

Meeting of
Lanarkshire NHS Board
Wednesday 28 May 2008

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SUBJECT: REVIEW OF THE ROLE OF THE SENIOR CHARGE NURSE

1. PURPOSE

To brief the Board about:

- The national review of the role of the Senior Charge Nurse given its imminent launch by the Cabinet Secretary.
- The work on associated activities developed within NHS Lanarkshire some of which have also been developed nationally, such as the objectives set for Senior Charge Nurses, Clinical Quality Indicators (CQI) and the “organised ward” approach.

2. KEY ISSUES

2.1 Background

The Senior Charge Nurse (traditionally known as the Ward Sister) should be widely regarded as being a pivotal leadership role in determining safe, effective, quality care, not only delivered by Nurses and Midwives but by other professions too. Over the years the importance and clarity of the role has reduced due, in part, to an emphasis on the management of the ward resource, rather than leadership of a clinical team by a clinical leader. Now, both locally and nationally the emphasis will be that the Senior Charge Nurse should be a skilled clinician, responsible for the care of all patients in his or her ward, who has to effectively lead the ward nursing team and who has to contribute to the achievement of the Board’s performance objectives.

The emphasis initially is on hospitals: acute, mental health, paediatrics, GP and community hospitals for the elderly; within which there are 110 areas led by a Senior Charge Nurse or equivalent. It is the belief within NHS Lanarkshire that the approach will be equally applicable to the team leaders in primary care settings who are the Senior Charge Nurse equivalent.

The still relatively new pay and grading system (Agenda for Change) has improved the reward for the Senior Charge Nurse and there should be less inhibition in expecting that this key group of staff will rise to the new challenges posed by the review and the associated activities.

2.2 The National Review

The aim of the review is to enable the Senior Charge Nurse to improve the quality and experience of patient care within their clinical area. Implicitly there is a presumption that they have been disabled from doing so. Four key domains of the role are:

- Safe & effective patient care.
- Improving the patient's experience.
- Managing the performance of the team.
- Contributing to the organisation's objectives.

The development work has included:

- Defining the clinical leadership role.
- An exemplar Job description and Knowledge & Skills Framework, with examples of application.
- An educational framework developed with NHS Education – Scotland.
- Tranches of Clinical Quality Indicators (CQIs), which will run from a web based system hosted by ISD (eQIPs) and will enable the Senior Charge Nurse to have readily accessible data regarding the quality of care in the area for which they are responsible.

The CQIs are positioned so that they are seen as measures for improvement rather than blame. The first tranche of indicators are: falls; pressure area care; monitoring & observation and Food, Fluid & Nutrition. The second tranche currently being developed are expected to include: the learning environment for students and continuing professional development, medicines management, and mental health observations of care. Other tranches of CQIs to be developed will be mental health, paediatrics, learning disabilities and maternity. Each Health Board may be asked to develop specific CQIs acting as a national Centre of Responsibility (CoR).

The capture and analysis of data on CQIs at ward level will be facilitated by a system being developed by ISD – eQIPs. This is currently being tested in NHS Lanarkshire on orthopaedic wards and also in NHS Tayside. eQIPs will also link to data on the national workforce and workload planning tools so that we will endeavour to draw correlations between workload, workforce levels and quality indicators.

2.3 Developments within NHS Lanarkshire and Contributions to National Programmes

Much of the national work has been developed within NHS Lanarkshire and individuals have contributed or been seconded to national projects to develop systems and processes in workforce and workload planning and CQIs. We have also developed a set of objectives for each Senior Charge Nurse (and relevant team leaders in primary care) which is attached as Annexe A. Additionally we have been developing a LEAN¹ approach within pilot wards known as; "The Organised Ward". This potentially reduces unproductive time and creates more time for direct patient care. Initial results, so far are very encouraging.

3. ACTIONS FOR NHS LANARKSHIRE

From the work we have undertaken so far we expect the widespread adoption of this approach to have a significant improvement on morale and the quality of care. Senior Charge Nurses, for example have welcomed the roll-out of the Senior Charge Nurse objectives because it provides them with an explicit confirmation of their clinical leadership role.

¹ LEAN – A process to create efficiencies in operations first developed by Henry Ford and then Toyota Motor Company

There are other specific challenges which we will need to consider how we respond to:

- The Senior Charge Nurse role will be defined as non-caseload holding, i.e. we should not expect the Senior Charge Nurse to provide direct care for a small group of patients within a ward, but we should expect them to be fully conversant and leading the clinical care for all patients in their ward.
- Currently a senior Charge Nurse, outwith “normal hours” is designated as hospital cover. This means they are effectively in charge of the hospital while still having to be the clinical leader for the care of patients in his or her ward. There is an expectation that this should cease wherever appropriate because they cannot be effective at one, if they also have to do the other.
- Administrative duties will require to be reviewed and there may be a need for increased administrative support for Senior Charge Nurses. Within NHS Lanarkshire we have undertaken two audits of the administrative burden on Senior Charge Nurses and an action plan to relieve this burden is to be formulated.

4. CONCLUSIONS

The Board is asked to note the above position. This is a development which should be welcomed. NHS Lanarkshire has been a major contributor and I do not anticipate significant difficulties in largely meeting the national requirements.

5. FURTHER INFORMATION

If Board members wish further information or clarification on any issues please contact Margot Russell on 01698 723205.

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Executive Director of NMAHPs
21 May 2008