Leading accountable and professional care
A companion for senior charge nurses and midwives in Scotland
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Developed for senior charge nurses/midwives and those with aspirations to senior charge nurse/midwife status, this companion aims to support learning and development and practical application of the leadership role. It recognises and acknowledges the challenges today’s nursing and midwifery leaders face in meeting increasing demands on their skills, experience and commitment. The companion, which has developed from and supports the **Leading Better Care** initiative in Scotland, complements NHS Education for Scotland’s **Educational and Development Framework for Senior Charge Nurses** by providing a focus on the underpinnings for practice, setting out “tips and tools” to support senior charge nurses/midwives to address the issues they face, and providing links to useful resources to support ongoing development.

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Leading accountable and professional care

A companion for senior charge nurses and midwives in Scotland
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Senior charge nurses/midwives (SCNs) and community-based team leaders in Scotland are now fulfilling the responsibilities set out under the new framework for their role presented in *Leading Better Care*, supported by an education and development framework developed by NHS Education for Scotland (NES).

While SCNs throughout Scotland were finding the development programme delivered locally within NHS boards extremely beneficial, they also saw a need for a resource that they could use in their clinical areas to support practical application of the role elements and ensure synergy with the *Healthcare Quality Strategy for NHSScotland*.

This companion attempts to meet that perceived need. It distils the key practical information SCNs (and those with aspirations to achieve SCN status in future) need to carry out their responsibilities effectively across the core dimensions of the SCN role as set out in *Leading Better Care*, while also focusing on key elements of the quality strategy.

Each section of the companion describes the “issues” that influence SCN practice, offers “tips and tools” to support SCNs in fulfilling their responsibilities, and provides a list of “resources” to which they can turn to increase their understanding. It also sets out “signposts” to particularly useful advice on practical application and features some illustrative quotations from senior charge nurses and others who have worked with NES in developing the companion.

The companion, which is designed to be carried in clinical areas or to be stored in a convenient ward/department-based location to allow easy access, does not claim to offer a comprehensive overview of the many and varied responsibilities inherent to the SCN role. It is also important to emphasise that it is designed to complement, and not replace, the NES *Education and Development Framework for Senior Charge Nurses* that underpins the leadership development SCNs in Scotland receive to support their transition to the new role framework.

The companion does, however, provide a concise guide to key elements of the SCN role that will be useful not only for those currently practising as SCNs, but also for those who aspire to the SCN role in future.
Underpinnings of the role

Leadership, accountability and professionalism

Issues

“We’re not looking to “clone” senior charge nurses. They are all unique and bring unique qualities to the job. But there are some qualities that seem absolutely fundamental to the role, and they are largely about leadership attributes.” Clinical leader

Leadership, like greatness, can be conferred in different ways. With apologies to Shakespeare: “some people will be born leaders; some will achieve leadership; and others will have leadership thrust upon them.”

It’s our belief that the vast majority of senior charge nurses/midwives (SCNs) in Scotland fall into the middle category. They have achieved their leadership position and status through a lengthy process of learning, acquisition of experience and development of attitudes and skills.

This leads us to think about some of the attitudes and characteristics that seem to be central to the job.
It’s fair to say that the SCN role is not one for the faint-hearted. It requires ample doses not just of clinical knowledge and skills, but also of leadership attributes.

These include the following.

- **Integrity, honesty and authenticity**: as a SCN, you are constantly under the spotlight. Everyone – service users, team members, professional colleagues, managers – will be keen observers of your performance. A lack of integrity, honesty or authenticity will be quickly spotted.

- **Courage**: you have to make decisions, some of which are not easy. You have to advocate for your service users and team against powerful authorities and to account publicly for your own and your team’s performance. This all takes courage.

- **Inquisitiveness**: you recognise that learning and development is an ongoing, career-long event and take every opportunity to develop your own and others’ understandings of the issues you face.

- **Inspiration**: people want to work for you and with you because you inspire their enthusiasm and sense of aspiration and you value and nurture their talents and potential.

- **Decisiveness**: no one gets every decision right every time, but being prepared to make decisions is central to the role. Sometimes that will mean putting your own, perhaps slightly risky, decisions into action; at other times it will mean deferring a final decision until you can access advice – that too is being decisive.

- **Meticulousness**: you are not prepared to accept substandard practice or facilities. You are conscientious and meticulous in the tasks you perform and demand the same of others.

- **Emotional attentiveness**: you are sensitive to the emotional needs and responses of others and employ a wide range of communication means and management techniques to reflect them.
The SCN role also requires a willingness to accept accountability for the performance and behaviour of yourself and the team you lead.

**Accountability** in nursing and midwifery is governed by the Nursing and Midwifery Council (NMC) Code. It sets the parameters for our actions and is ultimately the mechanism against which our fitness to practise as a nurse or midwife is judged. As professionals, we are personally accountable for our actions and omissions. Failure to comply with the Code may bring our fitness to practice into question and, ultimately, put our professional registration at risk.

It almost goes without saying, then, that **you must know your Code**.

“I’m always amazed during disciplinary proceedings how many nurses haven’t even looked at the NMC Code...”

Nurse director

Let’s explore what “accountability” means for you as a SCN. It means that you’re accountable for:

- ensuring the safety and quality of service delivered in your ward or department, 24/7/365
- ensuring the safety and quality of your own practice as a registered practitioner
- keeping your knowledge, skills and competencies up to speed
- ensuring your staff are prepared and supported to deliver the services required of them and have the competencies to practise safely and effectively
- monitoring the outcomes of the services you and your team provide and responding appropriately to identified shortcomings
- ensuring the performance of your ward or department complements and supports organisational and national goals.

Your responsibility, therefore, is to **know the services your team provides**, and to **ensure your team is competent to provide them**.

It’s useful to think about accountability in terms of:

- **organisational accountability**: your organisation has a responsibility to ensure your team has the resource, staff, policy, procedures and support to carry out their roles effectively: if they don’t, you have a right – indeed, a duty – to raise these issues with them
- **team accountability**: you have a responsibility as a SCN to ensure everyone in the team understands their role and has the support and resource to perform it effectively and safely
- **personal accountability**: your individual responsibility to perform your role to the best of your ability, to take every opportunity to improve your knowledge and skills base and to object if you feel you’re being asked to do something that you haven’t been adequately prepared or supported to do.
Remember, though, that each individual member of your team also carries personal accountability for the services he or she provides. Your job is to make sure that the members of your team have the knowledge, skills, competencies and attitudes to meet the needs of your service users. Their job is to ensure they apply the knowledge, skills, competencies and attitudes in every encounter with service users, carers and colleagues and to speak up if they feel they are being asked to do something for which they are unprepared or inexperienced.

**SIGNPOST**

**Looking at accountability**
Think of a scenario in which a ward nurse administers the wrong blood to a patient. There are accountability issues around this at all three levels.

**Organisational**
The organisation is accountable for ensuring the system of storing, despatching and administering blood and blood products is safe and complies with national guidelines. In this case, it was a porter who collected the blood from a central supply depot. He had been given the correct form from the ward, but lifted the wrong units (he took the blood of a patient with a similar name and date of birth). No other checks were in place at this point, so the organisation was culpable for not ensuring a sufficiently safe retrieval and delivery system.

**Team**
The senior charge nurse is accountable for ensuring all registered staff in the team who are eligible to administer blood therapy are appropriately trained and competent to perform the task safely, and that any blood administered is properly prescribed and recorded. In this case, she had fulfilled her responsibilities.

**Individual**
The registered nurse involved is accountable for administering the blood safely and effectively in accordance with her training and by following NMC and local guidance. This she failed to do, as she did not correctly check the patient’s name, date of birth or nameband.

**Professionalism** is a word we often hear in nursing and midwifery, and it is a quality that service users and carers value highly in the nurses and midwives who care for them. But what does it mean?

At its simplest, “professionalism”, considered alongside leadership and accountability, pulls together the principles of service delivery that underpin what SCNs – indeed, all registered nurses and midwives – do. These principles are central to the delivery of safe and effective services and are summarised overleaf.
### Professionalism – the principles to underpin service delivery

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<th>Practice</th>
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| Excellence  | • Commitment to competence  
              • Commitment to exceeding standards (in education and practice)  
              • Understanding of ethical principles and values  
              • Knowledge of legal boundaries (and practice)  
              • Communication skills |
| Accountability | • Professional:service user “contract”  
                       (including acknowledgement of unequal “power” relationship)  
                       • Professional:social “contract”  
                       • Self-regulation (including standard setting, managing conflicts of interest, duty, acceptance of service provision, responsibility) |
| Humanism    | • Respect (and dignity)  
              • Compassion  
              • Empathy  
              • Honour  
              • Integrity |
| Altruism    | • Opposite of self-interest – acting in the best interests of service users and carers |

“SCN’s need to have a clinical, professional and managerial ‘grip’ of their wards and departments. This is crucial to keeping patients safe, ensuring effective multiprofessional and multiagency team working, delivering the best possible clinical outcomes and positively shaping patients’ and relatives’ experiences.”

Deputy Chief Nursing Officer

### Tips and tools

**Know your NMC Code!**

Ensure it is accessible to your team as it sets the parameters against which your and their fitness to practise is judged.

**Be a role model for leadership, accountability and professionalism**

*Leading Better Care* promotes SCNs who are “visible, identifiable, accessible, approachable and authoritative”. Is that how you see yourself in your current role?

Think about being “visible” and “identifiable”. Where do you spend most of your working day? Are you able to utilise the protected time allowance the Nursing and Midwifery Workload and Workforce Planning Programme has created for you? This not only supports you to carry out your administrative, education and development functions, but also frees you to make sure that in the rest of your working time, you are there, visibly and identifiably leading the team.
How accessible and approachable are you? Who are you accessible to? Who do you need to be accessible to? Are you there during visiting times, for instance, when carers, families and friends of service users may be very keen to speak with you? Have you developed a working system that enables you to spend time with your service users each and every day that you are in the clinical arena, reviewing their progress with them and listening to their concerns and needs?

How do you respond when someone approaches you for advice, information or to complain about something? Are you attentive and encouraging, or elusive and off-putting?

“The things you need to ask yourself as a SCN are, do you set a good example to your team, taking the initiative to make people feel welcome? Are you optimistic and do you think positively, focusing on solutions and not the problems we encounter? Set a good example through the kind of language you use – never moan or gossip, and always lift your head from the job in hand to respond to visitors so as not to appear intimidating or rude. You need to be mindful, because your team watches and learns from your behaviour.” Senior charge nurse

And finally, how “authoritative” are you – note that’s very different from being “authoritarian”!

These are key questions for SCNs to ask of themselves, and to answer honestly. It’s not easy to live up to the aspirations Leading Better Care sets. But as a SCN, many people are depending on you to do exactly that.

Seek support

The SCN role can sometimes be a lonely one. It may seem that while many people are only too happy to turn to you for support, you don’t have anyone that you can turn to when you need to talk something through, or you need some advice, or you need a shoulder to cry on. So identifying someone – a line manager, a supervisor, a coach, a mentor – with whom you can develop a regular, productive, confidential dialogue can be very useful.

Some SCNs can get confused at this point about what kind of support would be most helpful to them, especially around coaching and mentoring. They read much about “coaching” and “mentoring” and wonder which is right for them.

SIGNPOST

Coach or mentor?

“Coaching” is future focused and goal orientated. It tends to take place over short periods of time (for instance, six sessions over six months) and may have very clearly defined objectives around a specific job or task. It often aims to help people gain insights into their behaviours and increase their knowledge with a view to adopting changes that will improve performance.

2 Midwives have to access a supervisor as a statutory obligation, while the culture of clinical supervision is very strong in mental health nursing.
“Mentoring”, on the other hand, generally evolves over a longer time-frame. It involves a close relationship between two people in which the mentor will actively guide and assist the mentee in making necessary decisions to develop or change his or her practice. The mentor acts as a role model as well as confidant and will help the mentee to develop his or her knowledge, practice and thinking.

Which would be more useful for you at this stage of your career?

You can find out more about coaching and mentoring at the NHSScotland Mentoring website: www.mentoring.scot.nhs.uk

Be responsive to ideas and attentive to complaints

It doesn't matter how skilled and experienced you are, no one has a monopoly of wisdom. Be prepared to learn from the people around you, not least service users and carers, whose experiences and perceptions are powerful drivers for quality improvement. That means you have to:

• be there, so people can access you
• be open, and listen to what people say
• be encouraging, so that people come back to you again.

This applies not only when people are giving you compliments and perhaps suggesting how a modification to practice would improve outcomes, but also when they're making complaints, criticising you and your staff, or perhaps even being aggressive.

It’s neither easy nor pleasant to be on the end of a strongly-voiced complaint from someone, especially a service user or carer. But it offers a fantastic learning opportunity, an opportunity to:

• put whatever is wrong right
• make sure, if possible, that it doesn’t happen again
• grow and develop yourself, your team and your service.

Being “calm” when receiving a complaint from a service user or carer, or from anyone for that matter, is a great virtue. If you can, try to think of the “CALM” acronym.
Responding to complaints by being “CALM”

Try to respond by:

C omposing yourself: adopt a relaxed pose, keep good eye contact with the complainant, don’t cross your arms in front of you or raise your eyes to the ceiling – show by your demeanour that you’re composed and ready to respond positively. Remember, in all likelihood, it’s not you personally who is being criticised.

A ttending: give the person your undivided attention. Don’t be distracted by thoughts of the 20 other things you should be doing right now – this is important, so be there.

L isten: really listen to what the person is saying. Try to identify the key words – “angry”, “disappointed”, “disgusted”, “hurt” – these emotional responses need to be addressed just as much as the initial situation that caused them. And please, don’t interrupt or “talk over” the person – hold your response until the person has finished what he or she wants to say.

Moving on: respond positively to what the person has told you and lay the foundations for moving on towards a solution. First and foremost, say you’re sorry. That doesn’t necessarily mean you’re apologising for a failure in your service – you probably don’t know if there has been a genuine failure at this point or perhaps just a misunderstanding – simply that you’re sorry that whatever has happened has made the person so upset. Then take time to agree a way forward with the person to identify exactly what went wrong, whether there is any explanation for its occurrence, and what can be done to remedy it.

Finally, try to learn from mistakes. No one is infallible, and everyone makes mistakes. What’s important is how you respond to them.

Some SCNs may see a mistake as an indication of failure and incompetence and may question whether they are up to the job. They lose sight of the many, many things they get right on a daily basis and instead focus on the error. We would suggest that this isn’t a positive way forward. Far better is an attitude that recognises that making mistakes is unavoidable and which sees each mistake as an opportunity for growth, development and learning.

Learning from mistakes

Instead of castigating yourself when you make a mistake, try to think it through objectively.

• What happened, and why?
• What factors were involved?
• What elements influenced your decision-making, and how?
• Who else was involved, and what part did they play?
• How would you react if a similar situation arose in the future?
You might find it useful to engage in a “dialogue” with yourself on this through your personal reflective journal, or you may prefer to talk it through with a supervisor, mentor or peer.

The important thing is that having gone through the process, you have a deeper understanding of the situation and a clear plan on how to deal with similar situations in future.

**Express your concerns about perceived deficiencies to management**

This isn’t about “moaning”, nor is about “not being a team player”. It isn’t even about “whistleblowing”, although that regrettably might have to be an option in the absence of a positive management response.

This is about taking your responsibility to ensure the safety and well-being of your service users and staff seriously. It’s about putting the needs of service users first, before the needs of the organisation or even of yourself.

Speaking up requires courage, but you wouldn’t have wanted to take on the responsibilities of being a SCN if you didn’t have courage. So be prepared to use it.

If you feel that circumstances in your ward or department are at risk of creating dangers for service users or team members, or that decisions made at organisational level may threaten the quality of the service you can provide, make your concerns known, in writing. And be prepared to back them up with evidence to support your case.

**Continue to provide leadership even in tough times**

The NHS is a constantly changing environment, with services adapting to meet new service user needs and economic challenges. At times, it can be a tough place to try and be a leader, and a level of resilience may be necessary among SCNs.

Managing in tough times and taking control of the future, as a leader, is both exciting and daunting. We need to be realistic and recognise the uncertainties without being diminished by them. Taking control of the future includes being upbeat and assertive, seeing and taking opportunities and utilising your strengths in terms of leadership skills and qualities.

Progress involves accepting the new reality, ensuring good engagement, embracing radical approaches (organisationally and personally) and pacing your energies. Knowing your sources of support – mentor, coach, supervisor, peer, friend, colleague – and your coping strategies is also crucial.
Providing leadership in tough times
Keep the focus on what is most important to you and be willing to take control of opportunities that come along. In addition, you should:

• be clear about what difference you want to make
• develop and share your goals and objectives
• create thinking time and time for reflection – take control of your diary!
• take control of your work schedule and pace your energy (know what energises you and what drains your energy!)
• know who is committed to your success
• recognise and celebrate progress.

“If I can’t inspire people to give their best, I can’t expect them to produce their best.” Senior charge nurse

Resources

NMC Code: www.nmc-uk.org
NMC Prep Standard: www.nmc-uk.org
Healthcare Quality Strategy for NHSScotland:
http://www.scotland.gov.uk/Publications/2010/05/10102307/0

NHSScotland Delivering Quality Through Leadership strategy: www.scotland.gov.uk
NMC guidance on concern escalation: www.nmc-uk.org
RCN whistleblowing guidance: www.rcn.org.uk
Guidance on apologising: Scottish Public Services Ombudsman www.spso.org.uk
Scottish Public Services Ombudsman commentaries: www.spso.org.uk
Leading Better Care/Releasing Time to Care website: www.evidenceintopractice.scot.nhs.uk
NHSScotland Mentoring website: www.mentoring.scot.nhs.uk
Guidance on statutory supervision of midwives can be accessed at the LSA Midwifery Officers’ Forum website: www.midwife.org.uk
NMC guidance on clinical supervision: www.nmc-uk.org

4 The web addresses cited in this and the other ‘Resources’ sections in the companion were accurate and live when accessed on 15th March 2011.
Helping to meet organisational objectives

Issues
As a SCN, you need to be in the know about what’s happening in your organisation.

SCNs have a central role in supporting the organisations for whom they work to meet their objectives and targets. This is especially the case in relation to clinical outcomes, productivity, efficiency and quality, four areas over which SCNs have a huge influence.

Organisational objectives come in many forms. Strategic-level objectives are set at health board level and are usually developed in response to national policies and targets. These strategic drivers can then be translated into operational objectives, many of which will rely on strong SCN input for successful achievement.

Organisations have different methods of cascading information about objectives through the system, employing vehicles such as the organisational intranet, formal memos, staff newsletters and bulletins, team briefings and management meetings. It can nevertheless be very difficult for SCNs to keep pace with all organisational objectives as they are developed.

SIGNPOST
A high degree of motivation to “stay in the loop” is necessary to ensure you keep abreast of what is happening and, crucially, what organisational objectives require action from you and your team. The organisation has a responsibility to provide information to you, but you also have a responsibility to seek information and to identify the implications of specific organisational objectives for your service and team.

Tips and tools

Keep close to your manager
Your manager has a responsibility to feed information to you about organisational objectives, and this should form part of your regular meetings with him or her. Make sure you have an item on organisational objectives on the agenda of each meeting and use it as a platform for discussing how you and your team are going to play your part in achieving them.

Share experiences with colleagues
You will hopefully have an opportunity to meet and discuss issues with fellow SCNs on a regular basis, either formally, informally, or both. Use these meetings as opportunities to find out how your peers are addressing organisational objectives – what have they done that has worked, what hasn’t worked, and are there any lessons for your team to learn?
Shadowing opportunities
Have you considered shadowing someone in your organisation – a senior manager, non-executive board member or one of your peers in another area, for example? Shadowing enables you not only to learn from others, but also to widen your network.

Share experiences with your team
Keep your team updated on organisational objectives through ward meetings, notice boards, emails and other communication methods at your disposal. Your team will often be the “delivery arm” for organisational objectives at operational level, so they need to know about the bigger picture.

Use information disseminated by the organisation
Take heed of the organisational intranet, newsletters, bulletins, meeting minutes and formal memos that are distributed by your board, and make sure they percolate down to your team. Also, try to attend any high-level meetings you are invited to and public meetings where the board explains their objectives and rationale for action.

Follow national health policy debates
The Scottish Government Health and Social Care website is a mine of useful information on policy initiatives and contains useful links to policy papers and reports, press releases, national and local health statistics and parliamentary debates. You can sign up to get email alerts of press releases of significant policy initiatives. Following activity at government and parliamentary level will give you very solid indications of how health policy at local level is likely to develop.

You can access the website at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

“I think what people find most difficult is keeping up to date with what is happening strategically at national and organisational levels. That is, until it impacts on them at ward level. I feel that being forewarned is being forearmed, so I read the material that comes down from the board, pester my manager to keep me up to date, and follow health care policy initiatives online to give me an idea of what might be heading my way. You can’t just wait for the information to be given to you – you need to go out and get it.” Senior charge nurse
Resources

Scottish Government Health and Social Care website: www.scotland.gov.uk

Email alerts from Knowledge Services specific to your clinical areas of interest are available from: www.nes.scot.nhs.uk

You can sign up to regular free email newsletters from journals such as Nursing Times: www.nursingtimes.net, Nursing Standard: www.nursingstandard.rcnpublishing.co.uk and the Health Service Journal: www.hsj.co.uk: these websites will also give you information on how you can follow the journals on Facebook, Twitter and YouTube.

Leading Better Care/Releasing Time to Care website: www.evidenceintopractice.scot.nhs.uk
Ensuring safety

Issues

Ensuring the safety of service users, team members and others within your area covers a wide range of factors. It impacts on:

• the environment, which needs to be safe, clean and organised
• equipment and furnishings, which need to be in good working order
• protocols and procedures, which need to be observed and adhered to, including the ordering, storage, administration and recording of medicines
• staffing levels, skill mixes and staff deployment, which need to be sufficient and appropriate to meet service user need
• the stock levels and resources on the ward or department, which need to be adequate to meet needs
• staff awareness and understanding of emergency procedures and the availability of emergency equipment
• staff recognition of service users’ and carers’ vulnerability.
Healthcare associated infections (HAIs) are very much in the minds of service users and the public, the government, health service organisations, practitioners and leaders. SCNs have a clear responsibility for maintaining a high standard of cleanliness in their wards and departments and for ensuring infection control precautions and measures are enacted effectively.

The challenge facing SCNs in NHSScotland is to manage the risks associated with the transmission of infections to service users and staff and to implement national and local policies and strategies that eliminate avoidable infections in a sustainable and reliable way.

Control of HAIs and improving safety are major strategic priorities for NHSScotland, as evidenced by the HAI Task Force Delivery Programme and the identification of HAI as a key element of the Healthcare Quality Strategy for NHSScotland. Leading Better Care and the Clinical Quality Indicators help to create the necessary platform to allow SCNs to develop the systems, processes and culture that will ultimately ensure HAIs are reduced to a minimum in their area of responsibility.

Of course, it’s always a matter of concern when something untoward happens to a service user, carer or member of staff as a result of something that the service has, or hasn’t, done. A “near-miss”, when an untoward incident has narrowly been avoided, is also worrying.

Despite their negative impact, we need to adopt a mindset that sees incidents and near-misses as opportunities for valuable learning. This is part of the risk management processes that NHS organisations have in place and sets in train the activity that will lead to service users and staff being protected from similar incidents in the future.

**Tips and tools**

**Work with others to tackle HAI**

SCNs’ role in ensuring ward cleanliness has been reinforced by a number of government measures in the fight against HAI. Their part in championing cleanliness standards continues to be critical in enforcing vital hygiene standards, and their responsibility for “signing off” cleaning and hygiene standards in their wards is a key component of the national HAI Action Plan.

Fighting HAI calls for all SCNs’ leadership skills to come to the fore. They must ensure that the hygiene standards they set are maintained all the time, even when they are not in the ward or department. That means they must have buy-in from all the key people and groups who impact on cleanliness and hygiene practices, including:

- service users, carers and visitors – material developed by the National Hand Hygiene Campaign can be very effective in ensuring their compliance with hygiene standards
- team members
- other clinical staff visiting the ward or department
– doctors, allied health professionals, pharmacists, phlebotomists, technicians
• non-clinical staff, such as porters, catering staff and tradespeople
• domestic staff and supervisors
• managers
• education staff visiting to meet students or team members – university lecturers and practice education facilitators, for instance
• clinical governance and audit staff
• volunteers.

SCNs can turn to key personnel who can help them to secure the support of these groups and help to ensure an HAI-free environment – Cleanliness Champions, infection control teams and Leading Better Care and Releasing Time to Care facilitators, for instance.

Perform environmental risk assessments
Doing a risk assessment of the environment is about identifying the risks and hazards in your workplace that might cause harm to service users, visitors and team members. These include potential sources of infection, faulty equipment, damaged floor linings and inappropriate storage facilities.

Employers have to carry out risk assessments of their workplaces by law, but as a SCN, you have a significant responsibility to ensure an environment in which service users can safely receive care and team members can safely work. This calls for constant attention to the potential for hazards that the environment may pose and the ability to take action to remedy deficiencies.

A risk assessment in your workplace might involve:
• touring the environment, taking note of any hazards you see
• identifying who is at risk from these hazards
• evaluating the risks from the hazards
• reviewing whether current safety policies and procedures are adequate to neutralise the hazard
• if not, identifying ways of removing the hazard
• preparing a report on your findings and sharing it with your team members and manager.

This can be summarised under the acronyms of “RISKS”.

SIGNPOST

A RISKS approach to risk
As you go about your work, think about RISKS.5

R egularly look for hazards
I dentify those most at risk
S ee whether your current policies are protective enough
K eep your working area hazard-free
S hare your findings with your team members and manager.

Many SCNs (indeed, many nurses and midwives) develop an intuitive sensitivity to hazards, a kind of “second sense” that enables them to identify hazards as they go about their normal duties. In these evidence-driven days, it is easy to detract from anything that smacks of an intuitive approach, but this is one area (there are many more) in which an experienced nurse or midwife's intuition plays an important part.

Don’t be shy or embarrassed about using intuition – if you feel something isn’t right and a hazard is potentially being created, the chances are you’ll be right. So take preventive action even if you don’t yet have hard evidence – you can gather and monitor as you go forward.

Learn from clinical incidents and near-misses

As we noted above, clinical incidents and near-misses are a source of high anxiety and distress for SCNs and their teams. No one wants to believe that a failure on their own part or of the system has caused someone injury, suffering or harm. But adverse incidents happen in health care, and it’s important to learn from them.

Learning from clinical incidents and near-misses arises when we can clearly establish:

- what went wrong
- where it happened
- why it happened.

There are quality improvement tools we can use to help establish the answers to these questions.

**SIGNPOST**

**Suggested quality improvement tools**

In [root cause analysis](#), the team gets together to try and establish what went wrong and why. They aim to get to the “root” of the problem through a series of systematic questions that explore the environmental and process issues surrounding the incident or near-miss. This will hopefully lead to an understanding of the causative factors, which in turn will lead to solutions being identified. A similar method is used in [critical incident analysis](#).

For more on quality improvement tools in the analysis of incidents and near-misses, visit the NHSScotland Clinical Governance website at: [www.clinicalgovernance.scot.nhs.uk](http://www.clinicalgovernance.scot.nhs.uk)

There is also a variety of validated patient risk assessment tools covering areas such as falls assessment, food, fluid and nutrition, failure to rescue and pressure ulcer prevention that will help you to determine care management according to the level of risk identified, and “care bundles”, introduced through the Scottish Patient Safety Programme, are designed to help you remove the risks identified through variations in care.

**Protect vulnerable people**

Abuse of a vulnerable person can take many forms – psychological, physical, financial, sexual – and can be perpetrated by a wide range of people. As a SCN, you
are responsible for ensuring the vulnerable people in your care are protected from abuse perpetrated by someone in your team or anyone else.

**SIGNPOST**

**Being on the lookout for signs of abuse**

The Scottish Government has issued standards for health care workers on recognising and managing abuse. They include the following:

- look for factors that may lead to service users, staff and others, including yourself, being in danger of harm and abuse
- find out what your employer says you should do if you suspect that someone is in danger or has been harmed or abused
- identify the factors that allow abusive behaviour to happen and discuss these with colleagues and managers
- consider your own behaviour and actions to make sure they don’t contribute to situations, actions and behaviour that can be dangerous, harmful or abusive
- develop relationships with service users and family carers that enable them to raise concerns about possible and actual danger, harm and abuse to themselves and others – make sure they know that you’ll listen to their reports and deal with them seriously
- work with service users in a way that respects their dignity, privacy, confidentiality and rights

**SIGNPOST**

- make sure you’re honest with service users about your responsibility to pass on information about potential and actual danger, harm and abuse
- take appropriate and immediate action when you see behaviour, actions and situations that might lead to danger, harm and abuse
- object to and raise concerns with appropriate people and organisations about practice or policies that may lead to danger, harm and abuse
- accurately record and report sources and signs of danger, harm and abuse to the appropriate person, including times, dates and explanations of incidents
- report any unusual or major changes in your service user’s health, cleanliness, physical care, actions and behaviour
- contribute to your organisation’s procedures for dealing with suspected harm and abuse and work within them.

You can access the full list of standards at: [www.healthworkerstandards.scot.nhs.uk/](http://www.healthworkerstandards.scot.nhs.uk/)

**SIGNPOST**

**Protecting vulnerable adults**

The NMC has developed a series of videos and other resources on protecting vulnerable adults. This online knowledge resource challenges us to reflect on how effectively we safeguard the adults in our care.
It states: “Safeguarding is part of everyday nursing and midwifery practice in whatever setting it takes place. You should have the skills to confidently recognise and effectively manage situations where you suspect a person in your care is at risk of harm, abuse or neglect, including poor practice. Do you know what to do?”

To access this NMC knowledge resource, go to: www.nmc-uk.org

Resources

Scottish Patient Safety Programme: www.patientsafetyalliance.scot.nhs.uk

Healthcare Improvement Scotland Patient Safety website: www.nhshealthquality.org

Institute of Healthcare Improvement: www.ihi.org

HAI Task Force: www.scotland.gov.uk

NES Cleanliness Champions programme: www.nes.scot.nhs.uk

NES HAI resources: www.nes.scot.nhs.uk

National Hand Hygiene campaign: www.washyourhandsofthem.com

Health Protection Scotland HAI care bundles: www.hps.scot.nhs.uk

Scottish Government Public Protection Standard Statement 1: protecting your patients from harm and abuse: www.healthworkerstandards.scot.nhs.uk

NMC Safeguarding Health and Wellbeing videos: www.nmc-uk.org

Clinical incidents and near-misses: www.clinicalgovernance.scot.nhs.uk

Care Commission: www.carecommission.com

Child protection: www.savethechildren.net
Person centredness

Issues

Being person centred is about valuing each individual: patient, carer or colleague.

It’s about establishing and developing effective relationships and ensuring that all people are valued, feel safe and are cared for with dignity, experience, courtesy, respect and kindness.

Few service users see themselves as passive recipients of care. They want to be treated with respect and as equal partners. As a SCN, you need to ensure your team can adopt a flexible approach so that the service meets the users’ needs. This requires the ability to:

• establish what the service user wants
• negotiate what is possible
• deliver what has been agreed.

Being person centred also calls for a holistic approach to care planning and delivery. It requires awareness and understanding of the effect of services on the person as a whole and how services affect their normal functioning – their sense of well-being, their socioeconomic status,
their employment, education and leisure preferences, their social networks and their family relationships.

Person-centred services drive a flexible approach to meeting individuals’ needs across this wide range of health, social, cultural, economic and psychological factors. They start from an understanding of what services can offer – their capacity – and then mould it to suit people’s needs – their demand.

“Being person centred to me is ultimately about being flexible in your approach to service users and carers among all the rigid policies, procedures and routines we put in place in health care. The service should run for them, not for us.” Senior charge nurse

**SIGNPOST**

**Compassionate care**

Service users and carers are central to health care professionals’ practice. But as the pressures experienced in clinical settings continue to increase, delivering compassionate, person-centred care can be challenging.

For service users and carers, how care is delivered is often as important as the nature of the treatment itself. Compassionate care has always been considered fundamental to practice, but service users’ and carers’ experiences indicate that this cannot always be taken for granted. The significant role leadership plays in enhancing experiences of services by promoting compassionate, person-centred care cannot be underestimated.

To find out more about the Leadership in Compassionate Care programme, a joint initiative between Edinburgh Napier University and NHS Lothian, go to: [www.napier.ac.uk](http://www.napier.ac.uk)

**Tips and tools**

**Preserve people’s dignity**

Team members will look to you as a role model to set the standard on how they should regard, approach, address and respond to service users and carers. They will observe the way you approach them in an engaged, interested and friendly way. They will observe the way you show that you’re genuinely interested and that you want to help. They will observe your positive responses when a service user or carer asks you to do something for them. Your behaviour and communication skills will influence their future interactions with service users, carers and colleagues.

Your most valuable and most effective resource in terms of ensuring the team adopts a respectful attitude that protects service users’ dignity is therefore **yourself**. You can have a ward or department policy on preserving dignity, you can adopt all the national and international guidelines you can find, but the key to preserving service
users’ dignity lies in your own role modelling.

Respect diversity

People are not the same. When you respect diversity, you respect and value those things that make us unique as human beings. That might include a very wide range of factors – the way we look and dress, the way we speak, the religion we follow (or don’t), the colour of our skin, the country of our origin, our age, or which gender attracts us.

We don’t respect diversity by making statements to that effect – we respect diversity by the way we act and speak.

We show respect by:
• using inclusive language and not speaking disparagingly about any individual, group, race or creed
• respecting people’s beliefs, values and cultures by not trying to impose our mindset on them
• acting to admonish anyone, team member or otherwise, who makes disrespectful remarks or acts disrespectfully to anyone or any group.

Promote values-based practice

“Values” mean different things to different people. They can relate to the values that were handed down to us by our parents or that we learned about at school. They can mean the values we cherish as part of our spiritual, religious or political beliefs. They can mean the values we sign up to when we join a profession like nursing or midwifery and adopt its culture and ethos. They can relate to the values that dominate the particular society or culture we identify with. And they can even mean the values that influence us from our engagement with the media, the arts and sport.

It follows that “values-based practice” can also be defined in different ways. But when we speak about values-based practice here, we mean the definition that has been developed as part of the work to cascade learning about the Ten Essential Shared Capabilities for Mental Health Practice in Scotland, developed by NES. This definition tell us that values-based practice is about:

• working in a positive and constructive way with differences and diversity of values
• putting the values, views and understandings of individual service users and carers at the centre of everything we do
• understanding and using our own values and beliefs in a positive way
• respecting the values of the other people we work with and being open and receptive to their views.
The 10 pointers to good process in values-based practice

The *Ten Essential Shared Capabilities Learning Resource for Mental Health Practice (Scotland) 2011* describes 10 pointers for good process in values-based practice that were developed by Woodbridge and Fulford. The pointers promote key practice skills, a person-centred model of service delivery, evidence-based practice and multi-disciplinary partnerships in all areas of health and social care.

The 10 pointers are as follows.

**PRACTICE SKILLS**

- **AWARENESS**: being aware of the values in a given situation
- **REASONING**: thinking about values when making decisions
- **KNOWLEDGE**: knowing about values and facts that are relevant to a situation
- **COMMUNICATION**: using communication to resolve conflicts/complexity.

**MODELS OF SERVICE DELIVERY**

- **USER CENTRED**: considering the service user’s values as the first priority

**VALUES-BASED PRACTICE AND EVIDENCE-BASED PRACTICE**

- **THE “TWO FEET” PRINCIPLE**: all decisions are based on facts and values; evidence-based practice and values-based practice therefore work together
- **THE “SQUEAKY WHEEL” PRINCIPLE**: values shouldn’t just be noticed if there’s a problem
- **SCIENCE AND VALUES**: increasing scientific knowledge creates choices in health care; this can lead to wider differences in values.

**PARTNERSHIP**

- **PARTNERSHIP**: in values-based practice, decisions are taken by service users working in partnership with providers of care.

While the *Ten Essential Shared Capabilities Learning Resource for Mental Health Practice (Scotland) 2011* is designed primarily for nurses and others in mental health services, you don’t have to be a mental health nurse to benefit from studying it. Much of the content has real resonance for nurses in all areas of practice, as it focuses on generic issues such as rights, values, evidence-based practice, person-centred care and working in partnerships. You can access the learning resource via: [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

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Tackle inequality

Respecting diversity means little unless we also respect and value people’s right to life opportunities and the same high standard of service.

It’s important to recognise, however, that tackling inequality and promoting equality is about affording people the same level of respect, but not necessarily about offering them the same care. If we really believe that people are different, we won’t accept an “assembly line” approach to care, in which everyone gets the same according to their health condition. Instead, we provide care individualised to people’s needs, of which their health condition is only one factor.

That’s not to deny the value of patient protocols, care bundles and treatment pathways, of course, which provide very valuable benchmarks and standards against which to chart the service user’s journey through services. But no pathway or protocol can ever meet the entirety of a person’s needs – it will always have to be moulded, developed, adapted and expanded to ensure that it is the individual who receives the care, and not the condition.

SIGNPOST

Tackling inequalities – it’s the law

Tackling inequalities is not optional – it is statutory. This is determined by a number of pieces of legislation that establish positive duties for public bodies such as the NHS to tackle discrimination and promote equality and good relations. The legislation includes The Equality Act 2010, which establishes a general duty with respect to:

- age
- disability
- gender
- gender reassignment
- race
- religion or belief
- sexual orientation.

You’ll find some very useful information about The Equality Act 2010 at: www.equalities.gov.uk

As the Ten Essential Shared Capabilities Learning Resource for Mental Health Practice (Scotland) 2011 stresses: “Understanding that inequalities exist, that they are unjust and that it is everyone’s responsibility to mitigate their effects and work to ensure access to appropriate health care, is a starting point for future progress.”
Resources

Healthcare Quality Strategy for NHSScotland:
www.scotland.gov.uk

RCN Dignity campaign: www.rcn.org.uk

Better Together, Scotland’s patient experience programme, website:
www.bettertogetherscotland.com

Leadership in Compassionate Care project:
www.napier.ac.uk

“Little things make a big difference” website (this NES-supported resource has been designed to act as a gateway for NHSScotland staff to support the enhancement of service user experience):
www.knowledge.scot.nhs.uk/making-a-difference

The Ten Essential Shared Capabilities Learning Resource for Mental Health Practice (Scotland) 2011 via: www.nes.scot.nhs.uk/initiatives

Information about The Equality Act 2010:
www.equalities.gov.uk

Each NHS board will have an Equality and Diversity Lead who can provide support and information.

PIRAMHIDS, “Positive and Innovative Resources: a Mental Health Interactive Database (Scotland)” (this Scottish Government-supported online resource offers a portal through which practitioners and others can share their good practice and help to build a solid and broad evidence base for mental health nursing):
www.piramhids.com
Being effective
Clinical effectiveness

Issues
We speak of services being clinically effective when the right person does:

• the right thing
• in the right way
• at the right time
• in the right place
• with the right result.

It involves being able to think critically about what you do, identifying what works well and what doesn’t, and taking steps to develop the former and adjust the latter. Research and other kinds of evidence provides its underpinning.

Methods to develop clinical effectiveness can be found throughout NHSScotland, reflected in issues such as improvement methodologies, clinical audit and initiatives to maximise the skills, knowledge and experience of service personnel, service users and carers.

SCNs play a significant part in progressing the clinical effectiveness/evidence-based care agenda in Scotland through their professional expertise and leadership.
They set a standard for others to follow by striving to provide care that is safe, evidence-based and clinically effective. This allows service users and carers to access the best-quality care and treatment, inspires team members to develop their skills and expertise, and supports organisations to meet their objectives.

**Tips and tools**

There is no single way to act in a “clinically effective” manner. Rather, it is about adopting an approach to practice that values:

- using evidence/data to drive practice and support change
- monitoring delivery against defined standards
- using a range of methods to gain feedback and perspectives from service users, carers, fellow professionals and others.

As such, it isn’t an easy route to follow. Committing to providing clinically effective services requires a commitment to constantly reviewing, auditing and evaluating the services delivered, to scrutinising sources of new evidence that might influence practice, to being open to better ways of working, and to responding positively to the feedback you receive from service users, carers and others. It requires a willingness to reject the status quo and to welcome change as a means to better services. It involves challenge, it involves the entire team and it involves risk.

But committing to providing clinically effective services is also the portal to introducing clinically sound, tried and tested improvements to the care and services you offer. It promotes a mindset of engagement with clinical practice, of quality improvement and of person centredness, each of which is a key driver of the SCN role and a key driver of NHSScotland as a whole.

**SIGNPOST**

**Steps to clinical effectiveness**

If you identify a need to make a change to improve an aspect of care, you might find following these steps, in partnership with service users, carers, your team and relevant others, useful.

- Explore what reliable evidence is there to support a change, or whether there are reputable national or international guidelines you can refer to. If possible, access other local or national initiatives or workstreams that are addressing the same or a similar issue – there is no point reinventing the wheel.

- Identify what change will make a difference, then assess the feasibility of its introduction, taking into account factors such as acceptability to service users, the skills base of team members, access to necessary resources and overall costs.

- Explore whether units elsewhere have introduced similar methods and try to make links to share experiences,
expertise and, if local, possibly resources. There may also be relevant expertise within your associated higher education institutions that can be sourced.

- Identify how the change will promote better care for service users and carers and enable the ward or department and organisation to further the quality of its services.

- Consider how the impact of the proposed change in practice could be evaluated.

- Decide on whether implementation of the change is supported.

Making necessary changes, which is central to the process, can be supported by adopting quality improvement approaches, tools and methods.

Manage change
Changes are implemented not by systems or organisations, but by people. So we need to understand how people react to change to minimise the risks of failure.

It’s important that in instigating the change, we avoid putting people into panic mode or making them feel as if their previous efforts have been pointless or harmful. We need to prepare them positively to accept the need for change and adapt their practice accordingly. We need to convince them that the change is necessary and that what is being proposed is truly a better alternative than what has gone before.

All this will be so much easier if you’ve been able to involve the people who will be affected by the change – primarily service users, carers, team members and management – from the very start. It’s much more productive to involve people in identifying the problem and arriving at the proposed solution, rather than imposing the “solution” upon them without discussion. Dialogues with all the stakeholders involved should be open and constructive, with you taking time to state your case clearly and making an effort to understand others’ views.

Experience tells us that changes are much more likely to be successful if they are small-scale, simple to understand, use an agreed methodology and have management support.

SIGNPOST

Working with others to bring about change
It’s useful to consider the following key issues in managing change.

- Understanding people’s personal styles, including your own, is key in determining what approaches to introducing change you should take. The four personality types of “analytical, driver, amiable and expressive” are often used to help us understand these dimensions –
you can find out more about these at the Improving NHSScotland website, which can be accessed at www.improvingnhsscotland.scot.nhs.uk/programmes/improvement_toolkit/SI/Pages/Core_skills_2.aspx, and clicking on the “Personal Styles” slides option.

• There is no “right” style, but there are “right” approaches we can take to help get our message across and get people on board. You should be prepared to adopt the right approach for the circumstances.

• This means you need to know your “audiences” – what are their issues, values, priorities and personal styles? Presenting your ideas in your audience’s language and concerns, with a view to identifying common ground, is helpful.

• Seeing and understanding the person, not his or her job title, is fundamental to making progress.

For more on this and many other aspects of managing change and improvement methodologies, visit the Knowledge Network “Evidence into Practice” website at: www.evidenceintopractice.scot.nhs.uk

Keep up to date

Making sure you continue to develop your knowledge and skills base is obviously important in pursuing a clinical effectiveness approach and is discussed in the “Personal development” section (page 77). But being able to critique a research paper, to evaluate its authenticity and reliability and to adjudge whether it could have an impact on your practice is a key skill for SCNs. If you feel you might need some support in this area, why not raise the issue with your manager at your PDP process?

Resources

The Knowledge Network “Evidence into Practice” website: www.evidenceintopractice.scot.nhs.uk

NHSScotland Clinical Governance website: www.clinicalgovernance.scot.nhs.uk

Improving NHSScotland website: www.improvingnhsscotland.scot.nhs.uk

In following this process in introducing change, it is important to be responsive to ideas for change from service users, carers and colleagues. Feedback mechanisms include:

• 360 degree appraisal
• studying comments, concerns and complaints
• staff appraisal processes
• team meetings
• management meetings
• studying audits and reports on your service.

• listening to service users’/carers’ stories
• getting feedback from students
Assuring quality

Issues

“What do we do well as a team, and what can we do better?” In essence, taking a quality-focused approach to your work is about answering these two crucial questions.

The Healthcare Quality Strategy for NHSScotland sets three quality ambitions for NHSScotland:

• mutually beneficial partnerships between service users, their families and those delivering health care services
• no avoidable injury or harm to people from the health care they receive
• the most appropriate treatments, interventions, support and services being provided at the right time and wasteful or harmful variation being eradicated.

These ambitions can only be achieved by being built from the ground up through what the strategy describes as: “the combined effect of millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person, all the time.”

As a SCN, you’ll find that understanding and applying the principles of continuous improvement methodologies will help you and your team to play your part.

Tips and tools

Be a champion for quality in your area

Leading Better Care describes the SCN as the “arbiter and guarantor of patients’ experiences in clinical areas” – that means having a focus on quality and adopting a quality mindset to drive the service you deliver.

The Healthcare Quality Strategy for NHSScotland provides SCNs with a “license” to deliver quality for service users and carers. It drives the conditions that will promote:

• caring and compassionate staff and services
• clear communication and explanation about conditions and treatment
• effective collaboration between clinicians, service users and others
• a clean and safe care environment
• continuity of care
• clinical excellence.

As a SCN, your contribution to meeting these aspirations will be vital. You’ll find it helpful to focus on the following issues in your drive to promote quality in your area:
understanding service delivery: knowing your service and making sure you and your team are prepared and supported to deliver it

building the team: supporting the ongoing assessment and development of team members’ competence and capability

planning the future: identifying tomorrow’s leaders and building an efficient and effective team who feel appreciated, respected and liberated to fulfil their potential

maintaining a safe and fit-for-purpose environment: being scrupulous about infection control and hygiene issues and ensuring the area design, layout, facilities and resources enable you and the team to work safely and effectively

understanding the “shape” of the working day: ensuring the team is appropriately deployed to meet the challenges faced at different parts of the working day and establishing rules to ensure that the service user’s day isn’t disturbed by unnecessary interruptions, especially at key times such as overnight and at meal times

monitoring workload and workforce: ensuring the team skill-mix and capacity continues to meet workload demand

measuring the quality of service delivery: it’s likely that your organisation will have introduced a range of tools with which you will be able to evidence the quality of care in your ward or department against local and national benchmarks: national examples include the Health Protection Scotland hand hygiene audit tool and the Clinical Quality Indicators (CQIs) (see below)

expressing concerns: raising issues of concern with management when you feel circumstances are threatening quality or posing safety risks.

“We need to recognise that we are in charge of our areas. Leading Better Care gives us that authority. That means that no one – porters, consultants, specialist nurses, nurse managers – should be coming into our area without our consent. But that’s not about authority for authority’s sake – it’s about ensuring patients are protected and that any legitimate visitor to the ward gets the information and support he or she needs. And maybe it’s a wee bit about affording the senior charge nurse role the respect it deserves.”

Senior charge nurse

Take a continuous improvement approach

A continuous improvement approach is about taking a systematic, planned approach to services. It is expressed through a range of ideas, approaches, tools and a mindset or culture that recognises there is always a better way of doing things. It celebrates and encourages innovation and recognises the value of learning from past mistakes.
Continuous improvement has been described as being about:

- securing commitment from all to the idea of continuous improvement
- involving everyone in pursuing it
- promoting service-user satisfaction in every interaction with the service
- continually seeking a better way of doing things by maintaining the best of what we have and fully using our resources
- implementing recognised best practice to support development and equity across NHSScotland
- creating “learning organisations” that are able to share and sustain improvements.

It calls for:

- a strategy, framework and methodology to manage the technical and behavioural aspects of change
- integration to support organisational priorities
- partnerships, including with service users and the public
- leadership
- a relentless commitment to service-user focus.

And it is created by examining and reviewing:

- processes
- systems
- products and services
- deployment of resources.

**SIGNPOST**

**Continuous improvement “toolkit”**

To get more information about continuous improvement methodologies and to access a continuous improvement “toolkit”, go to the Scottish Government “Supporting Improvement” website at: www.improvingnhsscotland.scot.nhs.uk/programmes/improvement_toolkit/SI/Pages/Core_skills_2.aspx

**Use the Clinical Quality Indicators (CQIs)**

CQIs are evidence-based process indicators that support practitioners to focus on continuous quality improvements. Continually monitoring aspects of care can have an impact on the quality of care provided and on service users’ and carers’ experience. Improving process compliance can therefore be mapped to improvements in outcome measures, which provides real support to SCNs in improving care quality.

A core set of CQIs for nursing and midwifery has been developed, consisting of:

- food, fluid and nutrition
- falls
- pressure area care.

Implementation in relevant clinical areas throughout NHSScotland has demonstrated that the CQIs are a valuable tool for SCNs in driving improvements.
Be committed to “making a difference”

If you haven’t already visited it, you should go to the “Little Things Make a Big Difference: Value and Enhance the Patient Experience” online resource for frontline NHS staff.

This resource provides a gateway for NHSScotland staff to support the enhancement of service user experience by providing rapid access to, and deeper exploration of, key sources. You can use it to support your own and your team’s professional development and as a resource with service users and carers. The site can be accessed at: www.knowledge.scot.nhs.uk/making-a-difference

**Resources**

The Healthcare Quality Strategy for NHSScotland
www.scotland.gov.uk

Little Things Make a Big Difference: Value and Enhance the Patient Experience website:
www.knowledge.scot.nhs.uk/making-a-difference

Health Protection Scotland hand hygiene audit tools:
www.washyourhandsofthem.com

Leading Better Care/Releasing Time to Care website:
www.evidenceintopractice.scot.nhs.uk

**Clinical Quality Indicators website:**
www.scotland.gov.uk

**Effective use of the workforce**

**Issues**

The contributions SCNs make to workload and workforce planning goes well beyond setting the ward or department off-duty roster to make sure that all shifts are covered by staff with the skills and competences to deliver services safely. SCNs also:

- promote attendance, manage sickness and absence leave, maternity and paternity leave, study leave and annual leave
- make provision to develop the workforce skills and competency base
- determine longer-term workload and workforce requirements for numbers, skill mix and allocation of staff
- promote staff recruitment and retention
- contribute to the wider board workforce plan
- promote new ways of working and best practice.
“If you don’t get the off-duty right, you don’t get the patients’ safety right, you don’t get the staff experience right, you don’t get the quality right – it can all fall down at any point.” Senior charge nurse

Tips and tools

Manage staff numbers, skill mix and deployment

SCNs have variable levels of control over the first two of these areas, but they should have complete control over the last. A primary responsibility of any SCN is to make sure that the staff in his or her team are deployed appropriately according to their level of experience and competence. Safety is the overriding factor here – inappropriate deployment of staff can lead to unsafe situations arising for service users and team members.

SIGNPOST

The Nursing and Midwifery Workload and Workforce Planning: learning toolkit

SCNs need access to information, education and tools to carry out their workload and workforce planning responsibilities effectively. This toolkit, developed by the Nursing and Midwifery Workload and Workforce Planning Programme and NES, is a flexible, practical, work-based resource that supports SCNs and others to manage their staff resource effectively.

You can access the Nursing and Midwifery Workload and Workforce Planning: learning toolkit at: www.nes.scot.nhs.uk

SIGNPOST

RCN guidance

The Royal College of Nursing has published guidance on safe nurse staffing levels in the UK, which you may find useful to consult. You can find the guidance at: www.rcn.org.uk

Delegate responsibly

Delegation of tasks and responsibilities is a big part of the role that you’ll be practising every working day, and which is a key part of ensuring the workforce resource is used effectively and efficiently. It’s worth running through a quick checklist before delegating to your team members.
Delegation checklist

Are you satisfied that:

• the task is within the team member’s role description?
• the team member has the skills, knowledge and experience to carry out the task safely and effectively?
• the team member has received the appropriate training to perform the task?
• the team member understands fully what he or she is being asked to do and why?
• the team member is happy to perform the task as part of his or her normal activity?
• the team member’s work will be properly supervised and the outcomes reported?

Use time and resource effectively

The Releasing Time to Care (RTC) initiative is now being deployed widely throughout Scotland and is recognised within the Healthcare Quality Strategy for NHSScotland.

RTC is a modular improvement programme that asks nurses and the multi-disciplinary team to look anew at the way they work, identify how they can be more productive and effective, then make changes to their environments and working methods to improve quality and increase the amount of time they spend providing direct service user care. It uses a variety of tools, some of which have been adopted from Lean improvement methodologies, to help nurses and the multi-disciplinary team analyse what goes on during the regular activities they perform, such as administering medicines, supervising mealtimes and carrying out administrative and stock duties.

Ongoing results show improvement in diverse areas, including:

• nurses spending increased amounts of time providing direct care to service users
• improvements in service user experience, with service users feeling that staff “had time to care for them”
• reduction in sickness absence rates
• savings from returnable or redistributed stock
• improvements in staff morale
• better analysis of processes with subsequent improvements – for instance, one site improved the nursing process for setting up a dressing and reduced it from 172 steps to just five, saving two minutes of nursing time whenever the process was undertaken.

All boards across the country are now implementing RTC to their systems, with programmes available to fit all disciplines. Education packages have also been developed to support participating staff.
Personal development

Issues

No SCN can afford to stand still in relation to their knowledge base and skills profile. It is inherent to the role that SCN post holders have a strong drive to constantly develop and improve themselves, to seek out new sources of development and to feed their discoveries back into the services they provide. Personal development is therefore one of the main drivers of service improvement.

This is about more than meeting the minimum requirements of the NMC Prep Standard. This is about developing yourself as an expert practitioner and leader, someone service users, carers and colleagues can look up to and aspire to emulate. One of the most effective ways to instil a culture of ongoing development, learning and striving for excellence in your team is to adopt that culture as part of your own professional profile.

Tips and tools

Keep your own knowledge and skills base up to date, both as a clinician and as a leader

There are many ways of keeping yourself up to date and developing your practice – reading widely round your area of interest, being active in professional societies,

Resources

The Nursing and Midwifery Workload and Workforce Planning: learning toolkit: www.nes.scot.nhs.uk

NHSScotland Advanced Nursing Practice Toolkit – Workforce Planning section: www.advancedpractice.scot.nhs.uk

Royal College of Nursing Guidance on safe nurse staffing levels in the UK: www.rcn.org.uk

Leading Better Care/Releasing Time to Care website: www.evidenceintopractice.scot.nhs.uk
attending conferences and meetings, “shadowing” colleagues, discussing issues with peers, participating in action learning sets and accessing learning and development opportunities in your own organisation or at higher education institutions are some examples. The personal development planning (PDP) process with your manager offers a perfect opportunity for you to identify your learning needs and make plans to meet them.

“I got the opportunity to shadow a charge nurse in an elderly care admission ward for a morning. She is a really good example of a SCN who has taken all four dimensions of the role framework on board and is using them to deliver better services for patients. Her focus is to develop the team to deliver high-quality care, and she has taken advantage of all the resources and support available to her to enable her to do so very effectively. She is an inspirational nurse – her story is really what LBC is all about.” Educator/senior manager

Sure, this might involve some sacrifice of time and even your own resources, but the rewards come with the confidence of knowing you’re doing your utmost to ensure your service users and team get the maximum benefits from your developing skills and expertise.

“It’s important to have a work–life balance, but you have to accept as a senior charge nurse that you’re going to have to spend a proportion of your own time developing yourself to ensure you keep up to the mark. You need to spend some time getting on the internet to find out what’s happening in health care, or reading journals or maybe taking a part-time course. If you can do that during work time, fine, but I don’t expect many of us will have that opportunity. A rigid, inflexible, “my down time is sacrosanct” kind of attitude isn’t going to work.” Senior charge nurse

**SIGNPOST**

**Action learning sets**

Action learning provides a tool for personal, professional and organisational development. It is a “continuous process of learning and reflection, for an individual, which is supported by members of a group (or action learning set), the purpose being to get things done. The emphasis of this process is on being active rather than adopting a passive approach to issues.”

Action learning involves working on real work-related issues, focusing on learning and committing to implementing solutions or actions. It is a form of learning by doing that has been developed worldwide over the last 35 years. One of its main assets is that it provides a method of learning that enables people to deal with

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challenging situations more effectively by, for example, learning from situations that go well.

To find out more about action learning, go to the International Foundation for Action Learning website at: www.ifal.org.uk

Make the best of your personal development planning process

It hardly needs to be said that you need to be realistic about what you can achieve through the KSF PDP process and about what development is going to be possible within your own and your organisation’s resources. But it’s worth remembering that positive improvements in services tend to come not from wholesale and dramatic changes, but from small steps taken over time. You should see your PDP process as an opportunity to define small steps that will build towards achieving something truly worthwhile and significant.

Resources

NMC Prep Standard: www.nmc-uk.org
NES Education and Development Framework for Senior Charge Nurses: www.nes.scot.nhs.uk
NHSScotland Advanced Nursing Practice Toolkit: www.advancedpractice.scot.nhs.uk

Team development

Issues

Modern health care is built upon strong teamwork that links not just different professional disciples, but also different agencies and, of course, service users and carers. Teams combine people with different skills, knowledge and abilities in the pursuit of high-quality services for service users and carers.

The pioneering research of the 1970s and 1980s found that the “ward sister” had a massive influence on the ward’s atmosphere and, consequently, on how a sense of “team spirit” evolved. SCNs today still have a key influence through their clinical leadership role in developing a positive team atmosphere in which learning, development and excellent practice can thrive.

We can probably all remember ward sisters and charge nurses from our past who have influenced and inspired us through their pursuit of excellence, their capacity for supporting learning and development and their warmth and concern. These role models from yesterday are the inspirations for the visible, accessible, expert clinical leaders that Leading Better Care seeks to nurture today.
Of course, much has changed over the years. Care contexts, managerial responsibilities, technology and communication systems, audit, evidence-based practice and quality improvement methodologies have all changed or, indeed, have been “born” in recent times. But the position of SCNs as the linchpin of nursing and midwifery excellence has not changed. It is he or she who will set the benchmark for the team that delivers services.

“As a senior charge nurse, you’re only as good as your team is.” Senior charge nurse

**Tips and tools**

**Create a positive learning environment for students and team members**

As the NES nursing and midwifery consensus statement for education and workforce development through to 2020 emphasises, good clinical environments are good learning environments, and vice versa. The spotlight today still focuses on the key role of the senior charge nurse in providing clinical leadership and a supportive learning environment through:

- positive role modelling, promoting learning through your own enthusiasm for learning and development
- adopting the person-centred approach not just with service users and carers, but also with students and team members, showing warmth and consideration for others’ needs
- promoting the value of learning and development activity
- supporting students and team members by creating a positive learning environment, showing interest in their needs and achievement, and ensuring the infrastructure to support learning and development (everything from making sure mentors are available and supported to providing stimulating and relevant learning resources) is in place on your ward or department.

The great nursing scholar Virginia Henderson once wrote that for nurses’ development, no learning experience is as important as seeing expert nurses practise. Expert SCNs will continue to have a big responsibility for creating the right environment in which their service users, students and teams can learn and develop and in which SCNs are rightly seen as exemplars of clinical excellence.

**Build your team**

There are many miles of print in existence to advise you on how to build and maintain a positive team. But perhaps the most useful “tips” are to:

- be open about your own views, beliefs and vision, and welcome, but don’t necessarily agree with, the views, beliefs and visions of team members

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8 The NES Nursing and Midwifery Education and Workforce Development Towards 2020: Consensus Statement can be accessed at: www.nes.scot.nhs.uk
• discuss, negotiate and agree a “corporate” vision, aims and objectives

• motivate and encourage your team's innovation – a “command and control” approach might enable you to “get your way”, but it will severely diminish the potential benefits of the combined talents of the team

• support team members through professional development activity

• take a positive approach to mistakes\(^9\) – don’t criticise and punish, but see mistakes as an opportunity for new learning

• reward effort, innovation and good ideas by acting on them

• be happy to welcome new members to the team either on a permanent or issue-by-issue basis

• celebrate success with the team and ensure credit is shared

• and remember, you are the team leader, so PROVIDE A LEAD!

Show you value team development

If you show development is important to you as a practitioner, it is likely to rub off on your team members. You can further support a development ethos within your team by:

• working with your organisational development department, higher education institutions and other education and development providers to make opportunities available for your staff

• rewarding staff who take part in development activity by praising them and showing interest in what they have learned

• encouraging staff to approach you about learning opportunities

• taking an equitable stance to making development opportunities available to all team members

• role modelling by taking part in ongoing development activity yourself.

SIGNPOST

Supporting team development

Your role in supporting your staff is vital. There are many resources available from NES that can help you with this.

*Healthcare Support Workers’ Toolkit* provides information for staff about the healthcare support worker role and signposts many courses and resources.

*Flying Start NHS™* is an online resource for newly qualified practitioners which provides a core programme to support the transition from student to registered practitioner. It also supports induction processes and the NHS Knowledge and Skills Framework (KSF) development review cycle.

\(^9\) Note that here we are speaking about “mistakes”, not deliberate malpractice, which is, of course, an issue that requires the mobilisation of disciplinary procedures.
**The Effective Practitioner** is a national initiative that will target nurses, midwives and allied health professionals at levels five and six of the Career Framework for Health. Investment in staff at this level will build succession planning and improve recruitment and retention.

A number of NES programmes provide a national coordinated approach to key clinical priorities, including tissue viability, nutritional care, mental health, falls and HAIs. As well as providing education and training resources, these initiatives also offer measurement tools and activities and act as a vehicle for sharing good practice.

**Healthcare Improvement Scotland** is also a source of valuable resources to support staff development. It leads and coordinates the **Scottish Patient Safety Programme**, which systematically improves the safety and reliability of health care by supporting frontline staff to test, gather data and implement evidence-based interventions.

You might also want to check out literature and reports from the **Scottish Public Services Ombudsman** as a means to promoting team development. These tend to indicate that communication, care and compassion are vital in ensuring that people’s experience of health care is positive. The **Better Togetherness Programme**, Scotland’s patient experience initiative, is gathering information directly from service users and carers and is using digital stories and other techniques to inform service improvement.

**Employ a system to monitor and record the training your staff receive**

Follow up is required to ensure staff get a chance to consolidate their new learning in practice and that their skills base is continually updated over time. Learning how to perform venepuncture, for example, or how to effectively perform a particular psychological therapy, is pointless unless the opportunity to practise the skill regularly is ensured. It can even be dangerous if the staff member’s skills base isn’t refreshed periodically to reflect new evidence.

“I got my certificate on intravenous therapy in 1993, which seems a long time ago. But I’ve been practising the skill day in, day out since then, honing my technique and developing my expertise.” Senior charge nurse

A staff training monitoring and recording system will help you identify who needs what training and when, and will help you to ensure staff get the chance to practise and develop their new skills. It will also be a very useful resource during PDP activity with team members.

**Succession planning**

The PDP process is a key mechanism through which you can agree objectives with team members to enable them to gain the competence and experience necessary to progress their careers.
“As the SCN gets holidays, it’s vital that the job is shared so that it’s done effectively in their absence. So some sort of succession planning has to happen.”

Senior charge nurse

Resources

Flying Start NHS™ website: www.flyingstart.scot.nhs.uk

For further information on NES educational programmes, access: www.nes.scot.nhs.uk

The Knowledge Network, Scotland’ source of knowledge for health and care:
www.knowledge.scot.nhs.uk

Scottish Patient Safety Alliance website:
www.patientsafetyalliance.scot.nhs.uk

Better Together, Scotland’s patient experience programme, website:
www.bettertogetherscotland.com

Scottish Public Services Ombudsman website:
www.spso.org.uk

NES quality standards for practice placements:
www.nes.scot.nhs.uk

PIRAMHIDS, “Positive and Innovative Resources: a Mental Health Interactive Database (Scotland)”: www.piramhids.com

The NES Nursing and Midwifery Education and Workforce Development Towards 2020: Consensus Statement: www.nes.scot.nhs.uk

Healthcare Support Workers’ Toolkit:
www.hcswtoolkit.nes.scot.nhs.uk

Effective Practitioner website:
www.effectivepractitioner.nes.scot.nhs.uk
SCNs are central to ensuring that clinical quality is at the heart of nursing and midwifery services in Scotland. They are accountable for developing, maintaining and improving professional standards within their wards and departments to:

• ensure that safe, effective, person-centred practice can flourish
• create a positive environment in which students and team members can develop their skills and knowledge bases and in which they feel valued, appreciated and cared for
• ensure workforce and other resources are used effectively for maximum benefits for service users and carers
• collect and share data on performance to demonstrate the quality of care locally and the contribution the ward or department is making to achieving organisational and national goals.

That’s a tall order and a tough assignment in anyone’s book. But SCNs are rising to the challenge Leading Better Care set them, using the skills and experience they have accumulated throughout their careers and the new learning they are accessing through the

NES Education and Development Framework for Senior Charge Nurses and other development opportunities. They are also accessing and using many of the quality improvement methodologies and tools that have been developed to define, improve and measure the quality of services they lead.

A report by the King’s Fund\(^{10}\) identified three building blocks to ensuring the business of caring was given the priority it deserved:

• strong clinical leadership
• positive relationships and robust governance arrangements
• provision of the right information.

By using all three of these building blocks, SCNs are bringing the leadership of caring to the fore, demonstrating and role modelling professional behaviours and accepting accountability for the quality of every encounter, for every service user, every time. We hope this companion will help them to continue along this path.

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