



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

South/South West Hospital Group Nursing and Midwifery Strategy 2020-2025

Together Leading and Shaping the
Future of Nursing and Midwifery Care



2020-2025



Kilcreene Regional
Orthopaedic Hospital

South Tipperary
General Hospital

University
Hospital
Kerry

Mallow General Hospital

University
Hospital
Waterford

South Infirmity Victoria University Hospital
Mercy University Hospital
Cork University Hospital
Cork University Maternity Hospital

Bantry General Hospital

South/South West Hospital Group

Foreword

I am delighted to present the South/South West Hospital Group (SSWHG) *Nursing and Midwifery Strategy (2020-2025)*.

This strategy will provide a clear direction for nursing and midwifery across our acute hospitals and guide the future development of our profession over the next five years. It is an acknowledgment of the value and contribution nursing and midwifery make to healthcare on a continual basis. We have leveraged the combined strength of our acute hospitals and academic partners to maximise opportunities for sharing of information, skills and excellence. The aim is to further develop and implement a world-class, evidence based approach to nursing and midwifery across the SSWHG.

We are making great strides in standardising our approaches to patient care, safety and quality, and will continue on this trajectory. Our country is in the midst of very exciting, as well as challenging times for nursing and midwifery. The Irish health system aims to transform health and social care services as set out in *Sláintecare*, towards a population and community based approach with a focus of delivering patient care closer to home. At this time of great change, immense opportunity presents itself for nursing and midwifery to ensure patients and their families experience the highest standard of professional nursing and midwifery practice. Strong leadership and professionalism is required at all levels to be able to innovate and transform services and reach across boundaries. This will enable the delivery of better care to people with complex health needs in all health care settings and at all stages of the lifespan.

The priorities outlined in this strategy underpin our major areas of work and will focus on the delivery of excellent care to the people we serve both in hospitals and the broader community. Over the next few years, we will proactively demonstrate our ability to deliver excellent patient outcomes and excel in research-based nursing and midwifery practice.

I am privileged to introduce this strategy and wish to thank all those who contributed. I look forward to your participation in its implementation over the next five years.

Bridie O'Sullivan, Chief Director of Nursing and Midwifery, SSWHG.



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Introduction

Nurses and midwives are integral to delivering high quality, patient centred, safe and effective care and services. Our *Nursing and Midwifery Strategy* is congruent with the SSWHG strategic plan and is influenced by key national and local policy documents. It offers a coherent vision for nursing and midwifery and will guide development at Group and local level, for the benefit of patients and families. Developing a nursing and midwifery strategy will enable each hospital to achieve outcomes not possible when working alone. It will also leverage the combined strength and opportunity for sharing across voluntary and statutory hospitals.

This strategy provides a unique perspective on the value and contribution of nursing and midwifery in the SSWHG. It is both aspirational and intentional, and aims to inform, influence and inspire. It sets out a direction for the next five years and will offer a fundamental starting point for improvements in quality and safety. The strategy will plan for nurses and midwives to have access to the same range of opportunities for collaborating, sharing, learning and career progression. It will enable us to implement policies that inform care and bring about a more standardised approach to care planning, infection control and prevention, medication administration amongst others. We will aim to identify and tackle unwarranted variation, allocate resources appropriately and improve quality and increase efficiency.

This *Nursing and Midwifery Strategy* has been developed in challenging times, coinciding with unprecedented demand for healthcare, financial constraints and significant economic uncertainty. Nevertheless, through our on-going commitment to working together, we will realise our strategic objectives by 2025.



Vision, Mission and Values

Nurses and midwives work in partnership with patients, families, carers and communities to deliver high quality, safe and effective care. They have the right education, training and development to deliver excellent care and have the skills to evidence the impact of what they do.



Our Vision



Our vision is to build a trusted, responsive and effective 21st century health care system that places equal emphasis on the physical, psychological/mental, social and environmental health of all our people. This will be achieved through transdisciplinary and cross-boundary co-operation, evidence-based working, proactive community engagement and valuing our workforce.

Our Mission



Nursing and midwifery care is provided to the highest professional standard, enabling optimum health outcomes for the people we serve. We will achieve the best health outcomes through innovation, research and continuous learning and improvements, within available resources.

Our Values



Our Nursing and Midwifery Strategy captures the three core values of the nursing and midwifery professions:

Compassion, Care and Commitment.

The three core values and their associated behaviours guide the actions of nurses and midwives on a daily basis and inform clinical decision making. The people we serve expect to receive nursing and midwifery care from compassionate, caring and committed professionals who are attentive to the humanity of the other person (Department of Health (DoH) 2016a).

About Our Hospital Services

The South/South West Hospital Group was announced in May 2013 and assumed responsibility for the provision of acute care across 10 hospitals in 2014 (Appendix 1 for additional information). Hospital Groups were established in the belief that working together would enable the development of strategic priorities and empower individual hospitals to achieve better outcomes. The hospitals within the SSWHG are shown below;

Table 1: Acute Hospitals SSWHG

Acute Hospitals SSWHG	Hospital Model
Cork University Hospital (CUH)	Model 4
University Hospital Waterford (UHW)	Model 4
University Hospital Kerry (UHK)	Model 3
Mercy University Hospital (MUH)	Model 3
South Tipperary General Hospital (STGH)	Model 3
Bantry General Hospital (BGH)	Model 2
Mallow General Hospital (MGH)	Model 2
Cork University Maternity Hospital (CUMH)	Maternity Hospital
Kilcreene Regional Orthopaedic Hospital (KOH)	Specialty Hospital
South Infirmary Victoria University Hospital (SIVUH)	Specialty Hospital



Service Provision

The SSWHG is responsible for the provision of acute hospital care for a population of 915,000 people across the counties of Cork, Kerry, Waterford and South Tipperary and a supra-regional catchment of 1.2 million. Similar to the national profile, the population is increasing overall and there is a proportionately greater increase in the age group over 65 years. This age group are the main consumers of healthcare, therefore, the demand for hospital services is likely to increase into the future. The health system is already challenged to provide high quality care within the existing resources and expenditure. Similar to healthcare systems nationally and internationally, the SSWHG is experiencing difficulty attracting and retaining enough nurses and midwives to meet demand. Currently, in the region of 4,200 nurses and midwives work in our acute hospitals in the SSWHG. Through enhanced governance and management, we strive to be the employer of choice for this region.



Nursing and Midwifery Collaboration

The SSWHG nursing and midwifery collaboration has gone from strength to strength over the last five years, led by the Chief Director of Nursing and Midwifery. Opportunities have been provided to discuss areas of concern, bring new learning, share ideas and workable solutions. This group has successfully implemented agreed priorities, such as the *Nursing Documentation Project*, the *National Sepsis Programme*, the *Theatre Foundation Programme* and the *Advanced Nurse Practitioner (ANP) Demonstrator Project*. Each acute hospital have equal access to support, opportunities to standardise care and healthcare delivery, while maintaining their own unique identity. Key meetings are convened, with representatives from all hospitals in the Group. The Nursing and Midwifery Group value the vital support and collaborative working arrangements with our principle academic partner University College Cork (UCC), Institutes of Technology (IT) Waterford and Tralee and Nursing and Midwifery Planning and Development Units (NMPDUs) South-West and South-East.



Policy Context

The policy context of the SSWHG *Nursing and Midwifery Strategy* emphasises the need for service reform and transformation to help meet contemporary and future health and fiscal challenges. The key policy documents which influence this strategy include the *Sláintecare Report* (Houses of the Oireachtas, 2017), *the National Maternity Strategy 2016-2026* (DoH 2016b), *the National Service Plan 2020* (Health Service Executive (HSE) 2019a), *Patient Safety Strategy 2019-2024* (HSE 2019b), *National Cancer Strategy 2017-2026* (DoH 2017a), and the *People Strategy 2019-2024* (HSE 2019c). Improving population health, service redesign, integration, quality, safety and patient empowerment are recurrent themes throughout these national documents. Our strategy is responsive to the wider healthcare context and will deliver on agreed improvements and initiatives.

Sláintecare

Sláintecare provides a 10 year strategy for the modernisation and reform of the Irish healthcare service. The *Sláintecare Report* (Houses of the Oireachtas, 2017), *Sláintecare Implementation Strategy* (Government of Ireland 2018) and the more recent *Sláintecare Action Plan (DoH 2019a)* describe how services across all areas of the health system are stretched, with demand far outstripping supply. Hospitals are operating at maximum capacity, with occupancy rates across the country exceeding safe and internationally benchmarked standards of 85%. Recent capacity targets have been further lowered to 80% (HSE 2020c). Waiting lists for surgery, planned hospital treatment and community based services are too long and continue to grow. Demands in social care services for older people and those with disabilities are steadily increasing. The healthcare system has under-invested in the necessary data, Information Communication Technology (ICT) systems that are needed to effectively manage services and share information to best respond to patients' needs.

To address these challenges, the *Sláintecare Report* (Houses of the Oireachtas, 2017) proposes a redesign of the Irish health system. The fundamental redesign elements are the provision of care closer to home, greater access to affordable care, hospital admission avoidance and the development of integrated care between primary, secondary and social care systems. The *Sláintecare* principles, goals, and high-level strategic actions represent a mixture of legislation, policy and service level action. *Sláintecare Implementation Strategy* and *Action Plan* will require that all stakeholders take an active role in bridging the gap between the vision for health services and front line delivery. The impact of moving to a community led model of care across a lifespan impacts significantly on healthcare delivery going forward. Our *Nursing and Midwifery Strategy* will be closely aligned with these deliverables in mind.



HSE National Service Plan 2020

The *National Service Plan (NSP) 2020* (HSE 2019a) is aligned with the priorities of reform and *Sláintecare* in order to deliver the required transformation of our health service, within the budget allocation for 2020. Two *Sláintecare* priorities have been identified as key areas of focus. These are as follows (HSE 2019a, pages 16-22);

- Capacity and Access – work to improve access to services, reduce waiting lists and address hospital overcrowding (over a three year period).
- Regional Health Areas – design and implement the new organisation structures at national, regional and local levels.

The NSP pledges a commitment to support the implementation of the *Patient Safety Strategy 2019-2024* (HSE 2019b). Specific initiatives are targeted to reduce patient harm such as Carbapenemase-Producing Enterobacteriaceae (CPE) screening, antimicrobial resistance and infection control management and the five sustainable Quality Improvement (QI) projects (falls and pressure ulcer prevention, quality improvement for healthcare boards, deteriorating patient and medication safety). Our *Nursing and Midwifery Strategy* will support the NSP priorities and will continue to build a culture of continuous improvement in service quality for patients and service users.

National Maternity Strategy 2016-2026 – Creating a Better Future Together

Ireland's first "*National Maternity Strategy 2016-2026*" (DoH, 2016b) sets out a vision for maternity services in Ireland whereby;

"Women and babies have access to safe, high quality care in a setting that is most appropriate to their needs

Women and families are placed at the centre of all services, and are treated with dignity, respect and compassion

Parents are supported before, during and after pregnancy to allow them give their child the best possible start in life" (DoH 2016b, page 13).

To realise this vision, four strategic priorities have been identified:

1. A health and wellbeing approach is adopted to ensure that babies get the best start in life. Mothers and families are supported and empowered to improve their own health and wellbeing.
2. Women have access to safe, high quality, nationally consistent, woman-centred maternity care.
3. Pregnancy and birth is recognised as a normal physiological process, and insofar as it is safe to do so, a woman's choice is facilitated.
4. Maternity services are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce, in partnership with women.

The implementation of *the National Maternity Strategy* is a key priority for the HSE. We have one maternity hospital and three maternity units within general hospitals; therefore the strengthening of our Maternity Directorate is a key consideration for the SSWHG. Our *Nursing and Midwifery Strategy* will support the improvement of services for women and infants as guided by the *National Maternity Strategy* (DoH 2016b) and *National Standards for Safer Better Maternity Services* (Health Information Quality Authority (HIQA), 2016).

Working in Partnership

Education, Continuing Professional Development (CPD), and career advancement are at the heart of nursing and midwifery and are the cornerstone of practice. We value our links and strong partnership with the Office of the Chief Nursing Officer (CNO), the DoH; the Office of the Nursing and Midwifery Services Director (ONMSD) and the Nursing and Midwifery Board of Ireland (NMBI). In the SSWHG, close alliances are formed with the School of Nursing and Midwifery in three Higher Education Institutions (HEIs) (UCC, IT Waterford and Tralee), NMPDUs South West (Cork Kerry) and South East (Carlow/Kilkenny/South Tipperary/Waterford/Wexford), along with the five Centres of Nursing and Midwifery Education (CNMEs) across the HSE South/South East. The continued strong alliance with these organisations, along with on-site hospital Nurse and Midwifery Practice Development Units is essential to deliver current and future strategic plans.

Office of the Chief Nursing Officer, Department of Health

The Office of the CNO, as a division of the DoH, shapes nursing and midwifery policy around the needs of the health service. Nurses and midwives in the SSWHG will work to implement policies of the CNO. Currently, we play an active role in the implementation of the *Framework for Safe Staffing and Skill Mix Phase 1* (general and specialist medical and surgical care) (Drennan et al 2018, DoH 2018) and Phase 2 (Emergency Department (ED)), as well as supporting the implementation of the *Development of Graduate, Specialist and Advanced Nursing and Midwifery Practice* (DoH 2019b). The latter policy aims to develop additional competence and new ways of working to deliver more positive patient outcomes in key target areas; hospital avoidance, early discharge, patient flow and timely access to health services. The SSWHG fully supports the creation of a critical mass of ANP/Advanced Midwifery Practitioners (AMPs), totaling 2% of the nursing and midwifery workforce, over the coming years (DoH 2019b).





The Office of the Nursing and Midwifery Services Director

The ONMSD has a key function in supporting the Office of the Chief Clinical Officer (CCO) HSE, by leading on specific aspects of National Clinical and Integrated Care Programmes (e.g., older people, acute medicine, critical care, emergency medicine and diabetes), Clinical Innovation and Design (e.g., Clinical Supervision Framework) and National Quality Improvement (e.g., Quality Care Metrics (QCM), Early Warning Systems (EWS) and medicinal product prescribing). It manages a budget and provides the design, development and delivery of CPD as well as supporting advanced and specialist practice for nurses and midwives.

The ONMSD strategically lead and support nurses and midwives to deliver safe, high quality, person centred healthcare. It has critical professional links with the DoH, CNO, NMBI, Directors of Nursing and Midwifery (DoN/M), Higher Education Institutes, HIQA and other stakeholders. The priorities set out in our *Nursing and Midwifery Strategy* are in keeping with the ONMSD key deliverables set out in the *Strategic Plan 2019-2020* (ONMSD 2019a).

Nursing and Midwifery Planning and Development Units

The NMPDUs, as a division of the ONMSD, strategically supports all nursing and midwifery services including acute hospital services, primary care (public health and community), paediatrics, older persons, intellectual disability, mental health and palliative care.

The NMPDU Directors and their teams promote the development of nursing and midwifery by agreeing acute service priorities with the DoN/M Group, in line with SSWHG and HSE goals. The NMPDU works collaboratively with services to enhance practice and support the development of skills and capabilities of nurses and midwives in order to improve the standard of care delivery.

Centres of Nursing and Midwifery Education

The HSE and voluntary CNMEs support the objectives of the ONMSD service development. They play a key role in supporting nurses and midwives in the provision of mandatory education, the maintenance of core and development of new competencies, CPD and advancement in practice.

The CNMEs promote the pursuit of excellence in nursing and midwifery practice through the development of evidence based programmes and in the dissemination and implementation of national guidelines.

Nursing and Midwifery Board of Ireland

NMBI is the regulatory authority for the nursing and midwifery professions in Ireland as described in the Nurses and Midwives Act 2011 (Nurses and Midwives Act, 2011). NMBI sets the standards for the education, registration, conduct, principles and values that underpin professional practice (NMBI 2014, 2016, 2017a & b). The strategic priorities and values in this *Nursing and Midwifery Strategy* are in keeping with the Boards objective of protecting the public and ensuring the integrity of nursing and midwifery practice.

Higher Education Institutions

Advances in education, learning and professional development amongst nursing and midwifery has been instrumental in advancing clinical service provision. This progress has been made possible through continued collaboration and support from our academic partners; UCC, IT Tralee and Waterford. As outlined in this strategy, we will strengthen our academic and research partnership to support the development of nursing and midwifery innovation, research and learning programmes.

Nurse and Midwifery Practice Development Units

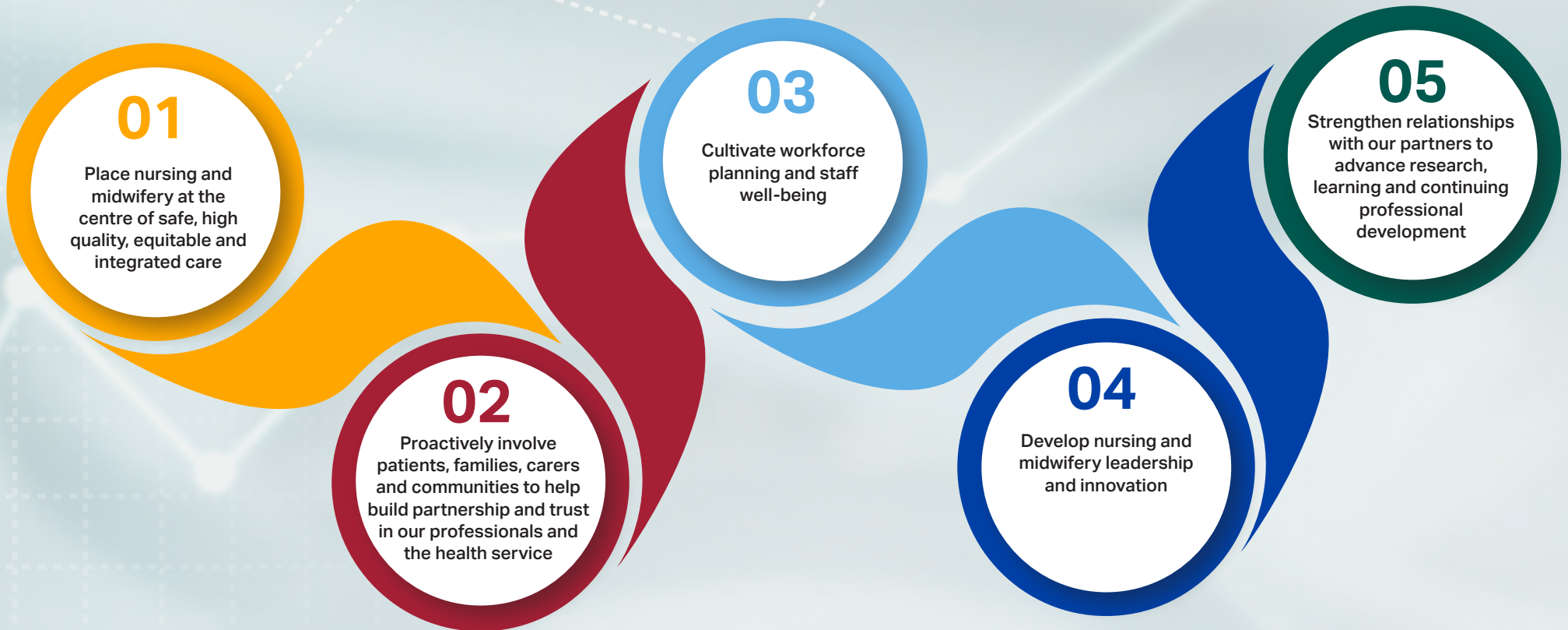
Nurse and Midwifery Practice Development Units, as part of acute hospital sites, play an important role in empowering, motivating, and supporting students and qualified nurses/midwives across the SSWHG. NPDU/MPDUs are responsible for co-ordinating the clinical components of the BSc General Nursing, BSc Midwifery, BSc Integrated Children's and General Nursing. Additionally, NPDU/MPDUs provide learning and support for external nursing and midwifery students, Erasmus and elective placements. Through the application of specialist knowledge, best practice, audit, research and the provision of support for practice-based education and CPD, NPDU/MPDUs support the professional development of students, nurses and midwives.



SSWHG Strategic Priorities for Nursing and Midwifery 2020-2025



Our five strategic priorities are as follows;



01

Strategic Priority 1: Safe, High Quality, Equitable and Integrated Care

Place nursing and midwifery at the centre of safe, high quality, equitable and integrated care

We are committed to delivering the highest quality of person-centred healthcare possible. Nurses and midwives are well placed to proactively challenge health inequality, achieve measurably better and safer care and promote healthier lifestyle options for all people who come in contact with our healthcare services.

Objectives

- 1.1 Champion excellence in the delivery of safe and effective care with special consideration for those at highest risk.
- 1.2 Drive the implementation of national policy in conjunction with National Programmes and Standards.
- 1.3 Support service delivery reform through integrated care programmes and use of technology.

Nurses and midwives are fundamental to delivering consistently high quality patient centred care. As declared by the International Council of Nurses (ICN), nurses are a force for change because of their close interaction with patients and their families in all settings of society. As individuals and coordinators of care, nurses and midwives bring people-centred care closer to the communities, helping to improve health outcomes and the overall cost effectiveness of services. They use the results of research and audit to contribute to decisions on quality, cost-effective health care delivery (International Council of Nurses, 2015). On a day-to-day basis, nurses and midwives play a leading role applying our *Patient Safety Strategy* (HSE 2019b) and HIQA standards for *Safer Better Healthcare* (HIQA 2012) and *Safer Better Maternity Services* (HIQA 2016).

The Sláintecare Report (Houses of the Oireachtas, 2017) and the *National Service Plan 2020* (HSE 2019a) call for a complete transformation in how we deliver our services. More cross boundary co-operation and interdisciplinary working across services needs to be developed if this vision is to be achieved.

Digital technology and the availability of data are creating new opportunities to improve the way care is planned and delivered. e-Health (Electronic Health) and telemedicine is known to deliver improvements in efficiency and quality at the point of care and enhance the patient experience by transforming how and where they access health care services (HSE 2020d, Houses of the Oireachtas, 2017; HSE 2019a, 2015; DoH 2013a). The implementation of digital programmes such as the Electronic Health Record (EHR), ePharmacy, Primary Care Management System (PCMS) will form a significant milestone for healthcare staff and patients alike. The implementation of the new suite of *General Data Protection Regulations* (GDPR) (Data Protection Act 2018), offers added public and staff protection in the handling of personal data. Nurses and midwives will be required to further embrace ICT, digital working and technology. This new era of e-Health will require additional investment, as well as support and training for nurses and midwives.

Objectives	Actions
<p>1.1 Champion excellence in the delivery of safe and effective care with special consideration for those at highest risk.</p>	<ul style="list-style-type: none"> • Agree nursing and midwifery care priorities on an annual basis to address gaps and potential areas for improvement in care delivery. • Equip and expect our nurses and midwives to champion effective care, be involved in and lead decisions that affect safe care delivery. • Work in conjunction with academic partners to disseminate education and policies pertaining to high risk groups such as older people, acute medicine, paediatrics and cancer control. • Demonstrate leadership at hospital and group level through information sharing, implementing and evaluating care processes to improve patient safety. • Create opportunities for nurses/midwives and Health Care Assistants (HCAs) to learn from patient feedback and quality/risk reports. • Decrease patient harm through a group wide approach to reporting incidents, audit of practice and quality improvement plans e.g infection prevention and control, QCM, sepsis guidelines and surgical site surveillance. • Work with our academic partners to achieve Magnet Recognition within our acute hospitals (Refer to Appendix 2).
<p>1.2 Drive the implementation of national policy in conjunction with National Programmes and Standards.</p>	<ul style="list-style-type: none"> • Work in conjunction with National Clinical Care Programme leads to enhance the quality and safety of patient care in areas such as critical care, sepsis, trauma and surgery. • Take ownership of the <i>National Maternity Strategy</i> (DoH 2016b), and work together to deliver a better and safer maternity service e.g MaternityONE South Project, baby friendly hospital and Community breast feeding support. • Establish programmes of work that facilitate the move towards a community-led model of care, as outlined in <i>Sláintecare</i>.
<p>1.3 Support service delivery reform through integrated care programmes and use of technology.</p>	<ul style="list-style-type: none"> • Champion the development of integrated models of care in the areas of patient flow, chronic disease and maternity services (e.g Domino and home birth). • Further develop interdisciplinary working models such as COPD Outreach, ANP/AMP led acute and community services, Community Intervention Teams (CIT), Frailty Intervention Team (FIT) and Maternity Outreach. • Introduce new models of care, build networks and more effective ways of working with our community colleagues. • Contribute to the development of improved documentation and communication between acute hospitals/maternity to community based services e.g., a standardised multidisciplinary discharge summary. • Support the use of technology that enables acute and community service integration.

02

Strategic Priority 2: Involving Patients, Families, Carers and Communities

Proactively involve patients, families, carers and communities to help build partnership and trust in our professionals and the health service

We are committed to building and maintaining the trust, respect and confidence of the people we serve. Partnership working with patients and carers will be central to our decision making and planning processes.

Objectives

- 2.1 Champion active participation of patients, families and carers in healthcare delivery.
- 2.2 Promote nurse and midwife communication that aligns with patients as partners in their own healthcare.
- 2.3 Enable the community to have direct and meaningful input when planning healthcare.

Involving patients, families and communities in the design and delivery of healthcare processes is increasingly recognised as being fundamental to building high quality services and maintaining trust in healthcare professionals (HIQA HSE DoH 2019; DoH,

2016c, HSE 2020b, 2016a). We need to create environments which safeguard the rights of service users; where those who provide feedback are listened to and treated with respect and dignity, courtesy and empathy. This statement of commitment appeared in our *National Healthcare Charter* (HSE 2012), more recently in the HSE Policy *Your Service Your Say* (HSE 2017, page 11) and is ingrained in nurses and midwives *Code of Professional Conduct and Ethics* (NMBI 2014).

Connecting or reconnecting with our core values, and having conversations on what really matters, help us to get healthcare right for people who use our services (Healthcare Improvement Scotland 2018, NHS Scotland 2015). The literature shows a positive association between good nurse/midwife communication and improved pain management, communication about medication and patient experience (Lidgett 2016).

Listening to the experiences of patients who use health and social care services is internationally accepted as a good measure of the quality and safety of care (HIQA, HSE, DoH 2020,2019,2018). The National Care Experience Programme was established in 2019 to improve the quality and safety of health and social care services provided to patients. Under this umbrella, the *National Inpatient Experience Survey* captures feedback from patients in acute hospitals and the *National Maternity Experience Survey* offers new mothers the opportunity to share their experiences of antenatal to postnatal care <https://yourexperience.ie/>. The findings from these surveys help inform quality improvement, resulting in the introduction of a wide range of initiatives lead by nurses and midwives.

Objectives	Actions
<p>2.1 Champion active participation of patients, families and carers in healthcare delivery.</p>	<ul style="list-style-type: none"> • Strengthen the involvement of patients and carers in decisions regarding their hospital care, treatment and discharge e.g. <i>Code of Professional Conduct and Ethics</i> (NMBI 2014), <i>Careful Nursing Philosophy</i> (Meehan 2012), <i>National Consent Policy</i> (HSE 2019f). • Actively seek patient/service user feedback in all healthcare settings e.g., family meetings, <i>Your Service Your Say Survey</i> (HSE 2017) and <i>What Matters To Me</i> (Irish Hospice Foundation 2017). • Demonstrate frontline leadership by encouraging patients, families and carers to express views on their illness, care and treatment plans. • Implement the recommendations from the <i>National Patient Experience Survey</i> and other engagement processes to bring about improvements in care.
<p>2.2 Promote nurse and midwife communication that aligns with patients as partners in their own healthcare.</p>	<ul style="list-style-type: none"> • Encourage and support more meaningful conversations between nurse/midwives and patients, families and carers and value the importance of these interactions e.g., <i>Making Every Contact Count (MECC)</i>(HSE 2018c), health information leaflets, public awareness sessions and surveys. • Support initiatives which help to establish, maintain and build nurse/midwife patient therapeutic relationships such as <i>reflective practice</i> and workarounds. • Support nurses and midwives in developing the skills and capability to address patient quality and safety concerns e.g., <i>Open Disclosure Programme</i> (HSE 2019e), <i>Quality Standards for End-of-Life-Care</i> (Hospice Friendly Hospitals 2013), <i>Advance Healthcare Directives</i> www.hospicefoundation.ie • In partnership with our HEIs, ensure all nursing and midwifery staff receive the necessary communication skills training to meaningfully engage with patients, families and carers.
<p>2.3 Enable the community to have direct and meaningful input when planning healthcare.</p>	<ul style="list-style-type: none"> • Support the process of patient and public participation in line with the National Patient Safety Office and the <i>National Healthcare Charter</i> (HSE 2012). • Seek to establish a SSWHG patient council to encourage direct community input in policy development. • Work collaboratively with the Health Promotion Unit to drive forward the healthy agenda and gain insight into what matters at community level. • Support public participation through the development of the SSWHG website and the introduction of patient portals.

03

Strategic Priority 3: Workforce Planning and Staff Wellbeing

Cultivate workforce planning and staff wellbeing

We aim to attract and retain competent and committed nurses and midwives with the professional, personal and technical competencies required to deliver a person-centred service.

Objectives

- 3.1 Use validated tools to ensure that nursing and midwifery staffing levels meet the acuity and dependency levels of patients.**
- 3.2 Work in partnership with nurses and midwives to address recruitment, retention and high performance.**
- 3.3 Invest in dynamic career development pathways within clinical practice, health management, health policy and academia.**
- 3.4 Promote staff health and wellbeing at individual, team, organisational and Group level.**
- 3.5 Utilise recognised ICT systems for enhanced people management.**

National and International studies have shown associations between nurse staffing, skill mix and patient outcomes. Suboptimal staffing levels is associated with increased mortality, falls, and episodes of missed nursing care (Aiken et al 2014). Previous research and health inquiry has also shown the relationship between nurse staffing, staff turnover and job satisfaction (Drennan et al., 2018; Griffiths et al. 2018; DoH 2019c). Staffing our hospital is an age old problem, which requires an innovative approach to address workforce planning. Healthcare requires the right nurse/midwife to be in the right place, at the right time to deliver high quality patient care (DoH 2019b,c).

The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030 (www.commonwealthnurses.org). In recognition of this, the World Health Assembly has designated 2020 as the "*International Year of the Nurse and the Midwife*". In the year 2020, the work of nurses and midwives will be celebrated, the challenging conditions they often face will be highlighted and increased investment in the nursing and midwifery workforce will be sought. Investment in nursing and midwifery staffing will continue to be robustly supported at senior management level in the SSWHG and needs continual commitment at government level.

Specialist and advanced practice roles are improving patient experiences in areas such as waiting lists, access to services, hospital avoidance and lengths of hospital stay. The policy document, *A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice* (DoH 2019b) proposes a new model to support nurses and midwives fully utilize the knowledge and skills of graduate, specialist and advanced nurse and midwife practitioners.

Objectives	Actions
<p>3.1 Use validated tools to ensure that nursing and midwifery staffing levels meet the acuity and dependency levels of patients.</p>	<ul style="list-style-type: none"> • Support the implementation of policy documents such as the <i>Framework for Safe Staffing and Skill Mix for Nursing</i> (DoH 2018) and <i>Enhanced Care Model</i> (DoH 2019c). • Develop a nursing and midwifery workforce planning strategy to aid professional judgment and safe staffing. • Work with our academic partners to identify skills, knowledge, competencies and behaviours required to meet current and future service needs in areas such as outreach care and cross boundary working.
<p>3.2 Work in partnership with nurses, midwives to address recruitment, retention, and high performance.</p>	<ul style="list-style-type: none"> • Actively engage with all grades of nurses, midwives and HCAs to strengthen recruitment, retention and performance. • Support the implementation of the <i>Review of Role and Function of Health Care Assistants</i> (HSE 2018a). • Implement the <i>HSE Performance Achievement Policy</i> (HSE 2020a) to encourage continuous improvement in our organisation. • Continue to implement the <i>Health Services People Strategy</i> (HSE 2019c). • Develop an employment engagement programme. • Introduce dynamic training initiatives and team based working across nursing, midwifery and HCAs to support <i>Sláintecare</i> reform.
<p>3.3 Invest in dynamic career development pathways within clinical practice, health management, health policy and academia.</p>	<ul style="list-style-type: none"> • Encourage and equip nurses and midwives to become leaders and champions in an evolving healthcare system. • Establish career planning and progression as integral parts of developmental meetings with line managers. • Support and encourage the expanding roles of nurses, midwives and HCA's. • Identify roles for development that will meet future healthcare needs e.g., long term conditions, healthy childhood programme.
<p>3.4 Promote staff health and wellbeing at individual, team, organisational and Group level.</p>	<ul style="list-style-type: none"> • Engage with the Human Resource (HR) department and staff to implement strategies which build positive workplace environments and organisational culture. • Through the philosophy and values of nursing and midwifery, enhance teamwork and work life balance through mediums such as mindfulness, <i>HSE Staff Health and Wellbeing Programme</i> (HSE, 2018d) and associated activities.
<p>3.5 Utilise recognised ICT systems for enhanced people management.</p>	<ul style="list-style-type: none"> • Implement an e-rostering system for nurses/midwives and HCA's on a phased basis, within the SSWHG. • Support the introduction of systems to improve HR analytics and reporting. • Support ICT training for nurses/midwives and HCAs to help care delivery, innovation, GDPR and social media management.



Strategic Priority 4: Leadership and Innovation

Develop nursing and midwifery leadership and innovation

We are committed to increasing the visibility of nurses and midwives as leaders in clinical practice, service development and innovation.

Objectives

- 4.1 Develop nursing and midwifery leadership across the SSWHG.
- 4.2 Facilitate the development of nurses and midwives and expect the demonstration of positive leadership behaviours.
- 4.3 Recognise the unique position of clinical nurse and midwife managers and advanced nurse/midwife practitioners in demonstrating leadership.
- 4.4 Increase the visibility of nurses and midwives as leaders in practice, service development and innovation.

The healthcare system requires nurse and midwifery leadership to deliver better outcomes in terms of clinical excellence, patient/service user experience and the necessary productivity savings. "A clinical leader is a competent professional involved in providing direct and indirect clinical care, who enables oneself and influences others to improve care" (ONMSD, 2011, pg 3).

Clinical leaders think differently, take personal responsibility, practice self-leadership, have belief in delivering excellence, have stamina, dynamism, confidence and assertiveness. They are patient/person focused and are guided by compassion, care and commitment (ONMSD, 2011). "What determines a leader is his/her behaviour" (Curtis, de Vries, Sheerin, 2011, page 307).

It is essential that nurse and midwife leaders are well prepared to assume their roles at all grades. Nurses and midwives need encouragement to explore their core values and realise their potential as leaders of care in front line service and beyond. Nurse and midwife managers need to be prepared to lead all the team members, maintain an empowering, safe clinical environment, ensure the quality of patient care, co-ordinate projects, coach and engage staff members. Senior nurse and midwife leaders need opportunities to explore their leadership roles in complex change management, influencing people, health policy, diverse healthcare systems and workforce (National Clinical Leadership Centre (NCLC), ONMSD, 2019a,b; Van Bogaert et al 2015). They need to be supported in becoming policy activists in areas such as health financing, the vastly changing healthcare arena, quality and governance.

Investment in talent management, training programmes, coaching, mentoring and leadership development opportunities is required at all career stages to bring about long term service change. The SSWHG will continue to support the leadership capacity of nurses and midwives at all levels and will allow valuable perspectives and knowledge to be fully harnessed for the benefit of patients.

Objectives	Actions
<p>4.1 Develop nursing and midwifery leadership across the SSWHG.</p>	<ul style="list-style-type: none"> • Support, encourage and provide opportunities for all grades of nurses and midwives to develop their leadership capacity. • Ensure nursing and midwifery leadership is visible and accessible at all levels of the organisation. • Recognise, value and reward nursing, midwifery and HCA contribution to leadership and professional development. • Encourage clinical nurse and midwife managers to reflect on their leadership styles and develop the skills and behaviours required to deliver quality patient care. • Create opportunities to collaborate and create peer support networks and shared learning opportunities to facilitate future learning.
<p>4.2 Facilitate the development of nurses and midwives and expect the demonstration of positive leadership behaviours.</p>	<ul style="list-style-type: none"> • Work with leaders who adapt and bring about innovative solutions for the betterment of patient care. • Nurture talent and build leadership capacity through experiential learning/shadowing activity, job rotation, succession planning and building skill sets. • Work with our academic partners, ONMSD and CNMEs to design and deliver specific leadership education programmes for nurses and midwives.
<p>4.3 Recognise the unique position of clinical nurse and midwife managers and ANP/AMPs in demonstrating leadership.</p>	<ul style="list-style-type: none"> • Ensure clear organisational goals, a clearly communicated strategic plan and senior nursing support is available to clinical nurse and midwife managers and ANP/AMPs. • Further develop coaching and mentoring as key leadership development interventions. • Encourage and promote examples of good practice across the system as a basis for further development. • Provide training and development opportunities including those provided through the NCLC (ONMSD 2020).
<p>4.4 Increase the visibility of nurses and midwives as leaders in practice, service development and innovation.</p>	<ul style="list-style-type: none"> • Support opportunities for nurses and midwives to participate in interdisciplinary strategies, service development and innovation. • Celebrate nurses and midwives contribution to healthcare by championing events which showcase the work of front line staff. • Provide support for using a standardised nursing language to enhance nurses and midwives visibility in Activity Based Funding (ABF) and cost effective care delivery e.g., North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification (NIC) and Nursing Outcome Classification (NOC).



Strategic Priority 5: Research, Learning and Continuing Professional Development

Strengthen relationships with our partners to advance research, learning and continuing professional development

We are committed to working with our academic partners to support nurses and midwives generation and use of research, best evidence and quality improvement (QI) techniques to improve patient outcomes.

Objectives

- 5.1 Enable nurses and midwives generation and use of research and evidence based practice to improve patient outcomes.
- 5.2 Increase the visibility of nurses and midwives as leaders in education and research.
- 5.3 Strengthen our relationship with our partners to advance continuing professional development across our hospitals
- 5.4 Encourage intellectual curiosity and dynamism in our students and staff, generating world class nurses and midwives.

It is important for nurses and midwives to generate high quality research and clinical effectiveness in order to increase patient safety and to ensure healthcare is up to date, effective and consistent (National Clinical Effectiveness Committee (NCEC) <https://www.gov.ie/en/publication/90221b-clinical-effectiveness>).

Nurses and midwives are immersed in clinical settings which are ripe with opportunities to identify and carry out investigations and research that matter to the patient and to professionals. These professionals are able to interpret and apply research findings in a practical and useful way, making an enormous contribution to the wider health research agenda. The Canadian Nurses Association (Villeneuve & MacDonald,2006) correctly predicted that nurse and midwife researchers in 2020 will place less emphasis on nursing and midwifery process, focusing instead on health, the needs of patients and communities and providing sound evidence to guide health policy and clinical practice.

CPD is an essential component in the delivery of safe and effective care and is core to ensuring the best possible outcomes for patients (ONMSD, 2019a,b). Education, training and CPD should be service driven, based on need and evidence based practice to ensure that both current and future healthcare needs are met. In collaboration with our academic partners, the HSE and ONMSD, we will proactively examine staff skills and knowledge to inform the evolution of CPD and postgraduate education.

Objectives	Actions
<p>5.1 Enable nurses and midwives generation and use of research and evidence based practice to improve patient outcomes.</p>	<ul style="list-style-type: none"> • Develop a supportive infrastructure and research-clinical practice model to enable front line nurses and midwives pursue research and QI within their clinical environments (e.g., falls, pressure ulcers, medication safety, clinical handover). • Set the clinical research agenda with our academic partners to support the generation of research, audit and care processes. • Connect principal investigators with nurses and midwives to help transpose good research ideas into patient benefits. eg., joint appointments and use of translational research.
<p>5.2 Increase the visibility of nurses and midwives as leaders in education and research.</p>	<ul style="list-style-type: none"> • Enable nurses and midwives participation in research and NCEC guideline development, which is aligned to service need. • Provide opportunities for nurse and midwife researchers to engage with the health innovation hub. • Facilitate nurses and midwives role in data collection as part of the journey to achieving Magnet Recognition (Appendix 2).
<p>5.3 Strengthen our relationship with our partners to advance CPD across our hospitals.</p>	<ul style="list-style-type: none"> • Enable all nurses and midwives to have fair and equitable access to education, training and CPD provision. • In conjunction with our academic partners, map future workforce skills and knowledge requirements to inform the evolution of CPD. • Provide staff support and encouragement to complete a <i>Professional Development Plan</i> (HSE ONMSD 2018) and support the training needs arising from this. • Enhance communication and continuous development of practice through group meetings with DoN/M, NMPDU and Practice Development Units. • Continue to support and grow the critical mass of ANP/AMPs in partnership with the ONMSD and our academic partners.
<p>5.4 Encourage intellectual curiosity and dynamism in our students and staff, generating world class nurses and midwives.</p>	<ul style="list-style-type: none"> • Develop learning opportunities for nursing and midwifery students and staff through partnerships, secondments and interchanges. • Recognise the success of our undergraduate training programme and the rich clinical environments available in the SSWHG. • Empower the Practice Development Units who prepare our undergraduate nurses and midwives for front line clinical practice. • Support CNMEs who facilitate our nurses and midwives to flourish in clinical practice through CPD. • Work with HSELand and our academic partners to provide blended learning opportunities to enhance work based learning.



Acknowledgments

I wish to thank all those who participated in the consultation process. The consultation process provided opportunities for nurses and midwives at all levels to share their experiences and identify a future vision for our healthcare services here in the SSWHG. Your honesty and wisdom is much appreciated and has helped shape this *Nursing and Midwifery Strategy*.

Consultation and Engagement Process

The development of this first *Nursing and Midwifery Strategy* followed extensive consultation across the SSWHG, using workshops, focus groups and individual interviews. There were over 200 participants including DoN/M, all grades of post graduate and undergraduate nurses and midwives, HCAs, senior managers in the SSWHG, our academic colleagues, representation from NMPDUs, CNMEs and Nurse and Midwife Practice Development Units. We have received valuable input throughout the consultative process and at the feedback stages of the strategy development.

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Chief Director of Nursing and Midwifery, SSWHG.



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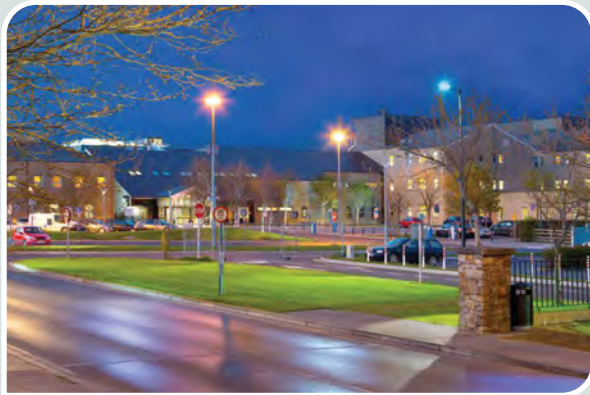
Appendix 1: Our Hospitals in the SSWHG

The ten hospitals in the SSWHG are made up of two Model 4, three Model 3, two Model 2, one maternity and two specialty hospitals. These facilities provide emergency as well as elective inpatient and outpatient care to a population of 915,000 people across the counties of Cork, Kerry, Waterford and South Tipperary and a supra-regional catchment of 1.2 million. There are approximately 2,150 inpatient beds across the ten hospitals.



Cork University Hospital

Cork University Hospital is the largest teaching hospital in Ireland and the only level 1 trauma centre in the country. The hospital has over 40 different medical and surgical specialities and is one of eight designated cancer centres. CUH is the tertiary referral centre for the HSE Southern area, and the supra regional area of Limerick, Clare, Tipperary, Waterford and Kilkenny. The hospital has 635 inpatient beds.



University Hospital Waterford

UHW provides general and specialist medical care, surgical, emergency and maternity care to the population of the south east. The hospital is the designated cancer centre for the south east. The hospital has approximately 430 inpatient beds. The number will increase to 520 once the Dunmore wing is fully operational.



University Hospital Kerry

University Hospital Kerry provides medical, surgical, maternity and unplanned specialist care to the population of Kerry, parts of North Cork, and West Limerick. The hospital has a very busy 24/7 emergency department in addition to day patient and outpatient services. The hospital has 250 inpatient beds, including 15 Palliative Care beds.



Mercy University Hospital

Mercy University Hospital is a public voluntary hospital, which is the second largest in Cork. The hospital offers a wide range of specialities which provide inpatient, day patient and outpatient services along with a very busy 24/7 emergency department. The hospital has 230 inpatient beds.



South Tipperary General Hospital

South Tipperary General Hospital provides medical, surgical, paediatric and maternity services to the population of Tipperary and West Waterford. The hospital has a 24/7 emergency department in addition to a range of outpatient services. There are 190 inpatient beds, increasing to 225 when opening of the new medical/surgical wards is complete.



Mallow General Hospital

Mallow General Hospital provides a range of inpatient, day patient and outpatient services to the population of North Cork. The hospital has a local injuries and a medical assessment unit. The hospital has 54 inpatient beds.



Bantry General Hospital

Bantry General Hospital provides a comprehensive range of inpatient, outpatient and day case procedures to the population of the West Cork area. The hospital has a local injuries unit, medical assessment, acute stroke and rehabilitation units. Bantry General Hospital is in the unique position of also having a residential unit. There are 86 inpatient beds.



Cork University Maternity Hospital

Cork University Maternity Hospital is one of the largest providers of women and infant healthcare in Ireland. There are up to 8,000 births per annum. The Neonatal Unit at CUMH is one of the busiest units in the country, which supports the large number of births at CUMH. The hospital has 145 inpatient beds.



Kilcreene Regional Orthopaedic Hospital

Kilcreene Regional Orthopaedic Hospital provides in-patient and outpatient orthopaedic services for the South-East. The hospital has 25 inpatient beds.



South Infirmary Victoria University Hospital

The South Infirmary Victoria University Hospital is an elective surgical facility in the main and the only elective hospital in Ireland.

It is the regional centre for ear nose and throat (elective and emergency), elective orthopaedics, dermatology, ophthalmology (elective and emergency) and chronic pain medicine services. It also provides a significant role within the SSWHG in the provision of oncology, general surgery, rheumatology, endocrinology, plastic surgery, oral and maxillofacial surgery, elective gynaecology, radiology and anaesthesiology services. The hospital has 155 inpatient beds and caters for up to 38,400 admissions and 72,500 outpatient attendances each year.



Appendix 2: Magnet Hospitals

A Magnet hospital is a healthcare facility that is identified as having exceptional nursing standards along with a good work environment for nurses. Magnet status is achieved through The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® (MRP). Hospitals which meet the criteria in five areas and pass a site visit are awarded the designation for four years. The five areas are as follows;

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation
- Improvements and Empirical Quality Results

A European and US research team have been awarded €4,000,000 from the EU Horizon 2020 research programme to undertake a programme of research that will implement Magnet principles in hospitals across Europe, including Ireland. The research programme, Magnet4Europe, develops and implements a theory-based organizational redesign in 60 hospitals in five European countries, with stakeholder co-designed adaptations for Europe, one-to-one twinning of intervention with Magnet hospitals, and a learning collaborative, including stakeholders. The intervention is designed to achieve improved mental and physical health, with significant reductions in burnout, absenteeism, presenteeism and turnover among nurses, while also improving patient outcomes. The research will involve 60 European hospitals and 60 international Magnet twin organizations.

The research is due to commence in early 2020 with Professor Jonathan Drennan from the School of Nursing and Midwifery, University College Cork leading the Irish research team. The European and US universities involved in the study include: University College Cork (PI Professor Jonathan Drennan); University of

Southampton (PI Professor Peter Griffiths); London School of Hygiene and Tropical Medicine (PI Professor Martin McKee); King's College London (Professor Anne-Marie Rafferty); Katholieke Universiteit Leuven (PI Professor Walter Sermeus); University of Pennsylvania (PI Professor Linda Aiken); Technische Universitat Berlin (PI Dr Claudia Bettina Maier) and Karolinska Institute (PI Professor Carol Tishelman).

Fourteen hospitals in Ireland have expressed an interest in being involved in the research and they will be twinned with existing Magnet hospitals. These include four hospitals in the SSWHG; the research team in University College Cork will work closely with the Chief Director of Nursing and Midwifery and the Group Directors of Nursing and Midwifery in implementing and researching Magnet principles within the Group.

Special thanks is extended to Professor Jonathan Drennan for providing this information.





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