits

Month	Hits	Documents downloaded			
		Benchmarks	Matrix	Leaflet	Penguin
May 2004	4089	2008	0	0	245
June 2004	2799	1846	0	0	201
July 2004	2846	1402	0	0	168
August 2004	5826	1165	256	0	140
September 2004	3908	1281	137	57	54
October 2004	4210	1310	120	74	72
November 2004	4650	1293	149	97	128
December 2004	3201	1085	84	104	172
January 2005	5230	1536	59	148	138
February 2005	5302	1430	62	192	47
March 2005	7559	1833	117	305	84

5.5   Is there evidence of multi-professional involvement?

Essence of Care was designed as a tool to share good practice across professional boundaries, to improve the patient and/or carer experience. Multi-professional involvement was identified as a priority at the beginning of this project and as integral to successful implementation of the Essence of Care benchmarks. It was, therefore, considered important to have representation from the Allied Health Professionals (AHP) on the Steering Group. The Project Officer emphasised the importance of adopting a multi-professional approach to Key Facilitators'. This was assured at a local level by reports to the Project Officer outlining the extent of AHP representation on the comparison groups. (see Appendix 10)

As demonstrated by the following quotes, the project has enhanced relations with AHPs. One HPSS Trust was proactive in identifying the dietician as the Project Team Lead for Food and Nutrition.

Figure 5

"When I was first invited to join an Essence of Care group along with the nurses, catering staff and other professionals, I thought this was another paper exercise but the outcomes have been amazing, such as, the improved relations between dietetics department, the nurses, auxiliaries and catering staff".

Examples of involvement of the multi-professional team from Key Facilitators:

Figure 6

"Within the food nutrition we have involved dietician, speech and language, a senior manager from facilities and a hotel services manager. In our pressure ulcer group we have occupational therapy, the ergonomics advisor and a representative from Hilrom along with qualified and unqualified nursing staff."

Figure 7

"We have included AHPs from the very first meeting and all subsequent meetings. The process has provided a positive environment that has enabled clarification, discussion and seeking agreement, resulting in increased understanding, awareness and insight towards each others beliefs, values and roles"

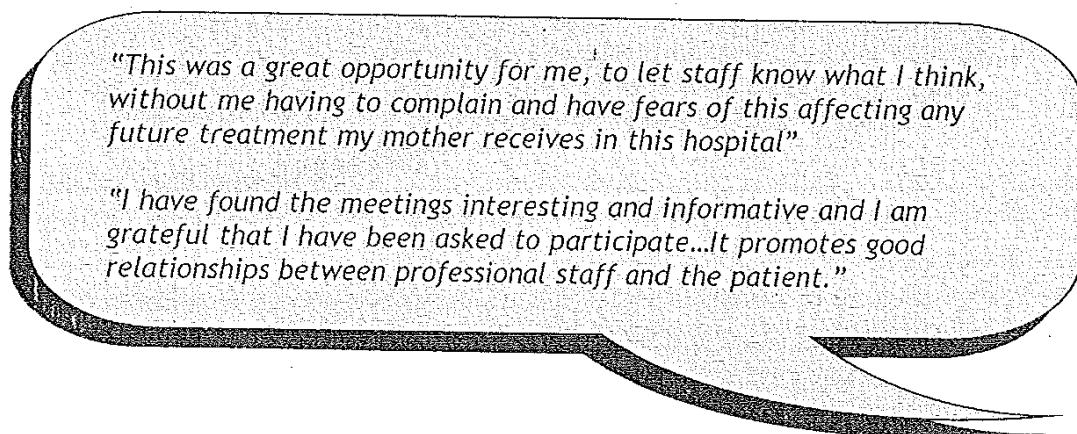## 5.6 Is there evidence of user involvement?

User and/or carer involvement was sought from the beginning of the project, with representation from Carers' Northern Ireland on the Northern Ireland Essence of Care Steering Group. The Project Officer used the Facilitators' Forum to raise awareness of the importance of input from users and carers within the project. Feedback was requested on how they were engaging users and carers (see Appendix 10). Acknowledgement was made that within certain environments such as the acute sector, it is difficult to engage patients within actual groups, therefore other methods of gaining their input was sought. For example:

- Patient Advice Liaison / Patient Support Officer
- Questionnaires and Patient Surveys
- Carer advocate from CAUSE
- Homecare workers
- Patient advocate
- Carers' Group
- Service users and their families

- NHSSB Patients' Representation Group
- SHSSB user representation group
- Alzheimer's Society and User Initiative Group
- Cancer Lifeline
- Parkinson's Group
- Stroke Users' Group
- Focus / User Groups
- Community Groups

Close contact has been maintained throughout the Project with Carers' Northern Ireland. Carers' N.I. presented to the Facilitators' Forum and Key Facilitators indicated that they found this very informative and interesting.

Figure 8

> "This was a great opportunity for me, to let staff know what I think, without me having to complain and have fears of this affecting any future treatment my mother receives in this hospital".
>
> "I have found the meetings interesting and informative and I am grateful that I have been asked to participate...It promotes good relationships between professional staff and the patient."
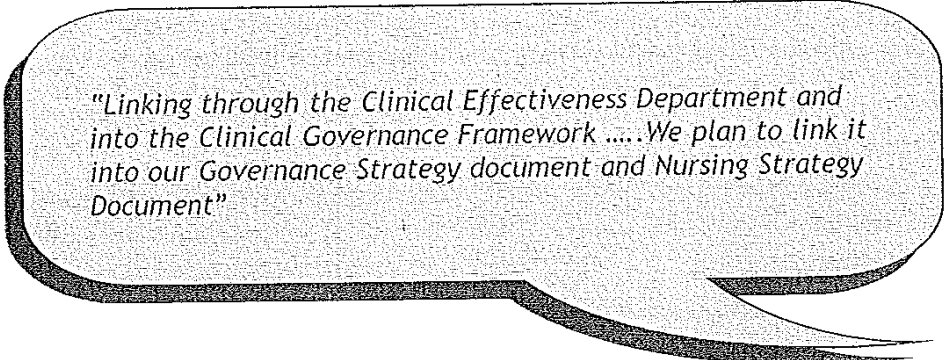
5.7 How will the Essence of Care principles be sustained after the Project ?

A challenge for the health and social care organisations is ensuring the sustainability of Essence of Care after the life of the project. The benchmarking of clinical practice is linked to the concepts of continuous quality improvement, clinical effectiveness and evidence based practice. Consequently, this project integrated naturally within the emerging Clinical and Social Care Governance arrangements in Northern Ireland. In particular it linked with:

- DHSSPS Standards Development Task Group, which was represented on the Project Steering Group. This link ensured that the pertinent aspects of the toolkit were incorporated into the Care Standards for regulated services

- The toolkit was also taken into account when developing the Quality Standards for the HPSS, which will be used by the Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) in its inspections of statutory services
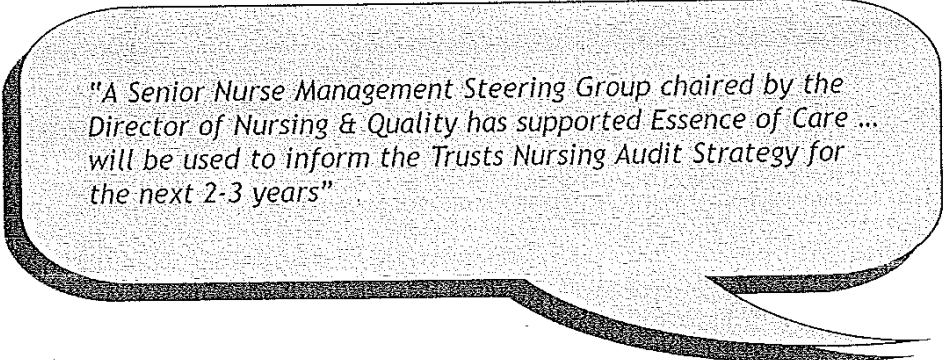
At organisational level, staff involved in the project have established links between Essence of Care and the wider quality agenda. As part of the evaluation of the project, feedback was sought from Key Facilitators and Directors of Nursing on how Essence of Care had been, or would be, integrated into existing quality systems. The majority of organisations have already made links with their Quality Managers, which will help to sustain the ethos of benchmarking such qualitative aspects of care.

Figure 9
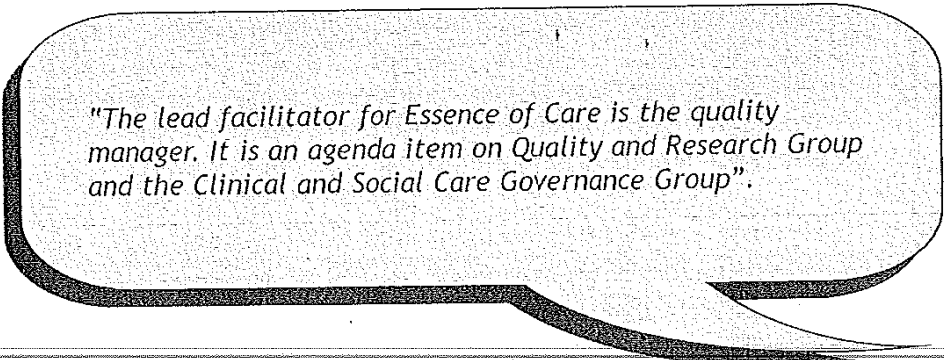
> "Linking through the Clinical Effectiveness Department and into the Clinical Governance Framework .....We plan to link it into our Governance Strategy document and Nursing Strategy Document"

Figure 10

> "A Senior Nurse Management Steering Group chaired by the Director of Nursing & Quality has supported Essence of Care ... will be used to inform the Trusts Nursing Audit Strategy for the next 2-3 years"

Figure 11

> "The lead facilitator for Essence of Care is the quality manager. It is an agenda item on Quality and Research Group and the Clinical and Social Care Governance Group".

DHSSPS

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A proposal from a commissioning representative on the Essence of Care Steering Group was to link Essence of Care to the commissioning process through inclusion in the Health and Wellbeing Investment Plans. This would require providers of Health and Social Care to submit reports on how the Essence of Care has been extended beyond the original project that ended in May 2005.

5.7.1 Enablers and barriers

To contribute to the project evaluation, a 'Claims-Concerns-Issues' exercise was conducted with Key Facilitators and Project Team Leaders at two stages during the life of the project - initially at eight months and repeated at fourteen months. The purpose of carrying out the 'Claims-Concerns-Issues' exercise was to capture the feelings and perceptions of the stakeholders as to what was positive (Claims), negative (Concerns) and any other issues about the project. This provided valuable insight into the enablers and barriers to progress being experienced by the stakeholders in this project. Examples of the themes synthesised are highlighted below.

Claims at 8 months	Claims at 14 months
- Patient centeredness - focus on patient/user involvement - Leadership evident from Director of Nursing support - Multi-professional approach - collaborative working, clarity of roles, team approach with inclusion of qualified and unqualified staff - Improved interpersonal relationships - strengthening relationships - Staff development - reflection on practice - Clinical effectiveness - evidence based standardised practice - Ownership for staff	Many of the claims at 8 months were reiterated at 14 months. The additional themes to emerge were: - Networking across various sectors regionally - Sharing of best practice regionally - Value of a systematic structured approach - Increased quality awareness - Better communication

Concerns at 8 months	Concerns at 14 months
• Timescale of 1 year too·short • Timing of launch of project before the summer months • Resources in the form of people and funding • Lack of medical representation / involvement • Skilled facilitators needed • Toolkit – jargonised, repetitive and complex to use • Conflict between clinical need versus the project • IT infrastructure – lack of availability and access to computers	Many of the concerns at 8 months were reiterated at 14 months. The additional themes to emerge were: • Administration – need for secretarial support for photocopying, minute-taking, data analysis, audits, questionnaires • Sustainability after the project

Issues identified

- Identified training needs in many areas
- Resources to implement changes
- Competition with many other quality initiatives
- Value of workshops
- Regional groups to address Essence of Care – tissue viability, infection control, health promotion
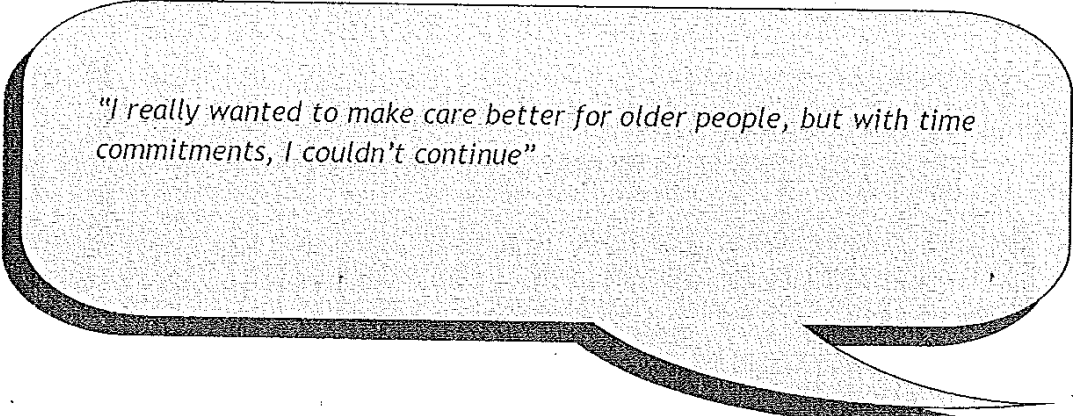- Support in the form of protected time
- Moratorium

Resignations from the project

Four of the nine nursing homes which joined the project resigned between month four and month seven. The Project Team members were concerned with this drop-out rate and agreed to explore the contributing factors to inform the project evaluation. A semi-structured interview format was used and the findings are summarised opposite.

Summary of findings:

The level of awareness and understanding of Essence of Care varied. While all nursing home managers acknowledged the importance of Essence of Care and the relevance of it to the nursing home environment, their understanding of the toolkit and the benchmarking process was limited. The following quote demonstrates that there was an obvious commitment to improving standards.

Figure 12

"I really wanted to make care better for older people, but with time commitments, I couldn't continue"
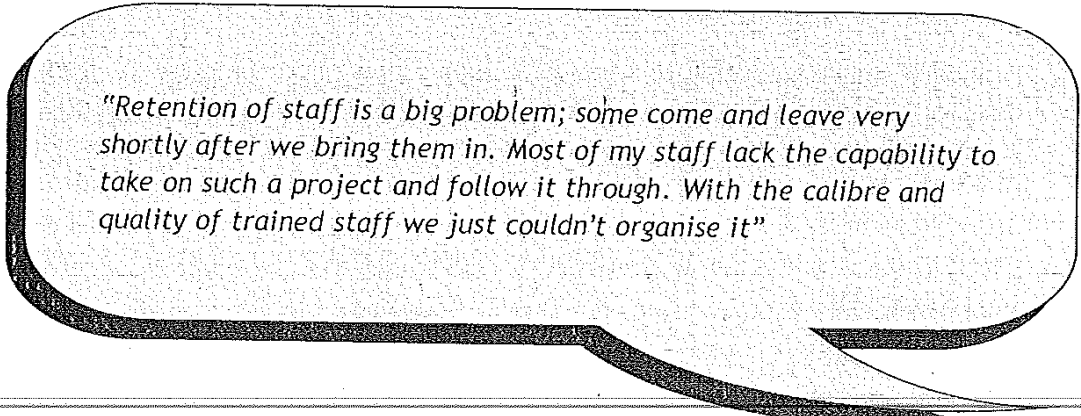
Factors contributing to resignations from the project

There was a very strong message relating to staffing problems from all nursing home managers.

Recruitment and retention issues:

- High turnover of staff
- Low staffing levels within nursing homes. Sick leave and maternity leave were cited as major issues.
- Lack of skills and capabilities of existing staff to carry out such a project
- High reliance on overseas nurses

Figure 13. Recruitment and retention

"Retention of staff is a big problem; some come and leave very shortly after we bring them in. Most of my staff lack the capability to take on such a project and follow it through. With the calibre and quality of trained staff we just couldn't organise it"
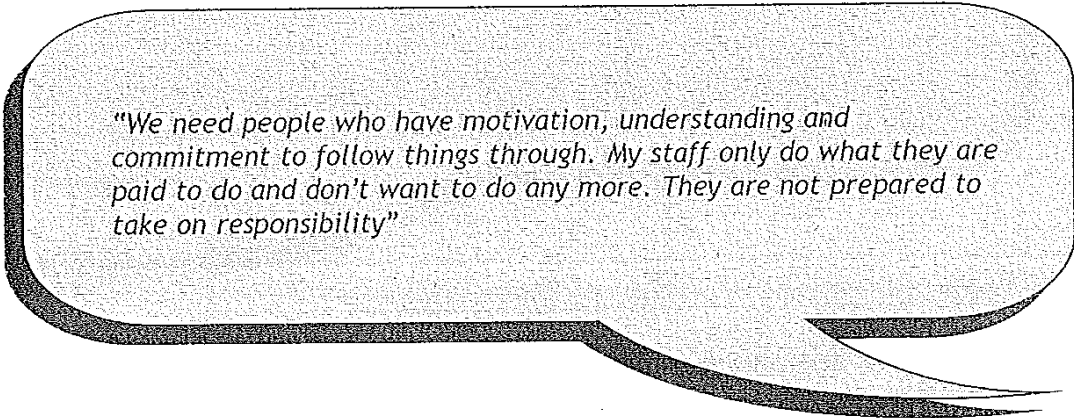
Funding

- to employ extra staff
- project support

Leadership

The lack of leadership from nursing home managers was apparent as demonstrated by the following quote.

Figure 14

"We need people who have motivation, understanding and commitment to follow things through. My staff only do what they are paid to do and don't want to do any more. They are not prepared to take on responsibility"

5.7.2 Leadership

Leadership has been crucial to the success of this project. The Directors of Nursing and senior nurses in the participating organisations clearly demonstrated their support for this project in the following ways:

- High level of involvement by HPSS Trusts in the project
- Attendance at awareness sessions (80%)
- Chairing local Steering Groups

Feedback from Key Facilitators indicates that support and commitment from Directors of Nursing and Assistant Directors of Nursing was a major success factor for their organisations. It was clearly evident that the majority of Directors of Nursing were closely involved with this project. They have included Essence of Care as an agenda item on a large number of senior nurse meeting and are building it into business planning and quality systems within their organisations.

"It gives healthcare professionals collective responsibility and accountability for practice and this can only increase job satisfaction and team work"

"Staff are now working more collaboratively to develop multi professional care and are working closely with the patient to ensure patient focused care"

Resources committed

The majority of participating organisations supported this project within existing resources. A few organisations, however, did commit specific resources by releasing Key Facilitators from their other duties for the duration of the project.

5.7.3 Links to Education

It was identified that it was essential to link Essence of Care into pre-and-post registration nursing and midwifery education in order to sustain the principles of Essence of Care. This was achieved by:

- Representation from Queen's University Belfast, University of Ulster and an In-Service Education Consortium on the regional Steering Group
- Awareness sessions delivered to all three universities, targeting over 750 student nurses.
- The distribution of information on an e-learning package (Cumbria and Lancashire SHA) to all organisations as a resource for induction programmes.

5.7.4 Dissemination

An important aspect of the project was to ensure the sharing of best practice. This occurred via the following means:

- A book of abstracts of all the projects has been published, and is available on the NIPEC web-site www.nipec.n-i.nhs.uk
- A celebratory event entitled "Sharing the Learning" was held on 10th May 2005. This was attended by over 200 delegates from all sectors of health and social care
- The NIPEC database is an on-line resource, through which organisations can share examples of good practice and is accessible through the NIPEC website www.nipec.n-i.nhs.uk

6.0   Summary of Findings From The Evaluation

The key themes emerging from the evaluation that contributed to the successful testing of the Essence of Care benchmarks in the Northern Ireland health and social care context can be summarised as follows:

- the need to engage key stakeholders at all levels
- the need for leadership from senior management
- the focus on the fundamental aspects of care - that matter to patients
- the benefit of adopting a systematic approach to reviewing practice
- the value of having an identified individual within the organisation to lead the project
- the value of devolving ownership and responsibility for improving care to the teams and individuals who deliver care
- the opportunity to improve working relationships through a better understanding of each other's roles and their contribution to providing quality care
- the contribution of skilled facilitation
- the opportunity to review practice and incorporate best available evidence
- the opportunity to network across organisations and share good practice
- the value of involving users to inform improvements in care
- the need to sustain change when the project is completed
- the resultant personal and professional development of the individuals who are involved

In the lifespan of the project, it was not possible to evaluate fully the impact on patient care. The Nursing and Midwifery Advisory Group (DHSSPS) and NIPEC would advocate, however, that health and social care organisations should build on the work undertaken through this project and seek to demonstrate improvements in the patients' experience of care. A critical success factor in keeping the principles of Essence of Care alive is the need to promote a culture of person-centred care by incorporating these principles into organisational strategies for quality improvement.

Appendix 1
PROJECT PLAN TIME FRAMES

	Mar 2004	Apr 2004	May 2004	Jun 2004	Jul 2004	Aug 2004	Sep 2004	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005
Mapping Exercise and identification of Link staff															
Collation of mapping exercise information and matching of Trusts															
Development of Communication Strategy															
Awareness sessions for link staff															
Facilitation of participating Trusts in Benchmarking and action planning														Project extended by 2 months due to low level of activity July/Aug 2004	
Interim Report															
Event to celebrate outcomes															10 May 2005
Project Evaluation Report															

Appendix 2
MEMBERSHIP OF NORTHERN IRELAND ESSENCE OF CARE STEERING GROUP

NAME	TITLE	E-MAIL ADDRESS
Alan Finn	Director of Nursing, Down & Lisburn Trust	
Anne Gallagher	Lecturer, Queen's University Belfast	
Brendan McCarthy	Lay Council Member, NIPEC	
Brendan McGrath	Senior Professional Officer, NIPEC	
Hilary Brownlee	Standards Development Task Group, DHSSPS	
Geraldine Fennell	N.I Carers'	
Helen Ferguson	N.I Carers'	
Jennifer Holmes	Project Lead for Standards Development Task Group, DHSSPS	
John Mone	Director of Nursing, Craigavon Hospital	
Judith Hill	Chief Nursing Officer, Northern Ireland	
Louise Dunlop	Clinical Governance Manager, Greenpark	
Maeve Hully	Marie Curie Manager	
Marie Flannigan	In-service Consortia	
Mary Hinds	Director of Nursing, Mater Hospital	
Nicki Patterson	Nursing Officer, DHSSPS	
Patricia Gillen	Lecturer, UUJ	
Phelim Quinn	Director of Nursing, SH&SSB	
Suzanne O'Boyle	Project Officer	

Appendix 3
MEMBERSHIP OF NORTHERN IRELAND ESSENCE OF CARE PROJECT TEAM

NAME	TITLE	E-MAIL ADDRESS
Brendan McGrath	Senior Professional Officer, NIPEC	
Nicki Patterson	Nursing Officer, DHSSPS	
Suzanne O'Boyle	Project Officer	

Organisation	Link Person	Title
Altnagelvin Hospitals HSS Trust	Wendy Cross	Practice Development Nurse
Armagh & Dungannon HSS Trust	Caroline Toal	Practice Development Nurse
Beaconfield, Marie Curie	Sue Corry	Clinical Services Manager
Belfast City Hospital HSS Trust	Gillian Murray	Quality Coordinator
Causeway HSS Trust	Shirley Johnston	Project Officer
Craigavon Area Hospital HSS Trust	Anne McVey	ADN&Q
Craigavon & Banbridge Community HSS Trust	Mary McConville	Health Advisor
Down & Lisburn HSS Trust	Margaret Moore	Practice Development Nurse
Foyle HSS Trust	Judy Houlahan	Clinical Services Manager
Four Seasons HC - Comber EH&SSB	Freda Gill	Regional Manager
Four Seasons HC - Northern & Western Boards	Jennifer Robertson	Regional Manager
Greenpark Healthcare Trust	Zona Kelly	Quality Coordinator
Homefirst Community HSS Trust	Trevor Fleming	ADN
Kingsway PNH	Martin Doran	Home Manager
Masserene Manor Nursing Home	Olive Rainey	Home Manager
Clonlee Nursing Home	Pepsi McCarney	Home Manager
Mater Hospital HSS Trust	Margaret O'Hagan	ADN&Q
Newry & Mourne HSS Trust	Jacqueline Clark	Practice Development Nurse
Northern Ireland Prison Service	Des Wilson	Prison Officer
Royal Hospitals Trust	Caroline Lee	ADN&Q
Sperrin Lakeland H&SC Trust	Anita Quigley	Practice Development Nurse
United Hospitals HSS Trust	Margaret Kyle	Project Officer
Ulster Community & Hospital Trust	Sharon Davidson	Directorate Manager

Appendix 5
Project Team Leaders

Name of Organisation	Benchmark	Name of Team Leader
Altnagelvin Hospitals Trust	1.Nutrition 2.Pressure ulcers 3.Hygiene 4. Privacy and Dignity	Geraldine Chada Wendy Cross Lorraine McFadden Ann Carr
Armagh & Dungannon H&SS Trust	1. Nutrition 2. Continence	Caroline Toal Caroline Toal
Belfast City Hospital Trust	1. Privacy and Dignity 2. Safety 3. Communication	Eileen Dillon / Ruth Law Hugh Scullion Rita Devlin
Craigavon Area Hospitals Group Trust	1. Privacy and Dignity 2. Pressure Ulcers 3. Food and Nutrition	Edel Corr Christine Armstrong Carol Mc Corry
Causeway H& SS Trust	1. Nutrition 2. Privacy and Dignity 3. Safety	Sandra Bellingham / Pat McClelland Sandra Bellingham Eileen Gailey
Craigavon & Banbridge H&SST	1. Continence	Mary Mc Conville
Down & Lisburn H&SS Trust	1. Food and Nutrition 2. Pressure Ulcers	June Cairns Edna Elliott
Foyle H&SS Trust	1. Nutrition 2. Privacy and Dignity 3. Hygiene	Lorna Alcorn Delores Marshall Philomena Gormley
Greenpark Healthcare Trust	1. Nutrition 2. Hygiene 3. Pressure Ulcers	Elizabeth Archer Zona Kelly Zona Kelly
Homefirst H&SS Trust	1. Nutrition 2. Privacy and Dignity 3. Continence 4. Communication	Ann Scott Tanya Hutchinson Kathy Lowry Patricia Scullion

DHSSPS

330-019-030

Organisation	Categories	Names
Mater Hospital Trust	1. Nutrition 2. Communication 3. Privacy and Dignity 4. Pressure Ulcers 5. Hygiene 6. Continence 7. Safety 8. Record Keeping 9. Self Care	Mary Mc Elroy Helena Mc Cambridge Pat McGillan Lorna Semple Stephen Boyd Teresa McEvoy Eilish Boyle Margaret Mary McNamee
Newry & Mourne H&SS Trust	1. Record Keeping 2. Continence	Hazel Wright Judith Gordon
Royal Group of Hospitals Trust	1. Nutrition 2..Communication	Jenny Stevenson Caroline Lee
Sperrin Lakeland H&SS Trust	1. Nutrition 2. Safety	Annetta Quigley Gene Gillease
Ulster Community & Hospitals Trust	1. Nutrition 2. Safety	Sylvia Kerrigan Betty McMullan
United Hospitals Trust	1. Pressure Ulcers 2. Record Keeping 3. Food and Nutrition	Philip Bartley Angela Drury Bernie McWilliams
Marie Curie Cancer Care	1. Communication 2. Nutrition 3. Privacy and Dignity	Maggie Ross Marie Morgan Laurie Lancaster
Northern Ireland Prison Nursing Service	1. Self-Care	Des Wilson
Clonlee Nursing Home	1. Communication	Pepsi McCarney
Four Seasons Health Care - Four Boards	1. Pressure Ulcers	Lee Edmunds
Kingsway PNH	1. Record Keeping	Jill Stojanavic
Massereene Manor	1. Communication	Olive Rainey

Appendix 6
Project Evaluation Criteria

Evaluation Criteria	Type of Evidence	Source of Evidence
Objectives of Project: - To test all nine benchmarks in the N.I context of care - Benchmarking within organisations - Benchmarking across organisations - Links with C&SCG	Matrix of benchmarking activity Feedback from Key Facilitators Membership of Essence of Care Steering Group Policy Documents	Project Document Progress reports to Project Officer Project Document Reference within New Care Standards Standards for Quality in Health & Social Care
Volume of Activity	Matrix of benchmarking activity showing 54 projects ongoing Workshops delivered by Project Officer Presentations at external events Site visits Informal support	Project Document Data from Project Officer Data from Project Officer

Project Management	Project Management Structure:
	  - Steering Group
	  - Project Team
	  - Project Officer
	  - Facilitators Forum
	  - Project Team Leaders
	
	Communication Strategy
		- N.I. EofC Project Document and Plan
		- Number of Meetings
		- Attendance at Meetings
		- Evidence of decision making reflected in minutes of meetings
		- Evaluation of Facilitators' Forum Meetings
		- Interim report
		- Final report
		
		- Awareness sessions
		- Web hits
		- E-mails
		- Letters
		- Publications - NIPEC E-News
		- DHSSPS Quality Newsletter
		- CNO Newsletter
		- Belfast Telegraph

Project Evaluation Criteria ..cont

Evaluation Criteria	Type of Evidence	Source of Evidence
Multi - Professional Involvement	Membership of Regional Steering Group	Project Document
	Membership of Comparison Groups within participating organisations	Progress reports to Project Officer from Key Facilitators
User Involvement	Feedback from Key Facilitators	Progress reports and monthly updates to Project Officer from Key Facilitators
Sustainability of Essence of Care post project status	Evidence of Essence of Care integration into existing quality improvement structures and processes	Progress reports to Project Officer from Key Facilitators Feedback from Directors of Nursing via proforma
	Links with Education	Membership on Steering Group, Presentations to student nurses
	Enablers and barriers to successful implementation within participating organisations	Questionnaires Issues, Claims, Concerns with Key Facilitators and Project Team Leads.
	Perceived value of Essence of Care benchmarks within Project Teams	Abstracts Improvements in Patient/Client care Celebratory Event Project Evaluation
	Evidence of Leadership - Who chairs the Steering Group at organisational level? - Resources committed / Perception of project success - Attendance of senior nurses at awareness sessions	Progress reports and monthly updates from Key Facilitators to Project Officer Proforma to Directors of Nursing Data from Project Officer
	Dissemination of learning	Abstract publication Sharing the Learning Event NIPEC database

Appendix 7
Mapping Matrix

Organisation	Communication	Food + Nutrition	Privacy + Dignity	Pressure Ulcers	Personal/ Oral Hygiene	Continence	Safety	Record Keeping	Self-Care	B/mark within own org.	B/Mark with other org.
Mater	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Green Park		✓			✓	✓				✓	
Down & Lisburn		✓		✓		✓				✓	
Newry & Mourne		✓							✓	✓	
BCH						✓	✓			✓	
Craig / Bann		✓	✓	✓						✓	
CAHGT		✓		✓						✓	
United Hospitals		✓		✓				✓		✓	
Foyle		✓		✓	✓			✓		✓	
RGH	✓	✓								✓	
UCHT		✓					✓			✓	
Arm / Dungannon		✓				✓				✓	
Altnagelvin		✓		✓	✓					✓	
Homefirst	✓	✓	✓				✓			✓	
CHSST		✓	✓				✓			✓	
Sperrin Lakeland		✓					✓		✓	✓	
NIPNS											✓
Marie Curie	✓	✓	✓								✓
The Care Circle				✓				✓			
Four Seasons Health Care/ Homes in 4 Health Boards (9)											
Clontee PNH	✓										
Massereene Manor PNH	✓										

Appendix 9

NORTHERN IRELAND ESSENCE OF CARE PROJECT

FACILITATORS FORUM
(NIECPFF)

TERMS OF REFERENCE

- Membership of NIECPFF will consist of Key Facilitators participating in the project

- The forum should function in a manner that is collaborative and respectful of opinions

- The forum should meet the objectives of the group:

  - To provide support for all forum members

  - To support the implementation of Essence of Care through networking and sharing of ideas and best practice initiatives.

  - To increase awareness of Essence of Care with colleagues at all levels to promote its dissemination throughout N.I

  - To review and adopt, as appropriate, strategies used by organisations to successfully implement Essence of Care

  - To provide a forum to discuss and debate good practice, issues/concerns, and unintended outcomes.

  - To utilise the forum to liaise with local, regional and national Essence of Care networks

Appendix 10

UPATE FOR FACILITATORS' FORUM – Date:

1. Name of Benchmark	

2. Number of meetings to date of the
 	
   (i) Steering group
 	
   (ii) Comparison group
 	
Have you experienced any problems with commitment from these groups?	

3. Outline the extent of involvement of AHPS.	
4. What user / carer representation is on the group? Outline any problems encountered in engaging users / carers in your project	
5. Are you within your project plan timescale? If not, what are the main reasons for this?	
6. What is going well within the project?	
7. What is not going well within the project?	

Name of Organisation: _____   Signature: _____

CONFERENCE PROGRAMME

Morning Chair - Nicki Patterson, Nursing Officer, DHSSPS

9.00 am - 9.30 am	Registration & Coffee
9.30 am - 10.00 am	Opening remarks
	Stella Burnside, CE, HPSS Regulation & Improvement Authority
10.00 am - 10.30 am	Essence of Care - The English Experience
	Maria Sinfield, Programme Manager, Merseyside & Cheshire Strategic Health Authority
10.30 am - 11.00 am	Coffee and viewing of posters
11.00 am - 11.15 am	Essence of Care and links to Care Standards
	Jennifer Holmes, Project Officer, Standards Development Task Group (DHSSPS)
11.15 am - 11.30 am	An Allied Health Professional's Experience of Essence of Care Benchmarking, Elizabeth Archer, Dietetics Department Green Park Healthcare Trust
11.30 am - 12.00 md	A Director of Nursing Perspective
	Margaret Gordon, Director of Nursing, Causeway Trust
12.00 md - 12.30 pm	The Lived Experience
	Suzanne O'Boyle, Project Officer for Northern Ireland Essence of Care Project
12.30 pm - 1.30 pm	Lunch and viewing of posters

Afternoon Chair - Brendan McGrath, Senior Professional Officer, NIPEC

1.30 pm - 2.10 pm	Recipe for Change
	Acute Sector
2.10 pm - 2.50 pm	Triumphs and Trials
	Community Sector
2.50 pm - 3.10 pm	Quality Improvement of Key Issues in the Independent Sector Nursing Homes
3.10 pm - 3.30 pm	How do you eat an elephant?
	The Marie Curie Experience
3.30 pm - 3.50 pm	Enhancing Care in a Secure Environment
	Northern Ireland Prison Nursing Service
3.50 pm - 4.00 pm	Closing Remarks -
	Francis Rice, Acting Chief Nursing Officer
4.00 pm	Conference Close