ACKNOWLEDGEMENTS

The Ward Sister/Charge Nurse has a pivotal role in ensuring that: patients/clients come first, quality of care is a priority and the ward nursing/midwifery team are supported and developed. Over recent years there has been a growing tension in the Ward Sister/Charge Nurse role between their clinical and managerial responsibilities which has resulted in Ward Sisters/Charge Nurses believing that there is a lack of clarity in relation to their role.

The Chief Nursing Officer, Department of Health Social Services and Public Safety (DHSSPS) requested that the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) facilitate, on behalf of DHSSPS and the Executive Directors of Nursing, a Regional Project to support and strengthen the role of Ward Managers/Team Leaders in Health and Social Care Trusts (HSC) throughout Northern Ireland. I Chaired the Steering Group and worked closely with the NIPEC Chief Executive and Project Lead.

I have valued the support and contributions of the members of the various Project Groups:

- The Steering Group who kept the progress of the Project under review and ensured the project targets were achieved
- The Working Group who ensured the project outputs were delivered as directed by the Steering Group
- The Ward Sisters who chaired the Sub-Groups and the members, including the three NIPEC Senior Professional Officers, who are to be commended for the development of the various project outputs
- The Project Officers for the highly important work they took forward in their own organisations
- The Assistant Directors of Nursing for their leadership, support and commitment to ensuring the project outputs met the needs of their organisation
- The members of the Stakeholder Reference Groups for their contribution in providing feedback to shape the project outputs.
- The Patient Client Council for seeking feedback from patients/clients and the general public to inform the project outputs
In particular I wish to thank the Chief Executive, the NIPEC Team including Administration and Information Technology staff for their invaluable contribution to ensuring the successful outcomes of the Project.

As Chair of the Steering Group I commend the Project outputs to you. I believe they provide clarity whilst supporting and strengthening the role of Ward Sisters/Charge Nurses in HSC Trusts throughout Northern Ireland.

Bronagh Scott
Chair, Steering Group
SECTION 1: BACKGROUND

Introduction

1.1 Nursing and midwifery leadership is vital to the delivery of safe and effective care and Ward Sisters/Charge Nurses and Team Leaders play a pivotal role in putting their patients/clients first, maintaining standards of high quality care and supporting continuous improvement. Following a Ward Sister/Charge Nurse conference, held in April 2009, facilitated by the Assistant Directors of Nursing in the five HSC Trusts, the Executive Directors of Nursing and the Chief Nursing Officer identified the need for a regional project to support and strengthen the role of Ward Sister/Charge Nurses and Team Leaders. The Chief Nursing Officer requested that NIPEC would facilitate this project, which commenced in October 2009 and was supported by the five HSC Executive Directors of Nursing (EDN).

1.2 The overall aim of the project was to support and strengthen the role of Ward Sisters/Charge Nurses and Team Leaders in HSC Trusts across Northern Ireland. The project was managed through a Steering Group, chaired by one of the EDNs, to ensure that the objectives were met. A Working Group, chaired by one of the Trust Assistant Directors of Nursing, was also set up to take forward specific elements of the project and to ensure engagement with Ward Sisters/Charge Nurses.

1.3 At the second Steering Group meeting, it was decided that the needs of Ward Sisters/Charge Nurses did not match exactly the needs of Community Team leaders. It was agreed that the Ward Sister/Charge Nurse role required immediate attention and it was decided that the project in the first instance would focus specifically on this role. The Chief Nursing Officer approved this decision and the proposal that a similar project would be required for Team Leaders at a later date. The Steering Group proposed that where there was transferability of project outputs to Team Leaders, this would be facilitated.

Context

1.4 The Ward Sister’s/Manager’s role is crucial, in that it has responsibility for the daily delivery of high quality care in a safe and clean environment, combined with the
managerial responsibility for those who deliver the care (the nursing/midwifery
team) and for those in receipt of the care (the patients/clients). Over the years, there
have been extensive academic writings and research, which have highlighted the
following concerns about the role of the Ward Sister/Charge Nurse (RCN, 2009),
such as:

- The huge breadth of the role, which encompasses clinical practice, education, teaching and leadership and management.
- The lack of role clarity, which in turn leads to role conflict, as the individuals
  are faced with trying constantly to balance the different aspects of the role
  and the competing demands.
- Lack of formal preparation and skills development for the role and a lack of
  mentorship to support individuals' development of skills and knowledge in the
  role.
- Lack of appropriate authority to enforce the standards of care and patient
  experience for which they are responsible and held accountable.
- The change in title from Sister to Ward Sister/Charge Nurse is thought to
  have resulted in a loss of a clinical leadership role in favour of a broad
  management role.

1.5 The Ward Sister/Charge Nurse is the main guardian of patient/client care and the
upholder of standards which have an impact on care. It was essential, therefore that
senior nurse leaders in Northern Ireland review the role (including role title) and
competencies of Ward Sisters/Charge Nurses, identifying the elements to be
developed in programmes which would support and strengthen the role and prepare
the Ward Sisters/Charge Nurses of the future. In this vital role, the need for clinical
leadership is essential and it is, therefore, imperative that, irrespective of the title
agreed on for the position of Ward Sister/Charge Nurse, the individual in the post
must be registered with the Nursing and Midwifery Council as a Nurse or Midwife (as
relevant).

1.6 Nurses and midwives working in HSC Trusts are employed under the terms and
conditions of Agenda for Change and must have a Knowledge and Skills Framework
(KSF) Post Outline for their individual post (DH, 2004). It was important, therefore,
that any review of the core competencies and responsibilities for Ward Sisters/Charge Nurses included a review of a core/minimum KSF Post Outline.
SECTION 2: PROJECT PLAN AND APPROACH

Introduction

2.1 A project management approach was adopted to achieve the objectives. It was agreed with the Chief Nursing Officer that the work would commence in June 2009 and conclude at the end of September 2010. NIPEC approved the resources required for the project. A NIPEC Senior Professional Officer was identified as the Project Lead; it was agreed that individual NIPEC Senior Professional Officers would facilitate the work of the Sub-Groups and that the internal NIPEC Team would support all aspects of the achievement of the project outcomes. NIPEC Professional Officers would also assist the Senior Professional Officers as required. A Steering Group and Working Group were set up to take the forward the implementation and management of the project.

Project Plan

2.2 A Project Plan was developed to set out the project management structure, objectives and the programme of work required to achieve a successful outcome. The plan can be viewed at www.nipec.hsnci.net/pwwardsister.htm. The Project Plan was developed with the overall aim of supporting and strengthening the role of Ward Sisters/Charge Nurses so that the post-holders are enabled to:

- Ensure the delivery of safe and effective care
- Promote the development of a person-centred culture
- Improve and enhance the patient and client experience
- Manage and develop the performance of their team
- Participate in the delivery of the organisation’s objectives through the effective management of resources
- Challenge appropriately and confidently where standards of care fall below those which the Ward Sister/Charge Nurse would expect.

2.3 The objectives of the project were agreed by the Steering Group as follows:

I. Clarify the purpose and function of the role of the Ward Sister/Charge Nurse and develop a generic job description and role framework.
II. Agree a regional title for the role.
III. Identify the key elements required for the induction and continuous professional development of Ward Sisters/Charge Nurses and from these, design relevant learning and development activities.

IV. Make recommendations about processes that, regionally and within organisations, support succession planning for nurses and midwives.

V. Develop a menu of accessible resources which will be available on NIPEC’s website to support Ward Sisters/Charge Nurses.

VI. Submit a report to the Executive Directors of Nursing and the Chief Nursing Officer.

2.4 The project was delivered over three phases from June 2009 to September 2010:

- **Phase One** from October 2009 until December 2009 involved setting up the mechanisms and structures required to deliver the project.

- **Phase Two** from January 2010 until the end of March 2010 involved the individual Sub-Groups developing their specific project outputs with direction from the Steering and Working Groups. During this period the Project Officers facilitated engagement with Ward Sisters/Charge Nurses and other key stakeholders via their Trust Stakeholder/Reference Groups to assist with the development of the project outputs.

- **Phase Three** from April 2010 until the end of September 2010 addressed the completion of the Project including a formal launch of the project outputs at a conference on 6 October 2010.

The project plan was regularly reviewed at Steering Group and Working Group meetings and amended as required. A more detailed work plan was drawn up and amended as required to ensure the overall objectives were achieved within the agreed timescale.

**Project Implementation**

2.5 The Steering Group was set up to oversee the management of the project. Membership was drawn from key stakeholders, including: a mix of Ward Sisters/Charge Nurses and Assistant Directors of Nursing from HSC Trusts; Assistant Director of Human Resources, HSC Trust; DHSSPS; Education Providers,
Patient Client Council, NIPEC Project Lead; Professional Bodies and Staff Side organisation (list of members Appendix 1). The Steering Group planned to meet quarterly, however at the second meeting; the need for monthly meetings was agreed. The first meeting was held in June 2009.

2.6 A Working Group was established, chaired by one of the HSC Trust Assistant Directors of Nursing, who was also a member of the Steering Group. Membership included representation from key stakeholders: a mix of Ward Sisters/Charge Nurses and Assistant Directors of Nursing from HSC Trusts, NIPEC Project Lead, Education Providers and Professional Bodies (list of members Appendix 2).

2.7 The members of the Working Group divided into three Sub-Groups to progress the development of the project outputs. Each Sub-Group was chaired by a Ward Sister/Charge Nurse. Additional Ward Sister/Charge Nurse nominations were sought from all HSC Trust EDNs to ensure that the Sub-Groups were representative of the five fields of practice and the five HSC Trusts. The Sub-Groups were tasked with developing specific project outputs (list of Sub-Group members and related project outputs Appendix 3). A NIPEC Senior Professional Officer was assigned to each of the Sub-Groups. Each Senior Professional Officer worked closely with the Chair and Sub-Group members to progress the development of the project outputs. The progress of the Sub-Groups was reported at the Working Group meetings and comment and feedback sought in order to refine the project outputs prior to presenting them to the Steering Group for approval.

2.8 At the December meeting, the Steering Group approved a suggestion by the Working Group to set up a Stakeholder/Reference Group within each of the five HSC Trusts. The purpose of these Groups was to ensure effective strategic engagement and communication with relevant Stakeholders regarding the project outputs. It was recommended that the membership of the Group should comprise Ward Sisters/Charge Nurses across the five fields of practice, human resource managers, governance managers, patients/clients and staff side. It proved difficult to get patient/client representation on the HSC Trust Stakeholder Reference Groups. This difficulty was resolved as the Patient Client Council offered to lead a consultation focus event across Northern Ireland, seeking the views of
patients/clients and their families to help inform the work of the project. The Steering Group agreed that this was a more effective way of capturing their views.

2.9 In four of the Trusts the Stakeholder/Reference Groups were established as new groups, for the duration of the project. The Trust Groups began to meet in February 2010 at approximately four to six weekly intervals and were chaired by an Assistant Director of Nursing. In the one of the Trusts, an existing group was used, which had a very specific function, was not chaired by the Assistant Director of Nursing and did not comprise all of the recommended Stakeholders including Ward Sister/Charge Nurse representation. A dedicated group was set up in April 2010 by the EDN, which proved more effective.

2.10 Critical to the success of the project was the engagement with all Ward Sisters/Charge Nurses and Human Resources colleagues in the development of the outputs. NIPEC has achieved effective engagement in past projects by seconding Project Officers to work in their parent Trust. In December 2009, the Steering Group approved NIPEC’s offer to second two Project Officers (Band 7) to each of the five HSC Trusts for a three-month period, January to March 2010. Project Officers were required to have had current or previous Ward Sister/Charge Nurse experience and were line-managed by a nominated Assistant Director of Nursing in the host Trusts.

2.11 Three-month secondments were offered for two Project Officers in each of the HSC Trusts from January 2010. Only two of the five Trusts were able to appoint two Project Officers (commencing 11 and 18 January 2010). Of the other HSC Trusts, two appointed one Officer (commencing 11 and 18 January 2010) and one appointed three Officers (each working on the Project one day per week, commencing 1 February 2010).

2.12 The Project Officers were responsible for facilitating communication and engagement processes with Ward Sisters/Charge Nurses and other key stakeholders within the Trust in relation to refining:

- Core elements of generic job description for Ward Sisters/Charge Nurses
- Core competencies for Ward Sisters/Charge Nurses
• Identifying the core standards Ward Sisters/Charge Nurses are responsible for monitoring and maintaining.

2.13 The Project Officers were generally very successful in the Trusts and it was agreed by the Steering Group that an extension to the secondment period was required to facilitate the gathering of comment and feedback on all of the project outputs. Due to financial constraints, an extension to the secondment period was granted for one Project Officer per Trust, from 1 April until 30 June 2010. All Trusts were able to facilitate the extension, using Project Officers who had been involved with the Project. Due to a variety of constraints, however, one of the Project Officers was only able to commit two days per week to the Project. Each of the Project Officers was line-managed by one of the Trust Assistant Directors of Nursing, with whom they worked closely, to ensure effective communication about the project throughout the Trust. The Project Officers also liaised with NIPEC Officers, who provided an induction to their role and supported the Project Officers regularly, through teleconferencing and monthly meetings, for the duration of their secondment. They also joined the Working Group and remained members until the end of the project. For more information, view the Project Officer Report at www.nipec.hscni.net/pw_wardsister

2.14 At the June 2010 Working Group meeting, it was agreed that the Sub-Groups could be stood down, although their members would be invited to attend future Working Group meetings until the end of the project.

2.15 Due to the nature of the project and the make-up of the various Sub-Groups, the Steering Group supported a decision by NIPEC to set up an internal team comprising five Senior Professional Officers and, as required, two Professional Officers to support the work of the Sub-Groups and the development of the outputs within the agreed timescale (list of members Appendix 4) The NIPEC team met every four to six weeks from January 2009 until the end of the project.

Communication Strategy

2.16 Due to the breadth of the project and the pressure of time, a comprehensive communication structure was implemented. Monthly reports from the Project Lead
and Working Group were presented to the Steering Group meetings, to ensure that the Steering Group was kept appraised of the progress of the project. The Working Group received regular reports from the three Sub-Groups, to identify the progress regarding the development of the project outputs.

2.17 Ward Sisters/Charge Nurses and other key stakeholders within each Trust were also kept informed of the progress of the project and their comment and feedback was also sought to assist in the development of the various outputs. Each Executive Director of Nursing was requested by the Steering Group to establish a Trust Stakeholder/Reference Group. It was recommended that membership should reflect the following groups: Ward Sisters/Charge Nurses across the nursing and midwifery fields of practice; Human Resources (HR) and governance managers, patients/clients and staff side. These groups held meetings approximately six-weekly.

2.18 A wide range of communication techniques were employed to inform Ward Sisters/Charge Nurses and key stakeholders about the project outputs and also to seek regular comment and feedback in order to develop and refine the outputs to strengthen and support the role of Ward Sisters/Charge Nurses. The following techniques were used:

- All publications were posted on the NIPEC website for ease of access, including minutes of all meetings. The website was updated regularly with details of project activities.
- Daily/weekly telephone communication with Project Officers and monthly group meetings were facilitated by the Project Lead.
- Teleconferencing was encouraged and used to facilitate maximum attendance at all project meetings.
- A web-based discussion forum was set up to facilitate Ward Sisters/Charge Nurses in providing their comments on the development of the various project outputs.
- Project Officers held focus group and one-to-one meetings with Ward Sisters/Charge Nurses. They maintained email contact with Ward Sisters/Charge Nurses throughout the period of the secondment. They
attended Trust Stakeholder/Reference Group meetings and acted as a conduit of information between these and the Working Group meetings.

- The various project outputs were sent via email or presented at workshops (by Project Officers) to receive comment and feedback from Ward Sisters/Charge Nurses and other key stakeholders to develop refine the project outputs.

- Presentations at various conferences, including the Chief Nursing Officer’s 2010 Conference and Trust conferences, publishing and circulating monthly bulletins, updating on the progress of the project and highlighting key activities.

- The Chief Nursing Officer requested that a conference, facilitated by NIPEC, be held to launch the project outputs. It was agreed that the Minister for Health, Social and Services, Michael McGimpsey, would formally launch the project outputs at the conference.
SECTION 3: PROJECT PLAN PROGRESS

Introduction

3.1 This section of the report provides information on progress against the project objectives, together with any difficulties or challenges experienced and the extent to which each objective was achieved.

Objective 1
Clarify the purpose and function of the role of the Ward Sister/Manager and develop a generic job description and role framework.

3.2 This objective was fully achieved.

3.3 To meet this objective, Sub-Group 1 initially undertook a review of the local, national and international literature to identify relevant role profiles, competencies and competency frameworks. In addition, a range of job descriptions and personnel specifications relating to the role of the Ward Sister/Charge Nurse, which were currently being utilised within the five Trusts, were examined. This informed discussion and debate within the Sub-Group regarding the core purpose and function of the role of the Ward Sister/Charge Nurse, from both an organisational and a regional perspective. The Sub-Group Chair and NIPEC Senior Professional Officer summarised the main proposals from these discussions in the form of a draft generic job description and competency framework which were circulated to the rest of the Sub-Group members for feedback and comments.

3.4 Following this, the Project Officers within each of the five Trusts consulted with Ward Sisters/Charge Nurses and other relevant key stakeholders, including Trust Stakeholder/Reference Group members, to test the clarity and applicability of the draft generic job description and competency framework. Feedback from this process was summarised by two NIPEC Professional Officers and a final draft job description and competency framework were formulated. These documents were presented by the Project Lead to the Steering Group members for approval, at the end of March 2010.
3.5 In addition to this, the Steering Group requested that the Project Officers link with Ward Sisters/Charge Nurses to determine the core standards that they were responsible for monitoring and maintaining. The Project Officers used a structured approach to seek feedback regarding these via focus groups and one-to-one meetings with Ward Sisters/Charge Nurses. These core standards were refined by the Project Officers and the NIPEC Professional Team, were renamed core responsibilities and were included in the draft job description and competence assessment tool.

3.6 The Steering Group requested that Essential Criteria should also be developed to accompany the job description. This was led by the Chair of the Sub-Group and, with the help of the Group’s members, samples of Essential Criteria for Ward Sister/Charge Nurse posts from all of the HSC Trusts were reviewed. The Project Officers within each of the five Trusts then sought comment and feedback from the Ward Sisters/Charge Nurses and other relevant key stakeholders, in relation to the Essential Criteria.

3.7 Following receipt of feedback, the Essential Criteria were further refined by the Sub-Group Senior Professional Officer and Project Lead and were presented to the Steering Group at the June meeting. It was also recommended at this meeting that the competency framework should be further developed in the format of a self-assessment tool and circulated again for comment and feedback.

3.8 The Steering Group requested that Sub-Group One also develop a core KSF Post Outline for Ward Sisters/Charge Nurses. The KSF Lead for Northern Ireland sought the permission from the five HSC Trusts to share confidentially examples of Band 7 KSF Post Outlines. The KSF Lead met with a small working group of Sub-Group One\(^1\), led by the Sub-Group Chair and including the Project Lead and NIPEC Professional Officer, to give some advice on developing a regional post outline. It was recommended that a skeleton KSF Post Outline be developed, which comprised the minimum levels of the core dimensions and, if necessary, one specific dimension. The Post Outline could then be added to by each Trust/Staff

\(^{1}\) The Sub-Group members involved were three Ward Sisters, a Professional Body Representative and a Nurse Manager; all had experience of developing KSF post outlines.
Side in line with current guidelines. The Post Outline was presented to the Steering Group at the June meeting.

3.9 Following the Steering Group meeting in June, the Job description, Essential Criteria, Competence Assessment Tool and KSF Post Outline were circulated for final comment and feedback to the following:

- Project Officers who sought feedback from Ward Sisters/Charge Nurses
- ADNs for feedback from Trust Stakeholder Reference Groups
- Staff Side Organisations (Royal College of Nursing (RCN), Royal College of Midwives (RCM) and Unison).

3.10 The feedback was positive from Ward Sisters/Charge Nurses in relation to all the project outputs at paragraph 3.9. The feedback confirmed that all the documents provided clarity about the Ward Sister/Charge Nurse role and, although detailed, it was reported that it was viewed positively by those in the role.

3.11 Two of the Trust Stakeholder/Reference Groups suggested some additional amendments to the job description including the Essential Criteria and in relation to the KSF Post Outline. These were incorporated into the documents for approval and sign off at the final Steering Group meeting.

3.12 Feedback received from the Staff Side Organisations focussed on the potential of confusion for HSC staff regarding how the competence tool fitted with KSF. There was a clear demand that the competence assessment tool should not made mandatory for Ward Sisters/Charge Nurses. Staff Side had concerns that the competence assessment tool would be used instead of the KSF Development Framework, which is mandatory for all staff in the Trusts.

3.13 As a result of this feedback, the Steering Group agreed that a meeting should take place with the Northern Ireland KSF leads as a matter of urgency. Selected members of the Steering Group attended the meeting in early September 2000 (the Project Lead, DHSSPS Nursing Officer and RCM Branch Secretary). The purpose of the meeting was to provide information on the project and to allay KSF Leads’ concerns regarding the purpose of the competence assessment tool. In relation to
this project, the KSF Leads sought a number of assurances: the competence assessment tool would not be mandatory; they would be involved in developing a joint statement for Trusts in relation to highlighting the availability of the competence assessment tool for Ward Sisters/Charge Nurses and that the tool would not be referred to as a competency framework. The Project Lead confirmed that the competence assessment tool was designed to expand on the dimensions covered by KSF and provide Ward Sisters/Charge Nurses with specific competency requirements for their role. The tool was not designed to duplicate KSF, but rather to enhance it and was not mandatory for staff. The title of the Competence Assessment Tool had been approved by the Steering Group and would be presented to the Chief Nursing Officer as such; it was not, however, a competency framework.

3.14 The competence assessment tool was finalised as a pdf which could be printed off and completed as a hard copy. It was also developed to complete online at www.nipecdf.org/compro

Objective 2
Agree a regional title for the Ward Sister/Charge Nurse role.

3.15 This objective was fully achieved.

3.16 Prior to the start of the project there was not a consistent approach by Trusts in relation to the title used to refer to the Ward Sister/Charge Nurse role. In some Trusts the Band 7 was referred to as Ward Sister/Charge Nurse in others it was Ward Manager. Even within Trusts there lacked consistency. It was agreed by Steering Group members that a regionally agreed title for Ward Sister/Charge Nurses would assist with achieving role clarity.

3.17 One of the first tasks with which the Project Officers were charged on their appointment in January 2010, was to survey Ward Sister/Charge Nurses in their individual Trust regarding their preference for their Title. One of the Trusts had recently conducted a survey within their Trust, of the Ward Sisters/Charge Nurses and from the results the Director of Nursing decided on the title of Ward Sister/Charge Nurse. As midwifery had not been included in that survey the Trust
Project Officers surveyed the midwives in this Trust. It was interesting to note that from the results of the survey there was a fifty:fifty split for Ward Sister : Ward Manager. Within this, those in midwifery and mental health preferred the title Ward Manager. After this the Northern Trust had a conference in June 2010 and surveyed all their Ward Sisters/Charge Nurses who were in attendance; ninety percent preferred the title Ward Sister.

3.18 The Patient Client Council agreed to assist the Steering Group with seeking the views of patients/clients and the general public regarding the role title. The Patient Client Council Officers accompanied by the Project Officers surveyed patients/clients and their visitors in each of the five Trusts, late June/early July 2010, regarding their preference for the Ward Sister’s/Charge Nurse’s title. The general public were also surveyed in shopping centres throughout Northern Ireland. The Patient Client Council reported back to the Steering Group overwhelming support for the title of Ward Sister.

3.19 As a result of the overall findings from Ward Sisters/Charge Nurses and the Patient Client Council, the Steering Group approved the title of Ward Sister (females) and Charge Nurse (males) for all those working in HSC Trusts in Band 7 posts, where the individuals have 24 hour responsibility for their wards or departments.

Objective 3
Identify the key elements required for the induction and continuous professional development of Ward Sisters/Managers and from these, design relevant learning and development activities.

3.20 This objective was fully achieved.

3.21 Sub-Group 2 focussed on achieving this objective in three stages, over a six month period, concentrating initially on conducting a scoping exercise. This was done to establish what was currently available through the Trusts and various educational providers on the subject of induction and/or professional leadership development programmes. The Group explored the developments that had been established in the other three countries of the United Kingdom (UK), including a recent project that
had just been completed in Jersey. To inform the progression of the objective, an extensive literature review was conducted.

3.22 Secondly, the task was to sort through the data collated to map it against the outputs from the various stakeholder events. These events provided significant information from Ward Sisters/Charge Nurses on current and suggested content of induction and development programmes. In addition to this, the draft outputs (generic job description and competence assessment tool) from Sub-Group 1 provided a foundation concerning what learning and development is essential for the challenging role of Ward Sister/Charge Nurse. It was decided at this stage to look at professional leadership and development programmes for newly appointed Ward Sisters/Charge Nurses and what should be available for the continuous development of experienced Ward Sisters/Charge Nurses.

3.23 The qualitative information from the first two stages facilitated the group in identifying suggested components for an induction/orientation programme that related to the competencies for the preparation and role of Ward Sister/Charge Nurse. Similarly, the Group also suggested recommendations of outline descriptors for a suite of leadership development programmes for both newly appointed and experienced Ward Sisters/Charge Nurses. Subsequently, these suggestions were discussed at both the Working and Steering Groups, where full support was given to the direction of travel. The Steering Group at this stage requested that Sub-Group 2 and 3 (tasked with the exploration of succession planning) should merge.

3.24 Following this decision in April 2010, the outline descriptors for the development programmes were included in proposals for a career progression pathway developed by Sub-Groups 2 and 3. Further feedback was sought after May 2010 on the career progression pathway, including the outline descriptors; only one additional suggestion was made, however, It was indicated that there remained a need for Ward Sisters/Charge Nurses to access the variety of programmes currently provided in relation to specific aspects of their role. This would assist those individuals who may find it difficult to organise their own learning and development opportunities.
Objective 4
Make recommendations about processes that, regionally and within organizations, support succession planning for nurses and midwives.

3.25 This objective was fully achieved.

3.26 As there was limited direction from UK-wide approaches to succession planning, Sub-Group 3 undertook a literature review to consider: the processes by which an individual might be identified; the activities and subject areas that might be included in appropriate learning and development preparation for the role of Ward Sister/Charge Nurse and continuing professional development, recognising the need to make recommendations at an organisational and regional level.

3.27 Qualitative information was also collected through engagement with HSC Trust Ward Sisters/Charge Nurses via focus groups, along with information from leadership development programmes which are currently being delivered for staff nurses/midwives in Northern Ireland.

3.28 In addition, succession planning processes utilised by other professions such as teachers and the Police Service Northern Ireland were reviewed (NIPEC, 2006). It was acknowledged that there is a range of workforce planning issues which need to be addressed in order to succession plan effectively. The work of Sub-Group 3, however, did not include what are typically understood as ‘Human Resources’ functions.

3.29 Sub-Group 3 collated, themed and analysed the information available from the literature review, HSC Trust Focus Groups and existing leadership development programmes for staff nurses, to inform recommendations in relation to succession planning for the role of Ward Sister/Charge Nurse in Northern Ireland. The recommendations were presented in document format to the Steering Group in April 2010. At this point, it was agreed that the work of Sub-Groups 2 and 3 had large areas of cross-over, and that it would be beneficial, therefore, to merge the work and produce one document which would be sent to the Trust Stakeholder/Reference Groups for feedback.
3.30 The Senior Professional Officers facilitating Sub-Groups 2 and 3 were tasked by the Steering Group with the amalgamation of the work. It was evident from the work undertaken by the two Sub-Groups that a pathway, which would allow career progression from the post of Staff Nurse/Midwife to that of Ward Sister/Charge Nurse, was emerging. Furthermore, it was intended that this pathway should be supported by a learning and development framework.

3.31 A number of models were created to illustrate progression from Staff Nurse/Midwife to Ward Sister/Charge Nurse and a paper was presented initially to the NIPEC internal team for discussion. The paper was then presented to the Steering Group for approval and after suggested amendments were made, it was presented at a meeting of the Working Group, which included invited members of all three Sub-Groups. Following this meeting, the proposals for a Career Progression Pathway were circulated to the Trust Stakeholder/Reference Groups for comment and feedback. The content of the paper was then further developed and it was agreed that it would be published on the NIPEC Ward Sister/Charge Nurse Website: www.nipec.hscni.net/wardsister to facilitate ease of access to the information.

**Objective 5**

*Develop a menu of resources accessible which will be available on NIPEC’s website to support Ward Sisters/Managers.*

3.32 This objective was fully achieved.

3.33 NIPEC’s internal team of Senior Professional Officers held a meeting in May to develop proposals in relation to designing a section of NIPEC’s main website specifically for Ward Sisters/Charge Nurses. All of the resources produced as part of the project would be developed to be easily accessible to Ward Sisters/Charge Nurses, via the website. The June Steering Group meeting approved the first presentation of the website and charged the NIPEC team with continuing its development. The sections of the website were further developed and at the July meeting, the Steering Group confirmed them as relevant and valuable for Ward Sisters/Charge Nurses. The final sections agreed were as follows: Ward
Sister/Charge Nurse Role; Learning and Development; Career Pathway and Competence Assessment.

3.34 The Steering Group was given access to the website address at the June meeting so that members could contribute to its development in its embryonic form. The Working was also given a demonstration of the website at its June meeting and approved it as a very useful resource for Ward Sisters/Charge Nurses. Others who attended this Working Group meeting, and expressed the view that the website would be a useful resource for Ward Sisters/Charge Nurses, were members of the Sub-Groups and the Project Officers, who were also Ward Sisters.

3.35 The website’s four sections are as follows:

- Career Pathway and proposed learning and development activities to support succession planning for Staff Nurses/Midwives and career planning for Ward Sisters/Charge Nurses.
- Learning and Development to provide advice and guidance on professional development.
- Competence Assessment Tool to assist Ward Sisters/Charge Nurses to undertake a self-assessment and identify their learning and development needs.
- Ward Sister/Charge Nurse Role, providing clarity on the role and core responsibilities associated with the post. The core elements of the job description and KSF Post Outline can also be accessed in this section.

Objective 6
Submit a report to the Executive Directors of Nursing and the Chief Nursing Officer.

3.36 This objective was fully achieved.

3.37 This project report details the progress of the project in delivering its aim and objectives.
SECTION 4: PROJECT EVALUATION

Introduction

4.1 An evaluation was carried out towards the end of the Project to determine the effectiveness of the processes employed to carry out the Project Plan. All members of the Steering Group, Working Group, Sub-Groups, Project Officers and HSC Trust Stakeholder/Reference Groups were invited to participate. Separate evaluation forms were distributed to the members of the respective groups except the Stakeholder Reference Group. The Trust ADN on the Steering Group forwarded, by email, the evaluation form to members of the Stakeholder/Reference Group. All forms were requested to be returned to one of the administration staff within NIPEC. A copy of the evaluation forms used are available at www.nipec.hscni.net/pw_wardsister.htm

Analysis

4.2 The majority of items on the evaluation form used a Likert scale response methodology, with the exception of a section related to the administration of the meetings which used a yes/no response.

4.2 The overall response rates are included in the table below:

<table>
<thead>
<tr>
<th>Project Group</th>
<th>Number of forms distributed</th>
<th>Number of forms returned</th>
<th>Response rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Group</td>
<td>18</td>
<td>3</td>
<td>17</td>
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<tr>
<td>Working Group</td>
<td>14</td>
<td>3</td>
<td>21</td>
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<td>Sub-Group</td>
<td>31</td>
<td>9</td>
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<td>Project Officers</td>
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<tr>
<td>Total</td>
<td>82</td>
<td>18</td>
<td>22</td>
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</tbody>
</table>

4.3 The response rate was not recorded for the Stakeholder Reference Group, as NIPEC does have information on the number of questionnaires distributed. There were however a total of eight replies. The overall response rate for the other Project Groups was 22%. Generally the responses were positive with a few items generating a single disagree response. A summary is provided below:
• The management of the Steering Group, Working Group and Sub-Groups was well evaluated with a high level of satisfaction. All respondents provided a yes response regarding the organisation and administration of meetings, except one member of the Steering Group and one Project Officer who gave a negative response to receiving agenda and papers 7 days in advance of the meeting.

• There was a good level of satisfaction regarding discussion and debate at the Steering Group, Working Group and Sub-Group meetings with all respondents giving a strongly agree or agree answer. One respondent in the Sub-Group category and one of the Project Officers did not feel that s/he was able to adequately represent his/her stakeholder group at meetings. The Project Officer respondent indicated in the free comment section that this was because they were not strongly involved with the Stakeholder Group and that more support from the Trust would have helped. They did comment, however, that they found “it to be a good learning experience”. All respondents gave strongly agree or agree response across the three Project Groups, that the structure of the meetings enabled members to make a positive contribution to the development of the Project outputs.

• Respondents across all categories indicated a good level of satisfaction with the communication methods employed during the project. 61% strongly agreed with the statement regarding communications keeping them up to date with the progress of the project. Only one respondent was negative about the NIPEC website as a means of communication. All respondents except one also stated a good level of satisfaction around the consultation with key stakeholders in relation to the development of the project outputs.

• Support in the Project Officer role during the Project was very well evaluated with 100% of respondents giving a yes response to all statements. This included receiving useful advice and guidance from NIPEC Officers and that the Project Officer meetings were a useful mechanism, to enable Project Officers, to take the work forward in their own organisations.

• There was a good level of satisfaction, across all respondent categories, with the way the project was structured, especially in relation to the use of the various groups. The overall responses generated a fairly even split between strongly agree and agree responses. One respondent, a Project Officer,
disagreed that the project plan and work programme ensured the project objectives were achieved.

- The eight returns from the Stakeholder/Reference Group recorded a good level of satisfaction regarding: discussion and debate at meetings; overall management of the Project; structure of the Project and communication and consultation during the project. No comments were provided in the free text boxes.

- All of the evaluation forms included a free comment section, which each respondent was invited to complete. A number of respondents commented on various aspects of the management of the project. This provided useful information that informed the evaluation process.

- One of the Working Group members commented that the teleconference facility was difficult for those using it to stay focussed at the meeting, at times. The use of video link was offered as a preferred option. This respondent also indicated that it was difficult for individuals to undertake this piece of work, as part of their full time job. It was also felt by this individual that the Project Officers should have been in place earlier in the project and therefore they could have helped the Sub-Group members in the preparatory work prior to developing the Project outputs.

- Three comments were received from Sub-Group members. They all commented positively on the opportunity to take part in the project, such as: an” invaluable learning experience” “a very enjoyable project working with wonderful people” and “this project was very well managed and facilitated”.

- One Project Officer commented that there could have been a break following the first 3 month secondment, rather than it being co-terminus with the second secondment period from April to June 2009, as some of the project outputs were still under development. This individual also stated that the quick turnaround required for feedback on the project documents “made it difficult” to get a response from as many staff as possible.

- The responses and comments provided, with a few single respondent exceptions, indicated there was a good level of satisfaction in relation to the management and communication of the project. The evaluation indicated that the complex Project structure facilitated as much engagement with Ward Sisters/Charge Nurses across all fields of practice as possible.
SECTION 5: CONCLUSION AND RECOMMENDATIONS

Conclusion

5.1 The Leading Care: Regional Ward Sister/Charge Nurse Project has been an important milestone in the continued development of the Ward Sister/Charge Nurse role. The primary focus of the project was to support and strengthen the role of Ward Sisters/Charge Nurses, therefore bringing clarity to the role and encouraging newly qualified nurses and midwives to consider the Ward Sister/Charge Nurse role as an excellent career opportunity.

5.2 All project objectives were achieved and the various outputs were produced through effective engagement with and participation of Ward Sisters/Charge Nurses, other nurses and midwives and other key stakeholders. The invaluable role that the Patient Client Council played in ascertaining the views of the patients and public in relation to the Ward Sister/Charge Nurse role also played an important part in shaping the project outputs especially in relation to the job title.

5.3 The main challenge now for HSC Trusts' service is in the implementation phase. All the project outputs are freely available, for Ward Sisters/Charge Nurses and those aspiring to the role, to access at www.hscni.net/wardsister

Recommendations

5.4 The following recommendations are made to ensure the effective implementation of the project outputs to support and strengthen the Ward Sister/Charge Nurse Role in HSC Trusts throughout Northern Ireland.

It is recommended that:

1. The use of the competence assessment tool is promoted within Trusts as an aid for Ward Sisters/Charge Nurses to prepare for their supervision or KSF development review meetings and provide evidence for renewal of their registration with the NMC.

2. The title of Ward Sister (females) and Charge Nurse (Males) is used in all Trusts for all Band 7 Nurses or Midwives who are in charge of a ward or department. In Trusts where it exists, the Ward Sister/Charge Nurse title should replace that of Ward Manager.
3. The core elements of the draft Job Description including Essential Criteria for Band 7 Ward Sisters/Charge Nurses should be used by HSC Trusts to inform its own job descriptions for Ward Sister/Charge Nurse posts.

4. The minimum core elements of the KSF Post Outline for the Band 7 post of Ward Sisters/Charge Nurses should be used by HSC Trusts to further develop, customise and agree the KSF Post Outline including sub-sets for the Ward Sister/Charge Nurse post.

5. Using the proposed outline descriptors, NIPEC will facilitate a regional group of key stakeholders to develop programmes supporting Staff Nurses and Staff Midwives in developing their competence for the Ward Sister/Charge Nurse role. NIPEC will also facilitate the same group in developing leadership programmes for newly appointed and experienced Ward Sisters/Charge Nurses, using the outline descriptors.

6. All ward sisters/charge nurses should have access to the Ward Sister/Charge Nurse section of the NIPEC website, to facilitate ease of use of the resources. They should also have access to the www.nipecdf.org to enable them to complete the competence assessment tool online.

7. NIPEC will maintain the Ward Sister/Charge Nurse section of its website and continue to enhance it so that it remains a useful resource for ward sisters/charge nurses.

8. An implementation plan should be developed to support the introduction and use of the project outputs, within HSC Trusts, including promotion of the Ward Sister/Charge Nurse section of the NIPEC website. This plan should be submitted to the Chief Nursing Officer and a report compiled at the end of each year on the HSC Trust’s progress against the plan.

9. A formal evaluation of the success of the project should be conducted in relation to the outcomes and the degree to which they have supported and strengthened the Ward Sister/Charge Nurse role. This should be commissioned by the Chief Nursing Officer to commence at a date, to be agreed, which allows for implementation of the project outputs.

10. A similar project should be initiated for community teams within HSC Trusts and, where possible, adapt existing project outputs which have transferability for Team Leaders.
In conclusion, the project objectives have been successfully achieved through strong partnership working among the various stakeholders. Effective engagement with and involvement of Ward Sisters and Charge Nurses and their input and that of the other key stakeholders, has resulted in the development of project outputs which are designed to support and strengthen the role of Ward Sisters/Charge Nurses.
REFERENCES


Royal College of Nursing (2009) *Breaking down barriers, driving up standards: the role of the ward sister and charge nurse*. London: RCN.
### APPENDIX 1

#### MEMBERSHIP OF STEERING GROUP

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>ROLE and ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronagh Scott (Chair)</td>
<td>Executive Director of Nursing, Northern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Dr Owen Barr</td>
<td>Head of School, University of Ulster</td>
</tr>
<tr>
<td>Kate Cunningham</td>
<td>Ward Sister/Charge Nurse, Southern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Maura Devlin</td>
<td>Director of Nursing and Midwifery Education, Beeches Management Centre</td>
</tr>
<tr>
<td>Rita Devlin</td>
<td>Senior Professional Development Officer, Royal College of Nursing</td>
</tr>
<tr>
<td>Kathy Fodey</td>
<td>Nursing Officer, DHSSPS</td>
</tr>
<tr>
<td>Breedagh Hughes</td>
<td>Northern Ireland Board Secretary, Royal College of Midwives</td>
</tr>
<tr>
<td>Maeve Hully</td>
<td>Chief Executive, Patient and Client Council</td>
</tr>
<tr>
<td>Carolyn Kerr</td>
<td>Deputy Director of Nursing, Northern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Mary Lafferty</td>
<td>Learning and Development Nurse Trauma and Orthopaedics, Western Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Cathy McCusker</td>
<td>Senior Professional Officer, NIPEC</td>
</tr>
<tr>
<td>Amanda McFadden</td>
<td>Project Manager, Western Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Brendan McGrath</td>
<td>Assistant Director of Nursing, Western Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Thérèse McKernan</td>
<td>Co-Director Learning and Development, Belfast Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Frances McMurray</td>
<td>Chief Executive, NIPEC</td>
</tr>
<tr>
<td>Nicki Patterson</td>
<td>Co-Director of Nursing, Workforce Planning and Development, Belfast Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Dorothy Sharpe</td>
<td>Project/Nurse Advisor,</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
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<tr>
<td>Lorna Telford</td>
<td>Southern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td></td>
<td>Assistant Director of Nursing,</td>
</tr>
<tr>
<td></td>
<td>South Eastern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Eoin Stewart</td>
<td>Unison, Belfast Health &amp; Social Care Trust</td>
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## MEMBERSHIP OF WORKING GROUP

<table>
<thead>
<tr>
<th>MEMBER</th>
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<tbody>
<tr>
<td>Dr Bob Brown</td>
<td>Assistant Director of Nursing and Mental Health Services for Older People, South Eastern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Mary Caddell</td>
<td>Regional Officer, Royal College of Midwives</td>
</tr>
<tr>
<td>Susan Carlisle</td>
<td>Nurse Lecturer, Queen’s University, Belfast</td>
</tr>
<tr>
<td>Kay Carroll</td>
<td>Nurse Manager, Southern Health &amp; Social Care Trust</td>
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<tr>
<td>Pat Cullen</td>
<td>Assistant Director of Nursing, Public Health Agency</td>
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<tr>
<td>Rita Devlin</td>
<td>Senior Professional Development Officer, Royal College of Nursing</td>
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<tr>
<td>Dr Glynis Henry</td>
<td>Assistant Director of Nursing, Southern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Moira Logan</td>
<td>Ward Sister, Northern Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Michelle McCartan</td>
<td>Ward Sister, South Eastern Health &amp; Social Care Trust</td>
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<tr>
<td>Cathy McCusker</td>
<td>Senior Professional Officer, NIPEC</td>
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<tr>
<td>Brendan McGrath (Chair)</td>
<td>Assistant Director of Nursing, Western Health &amp; Social Care Trust</td>
</tr>
<tr>
<td>Marian Murphy</td>
<td>Ward Sister, Western Health &amp; Social Care Trust</td>
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<tr>
<td>Marie Nesbitt</td>
<td>Director of Nursing Education Development Consortium, North &amp; West</td>
</tr>
<tr>
<td>Olivia Wilson</td>
<td>Ward Sister, Belfast Health &amp; Social Care Trust</td>
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## APPENDIX 3
### SUB-GROUPS’ MEMBERSHIP AND PROJECT OUTPUTS

<table>
<thead>
<tr>
<th>Sub-Group 1</th>
<th>Recommend the core competencies in a role framework; core elements in a job description and a post outline. Make recommendation on job title for Ward Sisters/Managers.</th>
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<tbody>
<tr>
<td><strong>Chair:</strong> Moira Logan, Ward Sister, Northern Trust (Adult/Maternity)</td>
<td>Dr Carole McIlrath, Senior Professional Officer, NIPEC</td>
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<table>
<thead>
<tr>
<th>Sub-Group 2</th>
<th>Recommend the key elements to be included in development programmes for induction, ongoing development and preparation for Ward Sister’s/Manager’s role. Recommend learning and development activities</th>
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<tbody>
<tr>
<td><strong>Chair:</strong> Olivia Wilson, Ward Sister, Belfast Trust (Adult)</td>
<td>Brenda Devine, Senior Professional Officer, NIPEC</td>
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<table>
<thead>
<tr>
<th>Sub-Group 3</th>
<th>Make recommendations about processes that support succession planning into the Ward Sister’s/Manager’s role within organisations and regionally.</th>
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<tbody>
<tr>
<td><strong>Chair:</strong> Michelle McCartan, Ward Sister, South Eastern Trust (Adult)</td>
<td>Angela Drury, Senior Professional Officer, NIPEC</td>
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### Sub-Group membership

<table>
<thead>
<tr>
<th>Sub-Group 1</th>
<th>Kay Carroll, SHSCT</th>
<th>Mary Caddell, RCM</th>
<th>Anne McMullan (Children’s), SHSCT</th>
<th>Agnes Dee (Mental Health), BHSCT</th>
<th>Mary Lafferty (Adult), WHSCT</th>
<th>Rhonda Scott (Learning Disability), BHSCT</th>
<th>Helen Wallace (Maternity), SEHSCT</th>
<th>Angela Mullin, Northern Ireland Hospice (joined May 2010)</th>
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<tr>
<td>Sub-Group 2</td>
<td>Marie Nesbitt, NEDC</td>
<td>Susan Carlisle, QUB</td>
<td>Rita Devlin, RCN</td>
<td>Marian Murphy (Adult), WHSCT</td>
<td>Tracey Welch (Learning Disability), SHSCT</td>
<td>Joan Jenkins (Children’s), NHSCT</td>
<td>Dorothy McGilton (Mental Health,) NHSCT</td>
<td>Julie Dunlop (Maternity), SEHSCT</td>
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<td>Sub-Group 3</td>
<td>Pat Cullen, PHA</td>
<td>Brendan McGrath, WHSCT</td>
<td>Dr Bob Brown, SEHSCT</td>
<td>Wendy Kelly (Mental Health), SHSCT</td>
<td>Margaret Reid (Adult), BHSCT</td>
<td>Anne Strathern (Maternity), BHSCT</td>
<td>Kate McCusker (Adult), NHSCT</td>
<td>Linda McCartney (Learning Disability), BHSCT</td>
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<tr>
<td>Geraldine McLaughlin (Learning Disability), WHSCT</td>
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<td>Sharon McCloskey, Northern Ireland Hospice (joined May 2010)</td>
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## MEMBERSHIP OF NIPEC TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Lesley Barrowman</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td>Brenda Devine</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td>Angela Drury</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td>Paula Fearon</td>
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</tr>
<tr>
<td>Mary McCartan</td>
<td>Professional Officer</td>
</tr>
<tr>
<td>Cathy McCusker (Chair)</td>
<td>Senior Professional Officer</td>
</tr>
<tr>
<td>Dr Carole McIlrath</td>
<td>Senior Professional Officer</td>
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### APPENDIX 5

#### PROJECT OFFICERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Trust</th>
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<tbody>
<tr>
<td>Marie Crossey</td>
<td>Southern HSC Trust</td>
</tr>
<tr>
<td>Shirley Tedford*</td>
<td>Southern HSC Trust</td>
</tr>
<tr>
<td>Margaret Larkin</td>
<td>Northern HSC Trust</td>
</tr>
<tr>
<td>Eithne Teeney</td>
<td>Belfast HSC Trust</td>
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<tr>
<td>Carol Maginn</td>
<td>Western HSC Trust</td>
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<tr>
<td>Linda Adams</td>
<td>Western HSC Trust</td>
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<tr>
<td>Claire Murnin</td>
<td>South Eastern HSC Trust</td>
</tr>
<tr>
<td>Paula Thompson*</td>
<td>South Eastern HSC Trust</td>
</tr>
<tr>
<td>June Cairns*</td>
<td>South Eastern HSC Trust</td>
</tr>
</tbody>
</table>

*Secondment period ended March 2010
For further Information, please contact

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