EDITORIAL

Bring Back Matron

I’m sure most of you will be aware of the Assembly Debate in January on “bring back Matron”. The debate although set against the background of the recent RQIA inspections into hospital hygiene, provided an opportunity to explore some of the wider issues affecting the health and social care system.

While the public continue to appreciate the work of nurses and midwives there is no cause for complacency. It is essential that we maintain public confidence, by continuing to deliver high quality, effective and compassionate care. This requires both individual and collective leadership, and all of us to embrace accountability for our actions.

When one looks at the failures in care reported recently in England, we see the need to work collectively to identify and end the individual and system failures that underlie poor care. This of course is not solely the responsibility of nurses and midwives but requires organisations to create cultures that welcome innovation and excellence and value those who care.

The Minister in January’s Assembly debate placed emphasis on the need for clear visible, and authoritative leadership, and to strengthen the role of the ward sister/charge nurse.

This requires us to be confident and effective champions of care, with a powerful voice at all levels of the health system. With those in senior management positions accountable for championing quality at all levels within their organisations and from point of care to the boardroom. (continued on page 24)
The Countess of Wessex, Colonel-in-Chief of the Queen Alexandra’s Royal Army Nursing Corps (QARANC), attended a service held in St Anne’s Cathedral in Belfast on 14th October 2009 recognising the dedication and work of thousands of Military Nurses.

Over 500 serving and retired men and women and their families attended the interdenominational service where the dedication of a Memorial Window in recognition of the service of the QARANC in the preservation of life in peace and war took place.

The window illustrates the Corps Badge and includes the inscription ‘In Memory of all Military Nurses’, both of which are set into a delicate grey French glass. The border shows the Corps colours interrupted by Celtic Crosses.

The installation was funded in the main by the QARANC Association, with one third funding by Joan Thompson, OBE RRC TD, formerly member and matron, of the then 204(NI) General Hospital RAMC(V).

**COUNTESS OF WESSEX ATTENDS SERVICE HONOURING MILITARY NURSES**

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**CNO Conference 2010**

**Wednesday 16th June 2010 9.30am - 4pm**

at Craigavon Civic Centre

Conference Sessions:
- Delivering Safe and Effective Care
- Maximising resources for success
- Promoting person-centred cultures
- Supporting learning and development

Speakers to be confirmed

Further information, when available, can be accessed at [www.dhsspsni.go.uk/cnoconference](http://www.dhsspsni.go.uk/cnoconference)

To register your interest in attending e-mail your name, job title and any special requirements to nursingandmidwifery@dhsspsni.gov.uk
Assembly Members recently debated the return of an authoritative figure in the fight against Healthcare Associated Infections. The return of a “matron-like” figure was seen by many as a crucial element to clean up hospitals and combat infections such as MRSA and C. difficile.

The Assembly debated the RQIA’s unannounced hygiene inspection reports on 11 January which emphasised the need for greater clinical leadership. The motion called on the Health Minister to “bring back matron” and to “provide ward managers with the support and authority to do their work effectively”. Jim Wells, chairperson of the Assembly’s Health Committee, moving the motion, clarified that the role of matron today was undertaken by ward sisters and ward managers and that the motion was calling for ward sisters to be able to call in cleaning teams when needed.

In responding to the debate Michael McGimpsey paid tribute to the nursing, medical and cleaning staff who have worked so hard to make hospitals safer and cleaner places. MRSA and C. difficile rates have fallen by 30% and 40% respectively over the past 18 months. However, the Minister agreed that strengthening leadership was vital to drive down infection rates even further. He said he also wanted to have effective accountability from the “ward to the board”.

The Minister used the opportunity to reinforce the measures that have already been put in place, such as visiting and uniform policies and the back-to-basics ward cleaning pilot scheme; and to announce some new packages in the fight against HCAI’s, such as the new Changing the Culture 2010 strategy. The Minister also committed £2m per year to release 20% of ward sister’s time to focus on quality, safety and patient experience issues and a further £500,000 to fund a scheme which will allow each ward sister to spend up to £2,000 for the minor refurbishment of their hospital ward.

The Minister also recognised the importance of the role of Director of Nursing and has asked the Chief Nursing Officer to work with the trusts’ Chief Executives to ensure that Directors have the authority to oversee the quality and standards of nursing care within their organisation.

The debate was very useful in demonstrating just how much nurses and midwives are highly valued by our public representatives with speakers keen to pledge their support. The text of the debate, which was passed unanimously, can be accessed at www.niassembly.gov.uk/record/reports2009/100111.htm
In 2004/2005 CNAC developed ‘Guidance on the Delegation of Care’ in response to calls from service colleagues for greater clarity and guidance around the delegation of care. More recently the Nursing and Midwifery Council has reviewed the NMC Code and subsequently updated the A-Z advice on Delegation.

In light of the new NMC Code, a sub group of CNAC was established to review the original CNAC guidance on the delegation of care. The resultant Delegation Decision Making Framework utilises a flowchart approach to decision making.

In delegating, the nurse or midwife must ensure the appropriate assessment, planning, implementation and evaluation of the person’s care. The process is continuous and based on the following:

1. **The right task**
   Delegation of care occurs following a written assessment of the individual person’s needs and is supported by organisational policies and procedures.

2. **The right circumstances**
   The specific circumstances in which care may, or may not be delegated are considered, taking account of the setting and availability of adequate resources.

3. **The right person**
   Systems are in place to ensure the competency of the care giver is established and maintained and to provide ongoing monitoring and support. This will include knowing when to seek appropriate advice.

4. **The right communication**
   The plan of care will include clear, concise description of the task, including expected and actual outcomes. Records are maintained of all aspects of the delegation process.

5. **The right feedback.**
   A process for ongoing monitoring and support is established to ensure the delivery of safe and effective care. This will include an evaluation of the outcomes and the patients’ experience.

This framework acknowledges the work undertaken by the National State Boards of America.

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**Central Nursing Advisory Committee Delegation Decision Making Framework**

- **Has there been a nursing / midwifery assessment of the patient / client needs?**
  - N: Do not delegate
  - Y: Do not delegate

- **Is the task to be delegated within the scope of practice and therefore authority of the nurse / midwife to delegate?**
  - N: Do not delegate
  - Y: Do not delegate

- **Has the care giver been provided with education and training to undertake the task?**
  - N: Do not delegate
  - Y: Do not delegate

- **Has the care giver been supervised and deemed competent to perform the task?**
  - N: Do not delegate
  - Y: Do not delegate

- **Has an evaluation process been agreed to measure outcomes and reassess competency?**
  - N: Do not delegate
  - Y: Delegate the task
The Northern Ireland newborn bloodspot screening programme has been in place since the late 1960’s. It offers all five day old babies the opportunity to be tested for a number of rare but serious conditions. For the small number of babies identified as having phenylketonuria (PKU), congenital hypothyroidism (CHT), or cystic fibrosis (CF) early treatment can improve their health and prevent serious disability or death.

On 3 August 2009 important changes to the screening programme took place, with the addition of Medium chain acyl co-A dehydrogenase deficiency (MCADD) to the screening programme. MCADD is an inherited metabolic disorder which means that affected infants have difficulty breaking down fats to make energy for the body. This can lead to serious illness, disability or death. Newborn bloodspot screening for MCADD means that the condition can be recognised and treated early i.e. before clinical presentation in most cases. Treatment is largely dietary, by ensuring regular intake, particularly during periods of illness or stress. About 1 in 10,000 babies born in the UK have MCADD.

The other change to the newborn bloodspot screening programme which occurred on 3 August 2009 was the inclusion of DNA testing to initial screen positive tests for cystic fibrosis, in line with practice in the rest of the UK. This means that most babies with CF are recognised on the initial screening test and a small number of infants with rarer forms of CF are identified. Some 0.5% of infants have DNA testing under the new protocol. About 1 in 2,500 babies born in Northern Ireland have CF.

The UK standards for the newborn bloodspot screening programme were updated in August 2008. A training programme for all midwives, health visitors and paediatric nurses, which provided information on the changes to the bloodspot programme and the new standards, was rolled out across all Trusts earlier in 2009.

Further information including parent information leaflet, training presentation, professional handout and new protocols and guidelines for CF and MCADD can be accessed via the DHSSPSNI website:
www.dhsspsni.gov.uk/index/phealth/php/screening/nbbscreening.htm
A multidisciplinary team from the Belfast Health and Social Care Trust were successful on the 27th January by winning the team awards at the Royal College of Midwives midwifery awards in London.

The team includes midwives and obstetricians and they are called the Adverse Labour Event Review Team (ALERT). The aim of the team is to produce a more judicious, streamlined structure that facilitates a better co-ordination and feedback for intrapartum incidents. Learning points are fed back through a number of mechanisms including clinical audit meetings, team meetings, workshops, supervision meetings, newsletter and emails.

ALERT is now considered an essential asset to the maternity service. It is sustainable and especially exciting because it has not required any additional funding, just the commitment, collaboration and time management of its members.

The judges of the awards said this project demonstrated collaboration and team working in its truest sense and celebrates best practice. When things go wrong, the team actively identifies where care could have been better and learns valuable lessons, communicates lessons learned and feedback to the wider multidisciplinary team and users.

Margaret Rogan and Nuala Sherry were at the awards ceremony to pick up their award from Her Royal Highness, The Princess Royal.

A midwife from the Royal Jubilee Maternity Service was also chosen as the Northern Ireland Nomination for the “Mum’s Midwife of the Year”. Heidi Mc Killen was nominated by a woman whom she looked after in labour. The woman said of Heidi “I felt so calm in Heidi’s presence that I didn’t scream or lose my focus, I totally trusted her with my own and my baby’s life...”

Heidi was also present at the awards ceremony in London.
HEALTHY FUTURES
RECOGNIZING THE CONTRIBUTION OF HEALTH VISITORS AND SCHOOL NURSES

Health Minister Michael McGimpsey has launched a five year plan to modernise health visiting and school nursing.

While experiencing at first hand the work of a health visitor as he visited a young family in their Belfast home he said, “over the next 10 years, the health and social care service in Northern Ireland will focus on a preventive approach, with greater emphasis on community-based services. Health visitors and school nurses will play their part in this through their important work supporting families and children and this will make a difference to parents and children alike.”

Healthy Futures 2010-2015: the contribution of Health Visitors and School Nurses follows a review and consultation process which evaluated current delivery in consultation with key stakeholders and highlighted and recommended the replication of good practice within integrated children’s services.

The report reaffirms the core role of health visitors and school nurses ‘To promote the physical, social and emotional health and well-being of children and young people within the context of their families across the ante-natal to 19 year age range’.

During the early years this will include a new schedule of visits including a home-based visit from May this year to assess all two year olds as recommended by the Review of Autistic Spectrum Disorders.

The school nursing service will develop to recognise the different needs of primary school children and adolescents.

The Minister continued: “Our health service must adapt to meet the challenges of a changing 21st century society. Due to the demands of modern life, many new parents no longer have the support of an extended family circle.

“Some may experience isolation, anxiety or depression, all of which have a negative impact on their children. Through early intervention, health visitors and school nurses provide parents with the advice and guidance they need to cope with the pressures of parenthood.”

A five-year action plan to deliver the recommendations of the Review will be led by Mary Hinds, the Director of Nursing in the Public Health Agency.

The Minister concluded: “Parenting is a lifelong commitment and providing sufficient support from birth and throughout a child’s school years is vital to ensure a happy, fulfilling experience for families. This in turn will ensure a good basis for healthy adulthood and better long-term outcomes in later life. The role of health visitors and school nurses is vital in achieving this.”

Healthy Futures can be downloaded from the Department’s website www.dhsspsni.gov.uk/index/nmag/nmag-projectsandreports.htm
In September this year I will celebrate 35 years in the Nursing profession, yes celebrate! I know that may sound strange to some when the service is under such increasing pressure and the financial position across the world grim but I don’t regret one minute of it and I still firmly believe that nursing is a noble profession and I was meant to be part of it. Of course there have been difficult times but there have also been great times of enjoyment, challenge and fun. I also have experienced significant personal development through my exposure to many challenging situations and the privilege of working with some really inspiring people. In addition I have had a number of significant management and leadership development opportunities in the UK and further a field, opportunities I have never been afraid to grasp.

September 1975 seems like yesterday. My first salary was £116 that included at £16 book allowance, separation from family and friends was difficult. Bohemian Rhapsody was number 1, and we worked until we could barely stand up but it was fantastic! Those early days I recall being fascinated with Anatomy and Physiology, learning about disease processes and developing a fundamental knowledge and skill in nursing practice. The best parts of course were working with patients and the teamwork. There was also a lot of competition amongst students to complete our syllabus which was a formal written record of us having achieved competence in practical skills. I never set out to be a Director or Senior Manager. I remember in those early days one of my tutors telling me I was destined to be a Charge Nurse, I remember being flattered and surprised but looking back he probably said that same thing to us all just to encourage us. If that was the case he certainly was successful.

Looking at the people in charge in those days, the Sisters and Charge Nurses, what set them apart was they were in charge! They led the ward teams, set the tone and standards expected. They were pivotal to the work of the multidisciplinary team. They knew all that was going on and they co-ordinated all of our efforts. They also gave us feedback on how we were doing, good and bad! They were also present in the work environment working alongside us. Nurses were in charge and that is what I wanted to do and be!
Much has been said in recent years about standards of care and there has been a recurring call to bring back Matron. I believe this has been brought about by a concern amongst the general public, some colleagues and the media about standards failing to meet their expectations and confusion about who is in charge and who they can look to when they need help or things go wrong. Times have changed though, Matrons were generally single, married to the job, lived on site, walked the hospital wards day and night, and had ultimate authority and power to influence care standards and the care environment alongside medical colleagues. Today most staff have partners, families, dependents, are homeowners, have mortgages to pay and have full lives and have many demands on their time outside of their place of work. I do fully understand why there had been this call to bring back matron but firmly believe, as was recently endorsed by the Health Minister in his speech to the Assembly that fundamentally the answer lies with the role of the Ward Manager or Team Leader in the community. I am also very encouraged by the Ministers recent letter to Chief Executives which will result in a review of the role of Directors of Nursing by Chief Nursing Officer and Chief Executives reinforcing our role in the areas of leadership of the profession and care standards. This, I believe, will ultimately support, strengthen and develop the role of professional leaders and particularly the role of Ward Manager / Team Leader.

The whole purpose of this of course is to improve patient care, to drive up care standards and to improve the patients’ journey and experience. Whilst strong leadership and renewed focus from senior management will undoubtedly be helpful in supporting the role of the Ward Manager / Team Leader, the environment and the people involved need to be receptive and proactive in this regard.

The leading Care: Regional Ward Manager Group is working to develop care standards and competencies for Ward Sisters and Charge Nurses in order to support and strengthen the role.

Nursing and Midwifery staff provide care and treatment from pre-conception to end of life and bereavement care and all life stages in between. I believe Nursing is an honourable profession that is valued and respected by the public we serve and by the colleagues we work in partnership with.

We are in a privileged and often pivotal role often interfacing with people at the most vulnerable times in their lives. We often only have one chance to “get it right” and the experience that patients / clients and their families receive can have a lasting impact and influence on the rest of their lives. For nursing staff this can be exhilarating, challenging and personally demanding.

Our emphasis must be on providing care that is evidence based, safe, effective and efficient, person centred, of high quality and delivered in a spirit of partnership with patients / clients, families and multiprofessional colleagues.

Ward Managers / Team Leaders you are in the most influential positions in health and social care. People like me can talk about and promote patient safety and quality of care, but people like you can implement change and make a real difference today.

Let’s move forward together in partnership! Are you ready for the challenge?
The environments in which Nursing and Midwifery registrants work today in Northern Ireland provide many challenges. Health & Social Care organisations continue to look for different ways of learning that are flexible and meaningful to support the continuing professional development and performance of the professions and maintain high quality standards of safe and effective practice for people with changing health and social care needs.

Since its inception in 2002, the Northern Ireland Practice and Education Council for nursing and midwifery (NIPEC) has continuously developed expertise in the production of innovative tools and resources that aim to promote and enhance a wide range of flexible learning and development opportunities for registrants.

The main NIPEC website www.nipec.hscni.net is a useful source of information for registrants in relation to the current and previous work streams of NIPEC. A new ‘Resource Section’ has recently been developed in response to requests from our Nursing and Midwifery registrants.

In this section registrants can access tools and guidance to assist them in their everyday practice and with their continuous learning and development, throughout their professional career. Examples of these resources include:

- Role Development Guide & Audit Tool
- Application & Interview Guide
- Learning & Development Resources
- Respiratory Competence Assessment Tool Resources
- Accreditation for Prior (Experiential) Learning AP(E)L for Mentor Preparation Programmes
- Education Commissioning Cycle
- Nursing Supervision
- Pandemic Flu Education

During 2010 registrants will be able to access a range of new tools and resources currently being developed:

**RECORD KEEPING**

Guidance, an electronic audit tool and improvement activities are currently being developed through a regional initiative aimed at improving the standard of registrant record keeping.

**SUPERVISION**

The regional evaluation questionnaire for supervision in nursing will be hosted online for the first time on www.nipec.hscni.net making the process of submitting your opinion on the quality of supervision processes within your organisation straightforward and paper free.

**THE DEVELOPMENT FRAMEWORK**

The Development Framework www.nipecdf.org is a free, secure online resource which can support and promote the personal and professional development. Over 8,000 registrants already keep their portfolio online here,
On 29th September 2009 Martin Bradley visited nursing staff in the new Downe Hospital. During a tour of the facilities Martin chatted with staff in the maternity unit and dementia wards. Afterwards he met with senior nursing staff at the hospital to hear about new developments.

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the website easily accessible via the Trust intranets. Tools and resources include:

- Competency self-assessments to help you prepare for appraisal or development reviews
- Learning and development activities
- Career guidance
- A role audit tool for those in new or developing roles

A recent addition to the site is a new section designed specifically for nursing and midwifery students.

ALL IRELAND PRACTICE AND QUALITY DEVELOPMENT DATABASE

NIPEC, in partnership with the National Council of Nursing and Midwifery Republic of Ireland, launched the All Ireland Practice and Quality Development Database in 2006.

Nurses and midwives can register at www.nipec.org to share their projects or practice improvements with others on the World Wide Web. From this initiative there are already examples of how sharing of learning has helped improve practice in other areas.

The development of NIPEC’s online tools and resources to support education, practice and performance of nurses and midwives in Northern Ireland is central to the core business of the organisation. If you would like to know more about what NIPEC is currently doing why not sign up to receive regular updates from us. You can do this by becoming a part of our registrant database at: www.nipec.hscni.net/cwRegistrantDatabase.htm

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The Modernising Nursing Careers: Setting the Direction report identified a clear need for change to enable nurses to meet the demands arising from a modernised health service (DHSSPS 2006). The document outlines the need for a career structure that enables nurses to “work in different care settings, to take on changed roles and responsibilities, develop a varied mix of skills, to pursue education and training when they need it, and to develop both generalist and specialist skills as they require them”.

In Northern Ireland the Modernising Nursing Careers agenda initiated a programme of work, led by the Directors of Nursing, to consider and describe the future context for nursing and midwifery practice. This culminated in the “Leading the Way” debate document in 2008, which recognised that the current categorisation of acute and community practice along with nursing descriptors of children; adult; learning disability and mental health will increasingly have limited currency in future scenarios of health and care.

These descriptors have been impacted by the shift in care delivery from the hospital to community, the change in the complexity of care provided in acute settings, the emergence of service frameworks, the management of chronic diseases and the increasing emphasis on public health interventions. These all require nurses and midwives to develop a range of transferable and flexible skills to meet patients needs.

Education and service providers also need to recognise these transferrable skills and provide education programmes that build on existing competence rather than requiring nurses and midwives to begin over and repeat elements of training. Service managers need to set out clearly the competences required to work in their care environments so that nurses and midwives can plan their career development. For example: health education is a core communication competence regardless of whether the interaction is related to smoking cessation, managing diabetes or breastfeeding.
Zones of Practice
Further development of career pathways was impacted by the Review of Public Administration and in order to progress this work it was agreed in January 2009 by the Modernising Nursing Careers steering group that it was timely to incorporate the career development work into an overarching nursing and midwifery strategy.

It is proposed that the future commissioning of post registration education will focus on three zones of healthcare practice. These will be used to shape nursing and midwifery professional development and careers. The three zones are identified as:

- Health and Wellbeing Care
- Elective, Urgent and Critical Care
- Continuing Care and Support

It is important to note that there will be areas of practice which will and should overlap more than one zone. This is in keeping with the complexity and richness of the nursing and midwifery contribution to the health and wellbeing of the population.

Elective, Urgent and Critical Care Zone
This area of focus relates to meeting the immediate health and care needs of the population wherever that need may present. The elements within this zone would be currently recognised as elective surgery, critical interventions, crisis intervention, rapid response and emergency care. The short term care of a mother requiring instrumental delivery or a neonate requiring supported ventilation would fall within this zone.

In terms of the current workforce, this includes accident and emergency nursing, some aspects of treatment room nurses, acute care at home teams, mental health intensive and high dependency care. Midwives would traverse from one zone to another as the needs of the mother and baby dictate. This crossing of zones to provide different interventions would become more apparent as we describe more accurately the needs of patients and clients in our care.

The Elective, Urgent and Critical Care zone would require the nursing and midwifery community to have knowledge; competencies and attributes that may include; technological know how, safety and quality practices, early recognition capacity and critical intervention skills.

Continuing Care and Support Zone
This area of focus relates to meeting the health and wellbeing needs of the population with long term and chronic conditions. The elements within this orientation would be currently recognised as the care of children with complex needs, learning disability nursing, end of life care, severe and enduring mental illness, chronic disease management, dementia services and challenging behaviours.

The current workforce contribution includes palliative care nurses, respiratory nurse specialists, mental health nurses, learning disability nurses, stroke nursing services and district nursing services.

Health and Wellbeing Zone
This area of focus relates to meeting the health and wellbeing needs of the population. Elements would be currently recognised as: public health, health promotion, health education, health protection, health screening, maternity care and so on.

In terms of the current nursing and midwifery community this zone is likely to include some aspects of practice nurse roles, health visiting and occupational nursing services and include community development initiatives such as Sure Start. Midwifery practice would focus largely within this zone as midwives provide the holistic assessment and care to both mother and baby.

A Health and Wellbeing zone would require the nursing and midwifery community to have knowledge, competencies and attributes that may include; community development activity, tackling inequalities, screening and health education knowledge of population epidemiology.

A framework for professional development
In the post registration period it is envisaged that nurses and midwives would progress within these zones continued over page
Continued from page 13

of practice as they gain skills and experience. Skills and competencies at differing levels of practice will have a common currency across all care settings. For example the core skill of communication is as applicable to support staff as it is to nurses and midwives and there will also be the need for higher level communication skills. There will be a range of common core skills that will be applicable to all staff and then there will be specific skills identified within each zone. Nurses may identify themselves as working in an area that requires the skills that fall mainly within one particular zone but also require some specific skills identified within a different zone.

Summary and Way Forward

Career development within the three zones of practice will require a specific learning and development framework for registered nurses, registered midwives and other members of the family of nursing and midwifery. Underpinned by robust personal development planning processes, the framework could be in the form of a competence based skeleton structure from which learning and development activities are identified. The following are perceived benefits from the evolution of such a framework:

- to recognise and acknowledge the skills required to work within a zone
- to enhance knowledge within an aspect of care delivery to facilitate movement between different areas with a zone to contribute to role development.

The zones of practice have been articulated within the current consultation on A Northern Ireland Strategy for Nursing and Midwifery and this is the first step towards the development of a Post registration Learning and Career Development Framework. We welcome your comments at this early stage of development and we look forward to your engagement as we move this work forward in 2010.

Comments may be directed to Kathy.fodey@dhsspsni.gov.uk

NEW APPOINTMENT AT BELFAST TRUST

Brenda Creaney has been appointed as Director of Nursing and User Experience at the Belfast Trust. She will be responsible for 10,000 nurses and 3,000 support workers across the trust. Her remit includes all aspects of the hospital experience including cleanliness and HCAIs.

Brenda trained at the RVH where she then worked as a staff nurse she then moved to London where she undertook Childrens nurse training at the Westminster Children’s Hospital, here she also worked as a staff nurse and Junior Sister. Following a period of specialist practice at the Royal London Hospital, she worked firstly as a ward manager, then as lead nurse for Paediatrics at the Chelsea and Westminster Hospital. She returned to Northern Ireland in 2000 to the Royal Group of Hospitals to the position of Directorate Manager in the Medical Directorate and in 2002 took up the position of Directorate Manager and Principal Childrens Nurse in the Royal Belfast Hospital for Sick Children. Most recently she was Co-Director of Child Health and Associate Director of Nursing in the Belfast Trust.

Brenda takes up her post at an interesting time for the nursing and midwifery professions and is looking forward to the opportunities and challenges ahead.

We congratulate Brenda on her appointment and wish her well for the future.
Fetal Monitoring in Practice

Professor Sir Sabaratnam Arulkumaran, Professor & Head of Obstetrics & Gynaecology St George’s, University of London and the President of the Royal College of Obstetricians and Gynaecologists was the guest speaker at a recent study day funded by DHSSPS. Professor Arulkumaran is a recognised expert in the field of fetal monitoring therefore we in Northern Ireland were delighted to welcome him to facilitate the day.

The event was arranged by Margaret Rogan, Practice Education Midwife and Agnieszka Zawislak, Lead Clinician for Intrapartum care in the Belfast Trust and thanks must go to them for all their hard work.

The event took place in Belfast on 31st October 2009 with 115 midwives and 31 obstetricians from all five Trusts in attendance, which accounts for approximately 10% of both professions in Northern Ireland.

The feedback from all the delegates was excellent, with no negative comments received. There was a strong wish that the event could be repeated so others could learn from the expertise of Professor Arulkumaran or others in this field. This event was an excellent way to show that multiprofessional learning is the way forward.

A Vision for the Future

On Wednesday 30th September 2009 the Southern Area Hospice organised a palliative care conference in the Canal Court Hotel Newry. TV personality Mr Nicholas Owen acted as compere at the event.

The conference explored the challenges facing those involved in the delivery of palliative care and the progression, philosophy and future of palliative care practice on Northern Ireland.

Pictured in the photograph are (from left to right); Chief Executive of Help the Hospices, David Praill; Nicholas Owen, Journalist and TV Presenter; Mrs Ann Cooney, Chief Executive of Southern Area Hospice Services and Martin Bradley.
With the eHealth agenda gathering momentum, it is important to engage with nurses to understand their perceptions on how new eHealth initiatives will impact on their practice and existing roles. In February 2009 the European Centre for Connected Health (ECCH) and the Royal College of Nursing (RCN) collaborated to appoint a Professional Nursing Officer for a 6 month period, to contribute to the design and delivery of eHealth development opportunities, for nursing in particular and generally for the health and social care community in Northern Ireland.

Northern Ireland is preparing for a Regional Remote Telemonitoring service (RTNI) for patients with chronic conditions. It is hoped that patients will become more active in managing their condition and that nursing will have a key role in assessment, teaching and reviewing care. Therefore a key objective was to engage with the nursing workforce in Northern Ireland to raise awareness about eHealth and gain insight into their knowledge and interest in Nursing Informatics in particular.

A communication project was launched February 2009, outlining a design of two phases. The first phase was based on the need to give information to nurses and at the same time gather information. With this dual purpose and taking cognizance of the many demands on staff time, it was decided to use a ‘one-stop’ approach through half day workshops. Two workshops were held in April & May 2009 and 87 nurses attended. A programme including local examples of technology used in practice was presented; the nurses completed a survey using a questionnaire, and also took part in focus groups. In the second phase, following analysis of the data from the Nurse Workshops, two discussion groups with Nurse Managers and Nurse Educators were held to explore the issues raised. Further, a seminar with strategic leaders was held in June to discuss the findings and add to the discussion.

A report, eHealth in Northern Ireland - The Voice of Nursing (RCN & ECCH), outlining this exploratory work will be launched at a conference in June this year, organised by the RCN Northern Ireland Nursing Informatics (NINI) Group. Both the findings from the survey and the focus groups indicate that nurses are ready and willing to become involved in technology based nursing, and 95.8% of the respondents felt that nurses had a role in developing technology in healthcare. The richness of the data gathered from the focus groups on ‘blue sky’ thinking was an indication of the level of creativity in using information and technology in nursing, with many workable solutions presented on ‘wish lists’.

As for applying data and information to make practice decisions, the operational managers and strategic leaders felt this was not being fully optimised. However, there was consensus among strategic nurse leaders that more work was required in terms of capability, such as developing a leadership role in eHealth, along with an informatics curriculum which meets the needs of the nursing workforce and the wider health and social care community in an eHealth culture.

This first step in engaging with nurses on the eHealth debate has not only raised awareness among the nursing workforce but also provided a voice for nurses from practice, education and management to articulate their views. Ultimately, it is hoped that this will initiate further work and development in the area of Nursing Informatics and the contribution nursing can make in developing an eHealth culture in Health and Social Care.
Work began recently (20 January) on a £5.36m unit that will provide the first ever specialist palliative care beds within the HSC in Northern Ireland.

A sod cutting ceremony will kick off the development of the new Antrim unit which will provide specialist care to people with terminal illnesses, particularly cancer.

The unit, due to be completed in April 2011, is a joint partnership between Macmillan Cancer Support, the Northern Health and Social Care Trust and the DHSSPS.

Specialist staff at the centre will provide comprehensive palliative care to patients with cancer and other life-limiting conditions. The unit will also deliver a range of day care and inpatient services including symptom control, rehabilitation and end-of-life care.

The new development will be built opposite Laurel House on the Antrim Area Hospital site and will have 12 ensuite bedrooms and three consulting rooms. Overnight accommodation will also be available for relatives.

Outpatient services for people who need day care but do not need to stay in the unit will also be provided. There will also be a day room and a quiet room where patients can socialise or relax. A room for education and staff training will also be provided.

Patients and their families will also be able to access emotional and financial support, complementary therapies and respite care in what will be a comfortable and caring environment.

The unit’s location at Antrim Area Hospital will allow patients to get specialist care with access to all the clinical services offered within the hospital.

Pictured at the sod-cutting ceremony are Tony Quinn from Cookstown, left, whose wife died from cancer three years ago, Northern Trust Chairman Jim Stewart, Macmillan Cancer Support General Manager Heather Monteverde and Chief Nursing Officer Martin Bradley, rear.
Exercise Medical Challenge 2010

This year Exercise Medical Challenge was run at Ballykinler from 12-14 March by 204 (North Irish) Field Hospital, commanded by Colonel Alan Black, supported by 253 General Service Medical Regiment and the specialist Rescue Team of the N.I. Fire and Rescue Service.

The aim of Medical Challenge is to provide a stimulating and challenging series of clinical scenarios in the field environment for teams from the Health Services of Northern Ireland and the Republic of Ireland. The emphasis is on bringing out key team management and communication skills, whilst exposing teams to the latest developments – pre hospital and trauma medicine.

The overall winners of this years Challenge were the National Ambulance Service, Republic of Ireland and Queens University School of Nursing, were the runners – up. The QUB School of Nursing had entered for the first time. The weekend was undertaken in an atmosphere of fun as well as competition, with an excellent social function on Saturday night!


LR: Maj Gillian McLaughlin, Colonel Donal Keegan - Honorary Colonel 204(NI) Fd Hosp (V), Clare Buchner and John Power - Queen’s School of Nursing, Martin Bradley - Chief Nursing Officer, Ashleigh Mullen - Queen’s School of Nursing, Colonel Alan Black - Commanding officer of 204(NI) Fd Hosp (V), Ashleigh Dobbin, Joanne Burns, Laura Creighton and Darren Ferguson - Queen’s School of Nursing.

REGIONAL NURSING AND MIDWIFERY STRATEGY

The draft Regional Nursing and Midwifery Strategy was launched for consultation on the 25th January 2010. This strategy is a culmination of the range of work undertaken in Northern Ireland in response to the Modernising Nursing Careers agenda. It has been developed in consultation with members of the nursing and midwifery community and patient/client representatives through a series of engagement workshops held in August 2009. This strategy should been seen as a high level road map to guide the professions over the next five years and is based on the principle that every nurse, midwife and supports worker counts and has a part to play in ensuring the delivery of high quality safe and effective care to our patients and clients.

The consultation document and questionnaire are available on the DHSSPS website at www.dhsspsni.gov.uk/index/consultations/current_consultations

This consultation is scheduled to close on 19th April 2010; we would encourage all nurses and midwives to take this opportunity to read and comment on this document and play your part in shaping the professions for the future.

A Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015
NEW NURSES CELEBRATE REGISTRATION

Approximately 700 people attended the University of Ulster’s Coleraine Campus on 11 November for the annual celebration of registration ceremony. At the ceremony each student was presented with a University badge in recognition of the successful completion of their programme of study and achievement of registration as a nurse. 180 students received a badge at the ceremony from the Health Minister, Michael McGimpsey.

Michael McGimpsey presents badges to Lee Baxter (top) and Laura McNulty (bottom) while Dr Owen Barr, Head of the School of Nursing at UU proudly looks on. (Bottom)

NMC Update

NMC consultation: Guidance on how to raise concerns at work
The Nursing & Midwifery Council (NMC) has launched a three month consultation on new guidance to help nurses and midwives raise concerns in an effective and appropriate way. Nurses and midwives have a professional responsibility under their Code of Conduct to raise concerns over poor patient care and other clinical environment concerns. A link to the draft guidance can be found on the NMC website www.nmc-uk.org. Consultation finishes on 31 March 2010.

NMC consultation on standards for pre-registration nursing
The NMC has also launched a three-month consultation on the proposed new standards for pre-registration nursing education which includes standards for competence; teaching learning and assessment. Higher education institutions will use the new standards to develop pre-registration courses from 2011. The consultation reflects the need to meet the increasing demands of nursing and healthcare practice in the 21st Century, by updating the standards for nursing education including the introduction of degree level registration. The consultation is open until 23 April 2010 and can be downloaded from their website www.nmc-uk.org.

Debra Cerasa Visit

Debra Cerasa, Chief Executive of Royal College of Nursing (RCN), Australia recently visited Northern Ireland for a day. During her visit she met with Martin Bradley, CNO, and Nursing Officers in DHSSPS. Lunch was hosted by RCN, Northern Ireland and followed by a visit to staff at Belfast Health and Social Care Trust.
Following the April 2009 Ward Sister Conference, “Promoting a Positive Experience”, which was supported by the Chief Nursing Officer, the HSC Trust Executive Directors of Nursing decided to establish a Regional Project with the aim of creating a dynamic role for ward sisters, empowering them to:

- participate in the delivery of the organisation’s objectives
- maintain a safe and effective clinical environment
- improve the patient and client experience
- lead and manage the performance of their team.

A regional Steering Group, chaired by Bronagh Scott, Executive Director of Nursing, Northern Trust has been tasked to oversee the project, which is being facilitated by NIPEC. Visit NIPEC’s website to find out more about the project, its progress, structure, membership and the project plan [www.nipec.n-i.nhs.uk/cw_regional_ward_manager.htm](http://www.nipec.n-i.nhs.uk/cw_regional_ward_manager.htm)

Also look out for NIPEC’s monthly Project Bulletin, which is circulated to key stakeholders.

It is critical to the success of this project that Ward Managers are actively engaged and involved. Ward Managers are present on the various groups set up to manage the project. Sub-Groups, chaired by ward managers, have been set up to develop the various outputs agreed by the Steering Group.

NIPEC has also developed an online forum to enable all ward managers to participate actively in the project throughout its lifetime.

An opportunity has been provided for Trusts to second Project Officers for a three-month period to:

- support the Sub-Groups in developing the project outputs
- ensure wide engagement of Ward Managers and Senior Managers in refining the project outputs, reflecting each Trust’s strategic direction
- facilitate effective communication about the project throughout each Trust
- collaborate to achieve a regional approach to the project.

Project Officers will commence their secondment during January 2010. They will be working closely with Ward Managers between January and March 2010 to facilitate the identified project outputs.

### Project Structure

**Steering Group** Chair Bronagh Scott

**Working Group** Chair Brendan McGrath

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<tr>
<th>Sub Group 1</th>
<th>CHAIR: MOIRA LOGAN</th>
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<tr>
<td><strong>Develop a role framework and the core elements of generic job description and proposing a regional title (March 2010)</strong></td>
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<th>Sub Group 2</th>
<th>CHAIR: OLIVIA WILSON</th>
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<td><strong>Develop programmes including induction, ongoing development and succession planning programmes for ward managers (June 2010)</strong></td>
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<tr>
<th>Sub Group 3</th>
<th>CHAIR: MICHELLE McCARTAN</th>
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<tr>
<td><strong>Develop processes to support succession planning within organisations and regionally (June 2010)</strong></td>
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SUPERVISION OF MIDWIVES

Statutory supervision of midwives provides a mechanism of support and guidance to every midwife registered in the United Kingdom (UK). It helps to achieve an environment for midwives to deliver care that is safe and effective for mothers and their babies. Supervision is a means of promoting excellence in midwifery care by supporting midwives to practise with confidence, with the aim of preventing poor practice.

The overall purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

Local Supervising Authority (LSA) arrangements differ across the United Kingdom. In Northern Ireland the LSA is the Public Health Agency (PHA). The PHA in its role as the LSA has responsibility for ensuring that statutory supervision of all midwives is exercised to a satisfactory standard within its geographical boundary.

The culture of supervision has undergone a major change in recent years. Supervisors are keen to promote and develop the supportive, open and developmental aspects of the role to enhance personal and professional confidence, rather than a potentially damaging punitive approach.

Supervisor of Midwives (SoMs) are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Every midwife in the UK must have a named supervisor of midwives.

All practising midwives must submit their intention to practise (ITP) to the LSA in the early spring each year via their named supervisor of midwives (SoM). SoMs sign and take a copy of the pre-printed ITP form which is sent directly to each midwife by the NMC and then enter the details onto the LSA database for upload to the NMC.

As all midwives are expected to meet, at least annually, with their named supervisor of midwives, in 2009/2010 nominated SoMs and midwives from around NI were invited to take part in an initiative together with the LSA and the Northern Ireland Practice & Education Council (NIPEC) to develop a regional document for the supervision of midwifery practice for use between midwives and their supervisors. As part of this initiative, consideration was given to elements from the previous documents used in the four legacy LSAs and those used in other parts of the UK. This review document is intended to be useful, informative and to assist in supporting the core purpose of supervision of midwives which is to protect women and babies by actively promoting a safe standard of midwifery practice.

By developing the regional document the aim is to provide midwives and their supervisors with a useful tool that helps midwives to maintain, enhance and develop their skills and seek support, advice and guidance from their supervisor of midwives (SoM) as required. The documents will be available to download from both the NIPEC and PHA websites.

Further information from:
Verena Wallace
LSA Midwifery Officer (LSAMO)
T: (028) 2531 1129 (w);
07816 271575 (m)
Email: verena.wallace@hscni.net
Nursing staff working in acute general hospitals have faced turbulent times in recent years, in particular, due to the challenge of infection control and cleanliness in hospital wards. It is therefore pleasing, and testament to the commitment and expertise of nursing staff, to hear that infections such as MRSA and C. Difficile have reduced considerably in the past year. A range of measures and initiatives are also being introduced to ensure more productive and cleaner wards in our general hospitals.

However, a number of recent reports (Mencap 2007, Patients Association 2009, Alzheimer’s Society 2009) have highlighted another significant challenge for nursing staff working in acute general hospitals. These reports all centre around the care received by individuals who are older, and those who have cognitive and/or communication difficulties (e.g. patients who have dementia or those with a learning disability). All of the above reports make reference to the central responsibility of nursing staff in ensuring that these vulnerable groups receive safe and high quality care, but also highlight that on too many occasions, the patient experience is often negative and less than optimum when they require in-patient care. Key areas of concern include; poor communication, limited understanding of the needs of patients with cognitive or communication deficits, inappropriate practice in relation to consent, being treated with a lack of dignity and respect, and perceived poor quality of care in relation to hygiene, nutrition, and maintaining safety (e.g. falls prevention and medicines management).

It is therefore crucial that nursing staff working in acute general hospitals are aware of the concerns being raised, and are proactive in putting in place measures that will ensure the highest possible quality of care and patient experience for older and other vulnerable groups when they use our hospital services. Currently, the Public Health Agency (PHA) are leading on development of methodologies for measuring compliance against the 5 patient/client experience standards, with older people, and people with dementia and those with learning disabilities being particularly targeted during this process.

Nursing staff will also be assisted to meet these challenges through the publication in Spring 2010 of GAIN guidelines for improving access for people with learning disabilities in acute general hospitals, which will set out 12 key standards in those areas that have been highlighted most in the reports mentioned above. It is also important to highlight the services offered by and resources available from the Dementia Services Development Centre for Northern Ireland, who can offer targeted training for all groups of staff in any HSC setting. They have also developed an invaluable resource titled “Caring for People with Dementia in Acute Care Settings” which includes a CD-ROM of modules and DVD material to assist the user in his/her learning. You can find out more at http://dementia.stir.ac.uk/NI_office

Finally, it is also important to highlight that a number of best practice initiatives are currently in place in Northern Ireland to improve the journey through general hospitals for vulnerable patients. For example, the Northern Trust have embarked on a Mental Health / Acute Care ‘cross directorate’ project to implement person centred dementia awareness in four hospital sites also working in partnership with the Alzheimer’s Society. The contact person for this project is Deirdre Lewis (deirdre.lewis@northerntrust.hscni.net).

The Southern Trust have also introduced a range of initiatives including the establishment of link/champion nurses to assist patients with a learning disability when they use their acute hospital services. The contact point for this initiative is Wendy McGregor (wendy.mcgregor@southerntrust.hscni.net)
NEW WARDS LAUNCHED AT THE MID ULSTER HOSPITAL

Martin Bradley, the Chief Nursing Officer for Northern Ireland visited the Mid Ulster Hospital to officially launch the new medical/surgical unit located in the old maternity block.

During the visit he met various members of staff based in the unit before taking a guided tour of the building alongside Trusts Chief Executive Mr Colm Donaghy. Along the way Martin chatted to a number of patients currently using the wards, getting their first hand experience of the new unit.

The opening of the new unit marks the start of the future vision on the way forward for the Mid Ulster Hospital. Following the recent reform of acute services in the Northern trust, the Mid Ulster Hospital has evolved its service offering, now providing enhanced minor injury facilities, endoscopy and day procedures.

£250,000 was spent in the refurbishment of the old maternity unit and the changes to the hospital will improve the quality of service available to the public. Colm Donaghy said, “The changes that are happening are not about money, it is about providing improved care”.

The improvements made will also have a positive impact on infection control. Increased space around beds reduces the risk of infection being passed from patient to patient. The new unit is already up and running and patients will hopefully be much happier in the new environment and have a better experience in our hospital. Trust staff continue to provide the same level of professional care for all patients and are to be commended for their commitment to that care.

The site of the former maternity suite now offers care for patients on medical wards, day surgery and endoscopy. The medical ward located on the ground floor will now provide 28 beds. The new ward offers more space and privacy for patients.
H1N1
As a result of the outbreak of H1N1, I decided to cancel the CNO Conference and reschedule it for June 2010. I hope you will get the opportunity to attend this year. The conference provides a useful forum for all grades to learn and develop their thinking. Further details are in this edition of CNO News.

I also want to take this opportunity to thank all of you who helped during the outbreak. There was a remarkable demonstration of excellent team working and communication between all professions and disciplines. Your efforts were certainly not in vain; we have learnt a lot from the experience and are now well placed to manage any further outbreaks.

Finally, I want to offer my congratulations to all those nurses who received honours in the New Year list. Hard work, dedication, and commitment to excellence should be rewarded. There are many nurses and midwives whose work goes un-noticed. If you know of such a person you should consider suggesting that they are nominated by talking to your line manager.

CNO Administration Team

L-R: Mark Anderson, Jayne McCrory, Jayne Saulters, Hilary Jennings and Ruth Todd.