

TERMS OF REFERENCE FOR ONE CHI NURSE PRACTICE COMMITTEE




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Authorised By Name: Tracey Wall Title: Chief Director of Nursing	Date 25-01-22
Author/s	Name: Fionnuala O Neill in collaboration with the NPDCs across CHI Title: NPDC
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1.0 Introduction

'Practice development is a continuous process of improvement towards increased effectiveness in patient centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and facilitated by facilitators committed to systematic, rigorous continuous processes of emancipatory change that reflect the perspectives of service users' (Garbett & Mc Cormack, 2004:29)¹.

One of the primary roles of Nursing Practice Development is to ensure children and families receive safe and effective care from nurses who are supported with the necessary guidance, structure and education. It is essential that the nursing contribution to patient care is measured, evaluated and constantly reviewed, developed and improved. In order to progress this role, nursing practice guidelines must continue to capture the best available national and international evidence to drive clinical decision-making and improvements in the quality and safety of healthcare. Quality Care Metrics² will facilitate front line staff to audit the nursing contribution to patient care using nursing sensitive indicators, and action plans created to make changes to practice if the standard of nursing care is determined to require improvement.

Implementation of clinical guidelines is an internationally recognised way of ensuring nursing practice is streamlined and standardised. Across Children's Health Ireland (CHI), the one CHI Nursing Practice Development Committee will ensure this evidence is available for staff when they need it. While this committee will not yet replace the current Site Nursing Practice Development Committees, it will assist with the streamlining and standardisation of evidenced based practice across all CHI Sites.³

2.0 Definitions⁴

Guideline: is a series of documented evidence based actions to assist and guide staff of CHI in carrying out care for children and their families.

Policy: is a course or principle adopted and proposed by CHI which must be adhered to by all staff during their course of work.


Protocol: is a prescribed series of actions to be undertaken when carrying out a procedure or treatment for the care of children in CHI. A protocol may only be altered on a named patient basis by a

¹ Garbett R and Mc Cormack B, (2004) *A concept Analysis of Practice Development in B Mc Cormack; K Manley and R Garbett, Practice Development in Nursing*. Blackwell, Oxford. (pp 10-32).

² <https://healthservice.hse.ie/filelibrary/onmsd/national-guideline-for-nursing-and-midwifery-quality-care-metrics-data-measurement-in-childrens-services.pdf>

³ National Standards for Safer Better Healthcare - page 11 Evidence-based healthcare

⁴ National Standards for Safer Better Healthcare - Glossary of Terms

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senior member of the medical and nursing team caring for the child. Any changes to the protocol must be clearly documented in the child's Healthcare Records.

Standard Operating Procedure (SOP): A SOP is a written step by step process of an action / activity decided by the organisation / department to ensure best practice.

3.0 Purpose / Remit

The CHI NPC purpose is to provide systematically developed evidence based Nursing Practice guidelines for the provision of nursing care in CHI.

This includes:


- Use of relevant National Guidelines and nationally agreed protocols, care bundles and care pathways if appropriate.
- Development of clinical guidelines, protocols, standard operating procedures, parent / parent information leaflets, nursing observation charts, nursing care plans and care pathways.
- Create a forum that embraces cross site standardisation and streamlining of nursing practice documentation in CHI.

4.0 Objectives

- Establish and deliver a nursing practice guideline programme based on prioritised clinical need and the clinical objectives of the organisation.
- Ensure the use of National Guidelines, nationally agreed protocols, care bundles and care pathways, where these are identified to be relevant to the care and treatment provided across CHI.
- Ensure that the development, implementation and education of nursing guidelines follows established best practice.
- Create an opportunity to collaborate with cross site colleagues on issues and incidents with a collective goal in mind.
- Provide assurance to the Directors of Nursing, the Chief Director of Nursing and external regulatory bodies.
- Ensure all nursing guidelines are quality assured and document controlled, according to organisational policy.
- Ensure guideline dissemination across CHI using the recommended platform.
- Publish Nursing Practice Guidelines on the internet to support the dissemination of guidelines to nursing colleagues nationally and internationally.
- Ensure all internet/intranet documents are in date and reviewed appropriately.

5.0 Accountability / Reporting

- The Committee is accountable to the Chief Director of Nursing and the Nursing Executive Board.

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- Nursing Guidelines are 1) approved by the site Nurse Practice committees then 2) approved by the CHI Nurse Practice Committee and then 3) authorised by the Chief Director of Nursing /Deputy Director of Nursing and CHI Nursing Executive Board.
- Risks will be managed through the organisation risk management framework and serious risks escalated to the Director of Nursing as advised.

6.0 Committee Membership Terms

The Chair

The chair is the NPDC delegated to this role initially for 1 calendar year and then the CHI lead for Nursing Practice Development will chair this meeting.

Membership


- Membership will be drawn from the CHI sites. Members will be asked to attend by their respective professional groups/grade.
- If attendance is not possible then the member may represent a proxy with the expectation that the person will report back and update the member for decisions and outcomes from the meeting.

Committee Membership Training

- Members will be invited to attend. Induction will consist of an overview of the committee, its objectives and scope, and members will receive a copy of the TORs.

7.0 Committee Meetings

- The meetings will be held virtually to facilitate attendance and/or face-to-face, whilst complying with public health guidance.
- **Frequency:** Meetings will take place once every two months (5 per year) or more frequently if the level of activity of the committee requires. Meetings will take place on of the month rotating across sites and virtually (day/date to be agreed at first meeting).
- **Duration:** 1hr 30 minutes.
- **Quorum:** A quorum is at least 6 staff members excluding the chair. In some situations, the quorum will not be applied. There should be at least 1 person from each site present.
- **Notification:** All documents required for review will be sent at least two weeks in advance of the meeting.

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- **Timeframe:** meeting dates will be sent out to the members in January each year and reminders sent two weeks in advance of the meeting with the documents for review
- Apologies to be sent in advance to the chair of the committee

8.0 Responsibilities of the Chairperson / Deputy Chairperson


- Provides leadership and direction in meeting objectives
- Ensures any follow-up from meetings is acted upon
- Ensures a formal, periodic review of the committee functions and a process for improvement / renewal
- Risks will be managed through the organisational risk management framework and serious risks escalated
- Reports to the Chief Director of Nursing
- Sends out the agenda the week prior to the next meeting
- Records and disseminates the minutes and any associated papers to the committee members prior to the next meeting
- Plans meeting dates and books venues
- Ensures completion of attendance list

9.0 Responsibilities of Committee Members

- Actively participate in the work of the committee, including decision making
- Provide feedback and /or review of documentation within the requested timeframes
- Respect the confidentiality of committee business where this requirement is conferred by the Chairperson
- Co-opt /seek expert advice on a needs basis at the direction of the Chairperson
- Demonstrate a good attendance and submit an apology for non-attendance in advance of any meeting, or, if appropriate, send a suitable individual to deputise for the member

10.0 Linkage with other Committees

- Local and cross site Medication Safety Committee
- Nursing Practice Development Committee – Local / Site
- Senior Nursing Leadership Committees
- Nursing Executive Board

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11.0 Review of Terms & Membership

- An annual self-audit that contributes to review of the ToR
- Self-audit results provided to the Senior Nursing Executive committee on agreed frequency
- A formal, periodic review of the committee functions and a process for improvement / renewal at the end of each year and reported to the committee.
- Review of membership – relevant to the purpose, attendance

12.0 Committee membership

Name	Members
Caroline O' Connor	Nursing Practice Development Co-ordinator, CHI at Temple Street
Fionnuala O' Neill - Chair	Nursing Practice Development Co-ordinator, CHI at Crumlin
Siobhan O' Connor	Nursing Practice Development Co-ordinator, CHI at Tallaght
Fionna Brennan	DoN, CHI at Tallaght/ Connolly
Jacqui Lyons	CNM 3, CHI at Tallaght
Warren O' Brien	CNM 3 Quality Improvement, CHI at Crumlin
Susan Keane	Clinical Practice Facilitator, CHI at Temple Street
Carmel Gallagher	Clinical Placement Co-ordinator, CHI at Crumlin

Appendix 1

Process for developing, approving and disseminating nursing PPPGs in Children's Health Ireland

STAGE FUNCTIONS	IDENTIFICATION	DEVELOPMENT	LOCAL OVERSIGHT	CROSS-SITE APPROVAL	AUTHORISATION	DISSEMINATION & MONITORING
	<p>New PPPG needed and driven by:</p> <ul style="list-style-type: none"> •Service •Emergent need •Review of existing PPPG <p>Type of PPPG</p> <ul style="list-style-type: none"> •New cross-site <i>or</i> •Adaptation of existing local PPPG <i>or</i> •Local only if required <p>Discuss at NPD/one CHI NPD Committee</p> <p>Decision to develop:</p> <ul style="list-style-type: none"> •Yes: Proceed as oneCHI •Yes: Proceed locally •Other: Inform relevant parties 	<p>New PPPG:</p> <ul style="list-style-type: none"> • Identify Subject Matter Experts (SMEs) • Identify existing information and guidance • Convene local or cross-site working group <p>Existing PPPG in one or more CHI site:</p> <ul style="list-style-type: none"> • Review existing PPPG(s) + new evidence • Similar cross-site content – consider what to retain • Variation in cross-site content: a) seek consensus or b) retain differences for clinical or patient safety reasons and include in appendix, clearly stated 	<p>Reviewed and agreed by local SMEs</p> <p>Reviewed and approved by local Nurse Practice Committee (NPC)</p> <p>Review and approval at oneCHI NPD</p>	<p>Submit to Nursing Executive Board 1 week in advance of meeting</p> <p>Executive members to contact [lead or local] for the PPPG with specific feedback or comments</p> <p>Outcome:</p> <p>a) Approval by Nursing Executive Board</p> <p><i>or</i></p> <p>b) Substantial queries to be corrected</p>	<p>Chief Director of Nursing authorises the PPPG</p> <p>Signs one hard copy which is retained in the NPD</p>	<p>Each NPDC will oversee the uploading of the guideline to the platform in use in the respective sites</p> <p>Communication to nursing staff to advise them of:</p> <p>a) the publication of the new guideline b) the differences between it and previous local PPPGs if relevant</p> <p>Review of PPPG three yearly or sooner if:</p> <ul style="list-style-type: none"> • new evidence emergences or • Feedback from nursing staff indicate the need for an update
PERSON(S) RESPONSIBLE	NPD Co-ordinators	Local NPD Co-ordinators and Local SMEs	Local NPDCs and local Nurse Practice Committees	Nursing Executive Board (and Directorate Nurse Leads)	CDON	NPDCs

Local site: each individual CHI site

Cross-site: refers collectively to all CHI sites