

School of Health Sciences

College of Human Sciences

Stakeholder engagement strategy (V6 07.07.2020)

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| **REV** | **Date** | **Purpose of issue/Description of change** |
| 1 | 21.2.19 | Initial document to outline the operation of stakeholder engagement across the School of Health Sciences. |
| 2 | 26.2.19 | Following review by curriculum planning group |
| 3 | 21.3.19 | Review by curriculum planning group |
| 4 | 4.4.19 | Review by senior management team |
| 5 | 14.4.19 | Review by curriculum planning team |
| 6 | 7.7.20 | Review by Public and Patient Engagement lead |

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| Policy officer | Senior responsible officer | Approved by | Date |
| Head of School | Head of SchoolProfessor of Practice LearningLead Midwife for Education | Senior exec SHS |  |

**Scope of the strategy**

The mission of the School of Health Sciences is to mobilise its expertise to generate new solutions to health and care challenges by leading on research, and providing teaching and learning that is of the highest possible standard, quality and value to service users, students, practitioners and policymakers. Embracing our bilingual heritage in North Wales, we embed language and cultural values into our ways of working with local, national and international partners.

**Our ambitions are to**:

* Be actively engaged in health and care education, practice and policy, raising the quality of services and life for citizens nationally and globally.
* Develop innovative strategies to improve health and care through our educational programmes and support for organisational development.
* Increase capability, capability and the excellence of our research programmes, generating impacts that will improve people’s lives.
* Increase the diversity and reach of our academic programmes, and make North Wales a destination for health and care education.

Engagement with stakeholders to help ensure ‘quality and value’ is therefore key to the delivery of our mission.

The strategy relates to stakeholders who will work in partnership with the School of Health Science, Bangor University, to develop a new Bachelor of Nursing curriculum incorporating the Nursing and Midwifery Council (2018) *Standards framework for nursing and midwifery education.* This refers to partnership with student, healthcare professionals, patient and public involvement, for co-production in curriculum development and implementation. A key ambition for the school is to be actively engaged in health and care education, practice and policy, raising the quality of services and life for citizens nationally and globally. Embedding language and cultural values into our ways of working with local, national and international partners is articulated in our *Mission Statement* (School of Health Sciences, 2019, V.2). Our new curriculum also aims to embed the core values encapsulated in intelligent kindness within the *Curriculum Philosophy* (Bangor University, V. 5) to ensure a connection between the experiences of patients and the realities of staff in caring for them.

Intelligent kindness means that we pay attention to each other, to try and understand each other, it challenges us to be self-aware and has relationships at the core. There are four pillars:

1. Humanistic practice
2. Research and evidence informed practice
3. Personal and professional leadership
4. Language and cultural competence

Public and Professionals are acknowledged to be equal partners through co-production in Wales in Welsh strategy (Prudent Healthcare, Welsh Government, 2014).

**Purpose of the strategy**

The strategy sets out the scope and objectives for engagement with different stakeholders for curriculum development and implementation. It is anticipated that different stakeholders and levels of engagement will be channelled through the Curriculum planning group, which consists of Course and Professional leads within the school. The strategy will be reviewed as required during the development and delivery of the curriculum. This strategy relates to and expands upon the section on **‘**Patient and Public Engagement in Developing Future Healthcare Professionals’ within the *Governance procedures for Patient and Public Engagement (PPE) in the School of Health Sciences* (2019 v.2).

**Definitions:**

**Students:** pre- registration students currently on a programme leading to a professional registration in healthcare.

**Patient and Public Engagement (PPE):** whilst it is acknowledged that multiple terms may be applied, such as service user, client or carer, we use the patient and public label to identify those people who have had experience or will experience health care in multiple settings and context.

**Healthcare professionals:** registered nurses, midwives and other registered healthcare professionals who deliver care within our partner organisations where students gain clinical experience.

**Co-production:** The Nursing and Midwifery Council (2018) explains that this is where individuals or groups ‘influence the support and services received’ or ‘influence the way that services are designed, commissioned and delivered, acknowledging that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better.’

**Professional Policy Drivers for student, healthcare professional and PPE in health education in professional programmes:**

**Nursing and Midwifery Council Standards**

The Nursing and Midwifery Council (NMC, 2018) in *Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education* inSection 1.12 requires Approved Education Institutions (AEIs) to “ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders” (p6). Additionally, HEIs are required to work with practice learning partners to manage the quality of their educational programmes. Key to this is that curricular are co-produced with stakeholders who have experience relevant to the programme (p.12)

**Health and Care Professions Council** Health & Care Professions Council in their *Standards of education and training* (HCPC, 2017) set the standards for multiple healthcare professions. They value the contribution of partners who are registrants or PPI representatives to contribute their expertise to the regulatory processes.

**Health Education and Improvement in Wales**

Health Education and Improvement in Wales (HEIW) has a strategy of building a sustainable and flexible workforce through engagement and communication with relevant people. HEIW (2019) indicate that understanding what their partners, stakeholders, and service users need from them, and how they can best support them, is a key priority.

**Objectives of the strategy:**

* that stakeholder engagement is embedded throughout the development of the curriculum represented by the PPI, student and healthcare professional representatives
* that stakeholder engagement contributes to developing a set of actionable recommendations on key areas within the development of the new curriculum:
	+ Module content
	+ Inter professional learning
	+ The assessment processes
* that stakeholder engagement is embedded throughout implementation and delivery of the curriculum, with a focus on inter professional learning, to contribute to recruitment, module development and delivery.
* that stakeholder engagement contributes to the assessment and evaluation processes within the new curriculum to facilitate learning and improvement.

Stakeholder engagement

Figure 1: The hierarchy of stakeholder engagement within the curriculum from inception to delivery, assessment and evaluation.

**Identifying and mapping relevant stakeholders:**

The term stakeholder has been defined as people or organizations with a vested interest or stake in a resource (Manetti, 2011). This was a useful starting to point to identify potential stakeholders for engagement in the curriculum development, delivery and development. Individuals and organisations were identified who can influence, or be affected by, the development of the curriculum and subsequent registration to professional programmes. It is acknowledged that there may be overlap between the stakeholders, for example, the new clinical assessor role will be taken by NMC registrants. The list was set out in a simple framework of stakeholder categories (Figure 2):

Figure 2: Stakeholder categories

**Preparation of stakeholders**

The PACT model (Present, Agree, Co-produce and Transform), will be used to guide our stakeholder engagement. Stakeholder groups will be prepared according to their needs. All stakeholders will have undergone equality and diversity training. For students and healthcare professionals this is a requirement of their role.

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| Healthcare Students | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. *Agree* ways of working with regard to embedding intelligent kindness into the teaching, learning and assessment design of the new curriculum.  |
| Patients and public representative, including carers | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. Equality and diversity training needs assessment with training provided by the university. *Agree* ways of working to embrace our bilingual heritage, embed language and cultural values and people’s unique needs and expertise into the new curriculum to embed the values of intelligent kindness. |
| NMC registrants | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. *Agree* ways of working with regard to embedding intelligent kindness into the new curriculum with a focus on the what the new standards and role of the supervisor may mean in the context of North Wales.  |
| NMC Assessors | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. *Agree* ways of working with regard to embedding evidence based practice, and support for equality and diversity into the new curriculum with a focus on the role of the assessor and preparation for that role. |
| Healthcare partners and third sector | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. *Agree* ways of working to develop registrants who are immersed in the values of our healthcare partners and third sector organisations to promote quality care. |
| Registered healthcare professionals | *Presentation* of the NMC (2018) standards and the requirements of the new curriculum. *Agree* ways of working with regard to embedding inter-professional team working and values into the new curriculum, with a focus on the role of the supervisor and what that may mean for inter-professional working in a North Wales context. |

**Co-production and transformation with the curriculum design**

Objectives are group specific and embed the tenets articulated in our Mission Statement (2019 v 2). It is envisaged that initial meetings for co-production will forge strong partnerships so that stakeholder engagement is embedded into curriculum delivery for teaching, learning, assessment and evaluation. This is an ongoing managed process for co-production.

**Healthcare students** – to articulate the student voice, to *co-produce* the new curriculum so that the core concepts on intelligent kindness can *transform* the student experience positively and promote resilience. As equal partners with shared information, healthcare students are able to co-produce teaching, learning and assessment within the new curriculum through working with staff and other stakeholders to agree on year and module content. Students will continue to be partners to support the delivery, assessment and evaluation for curriculum development. Co-production aims to ensure the student voice is heard to ensure that the student experience is positive and demonstrates support for diverse needs

**Patient and public representatives, including carers** – to *co-produce* a curriculum that embeds people’s language and culture values, their unique needs and expertise to *transform* people’s experience of healthcare provision positively and promote person-centred care. As equal partners with shared information patients, public and carers will be able to co-produce teaching, learning and assessment within the new curriculum through working with staff and other stakeholders to agree on year and module content. It is envisaged that patients, the public and carers will contribute to theoretical learning, assessment and recruitment to integrate respect for personal experiences of service users in relation to intelligent kindness.

**NMC registrants** – to *co-produce* a curriculum that respects their experience and values to *transform* the experience of students and supervisors positively within clinical practice, through the integration of intelligent kindness. As equal partners with shared information registrants, are able to co-produce and contribute to clinical and theoretical teaching and learning content, assessment and recruitment within the new curriculum through working with staff and other stakeholders .

**Assessor** – to *co-produce* a curriculum that embed assessors’ knowledge and understanding of evidence based-practice to *transform* the assessment of clinical practice positively, ensuring support for equality and diversity. As equal partners with shared information, NMC assessors will be able to co-produce clinical and theoretical teaching, learning, assessment and recruitment within the new curriculum through working with staff and other stakeholders to focus on clinical assessments and how students can be prepared within the university and clinical environment.

**Healthcare partners and third sector organisations** - to *co-produce* a curriculum that embeds organisations’ values to *transform* the provision of quality care. As equal partners with shared information, these groups are able to coproduce with staff and other stakeholders to focus on the clinical environment, theoretical teaching and learning and recruitment.

**Registered healthcare professionals** – to *co-produce* a curriculum that has a focus on inter-professional working to *transform* the effectiveness of teamwork, communication and quality care provision. As equal partners with shared information, these professionals will be able to coproduce

with staff and other stakeholders teaching, learning and assessment on inter-professional team-working.

**Evaluation and feedback of the co-production process**

We aim to evaluate the experience of co-production of the new curriculum to facilitate improvement in our ways of working. This will be important for continuous development of the curriculum through stakeholder engagement. Evaluations may be through focus groups or electronic communication. We aim to promote an environment where stakeholders’ feedback is facilitated and encouraged. Our findings will be fed back to our stakeholders and action points addressed.

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