Consultant nurses in mental health and learning disability: a national survey and exploration of perceptions of the role

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Background to survey

• Funded by MHLDND Forum & Association of Nurse Consultants
• Phase 1: Feb 2012-Sept 2013
• Phase 2: March 2014-present

Data collection carried out by seconded research nurse and volunteers.

Some support from the Clinical Research Network since July 2014
Aims- Phase 1

To identify all consultant nurses in MH and LD in England

• To obtain data for each CN on
  a) Qualifications
  b) Clinical areas of work
  c) Clinical experience
  d) Views of DoNs on the impact of their work
  e) History and planning for these type of posts
Aims: Phase 2

• To ascertain reasons for previous decrease or increase in posts identified in Phase 1
• To examine the views of DoNs relating to CN roles
• To identify any changes overall in posts numbers and clinical areas between 2012 and 2014
• To strengthen data on individual cases identified in 2013/12
Methods

• Questionnaires developed by FN in consultation with Forum committee
• Background data obtained from P Hasler
• Initial contact to all MH + LD directors of nursing by email
• Follow up by T/C and emails
• Data anonymised, analysed using SPSS
Results- Phase 1+2

- 58 trusts identified
- 51 (81%) responded

Of these
- 14 responded with minimal information (numbers of posts)
- 34 (58% of total) responded fully

Average number of contacts required for response = 5
Results (2)

• 131 CNs identified in 41 Trusts (for both phases)

• No CNs in 10 Trusts

• Average 2.6, Max 10 (12 in 2014)

• Inferred total numbers= 131 + (2.6 x 8) = 152
AfC Banding

<table>
<thead>
<tr>
<th></th>
<th>N=125</th>
<th>N</th>
<th>%</th>
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<tr>
<td>8a</td>
<td>6</td>
<td></td>
<td>5.3</td>
</tr>
<tr>
<td>8b</td>
<td>81</td>
<td></td>
<td>71.1</td>
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<tr>
<td>8c</td>
<td>24</td>
<td></td>
<td>21.1</td>
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<tr>
<td>9</td>
<td>3</td>
<td></td>
<td>2.6</td>
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Qual + Experience

N=108
Masters degree: 96
Doctorate: 23

Average years in post: 6.5
Average years since qualifying: (n=89) 27.2 Min16 Max 36
## Time spent in 4 domains

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<thead>
<tr>
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<th>Mean %</th>
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<tbody>
<tr>
<td>Expert practice</td>
<td>40</td>
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<tr>
<td>Leadership</td>
<td>19</td>
</tr>
<tr>
<td>Practice development &amp; research</td>
<td>15</td>
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<tr>
<td>Education and training</td>
<td>19</td>
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<tr>
<td>Other responsibilities</td>
<td>9</td>
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Post fluctuations

• 37 Trusts identified in Phase 1 as
  a) Having discontinued posts (55 in total)
  b) Planning to introduce new posts (20 in total)
• 10 overlapped
• Phase 2 interviews focussed on reasons for these developments
Phase 2 interviews

Semi-structured interview schedule developed

14 DoNs participated in telephone interviews

Varied views on consultant nurse roles and impact
Some were highly in favour and were expanding their NC positions
Others required a restructuring of the role before reintroduction
Themes

Roles are centred around skills of individual staff - retirees are not replaced

Impact and outputs are not measured

Lack of management role (budgets, staff) can have negative effect on ability to influence

Inadequate definition around role can be confusing

Demonstrating cost effectiveness is difficult

Clear management structure needed

Tangible outputs required
Interview quotes

1. **Survivability depends on the leadership and support of the Executive Director.**

2. **NC seen as extras and were not integrated into management**

3. **Could not demonstrate value for money in a highly competitive environment**

4. **Medical team has a clear understanding of NCs roles while nursing staff unable to appreciate NCs contribution to services.**

5. **Though no formal measures of output are carried out by the trust, the NCs positions are highly regarded and valued.**

6. **Posts are critical and vital to the service/organization.**

7. **The role needs to be developed beyond merely the title of consultant nurse and to flesh it out with detailed duties and responsibilities**
Conclusions

Number of positions has remained stable overall, with some shifting of emphasis.

Inclusion of core functions relating to operational management and demonstrating cost effectiveness may strengthen the future of the NC.

Without evidence of impact there is some risk of being replaced by cheaper alternatives (e.g. practice development nurses).

Area of investigation of most value as next step?
Thank you for listening

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