



Senior Charge Nurse/Team Leader
Performance Objectives

2008

Performance Objectives

1. Therapeutic Relationships

Performance Objective:

The Senior Charge Nurse/Team Leader will provide evidence of a positive therapeutic environment for patients and carers.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
1.1	An introduction pack to the area or service is available to orientate patients and carers.	Records show that an introduction pack showing date of publication is available for every patient	Introduction pack annually reviewed based on patient and carer opinion.	Annual	Core 1 level 4 Indicators b, e Core 5 level 3 indicators a, e, f Core 6 level 2 indicator c
1.2	Positive personal and team attitudes are communicated at all times.	Patients and public are treated with dignity, courtesy and respect at all times.	The progress of action plans arising from records of compliments, concerns and complaints are discussed and noted at team meetings.	Quarterly	Core 1 level 4 indicator b Core 5 level 3 indicator e Core 6 level 2 indicator b, d
1.3	The Charge Nurse/Team Leader has a credible clinical presence, where the majority of their time is spent carrying out *clinical duties as per local agreement	The Charge Nurse/Team Leader spends the majority of their week working in the clinical area	Off duty rosters/diaries evidenced in nursing care plans	Quarterly	Core 4 level 2 indicator a, b, e Core 5 level 3 indicator b, c, d HWB pertinent to specific area

	The Charge Nurse/Team Leader will ensure the care being delivered by the team is appropriate and evidence-based	Nursing/Midwifery outcomes are recorded Patient and carer opinion is sought utilising a range of opportunities	Evaluation of patient care in notes Patient and carer opinion	At least one review per week Annual	
1.4	The physical environment of patient care areas provides a positive first and lasting impression (this may not be appropriate in the patient's own home)	Patient areas are always well presented, free from unnecessary clutter and meet cleanliness standards	Patient and carer opinion Cleanliness Audit	Annual Annual	Core 3 level 3 indicator a, b, c Core 5 level 3 indicator e, f
1.5	**Seamless care is delivered by well-supported staff with robust mechanisms in place to ensure this is achieved.	Clinical outcomes Record of compliments, concerns and complaints Patient and carer opinion	Evaluation of patient care Action plans arising from records Mechanism evident of safe patient handover Patient and carer opinion	At least one review per week Monthly Annual Annual	Core 2 level 4 indicator d, g HWB pertinent to specific area

* Clinical duties include, caseload reviewing, identifying areas for continuous quality improvement as well as direct care giving

**Seamless care suggests that there are no deficits in communication and that patient care is not compromised due to changes in staff/location across the range of work patterns.

Monitoring Template – Initial Report: Senior Charge Nurse/Team Leader Performance Objectives 2008

2. Clinical Standards

2.1 Assessment

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence that all patients/clients receive a comprehensive, individualised assessment of their care needs with appropriate care plans developed, monitored and reviewed.^{1,2}

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
2.1.1	Systems are in place to regularly monitor the quality of patient assessment.	<p>Care plans exist that:</p> <p>demonstrate the use of relevant assessment methodologies and structured, valid and reliable assessment tools</p> <p>show the assessment process is continuous; is based on evaluation of individual's status, functions and needs; respects people's dignity, wishes and beliefs; involves them in shared decision making and obtains their consent</p>	Continuous monitoring of care plans and actions arising	Quarterly reports on continuous monitoring	<p>Core 4 Level 2 indicators d, e</p> <p>Core 5 level 3 indicators a, d, f</p> <p>HWB pertinent to area of work</p>

¹ NMC Code of Professional Conduct

² NMC Guidelines for records and record keeping. 2004

		<p>incorporate information provided by other professionals and/or agencies</p> <p>observations and data are accurately recorded and utilised</p>			
2.1.2	<p>Staff have the necessary competencies to undertake comprehensive individualised patient assessment, care planning/delivery and record keeping.³</p>	<p>Each member of staff has a PDPR record that demonstrates achievement or identification of development needs on current best practice and national and local guidelines in relation to assessment, care planning/delivery and record keeping</p> <p>Support or Mentorship is available to all staff</p>	<p>PDPR records.</p> <p>Staff records</p>	<p>Annual</p> <p>Continuous</p>	<p>Core 2 level 4 indicators c, d, e, f</p>

³ National Health Service Knowledge and Skills Framework. 2004

2. Clinical Standards

2.2 Medicines Management

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence that all aspects of medicines management within their area are within legal, professional and operational boundaries.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
2.2.1	All medicines within the area are safely stored, prescribed, dispensed and administered ⁴ .	Medicines are stored appropriately at all times Prescribing practice meets the required standards at all times Medicines are dispensed in accordance with national and local policy at all times	Medicine storage arrangements are checked Prescription charts are audited Dispensing records are reviewed	Quarterly	Core 3 level 3 indicator b, c, d, e HWB pertinent to area of work

References:

NHS Lanarkshire Medicines Code of Practice 2005; Legal framework – legislation associated with the Medicines Act, Misuse of Drugs Act etc; Medication Incident Policy, Procedure and Algorithm 2006; NMC Guidance on Drug Administration 2002 RCN Standard for infusion Therapy, 2003; CRAG Recommendations of injection and near patient areas, 2004; Non Medical Prescribing in Scotland, Scottish Executive, 2006; Best Practice Statement, Patient Group Directions, 2006; Calculation competency - e.g. Authentic World; Nursing Process in relation to medicine management

		The right patients receive the right medicines at the right time, in the right dosage, by the right route at all times	Medicine administration charts reviewed Clinical incidents, near misses or adverse medicine reactions records are recorded with appropriate action plans developed	At least one per shift As required	
2.2.2	All staff are competent in the safe storage, prescribing (where appropriate), dispensing, preparation and administration of medicines. ⁵	Each member of staff has a PDPR that demonstrates achievement or identification of development needs on current best practice and national and local guidelines in relation to all aspects of medicines management pertinent to their role	PDPR	Annual	Core 2 level 4 indicators c, d, e, f

References:

NHS Lanarkshire Medicines Code of Practice 2000/2005; Legal framework – legislation associated with the Medicines Act, Misuse of Drugs Act etc; NHS Lanarkshire Medication Incident Policy, Procedure and Algorithm 2006; NMC Guidance on Drug Administration 2002 RCN Standard for infusion Therapy, 2003; CRAG Recommendations of injection and near patient areas, 2004; Non Medical Prescribing in Scotland, Scottish Executive, 2006; Best Practice Statement, Patient Group Directions, 2006; Calculation competency - e.g. Authentic World; Nursing Process in relation to medicine management

		Access to programmes of education, mentorship or supervision is available to all staff involved in medicines management	Staff records	Continuous	
2.2.3	All clinical areas have a named device manager	Named Device Manager will ensure all staff within their clinical area have access to training in the use of infusion devices.	Device management record maintained and audited	Annual	

References

The Management of Infusion Systems Scottish Home and Health Department 1995; Device Bulletin: Infusion Systems, Medical Devices Agency 2005.

2. Clinical Standards

2.3 Infection Control

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence of acceptance of nursing responsibilities in relation to the prevention and control of healthcare associated infection (HAI) and environmental cleanliness as set out in HDL (2005) 7 and 8.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
2.3.1	Robust leadership and management in HAI	<p>Completion of 'Cleanliness Champions' educational programme by the Charge Nurse/Team Leader</p> <p>Each member of staff has a PDPR record that demonstrates achievement or identification of development needs on current best practice and national and local guidelines in relation to HAI</p> <p>Access to programmes of education, mentorship or supervision is available to all staff in respect of HAI</p>	<p>Certificate of Completion</p> <p>PDPR Records</p> <p>Staff records</p>	<p>Within 1 year of commencing post</p> <p>Annual</p> <p>As required</p>	<p>Core 2 level 4 indicator d, e, f, g</p> <p>Core 3 level 3 indicators a, b, c, d, e</p>

2.3.2	Best practice in hand hygiene by all staff	Compliance with good hand hygiene	Records to show that all staff undertake the NES stand-alone educational resource	Continuous	Core 3 level 3 indicator a, b, c
2.3.3	Area of responsibility meets standards for environmental cleanliness	<p>Cleaning standards are achieved</p> <p>Staff, patient and carer compliance and opinion</p> <p>Record of compliments, concerns, complaints</p> <p>Compliance with Infection Control team guidance</p>	<p>Completed operational feedback forms and calls recorded via helpdesk.</p> <p>Display (where appropriate) of “Visitors – help us to fight infection” posters (SEHD)</p> <p>Compliance and opinion survey*</p> <p>Records based action plans</p> <p>Action plans</p>	<p>Annual</p> <p>Annual</p> <p>As required</p> <p>As required</p>	Core 3 level 3 indicator a, b, c, d

References

HDL (2005)7 “Infection Control and Cleaning: Nursing Issues” SEHD

HDL (2005)8 “Infection Control: Organisational Issues” SEHD

2. Clinical Standards

2.4 Food, fluid and nutrition

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence of commitment to the implementation and monitoring of the relevant standards in relation to food, fluid and nutrition ensuring improvement to the quality of patient care.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
2.4.1	Ensure best practice in nutritional care by staff	Compliance with all relevant standards.	NHSL Food, Fluid and Nutrition Screening Audit* Audit of Nutrition* Catering Opinion Patient Survey*	Annually Quarterly	Core 5 Level 3 indicator a, e, f, g HWB pertinent to area of work
2.4.2	Ensure systems are in place to monitor needs	All staff will perform and record patients' nutritional needs respecting culture, values, diversity, disability, likes and dislikes. Each patient will have nutritional screening on admission/ first outpatient appointment and follow up as required.	Care plan monitoring reports	Monthly	Core 5 level 3 indicators e, f, g Core 6 level 2 indicators b, d HWB pertinent to area of work

		<p>Where nutritional assessment is required referral to specialist services will be made.</p> <p>Develop systems to enable staff to meet patient needs e.g. assistance at mealtimes. Ensure patients have protected mealtimes</p>	Action plans and outcomes	Annually	
2.4.3	Ensure that staff give information to patients and carers, ask their views on nutritional care	<p>Information contained within information pack. e.g. healthy eating, mealtimes, how to order meals etc.</p> <p>Compliance with relevant standards</p>	<p>Information pack annually reviewed based on patient and carer opinion</p> <p>Patient opinion*</p>	<p>Annually</p> <p>Annual</p>	<p>Core 5 level 3 indicators a, b, f</p> <p>HWB pertinent to area of work</p>
2.4.4	Ensure that all staff are competent in nutritional care	Appropriate support and training is in place for all staff including the identification of a nutritional lead.	<p>Records of PACE training at all levels</p> <p>Swallow, Dysphasia and Gastroscopy training for trained staff where appropriate.</p>	<p>Continuous</p> <p>Annual.</p>	Core 4 level 2 indicators b, c, e

		Each member of staff has a PDPR record that demonstrates achievement or identification of development needs on current best practice and national and local guidelines in relation to food, fluid and nutrition	PDPR records	Annual	
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References:

1. NHS QIS Food, Fluid and Nutritional Care in Hospitals. 2003.
2. NHS QIS Food, Fluid and Nutritional Care in Hospitals. Local Report. 2006.
3. Catering for Patients. Audit Scotland. 2006.
4. NHSL Food, Fluid and Nutritional Care Strategic Plan. 2007.
5. Nutritional support in adults. NICE 2006. (acknowledgement has been given to this document as it has some overlap with above reports)
6. Ombudsman Report. Case 200500299. SPSO. 2005.

3. Leadership and Supervision

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence of ongoing commitment to leadership development and effective supervision of staff in order to improve the quality of patient care.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
3.1	Reflection on own practice and that of others seeking opportunities to enhance practice	All staff are involved in reflective sessions	Records of reflective sessions e.g. records of team meetings, debriefing after clinical incidents, complaints, mentoring /coaching sessions, formal/informal clinical supervision	Monthly	Core 2 level 4 indicators c, d, e, f Core 4 level 2 indicators a, c Core 5 level 3 indicator c
3.2	Use evidence to enhance patient care	Patients and carer involvement Review of practice against benchmark standards or equivalent (e.g. policies)	Reports Care Plans Change implementation/action plans Action Plans	Annual	Core 4 level 2 indicator a Core 5 level 3 indicator e, f, g HWB pertinent to area of work

3.3	Team performance and effectiveness is monitored	<p>Shared goals and vision for care provision established</p> <p>Regular team meetings conducted</p> <p>1:1 meetings held regularly with all direct reports</p>	<p>Philosophy of care</p> <p>Minutes of meetings, action notes, notes of team discussions, communication books</p> <p>Staff records</p>	<p>Annual</p> <p>Monthly</p> <p>Quarterly and as required</p>	<p>Core 2 level 4 indicator d, g, h</p> <p>G6 level 2 indicator c, d</p>
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4. Management

Performance Objective

The Senior Charge Nurse/Team Leader will provide evidence of competent management within sphere of responsibility.

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
4.1	Influence, manage and monitor nursing resource to meet operational and financial targets.	<p>Effective planning of off duties/caseloads to ensure optimal service.</p> <p>Monitoring and management of sickness absence towards 4% target.</p> <p>Expected financial balance is achieved (subject to agreed exception).</p>	<p>Duty sheets/rostering.</p> <p>Bank/agency reports.</p> <p>Sickness absence reports (SKABS).</p> <p>Return to work interviews.</p> <p>Occupational Health Referral Rates.</p> <p>Human Resources and Occupational Health Correspondence.</p> <p>Monitor of budget reports to achieve financial balance.</p>	Quarterly	<p>G6 level 2 b, c, d</p> <p>G7 level 1 indicator a, c, d</p>
4.2	Manage Health and Safety and Clinical Risk within area of responsibility.	All mandatory checks are in place and Control Book is up to date.	Fully completed Health and Safety Control Book.	Quarterly	Core 3 level 2 indicators a, c, e, f

		Health & Safety issues and clinical risk are reviewed through reflective meetings.	Clinical Incident reports and associated action plans. Meeting Notes.		
4.3	All staff have the necessary competence to deliver high quality clinical practice.	Learning needs for area are identified. Action plans are in place to meet identified learning needs.	PDPR records are in place for all staff. A learning plan/equivalent that schedules education and training of individual staff is in place. Education & Training Records exist for all staff.	Quarterly	Core 2 level 4 indicator c, d, e, f, g
4.4	Create, maintain and develop a clinical learning environment.	Clinical Support Workers participate in VQ and associated programmes of learning to enhance their contribution to practice. Mentors receive appropriate preparation and support Student placements meet required standards.	PDPR records. Mentor lists showing preparation and update dates Placement evaluation reports/associated action plans	Ongoing, reviewed annually. Ongoing Ongoing, reviewed as required accommodating agreed student	Core 2 level 4 indicators a, b, c, d, e, f G6 level 2 indicators b, c, e

		Support systems are in place to support participation by newly qualified nurses participate in Flying Start. KSF is fully implemented for all staff	Flying Start commencement and completion rates Post Outlines and PDPR records exist for all staff	numbers. Ongoing Ongoing, reviewed annually	
4.5	Against agreed strategic and policy changes effective changes are made in practice and service delivery as required.	Evidence based practice and service change	Records of practice and service changes	Annual	Core 4 level 2 indicators a, c, e, f Core 5 level 3 a, e, f, g
4.6	A culture exists that promotes equality and values diversity	Participate in required audit processes	Action plans arising from reports	As required	Core 6 level 2 indicators a, b, c, d

References:

NMC Standards to Support Learning and Assessment in Practice (2006)

NHS Lanarkshire Corporate Objectives, Staff and Clinical Governance Standards, Standing Financial Instructions, Picture of Health

5. Specific Delivering for Health Targets

Performance Objective

The Charge Nurse/Team Leader will provide evidence of the contribution made by their team towards the ‘Delivering for Health’ targets pertinent to their area of responsibility as contained within the Corporate Objectives e.g.

- Public health targets (1.1)
- Health protection targets (1.5)
- Staff governance targets (2.3)
- Waiting time targets (3.1.)
- Treatment targets (4.2)

	Key Deliverables	Outcome Measures	Evidence	Timescales	KSF
5.1	Contribution to national targets and Corporate Objectives is recognised	Record of activities related to selected targets	Summary statement of team contribution to relevant targets	Annual	Dependent on the setting and HEAT target