UNDERSTANDING LEADERSHIP
for Nursing Associates

HAZEL COWLS
SARAH TOBIN
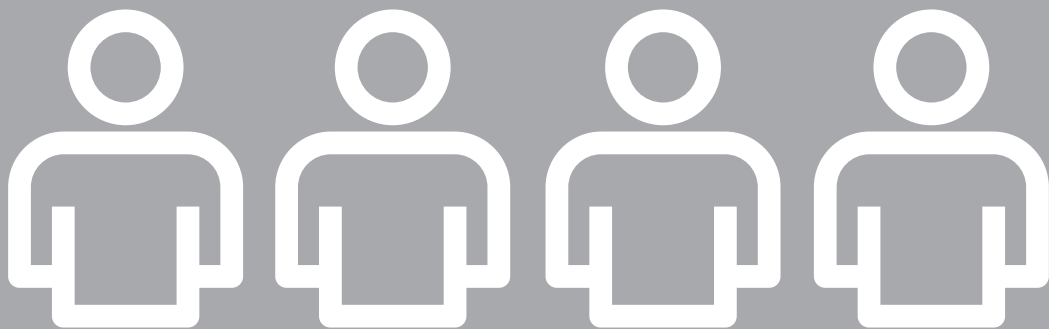NATALIE CUSACK

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Contents

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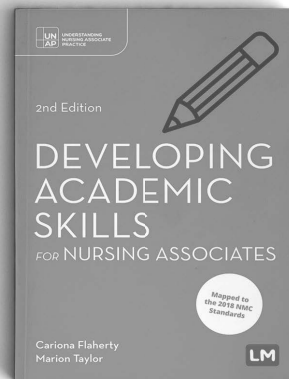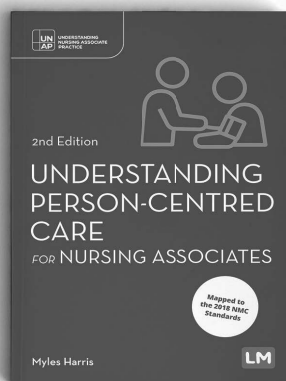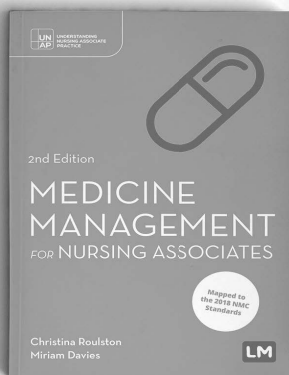
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Acknowledgements

About the authors

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Sarah Tobin is an NMC registered adult nurse, mental health nurse and teacher and has worked in emergency care, elderly care, oncology and cancer screening, as well as gastroenterology. Currently working as a Lecturer in Adult Nursing at the University of Plymouth, she also continues to work as a Clinical Nurse Specialist at Torbay and South Devon NHS Foundation Trust. Sarah's MSc and subsequent PhD research focused on defining compassion in healthcare and how this can be demonstrated. The findings confirmed her belief that compassionate care is a clinically relevant and important skill that all healthcare staff need to demonstrate.

Natalie Cusack is an NMC registered mental health nurse and teacher with a background in working with adults with complex mental health needs. Currently working as a Lecturer of Nursing at University of Plymouth, Natalie has an interest in teaching on the Foundation Degree Nursing Associate programme and digital health.

Introduction

Who is this book for?

This book has been written to help support and inform trainee nursing associates (TNAs) as it makes very direct links to the relevant Nursing and Midwifery Council (NMC) Standards of Proficiency. However, the content is applicable to nurses in any field and at any level of their continuing educational endeavours. Leadership is a key element of all nursing roles which, most crucially, has a direct impact on the effectiveness of patient care. Whatever environment a nurse works in, leadership skills will be transferable and applicable; this book aims to present an interesting and meaningful exploration of different aspects of leadership. As the nursing associate (NA) role becomes more established and embeds into the nursing workforce, the need to understand and practise effectively as a leader also becomes more apparent. Whether a TNA aims to become and remain a registered nursing associate (RNA) or whether they aspire to further development, the need to understand and practise meaningful leadership skills will be vital.

About the book

NAs are in the unique position of being able to practise across all fields of nursing with a single qualification. It is important therefore to maximise those skills that are universal, transferable and applicable – leadership is clearly just such a skill. The NA role was established to 'bridge the gap' between the healthcare assistant and the registered nurse; this may lead one to conclude that leadership would be the preserve of the registered nurse. This book aims to disavow anyone who reads it of that perception, and to firmly establish the idea that leadership is a requirement of the NA, whatever role they undertake.

Each chapter can stand alone and act as a clear and informative resource to help develop your understanding of why leadership is important and all of the many elements of nursing practice and patient care that are impacted by it. However, taken as a whole, the eight chapters form a comprehensive exploration of leadership, leadership theory and leadership practice in relation to the nursing profession and, specifically, the new and ever-developing role of the NA.

The authors have aimed to make the chapters engaging and informative and to challenge you to think about your nursing practice. Understanding the wider structure of healthcare organisations may not seem important initially, but as a nurse you have direct and vital contact with patients – who better to influence the decision-makers? To do that you need to understand how they work. Such understanding and engagement link directly to leadership and, ultimately, to optimising and improving patient care.

The nursing profession is the bedrock of health provision, the largest professional group of healthcare providers by a considerable margin. Challenge, working in pressurised environments and adapting to rapidly changing circumstances are not new concepts for healthcare professionals. The modern era with new technological capabilities and communication to large numbers of people in a matter of moments has brought great benefit but has added a different dimension to our understanding of such challenges. Leadership has, arguably, never been more important – not just from those clearly identified as 'leaders' but from 'ward to board' and by and for every one of us.

Book structure

Chapter 1. Leadership and the role of the nursing associate

In this chapter we will introduce you to some of the most relevant policies and guidelines that underpin your practice as a TNA and highlight how this can inform your understanding of the 'bigger picture'. You will be enabled to see how these impact on patient care and consider for yourself how nurses are viewed by those for whom we care. Clinical governance will be explained and placed in the context of your practice and in providing an acceptable and, hopefully, improving level of care. Finally, the leadership role of the TNA has been described including examples of key elements that underpin effective leaders.

Chapter 2. What is leadership theory and change management?

In this chapter you will be introduced to the underpinning theories and definitions of leadership and management. You will reflect on different leadership styles that you may have seen in practice and through different activities consider what type of leadership skills you possess and how you may develop your skills to lead and manage change effectively. Change management models will be presented to you along with case studies to develop your understanding of change model theory and its application to clinical practice.

Chapter 3. Understanding interpersonal skills for leadership across multiple settings

In this chapter you will explore the interpersonal skills required to provide good leadership and team-working. Good interpersonal skills may lead to satisfied, loyal and engaged teams that are able to deliver high-quality, safe and compassionate care. You will explore followership and through case studies and reflection; you may recognise the different qualities of different types of followers. The chapter will offer guidance on how you can develop your own leadership style and interpersonal skills as a TNA and on becoming an RNA.

Chapter 4. Understanding and applying the principles of human and environmental factors in relation to leadership

In this chapter you will be introduced to the concepts of human and environmental factors with definitions and examples including case studies to cite the theory in practice scenarios. No matter what environment you work in, the skills required to work effectively with your fellow human beings are similar. Activities and resources will enable you to explore these concepts and to evaluate your own non-technical skills – cognitive, social and personal – to support your situational awareness and decision-making. The chapter also helps you to appreciate that the environment in which you work is more than simply your physical surroundings and that this environment can be influenced by you as a leader.

Chapter 5. Understanding data and information for effective care and leadership

In this chapter we will explore what data and information mean for your role in healthcare. We will consider digital literacy skills, legislation, data protection and how patient data contributes to safe, effective care and evidence-informed practice. You will be given activities to consider good data management and challenge your understanding of digital safety. Additionally, we will explore how to access and share information, considering contemporary challenges in an ever-expanding digital landscape.

Chapter 6. Understanding prioritisation, workload and delegation

In this chapter we will explain the legal, ethical and professional issues that relate to prioritisation and delegation of workload. Using case studies, we will explain how the use of a matrix or triage system will ensure that work is prioritised and delegated safely. You will explore the importance of effective communication to delegate work safely as well as recognise some of the internal and external factors that may be barriers to delegation. This chapter will provide you with tools to enable you to prioritise your work effectively and delegate accordingly.

Chapter 7. Understanding how to monitor and review quality of care

In this chapter we will explore how to recognise and monitor quality of care and raise concerns when standards of care fall below expectations. We will explore the role of regulatory bodies who set examples of what good care looks like and give guidance for all health professionals to follow. To help you reflect on quality care, we will consider what negative cultures in healthcare look like and how they develop. This chapter will be supported by activities and case studies for you to access and test your critical thinking

skills. Towards the end of the chapter, you should have an awareness of your role as a leader in monitoring care and the process in which it can raise concerns.

Chapter 8. Understanding compassionate leadership

As leadership is a universal skill, so is compassion a universal language – a language that all can understand and benefit from when exposed. This chapter will explain the nature of compassion, how it links to leadership and how it is a clinically impactful 'skill' that has a direct impact on patient outcomes. Relevant policies have been highlighted that underpin compassion as a requirement and not an option in healthcare and links made to professional attitudes and standards. Examples of compassionate practice have been included, such as providing focused feedback and being open and honest, and emphasis is given to the importance of self-compassion.

Requirements for the NMC: *Standards of Proficiency for Nursing Associates*

The NMC has established Standards of Proficiency to be met by applicants to different parts of the register, and these are the standards it considers necessary for safe and effective practice. This book is structured so that it will help you to understand and meet the proficiencies required for entry to the NMC register as a nursing associate. The relevant proficiencies are presented at the start of each chapter so that you can clearly see which ones the chapter addresses. The proficiencies have been designed to be generic, so apply to all fields of nursing and all care settings. This is because all nursing associates must be able to meet the needs of any person they encounter in their practice regardless of their stage of life or health challenges, whether these are mental, physical, cognitive or behavioural.

This book includes the latest Standards for 2018 onwards, taken from the *Standards of Proficiency for Nursing Associates* (NMC, 2018c).

Learning features

This series of books are specifically designed to aid learning by providing the theory and the application of theory to practice while remaining engaging. The book is separated into manageable chunks with each chapter providing theory summary boxes, specific activities, case studies, further reading and useful webpages. The book cannot provide all the information but will provide a sound background of knowledge that will enable you to develop your own learning.

You will probably find the case studies and scenarios interesting and relatable to your own practice. Reflecting on your own practices and observations will enable you to develop your leadership skills in practice.

Final word

The role of the NAs is seen as 'bridging the gap' between health and care assistants, and registered nurses. As a new role this may seem daunting to TNAs so take your time as you increase your knowledge and skills in this role. Remember to draw on the knowledge and experience of others that you work alongside as it is an essential role of all registered nurses, midwives and RNAs to support colleagues and to help them to develop their professional competence and confidence.

We hope that you find the information in this book will support your academic studies and enable you to develop your skills not only as an NA but as an effective leader.

Chapter 1

Leadership and the role of the nursing associate

Sarah Tobin and
Hazel Cowls

NMC STANDARDS FOR PROFICIENCY FOR NURSING ASSOCIATES

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable practitioner

1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements.

Platform 4: Working in teams

4.1 demonstrate an awareness of the roles, responsibilities and scope of practice of different members of the nursing and interdisciplinary team, and their own role within it.

4.9 discuss the influence of policy and political drivers that impact health and care provision.

Platform 6: Contributing to integrated care

6.1 understand the roles of the different providers of health and care. Demonstrate the ability to work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams.

Chapter aims

After reading this chapter you will be able to:

- understand the influence of policy and political drivers that impact health and care provision and why this is important;
- know what clinical governance is and how it effects patient care;
- understand the leadership role of a trainee nursing associate (TNA) and registered nursing associate (RNA).

Introduction

The National Health Service (NHS) was formed in 1948 and July 2023 will mark its 75th anniversary. Nationally the NHS is viewed positively based on the underpinning commitment to provide high-quality care available to all according to need, free at the point of delivery. There are, however, concerns about costs, staffing, an ageing population and increasing inequalities. These concerns have been heightened due to the global Covid-19 pandemic with increasing waiting times and pressures on primary and secondary care. The *NHS Long Term Plan* (2019) set out to increase funding to tackle inequalities, manage the issues experienced by staff and accelerate the redesign of patient care to future-proof the NHS for the next decade. One focus of the *NHS Long Term Plan* is the development of new roles such as that of the nursing associate (NA) as well as advanced clinical practice roles to help transform service delivery and meet the needs of the local community.

The RNA role is therefore already seen as a key addition to the healthcare workforce. The role developed because of the findings of a review, *Raising the Bar: Shape of Caring*, by Lord Willis (HEE, 2015). This review addressed the future education and training of the nursing workforce and suggested that there was a need to 'bridge' a perceived gap between the health care assistant and the registered nurse. A 2019 document from Health Education England (HEE), *Why Employ a Nursing Associate? Benefits for Health and Care Employers* (2019b), clearly states that TNAs make a great contribution to service delivery and patient care as a result of:

- improved patient communication;
- assisting nurses with a greater range of care-giving responsibilities;
- more patient-centred care and acting as a patient advocate;
- identifying and escalating patients with deteriorating health;
- displaying leadership qualities and supporting other trainees' development;
- exchanging skills, knowledge and good practice across settings, enhancing the quality of services.

As a TNA/RNA it is therefore clear that you have an important role to play in delivering care to the population and that this role encompasses the requirement to be a leader. It is possible that you may believe that you have a limited leadership role or that leadership is the preserve of those with managerial roles. The Royal College of Nurses (RCN) describes the concept of 'collective leadership' which is an assumption that leadership can and should be provided by anybody (2022a). And, while the Standards (NMC, 2018c) do not specifically describe the requirements to be a leader, they do make it clear that aspects of leadership such as supervision, delegation, providing feedback, self-management and acting as a role model are part of the role requirements. As a TNA/RNA it is important to have an understanding of the processes and structures that inform the organisations in which you work – how else can you influence how these decisions are made? And leaders should aspire to influence!

Policy and political drivers that impact health and care provision

In 2022 the Health and Care Act introduced new measures with the aim of making it simpler for all health and care providers to deliver joined-up care, especially for those people who rely on several different services. An Act of Parliament is a bill that has been approved by both the House of Commons and the House of Lords and has been given Royal Assent by the Monarch. An Act creates a new law, and this then governs what must happen in all areas that the Act covers. As an example, nurses are governed by the Health Act 1999 and a subsequent secondary legislation known as the Nursing and Midwifery Order (the Order) 2001 which forms the basis of the Nursing and Midwifery Council (NMC) Code of Conduct (2018a). It was an amendment to the 2001 Order that developed regulations which resulted in the establishment and subsequent registration of nursing associates by the NMC.

So, back to the 2022 Health and Care Act – the health needs of a population change in relation to many driving forces such as education, income, diet, employment, the environment you live in as well as the wider environment and even your own genetic makeup (known as wider determinants of health). Obviously, if healthcare provision is to stay relevant and effective this also needs to change and adapt to address these wider determinants. The Health and Care Act (2022) recognises that there are many more people living to a greater age and that these people may well have multiple health conditions that require input and ongoing support from various providers.

Activity 1.1   Research

Watch this King's Fund video (available at www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work); it lasts for 5.44 minutes.

Answer the following questions:

1. What is a 'neighbourhood' in the terms of the Health and Social Care Act 2022?
2. What is a 'place' in terms of the Health and Social Care Act 2022?
3. What are 'integrated care systems' and how many are there in England?

While you are answering these questions, consider also why this is important – what does it matter to you? The patients for whom you care will receive that care because of the decisions and even funding provided by the organisations above – it is that important and you have every right and perhaps even obligation to understand, question and influence these groups.

An outline answer is provided at the end of the chapter.

It is a common experience for many patients and of those who look after them that there is a lack of communication and integration of care between healthcare teams. Much has been written, especially in popular media, about so-called 'bed-blockers' (see Activity 1.2) and the resultant challenges of both admitting and discharging patients to and from hospitals. If one element of a system is struggling then, like so many rows of dominos, the whole system can topple. The idea to form integrated care systems stems from a wish to bring all local services that fund and support patients together – not just within the NHS but also local authorities (councils or boroughs), charities and patient groups. Cutting down on 'red tape', simplifying processes, avoiding repetition and ensuring meaningful communication across departments and organisations helps make patient care more effective and more efficient. In September 2021 the NHS set out the five principles for integrated care systems and three of the five are dedicated to supporting and developing effective leaders and leadership. The new structure designed to deliver effective healthcare makes it abundantly clear that this will only be achieved in 'an environment in which distributed leadership can thrive' (NHS England and NHS Improvement, 2021).

The Health and Care Act (2022) is a 'map' to help make it clear how care should be delivered but, in 2019, the *NHS Long Term Plan* sought to highlight how to enhance the *quality* of patient care and improve health outcomes. The plan highlighted three main priorities. First was to ensure everyone gets the best start in life by implementing measures such as reducing stillbirths and maternal deaths, increasing funding for children and young people's mental health services and improving treatments for children with cancer. The next priority was delivering 'world-class' care for major health problems including setting ambitious targets to prevent 150,000 heart attacks, strokes and cases of dementia, as well as diagnosing cancers earlier, and spending an extra £2.3 billion a year on mental health care. The third priority was to support people to age well by suggesting such initiatives as helping people to live independently at home longer, and developing more rapid community response teams to prevent unnecessary hospital admissions and speed up discharges home.

The *NHS Constitution* (Department of Health and Social Care, 2021) sets out what patients, the public and staff can expect from the NHS and what is needed from them in turn to ensure that the NHS operates fairly and effectively. There are seven principles described in the Constitution:

1. Services are comprehensive and provided to all.
2. Access to the NHS is based on need and not on an individual's ability to pay.
3. The NHS aims for the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries.
6. The NHS will provide the best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

These principles are underpinned by several different values including providing respect and dignity for patients, a commitment to provide the best-quality care, improving peoples' lives by improving their health and well-being, and doing this for all to the exclusion of none and with compassion as a central element of care provision. The Constitution is, in effect, a bill of rights and sets out the obligations of the NHS to staff

and patients including the responsibilities and expectations of all staff. One of these expectations is that *healthcare staff* will accept professional accountability and maintain the standards of professional practice that are set out by your professional body – in the case of an RNA this is obviously the NMC.

Activity 1.2   Reflection

The expectations and opinions of a population are influenced by experience but also by what they hear and read. Terms and headlines such as 'bed-blocker', an NHS 'in crisis', highest ever waiting lists, 'vacancies at new record level' and pictures of multiple ambulances outside hospitals are frequently presented in the UK media. This is despite legislation and policy which sets ambitious aims to improve health and social care, and dictates the formation and structure of organisations to deliver this. There is clearly a disconnect between current ambition and current provision and, at some level, this has been the case for much of the time the NHS has been in existence – it is perhaps a victim of its own success.

Having read the paragraph above – how would you seek to reassure a patient or maybe even a member of your own family who needed to seek healthcare but who was worried that their needs would not be met?

While this is a reflective exercise, some suggestions are outlined at the end of the chapter.

This section has described some very important Acts and legislation, there are many such policy documents – you cannot possibly know them all; but understanding at least some impactful regulation is helpful. You will often be working directly with patients – you and they will be resourced and governed by these policies so perhaps you ought to know what Acts dictate your acts? You are a vital component of health provision – the face of patient care – so, arguably should have a voice and an opinion that could influence the decisions made? This could be as simple as ensuring you vote in local and general elections, but there is no reason why you cannot get involved with the leadership and governance structures within your own employing organisation – what's to stop you?

What is clinical governance?

Clinical governance first emerged in the white paper *The New NHS: Modern: Dependable* (Department of Health, 1997), when it was noted that there was a degree of variation in clinical practice and outcomes across England – for example, the mortality rate for people younger than 65 years was almost three times higher in Manchester compared to West Surrey. In response to this the government introduced national standards and guidelines to produce national guidelines and audits for dissemination across healthcare

organisations. At the time a new Commission for Health Improvement was established to provide support and monitor systems, processes and standards of care at a local level, later known as the Healthcare Commission. Since 2009, an independent regulatory body, the Care Quality Commission (CQC), has been responsible for maintaining standards of care in health and social care across England.

So, what is clinical governance? A widely accepted definition of clinical governance is: 'a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish' (Scally and Donaldson, 1998, p. 61).

More recently, Ellis (2018, p. 187) described clinical governance as: 'multiple methods of information gathering used to assess the quality of clinical care leading to improvements in the delivery and experience of care for the patient'.

All activities that promote quality, challenge and record professional practice including employees continuing professional development, any regulatory activity, audit and performance monitoring, fall within the remit of clinical governance. There are several frameworks or models that exist, although clinical governance is often thought of in terms of the *seven pillars*, which you will read about below. You will also read about the *five themes of clinical governance* (Royal College of Nursing, www.rcn.org.uk/clinical-topics/clinical-governance).

Understanding the theory: pillars of clinical governance

The *seven pillars of clinical governance* are often thought of as:

1. clinical effectiveness;
2. risk management;
3. patient and public involvement;
4. audit;
5. staff management;
6. education and training;
7. information.

The *five themes of clinical governance* (Royal College of Nursing):

1. patient focus – how the services are based on the patient needs;
2. information focus – how information is used;
3. quality improvement – how standards are reviewed and attained;
4. staff focus – how staff are developed;
5. leadership – how improvement efforts are planned.

You will note the similarities between the two examples of clinical governance, although NHS England cite the five themes as stated above (NHS England).

Figure 1.1 Five themes of clinical governance as applied to the seven pillars of clinical governance
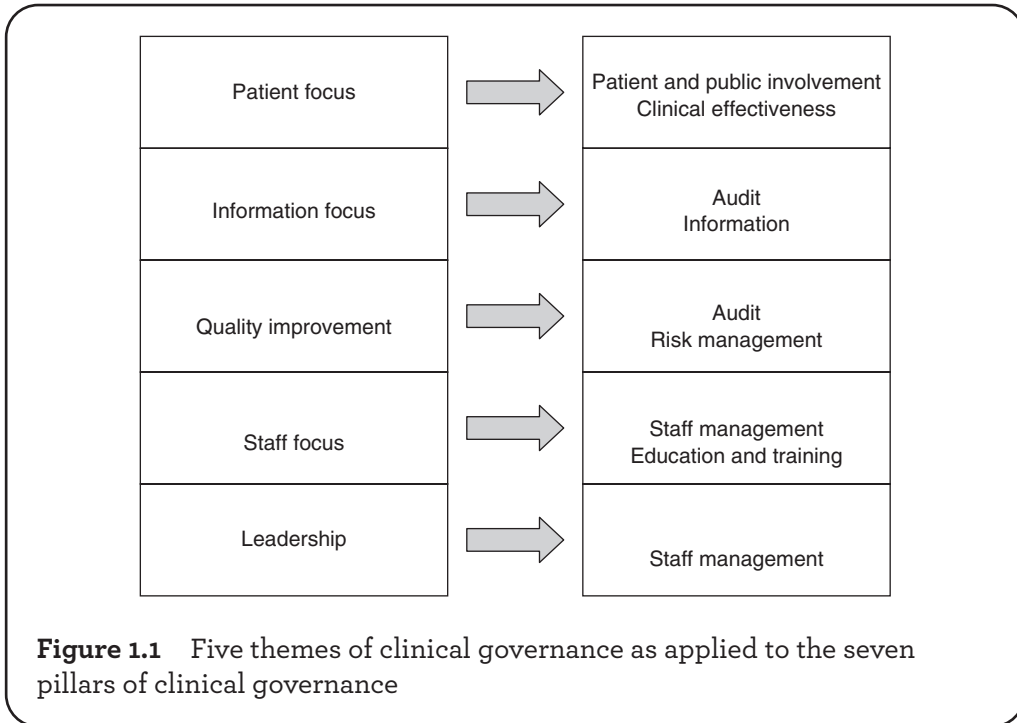
For clinical governance to be effective, all stakeholders from service users and the public to clinicians, registered nurses, midwives and nursing associates, allied health professionals and trustees of health organisations need to be involved in ensuring safe practice. Registered nurses, midwives and nursing associates are well placed to ensure safe patient care and promote services that meet the needs of individuals and our communities. But how do we know we are getting it right? How do organisations and managers demonstrate that staff have the necessary skills and knowledge to perform their role? Finally, how do leaders support their staff, support their patients and provide high-quality care?

Patient focus

Patient safety is everyone's business who works in healthcare but, unfortunately, errors do occur, so it is important that individuals and organisations improve safety by reducing risk and minimising harm. At a local organisation level this may include risk assessments, safety briefings and toolbox talk. Safety briefings or toolbox talks are short talks to remind staff of any concerns or potential hazards in the workplace. Debriefings are an opportunity for staff to reflect on any tricky situations, such as patients with a challenging mental health issue or patients with complex physical ill health.

Information focus

This theme includes patient information, audit, digital literacy, data protection and legislation. In health and social care, we document care and share information as required, such as referring a person for a specific diagnostic test or specialist review.

Therefore, we need to practise the principles of General Data Protection Regulation (GDPR) by ensuring all personal data is processed lawfully and transparently, data is obtained for a specific purpose and limited only to those that need to know and handled in a way that ensures security and protection of the data (Data Protection Act, 2018).

Quality improvement

Quality improvement includes patient experience, safety and clinical effectiveness, and is a key marker of local and operational performance. There are many ways to evaluate and measure quality in health such as patient and service user feedback questionnaires, patient advice and liaison services (PALS), NHS complaints and Care Opinion. Launched in 2013, the Friends and Family Test (FFT) seeks the opinion of service users to understand what went well and where services can be improved. The same year a systematic review found a positive association between patient experience, patient safety and clinical effectiveness (Doyle et al., 2013). The review included a weight of evidence to support the patient experience, in some cases suggesting that patients can be used as partners in identifying unsafe practice and helping to develop safe, highly effective care. The CQC is an independent regulator of health and social care in England and its lines of enquiry focus on whether care is safe, effective, caring, responsive and well led (CQC, 2022). The Commissioning for Quality and Innovation (CQUIN) framework supports the improvement in the quality of services and the creation of new, improved patterns of care (NHS England, 2023). One example of a quality improvement is increasing the uptake of flu vaccinations among healthcare staff (NHS England, 2023).

In Chapter 7, you will explore how clinical audits provide a picture of how services are performing. Data collection and audit is often collated by the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and the National Quality Improvement and Clinical Audit Network (NQICAN). Both networks work closely with NHS England, Healthcare Quality Improvement Partnership (HQIP) and National Institute for Health and Social Care Excellence (NICE).

Staff focus

The *NHS Constitution* (Department of Health and Social Care [DoHSC], 2021) states that the NHS will provide high-quality safe care focused on patient experience, the people it employs and the support and education that they receive. This theme refers to the safe and appropriate recruitment and management of staff in an organisation and may include the following:

1. ensuring staff have access to relevant equipment and other resources that enable them to carry out their role;
2. staff can discuss any learning needs and opportunities with their manager;
3. staff have access to relevant training;
4. staff can air any concerns with their manager or an independent person confidentially;
5. staff may need to be performance-managed.

Leadership

The *NHS Constitution* (DoHSC, 2021) states that patient safety, experience and outcomes are improved if staff feel valued, empowered and well supported. Therefore, this theme has a staff focus as well as quality assurance and performance monitoring. Quality assurance is about the maintenance of a desired level of quality in a service or product, paying attention to each stage of the process and delivery of care. Key performance indicators (KPIs) ensure that organisations can measure each process and outcome. However, KPIs will vary across all clinical areas – for example, a TNA or RNA working in primary care will have knowledge of KPIs such as health checks, health screening, immunisations and management of long-term conditions. In contrast, in urgent care the KPIs may be about time to answer a patient telephone call or time to see someone after they present to the emergency department. For clinical governance to be effective all stakeholders, from clinicians, registered nurses, midwives, health care assistants, allied health care professionals to executive boards and managers, need to understand and get involved in it. Registered nurses and midwives are key to including patients and public and promoting safety.

The following two case studies will help illustrate elements of clinical governance in practice.

Case study: Jack

Jack is a 40-year-old patient with Down Syndrome and he has a learning disability. He has been admitted to the emergency department following a fall down the stairs; he banged his head and knocked his right foot. Jack has been very reluctant to walk since. The staff in the emergency department are extremely busy and do not have time to sit with Jack. An RNA, Ali, notices that Jack looks upset and decides to sit with Jack while he waits for his parents to arrive. Ali explains the treatment plan for Jack and provides easy-read cards; he also refers Jack to the hospital learning disability team. When Jack's parents arrive, Ali takes time to explain Jack's treatment, allowing them time to ask any questions. Later, a TNA speaks to Ali, reporting that he needs to understand more about the Mental Capacity Act and asking where he can access modified assessment tools.

The *Learning Disability Improvement Standards* (NHS Improvement, 2018) have been developed by people and their families to state what they expect from the NHS. Their four standards are:

1. respecting and protecting individuals' rights;
2. inclusion and engagement for people with a learning disability, their families and carers;
3. organisations will ensure that the workforce will have specialist knowledge to support people with a learning disability, their families and carers;
4. specialist learning disability services provided by trusts.

The care delivered by Ali is in accordance with the *Learning Disability Improvement Standards* (NHS Improvement, 2018) outlined above and the scenario illustrates the following themes of clinical governance:

- *patient-focused* – as Ali takes time to sit with Jack, build a rapport and try to establish why Jack may be upset. It is important to involve the patient and their carers in any decision-making and ensure that effective communication skills are used – for example, Makaton/flash cards/easy-read cards. In this scenario, Ali has been respectful, involved Jack and his parents in his care and used appropriate language and communication to increase understanding;
- *staff-focused* – as Ali has appropriate skills to support Jack, but also within the scenario a TNA has identified that he needs to increase his knowledge.

Case study: Hilary

Hilary had been admitted to a hospital ward for investigations; recently bereaved she felt tearful and lonely. Due to the severe acute respiratory syndrome, coronavirus (SARS-CoV-2) disease or Covid-19 pandemic, the hospital restricted visiting to one person for one hour per day, but Hilary's closest relatives live approximately 250 miles away. Hilary understood that her family could not visit each day but felt isolated not having a phone to stay connected with family.

Due to restricted visiting in hospitals and care homes this was a common occurrence, with many staff reporting daily challenges by families to relax the visiting restrictions. Understandably this practice led to stress for all involved: staff, patients and their families. On this particular ward, the manager ran weekly team briefings and was supportive of staff, listening to their concerns and challenges. The team agree to provide patients with an iPad and to schedule a time when patients could contact their families. This practice was viewed positively by patients and their families.

This scenario illustrates the following themes of clinical governance:

- *patient-focused* – as there is patient and public involvement as patients now have access to iPads or other devices so that they can communicate with their families;
- *staff-focused* – by listening to staff concerns and supporting them with decisions made around visiting;
- *quality improvement* – by ensuring patients were able to communicate with family members while in hospital, therefore reducing feelings of isolation and improving the patient experience;
- *leadership* – by ensuring staff felt that they could air their concerns in a safe space.

Activity 1.3   Reflection

- What role do you play in clinical governance?
- How do you or the organisation that you work for evidence the five themes (or seven pillars) of clinical governance?

An outline answer is given at the end of this chapter.

Throughout this book we will be referring to clinical governance – for example, in Chapters 2 and 3 we will be looking at leadership theory and the interpersonal skills of a leader. Good leadership is more than managing people; it is also about how people develop their knowledge and skills. In Chapter 5 you will develop an understanding of how care-related data provides effective standards of care; in Chapter 7 you will explore how to monitor and review the quality of care delivered.

The leadership role of a trainee nursing associate and registered nursing associate

Leadership is a key skill for all nurses and care assistants and is not just restricted to those with direct managerial responsibility; this may be reiterating what we have previously said but it is very important! As an example, some staff may be leaders in their clinical role, such as an RNA leading a team or leading a wound care audit or a change in practice. The NMC (2018a, p. 21) states as a registered nurse, midwife or nursing associate 'You should be a model of integrity and leadership for others to aspire to.'

Effective leadership is essential to providing high-quality compassionate care and there has been an international drive to nurture leadership development in novice and newly qualified nurses (WHO, 2020b). All nurses need the confidence and leadership skills to be able to act as a patient advocate within the context of a multidisciplinary team (HEE, 2015). The TNA and RNA have a key role to play in leadership and followership by demonstrating effective communication skills when working in teams; providing supervision and feedback to colleagues as indicated; by improving the safety and quality of care provided (NMC, 2018a).

However, there are challenges to developing leadership skills in trainee nurses and TNAs and this is around a misunderstanding about leaders and managers as the words are often used interchangeably. As the RNA role is relatively new (NMC, 2018a), there seems to be a lack of clarity about the RNA's scope of practice and limitations to caring for patients with high levels of acuity (Lucas et al., 2021). It has been suggested that the following attributes will enable nursing students to develop their leadership skills (Jack et al., 2022) and this could also be applied to the role of the TNA:

- interpersonal competence;
- contemporary clinical knowledge;
- acting as a role model.

So, what does this look like in clinical practice? Let us look at these attributes in more detail.

Interpersonal competence

Interpersonal relates to relationships or communication with people and *competence* is having the ability to do something successfully or efficiently. Therefore*, interpersonal competence* is the ability to interact effectively with colleagues, patients, family and carers. As a TNA or RNA, practising interpersonal competence will enable you to develop a therapeutic relationship, to actively listen and provide person-centred care.

Understanding the theory: person-centred care

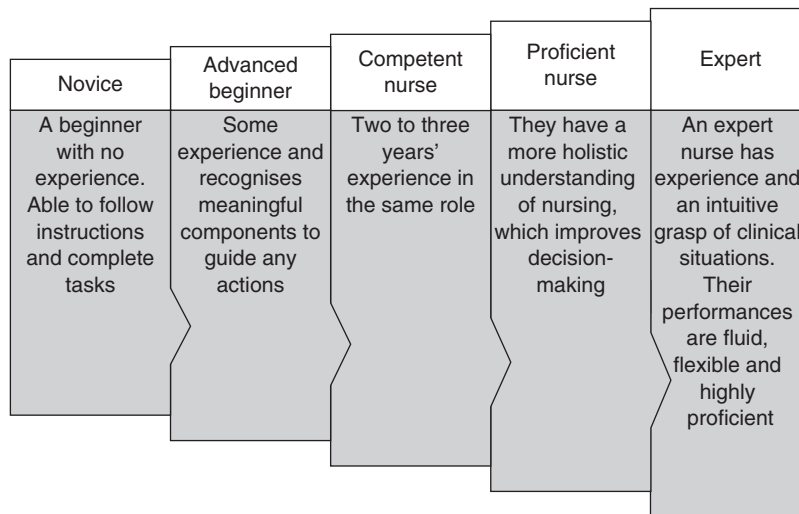We have read about person-centred care and understand that person-centred care is about:

- shared decision-making;
- enabling patient choice, including their legal right to choose;
- supporting decisions made and patient self-management;
- social prescribing and community-based support;
- working in partnership with individuals and their health and social care professionals;
- personal health budgets. (NHS England, 2019)

As a leader in practice, you will be supporting and leading others such as TNAs, student nurses, healthcare or maternity support workers and need to be able to practise *interpersonal competence* in situations such as delegation or escalation of care. Effective communication with the wider professional team through delegation and supervision will lead to highly effective, safe patient care. The NMC (2018a) refers to effective communication, stating that the TNA and RNA must be able to communicate with sensitivity and compassion and be able to manage relationships that ensure safe person-centred care. The TNA and RNA need to be culturally aware of all people and ensure their preferences are considered when delivering person-centred care. These interpersonal skills will be discussed in more detail in Chapter 3 and in Chapter 8.

Contemporary clinical knowledge

As a TNA working towards registered practice, you must be able to act in the best interests of people, providing person-centred, safe and compassionate care in a range of care settings (NMC, 2018a). Contemporary clinical knowledge is about being up to date

with current clinical practice: this knowledge informs us and enables us to make clinical decisions. Why is this important? The NMC (2018a) describes critical thinking and clinical decision-making as the process of analysing a situation, considering various aspects of the situation and deciding on a plan of action (or a decision). By demonstrating expertise and *contemporary clinical knowledge*, the TNA can prioritise patient care, escalate care as deemed necessary and therefore work effectively as a leader and team-worker. Throughout your foundation degree and once you qualify as an RNA you will continue to develop your knowledge; begin to recognise meaningful patterns to guide your practice; become proficient in your assessments which, in turn, improves your clinical decision-making; and be able to work as an expert within your field. This was described by Benner (2001 [1984]) as 'novice to expert'; this theory is not based on how to become a nurse but more on how a nurse develops skills and knowledge over time. See Figure 1.2.

Novice	Advanced beginner	Competent nurse	Proficient nurse	Expert
A beginner with no experience. Able to follow instructions and complete tasks	Some experience and recognises meaningful components to guide any actions	Two to three years' experience in the same role	They have a more holistic understanding of nursing, which improves decision-making	An expert nurse has experience and an intuitive grasp of clinical situations. Their performances are fluid, flexible and highly proficient

Figure 1.2   Novice to expert

Source: Adapted from Benner (2001 [1984]).

As an RNA you will continue to grow, both personally and professionally; through continuing professional development by gaining new knowledge and skills. Every three years you must revalidate with the NMC to remain on its register. Revalidation is about demonstrating good practice and provides the public with reassurance that you remain up to date in your practice (NMC, 2019b). Importantly, the process of revalidation will help you to reflect, share and improve your nursing practice.

Acting as a role model

Acting as a role model is behaving in a particular way that is observed and replicated by others. As a TNA, you are working towards registered practice and will be aware of the NMC *Code* (2018a) and the professional standards that all nurses, midwives and nursing associates must uphold to be registered to practise in the United Kingdom. *The Code* (2018a) provides a set of common standards of conduct and behaviour based around four themes; these are:

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- prioritise people;
- practise effectively;
- preserve safety; and
- promote professionalism and trust.

By demonstrating these behaviours as a TNA or RNA you are acting as a role model to other nurses, midwives, nursing associates and nursing students.

Being a role model is also an important aspect of leadership in nursing, as leaders use their skills to mentor others in leading, managing their workload, effective communication skills and supporting the team and patients in their care. Examples of role modelling include demonstrating effective communication when working in teams, such as active listening when dealing with a team member's concerns or being a calm presence when exposed to a stressful situation (NMC, 2018a). This will be discussed further and in the context of compassionate leadership in Chapter 8.

Case study: Mayan

Mayan is a TNA, is on placement at a GP practice and has been working there for six weeks. Mayan is working with a health care assistant (HCA) who is running a phlebotomy clinic. The HCA has completed the appropriate venepuncture skills training and has been signed off as competent, but is feeling apprehensive about delivering their first phlebotomy clinic. Mayan is experienced and competent in venepuncture so has been asked to run the clinic with the HCA. Before starting the clinic, Mayan offers some words of encouragement and support to the HCA.

Mayan observes the HCA identify and prepare the patient for venepuncture and then carry out venepuncture as per local policy, adhering to aseptic non-touch technique (ANTT). During the procedure, the patient reported that they are prone to bleeding post venepuncture as they take antiplatelet medication, so Mayan advises the HCA to apply pressure once the needle has been removed as per local policy. Once the patient had left the clinic, Mayan gave verbal feedback to the HCA on their communication with the patient and venepuncture technique.

Activity 1.4   Reflection

The case study above illustrates that Mayan has demonstrated the three leadership skills: interpersonal skills, clinical knowledge and role modelling.

Can you recall a time when you demonstrated leadership skills such as good interpersonal skills, clinical knowledge and acting as a role model?

How can you continue to develop your skills?

As this activity is based on your own observation, there is no outline answer at the end of the chapter.

Final thought

Research on the RNA role is highlighting its importance, but there needs to be further clarity on the RNA's scope of practice. A qualitative study exploring the implementation of the RNA role in the acute setting showed some variability of the role in practice (Lucas et al., 2021). For example, some senior nurses acknowledged that the role would be beneficial to the organisation and that there was a readiness for change, whereas others cited cost implications and a lack of policy description as challenging. RNAs reported that they saw this role as an opportunity for career progression but reported challenges such as lack of understanding of the role by others and a blurring of role boundaries when staffing was poor in clinical areas.

The RNA role needs to be championed and the scope of the role clearly defined in health and social care organisations. The role should not just be seen as a career progression role, but as a role in its own right (Lucas et al., 2021). It has been recommended that TNAs and RNAs would benefit from early career development advice and support from their employers to develop their leadership skills (Robertson et al., 2022).

Chapter summary

Policy and the laws and processes that underpin healthcare delivery are extensive and, at times, complex – this chapter has introduced you to several impactful and relevant policies. An understanding of these will help you to comprehend the 'bigger picture' that establishes and constrains the care that you are able to provide. As a leader it is important to be able to influence the decision-makers and therefore to have an awareness of who the decision-makers might be. Clinical governance is a framework to ensure that standards of clinical excellence are set and then maintained, and this framework makes it very clear that effective leadership relates directly to this aim. Finally, your leadership role as a TNA/RNA has been emphasised and described, especially in relation to three elements: interpersonal skills, clinical knowledge and role modelling. This chapter introduces you to themes that will be revisited and expanded upon throughout this book.

Activities: brief outline answers

Activity 1.1 Research

The Health and Care Act 2022 created the following partnership and delivery structures:

- a 'neighbourhood' which is a network of primary care providers such as GPs, dentists, opticians and pharmacies covering a population of approximately 30,000–50,000 people;

- a 'place' which consists of health and well-being boards and place-based partnerships, which may include local authorities, Healthwatch (independent statutory body), NHS trusts and voluntary, community and social enterprise (VCSE) organisations covering a population of approximately 250,000–500,000 people;
- an 'integrated care system' made up of provider collaboratives which may be NHS trusts, the independent sector or VCSE organisations covering a population of 1–2 million people. There are 42 in England and they are made up of integrated care boards and integrated care partnerships.

Activity 1.2 Reflection

Your answer to this question will be unique and much influenced by your own engagement with healthcare, either as an employee or perhaps as a patient yourself.

It is worth noting that despite all the pressures and challenges that the NHS currently faces the Nuffield Trust reminds us that the NHS does better than other comparable countries at protecting people from excessive costs if they are ill and this, in turn, means people are not put off seeking help when needed. And, according to the American 'think tank' the Commonwealth Fund (2021), the UK ranked fourth in overall performance when compared with ten other health systems from wealthy countries in 2021. It may not be perfect, but the NHS is not failing; like any organisation, it needs funds and staff and as long as those are available in adequate numbers then evidently the NHS can and will provide adequate healthcare for the country's population.

Activity 1.3 Reflection

You may have considered the following.

1. *Patient-focused* by ensuring that patient safety is paramount, working with risk management teams and other agencies. By listening to the patient needs and designing services around this need.
2. *Information-focused* by using audit to monitor patient and staff experiences and using this to share learning from incidents and develop, maintain and monitor action plans following investigations.
3. *Quality improvement*, including the patient experience, safety and clinical effectiveness, is a key marker of operational performance in health and social care settings.
4. *Staff focus*, looking at the health and well-being of nursing staff as healthier working environments can improve patient outcomes.
5. *Leadership* styles contribute to good team-working, lower stress and higher empowerment with authentic leaders being good role models consistent with values and vision for healthcare. Leadership is a predictor of quality outcomes in healthcare settings.

Further reading

Gopee, N. and Galloway, J. (2017) *Leadership and Management in Healthcare* (3rd ed.). London: Sage.

This book covers a wide range of aspects of management and leadership particular to the healthcare environment.

West, M.A. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care*. London: Swirling Leaf Press.

An evidence-based approach to transfer leadership and cultures within health and social care teams. An insightful book that will help people think about their leadership practices.

Useful websites

www.england.nhs.uk/clinaudit/

Clinical audit: find out how NHS England uses audit to review whether healthcare is being provided in line with national standards and informs care providers and patients whether their service is doing well and where there could be improvements. Read about the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and National Quality Improvement and Clinical Audit Network (NQICAN).

www.kingsfund.org.uk/health-care-explained

Health and care explained (King's Fund): videos and podcasts that explain health and care in the United Kingdom.

www.england.nhs.uk/statistics/statistical-work-areas/patient-surveys/

National patient and staff satisfaction surveys: find out how NHS England produces and uses a range of surveys to obtain feedback from patients, services users and NHS staff about the care that they receive or provide.

www.england.nhs.uk/nhs-standard-contract/cquin/cquin-23-24/

NHS England (2023) *Commissioning for Quality and Innovation (CQUIN): 2023/24*. The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care.

https://youtu.be/gQdV_r0poxk

An NMC-produced video on what revalidation means for nurses, midwives and nursing associates.

https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/

Quality, service improvement and redesign (QSIR) tools – a collection of service improvement and redesign tools that can be applied to a wide variety of situations.