
NATIONAL LEADERSHIP AND INNOVATION CENTRE FOR NURSING AND MIDWIFERY

**REPORT OF NETWORKING EVENTS
CONSULTATION SESSIONS**

OCTOBER-NOVEMBER 2010



National Leadership and Innovation Centre

INTRODUCTION

Change is the new constant. Some changes we choose, others are made elsewhere, yet they all require a response from us and, ideally, a readiness. The sorts of changes that nurses and midwives in the Irish health system can expect to face in the coming years arise largely out of the wider economic and political situation in which the country finds itself. In addition, there is also a significant degree of change coming from within the health system too, borne of a desire to gain greater quality, efficiency and effectiveness in the delivery of care. Thus, Irish nurses and midwives can expect to be leading out on and participating in many innovations in care structures, care pathways and care settings in the coming decade. They can also expect to be meeting problems and challenges arising from increasing scrutiny of costs and other resource constraints, as well as from rising expectations from service users.

In September of 2010, the Office of the Nursing and Midwifery Services Director (ONSMD) began to put in place one of its stated strategic objectives, that is, to establish a National Leadership and Innovation Centre (NLICNM) for Nursing and Midwifery. The purpose of the NLICNM is **to provide strategic direction and to work with nurses and midwives in building innovation and leadership skills, knowledge and networks to transform healthcare for patients and the public.** In other words, the Centre is aiming to ensure that current and future cohorts of nurse/midwife leaders are 'fit for purpose', where that purpose is constantly evolving and throws up real challenges and problems, requiring innovation, leadership, ingenuity, influencing and winning the battle for hearts and minds. But nurses and midwives do not work alone: mindful that nursing and midwifery are a part of a multi-disciplinary health service, the NLICNM will work in harmony with the HSE's Leadership, Education and Development and other relevant professional leadership development initiatives.

**The future is purchased
by the present.**

Samuel Johnson, 1709-1784

The Centre is governed by a six-person governance group, chaired by the HSE's Nursing and Midwifery Interim Services Director, Mr Michael Shannon. The Centre is managed by Ms Cora Lunn, Interim Director and the Centre Team¹.

At an early stage in the planning of the Centre, it was agreed that it would be important to give senior nurses and midwives across the country an opportunity to hear about the Centre and also to feed their thoughts and ideas about leadership and innovation generally into the Governance Group so that it might take these on board in planning the future activities of the Centre. To this end, eight networking events were planned for October and November 2010, two in each of the four HSE administrative areas. In broad terms, these networking events consisted of half-day meetings during which the Centre was introduced and explained, focus group sessions were held, and invited speakers gave their thoughts on some aspect of leadership and innovation².

In all, approximately 175 senior nurses/midwives took part in one of the eight focus group sessions. This report is a summary of the outputs of these sessions.

FOCUS GROUP STRUCTURE

¹ The three other Centre staff are Ms Elaine Fallon (Leadership and Innovation Advisor), Ms Loretto Grogan (Leadership and Innovation Advisor) and Ms Michelle Frawley (Administrator). The NLICNM website address is: www.hse.ie/eng/about/Who/ONMSD/leadership/.

² See **Appendix 1** for programme of events

Each of the eight networking sessions devoted an hour to the focus group consultation. Small, randomly-selected groups were invited to address the same set of questions (see below) and to document their responses for feedback at the end of the session (and for collation in this report).

1. **Thinking about leadership and innovation in nursing and midwifery in Ireland, what - in your view - are the:**

- **Strengths (positive factors within the profession now and in the next 3 years)**
e.g. the strength and depth of nurse leaders/managers in Ireland today
- **Weaknesses (negative factors within the profession now and in the next 3 years)**
e.g. nurse leaders/managers don't share 'intelligence' with each other as well as they might
- **Opportunities** (positive factors in the external environment for nursing and midwifery)
e.g. the recession can be a force for change and innovation
- **Threats** (negative factors in the external environment for nursing and midwifery)
e.g. the recession-related focus on resource management makes nurse leaders/managers very operational

2. **Arising from this, what do you think are the Big Issues that the new National Leadership and Innovation Centre for Nursing and Midwifery might address?**

3. **What are the approaches/priority content areas, in your view, for inclusion in a Leadership Development Course for Nurses and Midwives?**

MAJOR THEMES EMERGING IN FOCUS GROUPS

A full record of the output from each focus group session is included as Appendix 2 to this report. Below is a summary of the main themes that emerged from this consultation process. It is interesting that some issues appear in more than one category, reflecting a divergence of opinion (for example, 'flexibility' can be considered both as a strength and as a weakness) and, in some cases, uncertainty because things are still in a state of evolution (for example, people were not sure yet whether more multi-disciplinary teams will be good or bad for nursing/midwifery).

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (not in any particular order)

STRENGTHS of Nursing/Midwifery with regard to Leadership and Innovation

- Nurses/Midwives are well-educated, have a wide range and depth of experience, and have great clinical, managerial and system knowledge and expertise.
- There is already a wealth of good practice/practice innovation 'out there'.
- Nurses/midwives have great commitment to patient care and are very patient-focussed.
- There is good support for nurses/midwives within the profession from bodies such as ABA, NCNM, NMPDUs and ONMSD.
- Nurse/midwives are generally good at change – they are flexible and open champions of change and they are used to change.
- There is great strength in numbers within the profession.
- The Scope of Practice and extended/expanded practice is contributing the strength of nursing/midwifery.
- Nursing/midwifery has good links with the education sector/TLIs/HEIs.

Weaknesses of Nursing/Midwifery with regard to Leadership and Innovation

- The limited ability of nurses/midwives to influence local/national agendas (lack of 'a unified voice').
- Need for clarity and standards as to what is 'good' leadership.
- Role uncertainty/lack of clarity/not knowing the boundaries of the role.
- Nurse/midwife managers are not adequately prepared in advance for line management.
- There is no medium- to long-term vision or strategy for nursing/midwifery in Ireland (we need 'a new Commission').
- There is no adequate process or structure for capturing and sharing good practice/learning, and nurses/midwives often operate in protectionist 'silos'.
- Nurses/midwives often lack confidence, lack courage, are fearful of change and of leadership.
- There is no standard approach to measuring and evaluating interventions (either clinical or developmental).
- Nurse/midwives can often 'be their own worst enemy' by being too inflexible and/or by being too flexible!

Opportunities for Nursing/Midwifery with regard to Leadership and Innovation

There are great opportunities arising for nurses/midwives to grow, develop and take on leadership roles through:

- The focus on quality standards/licensing/HIQA.
- The reconfiguration of services.
- The Nursing and Midwifery Bill.
- Multi-disciplinary teams and clinical care programmes
- The recession – a great opportunity to re-think how things are done.

In addition, the timing is good for initiatives and changes such as:

- Developing a learning organisation (culture and practice)
- Bridging the theory-practice gap .
- Performance appraisal and introducing structured feedback on performance.

Threats to Nursing/Midwifery with regard to Leadership and Innovation

There are fears that the following may represent a threat to leadership and innovation in nursing:

- Reconfiguration of services could lead to further erosion of nurses'/midwives' autonomy...
- The economy and related moratorium on further public sector employment, as well as the early retirement of thousands of health service managers and the lack of posts for new graduates.
- New structures, such as clinical directorates and multi-disciplinary teams: what do they mean for nurses/midwives? Will there be a loss of focus?
- Further decreases in both morale and in quality if employment levels slip further.
- The constant 'fire-fighting and dam-plugging' which arise from resource constraints is making nurses/midwives overly operation in their focus.
- The health service generally is unstable and the unions have too much sway in deciding upon change and in the implementation (or not) of change.
- The constant media-bashing that the HSE receives, as well as the proposals coming from some opposition parties, are making staff nervous. This makes change, innovation and leadership harder.

It is clear that nurses and midwives want to be more influential, more strategic, more able for change and more able to take advantage of changes. But confidence is still low in places and uncertainty is high. In such circumstances, anything that can support nurse/midwife leaders is to be warmly welcomed.

Arising from their consideration of the strengths, weaknesses, opportunities and threats, workshop participants were then asked to try to focus their thinking onto 'the big issues' which need to be addressed, in their view, in order to foster greater leadership and innovation. The major themes emerging from this thinking are in the box below.

Efforts and courage are not enough without purpose and direction.

John F. Kennedy, 1917-1963

THE BIG ISSUES IN RELATION TO LEADERSHIP AND INNOVATION (not in any particular order)

- The need for a strategy/longer-term vision and sense of direction for nursing and midwifery.
- Developing the ability to capture and share information, intelligence, good practices and learning across the system.
- The advantage of having an explicit set of leadership competencies (knowledge, skills and attributes) so as to be able to design initiatives effectively and to evaluate these initiatives.
- Finding time for development within an environment of tighter and tighter resources.
- The desirability of career-long leadership development/leadership development for all grades of nurse/midwife/HCA (leadership happens at all levels).
- The need to support nurse/midwife leaders, as well as to develop them.
- The benefit of having standard approaches to common challenges (e.g. standard or 'core' care pathways, standard policies and procedures, etc.).
- Continuing to try to empower nurses, sustain them, and capture and promote the 'value-added' of nursing/midwifery.
- The need for a strategic approach to succession planning, especially given the 'double brain drain' of nurses/midwives from the system arising from early retirements/non-replacement/no graduate employment.
- The need for role clarity for nurses/midwives, especially in the context of new structures and changing reporting relationships.

Of note here is the number of these issues which are of long-term and even strategic importance to the professions of nursing and midwifery, not just to leadership and to innovation. In the context of the new National Leadership and Innovation Centre, it is evident that it can play a role in transforming healthcare through training and development initiatives for nurses/midwives and through the design and introduction of 'system developments' (such as information-sharing processes, success planning, 'standard operating procedures', and so on).

Finally, the workshop participants at the eight networking sessions were invited to make some recommendations on (i) the approaches/methodologies they would like to see adopted by the NLICNM, and (ii) the content areas they would like covered in any leadership/innovation initiative the Centre might offer. Appendix 2 to this report contains the full listing of the suggestions made at the eight networking sessions. The box below contains a summary of the approaches/ methodologies and content areas that were mentioned most frequently.

MOST FREQUENTLY RECOMMENDED CONTENT AREAS/APPROACHES (not in any particular order)

APPROACHES

- **Easy access** to learning and development should be facilitated. To this end, use **a combination of approaches** including computer-based (web-based, e-learning, etc.) and locally-based, as well as participation in 'classrooms' in central venues.
- **Mentoring and coaching** were mentioned in almost every session. The mentoring programme should be set-up nationally (so that people can choose mentors from a central panel/outside their line management structure) and should include experts and 'master practitioners'.
- Focus on **experiential** learning (e.g. learning by doing, action learning, learning with and from peers in learning/support groups) and on **applied** learning (learning that has an on-the-job impact, that bridges the theory-practice gap, that is practical).

CONTENT AREAS

- A leadership developmental programme **should cover both the 'hard' aspects of leadership and management as well as the 'soft' aspects**. The 'hard' areas might include financial management/budgeting, developing evidence-based business cases, project management, performance measurement, audit and quality management, and the 'soft' areas might cover such issues as influencing/negotiation/political astuteness (mentioned at every networking session), dealing with resistance/difficult people issues, culture change, conflict management and motivation.
- Leadership and innovation development initiatives should be **grounded in HSE and relevant health sector developments**, such as ensuring readiness for reconfiguration, clinical directorates and multi-disciplinary team working, clinical care programmes, licensing of hospitals, patient safety, etc. A suggestion was made that there might be a 'learning contract' to ensure that participation in leadership and innovation initiatives is transferred back to base so that there is an on-the-job impact (see point above about ensuring applied learning).
- There is a fairly widespread interest in **personal development for nurse leaders** too, covering such issues as emotional intelligence, resilience and self-management, 360° feedback, leadership style inventories, etc.

CONCLUSION

It was very evident at these networking events that there is strong interest in and support for the establishment of the new National Leadership and Innovation Centre for Nursing and Midwifery. The participants at the sessions were very clear that there was a need for the Centre and that it has an important role to play in helping nurses and midwives to ready themselves for the future through building their all-round leadership competence. In general, nurses and midwives feel themselves to be experienced and adept at innovation (in so far as most innovation is said to arise from the modification of what is already in existence). In addition, given that nurses and midwives are known for their practical orientation, and given the stated interest (see box above) in applied learning, nursing/midwifery is well placed to support innovation if we believe what the American economist Theodore Levitt (1925-2006) had to say: "Creativity is *thinking* up new things. Innovation is *doing* new things."

Nurses and midwives, now more than ever, are showing an appetite for leadership. They are looking forward to the Centre being able to support them in their further growth in this capacity.

Towards
Excellence
in
Leadership
and
Innovation



Office of the
Nursing & Midwifery
Services Director

National Leadership and Innovation Centre
for Nursing and Midwifery

National Nursing and Midwifery Networking Events 2010

Format

- 2.00 - 2.15 Introduction and Opening
Dr. Siobhan O' Halloran, HSE Office of the Nursing & Midwifery Services Director
- 2.15 - 2.25 Overview - National Leadership & Innovation Centre
Ms. Cora Lunn, Interim Director, National Leadership & Innovation Centre
- 2.25 - 3.00 Networking Lunch
- 3.00 - 4.00 Focus group on National Leadership & Innovation Centre
Facilitator-to be confirmed
- 4.00 - 5.00 Invited Speakers (as per timetable below)

Target
Audience

Clinical
Nurse &
Midwife
Managers 3

Assistant
Directors
of Nursing
& Midwifery

Directors
of Nursing
& Midwifery

Date 2010	Speaker	Venue
HSE West		
29th October	Ms. Marian Harkin MEP	Education & Training Centre Sligo General Hospital, Sligo
26th November	Mr. Sean Kelly MEP	Education Centre, Milford Hospice, Castletroy, Limerick
HSE Dublin Mid Leinster		
10th November	Ms. Emily O' Reilly Ombudsman	Tullamore Court Hotel, Tullamore, Co. Offaly*
24th November	Mr. John Fitzgerald MD and of RTE's "Rising after Redundancy Programme "	Mill Room, Vera Gallagher Conference Centre, Stewarts Hospital, Palmerstown, Dublin
HSE Dublin North East		
12th October	Prof. Niamh Brennan University College Dublin	Regional Education Centre, St. Brigid's Complex, Ardee, Louth
27th October	Dr. Tracey Cooper CEO Health, Information and Quality Authority	Mill Room, Vera Gallagher Conference Centre, Stewarts Hospital, Palmerstown, Dublin
HSE South		
5th November	Ms. Geraldine Cunningham Royal College of Nursing	Bru Columbanus— opposite Cork University Hospital, Cork
9th November	Mr. Donal O' Grady RTE Sports Analyst	The Hub Centre, Cillín Hill, Dublin Road, Kilkenny

Booking: A completed booking form is essential to secure a place.
Please note that participants can only book into events within the HSE Administrative area where they are employed.

Via Post: National Leadership and Innovation Centre for Nursing and
Midwifery, C/O NMPDU, HSE West, 31/33 Catherine Street, Limerick

Via Fax: 061 483250 Via E-mail : nmleadership@hse.ie

Enquires via Telephone: Michelle Frawley 061 483301

*Venue Sponsored



NETWORKING EVENTS – CONSULTATION OUTPUTS

ARDEE, 13 OCTOBER (HSE DUBLIN NORTH-EAST)

STRENGTHS

- Large number of nurses/midwives, and most employed in HSE
- Education of nurses/midwives (third level, continuing professional development, etc.)
- Current managers are (clinically) well-educated and have demonstrated confidence, competence and flexibility in innovation, change management and leading out on quality
- Nurses/midwives are creative and up-to-speed
- Ground-up experience of nurse/midwife managers – leadership experience including teamwork, communication, decision-making, negotiating, etc.
- Nurse/midwife managers getting a better profile and more ‘political’
- Communication
- Wealth of good practice and innovation out there

WEAKNESSES

- Protectionism/ist – lack of integration across the patient journey
- Lack of trust and authority
- Too much focus on strategy (without concrete plans for implementation) – we fall down on the implementation, not the development, of policies
- Nursing/midwifery have no professional leadership in media
- Poor at marketing what we do
- Acting roles – lack of leaders – gatekeeping
- Double-jobbing – hard to move things on
- Not making the most of education/experience – under-utilised/supported
- Have not clearly differentiated between leadership and management (terms used interchangeably)
- CNMs not adequately prepared for management, especially people management
- Lack of clarity about CNM roles
- Lack of structured mentorship programme for new nurses
- No standard benchmark to measure “good” leadership
- Lack of autonomy in current HSE structure
- Communication

OPPORTUNITIES

- Development of a nursing strategy at DOHC level (none at present)
- New national focus on the development of nurse managers
- For strategy to meet operations/operational focus for clinicians on the ground, and for a more grounded approach to the development of strategies and guidelines
- A national centre for clinical guidelines and excellence and outcomes
- Sell nursing/midwifery to make what we do visible and valued
- Managers can identify good leaders and support and develop them (early identification of potential)
- Knowledge capture and sharing across service areas/disciplines/settings
- Develop structured support programmes for new leaders
- Transformation
- Great opportunities for personal/professional development of nurses – career/succession planning
- Develop a standard and evaluation approach to measure performance and support
- To put Nursing back as a respected profession/group

THREATS

- Lack of authority and influence at HSE and DOHC
- More legalistic environment
- Nursing standards under threat from national standards
- Reactionary nature of responding to standards
- Disengagement of nursing/midwifery within the system
- Unions too powerful in a time of IR/instability

- HR function (recruitment and retention)
- Transformation
- Nursing management posts not attractive (not just at a monetary level – don't offer autonomy or resources for service development)
- Have not clearly differentiated between leadership and management (terms used interchangeably)
- Nurses not getting around the table early enough at high level
- Moratorium/recruitment embargo leading to gaps in management posts
- No protected time to act in role of leader/develop leadership
- Nurses can become anonymous in MDTs – lack of role clarity or clarity about added value

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T s

- Need for a national strategy for nursing/midwifery
- Need for national guidelines/policies/etc.
- Need to support innovation
- Need for PR and marketing of nursing/midwifery
- Need for health metrics
- Need for national standards/competency specifications for effective leaders, and KPIs to support evaluation
- Need for a national structured mentorship programme
- Need for a forum for networking/knowledge-sharing
- How to get more autonomy/decision-making within the profession
- Need for some way of providing examples (national/international) of innovations and practice developments
- Support for roll out/implementation of innovative practices (is there a budget for this?!)
- Development and support for managers (mentorship, clinical supervision, tools for clinical audit, etc.)
- Need for protected time for networking and for learning from each other (peer learning on issues such as conflict management, assertiveness, empowerment, influencing, personal development, etc.)
- Need for all of us to try to generate a more positive outlook to help staff morale and counteract the constant negative publicity
- Need to raise visibility of nursing leadership
- Too many senior nurses are being attracted to roles/posts outside nursing – need to balance/reverse this

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Engaging in emancipatory practice development/leadership
- ◆ Managing change in complexity and across boundaries
- ◆ Leadership/management development/coaching and mentoring
- ◆ Integrating a business model/business-like thinking into nursing
- ◆ Developing health metrics for senior nurses
- ◆ Communication and listening skills
- ◆ Financial management/budgeting
- ◆ Teambuilding and teamworking
- ◆ Ensure subject experts/external facilitators with recognised experience
- ◆ Effective change management
- ◆ Motivation/inspiration
- ◆ Action research and research skills
- ◆ Governance, decision-making/accountability, risk taking
- ◆ Understanding culture/organisations/values and beliefs
- ◆ Need for protected time to engage in reflection/action learning/facilitated learning
- ◆ Cross-working – sharing learning and experience across different sites
- ◆ Role clarity
- ◆ Cultural issues (not necessarily national cultures – county cultures!)
- ◆ On-the-ground follow-up and mentoring to support learning

PALMERSTOWN, 27 OCTOBER (HSE DUBLIN NORTH-EAST)

STRENGTHS

- Our commitment to patient/client care
- Power, expertise, experience and intuition/judgement
- Peak of experience, knowledge, professionalism
- Maintenance of professional development

- International recognition
- ONMSD support
- Good ethos of education and professional development of nurses
- Recognition of Centre from/within HSE
- High standard of academic achievement
- Education requirements support leadership

WEAKNESSES

- Resource constraints
- Managers don't have enough time to manage when they have large clinical caseload as well
- Lack of experience (to management: staff nurses become CNMs without any management development)
- Lack of confidence (mentioned twice)
- Poor wage structure
- Loss of graduates
- Not good at supporting each other
- Lack of performance appraisal/feedback
- Non-sharing of good practice, information and innovation within nursing/midwifery
- Lack of involvement at a higher level
- Nurses who are "afraid" or who don't have confidence to change

OPPORTUNITIES

- External demand from service users
- Power of nursing
- More involvement in decision-making
- Openness to change
- Licensing of healthcare providers
- Developing leadership at all levels (grades) of nurses/midwives
- Development of HSE/ONMSD
- Nursing Bill (supports continuing professional development)
- Opportunities for career advancement through development
- Technology and a techno-loving culture
- To introduce 360° appraisal
- Better communication systems

THREATS

- The economy / budgetary constraints, embargo, etc.
- Political interference
- Oppression of nurses (historical)
- The pull to be operational rather than strategic
- Lack of autonomy (decisions coming from above)
- Lack of appraisal (no evidence of need for change)
- Manpower depletion
- Lack of protected time for education and development

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T s

- Need for leadership development from the beginning of a nurse's/midwife's career
- Professional development
- Making access to training and development as easy as possible
- Confidence building for all nurses
- Leadership is not attractive – invites challenging behaviour from colleagues
- Evaluating the outcomes of development initiatives
- Nurses taking ownership of the development/leadership/innovation agenda
- Need for support to those who do take on leadership positions – it's a lonely job
- Effective and relevant communication
- Succession planning – need for help
- How to find 'protected' time for management/leadership development
- Lack of sufficient practical learning in the areas of leadership and innovation
- Shift patterns within the job – make communication, development, etc. difficult (opportunity for innovative thinking to solve this one!)

- Challenge of how to reach a wide audience of nurses/midwives – through masterclasses, e-learning, networking, etc.

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Personal development e.g. assertiveness
- ◆ A structured development programme for nursing leadership and innovation
- ◆ Work-life balance for nurses/midwives – learning self-preservation
- ◆ Supporting leaders through coaching and mentoring
- ◆ Influencing behaviour
- ◆ People management
- ◆ Change management, including motivational skills, people management, service and business planning
- ◆ Action learning sets – allowing reflection, debriefing, support, peer learning.
- ◆ Promotion of professional development for all nurses/midwives
- ◆ Mentorship programmes
- ◆ Understanding what is leadership and when/where/how it happens
- ◆ Solution-focused empowerment and risk-taking
- ◆ Workplace-based (as opposed to off-site) support and development
- ◆ Succession planning – bringing on the next cadre of leaders
- ◆ Rewarding innovation
- ◆ Coaching and mentoring
- ◆ Rewarding/recognising learning through, for example, certificates

SLIGO, 29 OCTOBER (HSE WEST)

STRENGTHS

- Professional – more educated
- Quality of staff
- University education level
- Willingness to change – willing to harness challenges
- National forum – ONSMD politically and DOHC – hearing and inclusion of nursing voices currently
- Culture of respect for nurses and midwives
- More articulate
- Numbers
- More structured than many other health professional group
- Professional development opportunities
- ONSD
- Clinical governance structure
- Nursing and Midwife Bill
- Hierarchical well defined structure – role clarity many need to be more defined
- Good leadership within the profession
- Patient focussed
- Mediators
- Scope of practice
- Role extension – nurse prescribing – X ray

WEAKNESSES

- Training changes
- Culture change
- Loss of Responsibility / Authority / Accountability / Autonomy / Budgetary control
- Long chain of command
- Lack of discussion
- Medical control
- Culture
- Influence
- Integration in MDTs
- Too dependent on the Union
- Devolved decision making
- Role ambiguity around leadership in nursing / unclear expectations / Responsibilities?
- Current structures do not support talented staff to develop innovation

- Reduced staffing
- Significant changes in systems and processes – direction can be lost easily
- Confusion between policy from different sources
- Still silos and pillars – not enough collaboration
- Line manager structure and support feedback and communication
- No programmes in leadership for senior nurses who want to become CNMs
- Culture – seniority vs. competency
- Stagnation
- Removal of practice development
- Reduced autonomy
- Strategic management – very operational
- New graduates’ fitness for purpose: theory–practice gap.

OPPORTUNITIES

- Education
- Opportunities to lead out on innovation
- Nursing and Midwife Bill
- Clinical governance structure
- National clinical care programmes
- Advanced nursing and midwife practice
- Croke park agreement
- Influence the content of undergraduate programmes
- Role extension
- Integrated service
- Skill mix
- Centre for the development of leadership and innovation
- Scenario planning and configuration
- Financial – causes review of practice
- Fundamentals of care now coming back to priority / narrow theory- practice gap
- Scope and capacity of nurses
- Skills mix and culture to change structures

THREATS

- Fear
- Clinical directorate
- Resources
- Moratorium on staffing
- Experienced staff leaving the service
- Croke Park agreement
- Unions
- Poor I.T.
- Communication

THE ‘BIG ISSUES’/NEEDS ARISING FROM S W O T s

- PR of the profession
- Support for all levels including HCAs – pitch the programmes at the right levels
- National standardisation of Clinical practice / Education / Evidence based practice Workforce planning
- Create a vision for nursing and midwives – make sure we go back to basics of the business of nursing
- Develop a database of the skills/expertise available within the Irish system that could be tapped into by nurses across the country
- Identify innovative projects going on and who is doing them, so they can become a resource to the system
- Create a network of expertise
- Market what is available so that everyone knows the opportunities that are available
- Establish strategy and framework
- Open access to all
- Support for cultural change
- Measuring competencies – give more direction of the process
- Responses to the bill – interpret it for nursing & midwifery
- Master classes for various levels of leaders

- Harness the potential of undergraduate level
- Identify potential leaders – build in support
- FETAC courses for potential leaders – those in senior nurse positions wanting to go into management
- National database for PPPGs
- Provide templates for key aspects of nursing – such as Care plans
- Strengthening individual accountability
- Lead a cultural change
- Performance reviews – portfolio development

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Change management skills
- ◆ Influencing skills
- ◆ Communication
- ◆ Coaching/mentoring/shadowing
- ◆ Action learning
- ◆ Resilience – looking after yourself
- ◆ People management
- ◆ Changing organisational culture
- ◆ Discussion forums
- ◆ Publish and showcase
- ◆ Need for some inbuilt sustainability
- ◆ Clinical supervision
- ◆ Multi-disciplinary programmes
- ◆ MD and outside organisation – collaborate on programmes with people not in the field of health care at all
- ◆ Training in empowerment and assertiveness
- ◆ Making cases in credible ways
- ◆ Business case development and budgeting
- ◆ Resource management
- ◆ Evaluation of programmes – identify what impact they are having

LIMERICK, 26TH NOVEMBER (HSE WEST)

STRENGTHS

- Nursing/midwifery managers/leaders have a lot of experience and knowledge and a proven track record in managing/leading change (since Commission)
- Integration of services and regionalisation giving a forum to look at how things are done – questioning and challenging
- Nurses/midwives have strength in numbers
- NMPDs, National Council, ONMSD support
- CNSs/CMSs have good links to community (service integration)
- Lots of nurse-led innovations to build on
- Flexibility and willingness of nurses/midwives – roles always evolving and growing awareness of our own accountability
- Autonomous practitioners and reflective practitioners

WEAKNESSES

- Lack of sharing of best practice, experience, knowledge across service – good work stays local, a lot of reinventing of the wheel (though recent regionalisation improving this). Not good at celebrating what we do well
- Sometimes nurses/midwives are inflexible, fearful and overly threatened by change
- Too task-oriented – not availing of education, development and management/leadership opportunities
- Basic nursing care neglected
- Theory/practice gap
- No national nursing and midwifery strategy/long-term direction
- Diminishing workforce
- Too little time to invest in the important (development) as well as the urgent – not always listening at national level
- Lack of control over budget/resources – nurse managers too operational

OPPORTUNITIES

- New Nurses and Midwives Bill
- Service integration and reconfiguration – opportunities to upskill, develop new roles, to drive change and to lead (though may need training)
- Opportunity to develop education at all levels (basic, post-grad, PhD, etc.), to increase the number and calibre of leaders within the profession
- Scope of practice and expanding practice
- Service user involvement and feedback
- Governance/reporting relationship (of DoN/M) arising from LRC agreement
- HIQA and focus on explicit national standards of quality and safety

THREATS

- Moratorium and loss of staff/‘brain drain’ through emigration and early retirement schemes
- Moratorium and financial constraints – restriction on leadership and management development
- Uncertainty in outside world (politically, economically) and within health service/HSE (re-configuration, abolition?)
- Too much firefighting in health and not enough leading
- Change fatigue – brought on by not enough time to prepare systems for changes (e.g. licensing of hospitals)
- Possibility of threat to patient care due to reduced staffing levels/experience
- Work getting tougher all the time, decreasing motivation, decreasing morale and threat of increasing burnout at all levels

THE ‘BIG ISSUES’/NEEDS ARISING FROM S W O T s

- Need for a strong, national unified voice in nursing and midwifery
- Encouragement for networking events and intra-professional communication
- Need for a nursing and midwifery strategy to move us on (a new ‘Commission’)
- Management development for senior nurse managers (to facilitate support for CNM3s, etc.) and for CNM1s, 2s and 3s (line managers of nursing/care staff), linked to national developments in health/organisational strategy
- Need for nurse managers to be able to influence better and more (political astuteness and awareness training)
- Nursing/midwifery needs to be better at promoting achievements of nurses and valuing ourselves (too much in-fighting)
- Keeping nurses empowered
- The brain drain at the top and the bottom (through early retirement, emigration/non-employment of graduates)
- The issue of staff release/protected time for professional development (a cultural issue?)
- Growth of inter-/multi-disciplinary working
- Need for mentoring support to ensure good basic nursing care and to enable role expansion

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Emotional intelligence focus, as well as personal awareness tools (such as 360 feedback, psychometric testing, web-based networks/‘chat rooms’ and e-learning)
- ◆ Change management in difficult economic times, to include how to influence and deal with resistance
- ◆ Action learning – focus on practical issues and learning through experience of self and others
- ◆ Learning contracts to cover link back to service improvement and improvement in patient care
- ◆ Clinical leadership component
- ◆ Professional supervision for nurses/midwives
- ◆ A choice of learning methods (to suit personal differences and differences in access)
- ◆ Project management skills
- ◆ Should include all nurse/midwife managers with a specific focus for different grades
- ◆ Developing a culture of continuous learning for all nurses/midwives

CORK, 5TH NOVEMBER (HSE SOUTH)

STRENGTHS

- Strong sense of justice
- Good teamwork
- Honesty/integrity in profession

- Flexible/openness
- Good at problem solving
- Good clinical skills in managers
- Camaraderie
- Educated/knowledgeable/competent
- Knowledge based profession
- Professional bodies, e.g. ABA for support
- Voice at national level
- Large body
- International role models
- Clearer career pathways
- High standard of educational programmes for nursing students
- Well positioned
- Established networks
- Identified workload
- Competencies to grade and job
- Patient journey – key safety quality assurance
- Excellent leaders
- Synergy of work processes
- Education – graduate – leadership programme – CPD – CNE
- Nursing framework
- Scope of practice
- No hidden agenda – client centred

WEAKNESSES

- Very flexible/too flexible
- Making do with little
- Don't know our boundaries
- Vocationally/apprenticeship training
- Subservience to medical profession
- Not political
- Lack strategic vision
- Shared vision not communicated
- Not assertive within MDCT
- Moaners – don't articulate
- Poor communicators in measurable ways – KPIs
- Work overload busyness
- Tend to work in silos
- No voice at regional level
- Often excluded from strategic decision making
- Profession does not value itself
- Lack of assertiveness
- Reconfiguration
- Doers – catch all
- Not unified voice
- Internally focussed MD.
- Promoting nursing

OPPORTUNITIES

- Staff retention during economic downturn
- Reassess our own values/priorities during the economic downturn
- Numerically strong to be at the decision table
- Nurse and midwife led opportunities
- Extending roles/scope of practice
- Put patient centeredness at core
- Roles and responsibilities clearer at unit/organisational level
- Use of blended/e learning at unit level
- Economic situation will lead to more creativity and resourcefulness
- Expansion of new roles
- Working smarter

- More collaboration and networking with peers
- Clinical care programme
- Develop and build teamwork
- Look outside – collaborate MD approach
- further develop working links/opportunity between academia and practice base

THREATS

- Financial
- Under Resourcing
- Maternity leave/parental leave
- Moratorium
- Nursing/midwives has decreased in priority within the HSE
- Clinical governance/reporting to directorates not nursing/midwives
- More informed patients and families
- Industrial relation issues and union interference
- Staff shortage
- Manpower planning not adequate

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T S

- Articulate the vision, language, philosophy, nursing outcomes - what is pure nursing
- Identify and articulate/measure the contribution of nursing to patient care and services
- Finance/budgets – how to act as a catalyst
- Leading and innovation on less
- One group – as their first priority queried the very notion of having a leadership and innovation center for nursing and midwifery – why not join other leadership and innovation within the HSE- why another silo?
- Awareness of roles and responsibilities – clarity on all aspects
- Be the professional voice of the nurse/midwife
- Motivational skills
- Resource – coordinate innovative projects – avoid duplication
- Address the moratorium
- Establish and agree nursing and midwives standards and develop evaluation tools that can be used to monitor these standards
- Continue with issues like ANP, CNS, etc.
- Expectation on undergraduates – need to expect more – stop the view of 'student nurse' and adopt an intern approach
- Influence the structure within which nursing works on our behalf.

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Team development
- ◆ Speaking nursing language
- ◆ Influencing skills
- ◆ Self awareness – personal development
- ◆ Measuring nursing outcomes
- ◆ Developing and using KPIs
- ◆ Becoming empowered
- ◆ Being proud of being nurses
- ◆ Political and strategic knowledge

KILKENNY, 9TH NOVEMBER (HSE SOUTH)

STRENGTHS

- Highly educated workforce with years of experience. Clinical knowledge.
- Advanced and specialist clinical roles
- Driving force for local changes – nurse/midwives are problem-solvers and innovative adaptors
- Recognition from medical and allied health peers who look for and liaise with nurse leaders
- Willingness and ability, flexible, multi-tasking, caring/compassionate, resilient and open
- Access to professional development

- Young, diverse and dynamic workforce
- Support network
- Patient advocacy role

WEAKNESSES

- Recession leading to a 'static' workforce, to lots of uncertainty and demoralisation and to more reactivity
- Nurses/midwives in general not politically aware/astute
- Roles are confused, catch-all, 'boundaryless'. Too accommodating at times (can't say 'no').
- 'Brain drain' of new graduates because limited job opportunities here. Lack of employment opportunities for graduates.
- Lack of accountability
- Fewer opportunities/restricted funding for post-graduate/post-registration education and development
- No real nursing and midwifery "voice" other than the INMO. Limited influence. Not sufficiently high in management structure
- IT access limited/patchy
- Lack of support (personal/professional) for nurse managers
- Inflexible at times and resistant to change
- Lack of integration of core/common training
- Poor media/public perception of health in general
- Lack of sharing of information and knowledge within system

OPPORTUNITIES

- Recession/economic climate getting us to reappraise and reassess the value of nursing and midwifery, forcing the agenda for change and for increased autonomy
- Changes in work practices and patient journeys – helping us to work smarter. The change agenda within health (shift of focus to greater patient-centredness)
- For greater collaboration and networking, within nursing and multi-disciplinary
- Opportunities arising from other changes e.g. reduced numbers/hours of junior doctors means nurses can take on expanded roles, such as venepuncture and discharge planning
- The growing focus on primary care/the primary care structure
- CNMEs, professional development and paid education of nurses
- More and more opportunities for leadership and development of the profession through ONMSD

THREATS

- Economy/resource restrictions mean nurses having to do a lot more firefighting and put in a lot more time just to get adequate staff (to cover shifts and service pressures like extra beds)
- Fewer people to provide basic care
- Moratorium: biggest threat. Risk of slippage in standards/quality of clinical care (e.g. hygiene, medication management) and risk of less support for policy implementation
- The political climate and the economy: lots of uncertainty about the future for health/HSE, including loss of nurses and mass exodus of nurse managers
- Nurses may be asked to take up more and more of the roles left by those (within AND beyond nursing) who leave
- Public perceptions, expectations and the media – more HSE-bashing. Erodes our confidence as leaders

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T S

- The nursing/midwifery 'voice' at national level: we need to be media prominent, and we need to be proactive (with involvement of nurses/midwives at all levels).
- Ensuring we maintain the expertise that we have and developing astute awareness of what is going on nationally and internationally
- Need for a proactive approach from the Centre on current and potential/evolving service needs
- Need for clear guidance on standards in practice
- Ensuring that whatever programmes or approaches are adopted (programmes, mentoring, coaching, action learning sets, etc.) are sustainable, i.e. that participants can put into practice what they learn (no organisational barriers)
- That ONMSD and nurse leaders ensure that strategy/vision/ONMSD 'message' cascades down to front line and back again
- The need to motivate and empower people to take the lead
- Finding fertile ground for change
- Croke Park as a driver of change including performance management
- Being able to release people for development purposes
- The economy/moratorium and political change/uncertainty

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Need to start with an audit of what leadership development senior nurses/midwives have had...
- ◆ Why not start with frontline nurses/midwives?
- ◆ Conflict management
- ◆ Training in the legal framework for people management, especially dealing with difficult people issues (may not be able to rely on HR expertise/back-up after 2011)
- ◆ More training in person-centred care for all levels
- ◆ Shadowing/coaching/mentoring from good leaders – bridging the theory-practice gap
- ◆ Managing change in a turbulent environment
- ◆ Succession planning and focus on developing future leaders as well as current leaders
- ◆ Self-development and self-appraisal
- ◆ Strengthening accountability at all levels
- ◆ Mentoring/coaching/clinical support from credible experts (evidence-based and multidisciplinary)
- ◆ Managing IR issues/difficult people management issues
- ◆ Help/assistance/guidance on managing performance and personal development planning
- ◆ Motivating staff
- ◆ On-line/videostreaming/internet and interactive discussion forums
- ◆ Strategic leadership (managing for the future)
- ◆ Budget management – how to make a case to obtain and budget and hold on to a budget

TULLAMORE, 10TH NOVEMBER (HSE DUBLIN MID-LEINSTER)

STRENGTHS

- Resilience and flexibility
- Experienced, well-trained and well-educated and hungry for more knowledge/development – life-long learners
- Integrity and honesty
- Nurses are doers, implementers
- Nurses/midwives know the coalface as well as the wider system and respect the roles of other disciplines
- Nurses/midwives are generally very supportive of each other
- Role as advocate for patient/service user/clients
- Champions of change
- Good communicators and delegators
- Good work ethic and good role models
- Professionally accountable

WEAKNESSES

- Poor attitude at times, including ‘mé féin’, territoriality and ‘sheep and herd’ mentality
- Lack of role clarity
- Poor morale and reduced commitment – disempowered profession
- Lack of courage, lack of confidence, fear and resistance to change at times
- Lack of power and lack of a ‘voice’ for nursing – the standing of the profession is relatively low
- Ageing workforce
- Don’t communicate well – don’t do enough active listening
- Not taking up proper responsibility and accountability
- Poor at documenting what we do and how we do it
- Traditional culture
- Lack of finance and difficulty making time for education and professional development
- Losing our nursing philosophy?

OPPORTUNITIES

- Reconfiguration of service
- Opportunities for nurses within multidisciplinary teams
- Opportunities within nursing to clarify our roles and to work more collaboratively with other professions
- Role expansion – invigorating
- Innovation can develop in times of constraint (“necessity is the mother of invention”) – an opportunity to look again at work practices
- Evidence of pockets of creativity within profession/system – could expand this

- Public more informed about conditions and treatment options
- More accountability within units
- Develop a learning culture, a no-blame way of learning from mistakes

THREATS

- Often get information late from within HSE system
- Current economic and political uncertainty and resource constraints in the public sector
- Staffing: moratorium on employment, no graduate employment, and reduced numbers through early retirement (could affect skill mix too)
- Growing demands for service, complexity of needs and expectations of service
- Uncertainty about configuration/reconfiguration of service

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T S

- Reinstating 'empowerment' to nurse/midwife managers. This will cascade down to all levels
- Finances – is there money for nurse/midwife education and professional development
- More involvement for nurse managers in decision-making
- Need for clarity on role, reporting relationships, accountability
- Respect for the profession dropping...
- Time!
- Moving out of a comfort zone – need for a change of thinking and motivation to improve things
- Education and professional development: measuring/evaluating it, time/release for staff to participate in development activities, how to 'spread the word' back on the job/feedback to colleagues, and cost
- Redeployment/scope of practice: need to put in structures and planning to support staff
- Maintaining a safe environment for patients and staff

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Change management: specifically, reconfiguration of services and reviews of services; dealing with conflict, communication, negotiation, planning and implementing change and introducing new practices
- ◆ Leadership, including collaborative team-working and teambuilding, balancing top-down and bottom-up, role modelling, and strategic planning
- ◆ Customer care and customer relationships/patient/client satisfaction
- ◆ Communication
- ◆ Assertiveness/empowerment
- ◆ Training in the law underpinning health care/legal implications of decisions
- ◆ General leadership and management skills – clarification on what is leadership!
- ◆ Time management
- ◆ Networking and connectivity across all HSE structures (break down silo mentality)
- ◆ Centre to provide some sort of practical assistance/'help desk'/project help/FAQs, etc
- ◆ Conflict management, dealing with difficult people/issues
- ◆ Project management for nurse/midwife leaders – how to set up a project, plan and follow it through; business planning and (project) performance management

DUBLIN, 24TH NOVEMBER (HSE DUBLIN MID-LEINSTER)

STRENGTHS

- Highly skilled, knowledgeable, well qualified and professional workforce; better informed re: scope of practice, risk management, patient expectations
- Role expansion e.g. nurse prescribing, etc.
- Organisational structures – a focussed pathway for nurses
- Nursing now on a par with other professionals
- Clinical career structure
- IT and technology- knowledge expansion
- Experienced cohort of leaders
- Strong alliances with third level education/HEIs
- Research – collaborative/uni-disciplinary
- Key multidisciplinary team member and strategic (corporate) input and nursing voice (via ONMSD)
- Willing to take on new leadership roles (culture) – willingness and flexibility

- Continuous professional development
- Accreditation – HIQA, HSE, mental health, etc.

WEAKNESSES

- No standard approach to measuring clinical interventions
- Changes and developments (e.g. culture, roles, leadership structures) not standard across the organisation
- Lack of time/motivation of staff to undertake courses because of lack of mobility/service pressures
- Resistance to change and unwillingness to share information
- Balancing act – operational/strategic
- Lack of opportunity to share good practice/innovation (reinventing the wheel); no formal acknowledgement of good practice
- No nursing-sensitive outcomes; challenge to articulate nursing contribution to care
- Lack of administrative support/reduction in support staff/non-filling of posts at senior level
- Over-expansion of specialist roles
- Silos
- Lack of professional assertiveness

OPPORTUNITIES

- To improve collaboration within and beyond nursing
- Economy – can streamline things, look for greater efficiency, value our role, demonstrate outcomes
- To refocus on basic nursing
- Reconfiguration and integration – sharing best practice
- The challenge of delivering service with fewer resources and being innovative
- Utilize knowledgeable workforce in the right way
- Role expansion (needs to be linked to reward)
- Opportunity to position nursing in key areas
- Advancement of different types of learning e.g. e-learning
- Over next few years, young vibrant and newly qualified workforce...
- To develop a national standard approach to leadership education/training/support

THREATS

- Workforce planning
- IR instability
- Motivation in times of uncertainty
- Loss of nursing and support staff (early retirement) and loss of trained, experienced nurses to other countries
- Threat of re-configuration
- Change
- The economic climate and the moratorium
- Continued imbalance in resource allocation
- Restructuring HSE/voluntary hospitals
- Less nursing education/resource

THE 'BIG ISSUES'/NEEDS ARISING FROM S W O T S

- How to maintain a highly skilled workforce in a time of restricted resources
- Training for export/economically driven workforce
- Need to make sure that access to training/development is easy
- Need for clear outcomes and KPIs for nursing
- Need for an effective forum/avenue for communication
- Position of nursing in key changes/developments
- Development of support staff
- Sharing of good practice – need a process to manage this and to prevent repetition
- Licensing of organisations/HIQA standards – need a programme to prepare nurse managers for this
- Education sector/3rd level cost cutting – compromise service delivery to HSE
- Fall out of redundancies (3000 people) on nursing
- Funding/resourcing
- Staying independent of trade unions while engaging with them
- Recruitment and retention of staff (fear that foreign staff will relocate)
- How to include voluntary hospitals in leadership development

- Empowerment / engagement of staff – if/when courses available
- We need different types of leaders to ensure teamwork and a motivated workforce
- Succession planning
- Innovation in PCCC – need for a clear strategy for PHN service/structures/eligibility/governance
- Change management
- Ensuring value for money from investment in training/development
- Buy-in from key stakeholders in change

SUGGESTED PRIORITY CONTENT AREAS FOR LEADERSHIP DEVELOPMENT PROGRAMME

- ◆ Focus on developing leaders in range of issues including the ‘hard side of leadership’ such as HR management competencies, political astuteness and skills to navigate the bureaucracy, strategic management, business case development/acumen, financial management, facilitating innovation processes
- ◆ Business planning/business case writing skills
- ◆ Incorporating audit into clinical work
- ◆ Ensuring some on-the-job benefits/outcomes from training/development – focus on practice, /experiential learning, less on theory. Make sure that participants can relate to local needs and issues.
- ◆ Upskilling programmes linked to clinical care programmes and transformational change, including understanding clinical directorates
- ◆ Managing diversity/multicultural workforce
- ◆ Finance module (budgets and cost containment)
- ◆ Goal-setting and managing performance
- ◆ Problem solving and innovation
- ◆ Professional development planning models
- ◆ Coaching and mentoring – embed in service and education
- ◆ Information sharing with other disciplines too
- ◆ Change management including dealing with resistance to change and getting buy-in from key stakeholders
- ◆ Development standard leadership development programme (core content)
- ◆ Motivation for nurse/midwife leaders
- ◆ Leadership styles and self-awareness
- ◆ Interdisciplinary working – role of nurse
- ◆ Empowerment/engagement of staff
- ◆ Use a variety of approaches – e-learning, mentoring, coaching, shadowing, chat rooms/web forums as well as classroom
- ◆ Communication – top-down and bottom-up approach; looking at innovative ways of communication; aiming for more 1-to-1 communication/personal touch
- ◆ Programmes should help individual focus on their specific area and direction (link to QCCD clinical programmes)