

"Professional Excellence"

UL Hospitals Group Nursing and Midwifery Strategic Plan 2019-2022













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Foreword

Foreword



Nursing & Midwifery





I am delighted to introduce our four year 'Professional Excellence' UL Hospital Group Nursing & Midwifery Strategic Plan 2019-2022.

This sets out our future direction for Nursing & Midwifery and is underpinned by the vision and objectives of our groups Corporate Strategy 'Working together - Caring for the Mid-West' 2018-2022.

I would like to acknowledge all those who were involved in the development phase of the strategy, in particular those who actively participated in the consultation forums. I also acknowledge the commitment of Ms Mairead Cowan during her time as Interim Chief Director of Nursing and Midwifery in sponsoring the development of this strategy.

The plan outlines five strategic priorities which together underpin the delivery of a Quality Relationship Centred Care. Our ambition is to commence our Magnet Journey. This is a voluntary programmes working towards International recognition for Nursing & Midwifery excellence and improved patients outcomes developed by the American Nurses Credentialing Centre US.

We are very fortunate to have such high calibre of experienced nurses and midwives working across the UL Hospital Group. The Strategic plan will provide the direction to assist with making the Group an attractive place to work, fulfil professional development and support nurses, midwives and healthcare assistants in providing high quality, evidence based care for our patients and mothers.

Our strategic plan sets our priorities to continually improve our services. As we move forward we will continue to focus on developing our Nursing and Midwifery profession. We will strengthen our collaborations with our academic partners at both undergraduate and post graduate level and with our colleagues in the CHO to advance integrated care models.

We will continue to promote and support learning and education for frontline staff and to embed Nurses and Midwifery led research. Further enhancing and advancing the role of the Nurse and Midwife. Investing and developing leadership at all levels of Nursing and Midwifery is essential.

I look forward to working with you all on delivery of our strategic priorities, to provide Professional Excellence in Nursing & Midwifery Care for our patients and their families.

Ms. Margaret Gleeson

Chief Director of Nursing and Midwifery, UL Hospital Group Adjunct Clinical Professor, Department of Nursing & Midwifery University of Limerick



Midwifery

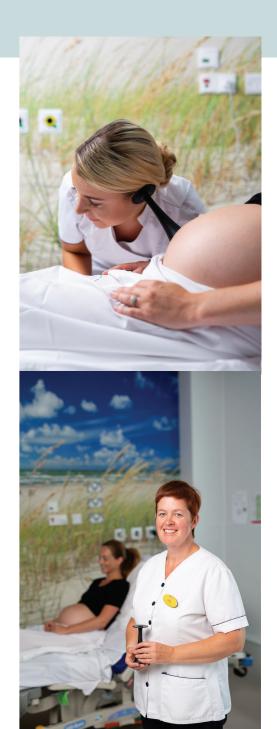
As Director of Midwifery, I am pleased to support the UL Hospitals Nursing & Midwifery Strategic Plan - Professional Excellence 2019 - 2022. This strategic plan comes at a very exciting time for midwifery and nursing within University Maternity Hospital, Limerick.

There have been many new developments nationally and locally to deliver better and safer maternity services including: the Maternity Strategy *Creating a Better Future Together*2016, Nurses and Midwives Act 2011 recognising Midwifery as a unique profession.

Locally we have embraced many changes to support women's choice and recognise childbirth as a natural, physiological process. Future developments will come on stream within the lifespan of the UL Nursing & Midwifery Strategic plan which include 5-Step plan to fully implement a Community Midwifery Integrated Service offering outreach antenatal clinics, postnatal Early transfer Home Service, DOMINO and other elements of choice for women.

The Strategic plan will support the Midwives and Nurses in providing high quality, evidence based, woman centred care for mothers and babies.

Ms. Margaret Quigley Director of Midwifery, UL Hospital Group





Foreword

Nursing

As Directors of Nursing for our Directorate's, we are pleased to support the UL Hospitals Group Nursing and Midwifery Strategic Plan 'Professional Excellence' 2019-2022. It provides the future direction for nursing services underpinned by a commitment for continued professional development of nursing knowledge, skills and research. We look forward to working with Nursing and Health Care Assistant teams over the next four years implementing the priorities set out in the plan.

Delivering quality relationship centred care underpins the priorities within the plan. We will continue to work with patients as we plan and develop our nursing services and practice. The plan is also responsive to the wider health care context including integrated care models, national clinical programmes and collaboration with our academic partners at the University of Limerick.

Ms. Mairead Cowan

Director of Nursing - Medicine Directorate, UL Hospitals Group

Ms. Declan McNamara

Director of Nursing - Peri-Operative Directorate, UL Hospitals Group As Operational Directors of Nursing for University Hospital Limerick, Ennis Hospital, Nenagh Hospital, St John's Hospital and Croom Hospital, it is a very exciting time for Nursing. The Strategic Plan 2019-2022 represents the views of nursing and healthcare care teams across UL Hospitals Group. A central focus is the delivery of quality relationship person centred care. The strategic plan will enable leadership at all levels and shared decision making in assuring patient safety and professional excellence in nursing care. The plan will support us to collectively work towards achieving Magnet accreditation and enhancing evidence based practice.

Ms. Ber Murphy

Operational Director of Nursing - University Hospital Limerick and Croom Hospital UL Hospitals Group

Ms. Patricia O' Gorman

Operational Director of Nursing - Ennis Hospital UL Hospitals Group

Ms. Cathrina Ryan

Interim Operational Director of Nursing - Nenagh Hospital, UL Hospitals Group

Ms. Margaret Finn

Interim Director of Nursing - St Johns Hospital UL Hospitals Group

ABOUT UL HOSPITALS







Ennis Hospital

University Maternity Hospital Limerick

Nenagh Hospital

UL Hospitals is the primary provider of acute hospital services to the 379,327 people who live in the counties of Limerick, Clare and North Tipperary. It is one of the largest employers in the region, employing more than 4,000 staff from throughout the Mid-West of Ireland.

SERVICES ARE DELIVERED AT SIX DIFFERENT SITES ACROSS THE THREE COUNTIES:

- University Hospital Limerick (UHL)
- Ennis Hospital (EH)
- Nenagh Hospital (NH)
- Croom Orthopaedic Hospital (CH)
- University Maternity Hospital Limerick (UMHL)
- St John's Hospital Limerick (Voluntary) (SJHL)

There is one Model 4 hospital (UHL) within UL Hospitals. UHL is one of the eight designated cancer centres in the country and is also a designated 24/7 Primary Percutaneous Coronary Intervention (PPCI) centre for STEMIs and a thrombolysis centre for the management of acute stroke. UHL is the only hospital site that has a full 24/7 emergency service and critical care service.

There are two Model 2 hospitals, Ennis and

Nenagh, and one Model 2S (St. John's Hospital). All three hospitals have being reconfigured to provide services in line with the Small Hospitals Framework published by government in July 2013.

University Maternity Hospital Limerick has up to 5,000 births a year and has a Level 3 Neonatal Intensive Care Unit. Croom Hospital supports Orthopaedic, Specialist Pain Management and Rheumatology services.

GOVERNANCE

UL Hospitals is governed by an interim board and an executive management team lead by a CEO who reports to the board. The CEO is also accountable to the National Director Acute Services within the HSE. Delegated authority for the operation of the services is through the National Director Acute Services to the CEO of UL Hospitals.

Our services are delivered across the six sites under the leadership of four clinical directorates, namely: Medicine Directorate; Peri-Operative Directorate; Diagnostics Directorate and Maternal and Child Health Directorate. Each directorate is led by a team of staff bringing together clinical management and financial expertise to provide quality-driven safe services, focused on the experience and outcomes for the patient.



Croom Orthopaedic Hospital



University Hospital Limerick



St. John's Hospital





Vision and Mission

The service we deliver in UL Hospitals Group is guided by our vision and mission, as follows

Corporate Vision

Be a valued, trusted and leading provider of excellence in healthcare which is patient centred, clinically integrated, team based and research driven.

Our Nursing and Midwifery Mission

To provide professional excellence in Nursing and Midwifery care, by commencing our magnet accreditation journey and implementing the ULHG corporate strategy.

Nursing and Midwifery values of care, compassion, and commitment will guide us in working in partnership to be the best for staff, patients, women and families.

Our Nursing & Midwifery Strategic Priorities

To deliver Quality Relationship Centred Care, by

- developing leaders at all levels
- building workforce capacity
- aspiring to excellence in Professional Practice
- enhancing collaboration, alliances and innovation







Our Nursing & Midwifery Strategic Plan

The following tables outline how we will work to achieve our priorities, including how we will measure success in the context of delivering best practice.

Strategic Priority One

Quality Relationship Centred Care

Description:

Nurses and midwives build effective therapeutic relationships with patients, women and carers, interdisciplinary colleagues and the wider community. Nurses and midwives will lead and advocate for quality safe care through strong leadership, team communication and collaboration.

STRATEGY	OUTCOME MEASURES
Support nurses and midwives to develop and use the skills in delivering quality relationship-centred care.	Evidence of nurses and midwives partnering with patients, families & carers to improve care.
Enable patients to be more actively involved in their care.	 Quality relationship centred care is evident in the organisation through staff and patient experience surveys, complaint feedback and engagement process.
Consult and engage with service users in development of nursing and midwifery practice.	Nursing & Midwifery metrics and quality improvement indicators continually demonstrate improvement.
Implement systems to assure safe quality care, which evaluates the patient and women's experience.	Increased numbers of ANP/AMP and CNS/CMS posts to support quality safe care.
Develop a culture that supports open timely and clear communication to identify risks and errors.	Evidence of systems and processes in place to identify and manage risks and account for actions taken.



Strategic Priority Two Leadership at all Levels

Description:

Nurses and midwives and the wider care team are treated as individuals, empowered, supported and skilled to lead safe quality care. Nurses and midwives are actively encouraged to participate and influence decision making throughout the organisation and work to the highest standards of inter-professional practice.

STRATEGY	OUTCOME MEASURES
Ensure Nursing and Midwifery leadership is visible and accessible at all levels with clearly defined governance, role and responsibilities.	Evidence of empowerment and devolved decision making in clinical care.
Embed and develop a culture of shared governance and value based leadership.	Nursing and Midwifery governance framework in place and accessible to all team members.
Enable all staff to contribute and develop their clinical leadership potential.	Nurses and midwives contribute to delivering the strategic priorities of the organisation.
Recognise, value and reward Nursing and Midwifery contribution to excellence in clinical outcomes.	Senior nurse and midwife leaders are visible, accessible and promote values based care.
Strengthen Nursing and Midwifery leadership in collaborative working.	All Nursing and Midwifery team members can access and are supported with clinical leadership development.
	Well-developed process in place to recognise, value and reward Nursing and Midwifery contribution to excellence in clinical care.
	Evidence of improved care outcomes associated with inter-professional collaborative practice.

Strategic Priority ThreeWorkforce Capacity

Description:

Nurses and midwives are respected and valued for their contribution to healthcare delivery. Senior Nurses and Midwives will develop workforce capacity through a sustained focus on developing expertise and competency, recruitment & retention and building an international reputation for excellence.

STRATEGY	OUTCOME MEASURES
Align workforce expectations through utilising recognised workforce planning tools e.ge-rostering and safe staffing.	Nursing and Midwifery staff engagement plans in place and reviewed annually.
Build and strengthen recruitment and retention activities.	Nursing and Midwifery workforce planning strategy developed.
 Increase student nurse and midwife engagement and assure the quality of the learning environment for student nurses and midwives. 	Flexible working hours available.
Develop and embed support roles within Nursing and Midwifery care teams e.g. HCA's, OTAs.	Safe staffing framework implementation plans developed and progressed.
Develop and promote diversity and inclusiveness in nursing & midwifery teams e.g. embracing gender, culture and ethnicity.	Nursing and Midwifery e-rostering system in place.
Promote staff health and wellbeing at individual, team and organisational levels.	Compliance with statutory and role specific mandatory training requirements.
Deliver and implement talent and succession management plans.	Improvement in patient/woman centred outcomes resulting from Nurse/Midwife participation in professional development activity.
	Improvements in nursing & midwifery turnover and vacancy trends as a result of recruitment and retention plans.
	Evidence of student engagement plans and continuous development of the quality of clinical learning environments.
	Increased levels of job satisfaction evident in staff surveys.





Collaboration, Alliances & Innovation

Description:

Nursing and Midwifery lead and collaborate in research and innovation activity will be embedded in the organisation. Nurses and midwives adopt a strategic approach to collaboration, fostering alliances and effective working relationship with other providers, academic partners, service users and stakeholders.

STRATEGY	OUTCOME MEASURES
 Constantly strive for discovery, scholarship and innovation, influencing healthcare delivery and nursing and midwifery practice at local, national & international levels. 	Evidence of shared governance across Nursing and Midwifery.
Maximise the potential for digital technology to support clinical innovation and seamless patient transitions.	Increased numbers of nurses and midwives leading or engaged in research activity or studies.
Provide access to real time data that supports improvement and innovation in care.	Increases numbers of Adjunct Clinical Appointment's.
 Facilitate mechanisms to ensure post graduate education is intrinsically linked to clinical practices. 	Evidence of internal and external dissemination of research.
Build reputation for nursing and midwifery led research and scholarships.	Evidence of nursing and midwifery innovation.
	Evidence of increased numbers of nurses and midwives working in joint clinical academic roles.
	Systems in place to access real time nursing and midwifery data sets. Evidence of increased national and international collaborations.
	Increased numbers of nurses and midwives leading or engaged in research activity or studies.

Strategic Priority Five Professional Practice

Description:

Nurses and midwives foster excellence in clinical practice, enabling all team members to practice to the level to which they are educated, accountable and regulated. Nursing and Midwifery supports a culture that values learning and education.

STRATEGY	OUTCOME MEASURES
Develop a culture of lifelong learning & Continuous Professional Development.	Promotion of Continuous Professional Development opportunities based on learning needs and organisational development assessment.
 Incorporate evidence based finding and best practice standards in the delivery of care. 	Evidence of lifelong learning and CPD.
 Assure that Nursing and Midwifery are responsible and accountable for their professional practice. 	Evidence that practice standards are reviewed and updated to incorporate relevant evidence.
Develop Nursing and Midwifery career pathways and infrastructure in clinical practice, education research, practice development and academia.	Clinical practice is audited against practice standards.
Advance our contribution to national and international nurse and midwife led research studies.	Clearly defined responsibility, authority and accountability are incorporated in all job descriptions.
Develop, support and resource the pivotal role of CMM/CNM in leading the fundamentals of care.	Evidence that nurses and midwives demonstrate accountability for quality care.
Support on going education and training for all staff.	Nurses and midwives are aware of career options and supported and encouraged to develop clear pathways whether in career maintenance or career development.
	CNM /CMM roles are sought after in recognition of their pivotal position in the organisation.
	CNM/CMM receive on-going support through mentorship, coaching and leadership development.





Implementation

Within the group, we will implement this strategic plan by taking the objectives and actions outlined in the previous section and developing locally owned implementation plans led by each Director of Nursing and Director of Midwifery.

The *Nursing and Midwifery Professional Council* ¹ supported by ULHG Project

Management Office will be the key forum for monitoring the implementation of the strategic plan. Both the *Strategic Nursing Forum* and the *Senior Midwifery Management Team* will play a key role in developing and leading key work streams.

All other forums (Figure 1) will contribute to working groups which will be represented of all grades of nurses, midwives and healthcare assistants who will collaborate with subject experts and relevant stakeholders where necessary. As part of our magnet journey, we will work towards embedding a culture of shared governance and learning.

We will ensure that nurses, midwives and healthcare assistants working in our wards and teams are given opportunities to feedback on implementation plans and evaluate progress.

We will evaluate the success of our strategic plan using two main methods:

- Monitoring of progress against implementation plans in *Nursing and Midwifery Professional Council* and at Directors of Nursing and Director of Midwifery meetings.
- There will be an annual progress report submitted to the Executive Management Team.

To deliver this strategic plan, professional leadership is required from all nursing and midwifery forums, each nurse and midwife have an important role to play in its success.

Nursing and Midwifery Professional Council

Strategic Nursing Forum

Senior Midwifery Midwifery Management Team

Senior Midwifery Midwife Managers Forums

Council

Senior Midwifery Midwifery Midwife Managers Forums

Clinical Nurse & Specialist Nursing and Midwifery Practice Groups

Nursing and Midwifery Research Governance Groups

Figure 1



Appendix 1

How was this Strategic Plan created?

This strategic plan was developed collaboratively across all nursing and midwifery groups in a multi-stage process to ensure that staff nurses and midwives team members were well represented in shaping our professional direction.

PHASE ONE

In May 2018, the Chief Director of Nursing and Midwifery Office commenced a consultation process with nurses and midwives seeking feedback on the development of the next UL Hospitals Group Nursing and Midwifery Strategic Plan. An engagement plan was established to reach predominately frontline staff e.g. student nurses, student midwives, staff nurses, staff midwives, clinical nurse managers and clinical midwife managers. A total of 14 discussion groups took place across ULHG with 150 nurses and midwives attending and 270 consultation questionnaires also submitted.

PHASE TWO

Upon completion of phase one, the Nursing and Midwifery Professional Council reviewed the findings of the pre consultation phase. Three co-design workshops took place in Q4 2018, attend by Directors of Nursing and Director of Midwifery.

PHASE THREE

The next phase involved the development of the draft Strategic Plan from the outputs of phase two and engagement with various stakeholders.

PHASE FOUR

In this phase, a draft document was presented and shared at a post consultation workshop, with senior nurse and midwife managers where all sites were represented, and additional feedback on the document was incorporated.

PHASE FIVE

The final strategic plan was submitted to the CEO for endorsement. The CDONM and Professional Council approved the Strategic Plan and it's implementation.



¹ This is the most senior professional nursing and midwifery forum in the hospital group with the responsibility and accountability for the leadership and development of the nursing and midwifery workforce.

Acknowledgements and Stakeholder Consultation

PROFESSIONAL COUNCIL



Ms. Margaret Gleeson, Chief Director of Nursing and Midwifery ULHG (Project Sponsor)



Ms. Mairead Cowan, DON Medicine Directorate, ULHG (Project Sponsor)



Ms. Margaret Quigley, Director of Midwifery, ULMH



Ms. Ber Murphy, Director of Nursing UHL, ULHG



Mr. Declan McNamara, Peri-Operative Directorate, ULHG



Ms. Patricia O'Gorman, Operational Director of Nursing, Ennis Hospital, ULHG



Ms. Cathrina Ryan, Interim Operational Director of Nursing, Nenagh Hospital ULHG



Ms. Margaret Finn, Interim Director of Nursing, St John's Hospital, Limerick



Ms. Cora Lunn
Director, Leadership & Organisational
Development - Nursing and Midwifery
(Project Lead)



Ms. Bernie O' Malley, Assistant Director of Nursing/ Business Manager, CDONM Office, ULHG



Ms. Breda Fallon, who was Interim DON Medicine Directorate, ULHG for a period of time during the development of the Strategic Plan.

KEY STAKEHOLDERS



Prof Colette Cowan Chief Executive Officer UL Hospital Group



Ms. Suzanne Dunne Head of Strategy UL Hospital Group



Ms. Liz Early Leadership Consultant -Facilitator

GROUPS

Strategic Nursing Forum

Senior Midwifery Management Team

Focus Group(s) Participation

Appendix 2

Magnet Explanatory Note

The American Nurses Credentialing Centre Magnet Recognition Program® has established international attention and recognition for nursing and midwifery excellence and improved outcomes. It is a voluntary programme for hospitals who pursue the highest international credentialing for nursing and midwifery excellence and quality patient care through evidence-based practice (Bashaw, 2011; Basheaw, Rosenstein, & Lounsbury, 2012; Drenkard, 2011). The Magnet Hospital Recognition Programme® was approved by the American Nurses Association in December 1990 providing a baseline of accreditation criteria (Scrivens 1995).

Luzinski (2011) suggested that achieving magnet status often requires a fundamental shift in culture where by excellence can be achieved in the following areas, improved safety outcomes, increased staff engagement, satisfaction, and retention, better service and higher patient satisfaction, higher measurable financial return and improved patient outcomes (Aiken & Patrician, 2000; Brady-Schwartz, 2005; Stone et al., 2007).

The Magnet journey focuses on transforming organisational culture through changes in structures, processes and outcomes that empower nurses and midwives to collectively engage in shared decision-making at all levels (George & Lovering, 2013; Harris & Cohn, 2014).

References

Aiken, L. H., & Patrician, P. A. (2000). Measuring organizational traits of hospitals: The revised nursing work index. Nursing Research, 49(3), 146-153

Bashaw, E. S. (2011). Fusing Magnet® and just culture. American Nurse Today, 6(9), 42-45. 44p.

Basheaw, E. S., Rosenstein, A. H., & Lounsbury, K. (2012). Culture trifecta: Building the infrastructure for Magnet® and just culture. American Nurse Today, 7(9), 36. 38-41 32p.

Bekelis K, Missios S, MacKenzie TA. Association of Magnet Status with Hospitalization Outcomes for ischemic stroke patients. J Am Heart Assoc. 2017;6

Brady-Schwartz, D. C. (2005). Further evidence on the magnet recognition program: Implications for nursing leaders. [Comparative Study]. Journal of Nursing Administration, 35(9), 397-403.

Drenkard, K. (2011). Magnet momentum: Creating a culture of safety. Nurse Leader, 9(4), 28-46. 19p.

George, V., & Lovering, S. (2013). Transforming the context of care through shared leadership and partnership. Nursing Administration Quarterly, 37(1), 52-59.

Harris, D., & Cohn, T. (2014). Designing and opening a new hospital with a culture and foundation of Magnet®: An exemplar in transformational leadership. Nurse Leader, 12(4), 62-77.

Kelly LA, McHugh MD, Aiken LH. Nurse outcomes in magnet® and non-magnet hospitals. J Nurs Adm. 2012;42:S44-9. 11.

Luzinski, C. (2011). Introducing the official leadership journal of the magnet recognition program®. JONA: The Journal of Nursing Administration, 41(10), 389-390.

Scrivens E. (1995) Accreditation: Protecting the Professional or the Consumer? Open University Press, Buckingham.

Stone, P. W., Mooney-Kane, C., Larson, E. L., Horan, T., Glance, L. G., Zwanziger, J., & Dick, A. W. (2007). Nurse working conditions and patient safety outcomes. Medical Care, 45(6), 571-578

University of Limerick Hospital Group, Working together, caring for the Midwest, Strategic Plan 2018-2022



