



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

***Development of Professional Guidance
on the Role of
Consultant Nurses and Midwives***

Project Plan

1.0 Introduction

In 2013-2014 a project to develop an *Advanced Nursing Framework* (DHSSPS 2014) was led by NIPEC and chaired by Brenda Creaney, Executive Director of Nursing, Belfast Health and Social Care Trust. One of the recommendations made as part of this project was:

As a result of the development of the Advanced Nursing Practice Framework including core competencies and learning outcomes a project should be commenced to review the role of Nurse Consultants in NI. (p. 21 Final Project Report (NIPEC 2014)).

On behalf of the Chief Nursing Officer, NIPEC agreed as part of its 2016-2017 business plan, to develop professional guidance to support Consultant Nurse and Midwife roles in Northern Ireland.

2.0 Background

In 1998 Prime Minister, Tony Blair announced the introduction of Nurse Consultant posts to the health service, in order to provide new career opportunities for experienced, expert nurses and midwives who wished to remain in clinical practice. The NI Minister for Health, Ms Bairbre de Brun, subsequently approved the establishment of eight Consultant Nurse posts in September 2000. The roles were to be structured and described around four core functions and were detailed in the DHSSPS circular (2004):

- Expert Practice;
- Education Training and Development;
- Professional Leadership and Consultancy; and
- Practice, Service Development, Research and Evaluation

In 2005, a review of the Nurse Consultant role was commissioned by the then Chief Nursing Officer, DHSSPS. It concluded that only six out of eight posts approved were appointed. Although the Nurse Consultant roles all demonstrated numerous service improvements, a number of significant challenges were identified, which the review recommended needed addressed. These focused mainly on:

- a standardised process for appointment of Nurse Consultant posts;
- support for individuals in post, including their education and development; and
- sustainability of existing posts and a strategic approach for the development of new posts.

In May 2016, the Executive Directors of Nursing completed the verification of the current number of Consultant Nurse and Midwife posts in each of their HSC Trusts, see Table 1 below:

Table 1. Consultant Nurse and Consultant Midwife Roles in HSC Trusts as at October 2016.

HSC Trust	WTE	Area of Practice	AfC Band	In Post/ Vacant
Belfast	1.0	Nursing: Respiratory	8C	In Post
	1.0	Nursing: Critical Care (Resuscitation and Critical Care Outreach)	8B	In Post
	1.0	Nursing: Emergency Care	8B	In Post
	1.0	Palliative Care (joint appointment BHSCT/QUB/Marie Curie)	8A	In Post
	1.0	Midwifery	8B	In Post
	1.0	Nursing: Cystic Fibrosis	8B	Vacant at Present
Northern	1.0	Midwifery	8B	In Post
South Eastern	1.0	Nursing: Dementia	8B	In Post
	0.8	Nursing: Sexual Health (joint appointment SEHSCT/ QUB)	8B	In Post
Southern	1.0	Nursing: Older People	8B	In Post
Western	1.0	Nursing: Critical Care	8B	In Post

3.0 Project Aim and Objectives

3.1 Aim

The Project Steering Group will develop professional guidance to support Consultant Nurse and Midwife Roles across Health and Social Care in Northern Ireland. This guidance will be designed to meet the needs of Consultant Nurses and Midwives, commissioners and workforce planners.

3.2 Objectives

The objectives of the Project are to:

- explore the current roles and responsibilities of Consultant Nurse and Midwife roles across Health and Social Care
- agree a definition for Consultant Nurse and Midwife roles developed in light of the DHSSPS policy circular and current literature
- align Consultant Nurse and Midwife roles to the *Advanced Nursing Practice Framework* (DHSSPS 2014), in particular, to the core competencies, educational requirements and ongoing continuous professional development.
- develop a career framework to support Consultant Nurse and Consultant Midwife roles
- explore the adoption of the Role Development Guide (NIPEC 2006) to guide the approach to strategic workforce planning for the development and succession planning for Consultant Nurse and Midwife roles.

3.3 Scope of the Project

This Project will be conducted over a nine month period completing in March 2017. It will develop guidance for development and commissioning of Consultant Nurse and Midwife posts in each of the five HSC Trusts.

4.0 Methodology

NIPEC will establish a Steering Group, chaired by Brenda Creaney, Executive Director of Nursing, Belfast HSC Trust, and comprising Senior Nurses and Midwives and where available Consultant Nurses/Midwives from the following organisations: HSC Trusts, Public Health Agency, Clinical Education Centre, DHSSPS, Royal College of Nursing, Royal College of Midwifery, Trade Unions, Queen's University Belfast, Ulster University and NIPEC Council. Representation from the Student Nurse/Midwife Forums will also be invited to sit on the Group. See Appendix One for the Membership of the Steering Group.

A writing Group will be set up comprising Consultant Nurse and Midwives, Workforce Leads, a University Lecturer and the NIPEC Project Lead. The purpose of this Group is to develop the draft professional Guidance. The guidance will be tested at a workshop with relevant key stakeholders and refined

following this. The final draft Guidance will be shared at a second workshop prior to submission to NIPEC and the Chief Nursing Officer.

5.0 Resources

- 5.1 NIPEC will provide professional project management and administrative support to support the Steering Group meetings.
- 5.2 Any additional support required will be discussed and agreed by NIPEC's business team.

6.0 Dissemination and Implementation

- 6.1 Communication and consultation processes will be ongoing throughout the project using various mechanisms including the NIPEC website and news bulletin, along with utilisation of key stakeholders' communication mechanisms. This will reflect the progress of the project and encourage individuals' to contribute to and participate in the project at various stages.
- 6.2 On completion of the project, the project will be summarised in a Final Report which will be available on NIPEC's website.

7.0 Equality and Governance Screening

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998. As a result of these considerations a screening of the project has been undertaken and can be viewed at <http://www.hscbusiness.hscni.net/services/2166.htm>.

Using the Equality Commission's screening criteria; no significant equality implications have been identified. This project will therefore not be subject to an equality impact assessment. The Steering Group members have agreed not to include patients/clients at this stage of the development of the Guidance. The Guidance, however, should be screened before implementation in each of the HSC Trusts.

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 have been 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 is documented in Appendix Two.

8.0 Evaluation

- 8.1 Ongoing evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

References

Beeches Management Centre (2005) *Review of Nurse Consultant Roles*. Belfast: BMC.

Department of Health, Social Services and Public Safety (2004) *HSS Circular: Nurse, Midwife and Health Visitor Consultant Roles. HSS(Gen 1) 2/2004*. Belfast: DHSSPS.

Department of Health, Social Services and Public Safety (2014) *Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts*. Belfast: NIPEC.

Northern Ireland Practice and Education Council (2016) *Role Development Guide*. Belfast. NIPEC.

Appendix One

Membership of Project Steering Group

Brenda Creaney (Chair)	Executive Director of Nursing	BHSCT
Moira Mannion Annemarie Marley	Co-Director Nursing Consultant Nurse: Respiratory	BHSCT
Allison Hume Shona Hamilton	Assistant Director Nursing Consultant Midwife	NHSCT
Sharon McRoberts Carmel Kelly	Assistant Director Nursing Consultant Nurse: Sexual Health	SEHSCT
Dawn Ferguson Jane Greene	Nursing and Workforce Coordinator Consultant Nurse: Older People	SHSCT
Brendan McGrath Brian McFetridge	Assistant Director of Nursing Consultant Nurse: Critical Care	WHSCT
Siobhan McIntyre	Regional Lead Nurse Consultant	Public Health Agency
Garrett Martin	Deputy Director	Royal College of Nursing
Brenda Kelly Lisa McGarrity	Head of Midwifery, Belfast HSC Trust Student Midwife, QUB (from 18 October 2016)	Royal College of Midwives
Marion Ritchie	Joint Branch Secretary (Down and Lisburn Branch)	Unison
Maura McKenna	Joint Chair Regional KSF Forum	Trade Union Forum
Maurice Devine MBE	Assistant Head	Clinical Education Centre
Verena Wallace	Midwifery Officer	Department of Health
Heather Finlay	Nursing Officer, Department of Health	Directors HR Forum
Dr Kevin Gormley Karen Murray	Senior Lecturer (Nursing) Lecturer (Midwifery) up to end of September 2016	Queen's University Belfast
Prof. Owen Barr	Head of School	University of Ulster
Mr Paul Davidson	Lay Member	NIPEC Council
Cathy McCusker (Project Lead)	Senior Professional Officer	NIPEC

Outcome of Screening Assessment

Screening Assessment	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? If no - no further action is required. If yes then, <ul style="list-style-type: none"> • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	No
Privacy Impact Assessment questions	
<ul style="list-style-type: none"> • Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual? • Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? 	No
Personal and Public Involvement questions	
<ul style="list-style-type: none"> • Will the project/initiative require input from patients/clients? If no - no further action is required. If yes - please apply NIPEC's Personal and Public Involvement Policy.	Not at the development of the guidance. With implementation of the guidance in HSC Trusts it will be tested through HSC Trust PPI Forums or Patient Client Council offered to contribute at any workshop.



For further Information, please contact

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This document can be downloaded from the NIPEC website

www.nipec.hscni.net

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