

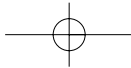


2002-2005

# DIETETIC MANAGERS

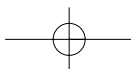
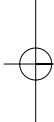
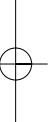
Northern Ireland  
Strategy Document  
2002 - 2005

February 2002



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## INTRODUCTION

Dietetic Managers Northern Ireland (DMNI) is a regional group of dietitians who have key management responsibility for Nutrition and Dietetic services.

This group has existed since 1988. Its membership has reflected Department of Health and Social Services and Public Safety (DHSSPS) organisational arrangements. The group has a core role in identifying the strategic vision for Nutrition and Dietetic services within the Province.

Political and professional devolution has prompted the group to develop a clear strategy for the next three years. This group has a core role in identifying a strategic vision for Nutrition and Dietetic services within the Province.

## VISION STATEMENT

DMNI is recognised as a professional managers forum working in partnership with key stakeholders. It provides nutrition and dietetic information to influence policies at local, regional and national level.

## DEVELOPMENT OF THE STRATEGY

This strategy was produced using Bryson's "Strategic Planning Process for Non-profit Making Organisations". All the regional dietetic managers, the Chairperson of the Ulster Branch of the British Dietetic Association (BDA) and the Constituency Council member of the BDA (Appendix 3) were involved in its development.

This allowed the group to :

- Establish its vision.
- Undertake stakeholder analysis. *(Appendix 1)*
- Undertake SWOT analysis *(Appendix 2)*
- Identify relevant strategic issues.
- Formulate an action plan.

The group plans to review the strategy annually.

# AIMS AND OBJECTIVES

## Aims

The key strategic aims are to :

- **Actively support the management, development and practice of the profession within the DHSSPS.**
- **Improve communication with stakeholders.**

To address these aims the following key issues were identified:

1. To review membership and operation of DMNI.
2. To identify and develop communication networks.
3. To influence workforce planning.
4. To influence strategic planning.
5. To support management training.
6. To explore sponsorship options.
7. To progress and develop student training.
8. To keep abreast of developments in relation to prescribing, supply and administration of medicines.
9. To take forward the clinical governance agenda with initial focus on risk management issues.
10. To review nutrition and dietetic service profiles.

## Objective 1

### To Review Membership and Operation of DMNI

#### Action

- Membership will include:
  - a Dietetic Manager from each Trust
  - the Chairperson of the Ulster Branch of the BDA
- Elect officers in April for 2 years.
  - Chairperson
  - Vice - Chairperson
  - National Dietetic Managers link person
  - Secretary (1 year)
  - Treasurer
- Sub groups may be co-opted as appropriate.
- Focus agenda to reflect strategic aims and objectives.
- Improve communication with National Dietetic Managers (NDMs) via the appointment of a link person.
- Improve communication with the Professional Development Committee (PDC) of the BDA via the DMNI representative.
- Agree in advance dates of quarterly meetings.
- Produce an annual report (including sub group reports) for key stakeholders.
- Monitoring of attendance at meetings to be included as part of an annual report.

## Objective 2

### To Identify and Develop Communication Networks

#### Action

- Ulster Branch Chairperson to communicate on DMNI business to members of the Ulster Branch.
- Chairpersons of DMNI and Ulster Branch to liaise directly on documents received and action as appropriate.
- Set up a P.O. Box to facilitate continuity of external communication.
- DHSSPS to be informed of P.O. Box number.
- Invite Professional Affairs Officer of the BDA to attend DMNI meeting at least annually.
- Invite the Chief Executive and Education Officer of the BDA to become involved in specific issues.
- Further develop communications with :
  - Food Standards Agency (FSA)
  - Irish Nutrition & Dietetic Institute (INDI)
  - General Consumer Council (GCC)
  - Hospital Caterers Association (HCA)
  - Managers groups of the Professions Allied to Medicine in Northern Ireland
- Seek opportunities to influence the Minister for Health, Health Committee and relevant Members of Legislative Assembly (MLAs).
- Appraise staff and line managers of key issues of DMNI activities.
- Members will be proactive in sharing information within the group between meetings.
- Liaise on a regular basis with key PAM officers at the DHSSPS, Boards and Primary Care Commissioning level.
- Create and include an identity statement in all correspondence.

## Objective 3

### To Influence Workforce Planning

#### Action

- Contact Human Resources Director at DHSSPS to ascertain methodology for current initiatives.
- Meet with PAM Workforce Human Resources Planning Officer.
- Identify unmet service needs (acute, community and interface) in association with professional and Departmental bodies such as the BDA, NDMs and DHSSPS.
- Examine and advise on service profiling.
- Collaborate with the University of Ulster at Coleraine regarding numbers of students in training, clinical placements and clinical supervisory skills training.

## Objective 4

### To Influence Strategic Planning

#### Action

- Formulate responses to consultation documents and use these to influence and lobby at Trust, Board and Departmental level.
- Work in partnership with:
  - Health Promotion Agency (HPA)
  - Clinical Resource Efficiency Support Team (CREST)
  - University of Ulster at Coleraine (UUC).
- Work in partnership with community and voluntary groups to highlight the contribution of nutrition and dietetics in Targeting Social Need (TSN).
- Dietetic representatives of the Advisory Committee of the Therapeutic Professions Allied to Medicine (ACTPAM) to inform DMNI of strategic agenda items.

## Objective 5

### To Support Management Training

#### Action

- Review management competencies and training needs of the group.  
(Ref: BDA National Standards for Managers)
- Link with PAM Post Graduate Liaison Officer.
- Identify and address management training needs of dietetic staff.

## Objective 6

### To Explore Sponsorship Options

#### Action

- Refer to and use BDA sponsorship document for guidance.
- Identify and develop potential areas of sponsor/partnership working.
- Contact sponsors as appropriate.

## Objective 7

### To Progress and Develop Student Training

#### Action

- Expand and develop training programmes consistent with revised national arrangements.
- Commission clinical supervisory skills training for dietitians.
- Assess the need for a regional student training facilitator.
- Liaise with PAM Officers as appropriate.
- Foster and maintain links with further education providers.



## Objective 8

### To Keep Abreast of Developments in Relation to Prescribing, Supply and Administration of Medicines

#### Action

- Liaison with PDC via Northern Ireland representative.
- Communicate with PAM officer directly at DHSSPS and via ACTPAM representatives.

## Objective 9

### To Take Forward the Clinical Governance Agenda with Initial Focus on Risk Management

#### Action

- Share and increase knowledge of risk management.
- Investigate risk management training opportunities.
- Identify and create a database of existing and potential areas for risk management assessments.

## Objective 10

### To Review Nutrition and Dietetic Service Profiles

#### Action

- Identify areas for extended scope of practice.
- Examine service profile of each dietetic department.
- Explore the options for dietetic helpers/assistants.
- Inform workforce planning.















## EVALUATION AND MONITORING

Each committee member (and subgroup) will report on the progress of their action plan at each DMNI meeting.

The DMNI strategy will be reviewed annually and where necessary ammended for the next year to ensure that it is responsive to the current agenda.

## CONCLUSION

Dietetic Managers Northern Ireland are confident that the group has a clear strategy, which will be effective in achieving its outcomes. A clear action summary will engage all members and promote the activities and achievements of Dietetic Managers Northern Ireland

# STAKEHOLDER ANALYSIS

## High Importance / High Awareness

British Dietetic Association  
ACTPAM  
Ulster Branch BDA  
Universities and Education  
Nuala McArdle - officer for PAMs, DHSSPS  
Health Promotion Agency  
National Dietetic Managers group

## Medium Importance / Medium Awareness

Education and Library Boards  
PAMs Commissioners  
Trust / Board Health Promotion Departments  
CPSM / HPC  
Other PAM Managers Groups  
INDI

## High Importance / Low Awareness

Health Minister (NI Assembly)  
Health Committee  
Chief Medical Officer  
MLAs  
Human Resource Department (DHSSPS)  
General Practitioners  
Primary Care Commissioners  
Health and Social Services Councils  
Trust / Board Chief Executives

## Medium Importance / Poor Awareness

Food Standards Agency  
Research and Development Office, DHSSPS  
CREST  
Dairy Council for Northern Ireland  
Livestock and Meat Commission  
General Consumer Council  
Voluntary Patient Groups e.g. UK Diabetes  
Media  
Hotel and Caterers Association  
Department of Agriculture and Regional Development  
Patients and Clients

## Low Importance / Low Awareness

BMA  
RCN

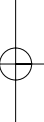
## S.W.O.T. ANALYSIS

<b>Strengths</b>	<b>Weaknesses</b>
<p>Wide representation from a range of key groups e.g. ACTPAM, PDC, CPSM, IR, BDA Council.</p> <ul style="list-style-type: none"> <li>• Experience/knowledge in range of management skills</li> <li>• Dedicated and committed</li> <li>• Flexible/innovative within limited resources</li> <li>• Highly qualified/experienced</li> <li>• Strong network within group</li> <li>• Have responded to strategic documents</li> <li>• Useful forum for sharing information</li> <li>• Maintenance of unique identity (unidisciplinary)</li> <li>• BDA recognition and support</li> </ul>	<ul style="list-style-type: none"> <li>• Geographically remote from NDMs</li> <li>• No money</li> <li>• Time limitations</li> <li>• Overwhelming agenda</li> <li>• Lack of direction/vision</li> <li>• Reactive</li> <li>• Unclear communication               <ul style="list-style-type: none"> <li>- networks with Ulster Branch and other agencies</li> </ul> </li> <li>• Lack of clarity of role of BDA Council and Branch Reps</li> <li>• No annual report (no evaluation)</li> <li>• Not good at marketing ourselves</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Better links with NDM</li> <li>• Look for sponsorship</li> <li>• Better links with Ulster Branch</li> <li>• Need to redefine membership of the group</li> <li>• Reorganisation of DHSSPS - acute and primary</li> <li>• Title</li> <li>• Use of HPC</li> <li>• Use of HPSS Councils</li> <li>• Use voluntary, community and non-statutory agencies</li> <li>• Influence local government e.g. Health Minister</li> <li>• TSN agenda</li> <li>• Diversity of skills within group</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of role of regional managers group as other multi-professional groups arise</li> <li>• Post Acute Services Review- diminishing pool of dietetic managers</li> <li>• Competition for time</li> <li>• Reorganisation of DHSSPS - acute and primary</li> <li>• Title</li> <li>• Influence local government e.g. Health Minister</li> <li>• Lack of clarity of group remit</li> <li>• Lack of clarity of membership</li> <li>• Unique skills not evident</li> </ul>

## MEMBERSHIP OF WORKING PARTY

Alison Armstrong  
Pauline Douglas  
Eleanor Duff  
Liz Ferguson  
Mandy Gilmore  
Anne Gormley  
Jennifer Holmes  
Lucy Hull  
Liz McKnight  
Twyla Moffit  
Pauline Mulholland  
Ashleigh Nelson  
Sharon Patton  
May Thompson  
Ruth Wood-Martin

North & West Belfast HSS Trust  
Belfast City Hospital  
Causeway HSS Trust  
United Hospitals Trust  
Newry & Mourne HSS Trust  
Sperrin Lakeland Trust  
The Royal Hospitals  
Mater Hospital Trust  
Belfast City Hospital  
Sperrin Lakeland Trust  
Ulster Community & Hospitals Trust  
Armagh & Dungannon HSS Trust  
Altnagelvin HSS Trust  
Craigavon Area Hospital Group Trust  
Green Park Healthcare Trust



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