The ward leader’s handbook

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We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.
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Foreword

Ward leaders are central to achieving the highest of standards in the NHS and are the role models for nurses, midwives and care staff. They are the face of leadership for patients and need the managerial skills to run a busy and demanding ward as well as the clinical expertise to inform the right supervisory decisions. It’s hard to think of another clinical role that requires such a singular combination of skills and attributes, and where the impact of a person’s leadership can be so keenly felt by ward staff and patients alike.

We recognise that this is a uniquely demanding role, yet it is one that can be rewarding beyond measure. We have written this handbook to support your commitment to this vital role by helping you – whether you are already a ward leader or are aspiring to become one – identify the key attributes, skills and practical knowledge necessary to be effective.

It should come as no surprise that culture and leadership feature heavily in this handbook. As a ward leader you can influence others to work towards collective goals that are based on shared values. It’s important to do this with a keen understanding of your own potential (and potential blind spots).

We hope you find this handbook instructive and empowering as you continue your nursing or midwifery journey.

We would like to thank Catherine Pelley, Chief Nurse and Director of Governance at Homerton University Hospital NHS Foundation Trust, who developed this handbook while in post as a Nurse Fellow at NHS Improvement. Catherine’s focus as a Fellow was on nursing leadership and supporting the professional development of ward leaders in the NHS.

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Introduction

“Let whoever is in charge keep this simple question in her head … how can I provide for the right thing to be always done?”
(Florence Nightingale)

The ward leader's role was established in the days of Florence Nightingale. Since then it has adapted to the changing NHS, at times becoming less engaged in clinical practice. Today its value is readily acknowledged: many trusts are strengthening both the role and their support for ward leaders, especially when newly appointed.

The ward leader's role is recognised as pivotal in managing clinical services, improving patient outcomes and effective teamworking. The Francis Inquiry (2013) identified the need to strengthen the ward leader's role, recognising its complexity and the need for trusts to support it.

Where nurses demonstrate and use their transformational leadership skills, wards have fewer safety incidents, less staff absence and lower turnover (Hay Group 2006). As the NHS develops more complex systems, it is essential that ward leaders can operate in that changing environment, enabling and sustaining excellent performance (Castillo and James 2013).

This handbook is a guide for those who aspire to be a ward leader, those already in post and for trusts that want to support and develop this important role. Local context will be important, and you should take account of it when using the handbook.
1. The ward leader’s role

“The role of the ward sister/charge nurse in the UK is ideally situated in the hospital system to supervise clinical care, oversee quality and safety standards, co-ordinate patient care activities at ward level, and promote nursing leadership and mentoring.”
(Royal College of Nursing 2016)

The ward leader's role is at the centre of patient care. The strength of clinical leadership has an impact on the care patients receive and the experience of staff. The role is complex and challenging with many priorities at individual patient level, team level and organisational level. An effective ward leader is a clinical expert, a leader and manager of the team and an educator of many.

The executive nurse must demonstrate to the board their understanding of what is happening at ward level to provide that ‘floor to board’ assurance all organisations expect (King’s Fund 2009). A ward leader plays a key role in supporting that assurance. Your knowledge and ability to demonstrate high quality care, balanced with effective use of resources at team level, is essential.

What do you bring to the role?

You will come to the role with skills as a clinician that support your ability to lead a team. You will have demonstrated these skills and shown you have the experience and knowledge to fulfil the role.

Skills and expertise

There is no agreed set of competencies for ward leaders in England: many trusts have developed their own. You will need to maintain the clinical skills and competencies gained through your experience, as well as develop leadership and management skills.
Developing your skills

When you secure a ward leader’s post, particularly your first, you will have met the threshold determined by the trust for that role. It is essential there is support to enable you to become a confident, competent ward leader as quickly as possible.

Use the time between appointment and starting in post to agree with your new manager what you need and how you will be supported. Many trusts offer bespoke leadership development for this role.

This handbook will be one tool you can use to help with this.

Roles and responsibilities

The ward leader’s role is one of the most difficult and demanding in healthcare. However, it is also a very rewarding role with many opportunities to influence the experience of patients and staff.

Don’t expect to know everything, and don’t be afraid to ask for help and support. Your team’s collective experience and that of other senior nurses is immense.

You have 24-hour responsibility for your ward. This means you must make sure there are systems and processes for patients to receive a high standard of care from your team day and night. It is important to empower your staff to make their own decisions when you are not there. They should know how to access support from within the organisation when you are not at work.

Key working relationships

It is important you understand and build relationships with people who can affect the services you provide and your success in the role. Alongside your organisation’s nursing structure, you will need to work with several individuals and teams. Trusts’ operational management structures vary but expect to have a day-to-day working relationship with a manager who has oversight of the whole service, including other teams and wards.

Wards and teams will have different structures and you may be working with several consultant teams or have one overall lead. Understanding that structure and who to work with will be key to high quality care.
Members of the wider multiprofessional team will look to you as leader of the ward team. Knowing who they are and agreeing how they contribute to patients’ outcomes will be crucial.

It is important to remember the corporate services that support you and your team: finance, human resources, learning and development, patient safety, governance, catering, cleaning and many others. You can use their expertise to develop your own skills and knowledge and draw on their specialist support when needed. Consider them part of your team and part of your toolkit for success.

Each ward and team is unique, and you are the team’s leader. Spend time building relationships and being clear on roles and responsibilities. This will ensure you are effective and your patients receive the high quality care they expect.

You may find it helpful to develop a stakeholder map for your team. This enables you to identify who you need to build relationships with and how they affect your role. It is also useful if you need to communicate changes to how the ward runs.1

**Creating the right culture**

As the leader of the team, you are central to creating a culture of high quality, compassionate care that strives to continuously improve. Culture is the way things are done, the norms and rituals we follow. It shapes behaviours and values at work. Michael West (2016), Head of Thought Leadership at the King’s Fund, describes the impact when the culture is wrong: “Values can reflect compassion, eagerness to improve care, striving for perfect care, valuing and supporting colleagues or they can reflect a commitment to hiding poor performance and errors, minimising time and communication with patients, caring only about our department rather than patient care overall, and being cynical about the organisation as a whole. When we join an organisation we want to fit in and do so by conforming to the values and norms that we see others enacting. So in order to create cultures of high quality, continually improving and compassionate care we must understand the existing culture and put in place measures to achieve a culture that truly represents and reinforces those values of high quality (safe, clinically effective, patient centred) care, continual improvement and compassion.”

1 Resources to support this include: [http://personcentredcare.health.org.uk/resources/stakeholder-mapping-tool](http://personcentredcare.health.org.uk/resources/stakeholder-mapping-tool) and [https://improvement.nhs.uk/documents/2169/stakeholder-analysis.pdf](https://improvement.nhs.uk/documents/2169/stakeholder-analysis.pdf)
2. Preparing for a ward leader’s post

“By appointing the right people in the first place and improving patient outcomes, we can fulfil our primary duty and restore public faith in the nursing profession, and by extension, the NHS.” (Shelford Group 2014)

You may always have thought about becoming a ward leader or you may have been prompted by discussion with your manager. You may be covering for the ward leader in the clinical area where you currently work, and this will be giving you some insight into the expectations of the role. Or you could ask an experienced ward leader if you can shadow them to understand the role in more detail.

You could use this handbook to consider your readiness for a post and talk to other ward leaders about the role and the transition to it. Do not expect to have the full range of skills and competencies from the beginning. You may want to include aspects in your personal development plan before applying for a post. This will help you at interview as you describe to the panel your readiness for the role.

Don’t be afraid to ask for help and support in making this important step in your career.

The recruitment process

Posts are usually advertised on the NHS Jobs website. When completing the supporting information it is important to tailor it to the post you are applying for. Don’t use the same statement for every role. Ask for advice, from a trusted colleague or mentor, in completing this section to create the right impression.

Take time to check your application, including spelling; this will be the mechanism by which you get an interview. When shortlisting, the panel won’t know who you are

2 [www.jobs.nhs.uk](http://www.jobs.nhs.uk)
and will judge your suitability for interview based on the information in your application. Check against the person specification that you have included all the essential aspects. Most organisations state how they will measure these. Use the supporting statement to mention desirable factors and what you specifically would bring to the post. Try to make this outcome focused rather than process focused.

If the organisation is new to you, find out more about it from its website and the Care Quality Commission’s (CQC) website. Visit the trust to get a feel for the organisation. Contact the person identified on the advertisement to discuss the role: find out about the ward, the trust and its support for nurses and ward leaders. If you already work in the trust, it is still important to do this. Don’t assume people will know you are interested. Use this information to support your preparation for the questions you may get asked.

If offered an interview, you may be asked to give a presentation. You will be told this when invited for the interview. Take time to prepare your presentation and practise to ensure you get the timing right. Think about questions that may arise from it. Some panels are strict about timing, so stay within the limit and ensure you get across the most important messages. Don’t make your slides too complicated and busy. The panel will want to hear your ideas, so use the slides to illustrate your points – don’t just read from them. You may want to give copies to the panel, but this is not essential.

You will be asked to bring supporting information for identity and qualification checks. Bringing these on the day will make the process following interview much simpler, should you be offered the job.

There are no set questions for ward leader interviews. Be prepared for questions about how you would manage a team and how you would deal with conflict. You may be asked about managing a complaint or serious incident and the governance arrangements to lead a response. Be prepared to give examples of when you had to manage a difficult situation or when something went well and you were proud of your achievements. Be prepared to answer questions on the transition to the new role, especially if you are an internal candidate. Don’t assume they will know you well; this is your chance to let the panel know why you are the best candidate for the role.

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3 [https://www.cqc.org.uk/](https://www.cqc.org.uk/)
You will know your trust’s challenges in recruiting. You may be asked what you would do to support recruitment. It is likely you will be asked about your personal development needs.

Consider what you want to ask the panel. Think about something related to the role rather than practical considerations, such as when they will tell you the outcome. Even if you work in the organisation, have questions about the trust ready. Ask about the support it will give you as a new ward leader.

**After the interview**

If you are offered the post, you will need to agree with your current employer a date for leaving and a date to begin your new post. Consider your development needs as a new ward leader and have these prepared ahead of starting the new role.

If you are not offered the job, ask for feedback and use it to work out how you can prepare for another interview.
3. Effective working at ward level

“The ward manager’s role as leader of a unit caring for patients is universally recognised as absolutely critical…” (Francis Inquiry 2013)

To work effectively as the ward leader, you will need to manage the role’s complex and competing aspects. With your overall accountability for care 24 hours a day, you will need to build strong relationships to influence the whole team to deliver high quality care and to ensure you have the support you need. Others in the team have clinical responsibility and accountability, but you will be the focus for others looking to assess quality and service delivery.

The organisation’s medical and nursing directors will have produced a clinical quality strategy setting out the priorities, outcomes and direction for the next three to five years. You should have a good awareness of the strategy and be able to agree the priorities for improvement with your own manager. You should be able to explain this to your team and enable them to understand how they contribute not only to the ward’s success but to the organisation’s.

To do all this effectively is not easy: you must consider many factors. It is essential you understand your leadership style. This enables you to lead your team and your patients’ care, remembering the team is part of the wider organisation and you have a role beyond your team or ward. This handbook focuses on the ward leader’s role in:

- leading care
- leading yourself
- leading people.
4. Leading care

“It is important that patients or visitors to a ward know who is in charge, who they can speak to if they have any questions or concerns, who is responsible for the standard of care they receive, and who will represent their views when they most need support.” (Northern Health and Social Care Trust 2010)

Accountability

As a professional, you are personally accountable for your actions and omissions. The Nursing and Midwifery Council’s Code (2015)\(^4\) presents the professional standards that nurses and midwives must uphold to be registered to practise in the UK. It reflects the roles and expectations of nurses and midwives now and is structured around four themes – prioritise people, practise effectively, preserve safety, and promote professionalism and trust. The code contains statements that collectively signify what good nursing and midwifery practice looks like.

As a ward leader, ‘accountability’ means you are accountable for:

- ensuring the safety and quality of service in your ward or department 24 hours a day, every day
- ensuring the safety and quality of your own practice as a registered nurse
- 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 your ward or department’s performance complements and supports organisational and national goals.

\(^4\) [https://www.nmc.org.uk/standards/code/](https://www.nmc.org.uk/standards/code/)
It is therefore your job to know the services your team provides and ensure it is competent to provide them. The organisation has a responsibility to support you in this, ensuring you have the resources, staff, policies and procedures to carry it out. If you have concerns about this, you need to raise them within your organisation.

Each of your team members carries personal accountability for the services they provide. Your role is to make sure they have the knowledge, skills, competencies and attitudes to meet your service users’ needs. Their role 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.

**Multiprofessional working**

Your role is central to the whole team providing care and support to patients on a ward. For this to be effective, you need to understand how multiprofessional working can contribute to safe and effective care. You will be aware of each team member’s specific roles and responsibilities and their benefits and strengths.

Your skills will promote and support multiprofessional teamwork to enhance patient experience. As the person accountable for all patients on the ward, it is essential you can recognise and optimise the potential of all the team, including support services, to improve patient outcomes. You will need to promote effective communication about patient care in the multiprofessional team and work in partnership with a range of clinicians. Having shared goals with patients and carers will enhance safe and effective care.

The multiprofessional team can enhance your team’s skills and knowledge, and you should promote the learning and development opportunities arising from the wider team approach.

**Teamworking**

The ward leader is essential to effective teamworking. The team needs shared goals that all members understand. Your role is to promote teamwork, demonstrating critical analysis while influencing and managing change.
Safety

We know from healthcare and other industries that individuals are rarely to blame when things go wrong. The safest organisations recognise that people make mistakes and the best approach is creating systems, processes, practices, environments and equipment that help them do their jobs as safely as possible.

This approach recognises that incidents are linked to the system in which individuals work. Looking at what is wrong in the system helps organisations identify and address the root cause of an incident and prevent it happening again.

This does not remove accountability. We must explain our actions and accept responsibility. Accountability for patient safety means being open with patients, families and carers about incidents, particularly those that result in harm, as described in the Duty of Candour. \(^5\)

Your patients’ safety is a vital aspect of your role. You will need to understand the risks to patient safety in your ward and work with the multiprofessional team to assess and manage these risks. Patients should be treated in a safe environment and be protected from avoidable harm. Each environment will have different safety concerns.

All environments should be clean to minimise the risk of infection. Equipment should be in good working order and staff trained to use it correctly.

Medicines should be given on time and in the correct doses. Tests, investigations and treatments should be appropriate for the patient’s condition, with procedures performed correctly and in a timely and effective way.

Care should be delivered in a co-ordinated way by competent healthcare staff who work in an effective team. This includes communicating patients’ needs effectively.

You will need to consider the specific risks in your ward and plan to reduce them accordingly. Use the knowledge of the wider patient safety team or practice development team to help you.

Each trust will have a reporting system that gathers intelligence on a wide range of incidents. You will need to be included in this system so you can report incidents

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yourself and see what is reported in your ward or team. The trust will have a policy on incident reporting, and you will need to understand your role in managing and learning from incidents. Many such systems enable the creation of dashboards to review incidents by type or over time. These tools will help you and your team identify areas for improvement. You can also use them to assess progress when you implement change.

Each trust will also have wider systems to collate data on patient safety. This may include the safety thermometer, case note review, mortality data and use of safety crosses. You should know what data is collected for your patients and review this regularly with the incident data. Discuss the data with your team to inform them and engage them in the solutions.

You will need to know and provide assurance on how your team manages risk. Questions to consider:

- Are all risk assessments up to date? What are the identified risks in my ward?
- What process is used for completing risk assessments?
- How are the specific risks reflected in the patient's care plan?
- Do the patient and carer agree with the risks and plan?
- How is this communicated to all the team and reviewed?
- How do you update the team on changes, particularly during a shift?

Patient safety huddles have recently emerged across the healthcare system: if your team does not use them, you may want to consider implementing them. Patient safety huddles are clinically led and involve the multiprofessional team at all levels, including support staff. They happen every day at an allocated time and focus on safety issues: “what might stop us keeping our patients safe?”

Some teams that have introduced huddles into their ward routine have significantly reduced harm, such as falls.⁶

⁶ Further information is available at: http://improvement-academy.co.uk/patient-safety/safety-huddles/
Digital

There is growing interest and investment in digital technology in healthcare; the priorities are outlined by the King’s Fund.7

Organisations have been asked to develop roadmaps and assess their digital maturity, outlining the direction and pace at which they will adopt more digital technology. NHS England has described the digital exemplar sites.8

As a ward leader you are at the leading edge of implementing many of these new technologies: e-documentation electronic patient records, e-prescribing tools and observation assessment systems, handover digital tools and applications for many patient and staff information and engagement systems. Keeping up to date with all such innovations would be a difficult and ever-changing task. Instead, you should concentrate on growing your skills and supporting your staff if digital technology is being introduced in your clinical area – or you could identify an interested team member to act as a digital champion.

Promoting your own digital literacy skills and those of your team is important. Health Education England is a helpful place to start.9

Information governance and the security of patient data should be at the forefront of your mind. Ensuring all staff understand their responsibilities and fully comply with their mandatory training in governance and confidentiality is part of this. The Royal College of Nursing (RCN) offers useful information to help you understand how nurses can do this and lead the way with implementation.10

Emerging roles, such as chief nursing informatics officer, aim to help executive teams implement digital technology as efficiently as possible. Find out who is supporting the digital agenda in your trust. NHS Digital offers important advice for clinical staff11 and runs a network for clinical staff in roles with a digital focus.

7 https://www.kingsfund.org.uk/publications/digital-nhs
8 https://www.england.nhs.uk/digitaltechnology/info-revolution/exemplars
10 https://www.rcn.org.uk/clinical-topics/ehealth/rcn-digital-ready
11 https://digital.nhs.uk/nursing
Finance

Ward budgets have been devolved to ward leaders for some years. It is important that you understand budgeting and budgetary control.

Organisations use budgets to plan and control operations and finance. Budgets and budgeting can be defined in various ways, but to budget is generally to determine how much cash is available to an individual or organisation. A budget provides you with a costing for both income and expenditure.

A member of the finance team will help you manage your budget. They will have expertise in financial management and controls, including forecasting spend. They will work with you to consider the relationship between finance and quality. They can help you develop a business case for your ward that shows cost benefit as well as clinical benefit, to strengthen your case for resources.

A budget will be set with you at the beginning of each financial year (a financial year runs from 1 April to 31 March). Actual spend is then compared with the original budget allocation. Reasons for overspend or underspend will be identified, referred to as ‘variances’ in the budget statement. Action is then taken to control any variances, and budgets will be reviewed based on this information.

The budget statement is normally broken down into staff and non-staff costs. Staff costs include:

- salaries
- overtime
- training.

Non-staff costs include:

- supplies, ie dressings, bedding, etc
- drugs
- equipment.

Each cost will be aligned to a cost centre; again, these vary from trust to trust. The cost centre is an area of accountability for expenditure: ie drugs will have a unique cost centre code.
Each department has a cost centre and each type of cost has an account code.

For example:

Cost centre 1665 = Orthopaedics
Account code 17753 = Nurse – Band 6.

If there are cost centres in your budget you do not understand, or you do not know what they are aligned to, your accountant will know and should give you a list of all cost centres and cost codes.

A budget statement will hold all income and expenditure in a given period. Although statements vary by trust, they typically contain:

- **budget** – amount available to spend
- **actual spend** – money spent to date; this will probably be by month with a year-to-date figure, which will show how much of the budget has been spent since the beginning of the financial year
- **staff** – number of staff in post shown as ‘whole-time equivalent’ (WTE)
- **forecast** – this figure relates to the amount of funds expected to be spent in each area for a given period
- **variance** – calculated by subtracting actual spend from planned/forecast spend; it will be shown as a positive or negative
- **amount remaining** – how much is available to spend.

Regular meetings with your accountant will help explain any confusion. They will also be an opportunity to highlight any overspend and discuss possible options. Managing a budget can be a lonely task and at times feel as if you have no support. Involving all ward staff helps but do ensure staff salaries remain confidential. The potential benefits of involving others include:

- another perspective
- help in discussing matters relating to costs
- training other staff in budget management, which would be developmental for junior staff
- ward leaders may sometimes be seen as the ‘bad guy’ when saying no to requests; involving staff enables them to see how much money is really available
encouraging staff to work as a team and promoting involvement.

Quality governance

Lord Darzi in 2008 defined quality in the context of the NHS. Care will be of high quality if it is:

- safe
- effective
- with a positive patient experience.

Quality care is not achieved by focusing on one or two aspects of this definition – it encompasses all three, and each is equally important.

This is achieved through governance arrangements, which delegate responsibility through the organisation to the ward. Individuals and clinical teams on the front line are responsible for delivering quality care, but the board is responsible for creating a culture that enables clinicians and clinical teams to work at their best. It must also have arrangements for measuring and monitoring quality and for escalating issues, including, where needed, to the board itself.

Good governance meets CQC’s five key lines of enquiry. It is your role to understand how the CQC standards apply to your ward and how you and your team can show you meet them all:

- safe
- effective
- caring
- responsive
- well-led.

CQC inspectors will come to your ward and ask you, your team and patients about all aspects of the standards. Each organisation manages the process of knowing how it meets the standards differently. You will need to know your trust’s expectations and consider how you and your team meet them. Don’t wait for the
inspection to arrive: this is business as usual and should be part of your ongoing team discussions.

While the board is ultimately accountable for the trust’s quality performance, you need to consider how you:

• ensure required standards are achieved
• investigate and take action on substandard performance
• plan and drive improvement
• identify and share best practice
• identify and manage risks to care
• show how your improvement plans include learning from incidents or complaints.

You will need support to do this from your team, the wider multiprofessional team and your trust’s support services.

**Risk management**

Risk management consists of defined steps that help us understand risks and their impact. Good risk management awareness and practice at all levels are a critical success factor for any organisation and integral to effective management. Risk is present in all organisations, so must be continuously managed systematically and consistently in all areas: patient, staff, health and safety, environmental, organisational, financial and commercial.

The risk management process can be applied to any situation where an undesired or unexpected outcome could be significant or where opportunities are identified. Table 1 shows the main elements of the risk management process.
Table 1: The risk management process

<table>
<thead>
<tr>
<th>Establish the context</th>
<th>Establish the strategic, organisational and risk management context in which the rest of the process will take place. Establish criteria against which risk will be evaluated and the structure of the analysis defined.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify risks</td>
<td>Identify what, why and how things can arise as the basis for further analysis.</td>
</tr>
<tr>
<td>Analyse risks</td>
<td>Determine the existing controls and analyse risks in terms of consequence and likelihood given those controls. Consider the range of potential consequences and how likely they are to occur. Consequence and likelihood may be combined to produce an estimated level of risk.</td>
</tr>
<tr>
<td>Evaluate risks</td>
<td>Compare estimated levels of risk against the pre-established criteria. This enables risks to be ranked to identify management priorities. If the levels of risk are low, they may be acceptable and treatment may not be required.</td>
</tr>
<tr>
<td>Treat risks</td>
<td>Accept and monitor low-priority risks. For other risks, develop and implement a specific management plan that considers funding.</td>
</tr>
<tr>
<td>Monitor and review</td>
<td>Monitor and review the performance of the risk management system and changes that might affect it.</td>
</tr>
<tr>
<td>Communicate and consult</td>
<td>Consult internal and external stakeholders as appropriate at each stage of the risk management process and concerning the whole process.</td>
</tr>
</tbody>
</table>

You will have a risk register for your clinical area. This will be part of the wider organisation risk process that ultimately leads to the trust-wide risk register. Many organisations now have electronic processes to manage their risk register, and you need to be aware of what they are and how you can be supported to use them. You should identify and agree your risks as a team and discuss them at team meetings. You will need to know how to escalate risks in your organisation and ensure you get feedback on how they will be managed to support you and your team. Your role will involve monitoring any plans to manage a risk and its sign-off once tasks have been completed.
Environment

You will need to understand the health and safety and environmental issues affecting your ward. This includes legislation and local policies on health and safety, infection control and environmental risk assessment.

You will need to understand the organisation-wide strategy to prevent healthcare-associated infection and how you can show that your ward meets these standards. Regular audits of hand hygiene and walk-rounds with cleaning supervisors are a key aspect of your role. Your infection control team will support and guide you in this.

You will need to identify and address all issues in the practice environment that affect patient safety. This includes ensuring that the safety, storage and usage of all equipment are managed appropriately at ward level. Your trust will have specialist health and safety advice available to you. This can help you manage risk and educate staff, as well as manage individual issues for staff and patients.

Discharge planning

Planning for a patient’s discharge from hospital is a key aspect of effective care. Many patients discharged from hospital will have ongoing care needs that must be met in the community. This care comes in many forms, including the use of specialised equipment at home such as a hospital-type bed, daily support from carers to complete daily living activities, or regular visits from district nurses.

A wide variety of care is available in the community, but it needs to be planned before the patient’s return home so no gap occurs between discharge and the initiation of community services. The hospital team must hand over information about the patient to the community team so an informed plan of care can be made.

It is important that you know what the local community services are and how they are organised and managed. If your organisation doesn’t directly manage the community health services, find out who does and make contact to find out more. Use your induction to meet key individuals and understand how to effectively move your patients back to the community. You may need to find out more about how to access social care support, referrals for equipment, NHS continuing healthcare applications and many other aspects of care provided in the community.
Your organisation may have a dedicated discharge team that will be able to advise and support you and your team. Find out more about what it does and how you can work together.

Meeting organisation objectives

You will lead in showing how your ward or team contributes to the trust’s overall objectives. Trusts describe these every year in an annual plan agreed by the board, usually alongside outcome measures. They should enable the trust to demonstrate how it is meeting its overall strategy and provide some challenge to stretch the organisation.

The development of an organisation’s strategy should involve all levels of the organisation. This is an important process to take part in, and you should discuss it with your team members to ensure they feel engaged in and own the objectives for their ward.

You will need to translate the trust’s plans into goals for your team and review progress in regular team meetings. Consider how you can share this information with the whole team to help members understand why it’s important. Your meetings with your manager should include a discussion about the organisational objectives and how your team is supporting delivery.

Connecting with national nursing strategy

As the leader of the nursing profession in England, the chief nursing officer sets out their vision and strategy for nursing. The current framework is Leading change, adding value.13

It is important that you create a system that keeps you informed and connected with developing or changing national strategy. You could do this through involvement in a learning set or registering to have regular e-news from clinically related organisations.

Communication

Good communication with your team can improve relationships, increase productivity and help achieve your and the trust’s objectives.

Real communication happens with shared understanding – listening is an essential part of communication and shows we value and respect everyone’s contribution.

You will communicate with a wide range of staff, patients and their families. Some aspects of what you need to say may be upsetting and challenging.

Face-to-face discussions are the most effective way to communicate and help build positive relationships with others. A conversation helps you better understand what the other person means: you can quickly clarify confusion and settle disagreements.

If you know you are going to have a conversation, particularly one that might be challenging, think ahead:14

• establish the purpose – think in advance about what you want to get out of the discussion and check that the person you are talking to is on the same page
• listen – allow plenty of time for the other person to express their views freely
• ask questions – make sure you understand and clarify what they are saying
• give feedback – show you understand the other person’s point of view even if you don’t agree with it
• use your whole body – nod in agreement, use eye contact and facial expressions and maintain an alert body posture to show you are interested
• be clear – make sure what you mean is understood; the more specific, straightforward and factual the information you share, the better the understanding will be
• keep the discussion moving – if you feel the conversation wandering, slowly redirect the topic to the main point
• be succinct – don’t go on for too long

14 Further tools are available at: http://www.londonleadershipacademy.nhs.uk/leadershiptoolkit/managing-self/communication-and-listening
• summarise and set actions – restate the original aim at the end of the conversation and summarise the discussion to show you both agree on what was achieved and the personal responsibilities for each action.

Patient/carer experience

There are several ways to determine if the patients and carers on your ward have had a positive experience. Ensuring team members ask the patient and carer what they can do to help – and how you will know they have done this – is a starting point. Trusts now use patient experience feedback tools, and you will need to support your staff in this. You must know the findings for your ward and identify with your team any required responses and improvements.

You must be able to show that staff:

• respect patient-centred values, preferences and expressed needs, including cultural issues
• respect the dignity, privacy and independence of patients and service users
• are aware of quality of life issues.

Shared decision-making is a key component of your role.

Your ward should be welcoming and involve patients’ families and friends. This shows you are aware of their needs as care givers and think about how to meet them, now and when the patient is discharged.

Communication is key to effective and high quality patient experience. Working with patients and carers to plan care and address needs is ultimately the most effective option. Consider not just the patient and carer’s physical needs but their emotional needs and the impact of their health on them and others.

Find ways to seek feedback in real time from patients and families. Trusts have various approaches including ‘you said, we did’ models as well as capturing Friends and Family Test information.

Be aware of the response to the staff survey question on whether staff would recommend the ward, and understand their view.
All trusts must have processes to formally receive feedback and complaints. Your organisation will have a complaints team and a patient advice and liaison service (PALS). Discuss the outcome of complaints in team meetings and describe how you can show you have responded to the findings.

It is important that you are responsive to ideas and attentive to concerns and complaints. It doesn’t matter how skilled and experienced you are, no-one has a monopoly on 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. If you need support, the complaints team will advise and can train you and your team.

Your role includes having the confidence and skills to listen to concerns and complaints. The CALM model is a useful tool:

- **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, 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.
- **M**oving on: respond positively to what the person has told you and lay the foundations for moving towards a solution. First and foremost, say you’re sorry. This isn’t about admitting liability; it’s about being empathetic and trying to resolve the situation.

**Effective clinical practice**

Services are 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.

You and your team will need to think critically about what you do, identifying what works well and what doesn’t, and addressing the issues you identify.

The effectiveness of services should be underpinned by research and other kinds of evidence. As a clinical leader you will set the standard for others to follow by striving to provide care that is safe, evidence-based and clinically effective.

Encourage your team to constantly review, audit and evaluate your services. Consider sources of new evidence that might influence practice, be open to better ways of working and respond positively to feedback. Improving services requires a willingness to reject the status quo and welcome change. It involves challenge, it involves the entire team and it involves risk.

Your trust will have a clinical audit team and a research team. They can offer you advice, guidance and support to assess the effectiveness of your services.

Quality improvement and leading change

Quality improvement is the systematic approach to improving the safety, effectiveness and experience of care. Outstanding organisations have a continuous improvement approach to services. Staff are encouraged and supported to use quality improvement methodologies to improve care and address variation.

As a ward leader you may see many opportunities to improve and make changes. Find out what your trust’s approach to improvement is. Many use the well-recognised PDSA (plan, do, study act) approach. You will need to understand how you measure for improvement and interpret the causes of variation. Training is available but you can also find many tools online.15

Infection prevention and control

You will have a lead role in meeting standards on infection prevention and control (IPC) in your clinical area. This is a key leadership responsibility. You will need to

15 Further information on managing change and resources to support you are available at: https://www.england.nhs.uk/sustainableimprovement/change-model/ and https://improvement.nhs.uk/improvement-hub/quality-improvement/
enable your team to challenge all non-compliance for anyone in your clinical area. To do this effectively you will need to ensure all infection prevention alerts are acted on, keep your team up to date with all required training and organisation policies and consistently incorporate IPC into practice. Each organisation will have different resources to support this. Find out what they are and use them in team meetings and wider team communications. A link nurse model may be in place: ensure your ward has one and that they are supported to undertake this key patient safety role.

You need to take part in environmental cleaning audits and consult the facilities team if the cleaning standard is not achieved. You will need to ensure all little-used water outlets are flushed in accordance with the local policy to prevent legionella or other waterborne organisms.

If you identify any concerns, such as potential norovirus outbreaks or suspected infections, escalate them promptly to the IPC team. After an outbreak, you will need to play an active role in any root-cause analysis relating to IPC, then generate and oversee the improvement action plan associated with it.

**Safeguarding**

Safeguarding is part of everyday nursing and midwifery practice in whatever setting it takes place. Safeguarding activities uphold a person’s fundamental right to be safe. It means protecting patients and their families from all forms of harm, abuse and neglect, including poor practice.

The trust is responsible for developing and maintaining quality standards to embed a safeguarding culture that covers recruitment practices, induction, training, patient feedback and incident review. You will need to ensure all staff are trained in the appropriate level of safeguarding for children and adults. Even if you don't provide services directly to children, you will have to ensure your staff access the agreed level of mandatory training in your organisation.

You will need to consider any risks in your service relating to safeguarding and reflect them in your risk register.

The trust must identify leads to support you and your team. These will cover both children and adults, and this information needs to be readily accessible to all your team. Safeguarding should be discussed at team meetings and learning from cases shared routinely. Take time to critically reflect on the practice in the team and
consider if you need to improve it. Help staff to understand their roles, as well as national and local guidance such as the Mental Capacity Act 2005.

Your team needs to know how to recognise abuse and how to make a referral and what’s expected of them when they suspect abuse or when an allegation is made. Allegations may be made against your staff, and you will need to know what action to take in those circumstances. Use your safeguarding team and senior nurses to support you through these processes. Don’t worry about asking for advice and support. Even out of hours, there will be someone who can support you.

**Productivity**

All NHS organisations must find ways to work more efficiently. Emphasis on this has grown in recent years, with reduced funding and increasing demand. Following the Carter review (2016), work led nationally identified opportunities to reduce costs without affecting care quality. The report looked at good practice across the NHS and developed the concept of the Model Hospital. Trusts have access to this information to support work on productivity.

The Carter review included the best use of nursing staff. Understanding what your organisation has done about this will be important in your role as a ward leader. Your understanding of the clinical demand and acuity of your patients will contribute to the approach your organisation takes in setting staffing levels.

The rollout of e-roster systems varies among trusts: you will need to know what’s required of you as a ward leader and ensure you are trained to implement the local system.

All trusts try to improve their productivity. Each has a cost improvement plan, and you and your team will be expected to contribute to it. Your trust will also welcome ideas from you and your team on how to be more productive.

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16 [https://improvement.nhs.uk/resources/model-hospital/](https://improvement.nhs.uk/resources/model-hospital/)
5. Leading people

“The ability to notice the explicit or unspoken concerns of others, with sufficient emotional resources and practical tools in one’s repertoire to proactively create a constructive and supportive climate and the capability to respond to situations and emotions requiring special care and attention.” (NHS England 2014)

Developing others

As a ward leader you take responsibility not only for your own development but support your team’s development too. This is a shared responsibility for you and the individual and requires organisation-wide support. Each organisation will have an agreed approach to professional development and processes to access training.

As a manager of staff, you will complete performance reviews/appraisals for all your team. This is an opportunity to reflect on a period and agree objectives and development needs. Your manager should complete this process with you, then you will review your staff based on the organisation’s requirements. Expect your senior managers to check you have complied with this.

One of your most important tasks is to make the best use of your team’s capacity so all members work together. This means:

- clarifying the team’s purpose and goals
- ensuring all staff work well together
- building commitment and self-confidence
- strengthening the team’s collective skills and approach
- removing externally imposed obstacles
- creating opportunities for staff to develop skills and competencies.

Your organisation should provide you with training to fulfil this role confidently. It will have access to funds for training and a process for doing so. Find out what this is and tell your team about it too.
Safe staffing

Safe staffing means having enough nurses with the right skills and knowledge, in the right place, at the right time. The importance of appropriate staffing was reinforced by the Francis Inquiry (2013) into failings at Mid Staffordshire NHS Foundation Trust. Safe staffing can be complex and must take account of multiple factors. It must be matched to patients’ needs and is about skill mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals.

As the ward leader you will be **responsible for assessing the factors that determine nursing staff requirements.** Your trust should use a systematic approach that takes account of the patient, ward and staffing factors to determine nursing staff requirements both when setting the ward establishment and making on-the-day assessments.

You need to understand the trust’s approach and learn how you can effectively demonstrate the needs of your ward. Factors you need to consider:¹⁷

- use individual patients’ nursing needs as the main factor for calculating the nursing staff requirements for a ward
- assess each patient’s nursing needs holistically and take account of specific nursing requirements and disabilities, as well as other patient factors that may increase nursing staff requirements, such as:
  - difficulties with cognition or confusion (such as those associated with learning difficulties, mental health problems or dementia)
  - end-of-life care
  - increased risk of clinical deterioration
  - need for a nursing team member to be continuously present, referred to as enhanced care
- expected patient turnover in the ward during a 24-hour period (including planned and unscheduled admissions, discharges and transfers)
- ward layout and size (including the need to ensure the safety of patients who cannot be easily observed and the distance needed to travel to access resources within the ward)

¹⁷ Further information on the tools available to organisations can be found at: [https://www.england.nhs.uk/ourwork/safe-staffing/](https://www.england.nhs.uk/ourwork/safe-staffing/)
nursing activities and responsibilities, other than direct patient care; these include:
  – communicating with relatives and carers
  – managing the nursing team and the ward
  – professional supervision and mentoring of nursing staff; student nurses are considered supernumerary.

**Critical thinking**

Critical thinking means using your clinical skills to make decisions about patient care. Nursing is a set of complex actions that require critical reflective practice by individuals committed to providing safe, high quality care.

You will gather information, organise and analyse it to make decisions and then evaluate the outcome. You will have developed and mastered this skill since your time as a student nurse. As a ward leader you will use these skills in the wider context of managing the team, and junior staff will look to you to support their decision-making and to develop their critical thinking skills.

There is no endpoint at which you will have acquired all these skills. You will benefit from identifying a mentor and having time to discuss your new role in a safe and supportive environment.

**Research**

Research is important to healthcare and nursing practice, and a crucial element in developing and improving treatment options for patients. In 2016/17, more than 665,000 people took part in clinical research studies in the NHS, and 99% of trusts and 48% of general practices were actively engaged in research.

The accumulation of empirical evidence provides a reference point to inform clinical practice. An evidence base enables us to set standards and evaluate and improve practice for the benefit of our patients, staff and the profession. Practice needs to change to keep pace with the rapidly changing world of healthcare.
You will need to know what standards your trust expects and support the ways in which they are measured and reviewed.\(^{18}\)

Each trust has a research department and may have links to local universities. This gives you and your team opportunities to be more directly involved in research.\(^{19}\)

### Performance management/holding to account

Effective performance management is important because as a leader you can make your expectations clear and define what success looks like. To focus people’s energy, give them the freedom to self-manage within the demands of their job to improve standards of care and service.

It requires you to agree clear goals, support individuals and take responsibility for the results. This must include balanced feedback and avoid mediocrity and excuses for poor or variable practice. If you identify reluctance to change in your team, you will need to address it. A clear purpose and goals will help.

You will need to challenge ways of thinking and encourage people to use data to support their work. Set clear standards for behaviour as well as for achieving tasks, give balanced feedback and support to improve performance. Act quickly to manage poor performance and be the champion for high standards of care.

### Diversity

We are not all the same; each of us is unique in various ways. We must respect diversity in how we act and speak. You will have a key role in making this happen and addressing situations where it is not happening. Your understanding of equal opportunity should go beyond identifying the protected characteristics to actively encouraging staff behaviour that embraces diversity.

You will need to be aware of key legislation such as the Equality Act 2010 and how your trust implements it. The [2016 Workforce Race Equality Standard (WRES) report]({#}) found black and minority ethnic (BME) nurses and midwives across England had less chance of

\(^{18}\) Further information can be found at: [https://www.futurelearn.com/courses/clinical-research](https://www.futurelearn.com/courses/clinical-research)

\(^{19}\) [www.nihr.ac.uk](http://www.nihr.ac.uk)

being shortlisted and accessing career development training, and they were more likely to be formally disciplined than their white colleagues.

Implementing WRES is a requirement for trusts. The NHS agreed action in 2014 to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This is important because studies show that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

The **Workforce Disability Equality Standard (WDES)**\(^{21}\) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

Implementing WDES will enable trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees and create a more inclusive environment for disabled people working in the NHS. Like WRES – on which WDES is partly modelled – it will allow us to identify good practice.

It is important you understand how you can help meet your team’s needs and create an environment of fairness. You need to consider what subtle messages you give when you choose who will deputise in your absence or lead aspects of work. Find out what your trust is doing to improve the experience of staff from BME backgrounds or those with a disability. This may directly affect you and it provides an opportunity for you to gain support.

**Staff support**

Leaders have a huge influence on employee health and wellbeing at several levels. Your behaviour directly influences how staff feel about being at work, either positively or negatively. The support you offer your team will have a positive impact on recruitment and retention and promote your team as somewhere people want to work. Understanding results from your Friends and Family Test and staff survey will help you identify ways to make staff feel valued and your team one they would recommend.

You are the principal interface between your staff and the organisation, influencing their behaviour by protecting them from excess pressure or other factors that may

\(^{21}\) [https://www.england.nhs.uk/about/equality/equality-hub/wdes/]
affect their wellbeing. You can also help by identifying problems at an early stage and encouraging them to deal with these problems.

Learn more about how to recognise the signs of stress in your staff. Review your own competencies and find out what you can do to minimise stress in your staff. Develop a wellbeing plan for your team. Your organisation may have its own format for these plans, so consider asking your HR lead for advice.22

Ward leaders have many opportunities to support staff, including one-to-ones, team meetings, appraisals, clinical supervision or clinical incident meetings. Find out more about your organisation’s healthy lifestyle programmes and how you can build them into the work of your team.

**HR systems and processes**

How well we manage people has a big impact on the quality of care our patients receive.

You are responsible for leading and managing a team of people and the quality of the service they deliver. The way you recruit, supervise and develop your employees will make a difference to how they feel about their job and their ability to work to the right standard.

Find out about your trust’s people management processes. Familiarise yourself with its policies and procedures on recruitment, induction, supervision, appraisal, capability (including reasonable adjustments) and discipline.

Make sure you follow these policies and procedures as they will give you knowledge and bring structure to guide your open and honest conversations with employees. A lead in the trust’s human resources team can help and advise you. Get to know them ahead of asking for help.23

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22 Further information can be found at: [https://www.nhs.uk/Tools/Documents/Workplace%20stress%20self%20assessment.htm](https://www.nhs.uk/Tools/Documents/Workplace%20stress%20self%20assessment.htm)  

Managing positive and negative impact of care

Although untoward incidents involving a patient, carer or staff member can be distressing, it is important to see these and near-misses as opportunities for valuable learning. Staff will feel anxious and upset when an incident occurs. You have a key role in supporting them so they do not feel there is a blame culture. Supporting staff to be open about what happened and share the learning will reduce further incidents. The Berwick report (2013)\(^{24}\) advocated a culture of learning and improvement to improve the overall safety of healthcare.

At team meetings, consider what you can learn from complaints and incidents and changes that can improve practice. Safety huddles can be used to share immediate learning. You need to consider sharing the learning throughout the organisation and how you can make your team aware of what this means for them. Each organisation has different approaches to sharing learning. Understand what they are and engage with them to ensure your team benefits.

It is also important to reflect on good practice and share this experience. Value and share positive feedback from patients and families in the same way.\(^{25}\)

Training needs analysis

You should be aware of your team’s training needs. Many organisations have electronic systems to map this, and you can include it in your roster for the team. Compliance with statutory and mandatory training is measured by boards and regulators. You need to maintain a high level of compliance in your team. If you have areas of low compliance, agree with the team how they will be addressed and share this with your manager. If you need additional support to improve compliance, contact your learning and development team.


6. Leading yourself

“Emotional intelligence is vital, and the ability to sense verbal and non-verbal patterns of behaviour – to see when people are with you, and when they are not, or when they have concerns.”
(NHS England 2014)

Role model

You will be a role model for everyone in your team. You will create a culture that supports and empowers staff to contribute to safe and effective, person-centred care. A ward leader acts as a facilitator and manager of change, influencing others as necessary. It is important to manage the talent in your team and enable others to develop their own skills and knowledge.

Revalidation

You will support your team in revalidation, as well as maintaining your own registration. Revalidation reinforces the Nursing and Midwifery Council’s Code (NMC 2015) by asking nurses and midwives to use it as the reference point for all requirements, including their written reflective accounts and reflective discussion. All nurses are required to maintain a record of practice hours, maintain a verifiable record of any continuing professional development activities, show five pieces of practice-related feedback, five reflective accounts and a reflective discussion form. You will also make a declaration of health and character.26

Setting direction

Your team will look to you to set direction. You can show leadership by identifying the contexts for change and being aware of factors to take into account. This means you must show awareness of the political, social, technical, economic, organisational and professional environment. You can develop leadership skills on

26 Further details can be found at: http://revalidation.nmc.org.uk/
courses such as the free Edward Jenner programme run by the NHS Leadership Academy.\(^{27}\)

You will need to understand and interpret relevant legislation and accountability frameworks for your team and prepare for the future by scanning for ideas, best practice and emerging trends that will affect health outcomes.

You can show leadership by applying knowledge and evidence, making decisions and evaluating the impact.

**Understanding yourself**

Managing yourself means managing the impact of your emotions on your behaviour, reliably meeting your responsibilities and ensuring your plans and actions are flexible. You must do this while taking account of others’ needs and priorities.

Time spent developing self-awareness is well spent. The more you are aware of your own values, principles and assumptions and how these may differ from those of others, the better you will lead your team.

Ways you can improve your understanding of yourself are through:

- using a coach to process personal feelings; scheduling time and space to reflect on alternative responses
- reflection – reflective practitioners learn about both practice and themselves
- attentiveness and the ability to notice; acts of compassion are almost impossible without seeing the opportunity
- staying connected first-hand with the experiences of patients and the realities of staff in caring for them.\(^{28}\)

You will need to develop the skills and attributes of resilience. This will help you manage the challenges and stresses of the role and how you care for yourself and your team. Think about your strengths and what helps you cope. Don’t assume everyone around you is coping and you are not. Think about who you can turn to for advice and support. You may be the person many people look to for advice and

\(^{27}\) [https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/](https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/)

Leading yourself

guidance, but it is important you also have a go-to person. They may be in your workplace or another organisation. Build a regular relationship with them so you can have a professional, confidential conversation.

**Emotional intelligence**

Emotional intelligence (EI) is the ability to manage yourself and your relationships with others. It is a key aspect of being able to function effectively at a corporate level and is certainly central to your role. Daniel Goleman, a psychologist, developed an EI competence framework.29

You can develop your emotional intelligence in many ways, including taking time for personal reflection, keeping a journal, requesting peer feedback and working with a mentor or coach.

**Influencing people**

You will be able to identify individuals who have influenced you and your career. They may have played a vital part in helping and supporting you to be in this role. Now, as a ward leader, you will be an influence on those in your team and the wider organisation. The relationships you build with staff can have a positive impact on them and you. Recognising other people’s passions and concerns and using your interpersonal and organisational understanding to persuade and build collaboration will help you develop a successful team.

By being sensitive to your team’s needs and concerns, you can agree priorities and approaches to service delivery and improvement. Although you are the leader of the team, avoid being insular and focusing only on your agenda. You will need to use a variety of approaches to influence those around you. You may not always succeed, and you will need to adapt to feedback and concerns.

Consider how you listen to different views, how you share issues and information to help wider understanding. Consider and develop your argument, ensuring it is well-reasoned and evidence-based where possible. You may be passionate about an issue and fully understand why it’s important, but those you are leading may not be.

29 [http://www.eiconsortium.org/reports/emotional_competence_framework.html](http://www.eiconsortium.org/reports/emotional_competence_framework.html)
Staying calm and managing your emotions will help you build support that encourages the whole team to own the idea or initiative.

**Personal impact**

To be effective you need to have drive and a passion for what you do. You have shown you are competent and professional by achieving the ward leader’s role. This will enable you to communicate and bring others along with you. Developing your leadership skills and self-awareness will affect how you behave and lead others.

As a leader you need to be able to step back and reflect on your own internal drivers. You need to understand how you prioritise and what makes you tick, as these will affect the way you behave and how you lead. Other key factors for success lie with your ability to communicate – with service users, carers and family members, colleagues – and to balance and manage your own and others’ emotions when making decisions and forging relationships. A ward leader’s life can be challenging; as an effective practitioner and a leader it is important to build your personal resilience so you can deal with situations calmly and bounce back when faced with setbacks.

**Personal and career development**

Don’t ignore your personal development and career while supporting others. Use your organisation’s personal development review process to consider your current role and level of practice. Consider your future options. Other ward leaders or senior nurses can help you consider the next steps in your career. Plan how you will get there.

Taking time for your personal development will benefit you and your team. Mentorship, action learning and other reflective activity will give you space and time and help you develop and apply problem-solving techniques.

**Professionalism/integrity**

Professionalism in nursing and midwifery is realised through purposeful relationships and underpinned by environments that facilitate professional practice. This enables you to demonstrate and embrace accountability for your actions as a nurse.
Professionalism in nursing will ensure consistent provision of high quality care that produces person-centred outcomes that enable patients, their families and carers to achieve the best possible health and wellbeing.

As a nurse you can demonstrate professionalism through effective and consistent care and service, and by supporting your team to flourish. Your patients will describe their experience as good, and they will receive individualised care that supports their choices and involvement in decision-making.30

Reflection

Experience alone does not necessarily lead to learning, but deliberate reflection on experience will support continuous learning. Reflective practice can be an important part of your own professional development as well as your team’s. It enables you to bring theory and practice together and consider the context of your own work.

Reflection is not just looking back at events and actions: it is a conscious consideration of the emotions, experiences and responses and using this to add to your knowledge and understanding. The benefits of reflective practice relate to increased learning, identifying strengths and areas for improvement, acquiring new skills, and a wider understanding of your own beliefs and values. This can support improvements in your own personal and clinical confidence. It is also an opportunity for feedback.

Consider how you can build this into your working practices – and how you can encourage and build this approach with your team.

Values and behaviours

Values mean different things to each of us. We can often trace some of these back to our parents or early experiences. Many of us sign up to the values of a profession and adopt the culture and ethos associated with them. Many organisations have gone through staff engagement processes to agree values they want their staff to live by and their patients to experience. You have a key role in living those values and ensuring your team works within the agreed framework.

Being confident to challenge those who don’t work to the values isn’t easy, but it is a key part of your role as a ward leader.

Use team meetings and away time to consider what the values mean for your ward and how together you can create and implement improvement. Your organisational development team can support this, particularly if you need to challenge individuals and behaviours.
7. Where to get support

Managing the demands of the role

Excessive stress is where you take on too much and don’t manage the results well. It’s your responsibility to yourself and to your team to manage your work-life balance in a way that benefits you both. Here are some ways to help you do this.

- **Time management** – if you manage your time well, you will achieve more, and be less stressed. Working out what gets in the way of managing your time – procrastination, interruptions, inability to prioritise – can be a first step. Find out what training or support you can get if this is an area you could improve.

- **Identify stress triggers** – people respond differently to stressful situations. You may experience a build-up of stress in your new role, the pressures of managing constant competing demands, or just trying to keep on top of a new and challenging portfolio. Identifying your stress triggers means you can take steps towards reducing the stress.

- **Don’t try harder, try differently** – if you carry on doing the same things, you will get the same results. If something isn’t working for you, look at why – and get an external perspective on it too. You may have to think creatively around a problem that might take you outside your comfort zone.

- **Finding time for reflection** is often difficult when confronted by a complex and challenging work schedule. But it’s an essential leadership competence to give yourself time to reflect on the job, on your own, with peers and with your mentor or coach.

Identifying your own learning needs

Use the time before starting in post to consider your learning needs and how to address them. This can shape your development plan for the first few months in post. Your manager can support this, but also consider how you could get advice and support from a mentor or more experienced ward leader.
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- Mental Health Nurses Forum
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