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Welcome to the refreshed and redesigned version of the Handbook for Clinical Leaders/Nursing and Midwifery team leaders. The refresh has been undertaken in consultation with staff working in hospital and community and in support of the objectives of Phase 3 of the Leading Better Care Programme.

The companion is intended for staff at Level 7 of the Career Framework working across all specialities. The content and links will be particularly relevant for staff working as Senior Charge Nurses, Senior Midwives and Team Leaders and is written against the ambitions of the Quality Strategy and Everyone Matters: 2020 Workforce Vision.

As before, the companion will support learning and development and practical applications of the leadership role. There is a focus on tips and tools for practice and links to websites and resources fit for the 21st century. An e-book version for ipad, android and smart-phones is available on the Leading Better Care website www.leadingbettercare.scot.nhs.uk. In the e-version of the handbook hyperlinks are embedded to appropriate websites/resources.
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Introduction

Leadership in the 21st Century is very different to that of previous generations. The emerging direction suggests that modern leaders use partnerships, connections and relationships, based on values to enable change and influence others.

_The new era of thinking and practice in change and transformation_ indicates that leaders have a duty to provide the correct environment, resources and time to enable staff to communicate and care for people.

This refreshed book gives you a pragmatic and readable companion to support you in your leadership role. Each section of the companion outlines the key areas that influence clinical leadership in practice. There are tips and tools to provide additional information. We know you like the quotes from staff and we include more of these to inspire and motivate.

The handbook is available as a book and now in e-book format. We recognise that many people access resources electronically and therefore the handbook can be downloaded easily to your ipad, tablet or smartphone. We have redesigned the pages to be more concise and added hyperlinks which will take you directly to the website. The links can be accessed by
hovering above the title and pressing the control + click function.

The word ‘patient’ is used throughout the handbook to generically cover patients, service users, and all those who receive healthcare.
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

Within the Nursing and Midwifery Council’s (NMC) revised Code of professional standards of practice and behaviour for nurses and midwives (March 2015), behaviours are set out and well described. The standards of professionalism and trust are explicitly stated:

“You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.”

The NHS Leadership Academy provides a useful Clinical Leadership Competency Framework which describes the leadership competences that clinicians need to
become more actively involved in the planning, delivery and transformation of health and social care services. In Scotland, the NHS Education for Scotland (NES) Leadership and Management Portal provides a wide range of information and further resources.

Many of you will have reached your leadership positions through a lengthy process of learning, acquisition of experience and development of attitudes and skills. What are the key aspects of being a clinical leader?

- **Integrity, honesty and authenticity:** You are constantly under the spotlight. Everyone – patients, team members, professional colleagues, managers – will be keen observers of your performance.

- **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 conscientious and meticulous in the tasks you perform and expect 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.

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**Toolbox**

**Knowing yourself**

*The Healthcare Leadership Model* – helping you become a better leader - is an excellent resource applicable across the UK. The model is made up of nine leadership dimensions, which you can explore in your own time, at your own pace. You’ll find brief descriptions of each dimension – why it is important and ‘what it is not’ – so that you can fully understand it in relation to your role.
There’s a big shift in the way people look at you when you become a senior charge nurse. You might have all the clinical and academic background necessary, but you need a level of self-awareness and emotional maturity as well. If you are emotionally immature in the way you deal with people – reactive, defensive, non-attentive – you’ll never get the best out of them and you’ll never achieve the best for them. You have to be able to grow in the job.

Senior charge nurse

Accountability

As a professional you are personally accountable for your actions and omissions. The NMC revised Code “contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.”

Let’s explore what “accountability” means for you as a clinical leader. 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 leader 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 that each individual member of your team also carries personal accountability for the services he or she provides. Your job as a leader 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 patients, carers and colleagues and to speak up if they feel they are being asked to do something for which they are unprepared or inexperienced.

**Professionalism**

Professionalism is a word we often hear, and what does it mean?

At its simplest, “professionalism”, considered alongside leadership and accountability, pulls together the principles of service delivery that underpin what practitioners are – indeed, all registered staff – do. These principles are central to the delivery of safe and effective services. The revised NMC Code sets out clearly the requirements to promote professionalism and
trust by displaying a commitment to the standards of practice and behaviour set out in the Code.

Charge nurses, midwives and team leaders need to have a clinical, professional and managerial ‘grip’ of their wards and departments. This is crucial to keeping patients safe, ensuring effective multi-professional and multiagency team working, delivering the best possible clinical outcomes and positively shaping patients’ and relatives’ experiences.

Deputy Chief Nursing Officer

Revalidation

From 31st December 2015, the NMC will require you to renew your registration every three years. You will have ownership of, and will be held accountable for, the revalidation process.

Revalidation will replace the post-registration education and practice standards.

Under revalidation, nurses and midwives will be required to declare they have:

- met the requirements for practice hours (450) and continuing professional development (CPD)
- reflected on their practice, based on the requirements of the Code, using feedback from
service users, patients, relatives, colleagues and others

- received confirmation from a third party.

Revalidation will also require you to obtain confirmation from a third party on your continuing fitness to practise. This will come from someone well placed to comment on your practice based on the requirements in the Code. You will also need to show how you are using practice related feedback from patients, colleagues and others to improve their standards of care. So the information in this handbook about feedback is particularly timely. You can find more information about revalidation from the resource provided by the Nursing and Midwifery Council.

**Toolbox**

Knowing your code

Ensure it is accessible to your team as it sets the parameters against which your and their fitness to practise is judged.
The things you need to ask yourself as a leader 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
Feedback and complaints

Be responsive to ideas and attentive to concerns and 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 patients and relatives, 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 when people are giving you compliments and giving feedback and also when they’re raising a concern or complaint.

Reflection

Asking for feedback

How do you respond when someone approaches you for advice, information or to provide feedback? How often do you ask for feedback? What tool might you use to seek feedback and use the information in a meaningful way?
Remember the *Patient Rights (Scotland) Act* encourages us all to give feedback and emphasises our right to raise a concern or a complaint. Being on the receiving end of this can be difficult, yet feedback in any form should be seen as an opportunity for learning. When did you last ask your patients and relatives, colleagues or managers for feedback? Feedback from people accessing our services is a rich and often untapped source of information. We need to be open and honest, be proactive in seeking feedback whether good or bad. The Scottish Public Services Ombudsman (SPSO) offers guidance on *the model complaints process* and advocates for early intervention, including

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**Toolbox**

5-a-day

We are encouraged to have 5 pieces of fruit and vegetables every day to keep us healthy. This activity asks you to give 5 pieces of feedback every day to your team. It will soon become a great habit! Notice the reaction you get and observe for the effect your behaviour has on others. Feedback can be quick and should be specific – for example “That was a difficult conversation and you were calm and caring,” or “I really liked how you asked Mrs Jones about her experience here and what we could to make it better.”
giving a meaningful apology. The NHS Education for Scotland (NES) and SPSO e-learning resources provide very useful modules on feedback and complaints.

Your role as a clinical leader includes having the confidence and skills to listen to concerns and complaints. Here is a useful tip about being **CALM**:

**Toolbox**

**Being CALM**

**C**omposing yourself: take a deep breath and press the pause button, adopt a relaxed pose, keep good eye contact with the complainant, think about body language show you are really listening and ready to respond positively.

**A**ttending: give the person your undivided attention. If you need to arrange a time to do this then make an appointment or get someone who can. The person has chosen to talk to you – it’s a gift and one to be valued.

**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. Please, don’t interrupt or “talk over” the person – hold your response until the person has finished what he or she wants to say. Use the I word and think about tools such as Caring Conversations, Values Based Reflective Practice to give you structure to your conversation.

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. This isn’t about admitting liability, rather it’s about being empathetic and trying to resolve the situation. See the Tip below on the Power of Apology and the 3R’s

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, embrace the learning from mistakes. No one is infallible, and everyone makes mistakes. What’s important is how you respond to them.

Duty of Candour

The revised Code and the Duty of Candour now clearly states that: “staff must be open and candid with all service users about all aspects of care and treatment,
including when any mistakes or harm have taken place. To achieve this, you must:

- act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm
- explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers, and
- document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly.”

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**Toolbox**

The power of apology & the three Rs

This is a simple tool which is easy to remember and can be applied in many aspects of our lives. Described as “the superglue of life – an apology can fix just about anything,” by the New South
Wales Ombudsman, a meaningful apology can de-escalate emotional responses and for many people restore the power of imbalance often experienced in healthcare.

**Regret**

Acknowledge the upset or distress caused and say sorry. Notice your body language and be sincere. Use ‘I’ rather than ‘we’ and take responsibility (even if you were not personally involved. Which is the most powerful use of language? “I am so sorry” or “We would like to sincerely apologise”?

**Reason**

If you know the reason – say so. If you are unsure why something has happened again be honest. Avoid being defensive or minimising the issue.

**Remedy**

Involve the person in reaching a good outcome – “What would you like to happen?” or “What could we do together to resolve this?” If you make a commitment to get back to the person or do something – make sure you do. This approach may be enough to resolve the issue. For more information the SPSO has *Guidance on Apology*. 
Following a number of public reports such as the *Mid Staffs* and the *Vale of Leven*, we are more than ever about taking responsibility to raise concerns which relate to the wellbeing and safety of patients and staff. 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 leader 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. The NMC provide guidance on *Raising a concern* and your partnership organisation will also have guidance and support if needed.

When you are faced with tough times, seek out help from your immediate support sources and think about what coping strategies you have. Your own health and wellbeing is important too!
If I can’t inspire people to give their best, I can’t expect them to produce their best.

Senior charge nurse

Being Resilient

Being resilient is really important when you are a clinical leader. Resilience is a set of personal attributes and skills that enable you to cope with adversity, trauma or stress. The concept of ‘ordinary magic’ might be useful to think about: ordinary things like having close relationships, being able to learn and adapt, experience hopes and offer recognition within a supportive environment. Small measures can make a big difference to help people cope. In order to care for our patients we need to care for ourselves and our colleagues. How resilient are you? Complete the *i-resilience assessment* and use the results to build on your strengths and develop effective coping strategies.

Seek support

Being in a leadership 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 guidance. 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. Most NHS Boards will also have access to an anonymous helpline/advice service – ask your human resource manager for information. Think about what peer support you have and if there is a gap – consider taking steps to set up your own network!

Reflection
Looking after yourself

How do you ensure you are caring for yourself? What support structures do you have in place? What other options are there for you to consider? Remember although you have to take responsibility for this, your organisation will also provide ways to support you via HR, your line manager, your professional organisation and other peer networks.

Helping to meet organisational objectives

As a leader, you need to be in the know about what’s happening in your organisation.
You have a central role in supporting the organisations you work for to meet your objectives and targets. This is especially the case in relation to clinical outcomes, productivity, efficiency and quality, four areas over which you have a huge influence.

Organisational objectives come in many forms. Strategic 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 input for successful achievement.

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

**Reflection**

Keeping in touch

What ways do you keep in touch with information at national/organisational and team levels? How do you keep your team informed and engaged?
**Toolbox**

Keeping 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 peers 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?
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.

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
Ensuring the safety of patients, 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 patients and staff vulnerability.
Healthcare Associated Infections (HAI)

Healthcare associated infections (HAIs) are very much in the minds of patients and the public, the government, health service organisations, practitioners and leaders. You have a clear responsibility for maintaining a high standard of cleanliness in your wards and departments and for ensuring infection control precautions and measures are enacted effectively.

The challenge facing NHSScotland is to manage the risks associated with the transmission of infections to service patients 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 national standards.

Work with others to tackle HAI

Your role in ensuring ward cleanliness has been reinforced by a number of government measures in the fight against HAI. Your part in championing cleanliness standards continues to be critical in enforcing vital hygiene standards, and your responsibility for “signing off” cleaning and hygiene standards in your wards and departments is a key component of the national HAI Action Plan.
Fighting HAI calls for all your leadership skills to come to the fore. You must ensure that the hygiene standards set are maintained all the time, even when you are not in the ward or department. That means you must have buy-in from all the key people and groups who impact on cleanliness and hygiene practices.

There are a number of key people who can help you to ensure an HAI-free environment – Cleanliness Champions and infection control teams for instance

**Managing risk**

Undertaking a risk assessment of the environment is about identifying the risks and hazards in your workplace that might cause harm to patients, 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, and as a clinical leader, you have a significant responsibility to ensure an environment in which patients 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 and 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".

Toolbox
a RISKS approach to risk

As you go about your work, think about RISKS.

Regularly look for hazards
Identify those most at risk
See whether your current policies are protective enough
Keep your working area hazard-free
Share your findings with your team members and manager
Many of us develop an intuitive sensitivity to hazards, a kind of “second sense” that enables us to identify hazards as we go about our 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 a senior 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 critical incidents and near-misses**

Of course, it’s always a matter of concern when something untoward happens to a patient, 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 process that NHS organisations have in place and sets in train the activity that will lead to patients and staff being protected from similar incidents in the future.
As we noted above, clinical incidents and near-misses can be a source of high anxiety and distress for clinical leaders 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. The Berwick Report examined patient safety across the UK and calls for, above all, a culture of learning and improvement.

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

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

**Toolbox**

*Quality improvement tools*

The Quality Improvement Hub offers information and tools about quality improvement. The Hub provides a wealth of practical education and learning opportunities. The website has details of:

- Incident reporting
- Care bundles
- Culture
- Communication
- Managing risk and adverse events
Incident reporting

Before attempting to resolve any problem you first need to become aware of it! You should report all patient safety incidents. Your Board will have a specific system in place. Incident reporting helps teams and organisations to:

- **Identify** the type, frequency and severity of adverse incidents (What went wrong? Where? With who?)
- **Consider** the causes of the incidents (Why did it go wrong?)
- **Learn** from the incidents
- **Share** this learning with colleagues
- **Implement** changes to minimise future recurrences

Care bundles

The *Institute for Healthcare Improvement (IHI)* state "A bundle is a structured way of improving processes of care and patient outcomes. It is a small straightforward set of practices - generally three to five - that, when performed collectively, reliably and continuously, have been proven to improve patient outcomes." There are a number of bundles being used in Scotland, primarily in the acute care areas. There are some bundles
applicable to the wider community such as the SSKIN bundle and the catheter associated urinary tract infection in the community.

**Managing risk and adverse events**

Learning from significant healthcare events is a key part of improving the quality and safety of patient care. The two most common tools used are *Significant Event Analysis* and *Root Cause Analysis*.

Both approaches provide a structured approach to identify how and why patient safety incidents happen. The aim is to get to the “root” of the problem through a series of systematic questions that explore the human, environmental and process issues surrounding the incident or near-miss. Analysis is used to identify areas for change and to develop recommendations which deliver safer care for our patients.

**Scottish Patient Safety Programme**

Scotland is involved in some world leading work on patient safety. The *Scottish Patient Safety Programme* is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.
Protecting vulnerable adults

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 leader, you are responsible for ensuring the vulnerable people in your care are protected from abuse perpetrated by someone in your team or anyone else.

Reflection
Safeguarding

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?

Safeguarding adults

Safeguarding is part of everyday nursing and midwifery practice in whatever setting it takes place. The NMC Introduction to Safeguarding encourages you to critically reflect on personal and team practice and to make changes where necessary so that safeguarding activities are prioritised. The legislation that applies in Scotland is:
Dementia

Many of the patients and relatives we meet in our care may be living with dementia. Having a sound knowledge of how best to communicate and care for people with dementia is everyone’s responsibility. Promoting excellence the education framework, along with the Standards of Care for Dementia in Scotland are designed to help support staff to deliver care underpinned by values and principles that reflect what people with dementia, and their families and carers have said are most important to them.

Wilful neglect

In November 2013, the UK Government accepted the recommendation of the National Advisory Group on the Safety of Patients in England, that a new statutory criminal offence of ill-treatment or wilful neglect of patients should be created. Since then both the UK and the Scottish Government have been consulting on the proposal. In Scotland, the proposal is to create an offence which is similar to those that presently exist in relation to mental health patients and adults with
incapacity. The proposed offence would cover the wilful neglect or ill-treatment of anyone receiving care or treatment in a range of care services. The response to the public consultation will be available in Spring 2015.

Scrutiny and Inspection

As a leader, you are required, more than ever, to provide evidence that you are meeting the required standards in the many areas for which you are responsible. We have already mentioned healthcare associated infection. Healthcare Improvement Scotland (HIS) are also inspecting older people in acute hospitals as part of the Government initiative and there may be other scrutiny bodies looking at your service too. Part of your role is to be your own inspector and take opportunities to proactively examine your own service. Try to see your service with a different lens and notice what you see, hear and feel.

Be aware of the different inspections, audits or assessments going on that may impact on your own area of leadership. Be proactive in the way you manage scrutiny by carrying out your own assessments and asking for help where you think you should improve. We have already mentioned a number of the bodies that scrutinise your practice such as Healthcare Improvement Scotland and the Nursing and Midwifery Council. You may have others that are specific to your area of practice.
Reflection
Take 10 steps

Walk into your ward/department and as you take the first 10 steps make a note of what you see/hear/smell/feel. Try to put yourself in the steps of a person using your service and imagine what the experience would be like. What do the signs or notices say? How welcoming is the area? What might you do to improve the experience?

Reflection
Inspect your own service

Take the opportunity to walk round your own service as if you were new to the area. Or ask someone new to do this for you. As you walk through, notice what you see and think what that might be like for a patient or relative. Are there hazards or clutter? How would you describe the environment? What works well and what could you change? You may find some really positive findings and can feed these back to your team too. There may also be changes you can make immediately or some that may take more time but start to notice and develop action plans in response.
Leading with compassion and humanity

We all know that respectful, open relationships are at the heart of quality care, and the starting point is for us to reflect on ourselves as leaders so that we can be in a good place to support our patients, clients, and our colleagues.

For our patients 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. The significant role leadership plays in enhancing experiences of services by promoting compassionate, person-centred care cannot be underestimated.

Person centred care is about valuing each individual patient, relative 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.
...the more that healthcare providers are able to affirm the patient's value - that is, seeing the person they are or were, rather than just the illness they have - the more likely that the patient's sense of dignity will be upheld.

Chochinov 2007

Reflection
What does dignity mean to you

Consider for a moment the concept of dignity, and how disease can affect a patient’s sense of self. How can compassion and humanity help you to enhance the patient experience in ways that are not merely attending to a patient’s disease?

Toolbox
ABCD of dignity

The A, B, C, and D framework of dignity conserving care is a useful model to consider in your practice.

Attitude
Attitude is first and foremost about examining your attitudes and assumptions towards patients and clients.
**Behaviour**

Behaviour towards patients must always be predicated on kindness and respect. Small acts of kindness can personalise care and often take little time to perform.

**Compassion**

Compassion, the “C” of dignity conserving care, refers to a deep awareness of the suffering of another coupled with the wish to relieve it. Compassion is about our feelings that are evoked by contact with the patient and how those feelings shape our approach to care. Like empathy, compassion is something that is felt.

**Dialogue**

Dialogue must acknowledge personhood beyond the illness itself and recognise the emotional impact that accompanies illness or vulnerability.

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**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 patients and relatives. 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 patient asks you to do something for them. Your
behaviour and communication skills will influence their future interactions with patients, carers and colleagues.

Your most valuable and most effective resource in terms of ensuring the team adopts a respectful attitude that protects 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.

**Toolbox**

**Must do with me**

The Person centred care collaborative support the **Must Do With Me** improvements to person-centred care. The 5 domains are:

1. What matters to you?
2. Who matters to you?
3. What information do you need?
4. Nothing about me without me
5. Personalised contact

Together these five areas will help to ensure that all of the interactions between people using services and the staff delivering them are characterised by listening, dignity, compassion and respect.
Patients as partners

Few patients and relatives see themselves as passive recipients of care. They want to be treated with respect and as equal partners. As a leader, 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 patient/relative 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.

"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."

Clinical Leader

Being person centred requires a shift in thinking to what is important to patients and relatives rather than the
health care systems’ or clinicians priorities. The simple shift in questioning reflected in the ‘What Matters to me?’ approach illustrates person-centredness in action.

**Toolbox**

**Caring conversations** is a framework that was developed in and for practice. It has 7 dimensions: be courageous, connect emotionally, be curious, consider other perspectives, collaborate, compromise and celebrate. It can help to guide meaningful conversations and develop relationships. In addition to information, the link will take you to the NES website where you will find 5 videos about using caring conversations.

**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. They can even mean the values that influence us from our engagement with the media, the arts and sport.

**Reflection**

What are your values and how do they impact on your practice and your team?

Take a moment to think about your own values – what’s important to you now? What brought you into nursing or midwifery? How congruent are your values with your leadership style? If you find a disconnect, then you may be at risk of being stressed and frustrated – so also think of ways that you can reconcile any differences you have noticed.

**Values Based Reflective Practice**

*Values Based Reflective Practice* (VBRP) is a model which has been developed by NHS Scotland to help staff deliver person centred care. It does this by promoting regular inter-disciplinary group reflection in order to:

- promote person-centred care
• create a dialogue between personal and organisational values, attitudes and behaviours
• enhance staff fulfilment and engagement
• directly impact on the patient experience
• influence better clinical outcomes

Reflection on practice truly does have the capacity to change our self-awareness, to inform our future practice and if we are really open, it can change our thinking and challenge our values. Try it out and make it a regular part of your day!

The *Ten Essential Shared Capabilities for Person Centred Care* was developed to help promote person centred care in Scotland, and the increasing influence of values, rights based and personal outcomes approaches to practice. The capabilities are:-

1. Working in partnership
2. Respecting diversity
3. Practising ethically
4. Challenging inequality
5. Promoting recovery, well-being and self-management
6. Identifying people's needs and strengths
7. Providing person-centred care
8. Making a difference
9. Promoting safety and risk enablement
10. Personal development and learning

**Tackle inequality and promote 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.
- 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 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. 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.
Toolbox
Little things make a big difference

*Little things make a big difference* website gives you access to documents, resources and current literature to support you deliver person centred care for patients and families. The site covers four main topics: Person-centred Care Approaches, Feedback Comments Concerns and Complaints, Participation and Volunteering and the Patient Rights (Scotland) Act 2011.
Clinical effectiveness

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 provide its underpinning.

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

Clinical leaders 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 patients and relatives to access the best-quality care and treatment, inspires team members to develop their skills and expertise, and supports organisations to meet their objectives.

**Reflection**

**Being effective**

What does being effective mean to you and your service? What works well at the moment and how might you achieve this more of the time?

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 patients, relatives, fellow professionals and others.
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. 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.

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 your role and a key driver of NHSScotland as a whole.

**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 there is 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 work-streams 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.

- 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.

For more on this and many other aspects of managing change and improvement methodologies, visit the Knowledge Network evidence into practice website.
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:

• listening to service users’/carers’ stories
• getting feedback from staff who visit your service including students and other healthcare professionals
• studying comments, concerns and complaints
• staff appraisal processes
• team meetings
• management meetings
• studying audits and reports on your service

**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. But being able to critique a research paper, to evaluate its authenticity and reliability and to judge whether it could have an impact on your practice is a key skill. If you feel you might need some support in this area, why not raise the issue with your manager at your PDP process?
Assuring quality

“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 leader, you’ll find that understanding and applying the principles of continuous improvement will help you and your team to play your part.
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. It drives the conditions that will promote nursing and midwifery professionalism defined as:

- 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.
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 patients’ 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

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

**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 patients 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.

**Demonstrating impact**

Being able to demonstrate the impact you have on the quality of care for your patients is a key part of the modern nursing and midwifery leadership role. The *LBC Impact Resource* will help you to demonstrate the impact of your role in relation to the different job components.
Improvement measures

Improving the quality of care is assisted by measures or indicators that demonstrate the impact of interventions, behaviours or new systems. The Scottish Patient Safety Programme discussed earlier in this book has provided some indicators and there is also increasing interest in *Care Assurance and Accreditation Systems* (CAAS). Much work on this approach is under review and development however there has been considerable

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**Toolbox**

**Impact tool**

This resource helps you to demonstrate the impact of your role, having been supported by Leading Better Care. It demonstrates what impacts your role has had on areas such as:

- Your patients/clients/family and carers
- Your team
- Your organisation
- Your working environment

It is designed to compliment your personal individualised eKSF, ePORTFOLIO or Personal Development Plan.
interest in the case study provided by *Salford Royal Hospital* in NHS England. This Trust has set itself the goal of making Salford Royal the safest hospital in the UK. Greater understanding of the CAAS approach adopted may provide clinical leaders with innovative approaches that support them in making measurable improvements in the quality of care provision.

**Effective use of the workforce**

The contribution you make to workload and workforce planning goes well beyond setting the off-duty roster to make sure that shifts are covered by staff with the skills and competences to deliver services safely. You 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.
Delegate responsibly

Delegation of tasks and responsibilities is a big part of the role that you’ll be practising every working day. Delegation 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 in both hospital and the community. RTC is a modular improvement programme that asks nurses and the multi-disciplinary team to look anew at the way they work and identify how they can be more productive and effective.
Ongoing results show improvement in diverse areas, including:

• nurses spending increased amounts of time providing direct care to patients
• improvements in service user experience, with patients 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

**Personal development**

None of us can afford to stand still in relation to our knowledge base and skills profile. It is inherent to the role that you have a strong drive to constantly develop and improve, to seek out new sources of development and to feed your discoveries back into the services you 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 for revalidation. This is about developing yourself as an expert practitioner and leader, someone to 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.

**Reflection**

Learning in practice

Take a moment to think about your own personal development – What are your goals for the coming year? Consider your short and longer term plans and what learning is relevant for your personal, team and organisational development? The *Education and Development Framework for Senior Charge Nurses/Midwives and Team Leaders in All Areas of Practice* is a framework to help you plan your learning and development.

**Toolbox**

Keeping up to date

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. Examples include:

- reading widely round your area of interest
- being active in professional societies
- attending conferences and meetings,
Personal Development Plan

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. 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.

“shadowing” colleagues,
• discussing issues with peers and mentors
• accessing learning and development opportunities in your own organisation or at higher education institutions.

“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.”

Senior charge nurse
It hardly needs to be said that you have 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, rather 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.

**Team development**

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

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. Senior nurses, midwives and team leaders 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 all remember clinical leaders 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 have all changed in recent times. But the position of nursing and midwifery excellence has not changed. Effective clinical leadership sets the benchmark for the team that delivers services for patients.

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**Toolbox**

Create a positive learning environment for students and team members

Your clinical leadership is key to setting the culture for learning and development. The Chief Nursing Officer’s Education Review *Setting the Direction* reflected on the strengths and achievements in nursing and midwifery education and research and set out six strategic aims for the nursing and midwifery workforce.
Education at all levels should inspire a passion for continually striving to improve knowledge and practice, always learning, questioning, solving and never losing sight of the essential components of care, compassion and professionalism. A central theme of *Setting the Direction* gives focus to how education can instil the values, attitudes and behaviours that translate into compassionate and person-centred care:

- positive role modelling, promoting learning through your own enthusiasm for learning and development
- adopting the person-centred approach not just with patients and relatives, and 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 nurses and midwives will continue to have a big responsibility for creating the right environment in which their patients, students and teams can learn and develop and in which leaders are rightly seen as exemplars of clinical excellence.

**Toolbox**

*Build your team*

There are many miles of print in existence to advise you on how to build and maintain a positive team. Here we offer you some useful “tips”:

- be open about your own views, beliefs and vision, and welcome the views, beliefs and visions of team members
- discuss, negotiate and agree your vision, aims and objectives
- motivate and encourage your team’s innovation
- support team members through professional development activity
- take a positive approach to feedback including concerns and complaints and see mistakes as an opportunity for new learning
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

• 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
• taking an equitable stance to making development opportunities available to all team members
• role modelling by taking part in ongoing development activity yourself.

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.

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.
**Advanced Practice Toolkit** provides a wide range of resource to support consistency and benchmarking of advanced practice roles.

**Leading Better Care** supports Senior Charge Nurses/Midwives (SCN/M's) and Team Leaders (TL’s) by providing facilitation, support, development and educational opportunities to help them achieve high quality, person centred safe and efficient care for every patient first time and every time. This is supported by 4 domains of responsibility supported by an *Education Framework*

LBC Aims for all senior nurses, midwives and team leaders

- To ensure safe and effective clinical practice
- To enhance the patients experience
- To manage and develop the performance of the team
- To ensure effective contribution to the delivery of the organisations objectives

**The Knowledge Network** provides evidence, information, e-learning and community tools. It supports all staff to find, share and use knowledge in day to day work and learning. Within the network you will find information about areas of clinical practice including:-

- *care for older people*
- *children and young people’s services*
• community nursing
• dementia – promoting excellence
• learning disabilities
• mental health
• midwifery
• nutrition
• tissue viability

**Eportfolio** - The career-long ePortfolio provides a valuable means of storing information for individual professional and career development; evidence for KSF development review and evidence of continuing fitness to practice including for future revalidation.

You might also want to check out literature and reports from the *Scottish Public Services Ombudsman* as a means to promoting team development. The reports indicate that communication, care and compassion are vital in ensuring that people’s experience of health care is positive.

**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.

“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.
As a senior nursing and midwifery leader you are central to ensuring that clinical quality is at the heart of health services in Scotland. You are accountable for developing, maintaining and improving professional standards within your wards and communities 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 patients and relatives
- collect and share data to demonstrate the quality of care locally and the contribution the ward/department/community is making to achieving organisational and national goals.

That’s a tall order and a tough assignment in anyone’s book. You are rising to the challenge *Leading Better Care* has set, using the skills and experience you have
accumulated throughout your careers and the new learning you are accessing through the numerous learning resources available to you.

We hope this companion will provide you with the support and information you need to provide strong clinical leadership, positive relationships and governance arrangements that ensure professional and accountable care for your patients and colleagues.
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