



**Report on
Learning Exchange Visit by
Irish Association of Directors of Nursing and
Midwifery (IADNAM)
To NHS London Hospitals 2013**

Acknowledgements

The IADNAM would like to acknowledge and thank the following professional colleagues for their hospitality, exchange of information and ongoing collaboration.

London Professional Colleagues we engaged with:

Peter Carter, CEO, RCN, London

Nora Flanagan, Operational Manager RCN, London

Presentations by:

Trish Morris- Thompson, Chief Nurse, NHS, London

Steve Gladwin, Head of Communications, NHS Trust Development Authority

Stephen Judge, Implementation Consultant, NICE

Rob Smith – update on Health Education England

Jane Clegg, Deputy Director of Nursing, NHS Commissioning Board

Yvonne Franks, Associate Chief Nurse Programme Director for Older People

Professor Charlie Sheldon, Chief Nurse and Director of Governance, Homerton University Foundation Trust

Martin Wilson, Consultant McKinsey – SAFE Programme

Stephanie Fade, Fitness to Practice Work Programme, University of Greenwich

Site Visits

Yvonne Francis, Associate Chief Nurse, Programme Director for Older Persons

Dawn Johnston, Clinical Director for Maternity, Royal London Hospital

Jacqueline Dunkley Bent, Director of Nursing, Imperial Trust, St. Mary's Hospital, Paddington

Geraldine Watters, Executive Director of Nursing and Midwifery and Director of Infection Control, Kings College Hospital, NHS Foundation Trust

Paula Townsend, Deputy Director of Nursing, Kings College Hospital, London

Elain Jones, Head of Nursing, Haematology and Cardiac Services, Kings College Hospital

Lisa Dejong, Modern Matron, Older Person Services, Kings College Hospital

Eileen Sills, Chief Nurse, Guys & St Thomas' NHS Foundation Trust

The Association would like to acknowledge the many more nursing and midwifery colleagues whom we met with over the course of our visit who were very giving of their time and expertise and who we have not listed above.

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Executive Summary

The Irish Association of Directors of Nursing and Midwifery (IADNAM) are committed to supporting the development, both personal and professional of Directors of Nursing/Midwifery (DON/Ms). One of the mediums it seeks to do this is through professional networking. A key aim of the Association for 2013 is to collaborate with DON/Ms in other countries.

Following on from a visit to Dublin by a group of Directors of Nursing from London, NHS, an invitation was extended to Irish DON/Ms to visit their jurisdiction in London. The purpose of this visit:

- To create a vibrant cross channel professional networks of DON/Ms.
- Promote learning at national service delivery and organizational delivery levels.
- Establish ongoing leadership best practice networks.
- Stimulate discussion and debate to improve nurse and midwifery leadership and management knowledge and understanding.
- Implement the demand-led approach of 'joining leaders' in their world!
- Encourage uptake from individuals for management and leadership development.
- Witness first hand system, service, practice and professional development on key sites and in services in the UK.

Members of IADNAM have requested this initiative and many feel that it supports the objectives of the leadership development programmes of both the National Leadership and Innovation Centre and the HSE, RCPI joint venture. Never has the Irish Health Services been a more diverse, complex or exciting place to work. Inevitably, this presents considerable challenges for newly appointed DON/Ms, Group DONs and those who are in post for a number of years.

Bringing the leadership of caring and the leadership of business (health) together to improve people's experience of health care is a key objective of IADNAM.

Transforming services requires DON/Ms to make a significant cultural and behavioural shift to manage the demands of a new corporate role and agenda. Professor J. Higgin's report on Hospital Groups will soon be published, this will

change how hospitals are governed and services provided. The Department of Health Strategic Framework (2012-2015) Future Health – provides a plan for the structural reform of the health services. The establishment of the seven directorates, formation of commissioning agency, changing models of care, the clinical care programmes and financial management reform are all driving change in the Irish Health services. These major reforms will impact on DON/Ms and their roles regardless of the service specialty or location. The benefits of an experiential learning programme like this will exceed the investment of resources.

The aim of this programme was to draw on the expertise of DON/Ms and Executive DON/Ms in London, to share with them Irish DON/M's experiences, to assist IADNAM members to make the transition into executive roles and to learn valuable lessons that will enable participants to fulfil their roles as effectively as possible. This shared learning can aid the detailed design and planning of the evolving various DON/Ms in Irish settings.

Formal Key Objectives for Two Day Programme:

- Explore Trust/Group/Service organisational design – where does nursing ‘sit’ in current UK organizations? Stimulate discussion where and how nursing should be represented in new structural reforms in Ireland. Signpost learning from UK colleagues.
- Improve understanding of governance, executive accountability, taking responsibility for a wider remit, more diverse range of responsibilities.
- Detail what is included in an Executive DON/M portfolio strategy, commissioning, organizational development communications, patient and public involvement, marketing workforce planning, to name but few.
- How to craft key messages regarding how strategic decisions affect the quality and safety of patient care and the wider patient experience.
- Promote concept of shared responsibility – corporate perspective in addition to professional role.
- Sharing of lessons learned, developing leadership qualities, personal qualities, setting direction, delivering the service, emotional intelligence, managing the demands of the role.
- Building relationships and networks with UK colleagues and improve Irish

DON/M's profile and visibility.

- Initiate opportunities for two-way mentoring, enabling exploration of work related issues in complete confidence.
- Create a two-way dialogue on policy development, how policy is developed, how nurses/midwives influence it.

All of these objectives will create a repository of knowledge for the participants that they can use to further enhance their influence and impact on National Leadership and Innovation Centre for Nursing and Midwifery's (NLICNM's) future DON/M programmes and to support their own decision making.

Introduction

As nurses and midwives are key to ensuring equal access, quality of care for all and value for money it is vital that we invest in their leadership and expose that leadership to a variety of mediums for learning. This initiative provided an international platform for the dissemination of nursing knowledge and leadership examples across specialties and countries via a variety of forums i.e. presentations, question and answer sessions, site visits, social networking event, informal discussions and document sharing.

IADNAM suggests that this will be an important step in developing nurse and midwife leaders to react to the changing environment facing the Irish health service in the coming years. Through liaison with the RCN Operational Manager, Ms Nora Flanagan, Honorary President Avilene Casey arranged a two day visit by a group of 18 IADNAM members and two invited guests, Dr Kathleen McLellan, Nurse Advisor in Department of Health and Dr. Michael Shannon, Nursing and Midwifery Services Director, Assistant National Director, Clinical Strategy and Programmes Directorate. The RCN London kindly provided the facilities, lunch, photographer, and co-ordination for the event. The CEO of the RCN, Peter Carter joined the group for lunch and chaired a very engaging discussion. On the first day of the trip our host Trish Morris Thompson, Chief Nurse London NHS set out the day's events and presentations to be provided. She presented an overview of 'The New NHS Landscape'. We received a total of nine presentations on the day and all were extremely informative and met with all of our objectives as listed above. Details of the presentations are available on CD and a brief summary based on feedback from participants is contained within the body of this report.

That evening we had a social event and a number of DON/Ms came directly following a long day's work to meet with the group and many follow up contacts and planned revisits have evolved from that event. We gratefully thank all those DON/Ms for their time, collegiality, and willingness to share their experience.

The second day of the visit involved site visits to various services, midwifery, acute, elderly, paediatrics and community. We would like to acknowledge each site, service

and their staff for the very generous sharing of their time, data, information and exposure to their live governance events. We have gained many invaluable insights, realized we have many good initiatives too, have created sharing opportunities and seized the opportunity to have cross jurisdictional debate and discussion. That evening provided the group with one of the many opportunities to get to know one another better, creating a greater collegial bond enhancing our own networking and provide one another with support suggestions and channels for ongoing discussion. Our two guests provided us with great feedback suggestions for further actions based on learning from the presentations and site visits and gained a real sense of what the IADNAM is about and trying to achieve. It also provided us with an opportunity to engage them in discussion about key current topics within the Irish health service.

On return from the trip, all available presentations were provided to the wider IADNAM membership on a CD. A feedback session was held at the IADNAM AGM in April 2013.

This report will be circulated to all members, invited guests, and our hosts. The main body of the report contains the feedback from the participants on the visit. We have attempted to collate the feedback using the eight HIQA themes for Safer Quality Standards.

Feedback Provided by Participants

- The speakers on the Thursday gave us a lot of time and openly shared information with us. All the speakers were engaging and willing to have interactive discussions. The openness and willingness to develop cross country initiatives appeared strong and left us feeling that there is great potential to develop strong links between the two countries. This would be extremely good for comparing patient outcomes, quality of care, skill mix and research.
- Kings Hospital were fantastic for the way they greeted us and the openness they showed us by allowing us sit in on their paediatric 'score card' meeting. This meeting reinforced for us the need to continue using and developing nursing metrics and KPIs. In St. Thomas' the manner in which they held a nursing KPI meeting was really good, what struck us was the simplicity of it yet they all got the message and were informed of the previous weeks Nursing KPI performance for the hospital.
- We gained a better understanding of NICE. I was unaware of all that is available from their web page e.g. practical supporting tools, BNF available and updated monthly and how their website should be used rather than Google, as articles that are accessed will have been authorized by NICE.
- It was very informative to discuss the Francis report. Recommendations re supervisory ward managers need for compassionate care, minimum standards for appraisal and the need for real patient engagement and involvement. Charlie, Chief Nurse at the Homerton, was interesting and reiterated the need for all hospitals/groups to encourage patients/relatives to be 'members' of the hospital service user group and run an Annual General Meeting to update the patients and the public on developments.
- The Fitness to Practice Work Programme discussion on education was very interesting and informative especially the mentoring element. Mentors need to be skilled and inspirational and there is a need to look at panel assessments rather than one mentor only assessing. As recommended in the Francis report, the need to train and regulate HCAs is important, here in Ireland also.
- A theme through the presentations was that there was a need to create an environment to support high quality sustainable service. Directors of Nursing and Midwifery need to be politically astute and produce papers as required. Directors

of Nursing and Midwifery should be leading on ensuring impact assessments are undertaken if resources are being cut, new work practices introduced and service reorganisation.

- SAFE to Nursing Excellence workforce planning presentation was very good. It highlighted the need to review establishments/service needs and ensure available staff matches service needs. We need to agreed tools so work can be compared.
- At Kings College Hospital they mentioned many initiatives that could work well e.g. ‘red card initiative’ - MDT involved in hand hygiene audits including doctors. If someone doesn’t perform hand washing correctly they are given a red card and must redo training; care of the elderly ward has set up yearly meetings with local nursing homes to discuss/highlight issues of concern and to network; ‘This is me’ patient profiles are completed, they find it gets the families to engage more. They had created a sensory environment for patients and this proved very relaxing and calming for patients.
- “I didn’t know many of the people on the programme before we went to London but feel I now have a much wider support network and would have no hesitation in contacting any of the people on the trip”.

We have used the themes from the National Standards for Safer Better Healthcare, HIQA (2012) to provide a framework to collate the key learning that participants documented, their reflections, observations made and feedback provided.

Theme 1: Person Centred Care:

- Professor Charlie Sheldon, Executive Director of Nursing discussed their open board meetings, where members of the public can attend and question board members. He shared his reflections on this process and spoke quite a lot about the clinical senates or citizens' panels he had experience of. This was useful, as one of the regular complaints we hear from colleagues is the difficulty in engaging patients in consumer feedback in a meaningful manner.
- In Foundation Trusts they have 6,000 registered members who they invite to hospital annual meeting and lectures on health topics. Approximately 50 -100 attend depending on issues on the agenda.
- Kings Hospital patient satisfaction standards were discussed with nursing team members in an open forum.

Theme 2: Leadership Governance and Management:

- Trish Morris Thompson advised us of her role as Chief Nurse - how in that role you can influence policy and direction (e.g. bringing the group of hospitals and Directors of Nursing in London to work together on 'SAFE to nursing excellence'' project.
- She discussed with the group the role of the Director of Nursing on the Board of Hospital/Trust is to provide assurance of quality and safety.
- The structures regarding Chief Nurse were explained, there are different Chief Nurses in England, Scotland, Wales and Northern Ireland; also in 4 Regions. CNO England, Jane Cummings; 4 Directors responsible to CNO- Director of Quality Improvement & Care; Director of Patient Safety; Director of Patient Experience; Director of Commissioning & Health Improvement. There is a midwifery advisor.
- On both site visits to acute hospitals we were given the opportunity to attend their weekly indicators meeting where trends in areas such as falls, pressure ulcers, HCAs, emergency department waits and patient satisfaction are presented to all

nursing staff for information and discussion. This was a very impressive process. Additionally, we had the time to meet the Executive Directors of Nursing of the sites who shared her experiences of being a foundation trust and their approaches to their roles.

- In the visit to Kings College Hospital NHS Foundation Trust, we met with the Executive Director of Nursing who shared their monthly scorecard and review meeting. Standardised quality and quantitative measures e.g. absenteeism, reviewed by nursing team with action plan as required. This process enables the Executive DON to assure herself of standards and quality across hospital departments. E.g. Monthly Score Care- Vacancies as % (workforce data), Red/ Amber number of unfilled shifts, how are we doing scores (Questionnaire filled out by patient and they use HRWD Standardised Tool/ Questions), Falls, Pressure Ulcers (account for unpreventable), Infections (including CRE), Absenteeism (long and short term), Safe Guarding Training (Child Protection). Other questions asked were about morale and any other issues.
- The presentation on Foundation Trusts was very relevant in view of our own service changes and the speaker was informative, outlining the criteria for Foundation Trusts (quality of care, governance and finance) and the processes for Trusts who had not yet reached Foundation status. Trusts must, to qualify meet targets for financial viability, quality of care and governance.
- Solutions for underperforming Trust applicants: mergers and acquisitions. productivity and improvement support programme.
- Set parameters for KPIs and targets: tailor PIs towards challenges of the trust rather than absolute 100% achievement or a zero tolerance for variance. Incremental increases e.g. HCAI, LOS, SSMRs
- Yvonne Francis stressed the need for leadership training for nurses and escalation or ‘whistleblow’ processes to be available to support nurse managers and leaders.
- We were briefed on the widespread changes to the NHS and how the loss of corporate knowledge was identified and acknowledged as an issue.
- It was recognised that great new people are coming through and taking up newly defined roles.

- We got an overview of the commissioning body, its power/authority to fund organisations.

Theme 3: -Effective Care:

- Care of Older Persons/King's Health & Ageing (HAU) - Lisa Dejong (Modern Matron); she gave overview of their care of older peoples' ward including dementia care ward. They use the RCN Safe Staffing for Older People's Wards (March 2012) as guidance on staffing. They also use Safer, Faster Hospital (One Best Way) to drive quality care improvements (e.g. handover effectiveness and break times). They host Care Home Coffee Mornings (one per year). They have a Dementia CNS and facilitate dementia education.
- The NICE information provided us with access to a new resource, some were not aware of the depth of information to be found on the site. We are delighted to have a resource to work with to ensure we provide evidence based end of life care in older persons and other services.
- NHS Trust Development Authority work with NHS Commissioning Boards, Quality Care Commission, MONITOR, Health Education England and Quality Systems. Some Trusts close to achieving Foundation Trust status/some will require support to achieve status/some will require significant work/some will not achieve status (be aligned into other Trust or possible closure). Finance Stability proven- evidence of clinical quality activity within defined budget.
- We heard how commissioners use in-service lead agreements to assist with commissioning of services. Assist with standardising effective care across sites e.g. is NHS 'London Stroke and Acute Care Pathway.

Theme 4: Safe Care:

- "As this is a difficult time in the history of UK nursing, we felt our colleagues were very open and transparent in sharing their learning and in fact they seem (in valuing their profession) to see this as an opportunity to improve rather than a reason to hide".
- We received a detailed presentation on the Francis report.
- 290 recommendations –a huge challenge to review and implement.

- Key recommendation is that there is a Nurse on the Board to assure quality of care.
- Statutory obligation should be imposed to observe a duty of candor.
- Considered the implication on nursing morale, following the Francis Report and its outcomes. Media focus/ pressure; Family pressure causing police investigation.
- Re-stated the need for named nurse, ward managers with supervisor's role in the clinical environment, and leadership training for all nurses.
- The need was identified for a Chief Inspector of Hospitals
- Recommendations for nursing pre-registration programmes
- Health care support workers (Code,? Register)
- Staffing levels - NICE evidence based guidance required
- There was also a lot of discussion about recruiting for 'values', compassion, communication and caring. We need to focus on how we maintain and foster these values in our services. The recent graduate recruitment campaign could pose a challenge to this.
- Currently huge risks; re-organising causing further risks
- Requirement to publish annual reports
- On our site visit to Kings Hospital, hand hygiene campaign on children's unit, getting children and parents to ask healthcare when they have washed their hands?

Theme 5: Workforce: Many topics discussed related to this theme

- Trish Morris Thompson and Stephanie Forde gave description of the 'review of competence of new graduates and readiness to take up their role as staff nurses – Fitness to Practice Work Programme.
- The concerns by UK Nurse Directors about their graduates 'readiness for work' were addressed by a new programme established to look at 'readiness for work' RFW programme to prepare the graduate for employment, The graduate must be assessed for numeracy and literacy in some cases, which is a very different situation from the current Irish system where graduates enter the workforce with a Level 8 BSc. of a very high standard generally.
- There was further discussion about :
 - Employment opportunities

- Mentorship (roles, resources, structures)
- Lack of supervision/preceptorship in practice
- reluctance to fail students
- HEIs responsible for supporting students, therefore why not responsible for funding CPCs and WTE
- An appreciative inquiry of mentorship (expert)
- Attrition of Year 2 Adult Nursing Students
- Experiences of newly qualified Registered Mental Health Nurses
- Selection and recruitment of newly qualified nurses in London.
- She reiterated the belief that nurse recruitment needs to be based on values as well as academic ability, the importance of using scenarios at interview to demonstrate competence such as emotional resilience.
- We offered to share our “ undergraduate programme review”, findings and outcomes.
- SAFE to Nursing Excellence (McKinsey) project was undertaken in London in 2011- it attempted to capture financial, roster and quality measures around workforce. Future requirement to reduce costs by 20 billion.
- Study aims to cost nursing and determine how quality is negatively impacted through these reductions.
- Study into nursing indicators and skills mix across London trusts. KPIs for nursing associated with quality indicators.
- Used public data to compare productivity against average (minimum 8 hours per patient per bed- maternity/ ED Care/ HSMR)
- Establish 2011 baseline; estimate income changes; estimate cost savings
- Moving from sustainable and financially efficient nursing services to nursing excellence.
- When trusts look at saving costs they traditionally look at the biggest group i.e. nursing, where savings are expected to be made in terms of WTE and WTE per 1000 bed days.
- 25 % of costs are nursing
- Reduce average cost (lower cost per WTE); review costs per 1000 bed days
- Optimise shift patterns, reduce non patient time; ratio of nurses to patients per wars, avoid overtime, reduce agency use, desired skill mix, phased vacations

- Use of "true peers" to benchmark/ analyse data/ more granular approach
- High level of nurse productivity appeared to match high quality patient experience
- Three main steps to improve nursing excellence:
 1. Improve time spent on direct care (value adding nursing tasks)
 2. Agree safe nurse staffing levels within organisation(s)
 3. Staff to agreed staffing levels implemented and evaluated
- Daily patient acuity/ dependency measured
- Using publically available data to compare quality (Infection rates- cases per 10,000 bed days; Overall experience; Complaints reported-cases per 1000 bed days; Incidents- cases per 1000 bed days; Patient Safety Thermometer)
- Occupied bed days calculated census at midnight;
 - $ED = \text{number of attendances} \div \text{average WTEs (on roster)} = \text{Number of attendances per WTE};$
 - $OPD = \text{Number of 1st and follow up appointments} \div \text{average WTEs (on roster)} = \text{Number of attendances per WTE};$
 - Senior nursing hours worked out and excludes DON only)
- Because of differences in settings of care i.e. in-patient versus day patient/ ambulatory care/support nursing services such as admin, bed management and practice development, the usual metric of number of nurses per bed per hospital is a faulty measure. One must look at the setting to compare and then model changes/costs along side a range of tools, most predominantly patient turnover, skill mix (qualified to qualified and qualified to unqualified) Student nurses not included as they are supernumerary/under supervision. This gives a greater sensitivity of analysis.
- Five research streams on graduate practice and mentoring in greater London area. Post graduate issues. Note: Capitol Consulting Firm doing similar piece of work in Dublin North East and not including quality/ risk piece.
- Kings outlined that they use the Association of UK University Hospital's Tool www.aukuh.org.uk/index.php/.../42-implementation-resource-pack to inform staffing levels; feel it is a reliable and robust tool and evidence based; reviewed it recently for sensitivity; doing daily and peer reviewed

Theme 6: Use of Resources:

- SAFE to Nursing Excellence Project.
- Appeared to be more layers of nursing management, Executive DON, DON, ADON, Modern Matrons and CNM2s
- Executive DON on board responsible with rest of corporate team for resources.
- Allocating 60 billion to Clinical Commissioning Groups; Directly commissioning 25 billion to some public and primary health
- Clinical Commissioning Group have a Registered Nurse member on the group (7 roles- regulatory, board member); 32 CCGs in London
- Commissioning Support Unit - strengthen and support the CCGs; 3 Stage programme to develop progress of CCGs
- Contention of GP involvement and possible private management of CCGs
- The Francis Report identified that in Mid-Staffordshire the focus was on manpower reductions, and achieving financial targets, not on patients or quality of care. Services reorganized to meet the focus without proper planning, or evaluation of the impacts. Culture not on engaging or listening to patients or staff. Nurse on Board isolated and not listened to in regard to staffing/skills mix and impacts. Written by barrister thus focus not always on the clinical quality dimension.

Theme 7: Use of Information:

- All of the speakers focused on quality measurement and quality indicators such as mortality, morbidity, LOS, readmissions, HCAs and the necessity for nurse executives to use this organisational intelligence to inform the Board of the quality of the service being provided. Electronic system for nursing scorecard-populated automatically after audits, from HR system, risk information system (falls).
- Practice supporting tools are provided e.g. financial costing statements and templates.
- Commissioning Guides are made available to inform managers.
- Electronic systems for patient flow in ED and on wards are in use.
- "NICE App" and monthly updated online BMF available

- Metrics Haematology & Cardiac Services- Glain Jones (Head of Nursing); she gave overview of services in hospital and the use of data to measure patient satisfaction scores, vacancy rates = 6%, Short ALOS, High Patient Turnover.
- Paediatric Directorate Nurse KPI meeting Lead Nurse (ADON) and Modern Matrons and Managers- Child Health Scorecard. Colour coded traffic lights. Data submitted to Department Director of Nursing who is responsible for providing analyses and results back to wards and at monthly meeting and discussion around what works, what didn't work, analyses of problem areas and actions planned by managers. Works across directorates once a month meet with each directorate led by Department Director of Nursing.
- Results displayed in ward areas. Monthly parents' satisfaction surveys. Monthly review. Data collected through managers, Datix (incident reports), Finance and Payroll Handouts given. Very valuable. Worth having regional or National standard project in Ireland.
- Care of the Older Person: Lisa De Jong. Modern Matron. Elderly chronic or complex medical wards. Redesigning ward areas. Tour. Whiteboards and electronic bed management screens. High risk mobility patients have red chart holders at end of bed.
- Emergency Dept: Emma Terrance, Sen Sr. . Auditing LOS and response times of assessment and treatment in department. .

Theme 8: Promoting Better Healthcare:

- Community services closely aligned with hospital as described by nurses during visit to Kings Hospital.
- This theme was promoted throughout all presentations and during the site visits. Patient information and education was evident in many forms.

Connection to the Project Objectives

Objective	Achieved
<p>1. Trust/Group/Service Organisational Design</p> <p>“a great opportunity to learn from UK nursing executives, to hear of the transformation and reconfigurations occurring throughout the NHS, which is undergoing tremendous change”.</p>	<p>Presentations:</p> <ul style="list-style-type: none"> ▪ NHS Landscape – T.M. Thompson ▪ National Trust Development Agency – S. Gladwin ▪ Nurse Leadership Challenges – C. Sheldon
<p>2. Governance Accountability</p> <p>“The accountability of the Directors of nursing was evident. We were reminded constantly of the need for an audit trail and impact statements about any proposed cost cutting and staffing levels being reduced”.</p>	<p>Presentations:</p> <ul style="list-style-type: none"> ▪ Above presentations ▪ R. Francis Enquiry - Y. Franks ▪ SAFE Programme – M. Wilson
<p>3. Executive Director of Nursing/Midwifery Portfolio</p> <p>“The experience of the Chief Nurse role i.e. the governance arrangements, clarity between is role and his deputies, how they manage their budgets, their specific level of responsibilities, who they are accountable to etc.”..</p>	<p>Presentations:</p> <ul style="list-style-type: none"> ▪ All of the above ▪ NHS Commissioning Board – J. Clegg
<p>4. Effect of Strategic Decisions on Quality and Safety Outcomes</p> <p>“The CEO of the RCN, Peter Carter, was very generous in giving of his time and sharing his reflections about the NHS transformations and his views about the implications of the Francis Report”.</p>	<ul style="list-style-type: none"> ▪ Francis Enquiry ▪ SAFE Programme ▪ NTDA
<p>5. Sharing Lessons Learned/Building Relationships</p> <p>“The occasion also allowed for significant opportunities to network with various colleagues from the UK”.</p> <p>“Tomorrow I meet the Board and I have already shared some of the tenets of our visit with them and in particular issues arising from the Francis report”.</p>	<ul style="list-style-type: none"> ▪ Site visits ▪ Creating ongoing networks and return visit agreed ▪ Participants discussion ▪ Social events on visit ▪ Distribution of presentations to all members ▪ Report ▪ Follow up actions ▪ Sharing information within Irish Healthcare Network
<p>6. Policy Development</p> <p>“the most important learning was that the workforce exercise (SAFE) was lead by CNO London in association with the Directors of Nursing and Midwifery”.</p>	<p>SAFE Programme</p> <p>Fitness to Practice Work Programme</p> <p>Update on health education England – R. Smith</p> <p>Discussion with CEO RCN, Chief Nurse London</p>

Conclusion

The objectives of the exchange visit were met and exceeded in some instances. Association members and invited guests mingled and socialised very well. Everyone stated how it benefited them both personally and professionally to 'take time out'. The event enabled those present to reflect on the wider health care provision in Ireland and their own local service in many instances, their self belief and belief in Irish Health Services was restored and elevated by requests from London DON/Ms for information on Irish Healthcare initiatives.

The information shared and gained will inform participants' decision making. We have developed networks internally and cross jurisdiction. We were exposed to new thinking service and system delivery transformations. It was a great experiential learning opportunity.

It can only be concluded that such exchanges are of benefit to the development of leadership in DON/Ms and the Association should discuss and plan further such events.



Signed: _____

Date: 17th April 2013

Appendix 1 - Feedback

Feedback from Dr Kathleen MacLellan, Nurse Advisor, Department of Health,

The information shared and the lessons being learnt in the UK are very valuable intelligence for the Irish healthcare system. The professional and clinical leadership and engagement of Irish Directors of Nursing and Midwifery will be very important for the change programme for our health system.

While all presentations were excellent I would like to note the messages and information contained in the presentations on the Frances Enquiry, the SAFE Programme and the NTDA.

I attended the site visit to Guys and St Thomas's. I would like to thank the staff there. It was a very interesting visit. Presentations and content will be of interest here in the Department of Health and I would like to circulate it.

Feedback from Dr. Michael Shannon, Nursing and Midwifery Services Director, Assistant National Director, Clinical Strategy and Programmes Directorate

My sincere thanks to you as President, your Executive and the members of IDNAM for inviting me. It was an excellent trip and well done to you all. Outlined are some of my personal reflections which I hope may be of some benefit:

- The trip afforded an excellent opportunity for IDNAM Directors to network and learn from each other. This is critical. I would not under estimate the value and opportunities for Directors to network and support each other particularly in the current environment we are working within and the challenges and opportunities associated with future major health reforms
- The occasion also allowed for significant opportunities to network with various colleagues from the UK. The agenda was action planned and the speakers were really generous with their time and sharing their extensive experiences
- I was particularly struck with the workforce planning presentations. Even though I must admit I would have some concerns with certain aspects of the

presentation the most important learning for me was that the workforce exercise was lead by CNO London in association with the Directors of Nursing and Midwifery. I believe we should explore the principles in a similar scoping exercise here.

- I would of like more opportunity to learn from the experience of the CNO (Chief Director of Nursing) role i.e. the governance arrangements, clarity between is role and his deputies, how they manage their budgets, their specific level of responsibilities, who they are accountable to etc. How they merged hospitals and how they managed the roles of DON within those mergers?

Avilene these are just a few of my reflections. It was a great opportunity for myself to network with colleagues, learn from colleagues and assure me that many of our strategies here in Ireland are on the right track.

Well done to you all.

Appendix 2: Directors of Nursing and Midwifery on London Exchange Visit

Georgina Basset, Director of Nursing, St. Columba's Hospital, Kilkenny

Mary Brosnan, Director of Nursing and Midwifery, National Maternity Hospital

Avilene Casey, Director of Nursing, Acute Medicine Programme, ONMSD

Margaret Casey, Director of Nursing, Roscommon County Hospital

Suzanne Dempsey Director of Nursing, Children's University Hospital, Dublin

Paul Gallagher, Director of Nursing, St. James' Hospital, Dublin

Patricia Hughes, Director of Midwifery, Coombe Hospital, Dublin

Deirdre Lang, Director of Nursing, St. John's Hospital, Wexford

Ann Marie Loftus, Director of Nursing, Sligo General Hospital

Mairead Lyons, A/Director of Nursing, Connolly Hospital, Dublin

Sheila McGuinness, Director of Nursing, Beaumont Hospital, Dublin

Pauline Newham, Director of Nursing, Our Lady's Hospice Harold's Cross, Dublin

Maureen Nolan, Director of Nursing, Midland Regional Hospital, Laois

Mary Owens, Director of Nursing, Mallow General Hospital, Cork

Maureen O'Donovan, Director of Nursing, Care Choice Nursing Homes, Cork

Richard Walsh, Director of Nursing, Kerry General Hospital, Kerry

Eileen Whelan, Director of Nursing, Special Delivery Unit, Department of Health

Cora Williams, Director of Public Health Nursing, Cork

Invited Guests:

Dr. Kathleen, MacLellan, Nurse Advisor, Department of Health

Dr. Michael Shannon, Nursing and Midwifery Services Director, Assistant National Director, Clinical Strategy and Programmes Directorate, HSE

Appendix 3: RCN Programme

NHS London



Programme at a glance

Please note these programme details and timings are subject to change.
A final programme will be in your delegate pack at the event.

Venue	Royal College of Nursing 20 Cavendish Sq London Room 307	
10:00	Reception	
	10:00 – 10:15	Welcome Nora Flanagan
	10:15 – 10:25	Brief overview of the new NHS Landscape Trish Morris-Thompson
	10:25 – 10:40	NTDA Steve Gladwin →
	10:40 – 11:00	COFFEE BREAK
	11:00 – 11:20	Overview and role of NICE Stephen Judge
	11:20 – 11:40	Update on Health Education England Rob Smith
	11:40 – 11:55	NHS Commissioning Board Jane Clegg ✓
	11:55 – 12.15	Robert Francis Enquiry Yvonne Franks
	Recommendations and Implications	
	12:15 – 12:35	Nurse Leadership Challenges in a Foundation Trust Charlie Sheldon
	12:35 – 12:50	Fitness to Practice Work Programme Stephanie Fade
	13:00 – 14:30	LUNCH and discussion with Peter Carter
	14:30 – 15:30	SAFE Programme Martin Wilson
	Move to Social events	
18.30	Russell Hotel Dinner and to be joined by Colleagues for London	