



**Northern Ireland Practice Education Council for  
Nursing and Midwifery**

**EMPOWERING LEADERS AT EVERY LEVEL**

***A LEADERSHIP FRAMEWORK  
FOR NURSING AND MIDWIFERY***



**Project Initiation Document**

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## 1.0 Introduction

- 1.1 Within our Health and Social Care (HSC) system, we face considerable challenges and there is no doubt that staff and services are under extreme pressure. Redressing this position will not be an easy or a short-term fix.
- 1.2 *Health and Wellbeing 2026: Delivering Together 2026*<sup>1</sup> provides us with a roadmap to rebuild health and social care services and implement exciting and cutting-edge changes in Northern Ireland (NI). The need for collective leadership is recognised as a key enabler towards achieving this vision.
- 1.3 To facilitate this, the Department of Health's (DoH) Chief Nursing Officer (CNO) asked NIPEC to lead the development of a framework to strengthen the professional leadership of nursing and midwifery at every level and position. The aim is to support the development of leaders with the knowledge, skills and abilities to promote the collective leadership that will ensure the delivery of world class health and social care services to the population of NI.
- 1.4 NIPEC, will convene a Task and Finish Group, chaired by a Senior Consultant from the HSC Leadership Centre, to progress this programme of work. Representation will be sought from relevant stakeholders including, senior nurses and midwives in HSC Trusts, Department of Health (DoH), Public Health Agency (PHA), Education Providers, Primary Care, Independent Sector, Patient Client Council (PCC), Royal College of Nursing and Royal College of Midwives.
- 1.5 The proposed aim, objectives, methodology and workplan are outlined within this project initiation document.



## 2.0 Background

- 2.1 The HSC system faces many challenges including an ageing population, complex and rapidly changing environments, increasing demand for services, long and growing waiting lists, workforce pressures, the emergence of new and more expensive treatments and ongoing budget constraints. These challenges have been compounded by COVID-19, making high-quality patient care ever more difficult to deliver.

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<sup>1</sup> DoH (2016) *Health and Wellbeing 2026: Delivering Together*. Belfast: DoH.

- 2.2 However, we have an agreed vision in *Health and Wellbeing 2026: Delivering Together 2026*<sup>1</sup> which sets out the direction for transformation and how services can deliver better outcomes for our population. It also creates a real opportunity for maximising the contribution of nursing and midwifery to improve health outcomes for the population in NI. Central to this is ensuring the collective voice of nursing and midwifery is valued and listened to in all decision-making conversations.
- 2.3 Similarly, the Nursing and Midwifery response (*NMTG Report*<sup>2</sup>) to *Delivering Together* sets the direction for a new era of nursing and midwifery, putting people and population health and wellbeing at the heart of nursing and midwifery practice. Implementation of Strategic Theme 3 of the report also focuses on the importance of leadership and includes a specific recommendation to develop and prepare nurses and midwives for leadership positions.

Strategic Theme 3 Recommendation:

*“develop and prepare nurses and midwives for leadership positions. This will require investment in the development of a new nurse leadership framework and investment in leadership training for nurses and midwives”*

*NMTG Report*<sup>2</sup>

- 2.4 It is the ambition of the *NMTG Report*<sup>2</sup> that nursing and midwifery deliver the right evidence-based care, with the right numbers, at the right time, in right place, by the right person with the right knowledge, and of course most importantly delivering the right experience and outcomes for persons, families and communities.



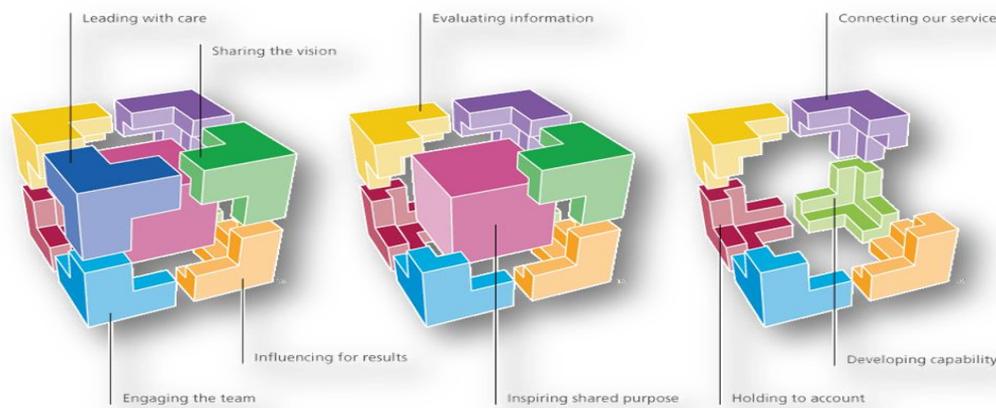
- 2.5 Nurses and midwives form the largest group of staff working in the HSC in Northern Ireland and are a crucial part of the health and social care team. Nurses work in every health and care sector and setting from emergency departments to patients' own homes, with people of all ages and backgrounds. Therefore, addressing the workforce challenges is

<sup>2</sup> NMTG (2020) *Nursing and Midwifery Task Group: Report and Recommendations*. Belfast: DoH.

strategically essential for the stabilisation of the nursing and midwifery workforce and health and social care delivery.

- 2.6 To achieve this, work is underway to develop and implement workforce and leadership strategies, as recommended in *The Health and Social Care Workforce Strategy 2026: Delivering for Our People*<sup>3</sup>, to ensure that the HSC has the right people and the right leadership to deliver safe, high quality services now and meet the challenges of the future.
- 2.7 Many examples exist of leadership models, frameworks and strategies being utilised within health and social care across the United Kingdom (UK). Reviews and research have shown the importance of leadership within health and social care, linking it to patient mortality, quality of patient care and patient satisfaction, and better staff wellbeing and morale. Following the increasing recognition that all employees need to be leaders at some level, healthcare organisations are now shifting a relentless focus onto improving and investing in strong and effective leadership within the services they provide<sup>4</sup>.
- 2.8 The NHS Leadership Academy's Healthcare Leadership Model<sup>5</sup>, presented in Figure 1, is made up of nine different leadership dimensions which can help people explore the ways in which they might already be acting as a leader, or inspire them to develop and grow their leadership skills. The model includes tools and resources designed to develop and support non-clinical and clinical leaders and aspiring leaders by discovering and exploring their behaviours and areas for development.

Figure 1: The Healthcare Leadership Model



<sup>3</sup> DoH (2018) *Health and Social Care Workforce Strategy 2026. Delivering For Our People*. Belfast: DoH.

<sup>4</sup> Royal College of Nursing (2023) *Leadership Skills* available at [www.rcn.org.uk/professional-development/leadership-skills](http://www.rcn.org.uk/professional-development/leadership-skills)

<sup>5</sup> NHS Leadership Academy (2013): Healthcare leadership model: The nine dimensions of leadership behaviours: <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf>

2.9 The aim of this model is to deliver excellent leadership across the NHS and to have a direct impact on patient care. A range of programmes and resources are also available to support staff, organisations and local partners to develop leaders, celebrating and sharing where outstanding leadership makes a real difference.

2.10 Wales’ approach to leadership development is encompassed by the principles of compassion, as outlined in Figure 2:

Figure 2: Compassionate Leadership Principles for Health and Social Care in Wales<sup>6</sup>

EFFECTIVE LEADERSHIP	INCLUSIVE LEADERSHIP	COLLECTIVE LEADERSHIP	SYSTEMS LEADERSHIP
<ul style="list-style-type: none"> <li>• <i>Direction:</i> A clear shared inspiring purpose or vision</li> <li>• <i>Alignment:</i> Clear goals for people &amp; teams aligned &amp; springing from the vision</li> <li>• <i>Commitment:</i> Developing trust &amp; motivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Clear, shared inspiring purpose or vision</li> <li>• Positively valuing difference</li> <li>• Frequent face to face contact</li> <li>• Continuous commitment to equality &amp; inclusion</li> <li>• Clear roles &amp; strong team.</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone has leadership responsibility</li> <li>• Shared leadership in teams</li> <li>• Interdependent leadership across boundaries</li> <li>• Consistent leadership styles across the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Shared vision &amp; values</li> <li>• Long term objectives</li> <li>• Frequent face to face contact</li> <li>• Constructive &amp; ethical conflict management</li> <li>• Mutual support &amp; altruism across boundaries.</li> </ul>

2.11 The aim of this approach is to create a shared language of what compassionate leadership is and what it looks like in practice to support leadership development and play a significant role in achieving the Workforce Strategy ambition that ‘by 2030 leaders in the health and social care will display collective and compassionate leadership’.

2.12 In Northern Ireland, *Delivering Together 2026* identified 18 key actions to deliver better outcomes for our population, one of which was to develop an HSC-wide leadership strategy, to plan for development of collective leadership behaviours across our system.

<sup>6</sup> Health Education and Improvement Wales (2021) *Compassionate Leadership Principles for Health and Social Care in Wales*. Wales: HEIW.

2.13 The *HSC Collective Leadership Strategy*<sup>7</sup> was developed in response, highlighting the need to work across traditional boundaries to address the ever-increasing complexity and demands on our services. For this transformation to be effective, we need to increase the prevalence of collective leadership and reduce or eliminate any silo-based leadership approaches, both within our organisations and across the wider health and social care system.

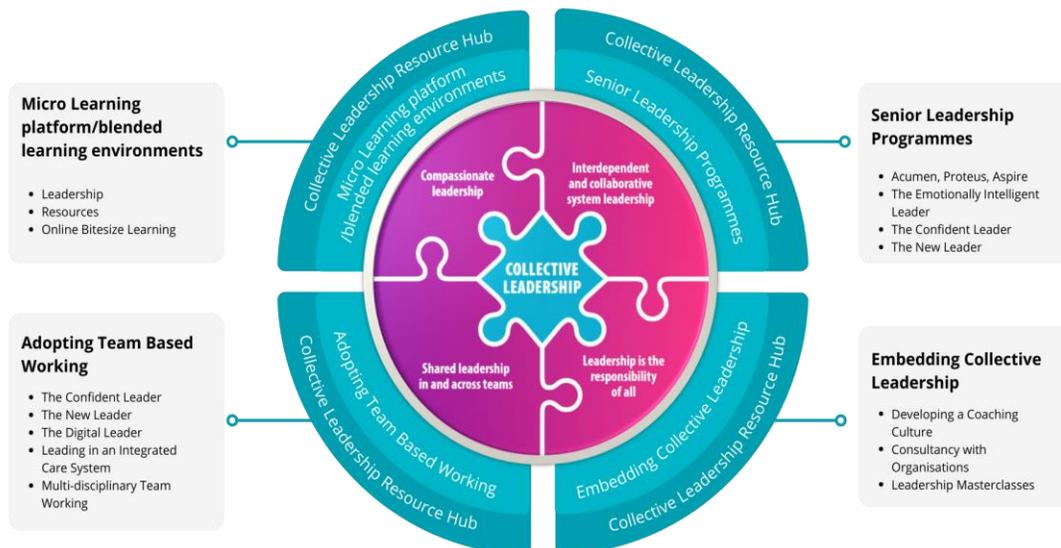
2.14 The *HSC Collective Leadership Strategy* identifies four components of collective leadership:

- Leadership being the responsibility of all
- Shared leadership in and across teams
- Interdependent and collaborative system leadership
- Compassionate leadership



2.15 These four components are central to the HSC Leadership Centre’s research hub<sup>8</sup> which is an ideal complement to the vast range of leadership development programmes and team development initiatives (Figure 3).

Figure 3: HSC Leadership Centre’s Collective Leadership Research Hub



7 DoH (2017) *HSC Collective Leadership Strategy*. Belfast: DoH.

8 HSC Leadership Centre (2023) *Collective Leadership Research Hub* available at <https://view.paquetiger.com/hslc-portfolio/hslc-portfolio-22-23>

- 2.16 It is essential that Northern Ireland accelerates the leadership development of nurses and midwives to meet the challenging demands of health and social care, now and into the future. Leadership is not a title, it is a behaviour which exists at all levels of an organisation. Therefore, the development of a new framework will attempt to bring a fresh perspective and make the subject more relevant to nursing and midwifery within the HSC, at all levels. Seeing leadership as part of their day-to-day role will help keep them engaged in the shorter term while also proactively pursuing long-term success.
- 2.17 Our vision is for a culture which values leaders, regardless of hierarchy or experience, location or discipline. It is one in which people strive for continuous improvement, are enabled to be innovative and take some risks along the way. The framework will support so much more than preparing for succession by focusing on building critical and strategic thinking. This in turn will foster better decision making, promote innovation, increase accountability, health and well-being, staff morale and drive efficiency and effectiveness. We want to see nurses and midwives, at all levels, harnessing their strengths and working collaboratively and effectively across traditional boundaries to improve the outcomes and experiences for individuals, families and populations, addressing unwarranted variations and inequalities.

### **3.0 Project Aim and Objectives**

#### **3.1 Aim**

The aim is to develop a leadership framework to strengthen the professional leadership of nursing and midwifery at every level, support investment in leadership training and development and enhance the culture of collective leadership within the health and social care system in NI in order to nurture high quality, continually improving, compassionate care and support.

#### **3.2 Objectives**

The objectives are as follows, to:

1. Undertake a review of the literature to inform the project;
2. Scope the current leadership frameworks, opportunities and education and training programmes available and/or being utilised by nurses and midwives in Northern Ireland;
3. Engage with key stakeholders to develop and agree a leadership framework, supporting resources, leadership training, development and alumni for nurses and midwives at all levels in NI;
4. Liaise with IT to build a digital format;

5. Host the agreed Leadership Framework for Nursing and Midwifery on NIPEC's website;
6. Quantify any additional resource required to support on-going evaluation and monitoring of the leadership framework;
7. Submit a project report to the DoH Chief Nursing Officer with recommendations to support the implementation and evaluation of the leadership framework.

#### 4.0 Scope and Ambition

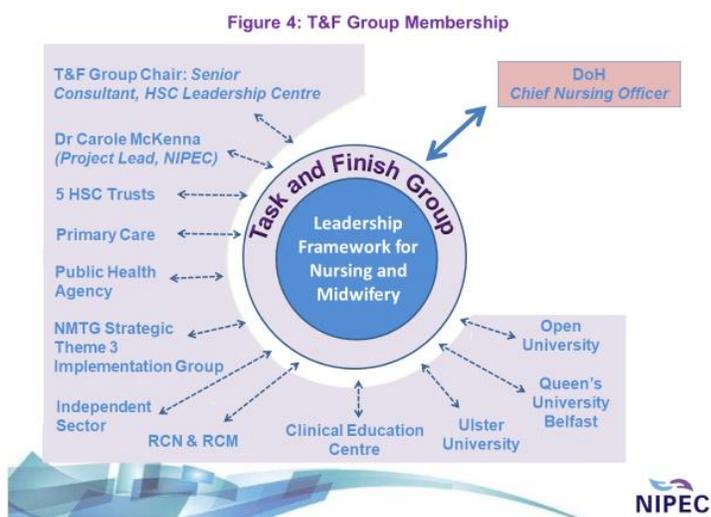
4.1 The project is intended to strengthen the professional leadership of nursing and midwifery at every level across the health and social care system in NI. Therefore, it will include nurses and midwives working within all sectors across Northern Ireland, including the statutory, independent, voluntary and private sectors and within the areas of clinical practice, education, management and research and development.

Our ambition is for all nurses and midwives in NI to contribute to creating a health and social care leadership community in which we all take responsibility for developing a competent and confident workforce which will deliver high quality, continually improving, compassionate care and support.

#### 5.0 Methodology Overview

5.1 The Project will be completed over an eight-month period between May and December 2023.

5.2 A Task and Finish Group will be convened, chaired by a Senior Consultant from the HSC Leadership Centre. The Task and Finish Group will provide the overall direction, management and governance of the project. Representation will be sought from relevant stakeholders, including nurses and midwives from Band 5 and above with minority and ethnic diversity representation (Figure 4):



5.3 It is acknowledged that engagement with other stakeholders, including Human Resources (HR), Allied Health Professional (AHP) and medical colleagues, at a local level within each of the stakeholder organisations will be important to support the development of the project outputs and subsequent implementation and evaluation. Therefore, members of the Task and Finish Group will liaise with their Human Resources colleagues directly regarding this. In addition, the Chair will invite HR, AHP and medical colleagues to join the Task and Finish Group.

## **6.0 Resources**

6.1 NIPEC will provide professional project management and administrative support to the project.

## **7.0 Equality and Governance Screening**

7.1 As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998 Equality Screening will be carried out.

In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes will be examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required will be documented.

## **8.0 Communication and Dissemination**

11.1 Communication and consultation processes will be used as appropriate to ensure effective engagement with key stakeholders.

## **9.0 Project Evaluation**

12.1 Ongoing evaluation of the management of the project will be conducted through NIPEC. The evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

### **TASK & FINISH GROUP - NURSING & MIDWIFERY LEADERSHIP FRAMEWORK TERMS OF REFERENCE**

#### **Project Aim:**

To develop a framework to strengthen leadership at every level and position within the nursing and midwifery professions, support investment in leadership training and development and enhance the culture of collective leadership within the health and social care system in NI in order to nurture high quality, continually improving, compassionate care and support.

#### **Project Objectives**

The following objectives will support the achievement of the aim:

1. Undertake a review of the literature to inform the project;
2. Scope the current leadership frameworks, opportunities and education and training programmes available and/or being utilised by nurses and midwives in Northern Ireland;
3. Engage with key stakeholders to develop and agree a leadership framework, supporting resources, leadership training, development and alumni for nurses and midwives at all levels in NI;
4. Liaise with IT to build a digital format;
5. Host the agreed Leadership Framework for Nursing and Midwifery on NIPEC's website;
6. Quantify any additional resource required to support on-going evaluation and monitoring of the leadership framework;
7. Submit a project report to the CNO with recommendations to support the implementation and evaluation of the leadership framework.

#### **Scope of Project**

The project is intended to strengthen leadership at every level and position within the nursing and midwifery professions. Therefore, it will include nurses and midwives working within all sectors across Northern Ireland, including the statutory, independent, and voluntary sectors and within the areas of clinical practice, education, management and research and development.

#### **Purpose of the Task & Finish Group**

The Task & Finish Group is responsible for providing oversight and agreeing appropriate governance arrangements to support achievement of project aims and objectives and for developing the leadership framework.

## Membership

Representation will be sought from nurses and midwives in HSC Trusts (Band 5 and above), DoH, PHA, Education Providers, Primary Care, Independent Sector, Patient Client Council (PCC), RCN, RCM, staff side organisations, NISCC, NIMDTA, AHPs and NIMDTA. Any other relevant stakeholder representatives will be invited as and if required and/or agreed by the Task & Finish Group. If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately.

## Members of the Task & Finish Group will:

- Contribute their professional perspective to the work of the Task & Finish Group;
- Participate in respectful debate, providing constructive challenge;
- Provide, manage and analyse information related to the project, ensuring confidentiality when required;
- Participate in shared learning across organisations;
- Consult with individuals of appropriate expertise as required to inform the project outcomes;
- Participate in the production of a final project report.

## Chairing Arrangements

The Task & Finish Group will be Chaired by Myra Weir, Associate Consultant, HSC Leadership Centre.

## Quorum

Quorate membership is 50% of the total membership number. The quorum should also reflect a balance of individuals from each profession.

## Proposed Frequency & Mode of Meetings

The following meetings will be held face to face at NIPEC Offices, James House, Belfast:

Thursday	3 <sup>rd</sup> August 2023	10.00am - 1.00pm
Thursday	31 <sup>st</sup> August 2023	10.00am - 1.00pm
Thursday	21 <sup>st</sup> September 2023	10.00am - 1.00pm
Friday	20 <sup>th</sup> October 2023	10.00am - 1.00pm
Friday	24 <sup>th</sup> November 2023	10.00am - 1.00pm
Thursday	18 <sup>th</sup> January 2023	10.00am – 1.00pm

**Record of Meetings** - NIPEC staff are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Chair of the Task & Finish Group.

**NURSING & MIDWIFERY LEADERSHIP FRAMEWORK  
TASK & FINISH GROUP MEMBERSHIP**

<b>NAME</b>	<b>ORG</b>
Chair: Myra Weir	HSCLC
Project Lead: Dr Carole McKenna	NIPEC
Project Support Officer: Laura Jones	NIPEC
Brenda Carson	NIPEC
Donna Keenan	WHST
Elizabeth Graham	NHST
Patricia Ferguson	BHST
Elinor Walsh	SEHST
Angela Reed	SEHST
Grace Hamilton	SHST
Denise Boulter	PHA
Eileen McEneaney	Ards GP Federation
Sarah Penney	Independent Sector/UU
Katherine McElroy	PCC
Janet McCusker	CEC
Dr Debbie Goode	UU
Professor Tanya McCance	UU
Lesley Dornan	UU
Gail Anderson	QUB
Dr Barry Quinn	QUB
Ruth Thompson	RCN
Karen Murray	RCM
Ethel Rodrigues	Unite
Helen McVicker	NISCC
Caroline Diamond	NHST
Karen Jenkins	NHST
Dr Lorraine Parks	NMDTA
Professor Suzanne Martin	AHPs/UU
Karen Hargan	HR Directors
TBC	Ethnic Minority Rep



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*October 2023*