Valuing Diversity

... a way forward

CENTRAL NURSING ADVISORY COMMITTEE

A STRATEGY FOR NURSING, MIDWIFERY AND HEALTH VISITING - 1998

SUMMARY OF ACHIEVEMENTS 1998-2003

Department of Health, Social Services and Public Safety

An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí
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## Contents

**Section 1  Introduction and Summary of Achievements**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Introduction and Summary of Achievements</td>
<td>13</td>
</tr>
<tr>
<td>1.2</td>
<td>Achievements in Commissioning</td>
<td>14</td>
</tr>
<tr>
<td>1.3</td>
<td>Achievements in Practice</td>
<td>14</td>
</tr>
<tr>
<td>1.4</td>
<td>Achievements in Education</td>
<td>14</td>
</tr>
<tr>
<td>1.5</td>
<td>Achievements in Research and Development</td>
<td>15</td>
</tr>
<tr>
<td>1.6</td>
<td>Achievements in Audit</td>
<td>15</td>
</tr>
<tr>
<td>1.7</td>
<td>Achievements in Leadership and Management</td>
<td>15</td>
</tr>
</tbody>
</table>
Section 2 - Commissioning

2.1 Eastern Health and Social Services Board
2.1.1 Sexual Health Nursing Services 17
2.1.2 Epilepsy Nurse Specialist 18
2.1.3 Specialist Breast Care Nursing Services 18
2.1.4 Parkinson’s Disease Nurse Specialist 18
2.1.5 Nurse Consultant Emergency Care 19
2.1.6 Rheumatology Liaison Nurse 20
2.1.7 Primary Care Commissioning Pilot 20
2.1.8 Primary Care Mental Health Initiative 20

2.2 Southern Health and Social Services Board
2.2.1 Research and Development Nurse Commissioner 21
2.2.2 Midwifery Led Care 21
2.2.3 Lung Care Nurse Specialist 22
2.2.4 Community Forensic Services 22
2.2.5 Primary Care Mental Health Services 23

2.3 Northern Health and Social Services Board
2.3.1 Community Psychiatric Nurse Liaison Service 24
2.3.2 Accident and Emergency Nurse Practitioner Service 24
2.3.3 Continence Advisory Services 25
2.3.4 Cognitive Behaviour Therapy Nursing 25
2.3.5 Mental Health Liaison Nurse Specialist 25
2.3.6 Palliative Care Coordinator 26
2.3.7 Advanced Neonatal Nurse Practitioner 26

2.4 Western Health and Social Services Board
2.4.1 Nurse Practitioner Development in Primary Care 27
2.4.2 Mental Health Services - Cognitive Behaviour Therapy 27
2.4.3 The Macmillan Oncology Specialist Nursing Services 28
2.4.4 Nurse Endoscopists 29
Section 3 - Practice

3.1 Eastern Health and Social Services Board
   3.1.1 Mental Health Services: Developing Practice
   3.1.2 Patient Counselling Service
   3.1.3 Hospital at Home Scheme
   3.1.4 Family Centred Care

3.2 Southern Health and Social Services Board
   3.2.1 Home to School Initiative
   3.2.2 Falls Prevention Initiative
   3.2.3 Postnatal Depression Support Group
   3.2.4 Integrated Care Pathways

3.3 Northern Health and Social Services Board
   3.3.1 Harpers Hill Community Early Years Project
   3.3.2 Holistic Men's Health Project
   3.3.3 Home Safety Equipment Scheme

3.4 Western Health and Social Services Board
   3.4.1 The Country Kitchen: Job Skills for Adults With a Learning Disability
   3.4.2 Brandywell/Tullyalley Health Programme
   3.4.3 Tactile Communication for People with Profound Multiple Learning Disabilities and Sensory Impairment
   3.4.4 Human Milk Bank
   3.4.5 Nurse Led Mobile Cancer Care Service
   3.4.6 LARATOT Listening and Responding Appropriately to Our Teenagers

Section 4 - Education

4.1 Collaborative Working to Meet Service Need
4.2 Nurse Prescribing Programme
4.3 Diploma in Higher Education - Work Based Learning Pathway
4.4 E-Learning Initiatives
4.4.1 Newry and Mourne E-Learning course
4.5 Widening Participation
4.6 Practice Development Course - Mental Health
4.7 Multi-professional Education

... a way forward
## Section 5 - Research, Development and Audit

### 5.1 Eastern Health and Social Services Board
5.1.1 EHSSB Development of Nursing Research and Practice Development 52

### 5.2 Southern Health and Social Services Board
5.2.1 SHSSB Practice Development Initiative 52

### 5.3 Northern Health and Social Services Board
5.3.1 NHSSB Nursing/Midwifery Research 53

### 5.4 Western Health and Social Services Board
5.4.1 WHSSB Nurse Led Spirometry Project 55

### 5.5 Audit

#### 5.5.1 Eastern Health and Social Services Board
5.5.1.1 Infection Control Audit 56
5.5.1.2 Audit of the Management of Victims of Sexual Assault in a Genitourinary Medicine Clinic 57
5.5.1.3 Evaluating Quality Using Audit of Treatment and Care Experience 58
5.5.1.4 Aromatherapy Service Audit 59

#### 5.5.2 Southern Health and Social Services Board
5.5.2.1 Risk Management in Manual Handling Audit 59
5.5.2.2 Nursing Documentation Audit Project 60
5.5.2.3 Post Natal Depression Multidisciplinary Audit 60

#### 5.5.3 Northern Health and Social Services Board
5.5.3.1 Audit of the Public Health Role of District Nurses 61
5.5.3.2 Leg Ulcer Clinic Audit 62
... a way forward

SUMMARY OF ACHIEVEMENTS 1998-2003
... a way forward
Foreword

Health and Social Services have undergone significant changes and developments over the past few years. I am particularly delighted that this report highlights the many excellent initiatives that have taken place within the Nursing and Midwifery professions since the publication of the strategy document *Valuing Diversity.... a way forward*.

*Valuing Diversity* challenged both individual practitioners and groups to be innovative and creative in their approach to the changing health and social care climate. The agenda for change outlined in the document dealt with:

- Commissioning
- Practice
- Education
- Research and Development
- Leadership and Management

This report indicates clearly that there has been a positive impact in all five areas outlined in the strategy document. Nurses, Midwives and Health Visitors have made significant and positive contributions to the care provided to patients, families and communities. However, the evaluation also sets the agenda for further development. I know that you will all continue to take every opportunity to advance professional practice and enhance the quality of care you provide. In conclusion, I would ask that you share this document with your colleagues and use it as a resource for your practice. My staff and I look forward to working with you to build on these initiatives and to ensure that we continue to offer a regional service with a national and international reputation for quality.

Judith E. Hill
Chief Nursing Officer
Preamble

On behalf of the Central Nursing Advisory Committee, I am delighted to present this report, which celebrates those developments within the Nursing and Midwifery professions that have occurred since the publication of the strategy document *Valuing Diversity ... a way forward*.

In researching the contents for this report we have been pleased by the number of innovative practices and projects that have been undertaken by nurses and midwives from all specialties and areas of Northern Ireland. Unfortunately, due to pressures of space, it has not been possible to include all of the excellent initiatives; rather we wish to present a flavour of the many significant developments that have taken place over the last five years. We can be justly proud of the important contribution that nurses and midwives continue to make in ensuring the best and most up to date quality of care is provided to our patients, families and communities.

Irene Duddy
Chairperson Central Nursing Advisory Committee (1999 - 2003)
Section 1

1.1 Introduction and Summary of Achievements

1.1.1 Published in 1998, Valuing Diversity... a way forward, set out the challenges and opportunities Nurses, Midwives and Health Visitors in Northern Ireland faced in the years ahead. It also suggested ways in which members of the professions might respond and outlined a number of levels of achievement.

1.1.2 Valuing Diversity was published as a strategy document to stimulate new thinking and new practices, and to celebrate the dynamic and changing patterns within health and social care generally and within Nursing, Midwifery and Health Visiting in particular.

1.1.3 Valuing Diversity set an agenda for positive change and individual members and groups within the professions addressed this agenda with creativity, diligence and enthusiasm. As a result, much has been achieved in the years following its launch. It is important to reflect on these accomplishments, particularly against the targeted levels of achievement.

1.1.4 This publication outlines how these achievements have been addressed by providing real examples of the constantly changing and developing nature of nursing and midwifery and their role in delivering high quality service to patients, families and communities.

1.1.5 It is predicted that the many initiatives outlined within this report will provide inspiration to the professions as health and social care services are further advanced in the 21st century.

1.1.6 Valuing Diversity was composed of sections dealing with the following issues:

- Commissioning;
- Practice;
- Education;
- Research and development;
- Leadership and management
1.2 Achievements in Commissioning (see Section 2)

1.2.1 Commissioning has been defined as a set of planned activities undertaken with the intended outcome of measurable improvement in the health and wellbeing of resident populations, involving implementation of change to secure the most effective and efficient use of resources (HSSE 1997). Nursing has contributed to the achievement of the commissioning objectives in a number of ways. The Contribution of Nurses, Midwives and Health Visitors to Commissioning Health and Social Care Working Paper 2 2000 produced under the auspices of Valuing Diversity.

1.3 Achievements in Practice (see Section 3)

1.3.1 Many Nurses, Midwives and Health Visitors have demonstrated their ability to be innovative and flexible in achieving the Valuing Diversity objectives outlined under the heading of Practice. These innovations have been achieved across the full range of care settings. An increasing emphasis on achieving a healthier nation provides challenges to professionals to improve the health and well-being of all citizens. Since 1998, the contribution made by nurses to the promotion of health and well-being of communities, groups and individuals in Northern Ireland continues to be substantial. The contribution can be evidenced across a full range of care settings including accident and emergency nursing as detailed in the Accident and Emergency Nursing - A Contribution to the Future Working Paper 1 2000 produced under the auspices of Valuing Diversity.

1.4 Achievements in Education (See Section 4)

1.4.1 Valuing Diversity emphasised that professional education must be responsive to the rapidly changing demands and needs of service. Arrangements that are now in place to achieve the objectives set are reflective of examples of good practice presented in the report. There is evidence of the growing involvement of employers in many aspects of the development and delivery of both pre-registration and post-registration education provision. Also evident was the close liaison between education providers and regulatory bodies. Incorporation of the HPSS strategic plans for the future development of education to best meet service needs is part of the overall collaborative work undertaken by education and service providers alike.
1.5 Achievements in Research and Development (See Section 5)

1.5.1 The measures of achievement under the heading of Research and Development focused on encouraging nurses to establish networks to support the development of research and ensure access to information and advice. A number of strategies to promote and develop nursing research are in place, including the Liaison Development Manager (Nursing) at the Research and Development Office and joint appointments between service and the universities. Boards and Trusts provided many examples of how nurses have access to an extensive range of formal and informal sources of information, advice and funding. In addition, the outcomes of several of the research projects undertaken by nurses were provided. All these examples highlighted the mechanisms that are in place to nurture and develop a research culture and to promote research links for research based decision making in partnership with service users, multidisciplinary teams and external agencies.

1.6 Achievements in Audit (see Section 5)

1.6.1 The development of nursing audit was highlighted as a key priority in the development of nursing within Northern Ireland. The implementation of this aspect of the Valuing Diversity agenda has led to an array of activities variously described as audit, practice development, care pathways, benchmarking, surveys and evaluations. The common theme is the application of evidence to improve care. Almost ninety examples of such activities undertaken by nurses were provided for this report. Involvement in uni and multi-professional initiatives highlights the emphasis nurses place on collaborative working for quality improvement in service provision. The initiatives undertaken have been influencing and improving practice and are considered vital in the process of establishing and improving standards of care to patients, their families and communities.

1.7 Achievements in Leadership and Management (See Section 6)

1.7.1 Valuing Diversity identified that future nurse managers and leaders must be recognised, encouraged and developed early in their careers. Central to this was the requirement to introduce leadership development programmes for staff at all levels. This was to ensure that the professions develop leaders equipped with the requisite skills and competencies to prepare them for positions of senior management/leadership. This report highlights the significant range of opportunities developed for future nurse leaders since the publication of Valuing Diversity. It is estimated that at least 500 future nurse managers and...
leaders have had the opportunity to participate in the range of programmes that are now available.

Within the context of this report, the term ‘nurse’ refers to the nursing, midwifery and health visiting professions.
Section 2  Commissioning

The measures of achievement under the heading of Commissioning included support by nurse commissioners for the development of specialist nursing skills. Also highlighted was the need for nurse commissioners to promote the appropriate use of databases of best practice throughout the professions.

Since the publication of Valuing Diversity, information from HSS Boards and Trusts indicates that over 150 specialist nursing posts have been created. All Trusts have encouraged growth in specialist nursing practice and there follows some examples from across the province.

2.1  Eastern Health and Social Services Board

2.1.1  Eastern Health and Social Services Board - Sexual Health Team

The Sexual Health Team develops and promotes sexual health strategies through training, policy development, curriculum development, and through promoting the take-up of sexual health services.

The areas of specialist knowledge of the team include contraception, sexually transmitted infections, HIV/AIDS, unplanned pregnancy, relationships and sexuality education, policy development, counselling, interviewing skills and drugs education. The team provide a range of services that include training courses, seminars, workshops, consultancy and advice, project development and support, policy evaluation and programme planning.

Innovative projects that the team has been involved in include:

- A schools’ project focusing on relationship and sexuality education;
- A training initiative with the Ulster Community and Hospitals Trust;
- Work with the Northern Ireland Prison Training College to design and deliver a training package to prison service trainers;
- The development of peer education guidelines.

... a way forward
2.1.2 Royal Group of Hospitals HSS Trust - Epilepsy Nurse Specialist

Based at The Royal Hospitals, the epilepsy nurse specialist gives advice, information and support to patients and their families and provides a valuable resource for other colleagues across the province. There is also an open referral system enabling patients to access services as required.

2.1.3 Ulster Community and Hospitals HSS Trust - Breast Care Specialist Nurses

A team of four specialist nurses support patients at diagnosis, arrange for attendance at pre-assessment clinics, and provide support to surgical in-patients. There is an excellent follow up service after discharge that includes rapid referral to psychology services. Other services provided by these nurses include:

- **Involvement with breast reconstruction service** – the nurse will offer information and counselling to enable women to make an informed choice regarding surgery;
- **Breast prostheses** – breast care nurses offer a prostheses fitting service and advice on lingerie;
- **A specialist wound care management service**;
- **Lymphoedema** – a nurse led lymphoedema clinic is held twice a month.

The specialist nurses are also involved in implementing research and carrying out research projects; developing service improvement initiatives, standard setting and auditing, and liaising on best practice with other members of the multidisciplinary team. Ongoing work includes the development of care pathways for patients with breast cancer.

2.1.4 Belfast City Hospital HSS Trust - Parkinson's Disease Nurse Specialist

The Belfast Branch of the Parkinson's Disease Society, in partnership with Belfast City Hospital Trust created the post of Parkinson's Disease Nurse Specialist. The main aim of the post is to improve quality of care for individuals who have Parkinson's Disease (PD). Education, information, advice and support are provided for patients, caregivers, professionals and the general public. An open referral system enabling self-referral by patients is in place, thereby ensuring access to a nurse with specialist knowledge. Nursing and medical problems are addressed and, through liaison with GPs and/or hospital specialists, a holistic approach to care is ensured.
To date approximately 920 individuals with Parkinson’s disease have been assessed and are monitored on an ongoing basis as appropriate. This development highlights the tangible benefits to patient care, which are possible through expert nursing care, interagency collaboration and user involvement.

2.1.5 Mater Hospital HSS Trust/ Royal Group of Hospitals HPSS Trust - Nurse Consultant Emergency Care

The first Nurse Consultant post in Northern Ireland was in Emergency Care and is a partnership position between the Mater Hospital Trust, where the post is based and managed, and the Royal Group of Hospitals Trust. This was developed as part of the Trusts’ and the Eastern Health and Social Services Board’s strategy for developing emergency services. This enables the Nurse Consultant to contribute directly to the service development in both Trusts and to the Eastern Health and Social Services Board. The nurse consultant also has an advisory role to other Health and Social Service (HSS) Boards, Trusts and the Department of Health, Social Services and Public Safety (DHSSPS).

Active involvement with the Universities and the In-service Education Consortia enables the Nurse Consultant to contribute and participate in the future development and delivery of courses in Emergency Care to healthcare professionals.

The role is an overarching one that requires an expert breadth, depth and complexity of knowledge in all areas of emergency care. These include Management, Clinical Practice, Education, Research, and Practice Development Skills.

The Nurse Consultant is also required to have a sound and robust strategic awareness including knowledge and understanding of the local, national and international issues in Emergency Care. The Nurse Consultant sees his role as one, which will:

“help develop nursing as opposed to nurses, advance nursing practice and enhance service delivery by improving the competency of others”.

To achieve this the Nurse Consultant feels it is important to have the ability to be able to communicate, influence and guide all healthcare professionals at all levels within the HPSS. This involves working across professional boundaries, and collaborating with colleagues as a practitioner to improve demonstrably patient outcomes.
2.1.6 Greenpark HSS Trust - Rheumatology Liaison Nurse

In April 2001, the EHSSB provided one-year pilot funding for a Rheumatology Liaison Nurse based in Greenpark Trust. The aim of the post was to provide specialist support or rheumatology patients that would enhance the quality of their life, improve service delivery, and reduce waiting times. The main areas of service developed through the initiative include:

- Community based clinics;
- Hospital based clinics;
- A telephone helpline for patients and fast access for GPs;
- Family education programmes;
- Staff development initiatives.

2.1.7 Down Lisburn HSS Trust - Primary Care Commissioning Pilot (PCCP)

Senior nurses in the Trust have been active members of the Down Lisburn Primary Care Commissioning Pilot. Along with others, this pilot was the forerunner of the recently established Local Health and Social Care Groups. Through their membership of the PCCP they have been involved in commissioning services from the private and voluntary sectors, maximising the use of available resources and developing a mixed economy of care. A significant number of nurses have completed commissioning courses at the Universities and the In-service Education Consortia.

2.1.8 Down Lisburn HSS Trust - Primary Care Mental Health Initiative

In response to the growing number of GP referrals to the Community Mental Health Team, three mental health nurses have taken on specialist roles within the Lisburn sector of the Down Lisburn Health and Social Services Trust. These nurses hold community psychiatric nursing clinics in a number of Health Centres and GP Surgeries throughout the Hillsborough, Dunmurry and Lisburn areas. The impact of this initiative has been to lower the waiting list for adult mental health appointments and develop a closer collaboration between the GP practices and specialist services in mental health.
2.2 Southern Health and Social Services Board

2.2.1 Southern Health and Social Services Board- Research and Development Nurse Commissioner

This is a partnership post between the Southern Health and Social Services Board (SHSSB) and the University of Ulster (UU) and contributes to the Research and Development agenda of the SHSSB. Contributions of the post holder include:

- Co-ordinating the submission of the ‘Commissioned Research Need’ proposals from the SHSSB to the DHSSPS Research and Development Office;
- Giving advice on research proposals that are to be commissioned by the SHSSB;
- Responding to policy and strategic documents, questions etc related to research at the SHSSB;
- Providing comments in relation to research reports that have been commissioned by the Board;
- Membership of research steering groups and committees within the Board;
- Undertaking research and literature reviews to inform strategy for the SHSSB;
- Membership of planning and commissioning groups.

The post holder states:

“I have found this post valuable in terms of the contribution it allows me to make to the corporate aims of the UU and the SHSSB. I provide commissioning advice regarding mental health and learning disabilities, nurse education, nurse prescribing, and general policy issues. This post allows me to work in a meaningful way with regard to not only nursing but with the wider multidisciplinary and multi-agency team.”

2.2.2 Craigavon Area Group Hospital HSSTrust - Midwifery Led Services

The Midwifery Led Unit (MLU) at Craigavon Area Group Hospital opened in July 2000. It is a self-contained unit with nine labour-delivery-postnatal rooms, where low risk women come for their intra-partum and post-partum care.

A team of 23 midwives dedicated to normal and natural childbirth provides care that empowers and supports women in their choice of minimal intervention in childbirth.
The emphasis is based firmly on partnership with women and in facilitating their sense of control in the birthing process. The aim of the MLU is to provide continuity of care and treat the family as a complete unit.

Every midwife that works in the MLU has had specific education. For example, water birth is available 24 hours a day. This has resulted in 69% of women using water as a form of pain relief during labour, and over 200 babies have been born in water.

Women have been overwhelmingly positive about their stay in the unit and it is planned to extend the service to include the antenatal period.

2.2.3 Craigavon Hospital HSS Trust - Lung Care Nurse Specialist

A Lung Care Nurse Specialist was appointed in January 2001 and provides expert support and advice to patients suffering from Lung Cancer in partnership with Consultants in Respiratory Medicine.

The role also involves the provision of Specialist Palliative Care Nursing and collaborative work with other members of the Palliative Care team. The key objectives of the Lung Care Nurse Specialist are to:

- Establish a Nurse-Led Clinic for patients with Lung Cancer incorporating the management of breathlessness and other symptoms or problems the patient may experience;
- Ensure that optimum support and holistic care are provided for patients and their families throughout the illness trajectory;
- Facilitate liaison with other Units in Northern Ireland and in Great Britain.

Liaison with other units has already taken place and the Lung Care Nurse has visited units in England including The Royal Free Hospital, Clatterbridge Regional Oncology Centre, and The Roy Castles’ Research Centre.

2.2.4 Craigavon and Banbridge HSS Trust - The Development of Community Forensic Services

Following extensive research into caseload profiles Craigavon and Banbridge Community Trust identified the need for a specialist service to address the needs of those deemed to
have mental health problems and engaging in, or have the potential to engage in, criminal activity.

In February 2000 a senior nurse within the Trust, with extensive experience in working with the ‘mentally disordered offender’, was appointed to the post of forensic community psychiatric nurse having responsibility for the development and delivery of a forensic service across the Trust. To date, the forensic service has developed a multi-agency approach to the care of the ‘mentally disordered offender’ in the community. Links were established with the Probation Board for Northern Ireland, the Police Service of Northern Ireland, the Northern Ireland Prison Service and the intensive care unit on the St Luke’s Hospital site in Armagh.

As the demand for the forensic service continues to grow, there is recognition within the Trust that more specialist nurses are required to manage the increasing number of referrals. It is envisaged that the Trust will establish a dedicated forensic team to meet the increasing demands for the provision of a comprehensive and effective service to address the needs of this challenging group of clients.

2.2.5 Craigavon and Banbridge HSS Trust - Primary Care Mental Health Services

Four Community Mental Health Nurses deliver services with general practitioners on a locality and a sessional basis. The main objectives are as follows:

- To provide one to one mental health work at local level;
- To assist primary care staff in screening for serious mental illness and those at risk of serious self-harm;
- To become involved in the education and updating of other Primary Care staff on a wide range of mental health topics from stress management to medication adherence in mild and moderate depression.

Benefits thus far have included earlier detection of severe mental illness, suicide prevention, and a decrease in referrals to the secondary mental health services.
2.3 Northern Health and Social Services Board

2.3.1 Causeway HSS Trust - Community Psychiatric Nurse Liaison Service

The rationale for any Psychiatric Liaison Service is in the context of national suicide targets: to reduce suicide by 15% from 11.0 per 100,000 to 9.4 by the year 2000 (Health of the Nation, 1992) and to reduce suicide rates by a further 17% by 2010 (Our Healthier Nation, 1998). A full time Community Psychiatric Nurse (CPN) liaison post has been funded since January 2000 to take forward these recommendations and to develop the service.

Key characteristics of the Psychiatric Liaison Nurse’s role include consultation with relevant medical/nursing staff, education of the care team, direct specialist psychological assessment of patients, and the provision of care to their families. More recently, follow up appointments were established for this client group.

The psychiatric liaison nurse has facilitated follow-up appointments at a weekly community clinic with arms-length supervision provided by a Consultant Psychiatrist. The objective of this clinic is to offer support and treatment with the intention of reducing incidents of repeat deliberate self-harm and to ease referral rates to the Community Mental Health Team.

2.3.2 United Hospitals HSS Trust - Antrim Area Hospital - Accident and Emergency (A&E) Nurse Practitioner Service

The A&E Nurse Practitioner role formally commenced at Antrim Area Hospital in November 1998. It is a dedicated role, staffed independently of the nursing rota, with a nurse practitioner being on duty between 9.00 am – 5.00 pm, seven days a week. It was introduced within the Trust in an attempt to reduce waiting times, to offer patients choice, and to maximise and develop nursing skills.

Working to evidence based protocols, the Nurse Practitioners assess, diagnose, treat, discharge and onward refer patients who present to the A&E department. These protocols are jointly devised by medical and nursing staff and allow Nurse Practitioners to x-ray and prescribe medication where required. They are revised and expanded as the role develops and as new skills and competencies are acquired. The Nurse Practitioners’ consultation with patients and families is holistic, focusing on treatment, health promotion and disease prevention.
The service has been audited and the findings demonstrate that the nurse practitioners’ ability to interpret x-rays compared favourably with that of senior house officers. It also found that when the Nurse Practitioner was on duty there was a concomitant reduction in waiting times and an increase in overall patient satisfaction with the service offered.

2.3.3 Causeway HSS Trust - Continence Advisory Services

The main aim of the Causeway Trust Continence Advisory Service is to improve the quality of life for people with bladder and bowel dysfunction. For this purpose, a link nurse network was set up across the community and hospital settings to facilitate the dissemination of knowledge and skills to all staff and ensure that, where possible, clinical decisions are evidence based.

2.3.4 Homefirst HSS Trust – Cognitive Behaviour Therapy Nursing

In August 1999, Homefirst Trust appointed three cognitive behaviour therapy nurses. They had successfully completed an eighteen-month full-time course, which enabled them to provide an outpatient service. This service meets client needs through:

- Working collaboratively with clients to identify and understand their problems through clear formulation of the problem based on well researched models;
- Focusing on the here and now;
- Identification of personalised, time-limited therapy goals.

2.3.5 United Hospitals HSS Trust - Antrim Area Hospital - Mental Health Liaison Nurse Specialist

In early 1999 a Mental Health Liaison Nurse Specialist post (MHLNS), was established at Antrim Area Hospital. Previously, many people presenting with deliberate self harm (DSH) in the Accident and Emergency Department did not undergo psychological assessment before being discharged. In recognition of the evidence pertaining to the association between DSH and eventual suicide it was recognised that psychological assessment was vital for every individual presenting with DSH. The aim was to eliminate the possibility of repeat episodes and completed suicide.

The role of the MHLNS is evolving and has been designed and developed to work effectively within an acute hospital environment. The nurse provides a combination of consultation, clinical input, supervision, staff support, and research.

... a way forward
2.3.6 Homefirst HSS Trust and Northern Ireland Hospice Care - Palliative Care Co-ordinator

Homefirst Community Trust has developed a partnership post with Northern Ireland Hospice Care to enhance palliative care services for the community. A specialist nurse has been appointed to co-ordinate palliative care services between the Trust and the various agencies involved.

Palliative care is no longer just about caring for terminally ill patients but is concerned with the needs of both the patient and carer over a much longer period of time. A wide range of nurses, doctors, social workers and other professionals provide palliative care, from both a specialist and generalist background. Through co-ordinating palliative care services all clients and their families receive the same high standard of care.

2.3.7 United Hospitals HSS Trust - Antrim Area Hospital - Advanced Neonatal Nurse Practitioner

An Advanced Neonatal Nurse Practitioner (ANNP) has been working in the Neonatal Unit at Antrim Area Hospital since 1999, during which time she has been able to provide first line care to sick newborn infants and offer support to families. The training and development of an ANN has proved of immense benefit to the local community and to both nursing and medical staff. The post holder provides a leadership role in the neonatal unit, guiding both nursing colleagues and junior doctors in relation to all aspects of care for ill infants.

Enhanced patient services that have resulted as a consequence of this appointment include:

- Improved continuity of care for babies and their families;
- Problems and emergencies are dealt with more quickly;
- Procedures are carried out sensitively and effectively by an experienced member of staff;
- Improved communication and documentation.
2.4  Western Health and Social Services Board

2.4.1 Western Health and Social Services Board - Nurse Practitioner Developments in Primary Care.

The Western Health and Social Services Board (WHSSB) Nurse Practitioner Development began with two Practice Nurses funded to undertake a degree in Health Studies incorporating the Nurse Practitioner Diploma. There are now nine fully qualified nurse practitioners working within the general practice setting, with one nurse undertaking the course this year. The role includes most aspects of practice nursing, health promotion and chronic disease management work. In addition, nurse practitioners offer direct access to primary health care for patients, providing initial assessment, diagnosis and treatment for a range of acute minor illnesses, minor surgery procedures and telephone triage.

All Nurse Practitioners see patients at both ‘walk in’ surgeries and appointed sessions and in many practices a Nurse Practitioner appointment will be offered to all patients requesting a same day emergency appointment.

The introduction of Nurse Practitioners into general practice within the Board area has been instrumental in freeing up GP time, especially in relation to dealing with minor illnesses, as well as providing patients with a more accessible and efficient service.

2.4.2 Foyle HSS Trust - Mental Health Services - Cognitive Behaviour Therapy

In recent years, cognitive behaviour therapy has been an effective treatment for a variety of emotional problems ranging from depression to post traumatic stress disorder. The mental health programme within Foyle Trust has recognised the value of properly trained and supervised cognitive behaviour therapists and has committed resources to developing and maintaining a high quality service in the five Community Mental Health Teams. At present, there are nine qualified and practising cognitive therapists in the Trust with a further seven involved in ongoing training. All but one of these is from a nursing background. The therapists offer short-time, time-limited interventions on a one to one basis. Sessions last for one hour and usually take place within team premises.

Practitioners have reported very positive outcomes for properly screened individuals, usually within twenty sessions. Ongoing individual group supervision plays a vital role in the support and education of the therapists and every opportunity is taken for further training. As mental
health services adapt to the needs of the community, cognitive behaviour therapy is becoming the treatment of choice for a much wider client group with nurses continuing to contribute their unique skills to its development.

2.4.3 Altnagelvin Hospital HSS Trust and Sperrin Lakeland HPSS Trust - The Macmillan Oncology Specialist Nursing Services

Since 1998, cancer service delivery in Northern Ireland has changed significantly with services being focused in centres of excellence. As a result, patients in some geographical locations, such as the south-west of the province, have to travel longer distances to access oncology services. In response to the need for the return of a visiting oncology service in Sperrin Lakeland Trust a three-year oncology Nurse Practitioner post was developed as a pilot project, funded by Macmillan Cancer Relief.

Representing the first role of its kind in Northern Ireland, the post holder provides weekly nurse-led review clinics in both the Erne Hospital and Tyrone County Hospital. The focus of the service is on offering better support for oncology patients and their families as well as better access to oncology services closer to their own homes. The service is also designed to offer specialist oncology help, advice, and support to all members of the Multi Disciplinary Team (MDT) who will provide care for the oncology patient at some point in their cancer journey. A research team from the University of Ulster has recently evaluated this post. Findings show that the patients, their families, health and social care professionals and policy makers are fulsome in their praise for this work. By acting as a link expert, the post holder has improved communication between local and regional teams and has made a significant positive difference to the lives of cancer patients and their families.

The post holder described how she helps patients who ask difficult questions and linked honesty with accountability:

“The patients quite often ask me questions that they may not want to ask the doctor and I would be very honest with them... I would set up another appointment with the oncologist to address specific issues like 'how long have I got' or how are things going to pan out in the future’ So I have got to be extremely honest, very accountable. It really takes your code of professional practice in terms of accountability and autonomy to the limit. You really have to be all these things personified.”
2.4.4 Altnagelvin HPS Trust – Nurse Endoscopists

In June 2002 the Trust appointed two Nurse Endoscopists, one specialising in Upper Gastro-Intestinal Endoscopy and the other in Lower Colorectal Endoscopy. The aim of these appointments was to enhance the delivery of care and complement the multidisciplinary team. At present, each nurse endoscopist has two endoscopy sessions per week. This already has had a positive impact on the ever growing waiting lists, reducing the priority cases for Open Access Endoscopy down to nine weeks. It has also gone some way towards providing a One Stop Rectal Bleeding Clinic. Nurse led services provide holistic care for patients and enable the Consultant's time to be better utilised on more specialist areas.
Section 3 Practice

Many nurses have demonstrated their ability to change and develop their practice in flexible and innovative ways across the full range of care settings. Because of this, they have made, and continue to make substantial contributions to promoting the health and well being of individuals, groups, and communities. In Valuing Diversity, the measures of achievement under the heading Practice focused on new and innovative roles in nursing practice (see also section on Commissioning above) and on the participation of practitioners in community development activities and care management processes. The development of public health initiatives on targeted issues such as children’s services was also highlighted.

HSS Trusts and Boards provided over eighty examples of community development projects involving nurses. The examples highlighted in this chapter illustrate the range, quality and creativity of projects and initiatives.

3.1 Eastern Health and Social Services Board

3.1.1 Belfast City Hospital HSS Trust and South and East Belfast Community HSS Trust - Mental Health Services: Developing Practice

Young people suffering from a first episode psychosis and their families represent a particularly vulnerable group. The challenge for professionals is to offer timely and effective interventions, which include:

- **Family intervention**;
- **Social skills development**;
- **Medication management**;
- **Cognitive Behavioural Therapy**.

A multi-disciplinary, multi-agency Early Intervention in Psychosis team was established. The team includes nurses from Belfast City Hospital Trust and South and East Belfast Trust. They offer appropriate, evidence-based and individual needs assessed interventions to young people (18 - 30 years) experiencing a first episode psychosis. They also provide a similar service to their families/carers.

... a way forward
These interventions assist patients to develop positive coping strategies and control symptoms of their illness as well as empowering them to use external services that may help reduce relapse rates and hospitalisation. These outcomes contribute to better and more efficient service provision with less time spent in hospital and fewer repeat admissions to hospital.

3.1.2 Down Lisburn HSS Trust - Patient Counselling Service

It has long been recognised that physical illness has an impact on individuals psychologically and that many major life changes are experienced which can result in adjustment disorders such as anxiety and depression. The Patient Counselling Service was set up in November 1998 as a pilot scheme to provide and audit a dedicated counselling service.

Patients may discuss with an experienced and qualified nurse counsellor their hospital admission, diagnosis and treatment, and how this is affecting their lives. Counselling provides an opportunity for patients to express their fears, worries or anxieties in a private and confidential environment, and so help them to come to terms with their difficulties in a more positive and satisfying way. The service also provides a link to other counselling and psychological services within the community and primary care settings. In providing this service, the Trust acknowledges counselling as an important component of patient care. It also recognised the need for specialist training for nurses who are working with people who are experiencing trauma, crisis or emotional difficulties.

3.1.3 Down Lisburn HSS Trust - Hospital-at-Home Scheme

The boundaries of health care between hospital and community have changed significantly since Valuing Diversity was published. With a growing emphasis on reorganising health care to allow for greater provision of care in the community, the district nursing staff of Down Lisburn Trust led the development of a Hospital-at-Home Scheme.

The service provides intensive levels of care for acutely ill people in their own homes. This involves bringing a hospital level of care to the home, supplying medical, nursing and rehabilitation services as well as social support and equipment. At any given time, the nurse led Hospital-at-Home team provide this service to fifty patients in their local communities.
3.1.4 The Royal Belfast Hospital for Sick Children: The Royal Hospitals Trust-Child and Family Centred Nursing

Belvoir Ward within The Royal Belfast Hospital for Sick Children is participating in the Person Centred Nursing initiative currently underway within the Royal Hospitals Trust. This project:

- places people at the centre of all care decisions
- supports nurses to develop ways of working to achieve this, and
- provides evidence to indicate how such approaches improve the patient’s and the nurse’s experience of nursing.

Within the children’s setting the focus is placed on the child and family rather than person centred care. Nurses in Belvoir Ward recognise that the family is the constant in the child’s life and aim to identify the strengths and individuality of each family. Child and family centred care is actively encouraged, and where possible, parents are involved as active partners with staff in treatment, care and decision making. There is a commitment to the development of effective communication processes with families, with information shared in a complete and unbiased manner. As a result, nurses have expanded their role through the development of enhanced communication and counselling skills.

The study will follow the progress of Belvoir Ward as it moves towards the full implementation of Family Centred Care over the next 3 years.

3.2. Southern Health and Social Services Board

3.2.1 Craigavon and Banbridge Community Trust-Children’s Home to School initiative

The Trust has introduced a new and innovative service to enable children with complex needs to attend school. Home care workers accompany the child from home, stay with them in school and accompany them home again. The Trust’s Community Children’s Nursing Service oversees this initiative and provides training to the Home Care Workers to NVQ level 3. This enables Carers to work with children of all ages who have complex health care needs and their families across the Trust area. The Trust Home Care Workers now carry out clinical care procedures which have traditionally been carried out by Community Children’s Nurses. This has enabled a number of children with complex health care needs to attend school and to avail of respite.

... a way forward

SUMMARY OF ACHIEVEMENTS 1998-2003
Families are involved at all stages of the process. The project has been positively evaluated, with one parent commenting:

“the Trust Home Care Worker that looks after my child provides an excellent service”.

The service has also been well received by teachers. The project is an excellent example of partnership working between families, education and health services.

(Funding for this project was secured from the Southern Health and Social Services Board and the Local Health and Social Care Group)

3.2.2 Armagh & Dungannon HSS Trust - Falls Prevention Initiative

The Armagh and Dungannon Trust in conjunction with the Armagh Primary Care Commissioning Pilot undertook a pilot scheme aimed at:

- Developing a screening tool that would assess the risk of falling in the elderly population
- Developing an appropriate range of services to address the medical, social and environmental risks identified through the screening process

Specially trained community nurses undertook the screening and a multi-disciplinary fall prevention team was established at Mullinure Hospital. In addition, referrals were made to agreed contacts within social services, pharmacy, Armagh and Dungannon Health Action Zone, and community nursing services.

Interventions targeted both intrinsic and environmental risk factors, including balance, gait and mobility problems, taking four or more medications, visual impairment, and postural hypotension. Environmental risk factors included: poor lighting, steep stairs, loose carpets, slippery floors, badly fitting footwear/clothing, lack of safety equipment, inaccessible lights or windows.

3.2.3 Newry and Mourne HSS Trust - Post-natal Depression Support Group.

The Post-natal Depression project developed out of concerns expressed by Health Visitors and Midwives as to how to provide support for women who have post-natal depression.
Research shows that one in ten mothers suffer from postnatal depression, but in reality, this is likely to be a lot higher as many women do not recognise the symptoms and others do not admit to it due to the stigma attached to mental illness.

Untreated postnatal depression can effect a woman’s health, the development of the child and relationships with husband/partner. As a result of this and the concerns expressed a multi-professional working team was formed. Research was gathered and examples of best practice identified. A six-week programme was developed and facilitated by midwives, health visitors and a community psychiatric nurse. The programme includes information on:

- What is postnatal depression?
- Medication used to treat depression;
- Relaxation;
- Communication;
- Complementary therapies.

Following the programme, mothers met once a month to provide each other with support. These meetings also included presentations on topics such as stress management, person development etc. A web site was also launched along with the development of a newsletter. One of the women now represents the group on the Mental Health Forum and others have gone on to undertake further training courses.

3.2.4 Newry and Mourne HSS Trust – Integrated Care pathways

Integrated Care pathways are a multidisciplinary plan and record of patient care in which all disciplines involved state what they intend to do for/with the patient, in what order and in what timescale. The intention of an integrated care pathway is to ensure best practice is delivered to the patient by the right individual, at the right time and in the right environment; helping to reduce unnecessary variations in treatment and outcome.

Within the care pathway for patients with acute stroke the initiative is being driven by the Nurse Manager within the Medical Directorate. The care is based on the Royal College of Physician’s National Guidelines and other evidence based practice standards. Objectives of the initiative were to:
• Ensure that patients with acute stroke receive optimal and timely care;
• Ensure that current practice is in accordance with national guidelines;
• Reduce repetition of care;
• Audit practice.

To date the following have been undertaken by the working group:

• A search through all relevant information and evidence for best practice;
• A baseline audit of current practice;
• Patient satisfaction survey - medical wards/unit.

3.3 Northern Health and Social Services Board

3.3.1 Harpur’s Hill Community Early Years Project

Harpur’s Hill Early Years Project is a voluntary organisation, registered as a charity, and a company limited by guarantee. It is managed by a committee of volunteers from the childcare, education and health professions (including nurses). It was developed because local health professionals and two local primary school principals raised concerns at the low level of school preparedness of children in the area. A steering group from a range of disciplines was formed and a worker was employed to begin the process of developing a more community led project. The project recognises parents as their children’s primary educators and aims to support them in the promotion of the physical, social and emotional health and development for their children.

Harpur’s Hill Early Years Project in partnership with eight other agencies from Ballysally and Churchlands was awarded ‘Sure Start’ funding and acts as the Lead Agency in that partnership. As this partnership developed it became obvious that, whilst excellent work was going on in support of families, much was happening in isolation, with many partners being unaware of each other’s activity. The development of the ‘Sure Start’ application enabled groups to envisage expansion to their own service and foster liaisons and joint developments with other groups to enable a more co-ordinated and innovative approach to work with families and young children.
3.3.2 Northern Health and Social Services Board – Holistic Men’s Health Project

The Initiative for the ‘Holistic Men’s Health Project’ arose from a community development project known as the ‘Rural Community Development and Health Project’. A health visitor in Cookstown Health Centre was invited to participate in the project along with two health-visiting students. The aim of the project was to raise the profile of men’s health in the community, exploring aspects of both physical and mental health. The health visitors acted as facilitators, using group activities such as quizzes and feedback to encourage discussion.

A target group of young men was selected from the local Gaelic Athletic Association club in Draperstown. Nine sessions were held in total with each session consisting of groups of 8 – 10 men and lasting for approximately 2 hours. Each group was invited to attend two sessions and a third session was held to bring together all those who participated. This provided a forum for mutual sharing, support and understanding of issues common concern about men’s health.

3.3.3 Homefirst HSS Trust - Home Safety Equipment Scheme

The health visitors in the Mid Ulster area have been involved in an interagency initiative with St Vincent de Paul and the Health Promotion Agency. The aim is to reduce the number of childhood accidents in the home. Stair gates, fireguards, smoke alarms, bath mats, cupboard locks, and socket covers were provided to families, identified by the Health Visitors, who were unable to provide safety equipment for their homes.

The Northern Ireland Fire Authority and the Northern Ireland Housing Executive fitted the smoke alarms and fireguards when needed and the Trust’s transport and stores department supported the scheme by distributing the equipment. This is an example of how nurses, working together with other agencies, can help provide a safer home environment for families.

3.4 Western Health and Social Services Board

3.4.1 Foyle HSS Trust - The Country Kitchen: Job Skills for Adults with a Learning Disability

The Country Kitchen is a job skills training coffee shop for adults with a learning disability. Training given by a registered nurse in learning disability prepares the trainee in basic food

... a way forward
hygiene that can lead to an NVQ Level 1 qualification in catering, with a view to the individual obtaining a work opportunity in an inclusive setting.

Each day, adults with a moderate-mild level of learning disability implement the knowledge gained, providing tea/coffee, snacks to patients and staff. The ethos of the Country Kitchen is to mirror that of any coffee/tea service within the local community and perhaps improve on it. Every experience is a learning opportunity with tasks broken down into steps to suit the individual’s level of attainment and ability, so that each and every individual can operate at various levels throughout the coffee shop, from cleaning tables to using the cash till to purchasing supplies from wholesale outlets.

3.4.2 Foyle HSS Trust - Brandywell/Tullyalley Health Programme

In 1999, Foyle Trust, in response to a community led health needs assessment initiated by Derry Well Women applied for and was successful in obtaining funding to appoint 2 part time health visitors to respond to identified health needs.

The aim of the project was to increase knowledge and uptake of local health services. The two main age groups identified were the older and younger population. Older people were considered to need services in relation to arthritis, asthma, heart disease, and safety in the home. Issues related to younger people included dependency on tranquillisers, stress among parents, and teenage pregnancy. A major component of the initiative was work with young girls and boys in a local youth club (LongTower). The Health Visitors, in collaboration with Health Promotion Specialists, facilitated a health programme for vulnerable teenagers.

3.4.3 Foyle HSS Trust - Tactile Communication For People with Profound Multiple Learning Disabilities and Sensory Impairment

Nurses in the Therapy and Activity Centre, Stradreagh Hospital designed a tactile wall frieze. The frieze has a nautical theme and extends twenty metres from the entrance to the centre of the Sensory Room. The Tactile Clues on the frieze will guide individuals with profound and multiple disabilities and those with sensory impairment to their destination. The frieze planning team considered the very complex needs of individuals, and considered colour, contrast, lighting levels, etc to ensure that the individual’s potential, in respect of...
independent mobility was promoted. Funding to support this extensive project was received from the Friends of Stradreagh and ArtsCare, and by generous donations from hospital staff.

3.4.4 Sperrin Lakeland HSS Trust - Human Milk Bank

Sperrin Lakeland Milk Bank is the only human milk bank in Ireland and has been in operation since 1999. The Bank is run in accordance with UK Milk Banking guidelines. It is managed by a Health Visitor, who was awarded RCN ‘Nurse of the Year’ in 2001.

Milk is provided to any requesting unit in Ireland, and units in mainland UK also receive milk on a regular basis. Donor milk is despatched deep-frozen, and can travel for 8 hours after leaving the bank.

The bank has received donations from hospitals throughout Ireland. Milk for premature and mature babies is dispensed separately to meet their individual growth and nutritional requirements.

3.4.5 Sperrin Lakeland HSS Trust – Nurse led Mobile Coronary Care Services

Nurses from the Coronary Care Ward in the Erne Hospital have been delivering a Nurse Led Mobile Coronary Care Response service to the local community from August 2002.

This initiative was developed in response to requirements from the Royal College of Physicians which required the Trust to reduce junior doctors hours. It has extended the role of nurses working in the Unit, enhanced the quality of care provided to patients and ultimately to the local community.

There are six lead nurses who provide 24 hour cover who lead the response to all community requests outside the hours 9am-5pm Monday to Friday. They assess patients, make a diagnosis and commence treatment including the administration of pain relief and thrombolytic drugs. Once the patient is stabilised he is transported to the Erne Hospital. Nurses observe the patient and where there is any uncertainty about the patient’s diagnosis ECG readings are transmitted to medical staff at the Erne Hospital during transportation.

... a way forward

SUMMARY OF ACHIEVEMENTS 1998 - 2003
Nurses deliver care to patients in accordance with pre-determined protocols and Patient Group Directives. The project is the subject of an ongoing evaluation and a similar project is planned for the Omagh sector where it is anticipated that a nurse led Coronary Care Service will be delivered from Tyrone County Hospital by August 2003.

3.4.6 Altnagelvin Hospital HSS Trust – LARATOT Listening and Responding Appropriately to Our Teenagers

The LARATOT was an education project which had a multi-professional approach and involved three nurses.

The aims of the project were:

- **To contribute to the reduction of teenage pregnancies and sexually transmitted infections by implementing an education project in a school setting using a multi-professional approach.**
- **To compliment existing work being carried out within the school.**

A pilot project was carried out in St Mary’s College Creggan, which was evaluated using a pre and post registration questionnaire by health promotion staff.

An important component of the pilot project was the students having the ability to take home a virtual reality doll which they were then required to look after at home. They also had the opportunity to wear an empathy belly, which simulated the discomforts and feelings of being pregnant.

Outcomes of the evaluations gave the staff involved information on what students wanted and what amendments and adjustments were required for future projects.

The LARATOT project was extended to six schools and the project is going to be externally evaluated. The group have plans to increase parental involvement and to develop a teaching pack.
Section 4 Education

4.1 **Valuing Diversity** emphasised that professional education must be responsive to the rapidly changing demands and needs of the service. To achieve this, the measures of achievement under Education focussed on the involvement of employers in pre-registration education, closer liaison of employers in post-registration development, further development of shared learning packages and investment in leadership and commissioning skills.

Since the publication of **Valuing Diversity** there has been an increase in Education-Service collaborations at a number of levels:

4.1.1 The Education Strategy Group was constituted as a Standing Committee of the DHSSPS Central Nursing Advisory Committee in 1998. The Chief Nursing Officer chairs the Group and membership of the Group is drawn from service and education providers, Board commissioning nurses, professional organisations and the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

4.1.2 The UKCC for Nursing, Midwifery and Health Visiting established a Commission for Education in April 1998. Sir Leonard Peach Commissioner for Public Appointments chaired the Commission and its terms of reference asked it "to prepare a way forward for pre-registration nursing and midwifery education that enables fitness for practice based on health care need". The Commission's report **Fitness for Practice** was published in September 1999 and made thirty-three recommendations. The health departments of the four countries within the United Kingdom accepted the report.

The Education Strategy Group developed an action plan to address the recommendations of the UKCC Commission for Education.

A project team was appointed to co-ordinate the work required to implement the action plan.

Consultation took place with students, mentors and directors of nursing/nurse managers and their views and opinions sought on pre-registration nurse education and the implementation of the Fitness for Practice recommendations. This consultation process informed the work of the project team.

... a way forward
Key Changes as a result of the implementation of the Fitness for Practice recommendations and the work of the project team

- **Partnership Agreement** - One of the key areas in the action plan of the Education Strategy Group was the development of a Partnership Agreement to support nursing and midwifery education and training. The DHSSPS took a lead role in the development of a tripartite agreement between service providers, the education institutions and the DHSSPS. This agreement has been signed by all parties and underpins the commissioning of pre-and post registration nursing and midwifery education from the universities.

- **Review of Pre-registration Nursing Programmes** - Both universities prepared new curriculum for pre-registration nursing programmes in consultation with service providers and these were implemented following validation by the National Board for Nursing, Midwifery and Health Visiting in Northern Ireland (NBNi) in September 2001. The pre-registration midwifery programme was reviewed by QUB in consultation with service providers and following validation by NBNi was implemented in September 2002. The common foundation programme was reduced from 18 months to one year and the branch programmes were increased to two years in each of the pre-registration nursing programmes. The 50% practice placements within the pre-registration programmes were evenly distributed throughout the common foundation and branch programmes.

- **Widening Access** - Both Universities gave a commitment to continue to encourage a broader range of recruits into the nursing profession.

- **Practice Placements** - Queen’s University moved to two intakes per annum for pre-registration nursing programmes to facilitate practice placements. Queen’s University in collaboration with service providers developed a cluster Trust approach to arranging practice placements to foster “ownership” of nursing students.

- **Commissioning Arrangements** - The DHSSPS initiated the commissioning of both Diploma and Degree pre-registration programmes for nursing and of a direct entry pre-registration Midwifery programme in Northern Ireland.
• **Bursary payments** - The payment of a non-means tested bursary was extended to all pre-registration nursing students commencing training from September 2001.

• **Increase in student numbers** - The substantial increase in the number of students undergoing pre-registration training prompted the need to form a partnership approach within commissioning arrangements between Queen’s University Belfast and the University of Ulster, in order to provide a high quality, effective and value for money service, and ensure a stable, long-term planning environment for providers.

### 4.1.3 Education Commissioning Groups

**Valuing Diversity** stressed the importance of employers having a greater input into identifying the post registration education needs of service. A review of post registration education commissioning arrangements was carried out. The review process included workshops, seminars and a consultation on issues arising from the review and a range of options for consideration. Following collation and analysis of information a policy decision was made to set up an education commissioning steering group to manage the establishment of new arrangements including the development of two Education Commissioning Groups. In 2002 the Education Commissioning Groups (ECG’s) were established, one representing the South and East of the province and one the North and West.

Membership of the ECGs is mainly composed of Trust and Board managers and their role is to identify the education and training needs of their staff. More importantly, they can indicate where the course will be delivered, when it will be delivered and how it will be delivered.

The ECG can specify the structure of a commissioned course. For example, they could indicate that it should be work-based, a stand-alone module, a short course, or a specialist programme. In order to increase access to specialist practice programmes the ECG’s commissioned a specialist practice preparation programme for nurses on all parts of the register who do not have the academic entry requirements to access specialist practice programmes. Commissioning post-registration nurse education via the ECGs can ensure that commissioned post registration education meets the needs of service, one of the key targets of **Valuing Diversity**.
4.1.3 **Inter-professional Education - Valuing Diversity** also stated that education providers should develop shared learning packages in partnership with other healthcare professionals. Trusts and Boards provided over 30 examples of where this has occurred and listed below are just a few of the many packages available.

- Challenging behaviour training;
- Sharps and splashes, CD ROM training tool;
- Care packages across Trusts;
- Stroke patients (Fim fam/dysphagia patients);
- CREST recommendations on wound care;
- Management of women with Rhesus negative status;
- Chronic disease management guidelines.

4.2 **Nurse Prescribing Course**

4.2.1 This programme has been planned in response to the Crown report to extend the scope of nurse prescribing to a wide range of medicines, which at present requires a doctor’s prescription. The selected nurses will be required to prescribe safely and economically, and will be legally responsible for their prescribing. This goes far beyond the current group prescribing directives and is based on a good understanding both of drug action (in so far as is necessary for safe and effective prescribing) and knowledge of therapeutic principles for common acute and chronic disorders.

4.2.2 This programme will prepare suitably qualified nurses for the extended roles of Independent and Supplementary Prescribing.

- **Independent Prescribing** is where nurses have the authority for prescribing, within the specified list of drugs, in their own right as Nurse Prescribers.
- **Nurses may act as Supplementary Prescribers** with delegated authority from medical staff to adjust prescriptions within agreed boundaries.

4.2.3 In both cases, nurses are professionally accountable for their actions. Government departments in all four countries of the UK have announced their intention to allow supplementary as well as independent prescribing. The DHPSSPS Nurse Prescribing Education Working Group agreed that the programme in Northern Ireland should cover both the independent and supplementary prescribing roles. Employers and educators were key members of this Working Group.
4.2.4. The course is a 60-credit point part-time programme jointly validated by Queen's University Belfast, The University of Ulster, and NIPEC (acting on behalf of the Nurses and Midwives Council – NMC). It is the first to undergo a tripartite validation involving the two Universities and NIPEC and this provides a good model for future collaborations.

4.3. Diploma in Higher Education (Work Based Learning Pathway)

4.3.1. The three In-Service Consortia provide a DipHE in Professional Development in Nursing (Work Based Learning Pathway). The essence of this innovative programme is its ability to remain contemporary and to be flexible and responsive to the educational requirements of nurses in the Trusts. The portfolio of modules available provides practitioners with the opportunity to enhance their professional, clinical and leadership skills within a user-focused approach to care delivery.

4.4. E-Learning Programmes

Valuing Diversity stressed that education providers should be responsive and flexible to service needs. Both universities have invested in e-learning technology, therefore, increasingly these courses can be undertaken in practice areas or at home through e-learning.

Computer and Internet technology means that many nursing modules that previously had to be delivered in lecture theatres can now be accessed on-line. Technology allows nurses to register on-line, interact virtually with other students and teachers, access on-line journals and library databases, be assessed on line and gain their examination marks on line. Some students have successfully undertaken diploma and degree modules using this technology.

4.4.1 Newry and Mourne HSS Trust – E-learning course

Like many Trusts in Northern Ireland, Newry and Mourne Trust is not sited close to any centre of nurse education. However, the professional development needs and rights of Trust staff could not be ignored because of their geographical location. An education resource centre was set up in the Nurses’ Home on the Daisy Hill Hospital site. This centre is equipped with e-learning technology and nurses are able to register and undertake accredited modules without leaving the Trust environs.

The Nurse Facilitator based in the Trust organises the course and inducts nurses on how to use e-learning. He also provides some local tuition, ensuring that nurses become familiar and

... a way forward
comfortable with the course materials. Most nurses ‘log on’ at lunch time, coffee time or evenings and as they become used to this learning approach many then undertake the modules on their home personal computer.

The Nurse Facilitator states:

“This is an exciting initiative and shows how academic learning is getting closer to the clinical setting and is taking into account the personal learning and professional development needs of Trust staff. I have been very impressed with how the nurses have become adept at using e-learning”

This e-learning initiative has been ‘rolled out’ to other HSS Trusts and similar patterns of uptake and provision have been noted. The following table shows some of the modules that are available and their academic level.

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<td>POSTGRADUATE</td>
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<td>• MSc in Disaster Relief Nursing (6 modules)</td>
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<tr>
<td>• MSc in Primary Care &amp; General Practice (4 modules)</td>
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4.5 Widening Access

Valuing Diversity stipulated that increased accessibility to higher education was to be encouraged. Both universities have widened the entry gate for applicants to nursing. No longer are A levels and GCSEs the only currency recognised by higher education. Nursing students are accessing pre-registration nursing programmes with B.Tec and NVQ qualifications and arrangements are in place for accreditation of relevant past experience. Widened access to nursing programmes has attracted more mature students.

In 2001 an initiative was formed facilitating Health Care Assistants to undertake part time access courses at local Further Education Colleges and on successful completion enter pre-registration nursing programmes.

The entry gate to nursing has also been widened to include graduates from other disciplines. The Nursing and Midwifery Council has agreed that individuals who have a degree in a relevant discipline such as psychology, sociology, social policy, biology etc can undertake a shortened nursing programme. Experience from elsewhere shows that these ‘accelerated’ courses attract mature people who want a professional career in nursing.

4.6 Royal College of Nursing – Practice Development Course – Mental Health

The Royal College of Nursing in collaboration with the University of Ulster provides a highly successful practice development course in Mental Health Nursing. The course is focused on improving practice through the planning, implementation and evaluation of projects relevant to service. The students obtain academic credits and get expert mentorship throughout the course. Preliminary evaluation shows that the managers of those Trusts involved in the programme are very satisfied with the outcomes of the course.

4.7 Multi-professional Education

Valuing Diversity recognised the importance of ensuring that those professionals who worked together had opportunities to be educated together. Queen’s University Belfast has introduced creative multi-professional learning opportunities between medical students and nursing students. Likewise, the University of Ulster has set in place opportunities where Allied Health professions and nursing students undertake shared learning and teaching.

... a way forward

SUMMARY OF ACHIEVEMENTS 1998-2003
A small number of multi-professional education initiatives have been developed. Shared learning has taken place in smaller seminar groups and when students from a variety of professions are sharing clinical placement facilities. Multi-professional learning is also taking place through e-learning courses. The DH SSPS will continue to support and facilitate multi-professional education within education commissioning arrangements.
Section 5 – Research, Development and Audit

Valuing Diversity maintained that people in need of nursing, midwifery and health visiting have a right to receive services that have been demonstrated, through research, to be the best that can be provided, within available resources.

The measures of achievement under the heading of Research and Development focused on encouraging nurses to establish networks to support the development of research and ensure access to information and advice. They also indicated that interest in nursing research should be developed at all levels, which would in turn nurture nurse research leaders for the future.

Many examples were provided from HSS Trusts and Boards of how nurses have access to an extensive range of formal and informal sources for research information and advice. These included:

- Nursing groups and organisations (such as RCN, RCM, Trust Nurses’ Association, Professional and Practice Development Nurse’s Forum);
- Groups (such as Northern Ireland Society for Paediatric Nurses, A&E Practitioners’ Forum, Association of Continence Advisors);
- Network Groups (such as Irish Pain Network, Tissue Viability Nurses’ Network, Control of Infection Nurses’ Network);
- Benchmarking Groups (such as Northern Ireland Benchmarking Group, Neurosciences Benchmarking Club for Best Practice, Paediatric Benchmarking Club).

In addition, most Trusts and Boards have established internal arrangements to facilitate nurses involved in research. Examples of these arrangements include:

- In-house nursing research departments established;
- Link research nurses appointed;
- In-house databases developed, holding details of nursing research;
- Research Interest Groups established;
- Joint appointments between service providers and the Universities.

... a way forward
The Research and Development (R&D) Office was established in April 1998, with a mission to help secure lasting improvements in health and social care by promoting, co-ordinating and supporting HSS R&D. The development of the R&D strategy ‘Research for Health and Well-being’ (1999) has become the vehicle for achieving this mission and is underpinned by the principles of promoting R&D, which is of high quality and has relevance to the needs of Northern Ireland.

The Liaison Development Manager (LDM) concept was borne out of recognition by the R&D Office that several professional groups working in the HSS needed a strategic boost, if their engagement in the wider R&D agenda was to become a reality. The commitment to assisting the nursing and midwifery professions to develop their full R&D potential was realised through the appointment of a Liaison Development Manager (Nursing).

The work of the LDM (Nursing) included: the development of effective communication channels between the R&D Office and the nursing professions to ensure dissemination of information on all aspects of the R&D agenda; assisting the nursing profession develop its full R&D potential and research capacity by facilitating easier access to the R&D Office schemes; and ensuring the nursing profession is fully involved in all aspects of emerging RDO Recognised Research Groups (RRGs) as far as possible. The training element required in successfully accessing research funding was realised through the development of conferences and workshops, which were planned in response to identified needs. The following are some indicators of progress:

- Development of a web page for nurses to access relevant information as part of the main R&D Office website.
- Development of a Links Group with membership from all the HSS Trusts, to facilitate two-way exchange of R&D information.
- Development of a Doctoral Nursing Database to facilitate the flow of research information to nursing research students and nurse researchers.
- The development of two new schemes (Special Nursing Fellowships and International Cancer Nursing Fellowships), jointly funded by the DHSSPS and
the R&D Office, specifically targeting research training for nurses.

- An increase in the number of nurses applying and being successful within the main R&D Office Fellowship Scheme.
- Two funded Nurse Principal Investigators (PIs) working within two RRGs
- The development of a new Small Grants Responsive Mode Scheme for ‘young’ postdoctoral researchers in the LDM linked professions, with links to the RRGs.
- An increasing number of postdoctoral nurses linking with the RRGs in an informal capacity.

The Research and Development Sub Group of the Central Nursing Advisory Committee has recently been reconstituted, with wide representation including Trusts, Boards, Universities, Post Registration Education, NIPEC, the Professional Bodies, the R&D Office and the Independent Sector.

This brings together the major stakeholders to promote a co-ordinated and focused approach to R&D activity in the nursing, midwifery and health visiting professions throughout Northern Ireland. The aim is to create a workforce where all practitioners are research aware and use evidence based decision making in practice. At another level, significant progress has been achieved in building a cohort of research active nurses who undertake research training, exploit funding opportunities, carry out robust research and disseminate findings.

To take forward this agenda, the R&D sub group has initiated a major piece of work to be carried out by NIPEC: Using & Doing Research - Guiding the Future. This will measure progress in nursing research over the past three years, identify areas to be strengthened, and provide a strategic framework for further development.

A wide range of examples of research topics undertaken by nurses were provided by Trusts and Boards and the details of some of these are provided below.

... a way forward
5.1 Eastern Health and Social Services Board

5.1.1 Royal Group of Hospitals HSS Trust - Development of Nursing Research and Practice Development

In September 2001, The Royal Hospitals and the University of Ulster appointed a Professor/Director of Nursing Research and Practice Development for the development of Nursing and Midwifery Research and the Practice Development Infrastructure in the Trust. Over the past year, work has been in progress to design strategic direction for research and practice development that is focused on the needs of practising nurses and the continuous development of the quality of patient care. Over 500 practising nurses have been involved in developing the strategy.

For most busy practitioners, deriving useful information from complex strategic documents is cumbersome and not ‘user-friendly’. For this reason, the strategic focus for nursing and midwifery research and practice development is presented in the form of an ‘Action Plan’, outlining clear objectives, actions and review criteria. The action plan has four themes for action over the next five years:

1. Develop Research and Practice Development Knowledge and Expertise;
2. Develop the research and practice development infrastructure;
3. Develop the practice context to support an expert person-centred inquiring culture that integrates research, practice development and clinical leadership;
4. Undertake and utilise Research in Key Clinical Themes identified by practitioners.

The implementation of the action plan will be co-ordinated by the nursing and midwifery research and practice development committee, which has representation from each clinical directorate.

5.2 Southern Health and Social Services Board

5.2.1 Craigavon Area Group Hospital HSS Trust - Practice Development Initiative

Telemedicine has been defined as the practice of medicine at a distance. Recent years has shown a continual growth as emerging health and information technology becomes cheaper, performance improves and telemedicine becomes more clinically acceptable to patients and staff.
While involved in implementing a cross border dermatology service, Trust staff identified a need for a more evidence-based approach to leg ulcer management. In one area the service was led totally by consultants, while in the Trust a nurse led service was well established. The primary objective was to establish a tele-nursing system to communicate best nursing practice with colleagues in the Republic of Ireland and in addition:

- Ascertained the feasibility of telemedicine in Leg Ulcer Management;
- Promote evidence based practice through shared clinical consultation;
- Promote nursing initiatives within teleconsultation by facilitating nursing staff in the use of already operational equipment;
- Establish training requirements within Leg Ulcer Management and assist in education;
- Promote Nurse Led Leg Ulcer services with trained nursing staff;
- Promote Guidelines within wound management as a tool to facilitate research-based care;
- Maintain and enhance the already established relationship between nursing staff North and South of the border, with each party identifying specific objectives and working together to achieve these.

A Research Team from the University of Ulster worked in collaboration with Trust staff and patients to evaluate the project. The feedback was very positive, with the team stating that the project had promoted access to expertise in leg ulcer management, promoted evidence based practice, reduced future costs resulting in a better final outcome and promoted equity of access and quality care for patients.

5.3 Northern Health and Social Services Board

5.3.1 United Hospitals HSS Trust - Nursing/Midwifery Research

In June 2000, a Research Nurse was appointed through a joint appointment between United Hospitals HSS Trust and the University of Ulster. For the Trust this has meant that mechanisms are now in place to further nurture and develop a research culture for nursing and midwifery and to promote research links with the multidisciplinary team and outside agencies. Representation of the Trust’s nursing/midwifery agenda is made by the Research nurse at various levels such as, in hospital and local R&D Groups and at various local Research and Practice Development Groups.
Research interest groups have been established throughout the Trust, which enable staff to learn about the research process, discuss relevant local and national research and relate best evidence to practice. All meetings have the benefit of being facilitated by research active nursing/midwifery staff. Because of the initiative, Trust staff are coming forward with proposals to develop practice as well as plans to disseminate successful projects.

A quarterly local Research/Midwifery Newsletter is circulated to all hospitals within the Trust. The purpose of this is to create an awareness of funding opportunities for research training and clinical projects.

In 2001, one staff member gained a Florence Nightingale Travel Scholarship and subsequently undertook research related activity in the United States of America and in Canada pertaining to physical restraints in gerontology. Another nurse was successful in obtaining the Martha McMenamin Memorial Research Award for her proposal on safety sensor alarms in the care of older people. Ongoing nursing research in the Trust at PhD and MSc level include:

- **Using the critical incident technique to establish reasons for using side rails;**
- **A randomised controlled trial of pressure sensor alarms in older people.**

On-line access to the Introduction to Nursing Research on-line module offers Trust staff the opportunity to update their research knowledge and skills and obtain academic credits in the process. This course is offered to those nurses/midwives who have not undertaken any previous research training. The module forms part of a post registration degree in nursing. Course fees are borne by the Trust and students are facilitated in their studies with regular seminars. The module runs twice per year and has proved highly successful.

Disseminating nursing/midwifery research and ‘best practice’ is a priority with United Hospitals. Since 2000, there have been five national research presentations on the topic of physical restraints with a further nine publications in a variety of national and international journals. These publications reflect both the multidisciplinary, and the international nature of the links established between the Trust, the universities and other agencies.

The post holder, states:

“It is gratifying to see how clinical nurses can be facilitated to undertake research into their practice, disseminate the findings, change practice as a result and undertake further research to evaluate the effect of the change on patients and staff”.

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Valuing Diversity

A STRATEGY FOR NURSING, MIDWIFERY AND HEALTH VISITING - 1998
5.4 Western Health and Social Services Board

5.4.1 Nurse Led Spirometry Project

This is a combined Practice Nurse and Nurse Practitioner led project working in six general practices throughout the Western Board. Patients who are smokers and patients with known respiratory disease were targeted and invited to participate in the study. The aims of the study were to use Spirometry measurement/testing to:

- Determine the prevalence of Chronic Obstructive Pulmonary Disease (COPD) in a given population within the Western Board area.
- Determine whether routine spirometry in primary care would influence outcomes and treatment.
- Promote a reduction in smoking among these patients in order to manage COPD more effectively.

A secondary aim of the study was to facilitate early detection of lung cancer at a pre-clinical stage. The project has been running in six practices within the Board area and to date, over 600 patients have responded and are having spirometry testing and completing the spirometry questionnaire. The spirometry project benefits patients directly by:

- Earlier diagnosis of COPD resulting in better management and quality of life for patients;
- More appropriate use of drug treatments;
- Prevention of the deterioration of the condition;
- Reduced hospital admissions;
- Reduced acute attendance at GP surgeries.

Anonymised data from patients participating in the spirometry project are presently being analysed by researchers in the Department of General Practice at Queen’s University, Belfast. When analysis is complete, the results will be submitted for publication.

... a way forward

SUMMARY OF ACHIEVEMENTS 1998-2003
5.5 AUDIT

Audit is a systematic cycle of activity which put simply allows clinical teams collectively to ask what standards they should be achieving, to measure what standards they are actually achieving, taking action to improve their standards where necessary and measuring again to see that improvement has been achieved. Such systematic activity achieves ownership, continuous improvement and improved team working and communications. The implementation of this aspect of the Valuing Diversity agenda has led to an array of activities variously described as audit, practice development, care pathways, benchmarking, surveys and evaluations. While not all activities reflect the full audit cycle the common theme is the application of evidence to improve care. Many examples of such activities were provided by Trusts and Boards of arrangements that have been established which facilitate nurses to become involved in uni and multi-professional audit. These include:

- Multi-professional audit strategies developed;
- Steering groups/audit committees established;
- Multi-disciplinary audit teams working at ward and clinic level;
- Support provided by Trust Clinical Audit Departments;
- Training provided in audits and standards;
- Nursing audit groups established;
- Audit facilitator identified at ward level.

Almost ninety examples of audits undertaken by nurses have been provided. Details on some are provided below:

5.5.1 Eastern Health and Social Services Board

5.5.1.1 North and West Belfast HSS Trust - Infection Control Audit

Infection Control Nurses work at the interface between health care personnel and patients to promote a safe environment. Audit is a pivotal step in the process of establishing and maintaining standards in relation to infection control practice.

A recent Trust wide audit monitored compliance of multi-professional groups with the national guidelines on Methicillin Resistant Staphylococcus Aureus and the identification of areas of poor compliance.
The audit focused on the level of communication and, in particular, documentation of information between multi-professional groups of staff. The audit involved staff from all disciplines and extended to community staff including General Practitioners, District Nurses and ambulance personnel. It received approval and funding from the Regional Multi-professional Audit Group. Standards were based on National Guidelines (1) and the Trusts' MRSA policy.

5.5.1.2 Royal Group of Hospitals HSS Trust - Audit of the Management of Victims of Sexual Assault in a Genitourinary Medicine Clinic

Nursing staff in the Genitourinary (GUM) clinic at the RVH had voiced concerns that the clinic did not have a co-ordinated approach to the management of victims of sexual assault and that practice varied depending on the personnel involved. The audit undertaken aimed to demonstrate the collaborative nature of work required from medical, nursing, and counselling staff to ensure the provision of high quality care to female victims of sexual assault. To assist the audit process, literature was reviewed, particularly in relation to the collaborative approach required from the nursing and medical perspective, and an action plan devised:

- A revised clinical protocol, based on national guidelines (MSSVD, 1999), was written by the Clinic Sister and endorsed by the Clinic Management Team;
- Nursing staff developed new documentation to record investigations and show that the client had consented to examination;
- Staff met with representatives of voluntary organisations and the Police Service of Northern Ireland (PSNI) to enhance referral procedures so that patients could be fast tracked through the busy GUM clinic, or alternatively seen at a quiet time when a choice of female doctor was available;
- A leaflet was designed to outline the services and disseminated to voluntary organisations, the PSNI, Accident and Emergency departments and General Practitioner Practices. The leaflet provides information on how victims of sexual assault can access nursing or counselling staff directly for support and to arrange an appointment.

In September 2001, the Clinic Sister presented an audit of 65 cases of female sexual assault (period January 2000 – July 2002) to all clinic staff. Findings demonstrated an increase in the number of victims of sexual assault attending the clinic, (59 cases over the previous 5-year period). The audit revealed a marked improvement in clinical practice in relation to...
investigations undertaken, documentation completed, referral to counselling and other issues such as vaccination against Hepatitis B and administration of prophylactic antibiotics.

While the management of victims of sexual assault is multi-disciplinary, this project has emphasised the central role of the nurse in ensuring protocols are followed, documentation completed and that follow up care is organised. The care a victim of sexual assault receives influences her recovery, and as it is easier to arrange that the patient will see the same nurse at follow up rather than the same doctor. The nurse’s role at initial visit is to provide a holistic approach and to encourage follow-up visits. The nurse discusses the importance of follow-up in relation to repeat screening, HIV testing, hepatitis B vaccination and ongoing support.

5.5.1.3 North and West Belfast Community Trust - Evaluating Quality using Audit of Treatment and Care Experience

EQUATE is an audit tool designed to audit the quality of care provided to patients and service users of Learning Disability care facilities. It was initiated by nursing staff who identified a deficit in the Audit Tools available for this service. It has developed into a multi-disciplinary tool that has been divided into four sections:

The facility profile describes the ward/unit/home, its facilities, operational policies and resources;

- **The facility management audit** evaluates significant aspects of the management of a single ward/unit/home;
- **The patient/service user audit** evaluates and records the care and treatment offered and delivered individually to patients/service users within the facility. This is recorded in a manner, which permits visual analysis of the results in a convenience grid, as well as numerical analysis for each individual, for each aspect of care or treatment and overall for all care and treatment for all those in the facility;
- **The patient/service user satisfaction audit** allows each individual a direct input to the total audit results by putting a series of simple but pertinent care and treatment related questions requiring a yes/no response to each.
With developments within the hospital including day care, nursing and core standards, EQUATE is being revised to update it as a continuing quality audit tool which will encompass all present audits and be applicable to all departments as well as nursing.

5.5.1.4 Down Lisburn HSS Trust - Aromatherapy Service Audit

Based on the evidence that Aromatherapy has both physiological and psychological benefits for a wide variety of client groups, a decision was made to develop an aromatherapy service within Down Lisburn Trust. The service was set up in August 1999 and referrals were accepted from Medical Consultants for patients with:

- Breast Cancer;
- Gastrointestinal conditions (e.g. Irritable Bowel Syndrome);
- Anxiety prior to colposcopy treatments;
- Anxiety and depression following a stroke illness.

An Evaluation of the effectiveness of the service revealed numerous benefits for patients who had received Aromatherapy. More recently, patients have been referred to the service by the Department of Psychiatry and by the Speech and Language Department. Down Lisburn HSS Trust is the first Trust in Northern Ireland to offer this service to patients and clients.

5.5.2 Southern Health and Social Services Board

5.5.2.1 Armagh and Dungannon HSS Trust - Risk Management in Manual Handling Audit

The Community Disability Nursing Services undertook an audit in relation to Risk Assessment in Manual Handling for clients with a learning disability. A sample group was selected from those clients with assessed manual handling needs. Key questions addressed within the audit were:

1. Was a Risk Assessment contained within the nursing file?
2. Was the Risk Assessment complete?
3. Was there evidence of review?
4. Was a copy of the Risk Assessment available in domiciliary settings?
5. Did the Risk Assessment clearly identify transfer techniques and equipment required in the Care Plan?
6. Was there evidence of multi-disciplinary involvement?

... a way forward

SUMMARY OF ACHIEVEMENTS 1998-2003
The outcomes of the Audit were very positive. Community Nurses had in place the relevant Risk Assessment documentation, duly completed and clear evidence of established multidisciplinary collaboration in Care Planning and Review. An In-service Training Seminar was also arranged for Spring 2002 to maintain and promote best practice in this area.

5.5.2.2 Craigavon Area Hospital Group Trust - Nursing Documentation Audit

The purpose of this project was to develop a new system of nursing documentation for use within the Trust, while maintaining a strong emphasis on a patient-centred and outcome based approach to care. The key objectives of the project were to:

- Audit existing systems of documentation from other Trusts in Northern Ireland and Great Britain;
- Develop a new system of documentation for use within the Trust;
- Pilot a new system of documentation within three pilot wards (one per clinical directorate);
- Guide, inform and educate staff in the use of new documentation;
- Develop clear processes for audit and feedback.

This was a three phase Audit that first reviewed existing documentation within Trusts in the United Kingdom. There was particular emphasis on documentation used in Nursing and the Professions Allied to Medicine.

The second phase involved the process of evaluation. This stage incorporated feedback from practitioners through questionnaires, focus groups and individual interview. Particular consideration was given to feedback from Allied Health Professions (AHPs). Results were analysed and a comparative analysis undertaken.

The final phase involved care planning using evidence based guidelines and care pathways to support practice development activity identified throughout the project.

5.5.2.3 Armagh & Dungannon HSS Trust - Post Natal Depression Multidisciplinary Audit

A Multiprofessional Team used the audit cycle to set standards and guidelines to improve identification of postnatal depression and offer evidence based interventions to minimise the effects of this condition.
A care pathway approach detailing the organisation, sequence and timing of the care provided by all health professionals who work with childbearing women was used. Data were collected using questionnaires from all those who delivered care throughout this pathway. Following analysis of the findings, a detailed Action Plan was formulated to bring about innovation and improvements in the identification and management of postnatal depression.

The Action Plan included the first ever ‘Training for Trainers’ Course in Ireland in which three Trust staff became Trainers. Following this, a two-day educational programme was devised. Trust staff who work with childbearing women including social services and voluntary organisations, received this training. Since 2000, 81 Public Health Nurses, Midwives and Community Psychiatric Nurses across Ireland have availed of this educational programme, which enables them to replicate this integrated approach in their own areas.

A re-audit took place to evaluate the effectiveness of the Action Plan and identify any further improvements needed to provide an enhanced cost effective service for this client group. Opportunities to disseminate the multidisciplinary approach have been taken at Conferences and Seminars. The two-day educational package devised by the team has been in great demand by Health Boards in the Republic of Ireland.

This exciting audit project has been influencing and improving practice across the island of Ireland. The positive changes achieved in this project were based on group rather than individual effort. It was developed by front-line health visiting and midwifery staff who were willing to expose their practice to the scrutiny of audit tools and listen to what women said about service delivery.

5.5.3 Northern Health and Social Services Board

5.5.3.1 Causeway HSS Trust - Audit of the Public Health Role of District Nurses

The aim of this Audit was to assess the contribution of district nurses to the public health agenda in Causeway Trust. All caseload holders in the Trust were reissued with the questionnaire devised by Poulton et al (2000) to build a local picture of activity and training needs. This questionnaire was based around Holman’s typology and has provided a list of public health activities undertaken, as well as information on nursing knowledge and skill in relation to public health. It outlines the value of previous education as preparation for the
public health role and it assesses perceived organisational support available and the level of collaboration with key partners in the public health arena.

Preliminary results showed that although a high level of access is provided to examples of public health activity (71%), only about half of the caseload holders felt that assistance in developing new ideas was readily available (47%) and over half felt there was an expressed leadership commitment to develop the public health role of nurses (59%). Nurses had varying degrees of self-perceived knowledge and skill in public health initiatives with 65% possessing primary, 71% secondary and 59% tertiary preventative techniques respectively. The audit revealed that knowledge and skill were limited in:

- Influencing policies affecting health;
- Developing a public health project proposal;
- Negotiating funding;
- Developing evaluative frameworks;
- Monitoring and auditing outcomes.

Seventy five per cent of participants believed that the district nursing qualification was the most useful preparation for public health practice. Collaboration was frequent with health and social service agencies, local committees and health promotion agencies, but rare with community leaders, environmental health, housing executive and communicable disease departments.

5.5.3.2 Causeway HSS Trust - Lodge Health - Leg Ulcer Clinic Audit.

The Leg Ulcer Clinic based at Lodge Health has been operational since October 1999. Although included in the Trust wide audit and re-audit of the treatment and management of leg ulcers in the community, the clinic itself had yet to be audited. Subsequently, the Causeway HSS Trust in conjunction with the lead Nurse from the leg ulcer clinic re-audited patient outcomes in the Spring of 2002. Outcome measures included:

- Healing rates at three months, six months and one year post assessment;
- Pain levels following assessment;
- Referrals for specialist service if no improvement in healing at three months;
- Number of patients identified as at risk fitted with hosiery;
- Number of patients who remain healed at eighteen months.
Section 6 - Leadership and Management

Valuing Diversity identified that future nurse managers and leaders must be recognised and encouraged early in their careers. The measure of achievement focused on the further development of leadership and management programmes, the establishment of a regional nurse leadership network and development of a regional clinical nurse leaders support network.

In taking the above forward, the strategy set down that further leadership and management development programmes should be introduced for nursing staff at all levels. It recommended that there should also be an increased investment in educational leadership programmes with particular emphasis on commissioning skills and clinical leadership.

6.1 The Chief Nursing Officer has established a Nurse Leaders’ Network where there is senior representation from the Education Providers, DHSSPS, Trusts, Boards, and NIPEC. This and other fora provides an opportunity for strategy development, planning and review, on a range of issues including education;

6.2 Evidence has been gathered on the significant range of opportunities that have been developed for future nurse leaders since the publication of Valuing Diversity.

The Chief Nursing Officer for Northern Ireland and the Republic of Ireland are leading a project to strengthen the nursing contribution to Public Health throughout the island. An important goal is to increase leadership capacity in nursing and public health.

To achieve this, an island wide Nursing and Public Health Network is being established.

This will link with the Institute of Public Health in Ireland and other bodies, helping to create an outward looking and confident nursing profession that will work with others to implement the public health policy agenda. A further aim is to develop and/or establish access to leadership programmes tailored to the needs of nurses with different levels of involvement in public health.

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... a way forward
Examples of leadership and development programmes are provided:

- Beeches Management Centre Leadership and Development Programmes
- Commissioning Courses;
- Nurse Development Programmes (for various grades);
- On site management development programmes (ie business planning, benchmarking etc);
- A module within The Beeches Primary Care Commissioning Programme;
- King's Fund Leadership Programme;
- LEO Programme;
- Action Learning Sets;
- Development Centres for senior nurse managers;
- Women in Leadership Programme;
- E-learning leadership courses;
- RCN Leadership programme.

A quick survey of Trusts over the past two years indicated that at least 500 future nurse managers and leaders have been able to access the range of programmes now available.

6.3. All Ireland Collaborative Leadership and Practice Development Programme for Ward Leaders in Oncology and Haematology Services

The aim of the project is to:

- Develop the leadership potential of ward leaders of cancer services in Belfast City Hospital HSS Trust and St James’ Hospital Dublin, through a programme of work based and action learning;
- Develop the practice development knowledge, skills and expertise of ward leaders in the two organisations;
- Organise a programme of development activities that will be initiated, implemented and sustained by ward leaders participating in the programme of work;
- Evaluate the processes and outcomes of the work from the perspectives of the participants and their colleagues.
Throughout 2001 clinical leaders from the oncology services in the two hospitals were brought together to take part in a range of activities designed to meet the aims outlined above. These included activities designed to help them to:

- Develop a clear sense of the values and beliefs that guide their work;
- Understand the culture and context of their workplaces;
- Plan activities that would address issues within their clinical areas;
- Learn from the activities they undertook so that they developed a repertoire of leadership and change management skills for the future (work based learning).

A range of tools has been used to evaluate the impact of the project in all the clinical areas involved. These include:

- Context of care questionnaires;
- Documentation audit;
- Patient handover audit;
- Patient involvement in care audit;
- Nurse and patient satisfaction surveys;
- Clinical leadership questionnaires.

Other evaluative activities have been built into the project and are ongoing at the time of writing.

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Valuing Diversity

A STRATEGY FOR NURSING, MIDWIFERY AND HEALTH VISITING - 1998
The Northern Ireland Practice and Education Council was established as a Non-Departmental Public Body (NDPB) in October 2002 following an initial period in shadow from April 2002. Its Corporate Strategy 2002 – 2005 “Shaping Health – Improving Care” seeks to build on and continue many of the developments identified in this report on Valuing Diversity. NIPEC will lead in partnership with relevant stakeholders the design of a Development Framework within which all Nurses and Midwives in Northern Ireland can best develop roles which are safe for the public, responsive to need, professionally stimulating and ethically sound.

Development of Practice - NIPEC also has a Development of Practice function, which will span a number of activities with the shared aim of enhancing the quality and performance of nursing and midwifery care. NIPEC will support activities such as research, audit, practice development, reflection, supervision and facilitation. It will also provide a focal point for gathering and disseminating guidance and recommendations on current or emerging best practice.

Development of education - education is a lifelong learning activity beginning at the point of entry to pre-registration programmes and progressing through continuous professional development. NIPEC have a crucial role to quality assure that nurse and midwife education meets the needs of the NMC and the DHSSPS.

The challenges faced by nurses, midwives and health visitors in the future should be considered together with the evidence of the excellent work completed to date. In 1998 Valuing Diversity identified the opportunities and challenges that faced the professions. As can be seen many of these have been addressed in recent years. However, they have been replaced by more exciting opportunities and challenges.

The review of Acute Hospitals in Northern Ireland and the significant advances in the use of Telemedicine are two such examples. In order to improve access to health care, especially in rural areas of the province, nurses must be able to participate fully in these developments. Formal training in the use of the different technologies used to improve patient care should be commissioned and provided as an early priority. In particular nurses have a key role to play in public health.

... a way forward
As traditional professional boundaries are further dismantled, nurses, rather than doctors, often act as the first point of contact for patients and clients. The development of new nursing roles will continue to grow and nurses must be able to demonstrate the creative, responsive and flexible way in which they work to deliver care. In order to achieve this, all employers must ensure that appropriately qualified staff are empowered to undertake a much wider range of clinical roles. Included in this is nurse prescribing and nursing taking on greater responsibilities within Local Health and Social Care Groups.

Clinical and social care governance, research governance, demographic changes in the population, and increased public access to information technology means that people are better informed about their health and social needs and their rights. Rightly, knowledgeable patients and families are asking professionals increasingly perceptive questions about their care and treatment. It is therefore essential that nurses continue to develop their skills and expertise for the betterment of patient care. Greater user involvement at all levels of the service should continue to be a priority if real partnerships in care are to be achieved.

Through working in partnership with employers, educators must continue to be responsive to the needs of service and in line with the strategic objectives of the HPSS. Those commissioning services must ensure that education providers have a sound track record in the development of clinical practice, teaching and research. While a lot of excellent work has already taken place, there appears to be little development in the provision of multidisciplinary education. The education and service providers, regulatory bodies and the DHSSPS must work collaboratively to address this issue if patient care is to be enhanced and mutual respect and understanding further developed amongst practitioners.

In order to ensure that practice is up-to-date and patients are receiving the best possible care, research and development and clinical audit must continue to be high on the agenda. New arrangements in respect of Research Governance will also need to be addressed by nurses at all levels and in all organisations. The development of more lecturer practitioner posts in research will provide a further range of opportunities. It remains important to build nurse research capacity and universities and service providers should work closely together to prepare and support nurses to apply for R&D studentships, fellowship and bursaries.

A clear, coherent strategy of “succession planning” for leadership and management roles in Nursing, Midwifery and Health Visiting needs to be elucidated. This will provide future managers and leaders with the opportunity to not only build on existing opportunities and strengths but also to develop their capabilities in clinical practice, education and research and development activities.

Valuing Diversity

A STRATEGY FOR NURSING, MIDWIFERY AND HEALTH VISITING - 1998
Section 8 - Conclusion

It is evident from the examples of initiatives provided in this report that Nurses, Midwives and Health Visitors in Northern Ireland can be proud of how they have addressed the opportunities and challenges set out in *Valuing Diversity...a way forward*.

The development of new roles, such as that of the Nurse Consultant and Nurse Practitioner, enhance and recognise the clinical expertise required for advanced practice. Central to this is the recognition that a strong link between clinical expertise and career development is not just desirable but achievable. Through taking on these roles nurses can progress in their career but maintain their expertise in caring for people. New partnerships with a range of disciplines and agencies provide a further range of opportunities in practice development, education and research.

All of the examples highlighted in this report demonstrate the creative and flexible way in which practitioners are working to continually improve, plan, deliver, and evaluate care processes and outcomes. These examples must be developed and built upon to ensure that an optimum level of care is always available for those who use our service. An exciting future awaits us all.
Appendix 1

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Valuing Diversity
A STRATEGY FOR NURSING, MIDWIFERY AND HEALTH VISITING - 1998
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SUMMARY OF ACHIEVEMENTS 1998-2003

73
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SUMMARY OF ACHIEVEMENTS 1998-2003