



Senior Nurse Out of Hours

PROJECT REPORT

June 2016



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ACKNOWLEDGEMENTS

Whilst health and social care services continue to be delivered to the highest standards across a system supported by a highly skilled and motivated workforce, the effective and safe management of patients during nights and weekends is increasingly being emphasised as a key challenge for hospitals. Indeed, there is a growing international body of research linking higher mortality rates and poorer outcomes with hospital care delivered at nights and weekends, compared to care delivered during weekdays and daytime shifts.



The Regulation and Quality Improvement Authority conducted an independent *Review of Hospitals at Nights and Weekends* (RQIA, 2013) which highlighted differences between acute hospitals in the availability of services and staffing at nights and weekends across Northern Ireland. The report made 29 recommendations which have the potential to contribute positively to the delivery of safer care at all acute hospitals across Northern Ireland.

In 2015, NIPEC established a regional Task and Finish Group to address recommendations 1 and 11 within the RQIA (2013) report, which I chaired on behalf of the five HSC Trusts' Executive Directors of Nursing. The aim was to ensure career pathways exist for nurses to prepare to take on the key role of Senior Nurse Out of Hours and the standardisation of job titles to avoid confusion for staff who move between hospitals.

I present this report which provides an overview of the project aims and objectives, methodology and outputs. I would like to thank the members of the Regional Task and Finish Group (Appendix One) for their commitment and dedication during the lifetime of the project, as well as those who contributed in any way to the development and refinement of the project outputs. I commend these to you all and am confident that this work will help to clarify and strengthen the role of the Senior Nurse Out of Hours within HSC Trusts across Northern Ireland, and, in so doing, support high quality management of patients Out of Hours.

With regards

A handwritten signature in cursive script, appearing to read 'Brenda Creaney'.

Brenda Creaney
Chair of the Project Task and Finish Group
Executive Director of Nursing and User Experience
Belfast Health and Social Care Trust

1.0 Introduction

- 1.1 In 2015, the Clinical Director of the HSC Safety Forum (NI) asked NIPEC to progress a project to address Recommendation 1 within the *Review of Hospitals at Nights and Weekends Report* (RQIA, 2013): “Trusts should ensure there are career pathways for nurses to prepare to take on the key roles of Senior Nurse Leads in hospitals at nights and weekends”. In so doing, it was agreed that the work would also address Recommendation 11 within the report, in relation to nursing: “The job titles of key roles in hospitals at nights and weekends should be standardised across hospitals to avoid confusion for staff who move between hospitals”.
- 1.2 The project was managed through a regional Task and Finish Group, chaired by Brenda Creaney, Executive Director of Nursing and User Experience (BHSCT) to ensure the objectives were achieved. This report presents the project plan, including the aim and objectives, scope and methodology, along with the project deliverables and recommendations and considerations for further work.
- 1.3 The project outputs and recommendations and considerations included within this report will assist the HSC Safety Forum (NI) in supporting actions to address Recommendations 1 and 11 contained within the Regulation and Quality Improvement Authority Report on the *Review of Hospitals at Night and Weekends* (RQIA; 2013).

2.0 Background

- 2.1 Whilst health and social care services continue to be delivered to the highest standards across a system supported by a highly skilled and motivated workforce, effective and safe management of patients during nights and weekends is increasingly being emphasised as a key challenge for hospitals. Indeed, there is a growing international body of research linking higher mortality rates and poorer outcomes with hospital care delivered at nights and weekends, compared to care delivered during weekdays and daytime shifts (Kostis et al, 2007; Peberly et al, 2008; Aujesky et al, 2009; Mourad & Adler, 2011; Freemantle et al, 2012).
- 2.2 During 2013, the RQIA conducted an independent review of hospitals at nights and weekends. The review team, which included senior clinicians from teaching hospitals in England and lay membership, examined a range of issues relating to the safe delivery of care in acute hospitals at nights and weekends. These included: handover arrangements, services available, nursing and medical staffing arrangements and safety. The Review report (RQIA, 2013) highlighted differences between acute hospitals in the availability of services and staffing at nights and weekends. At times, pressures to accommodate emergency admissions led to the transfer of patients between wards, and difficulties often existed in providing staff to accompany patients who required to be transferred between hospitals at night. The

report made 29 recommendations, which the reviewers believe have the potential to contribute positively to the delivery of safer care at all acute hospitals across Northern Ireland.

- 2.3 In 2015, the Clinical Director of the HSC Safety Forum (NI) asked NIPEC to progress work to address Recommendation 1 within the report: *“Trusts should ensure there are career pathways for nurses to prepare to take on the key roles of Senior Nurse Leads in hospitals at nights and weekends”*. In so doing, it was agreed that the work would also address Recommendation 11 within the RQIA (2013) report, in relation to nursing: *“The job titles of key roles in hospitals at nights and weekends should be standardised across hospitals to avoid confusion for staff who move between hospitals”*.
- 2.4 According to the International Council of Nurses (ICN; 2010) a Career Pathway facilitates the provision of improved health care, develops excellence in nursing and allows career advancement and remuneration for demonstrated competence, experience and education preparation at different levels within and across all fields of nursing.
- 2.5 Career pathways are important as they describe the route and approach that can be taken by someone wishing to develop their career within a given profession. A career pathway is not just about promotion or advancement to the next level. They can be both vertical and diagonal in terms of a promotion, or horizontal in terms of a sideways development move. Career pathways map out the role, knowledge, skills, experience and different levels within each setting.
- 2.6 This project is timely given that a Career Pathway for Nursing and Midwifery in Northern Ireland (NIPEC, 2015), across all sectors and settings, has recently been developed. It is therefore anticipated that the Career Pathway designed as part of this project for the Senior Nurse Out of Hours will be incorporated into NIPEC’s Career Pathway for Nursing and Midwifery which is available at www.nursingandmidwiferycareersni.hscni.net

3.0 Scope and Operational Definition

- 3.1 For the purpose of this project and to ensure relevant stakeholder inclusion and engagement to meet the objectives, the characterisation of Senior Nurse Leads included in the RQIA Review (2013) was used, as below:
- 3.2 The RQIA Review (2013) concluded that on each hospital site in Northern Ireland, there is a Senior Nurse who has a lead role in the management of the hospital. The title of this nurse differs between hospitals and could either be the Night Sister, the Patient Flow Co-ordinator or the Bed Manager. The roles, however, are similar and include: nurse staffing management, coordination of patient flow, liaison with services within and outside the hospital, and responding to incidents and emergencies. In most hospitals, these nurses generally work only at nights or

weekends in a single hospital. However, in some hospitals they alternate between days and nights. In the Belfast Health and Social Care Trust, Patient Flow Co-ordinators rotate between the three different hospital sites, resulting in the sharing of experience between sites.

- 3.3 Following much discussion at the initial Task and Finish Group meeting, it was agreed that Children's Hospitals or services and clinical teams providing night and weekend services, for example, critical care outreach, would not be included in the current project as these areas require a different approach. However, a consideration has been included in this report (page 7) recommending that a Group is established to progress work to address these areas.

4.0 Aim and Objectives

4.1 Aim

The aim of this project was to ensure career pathways exist for nurses to prepare to take on the key roles of Senior Nurse Leads in hospitals at nights and weekends and standardisation of job titles to avoid confusion for staff who move between hospitals.

4.2 Objectives

- i. Review the literature and identify existing pathways to inform this work;
- ii. Develop a role framework for Senior Nurse Leads in hospitals at nights and weekends which includes a regional job title, core components of a job description, core competencies required and a learning and development plan;
- iii. Design and agree a career pathway for Senior Nurse Leads linked to NIPEC's web-based Career Pathway for Nursing and Midwifery;
- iv. Make recommendations about processes that regionally and within organisations support succession planning for the Senior Nurse Lead role;
- v. Develop and host a mini-website with a menu of resources on NIPEC's website relevant to the role of Senior Nurse Lead;
- vi. Recommend an approach which supports the implementation and evaluation of the products/resources within the HSC Trusts;
- vii. Submit considerations and recommendations to the Clinical Director of the HSC Safety Forum.

5.0 Methodology Overview

- 5.1 The project was completed over a nine month period between August 2015 and April 2016. A regional Task and Finish Group was established by NIPEC, chaired by an HSC Trust Executive Director of Nursing, to provide the overall direction, management and governance of the project. Membership of the Group included senior representatives from key stakeholder organisations including the five HSC Trusts, NIPEC, Professional and Staff Side Organisations and regional Human Resources representation (Appendix One). The Task and Finish Group met on six

occasions during the life-time of the project. A Terms of Reference for the Group is presented in Appendix Two.

- 5.2 A Project Initiation Document (PID) was developed and agreed with members of the Task and Finish Group to set out the project management structure, objectives and the programme of work required to achieve the aim of the project. The PID can be viewed at www.nipec.hscni.net
- 5.3 Representatives from stakeholder organisations on the Task and Finish Group agreed responsibility for setting up effective communication and consultation mechanisms, in relation to the project, within their respective organisations and with relevant Forums. This enabled the obtaining and sharing of feedback and information to support the development of the project outputs and subsequent implementation and evaluation.
- 5.4 Two sub-group meetings were also held during the project to support the Project Lead/NIPEC Senior Professional Officer in the design, development and refinement of the project outputs. A final Task and Finish Group meeting was held on 21st April 2016 to agree the final outputs of the project as presented in Tables 1 and 2 below:

Table 1: Regionally Agreed Titles for the role of Senior Nurse Out of Hours

Senior Nurse Out of Hours	
Regionally Agreed Titles	Related Titles (currently used within HSC Trusts)
Senior Nurse / Hospital at Night	Clinical Nurse Co-ordinator or Clinical Nurse Practitioner
Senior Nurse / Patient Flow	Bed Manager or Night Sister
Senior Nurse / Hospital at Night & Patient Flow	Patient Flow Co-ordinator, Senior Nurse/Duty Manager, Clinical Nurse Co-ordinator or Clinical Nurse Practitioner

Table 2: Project Outputs for the role of Senior Nurse Out of Hours

Project Outputs	
Career Pathways	Copy for each role available at Appendix 3
Job Descriptions (Core Elements)	Copy for each role available at Appendix 4
Competence Assessment Tools	Copy for each roles available at Appendix 5

5.6 For HSC Trusts employing Senior Nurses with the title Senior Nurse/Hospital at Night & Patient Flow, the post-holder's Job Description must comprise the core elements of both regionally agreed Job Descriptions and Competence Assessment Tools (Senior Nurse / Hospital at Night & Patient Flow). An example of which is available in Appendix 4.

5.7 The Chair of the Task and Finish Group presented a Final Report including project outputs to the Clinical Director of the HSC Safety Forum at the end of May 2016.

6.0 Evaluation

6.1 The project will be evaluated and monitored on an on-going basis throughout its duration, evidenced via an audit trail of the notes of the Task and Finish Group meetings and a Final Report.

7.0 Dissemination and Implementation

7.1 Communication and consultation processes were on-going throughout the project, using various mechanisms. The Project Lead provided feedback to the Task and Finish Group on behalf of the Sub-Group members. Members of the Task and Finish Group provided feedback and information in relation to the project and outputs within their respective organisations and to relevant Forums.

7.2 Details of the project were updated regularly on NIPEC's website, to reflect the progress of the project and encourage contribution and participation from relevant stakeholders and individuals. The Final Project Report is also published on NIPEC's website.

7.3 The Career Pathways for Senior Nurse Out of Hours roles will be uploaded to the web-based *Northern Ireland Career Pathway for Nursing and Midwifery* (NIPEC, 2015, including the project outputs and contacts to support the development of and succession planning for the role of Senior Nurse Out of Hours.

- 7.4 Promotional material is available for the Career Pathway and an on-going process is in place to provide awareness sessions and presentations, for example, via NIPEC News Bulletins, SCAN and at conferences and events, in relation to the Career Pathway.
- 7.5 A formal launch will be planned for inclusion in the DHSSPS Chief Nursing Officer's 2016 Conference or NIPEC's 2016 Annual Conference to showcase the project outputs.

8.0 Recommendations and Considerations

- a) It is recommended that the job descriptions developed as part of this project should be submitted to the Regional Trade Union Office for completion of a job evaluation and agreement of a KSF post outline for each of the Senior Nurse Out of Hours roles.
- b) It recommended that the Chair of the Task and Finish Group should liaise with the other HSC Trusts' Executive Directors of Nursing and HR Directors to agree the promotion, implementation and evaluation of the products outputs within HSC Trusts across Northern Ireland.
- c) It is recommended that the Career Pathways for Senior Nurse Out of Hours roles are maintained and updated via the Regional Career Pathway Governance Group hosted by NIPEC.
- d) It is recommended that a Regional Group is established to progress similar work in relation to Children's Hospitals or services and clinical teams providing night and weekend services, for example, critical care outreach.

9.0 REFERENCES

- Aujesky, D., Jimenez, D., Mor, M.K., Geng, M., Fine, M.J. & Ibrahim, S.A. (2009) Weekend versus weekday admission and mortality following acute pulmonary embolism. *American Heart Journal*; 158(3): 451–458.
- Freemantle, N., Richardson, M., Wood, J. et al (2012) Weekend hospitalization and additional risk of death: an analysis of inpatient data, *Journal of the Royal Society of Medicine*; 105(2): 74-84.
- International Council of Nurses (ICN) (2010) *The global shortage of registered nurses: An overview of issues and actions*. Geneva, Switzerland.
- Kostis, W.J., Demissie, K., Marcella, S.W., Shao, Y.H., Wilson, A.C. & Moreyra, A.E. (2007) Weekend versus weekday admission and mortality from myocardial infarction. *New England Journal of Medicine*; 356(11): 1099-110.
- Mourad, M. & Adler, J. (2011) Safe, high quality care around the clock: What will it take to get us there? *Journal of General Internal Medicine*; 26(9): 948-950.
- NIPEC (2015) *Northern Ireland Career Pathway for Nursing and Midwifery: a web-based resource*. Available at: www.nursingandmidwiferycareersni.hscni.net
- Peberdy, M.A., Ornato, J.P., Larkin, G.L. et al (2008) Survival from in-hospital cardiac arrest during nights and weekends. *Journal of the American Medical Association*; 299(7): 785-792.
- RQIA (2013) *Review of Hospitals at Nights and Weekends*. Available at: http://www.rqia.org.uk/cms_resources/Report%20on%20the%20Review%20of%20Hospitals%20at%20Nights%20and%20Weekends%20Published%2003%20July%2013.pdf

TASK AND FINISH GROUP MEMBERSHIP

Organisation	Representative
BHSCT (Chair)	Brenda Creaney, Executive Director of Nursing and User Experience
NIPEC (Project Lead)	Carole McKenna, Senior Professional Officer
BHSCT	Patricia Ferguson, Patient Flow Manager Tracy Kennedy, Service Manager, Unscheduled Care AnnMarie Ward, Hospital at Night Coordinator
SHSCT	Patricia Loughan, Lead for Patient Flow Mary Burke, Head Of Medicine And Unscheduled Care Chris McCavana, Nursing Services Manager for Unscheduled Care
WHSCT	Raymond Jackson, Nursing Services Manager for Unscheduled Care Mark Gillespie, Assistant Director Unscheduled Care
SEHSCT	Sheila Dawson, Emergency Care Reform Manager Raymond Gray, Clinical Co-ordinator - Medical Specialities Ruth Watson, Clinical Manager/Medical Specialities Clinical Manager Barbara McDowell-Anderson, Clinical Manager - Medical Specialities
NHSCT	Helen McClurg, General Manager Patient Pathway
HR	Elizabeth Brownlees, Assistant Director of HR, NHSCT
RCN	Annemarie O'Neill, Night Sister, NHSCT Garrett Martin, Deputy Director
Regional Trade Union	Maura McKenna
UNITE	Kevin McAdams
UNISON	Marion Ritchie Fiona Jess

SENIOR NURSE OUT OF HOURS PROJECT

TASK AND FINISH GROUP

DRAFT TERMS OF REFERENCE

Purpose:

The Task and Finish Group has been established to progress work to address Recommendation 1 with the RQIA Review Report (2013): “*ensure there are career pathways for nurses to prepare to take on the key roles of Senior Nurse Leads in hospitals at nights and weekends*” and Recommendation 11 in relation to nursing: “*The job titles of key roles in hospitals at nights and weekends should be standardised across hospitals to avoid confusion for staff who move between hospitals*”.

Key Role:

To achieve this purpose, the Task and Finish Group (see Appendix 2 membership) will function within the following terms of reference:

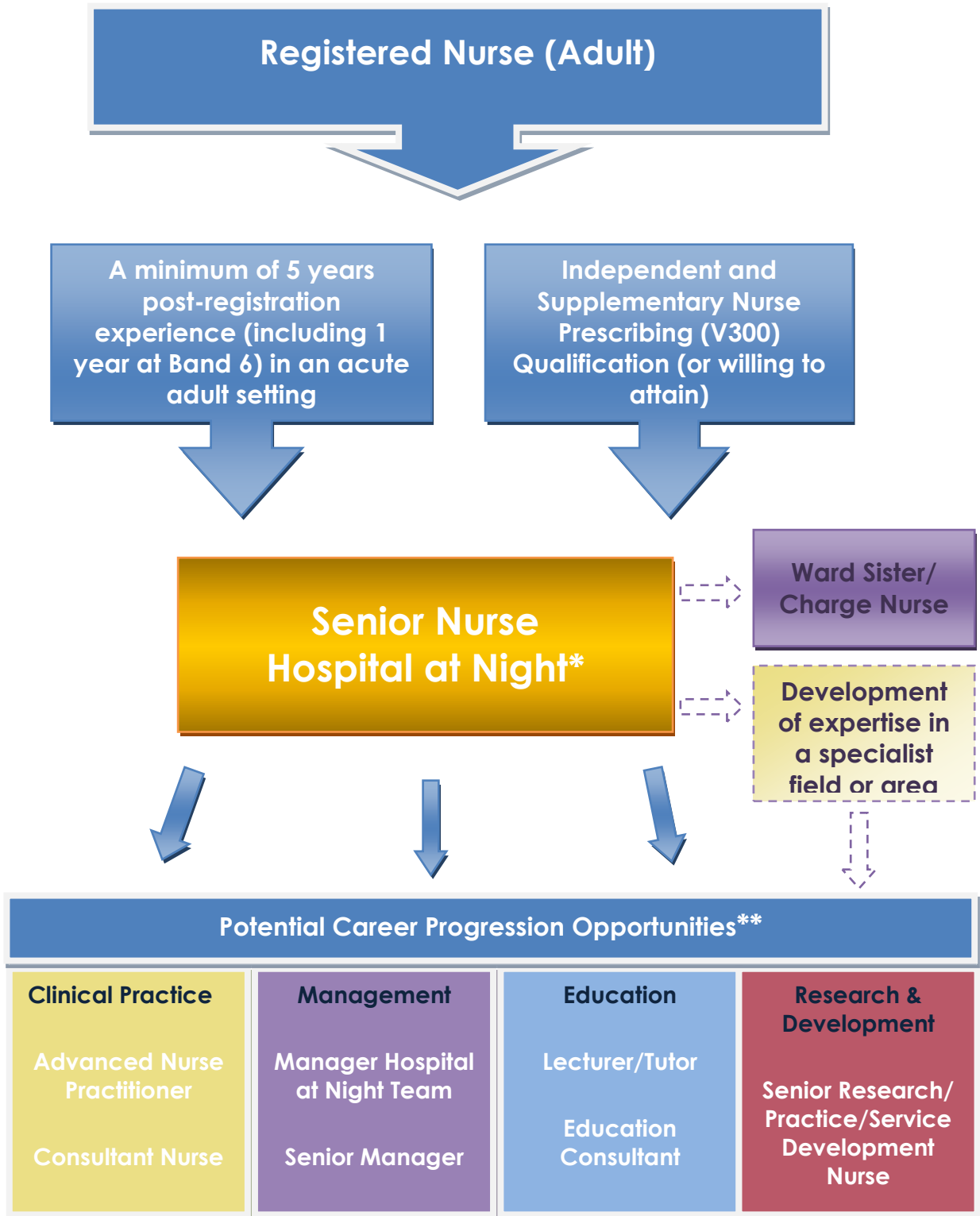
1. Produce a work plan and agree processes and timescales for delivery of project outputs.
2. Oversee the progress of the project to ensure delivery of project work plan.
3. Ensure effective communication and engagement with key stakeholders including dissemination of information relevant to the project within each of the participating organisations.
4. Submit considerations and recommendations to the Clinical Director of the HSC Safety Forum.

Membership:

- Members of the Group are representing their Trust’s Executive Director of Nursing or Professional and/or Trade Union Forums and are responsible for obtaining and sharing information with their relevant Forums.
- The Group will aim to complete its work in 4 meetings between October 2015 and March 2016.
- A quorum of 50% of members must be present for a Group meeting to proceed.
- Membership of the Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair

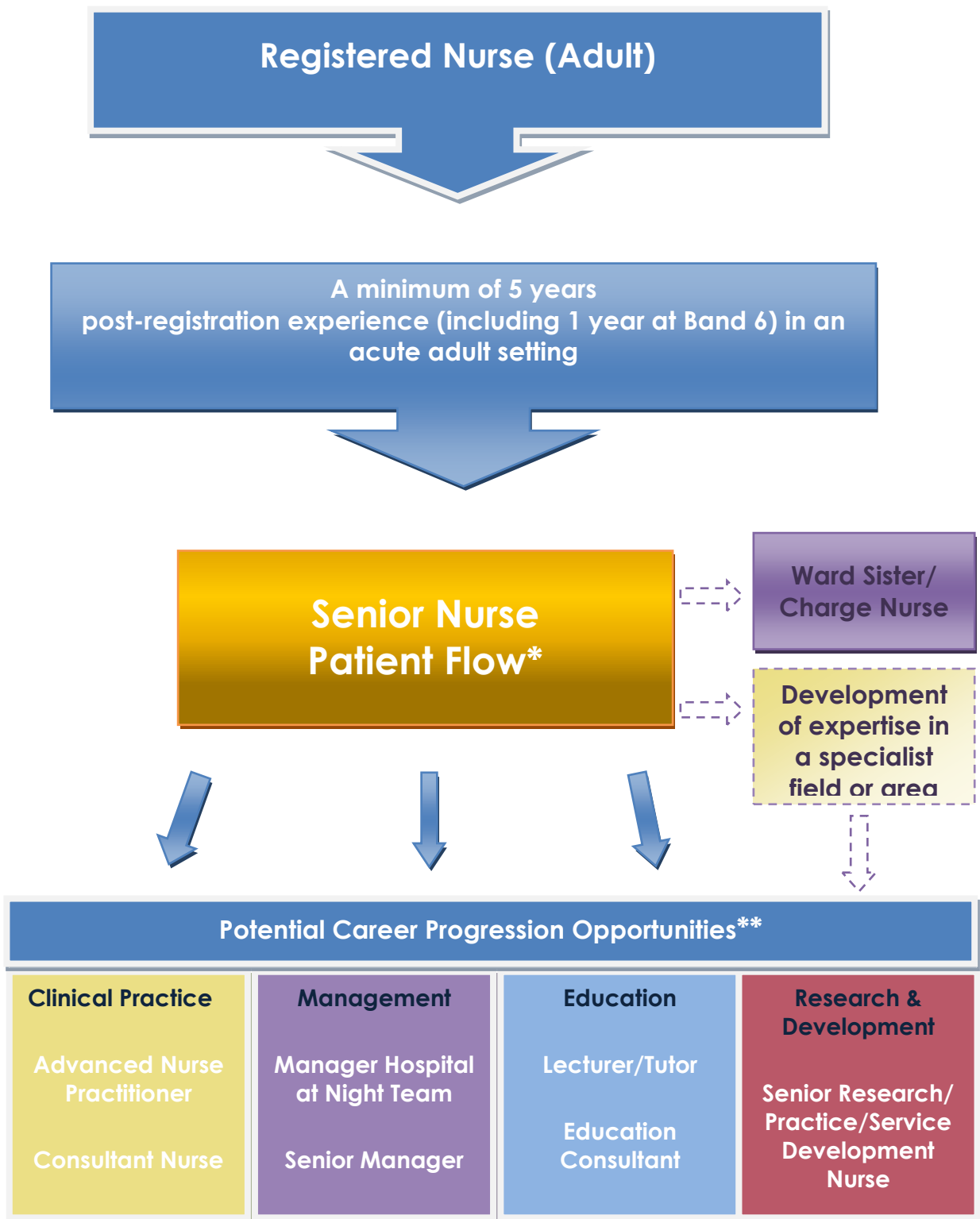
**Senior Nurse Out of Hours
Potential Career Pathways**

SENIOR NURSE / HOSPITAL AT NIGHT



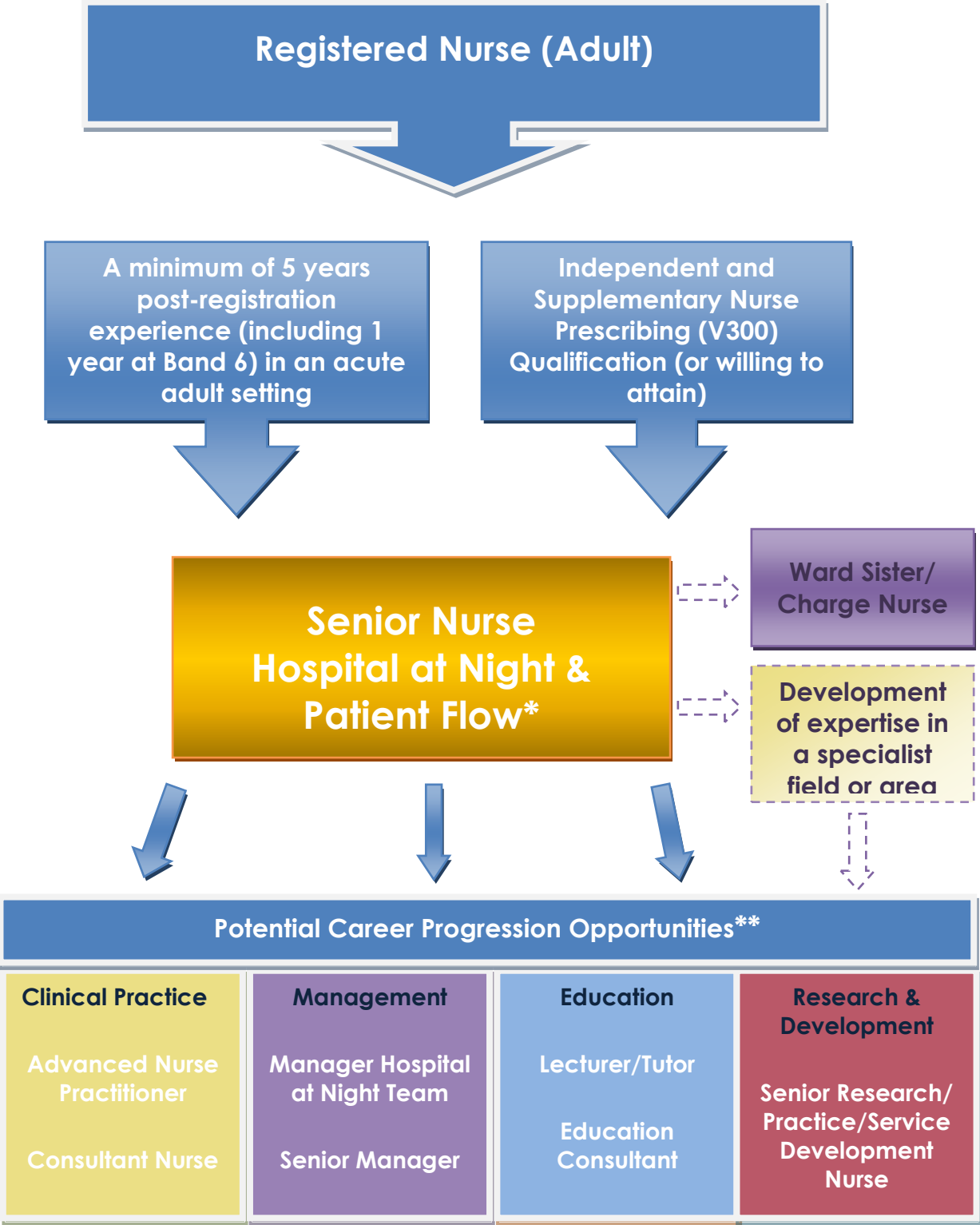
** This is not an exhaustive list of potential career progression opportunities. Visit www.nursingandmidwiferycareersni.hscni.net for the wider range of opportunities.

SENIOR NURSE / PATIENT FLOW



** This is not an exhaustive list of potential career progression opportunities. Visit www.nursingandmidwiferycareersni.hscni.net for the wider range of opportunities.

SENIOR NURSE / HOSPITAL AT NIGHT & PATIENT FLOW



** This is not an exhaustive list of potential career progression opportunities. Visit www.nursingandmidwiferycareersni.hscni.net for the wider range of opportunities.

Job Descriptions

Senior Nurse/Hospital at Night

Senior Nurse/Patient Flow

Senior Nurse / Hospital at Night & Patient Flow

REGIONAL CORE JOB DESCRIPTION

Title of Post: Senior Nurse / Hospital at Night

Grade of Post: AfC Band TBC

Reports/Accountable to: to be agreed locally

Location: to be agreed locally

Hours: to be agreed locally

Job Purpose:

In accordance with the Trust's Hospital at Night (H@N) service, as Senior Clinical Nurse the post holder will:

- Lead and coordinate the H@N team to ensure safe and effective patient care.
- Develop and maintain effective working relationships with colleagues Out of Hours.
- Work closely with the Medical Registrar and/or the clinical lead for the H@N team.
- Provide effective clinical decision making and clinical intervention within sphere of competence.
- Provide clinical leadership, advice, support and supervision to medical and nursing staff across all adult specialities to support them in their delivery of patient care.

Main Responsibilities:

Clinical Practice

1. Coordinate the management of identified patients, initiating nursing care as required and collaborating with medical and nursing colleagues when necessary
2. Assess, develop and implement advanced nursing care
3. Demonstrate advanced clinical skills and knowledge.
4. Demonstrate effective decision making that is person-centred and consistent with Trust policies to ensure timely and appropriate care is delivered by the relevant health care professional.
5. Provide advanced clinical skills and knowledge in the support of junior doctors and nursing staff as required.
6. Attend all clinical emergencies as required.
7. Manage the Trust bleep policy in relation to the H@N service.
8. Filter all calls to medical staff and refer clinical problems appropriately.
9. Ensure that programmes of patient care are carried out to optimum standards.

10. Monitor and report on the patient's condition according to agreed policy and
11. Maintain accurate patient records.
12. Support patient/client care through the provision of technical skills/therapeutic interventions to support the assessment process.

Developing team performance

1. Provide leadership that enables effective multi-disciplinary team working within the H@N service.
2. Support the practice and clinical decision making of medical and nursing staff by role modelling the delivery of safe, effective and person-centred care.
3. Provide effective clinical leadership to support and inspire colleagues to improve standards of care and promote continuous improvement.
4. Encourage and facilitate the sharing of ideas and examples of good practice.
5. Promote, develop and facilitate a learning and development culture within the H@N service.
6. Promote equality of opportunity for all, in accordance with the Trust's Equality Opportunity Policy.
7. Lead and participate in annual staff appraisal/development review, ensuring effective implementation of KSF for the H@N team.
8. Lead and participate in orientation and induction programmes for new staff appointed to the H@N service.
9. Support staff within the clinical area to develop new skills through appropriate delegation and supervision.
10. Identify and address areas of knowledge or skill deficiency and support the learning and development of those staff within the clinical area.

Managing the H@N team/service

1. Establish and maintain communication systems between ward/department staff and the H@N team.
2. Demonstrate effective interpersonal/communication skills within a multi-disciplinary setting.
3. Ensure good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment, progress of the patient and outcomes.
4. Provide leadership at the Hospital at Night MDT Handovers through effective coordination and delegation of duties
5. Work closely with the Senior Nurse / Patient Flow to ensure the delivery of safe, effective and person-centred care.
6. Ensure systems are in place to provide a safe environment for patient/client care, including an appropriate risk management strategy.
7. Ensure risk management arrangements are in place within the H@N service.
8. Ensure appropriate systems are developed and operational to facilitate dissemination of information within the H@N service.

9. Support staff members to ensure acceptable standards are attained, challenge appropriately and confidently where care falls below the expected standard and advise the relevant ward/department manager.
10. Manage poor performance and practice of staff reporting to the post-holder in line with HSC Trust policies.
11. Delegate appropriate responsibility and authority to the level of staff within the post-holder's control.
12. Promote the health and well-being of staff and observe for any signs of ill health or stress factors in staff assigned to the area and take appropriate action in line with the Trust's policies and NMC guidelines.
13. Participate as required in the selection and appointment of staff in accordance with Trust procedures.
14. Take such action as may be necessary in disciplinary and grievance matters in accordance with Trust procedures.
15. Ensure the effective use of the Trust's incident reporting mechanism systems are adhered to for the safe use of medical devices and that incidents/accidents are recorded, reported and investigated in accordance with Trust policy.
16. Support ward staff in dealing with complaints and document complaints as per Trust policy.
17. Report regularly and advise appropriate Line Manager regarding any issues impacting on the implementation of the service.

Professional, ethical and legal

1. Adhere to DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.
2. Maintain and update own professional knowledge and expertise in accordance with the NMC Code (2015), standards and professional guidelines.
3. Work within the competencies of the role as defined in the regionally agreed competency framework (2016).
4. Ensure Trust guidelines, policies and procedures are adhered to and Lead/contribute to the development of Trust policies and protocols appropriate to the H@N service, where appropriate
5. Adhere to the Data Protection Act (1998).
6. Keep accurate records, submit statistical information and compile reports as required in accordance with requirements of Trust policies and NMC requirements.
7. Develop and agree a personal development plan with the line manager yearly.
8. Attend all mandatory study days as agreed by Trust policy.
9. Develop additional skills in line with the requirements of the role.
10. Liaise with nursing managers and heads of nursing on all professional nursing issues.

Education, research and development

1. Participate in, support and encourage research and evidence based practice for the enhancement of patient care.
2. Participate in regular audit and record audit information in a timely, reliable and accurate manner.
3. Participate in the monitoring, planning and delivery and evaluation of the H@N service.
4. Maintain accurate and concise records that provide the necessary data for the purpose of evaluating and developing the service.
5. Provide specialist training in managing acutely ill patients to other professional staff both within the H@N team and across the hospital site, as required.
6. Ensure that students receive relevant clinical experience, teaching and supervision in the clinical area, as appropriate.
7. Ensure an environment exists that encourages reflective practice.
8. Utilise feedback in relation to the patient experience to further develop the H@N service.

Continuous improvement

1. Work in partnership with a range of clinicians and managers in the planning and/or development of the H@N service, promoting the involvement of patients and relatives/carers.
2. Review processes/practices including those within the H@N service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.
3. Identify areas of practice where H@N services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.

Insert Trust's General Responsibilities

PERSONNEL SPECIFICATION

TITLE OF POST: Senior Nurse / Hospital at Night

ESSENTIAL CRITERIA

Qualifications:

- Registered Nurse or BSc (Hons) in Nursing and on Part 1 (Adult) of the NMC Register.
- A minimum of 5 years post-registration experience (including 1 year at Band 6) in an acute adult setting.
- Hold an Independent and Supplementary Nurse Prescribing (V300) Qualification recorded by the Nursing and Midwifery Council (or be willing to attain).

Skills and Knowledge:

- Sound knowledge of the HSC as it relates to the Acute Hospital Environment.
- Sound clinical skills and experience in the management of the acutely ill patient.
- Extended Scope of Practice to include Venepuncture, ECG, IV Cannulation and Therapy courses/competencies.
- Ability to lead and manage a team.
- Ability to make complex decisions in times of competing demands.
- Ability to develop practical solutions to identified problems.
- Ability to influence and manage change.

The remaining criteria should be based on the 6 core dimensions of KSF.

KSF Core Dimensions

Dimension	Level	Level Descriptor
Communication	4	Develop and maintain communication with people about difficult matters and/or in difficult situations
People & Personal Development	4	Develop oneself and contribute to the development of others
Health, Safety & Security	3	Promote, monitor and maintain best practice in health, safety and security
Service Improvement	3	Appraise, interpret and apply suggestions, recommendations and directives to improve services
Quality	3	Contribute to improving quality
Equality & Diversity	3	Support equality and value diversity

DRAFT REGIONAL CORE JOB DESCRIPTION

Title of Post: Senior Nurse / Patient Flow

Grade of Post: AFC Band TBC

Reports/Accountable to: to be agreed locally

Location: to be agreed locally

Hours: to be agreed locally

Job Purpose:

- The post holder will be part of a team which facilitates the flow of patients through the acute hospitals within the Trust on a 24/7 basis and will fulfil the role of Senior Nurse on site during a span of duty outside of normal working hours.
- He/she is responsible for the management of nursing issues out of hours, to include the deployment, supervision and teaching of other staff.
- The post holder will support ward Sisters/Charge Nurses in planning the effective management of staff and physical resources to ensure efficient utilisation of beds within the Hospital, which will require the ability to balance the demand for an acceptable level of clinical activity with a fluctuating emergency admission.
- He/she will have a responsibility for the safety of the site out of hours, ensuring that safe practice is delivered within the Trust in line with Health and safety and Risk Management, and provide Nursing leadership and professional decision making as necessary

The post-holder will also be responsible for:

- Supporting and co-ordinating the safe and effective admission of all scheduled and unscheduled patients within the Hospital.
- Facilitating the safe transfer of patients between hospitals within the Trust and to facilities outside of the Trust.
- Applies knowledge of hospital admission criteria and type of care provided in each speciality to appropriately place patients using critical thinking skills.
- Collaborate with Physicians, medical staff and all members of the multidisciplinary teams to ensure safe discharge arrangements are in place.
- Providing professional/clinical leadership on the Hospital site.
- Managing demand in line with capacity and local escalation arrangements including enhanced capacity.

The post is an exciting, dynamic and evolving role and as services continue to reform and modernise is likely to change.

Main Responsibilities:

Leadership and Management

1. Ensures as far a practical the security of all patients, visitors, staff and property, within the area the post holder has responsibility.
2. Demonstrates effective decision making that is patient centred and consistent with Trust policies
3. Ensure the appropriate governance and risk management arrangements are in place for the services you are responsible for and take appropriate action to identify and manage risk and to maintain safety of users, staff and others in accordance with relevant regulations, policies and procedures;
4. Co-ordinate with the Hospital at night team regarding admissions over the 24 hour period.
Co-ordinate on a day-to-day basis the admission of all scheduled and unscheduled patients to ensure all patients are admitted to the most appropriate clinical area for their clinical needs.
5. Develop, implement and evaluate patient flow policies and good practice guidelines.
6. Collaborate with ward staff and multidisciplinary teams to instigate and co-ordinate the actions required to ensure timely discharge to prevent patients being delayed inappropriately.
7. Oversee the implementation of and take actions within the Trust's escalation plan as required.
8. Expedite rapid access to investigations, particularly where results will prevent hospital admission or enable timely/early discharge.
9. Challenge decision making in relation to the appropriate admission of patients to specialties
10. Work within the Trust, and with other Trusts, to ensure appropriate repatriation of patients.
11. Work in partnership with ward sisters/charge nurses to ensure that discharge planning is commenced on admission including Estimated Date of Discharge.
12. Provide reports which will inform the Trust Senior Management Team regarding patient activity and bed utilisation.
13. Participate in the investigation and reporting of Serious Adverse Incidents as appropriate.
14. Support staff in reporting incidents and take action to ensure appropriate corrective measures are put in place.
15. Respond to major incidents at site level in accordance with the major incident plan and patient flow coordinator site action card.
16. Act as designated fire officer for each span of duty.
17. Manage media enquiries as per the Trust's Media Policy.
18. Ensure appropriate systems are developed and operational to facilitate dissemination of information within the patient flow service.
19. Support Patient flow team member's to ensure acceptable standards are attained. Challenge appropriately and confidently where standards fall below the expected and advise your line manager.
20. Promote the health and well-being of staff and observe for any signs of ill health or stress factors in staff assigned to the team and take appropriate action in line with the Trusts policies and NMC guidelines.
21. Participate as required in the selection and appointment of staff in accordance with Trust procedures.
22. Take such action as may be necessary in disciplinary and grievance matters in

accordance with Trust procedures.

23. Ensure that systems are adhered to for the safe use of medical devices and that incidents/accidents on faulty devices are recorded, reported and investigated in accordance with Trust policy.
24. Support ward staff in dealing with complaints and document complaints as per Trust policy.
25. Encourage and support effective use of the Trust's incident reporting mechanism.
26. Report regularly and advise appropriate Line Manager regarding any issues impacting on the implementation of the service.

Engagement and communication

1. Establish and maintain effective communication networks throughout the hospital and develop links with the patient flow community regionally and beyond.
2. Maintain effective communication with internal and external stakeholders at all levels of the organisation.
3. Ensure good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment, progress of the patient and outcomes.
4. On a day-to-day basis communicate with Infection Control Teams as required to ensure the safe and effective utilisation of beds.
5. Where necessary communicate with specialist nurses to promote the timely safe discharge of patients or prevent admission.
6. Ensure good communication between staff, patients and relatives is maintained to assist in their understanding of care, treatment, progress of the patient and outcomes.

Professional, ethical and legal

1. Adhere to DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.
2. Maintain and update own professional knowledge and expertise in accordance with the NMC Code (2015), standards and professional guidelines.
3. Work within the competencies of the role as defined in the regionally agreed competency framework (2016).
4. Ensure Trust guidelines, policies and procedures are adhered to.
5. Lead/contribute to the development of Trust policies and protocols.
6. Adhere to the Data Protection Act (1998).
7. Keep accurate records, submit statistical information and compile reports as required in accordance with requirements of Trust policies and NMC requirements.
8. Develop and agree a personal development plan with the line manager yearly.
9. Attend all mandatory study days as agreed by Trust policy.
10. Develop additional skills, knowledge and attributes to meet the on-going requirements of the role.
11. Utilise feedback in relation to the patient experience to further develop the Patient Flow service.
12. Liaise with nursing managers and heads of nursing on all professional nursing issues.

Education, research and development

1. Participate in, support and encourage research and evidence based practice for the enhancement of patient care.
2. Ensure an environment exists that encourages reflective practice to enhance patient experience and safety.
3. Participate in regular audit and record audit information in a timely, reliable and accurate manner.
4. Participate in the monitoring, planning and delivery and evaluation of the Patient Flow service.
5. Maintain accurate and concise records that provide the necessary data for the purpose of evaluating and developing the service.
6. Share expertise knowledge and resources to maximise staff engagement and promote safe and effective patient care.
7. Encourage and facilitate the sharing of ideas and examples of good practice.
8. Work closely with all stakeholders to ensure the effective use of resources/services and sign post appropriately.

Continuous improvement

1. Work in partnership with a range of clinicians and managers in the planning and/or development of the Patient Flow service.
2. Promote the involvement of patients and relatives/carers, in the ongoing development of the patient flow service.
3. Review processes/practices including those within the Patient Flow service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.
4. Participate in the continuous cycle of service improvement in relation to the safe efficient and effective utilisation of in-patient beds and the in-patient journey.
5. Identify areas of practice where Patient Flow services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.
6. Develop additional skills in line with the requirement of the role to ensure delivery of the required efficiencies.

Insert Trust's General Responsibilities

PERSONNEL SPECIFICATION

TITLE OF POST: Senior Nurse / Patient Flow

ESSENTIAL CRITERIA

Qualifications:

- Registered Nurse or BSc (Hons) in Nursing and Live on Part 1 (Adult) of the NMC Register.
- A minimum of 5 years post-registration experience (including 1 year at Band 6) in an acute adult setting.

Skills and Knowledge:

- Sound knowledge of the HSC as it relates to the Acute Hospital Environment.
- Ability to make complex decisions in times of competing demands.
- Ability to develop practical solutions to identified problems.
- Ability to influence and manage change.

The remaining criteria should be based on the 6 core dimensions of KSF.

KSF Core Dimensions

Dimension	Level	Level Descriptor
Communication	4	Develop and maintain communication with people about difficult matters and/or in difficult situations
People & Personal Development	4	Develop oneself and contribute to the development of others
Health, Safety & Security	3	Promote, monitor and maintain best practice in health, safety and security
Service Improvement	3	Appraise, interpret and apply suggestions, recommendations and directives to improve services
Quality	3	Contribute to improving quality
Equality & Diversity	3	Support equality and value diversity

DRAFT REGIONAL CORE JOB DESCRIPTION

Title of Post: Senior Nurse – Hospital at Night & Patient Flow

Grade of Post: AfC Band TBC

Reports/Accountable to: to be agreed locally

Location: to be agreed locally

Hours: to be agreed locally

Job Purpose:

The post holder will be part of a team which fulfils the role of Senior Nurse – Hospital at Night & Patient Flow and will facilitate the flow of patients through the acute hospitals within the Trust as appropriate. The post holder will provide clinical expertise and support to clinical team within spheres of competence and they will develop effective working relationships with colleagues while acting as a point of contact in the event of incidents during a span of duty outside of normal working hours. Although on occasions the post holder may be required to fulfil the role of Senior Nurse – Hospital at Night & Patient Flow within working hours (0900 – 1700) in the absence of the Clinical Manager/ Clinical Coordinator or other Senior Manager.

This amalgamated post encapsulates the roles and responsibilities associated with the Senior Nurse – Patient Flow and the Senior Nurse- Hospital at Night posts, with the primary focus being tri-fold:

- Patient Flow: promoting alternatives for those patients who do not require an inpatient admission, while facilitating the admission of those who do; ensuring the safe and timely discharge of patients from hospital, or the efficient transfer of ill patients off-site to a tertiary hospital, all the while expediting patients care and treatment during their inpatient episode.
- Clinical Expert: providing support and clinical expertise (clinical decision making and clinical interventions) within spheres of competence (using the NIPEC Competence Assessment Tool) to support medical and nursing staff in the delivery of safe and effective patient centred care.
- Senior Nurse: developing and maintaining effective working relationships with colleagues within and external to the Trust while acting as a point of contact for professional/ clinical leadership in the event of incidents or critical events on site out of hours. Although on occasion the postholder may fulfil the Senior Clinical Nurse within working hours (0900 – 1700) in the absence of the Clinical Manager/ Clinical Coordinator or other Senior Manager.

Main Responsibilities:

Leadership and Management

Patient Flow

1. Co-ordinate on a day-to-day basis the admission of all scheduled and unscheduled patients to ensure all patients are admitted to the most appropriate clinical area for their clinical needs.
2. Collaborate with ward staff and multidisciplinary teams to instigate and co-ordinate the actions required to ensure timely admission and discharge of patients to prevent patients being delayed inappropriately.
3. Expedite rapid access to investigations, particularly where results will prevent hospital admission or enable timely/early discharge.
4. Challenge decision making in relation to the admission of patients as appropriate.
5. Work within the Trust, and with other Trusts, to ensure repatriation of patients.
6. Work in partnership with ward sisters/charge nurses to ensure that discharge planning is commenced on admission including Estimated Date of Discharge.
7. Provide leadership that enables effective multi-disciplinary team working within the Patient Flow team and the H@N service.
8. Ensure risk management arrangements are in place within the Patient Flow team and the H@N service.
9. Ensure appropriate systems are developed and operational to facilitate dissemination of information within the H@N service.

Clinical Expert

10. Support staff members to ensure acceptable standards are attained, challenge appropriately and confidently where care falls below the expected standard and advise the relevant ward/department manager.
11. Delegate appropriate responsibility and authority to the level of staff within the post-holder's control.
12. Support staff in reporting incidents and take action to ensure appropriate corrective measures are put in place.

Senior Nurse

13. Develop, implement and evaluate Patient Flow, H@N policies and good clinical practice guidelines.
14. Participate in the investigation and reporting of Serious Adverse Incidents as appropriate.
15. Undertake any necessary decisions in absence of service group managers and communicate to appropriate managers as soon as possible thereafter.
16. Promote the health and well-being of staff and observe for any signs of ill health or stress factors in staff assigned to the area and take appropriate action in line with the Trust's policies and NMC guidelines.
17. Manage poor performance and practice of staff reporting to the post-holder in line with HSC Trust policies.
18. Participate as required in the selection and appointment of staff in accordance with Trust procedures.
19. Take such action as may be necessary in disciplinary and grievance matters in accordance with Trust procedures.
20. Oversee the implementation of and take actions within the Trust's escalation plan as required.
21. Provide reports which will inform the Trust Senior Management Team regarding patient activity and bed utilisation.
22. Respond to major incidents at site level in accordance with the major incident plan and patient flow coordinator site action card.

23. Act as designated fire officer for each span of duty.
24. Manage media enquiries as per the Trust's Media Policy.
25. Ensure systems are in place to provide a safe environment for patient/client care.
26. Ensure that systems are adhered to for the safe use of medical devices and that incidents/accidents on faulty devices are recorded, reported and investigated in accordance with Trust policy.
27. Support ward staff in dealing with complaints and document complaints as per Trust policy.
28. Encourage and support effective use of the Trust's incident reporting mechanism.
29. Report regularly and advise appropriate Line Manager regarding any issues impacting on the implementation of the service.
30. Promote equality of opportunity for all, in accordance with the Trust's Equality Opportunity Policy.
31. Lead and participate in annual staff appraisal/development review, ensuring effective implementation of KSF for the H@N team.
32. Lead and participate in orientation and induction programmes for new staff appointed to the H@N service.

Engagement and communication

1. Establish and maintain effective communication networks throughout the hospital and develop links with the Patient Flow and the H@N community regionally and beyond.
2. Maintain effective interpersonal relationships and communication with the Patient Flow team and the H@N team and all other internal and external stakeholders at all levels of the organisation.
3. Ensure good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment, progress of the patient and outcomes.
4. On a day-to-day basis communicate with Infection Control Teams as required to ensure the safe and effective utilisation of beds.

Clinical Practice

1. Demonstrate effective decision making that is person-centred and consistent with Trust policies.
2. Initiate, lead and coordinate the management of identified patients, referring to appropriate colleagues when necessary.
3. Ensure timely and appropriate care is delivered by the relevant health care professional.
4. Ensure that programmes of patient care are carried out to optimum standards.
5. Monitor and report on the patient's condition according to agreed policy and maintain accurate patient records.
6. Support patient/client care through the provision of technical skills/therapeutic interventions to support the assessment process.
7. Co-ordinate, delegate duties and provide leadership at the Hospital at Night MDT Handovers.
8. Support the practice and clinical decision making of medical and nursing staff by role modelling the delivery of safe, effective and person-centred care.
9. Provide effective clinical leadership to support and inspire colleagues to improve standards of care and promote continuous improvement.

10. Encourage and facilitate the sharing of ideas and examples of good practice.
11. Provide clinical advice and support to junior doctors and nursing staff as required.
12. Attend all clinical emergencies as required.
13. Manage the Trust bleep policy in relation to the H@N service.
14. Filter all calls to medical staff and refer clinical problems appropriately.
15. Promote, develop and facilitate a learning and development culture within the Patient Flow team and the H@N service.
16. Support staff within the clinical area to develop new skills through appropriate delegation and supervision.
17. Identify and address areas of knowledge or skill deficiency and support the learning and development of those staff within the clinical area.

Professional, ethical and legal

1. Adhere to DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.
2. Maintain and update own professional knowledge and expertise in accordance with the NMC Code (2015), standards and professional guidelines.
3. Work within the competencies of the role as defined in the regionally agreed competency framework (2016).
4. Ensure Trust guidelines, policies and procedures are adhered to.
5. Lead/contribute to the development of Trust policies and protocols appropriate to the H@N service, where appropriate.
6. Adhere to the Data Protection Act (1998).
7. Keep accurate records, submit statistical information and compile reports as required in accordance with requirements of Trust policies and NMC requirements.
8. Develop and agree a personal development plan with the line manager yearly.
9. Attend all mandatory study days as agreed by Trust policy.
10. Develop additional skills in line with the requirements of the role.
11. Liaise with nursing managers and heads of nursing on all professional nursing issues.

Education, research and development

1. Participate in, support and encourage research and evidence based practice for the enhancement of patient care.
2. Ensure an environment exists that encourages reflective practice.
3. Participate in regular audit and record audit information in a timely, reliable and accurate manner.
4. Participate in the monitoring, planning and delivery and evaluation of the Patient Flow service and the H@N service.
5. Maintain accurate and concise records that provide the necessary data for the purpose of evaluating and developing the service.
6. Provide specialist training in managing acutely ill patients to other professional staff both within the Patient Flow team, the H@N team and across the hospital site, as required.
7. Ensure that students receive relevant clinical experience, teaching and supervision in the clinical area, as appropriate.
8. Ensure an environment exists that encourages reflective practice.

9. Utilise feedback in relation to the patient experience to further develop the Patient Flow service and the H@N service.

Continuous improvement

1. Work in partnership with a range of clinicians and managers in the planning and/or development of the Patient Flow service and the H@N service, promoting the involvement of patients and relatives/carers.
2. Review processes/practices including those within Patient Flow and the H@N service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.
3. Identify areas of practice where Patient Flow service H@N services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.
4. Participate in service improvement projects in relation to the efficient and effective utilisation of in-patient beds and the in-patient journey.

Insert Trust's General Responsibilities

PERSONNEL SPECIFICATION

Title of Post: Senior Nurse – Hospital at Night & Patient Flow

ESSENTIAL CRITERIA

Qualifications:

Registered Nurse or BSc (Hons) in Nursing and on Part 1 (Adult) of the NMC Register.

A minimum of 5 years post-registration experience (including 1 year at Band 6) in an acute adult setting.

Hold an Independent and Supplementary Nurse Prescribing (V300) Qualification recorded by the Nursing and Midwifery Council (or be willing to attain).

Skills and Knowledge:

Sound knowledge of the HSC as it relates to the Acute Hospital Environment.

Ability to make complex decisions in times of competing demands.

Ability to develop practical solutions to identified problems.

Ability to influence and manage change.

The remaining criteria should be based on the 6 core dimensions of KSF.

KSF Core Dimensions

Dimension	Level	Level Descriptor
Communication	4	Develop and maintain communication with people about difficult matters and/or in difficult situations
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Service Improvement	3	Appraise, interpret and apply suggestions, recommendations and directives to improve services
Quality	3	Contribute to improving quality
Equality & Diversity	3	Support equality and value diversity

Competence Assessment Tool/s:

Senior Nurse/Hospital at Night

Senior Nurse/Patient Flow

Senior Nurse/Hospital at Night & Patient Flow

Senior Nurse Out of Hours

SENIOR NURSE / HOSPITAL AT NIGHT

A Competence Assessment Tool: Supporting Professional Development

**Final
April 2016**



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1.0 Introduction

The Clinical Director of the HSC Safety Forum (NI) asked NIPEC to take forward a regional project to address Recommendations 1 and 11 contained within the Regulation and Quality Improvement Authority Report on the *Review of Hospitals at Night and Weekends* (RQIA, 2013). As part of the project, this Competence Assessment Tool was developed by the regional Task and Finish Group, chaired by Brenda Creaney, Executive Director of Nursing and Patient Experience, Belfast Health and Social Care Trust. Membership of the Group included senior representatives from key stakeholders including the five HSC Trusts, NIPEC, Professional and Staff Side Organisations and regional Human Resources representation.

This Competence Assessment Tools comprises the minimum core elements required of all professionals undertaking the role of Senior Nurse/Hospital at Night. Each HSC Trust can build on these when recruiting and selecting for specific posts within their organisation.

To find out more information about the Career Pathway and supporting resources for all Senior Nurse Out of Hours roles, including Senior Nurse/Hospital at Night, Senior Nurse/Patient Flow and Senior Nurse/Hospital at Night and Patient Flow, visit: www.nursingandmidwiferycareersni.hscni.net

1.1 Development of the Competence Assessment Tool

The development of the Competence Assessment Tool began by undertaking a comprehensive review of local, national and international literature to source competency frameworks and competencies relevant to the Senior Nurse/Hospital at Night role.

Once the competency areas and statements were agreed by the Task and Finish Group the Competence Assessment Tool was refined over a period of four months through engagement with a wide range of key stakeholders throughout Northern Ireland, which included: Senior Managers; Human Resources and representatives from Education, Professional and Staff Side organisations. The Competence Assessment Tool was approved by the Task and Finish Group in March 2016.

1.2 Who is the Competence Assessment Tool For?

This Assessment Tool will apply to a professional undertaking the role of Senior Nurse/Hospital at Night who has a lead role within the Trust's Hospital at Night service. The title of this nurse may differ between hospitals and could either be Senior Nurse/Hospital at Night, Clinical Nurse Co-ordinator or Clinical Nurse Practitioner. The roles, however, are similar and include leading and co-ordinating the Hospital at Night team, responding to incidents and emergencies and providing clinical advice, support and guidance to medical and nursing staff across all adult specialities to support them in their delivery of patient care. In most hospitals, these nurses generally work at nights or weekends in a single hospital. However, in some hospitals they alternate between days and nights and across different hospital sites, resulting in the sharing of experience

between sites. Additionally, in smaller hospitals some nurses may undertake the role of both Senior Nurse/Hospital at Night and Senior Nurse/Patient Flow.

2.0 The Competence Assessment Tool

The Competence Assessment Tool is underpinned by the Nursing and Midwifery Council's *Code: (NMC; 2015)* and is designed to help you consider how well you do your job. The next few pages provide information for you on how to:

- use the Competence Assessment Tool to assess yourself and get others to assess you
- provide evidence for renewal of your registration and revalidation with the Nursing and Midwifery Council (NMC)
- provide evidence of achievement for your KSF personal development plan
- use your assessment results to focus on your development needs, prepare for supervision meetings and support your career development.

The Tool is made up of six core competency areas (Figure 1) that are applicable for all those undertaking the role of Senior Nurse/Hospital at Night.

Within each competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development. A copy of The Competence Assessment Tool is available at:

<http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

2.1 How will I benefit from using the Competence Assessment Tool?

The Competence Assessment Tool can help you identify the knowledge and skills required for your role.

By undertaking a self-assessment you can use the results to prepare for supervision meetings and identify areas which you find challenging and need further development in.

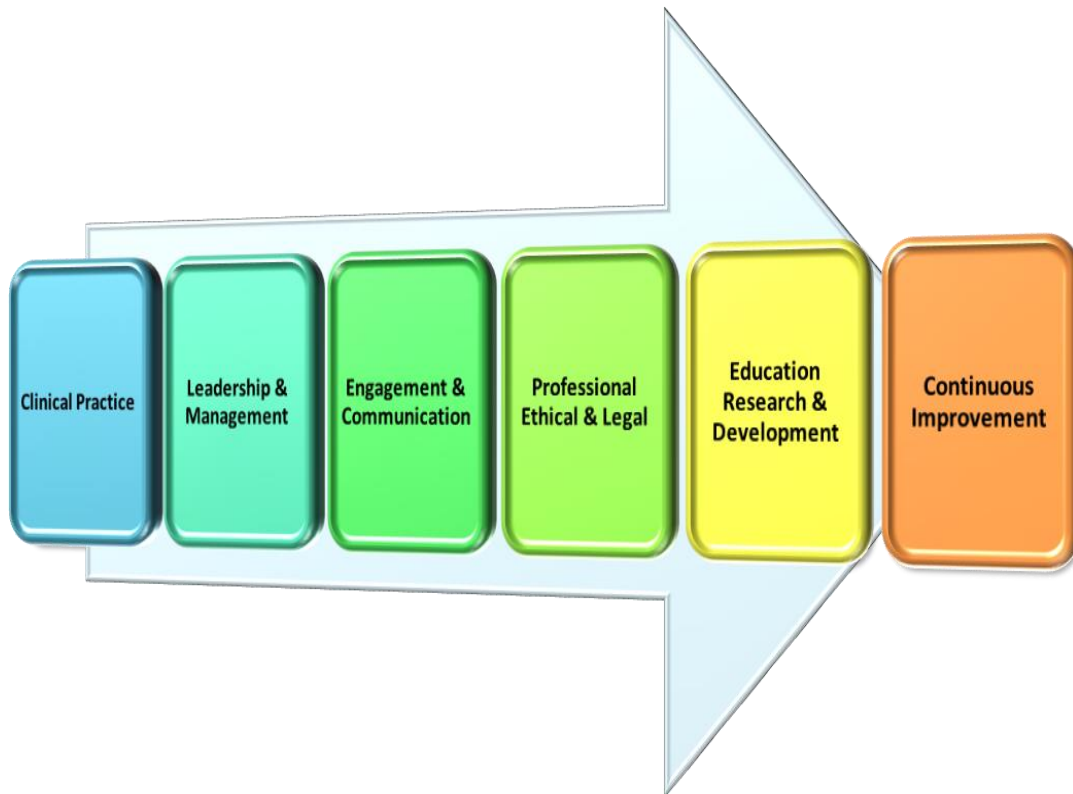
The assessment tool can also enable you to focus on areas for career development and where relevant, support your preparation for job interviews. It can also be used in conjunction with other Competencies relevant to your role as a Senior Nurse/Hospital at Night.

The six core competency areas within this tool have been mapped against the core and relevant specific dimensions of the NHS Knowledge and Skills Framework (KSF; DH, 2004).

The areas expand on the dimensions covered by KSF and the competence statements provide you with specific competency requirements for the role of Senior Nurse/Hospital at Night.

This has been done so that you can use your assessment results to help you provide evidence for your annual KSF development review meetings. You can then agree your learning and development outcomes, with your line manager, which are relevant to your post outline.

Figure 1: Core competency areas



Your assessment results and related reflections can be entered into your online portfolio, or completed on a hard copy. To create and build your own confidential portfolio online visit <http://nipeportfolio.hscni.net/>

This will help you to evidence your competence and related learning and development needs and meet other requirements such as renewal of your NMC registration and revalidation.

To complete your assessment and add it to your portfolio, visit <http://nipeportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

You can use your online portfolio to:

- Keep details about your career journey to date
- Keep information to help prepare for your appraisal, review or revalidation
- Show what you have learned through your day-to-day experiences

- Store information about your learning activities
- Get help to write a reflection.

2.2 How do I use the Competence Assessment Tool?

The Competence Assessment Tool allows you to build up a picture of how you are performing in your role. It is up to you to decide how much of the Competence Assessment Tool you wish to use. Figure 2 presents an outline of the steps you should work through, to get the most benefit from the Assessment Tool.

Figure 2: Learning and Development Framework

Step 1	Assess your knowledge and skills using the competence assessment tool to find out about your learning and development needs. Follow the instructions on http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp to enable you to complete your assessment online. Compile your evidence to support your assessment.
Step 2	Plan your learning and development needs from your assessment results, including any 360° feedback and other sources of information. Record and prioritize your overall learning and development needs with your line manager using your KSF personal development plan.
Step 3	Implement the learning and development activities agreed with your line manager in your KSF personal development plan. This should include a meeting with your line manager to discuss progress.
Step 4	Evaluate your learning and development in relation to improvements in your knowledge and skills with regard to your role. Maintain a reflective record of your learning and development in your portfolio at http://nipecportfolio.hscni.net/ to support your preparation for your supervision sessions or development review meetings.

Adapted from the NIPEC Learning Needs Analysis: Guide for Ward Managers and Team Leaders (NIPEC, 2009)

3.0 COMPETENCY AREAS

3.1 COMPETENCY AREA: CLINICAL PRACTICE

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale: LD I need a lot of development
 SD I need some development
 WD I feel I am well developed
 NA Is not applicable to my role.

1. TAKING A PRESENTING HISTORY FROM AN INDIVIDUAL TO INFORM ASSESSMENT	LD	SD	WD	NA
a) Take a presenting history from an individual to inform assessment				
b) Knowledge of current NMC standards to support learning and assessment in practice				
c) Prioritise individuals for assessment.				
d) Is aware of when to ask for senior help or intervention				
e) Measure and record vital signs using NEWS				
f) Is able to identify acutely abnormal physiology, and make a differential diagnosis including ability to interpret laboratory investigations, ECG and chest x ray.				
g) Assess the individual's level of consciousness, utilising Glasgow Coma Scale				
h) Maintains accurate clinical records				
2. TECHNICAL SKILLS/INTERVENTIONS TO SUPPORT THE ASSESSMENT PROCESS	LD	SD	WD	NA
a) Can recognise and assess the acutely sick/deteriorating patient				
b) Initiate laboratory clinical tests and correctly interpret results/recognise deviation from normal: <ul style="list-style-type: none"> • Biochemistry • Haematology • Coagulation. 				
c) Request radiological examinations: <ul style="list-style-type: none"> • Chest 				
d) Record and interpret electrocardiograph.				
e) Demonstrate proficiency in cannulation and venepuncture				
f) Can perform arterial blood gas sampling and analysis				
3. ASSESSMENT AND 1 ST LINE TREATMENT	LD	SD	WD	NA
a) Assess and provide 1 st line treatment for a patient presenting with breathlessness.				
b) Assess and provide 1 st line treatment for a patient presenting with bleeding and fluid loss.				

c) Assess and provide 1 st line treatment for a patient presenting with pain.				
d) Assess and provide 1 st line treatment for a patient presenting with altered consciousness, seizures				
e) Assess and provide 1 st line treatment for a patient presenting with acute confusion/ agitation				
f) Assess and provide 1 st line treatment for a patient presenting with altered body temperature.				
g) Assess and provide 1 st line treatment for a patient presenting with reduced urinary output.				
h) Assess and provide 1 st line treatment for a patient presenting with a fall.				
i) Assess and provide 1 st line treatment for a patient presenting with sepsis				
4. THERAPEUTIC INTERVENTIONS	LD	SD	WD	NA
a) Prioritise individuals for treatment according to their health status and needs.				
b) Is competent in intermediate life support.				
c) Management of the Unconscious patient				
d) Is competent with automated and manual defibrillation.				
e) Manage upper airway obstruction as a medical emergency.				
f) Insert oropharyngeal airway, nasopharyngeal airway, appropriately and safely.				
g) Use bag and mask to maintain oxygenation appropriately and safely.				
h) Recognise indications for oxygen therapy and select appropriate device for administration of oxygen therapy.				
i) Administer oxygen therapy at rate and concentration as prescribed or as per patient group directive.				
j) Administer intravenous fluids as a medical emergency				
k) Prescribe within defined protocols				
l) Is competent in the recognition and verification of expected death				
m) Prescribes, using Patient Group Directives (PGD's) a range of medications including analgesics and nebulisers				
n) Knowledge of Management of Chest drains				
o) Management of Tracheostomy Care				
5. TECHNICAL SKILLS TO SUPPORT THERAPEUTIC INTERVENTION	LD	SD	WD	NA
a) Is competent in the administration of Intravenous Medications				
b) Is competent in Male catheterisation.				

c) Perform insertion of Nasogastric tube.				
d) Is competent in the management HICC /PICC/ Central Venous lines				
e) Has knowledge of indicators and management for CPAP & NIV				
6. PSYCHOLOGICAL INTERVENTION	LD	SD	WD	NA
a) Promote night time environment conducive to sleep.				
b) Demonstrate understanding of cultural needs when caring for individuals.				
c) Provide emotional support for the family who are distressed /bereaved.				

3.2 COMPETENCY AREA: LEADERSHIP AND MANAGEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions C1, C2, C3, C4, C5 and C6; Specific Dimensions G1 and G6.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

1. LEADERSHIP AND MANAGEMENT	LD	SD	WD	NA
a) Provides clinical leadership to ward staff and junior medical staff in the out of hours period				
b) Understanding of how to consult, involve, influence and lead the hospital at night team and others, recognising personal impact on situations and people				
c) Ability to lead the delivery of a safe service influencing and facilitating change within the hospital at night team/wards/departments				
d) Demonstrates clear visibility to the team and others				
e) Acts as a role model, creating a culture which supports and empowers staff to contribute to the delivery of safe and effective, person-centred care.				
f) Ability to co-ordinate nursing/medical interventions, influencing clinical decisions and monitoring the quality of patient care.				
g) Demonstrates effective interpersonal skills				
h) Fosters a culture of enquiry that is supportive and facilitative, encouraging creativity and innovation				
i) Develops, implements and evaluates hospital at Night policies and good practice guidelines.				
j) Uses critical analysis skills to identify, interpret, and address problems proactively				

2. DEVELOPING TEAM PERFORMANCE	LD	SD	WD	NA
a) Communicates the team's vision by agreeing values, goals and objectives that relate to the organisation's objectives and which motivates staff to strive towards that vision				
b) Effectively communicate and actively engage with the team through meetings, reports, supervision and personal development review meetings				
c) Support the learning and development of multi-professional staff including students, by creating an environment that supports effective learning and development opportunities				
d) Knowledge of the principles and processes of facilitating learning in practice, including mentoring and coaching				
e) Knowledge of clinical supervision including the roles and responsibilities of a supervisor and supervisee				
f) Manage the team effectively, to comply with relevant organisational policies, legislation and Professional Regulations.				
g) Actively promote and support reflective practice, formal and/or informal				
h) Demonstrates the ability to manage conflict, disputes and difficult situations				
i) Delegate in a supportive, appropriate and effective manner				
j) Delegates appropriate responsibility and authority to ensure the delivery of a safe and effective service				
k) Develop decision making skills within the team.				
l) Recognise and respond to the effects of stressors and workload pressures on staff using Trust support services as appropriate.				
m) Provide a robust system of induction and support for new staff and those undertaking a period of preceptorship.				
n) Raise concerns appropriately when resources/workload issues negatively impact on team performance.				

3. MANAGING THE TEAM/SERVICE	LD	SD	WD	NA
a) Ability to prioritise workload and delegate duties to hospital at night team members, as appropriate				
b) Knowledge of the factors which impact on staff resources when planning, allocating, and leading the hospital at night team to provide safe effective care				
c) Manages the health care support staff within the hospital at night team.				
d) Displays organisational skills necessary to manage the day to day running of the health care support team in a flexible and efficient manner.				

e) Provide effective leadership and support in all clinical emergencies				
f) Provide effective leadership and support to the Patient Flow- senior nurse in relation to: • Bed management • Staffing issues				
g) Supervise interventions carried out by others				
h) Ensure effective time management				
i) Manage the performance of self, individuals and teams				
j) Demonstrate ability to activate policies for handling patient / relatives / public complaints				
k) Receive and coordinate all requests for clinical advice/interventions and support from ward staff and medical staff (bleep filtering)				
l) Co-ordinate clinical emergencies e.g cardiac arrest				
m) Co-ordinate the management of patients identified as clinically 'at risk' referring to appropriate medical colleges when necessary				
4. INTERNAL/EXTERNAL TRANSFER AND DISCHARGE OF INDIVIDUALS	LD	SD	WD	NA
a) Organise safe transfer of the individual to higher / lower levels of care within the hospital environment				
b) Manage equipment used for the transfer or ensure appropriate personnel in place to manage equipment				
c) Participate in the transport of individuals who require emergency transfer to suitable locations for treatment/intervention/care in accordance with local transfer policy				

3.3 COMPETENCY AREA: ENGAGEMENT AND COMMUNICATION

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

1. ENGAGEMENT AND COMMUNICATION	LD	SD	WD	NA
a) Leads and co-ordinates the hospital at night handover in partnership with Medical Registrar				
b) Ability to delegate in a supportive and appropriate				
c) Knowledge of how to collaborate effectively with other members of the multi-professional team.				
d) Ability to demonstrate effective interpersonal/communication skills				

within a multi-disciplinary setting.				
e) Demonstrates effective time management skills				
f) Establishes and maintains effective communication networks throughout the hospital.				
g) Develops links with Regional peer groups to share good practise				
h) Maintains effective communication with internal and external stakeholders at all levels of the organisation.				
i) Ensures good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment and progress of the patient and outcomes.				
j) Communicates with senior managers and clinicians regarding Hospital at Night service				
k) Ability to challenge multi professional team members in a supportive and appropriate manner				
l) Understanding and valuing of patients' cultural preferences, health beliefs and behaviours.				

3.4 COMPETENCY AREA: PROFESSIONAL, ETHICAL AND LEGAL

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

1. PROFESSIONAL, ETHICAL AND LEGAL	LD	SD	WD	NA
a) Knowledge of professional accountability relating to own practice and that of team members.				
b) Knowledge of policy developments that have an impact on health care provision e.g. disability.				
c) Knowledge of clinical governance, risk assessment/ management and adverse incident reporting arrangements.				
d) Awareness of DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.				
e) Awareness of the NMC Code (2015), standards and professional guidelines.				
f) Awareness of Data Protection Act (1998).				
g) Awareness of local policies and procedures relevant to the H@N service.				
h) Demonstrates responsibility for own continuous professional development and revalidation with the NMC.				
i) Ability to reflect on own practice and adapt if necessary.				

j) Awareness of the requirement for practitioner assistant's using protocols and guidelines				
k) Awareness of protocols, guidelines and patient group directives to inform the decision making process.				
l) Development of Trust policies and protocols appropriate to the H@N service.				
m) Awareness of ethical issues and practices related to: i) Do Not Resuscitate orders ii) Organ donation iii) Relatives witnessing resuscitation				
n) Recognise situations where consideration for withdrawal of treatment should be made.				
o) Manage information, reports and records in line with professional guidelines and the Trust's clinical governance framework.				
p) Deal with adverse incidents in a timely and appropriate manner within a culture of learning.				
q) Appropriately challenges health and social care practice which could compromise the safety, privacy or dignity of patients.				

3.5 COMPETENCY AREA: EDUCATION, RESEARCH AND DEVELOPMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

1. EDUCATION, RESEARCH AND DEVELOPMENT	LD	SD	WD	NA
a) Knowledge of education, learning and development opportunities and resources available to support team and individual practice and performance.				
b) Contributes to the development of professional and/or multi-professional practice.				
c) Knowledge of how to access and critically appraise current evidence from a variety of sources.				
d) Understanding of service development processes and evidence based practice, e.g. data collection, audit, patient/client involvement and research.				
e) Develop and promote a culture of research and evidence based practice to enhance person-centred care.				
f) Access and use current information systems to support evidence based practice.				

g) Promote and develop clinically effective practice by developing, implementing, monitoring and evaluating evidence based policies and procedures.				
h) Network with peers across professional groups within the organisation promoting the exchange of knowledge, skills and resources.				
i) Provide specialist training in managing acutely ill patients to other professional staff both within the H@N team and across the hospital site				
j) Demonstrates the use of relevant and current information and communication technology to include email, internet and databases.				

3.6 COMPETENCY AREA: CONTINUOUS IMPROVEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

1. CONTINUOUS IMPROVEMENT	LD	SD	WD	NA
a) Knowledge of how to use relevant quality indicators to measure.				
b) Working in partnership with a range of clinicians and managers in the planning and/or development of the H@N service, promoting the involvement of patients and relatives/carers.				
c) Ability to review processes/practices including those within the H@N service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.				
d) Identify areas of practice where H@N services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.				
e) Fosters a culture of continuous quality improvement through the use of audit, supervision, personal reflection and patient feedback on practice by self and other members of the team/service.				
f) Displays organisational skills in capturing information pertaining to quality measures within the service.				
g) Ability to critically analyse the information captured and instigate any measures necessary to address quality concerns if indicated.				
h) Identifies the need for change, leads innovation and manages changes in practice and/or service.				
i) Systematically captures and disseminates learning and best practice at all levels of the service.				

Senior Nurse Out of Hours

SENIOR NURSE / PATIENT FLOW

A Competence Assessment Tool: Supporting Professional Development

**April 2016
FINAL**



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1.0 Introduction

The Clinical Director of the HSC Safety Forum (NI) asked NIPEC to take forward a regional project to address Recommendations 1 and 11 contained within the Regulation and Quality Improvement Authority Report on the *Review of Hospitals at Night and Weekends* (RQIA, 2013). As part of the project, this Competence Assessment Tool was developed by the regional Task and Finish Group, chaired by Brenda Creaney, Executive Director of Nursing and Patient Experience, Belfast Health and Social Care Trust. Membership of the Group included senior representatives from key stakeholders including the five HSC Trusts, NIPEC, Professional and Staff Side Organisations and regional Human Resources representation.

This Competence Assessment Tools comprises the minimum core elements required of all professionals undertaking the role of Senior Nurse/Patient Flow. Each HSC Trust can build on these when recruiting and selecting for specific posts within their organisation.

To find out more information about the Career Pathway and supporting resources for all Senior Nurse Out of Hours roles, including Senior Nurse/Patient Flow, Senior Nurse/Hospital at Night and Senior Nurse/Hospital at Night and Patient Flow, visit:
www.nursingandmidwiferycareersni.hscni.net

1.1 Development of the Competence Assessment Tool

The development of the Competence Assessment Tool began by undertaking a comprehensive review of local, national and international literature to source competency frameworks and competencies relevant to the Senior Nurse/Patient Flow role.

Once the competency areas and statements were agreed by the Task and Finish Group, the Competence Assessment Tool was refined over a period of four months through engagement with a wide range of key stakeholders throughout Northern Ireland, which included: Senior Managers; Human Resources and representatives from Education, Professional and Staff Side organisations. The Competence Assessment Tool was approved by the Task and Finish Group in March 2016.

1.2 Who is the Competence Assessment Tool For?

This Competence Assessment Tool will apply to a professional undertaking the role of Senior Nurse/Patient Flow. Titles may differ for this role within individual HSC Trusts and could either be Senior Nurse/Patient Flow, Bed Manager or Night Sister. The roles, however, are similar and include facilitating the flow of patients through the acute hospital/s within the Trust.

2.0 The Competence Assessment Tool

The Competence Assessment Tool is underpinned by the Nursing and Midwifery Council's *Code*: (NMC; 2015) and is designed to help you consider how well you do your job.

The next few pages provide information for you on how to:

- use the Competence Assessment Tool to assess yourself and get others to assess you
- provide evidence for renewal of your registration and revalidation with the Nursing

- and Midwifery Council (NMC)
- provide evidence of achievement for your KSF personal development plan
- use your assessment results to focus on your development needs, prepare for supervision meetings and support your career development.

The Tool is made up of five core competency areas (Figure 1) that are applicable for all those undertaking the role of Senior Nurse/Patient Flow. Within each competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development.

The Tool is made up of six core competency areas (Figure 1) that are applicable for all those undertaking the role of Senior Nurse/Hospital at Night.

Within each competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development. A copy of The Competence Assessment Tool is available at:

<http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

Figure 1: Core competency areas



Within each competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development. A copy of The Competence Assessment Tool is available at:

<http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

2.1 How will I benefit from using the Competence Assessment Tool?

The Competence Assessment Tool can help you identify the knowledge and skills required for your role.

By undertaking a self-assessment you can use the results to prepare for supervision meetings and identify areas which you find challenging and need further development in.

The assessment tool can also enable you to focus on areas for career development and where relevant, support your preparation for job interviews. It can also be used in conjunction with other Competencies relevant to your role as a Senior Nurse/Patient Flow.

The five core competency areas within this tool have been mapped against the core and relevant specific dimensions of the NHS Knowledge and Skills Framework (KSF; DH, 2004). The areas expand on the dimensions covered by KSF and the competence statements provide you with specific competency requirements for the role of Senior Nurse/Patient Flow.

This has been done so that you can use your assessment results to help you provide evidence for your annual KSF development review meetings. You can then agree your learning and development outcomes, with your line manager, which are relevant to your post outline.

Your assessment results and related reflections can be entered into your online portfolio, or completed on a hard copy. To create and build your own confidential portfolio online visit <http://nipeportfolio.hscni.net/>

This will help you to evidence your competence and related learning and development needs and meet other requirements such as renewal of your NMC registration and revalidation.

To complete your assessment and add it to your portfolio, visit <http://nipeportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

You can use your online portfolio to:

- Keep details about your career journey to date
- Keep information to help prepare for your appraisal, review or revalidation
- Show what you have learned through your day-to-day experiences
- Store information about your learning activities
- Get help to write a reflection.

2.2 How do I use the Competence Assessment Tool?

The Competence Assessment Tool allows you to build up a picture of how you are performing in your role. It is up to you to decide how much of the Competence Assessment Tool you wish to use. Figure 2 presents an outline of the steps you should work through, to get the most benefit from the Assessment Tool.

Figure 2: Learning and Development Framework

Step 1	Assess your knowledge and skills using the competence assessment tool to find out about your learning and development needs. Follow the instructions on http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp to enable you to complete your assessment online. Compile your evidence to support your assessment.
Step 2	Plan your learning and development needs from your assessment results, including any 360° feedback and other sources of information. Record and prioritise your overall learning and development needs with your line manager using your KSF personal development plan.
Step 3	Implement the learning and development activities agreed with your line manager in your KSF personal development plan. This should include a meeting with your line manager to discuss progress.
Step 4	Evaluate your learning and development in relation to improvements in your knowledge and skills with regard to your role. Maintain a reflective record of your learning and development in your portfolio at http://nipecportfolio.hscni.net/ to support your preparation for your supervision sessions or development review meetings.

Adapted from the NIPEC Learning Needs Analysis: Guide for Ward Managers and Team Leaders (NIPEC, 2009)

3.0 COMPETENCY AREAS

3.1 COMPETENCY AREA: LEADERESHIP AND MANAGEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions C1, C2, C3, C4, C5 and C6; Specific Dimensions G1 and G6.

Rating Scale: **LD** I need a lot of development
 SD I need some development
 WD I feel I am well developed
 NA Is not applicable to my role.

1. LEADERSHIP AND MANAGEMENT	LD	SD	WD	NA
a) Awareness of the wider health and social care structure and how to access relevant services to ensure the patient journey is co-ordinated in a timely, effective manner.				
b) Knowledge of the governance and risk management arrangements that are in place for the services you are responsible for				
c) Ability to take appropriate action to identify and manage risk and to maintain safety of users, staff and others in accordance with relevant regulations, policies and procedures				
d) Knowledge of the necessary process required to optimise the patient journey through the health care system at a pace appropriate to each individual needs.				
e) Ability to manage Nursing issues out of hours to include the deployment of staff.				
f) Ability to manage the safety of the hospital site out of hours.				
g) Ability to facilitate the safe transfer of patients between hospitals within the Trust and to facilities outside of the Trust.				
h) Provides professional leadership on the Hospital site.				
i) Manages demand in line with capacity and local escalation arrangements including enhanced capacity.				
j) Ability to co-ordinate the admission of all scheduled and unscheduled patients to ensure all patients are admitted to the most appropriate clinical area for their clinical needs.				
k) Develops, implements and evaluates patient flow policies and good practice guidelines.				
l) Collaborates with physicians, medical staff, ward staff and multidisciplinary teams to instigate and co-ordinate the actions required to ensure timely discharge to prevent patients being delayed inappropriately.				
m) Oversees the implementation of and take actions within the Trust's escalation plan as required.				
n) Ability to expedite rapid access to investigations, particularly where results will prevent hospital admission or enable				

timely/early discharge.				
o) Challenges decision making in relation to the admission of patients as appropriate.				
p) Works within the Trust, and with other Trusts, to ensure repatriation of patients.				
q) Works in partnership with ward sisters/charge nurses to ensure that discharge planning is commenced on admission including Estimated Date of Discharge.				
r) Ability to provide reports which will inform the Trust Senior Management Team regarding patient activity and bed utilisation.				
s) Ability to identifying your management style to ensure that at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner				
t) In identifying your leadership style and areas for development - Strengths and weakness and appropriate use to lead people through change and role model good example.				

3.2 COMPETENCY AREA: ENGAGEMENT AND COMMUNICATION

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

2. ENGAGEMENT AND COMMUNICATION	LD	SD	WD	NA
a) Understanding and valuing of patients' cultural preferences, health beliefs and behaviours.				
b) Knowledge of how to collaborate effectively with other members of the multi-professional team.				
c) Demonstrate effective interpersonal/communication skills within a multi-disciplinary setting.				
d) Establishes and maintains effective communication networks throughout the hospital.				
e) Develops links with the patient flow community regionally and beyond.				
f) Maintains effective communication with internal and external stakeholders at all levels of the organisation.				
g) Ensures good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment and progress of the patient and outcomes.				
h) On a day-to-day basis communicates with Infection Control Teams as required to ensure the safe and effective utilisation of beds.				

i) Communicates with senior managers and clinicians regarding bed availability and associated pressures.				
j) Ability to challenge multi-professional team members in an assertive manner				
k) Ability to anticipate barriers to communication and takes action to improve communication				
l) Ability to be proactive in seeking out different styles and methods of communicating to assist longer term needs and aims				
m) Ability to take a proactive role in producing accurate and complete records of the communication consistent with legislation, policies and procedures				
n) Ability to effectively communicate and build relationships with all nursing staff, students, managers and service leads to ensure partnership				
o) Ability and confidence to participate regionally and contribute to strategic and professional requests for feedback.				
p) Ability to recognise barriers to Communication - Self-awareness of own techniques that are barriers to communication. Recognize skills and seek skills improvement training as required				

3.3 COMPETENCY AREA: PROFESSIONAL, ETHICAL AND LEGAL

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

3. PROFESSIONAL, ETHICAL AND LEGAL	LD	SD	WD	NA
a) Knowledge of professional accountability relating to own practice and that of team members.				
b) Knowledge of policy developments that have an impact on health care provision e.g. disability.				
c) Knowledge of clinical governance, risk assessment/ management and adverse incident reporting arrangements.				
d) Awareness of DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.				
e) Awareness of the NMC Code (2015), standards and professional guidelines.				
f) Awareness of Data Protection Act (1998).				

g) Awareness of local policies and procedures relevant to the Patient Flow service.				
h) Awareness of the requirement for emergency medical assistance using protocols and guidelines.				
i) Awareness of protocols, guidelines and patient group directives to inform the decision making process.				
j) Development of Trust policies and protocols appropriate to the Patient Flow service.				
k) Demonstrates responsibility for own continuous professional development and revalidation with the NMC.				
l) Ability to reflect on own practice and adapt if necessary.				
m) Recognise situations where consideration for withdrawal for of treatment should be made.				
n) Manage information, reports and records in line with professional guidelines and the Trust's clinical governance framework.				
o) Appropriately challenge health and social care practice which could compromise the safety, privacy or dignity of patients.				
p) Ability to evaluate sufficiency of own knowledge and practice against the KSF outline for the post and identifies own development needs and interests				
q) Ability to develop and agrees own personal development plan with feedback from others				
r) Ability to use techniques of facilitation, reflection in and on action, and other relevant methods to develop others understanding of role				
s) Ability to work collaboratively with clinical colleagues to promote staff development and a culture of professional practice development and service improvement				
t) Ability to access and record information to hold others to account and to be held accountable to the Trust.				
u) Ability to delegate appropriate responsibility and authority to staff in order to ensure optimum and effective service delivery and decision-making, whilst retaining overall accountability and responsibility for outcomes.				
v) Self-aware of how to engage with people, use of inter-professional skills to develop self and others. Work within team sharing ideas and methods, reflecting in and on actions using facilitation skills and effective communication to develop self and others.				

w) Prepare for and attend managerial supervision sessions				
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3.4 COMPETENCY AREA: EDUCATION, RESEARCH AND DEVELOPMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

4. EDUCATION, RESEARCH AND DEVELOPMENT	LD	SD	WD	NA
a) Knowledge of education, learning and development opportunities and resources available to support team and individual practice and performance.				
b) Contributes to the development of professional and/or multi-professional practice.				
c) Knowledge of how to access and critically appraise current evidence from a variety of sources.				
d) Understanding of service development processes and evidence based practice, e.g. data collection, audit, patient/client involvement and research.				
e) Develop and promote a culture of research and evidence based practice to enhance person-centred care.				
f) Access and use current information systems to support evidence based practice.				
g) Promote and develop clinically effective practice by developing, implementing, monitoring and evaluating evidence based policies and procedures.				
h) Networks with peers across professional groups within the organisation promoting the exchange of knowledge, skills and resources.				
i) Demonstrates the use of relevant and current information and communication technology to include email, internet and databases.				
j) Contribute to systems that critically analyse the on-going quality of care and influence action plans in collaboration with team leaders / ward managers to address issues arising				
k) Participate in research, audit & benchmarking activities as required.				
l) Reflects upon and evaluates own learning and development needs and sets about developing these.				

3.5 COMPETENCY AREA: CONTINUOUS IMPROVEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD	I need a lot of development
SD	I need some development
WD	I feel I am well developed
NA	Is not applicable to my role.

5. CONTINUOUS IMPROVEMENT	LD	SD	WD	NA
a) Knowledge of how to use relevant quality indicators to measure.				
b) Knowledge of measuring for improvement and interpreting causes of variation.				
c) Awareness of continuous improvement methodologies and their application to improve the Patient Flow service.				
d) Working in partnership with a range of clinicians and managers in the planning and/or development of the Patient Flow service, promoting the involvement of patients and relatives/carers.				
e) Ability to review processes/practices including those within the Patient Flow service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.				
f) Identify areas of practice where Patient Flow services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.				
g) Fosters a culture of continuous quality improvement through the use of audit, supervision, personal reflection and patient feedback on practice by self and other members of the team/service.				
h) Displays organisational skills in capturing information pertaining to quality measures within the service.				
i) Ability to critically analyse the information captured and instigate any measures necessary to address quality concerns if indicated.				
j) Identifies the need for change, leads innovation and manages changes in practice and/or service.				
k) Systematically captures and disseminates learning and best practice at all levels of the service.				
l) Contribute to developments in the Trust's education and learning needs framework, in collaboration with nurses and midwives eg Mandatory Training, Preceptorship, Learning in Caring, Annual Appraisal and Supervision.				

m) Promote an effective learning culture that maximises the acquisition of competence of nursing to provide high quality patient/client care				
n) Contribute to the development of flexible approaches to practice development on nursing/midwifery/specialist public health nursing programmes.				

This competency area has been mapped against the following KSF dimensions: G6,

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

6. People Management	LD	SD	WD
a) Knowledge of how to use relevant quality indicators to measure.			
b) Knowledge of measuring for improvement and interpreting causes of variation.			
c) Awareness of continuous improvement methodologies and their application to improve the Patient Flow service.			
d) Working in partnership with a range of clinicians and managers in the planning and/or development of the Patient Flow service, promoting the involvement of patients and relatives/carers.			
e) Ability to review processes/practices including those within the Patient Flow service to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.			
f) Identify areas of practice where Patient Flow services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.			
g) How confident are you in supervising and managing the of day-to-day work of other staff in your team to ensure they deliver high quality of care			
h) How confident are you in managing grievances disciplinary chairing interview and selection panels writing KSF outlines etc			

SENIOR NURSE / HOSPITAL AT NIGHT & PATIENT FLOW

A Competence Assessment Tool: Supporting Professional Development

**Final
June 2016**



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1.0 Introduction

The Clinical Director of the HSC Safety Forum (NI) asked NIPEC to take forward a regional project to address Recommendations 1 and 11 contained within the Regulation and Quality Improvement Authority Report on the *Review of Hospitals at Night and Weekends* (RQIA, 2013). As part of the project, this Competence Assessment Tool was developed by the regional Task and Finish Group, chaired by Brenda Creaney, Executive Director of Nursing and Patient Experience, Belfast Health and Social Care Trust. Membership of the Group included senior representatives from key stakeholders including the five HSC Trusts, NIPEC, Professional and Staff Side Organisations and regional Human Resources representation.

This Competence Assessment Tools comprises the minimum core elements required of all professionals undertaking the role of Senior Nurse/Hospital at Night and Patient Flow. Each HSC Trust can build on these when recruiting and selecting for specific posts within their organisation.

To find out more information about the Career Pathway and supporting resources for all Senior Nurse Out of Hours roles, including Senior Nurse/Hospital at Night, Senior Nurse/Patient Flow and Senior Nurse/Hospital at Night and Patient Flow, visit:

www.nursingandmidwiferycareersni.hscni.net

1.1 Development of the Competence Assessment Tool

The development of the Competence Assessment Tool began by undertaking a comprehensive review of local, national and international literature to source competency frameworks and competencies relevant to the Senior Nurse/Hospital at Night and patient Flow role.

Once the competency areas and statements were agreed by the Task and Finish Group the Competence Assessment Tool was refined over a period of four months through engagement with a wide range of key stakeholders throughout Northern Ireland, which included: Senior Managers; Human Resources and representatives from Education, Professional and Staff Side organisations. The Competence Assessment Tool was approved by the Task and Finish Group in March 2016.

1.2 Who is the Competence Assessment Tool For?

This Assessment Tool will apply to a professional undertaking the amalgamated role of Senior Nurse/Hospital at Night and Patient Flow who has a lead role within the Trust's Hospital at Night service. Although the post holder may be required to fulfil the role of Senior Nurse Hospital at Night & Patient Flow within working hours (0900 – 1700) in a absence of other Senior Nurse positions. The roles, however, are similar and include leading and co-ordinating the Hospital at Night team, responding to incidents and emergencies and providing clinical advice, support and guidance to medical and nursing staff across all adult specialities to support them in their delivery of patient care. In most

hospitals, these nurses generally work at nights or weekends in a single hospital. However, in some hospitals they alternate between days and nights and across different hospital sites, resulting in the sharing of experience between sites. Additionally, in smaller hospitals some nurses may undertake the role of both Senior Nurse/Hospital at Night and Senior Nurse/Patient Flow.

2.0 The Competence Assessment Tool

The Competence Assessment Tool is underpinned by the Nursing and Midwifery Council's *Code: (NMC; 2015)* and is designed to help you consider how well you do your job. The next few pages provide information for you on how to:

- use the Competence Assessment Tool to assess yourself and get others to assess you
- provide evidence for renewal of your registration and revalidation with the Nursing and Midwifery Council (NMC)
- provide evidence of achievement for your KSF personal development plan
- use your assessment results to focus on your development needs, prepare for supervision meetings and support your career development.

The Tool is made up of six core competency areas (Figure 1) that are applicable for all those undertaking the role of Senior Nurse/Hospital at Night and Patient Flow.

Within each competency area is a list of competence statements that you can use to assess yourself against and plan for your learning and development. A copy of The Competence Assessment Tool is available at:

<http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

2.1 How will I benefit from using the Competence Assessment Tool?

The Competence Assessment Tool can help you identify the knowledge and skills required for your role.

By undertaking a self-assessment you can use the results to prepare for supervision meetings and identify areas which you find challenging and need further development in.

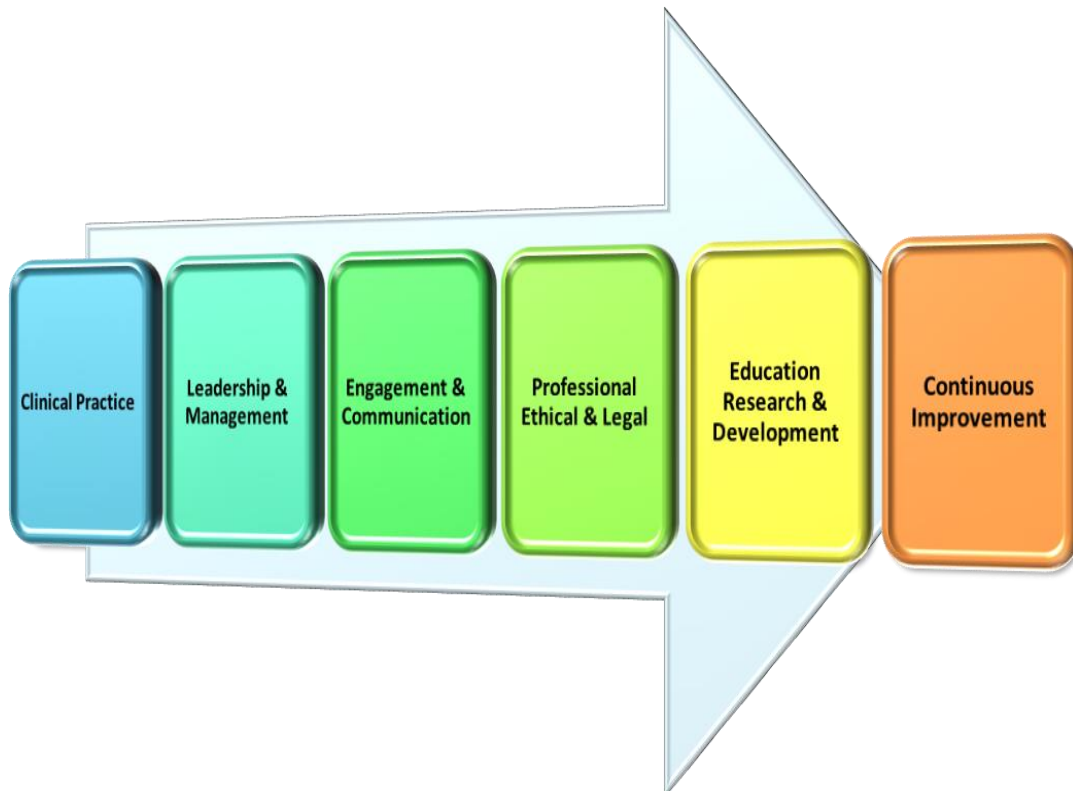
The assessment tool can also enable you to focus on areas for career development and where relevant, support your preparation for job interviews. It can also be used in conjunction with other Competencies relevant to your role as a Senior Nurse/Hospital at Night and Patient Flow Co-ordinator.

The six core competency areas within this tool have been mapped against the core and relevant specific dimensions of the NHS Knowledge and Skills Framework (KSF; DH, 2004).

The areas expand on the dimensions covered by KSF and the competence statements provide you with specific competency requirements for the role of Senior Nurse/Hospital at Night and Patient Flow Co-ordinator.

This has been done so that you can use your assessment results to help you provide evidence for your annual KSF development review meetings. You can then agree your learning and development outcomes, with your line manager, which are relevant to your post outline.

Figure 1: Core competency areas



Your assessment results and related reflections can be entered into your online portfolio, or completed on a hard copy. To create and build your own confidential portfolio online visit <http://nipecportfolio.hscni.net/>

This will help you to evidence your competence and related learning and development needs and meet other requirements such as renewal of your NMC registration and revalidation.

To complete your assessment and add it to your portfolio, visit <http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp>

You can use your online portfolio to:

- Keep details about your career journey to date
- Keep information to help prepare for your appraisal, review or revalidation
- Show what you have learned through your day-to-day experiences
- Store information about your learning activities
- Get help to write a reflection.

2.2 How do I use the Competence Assessment Tool?

The Competence Assessment Tool allows you to build up a picture of how you are performing in your role. It is up to you to decide how much of the Competence Assessment Tool you wish to use. Figure 2 presents an outline of the steps you should work through, to get the most benefit from the Assessment Tool.

Figure 2: Learning and Development Framework

Step 1	Assess your knowledge and skills using the competence assessment tool to find out about your learning and development needs. Follow the instructions on http://nipecportfolio.hscni.net/compro/ReadOnly/CompSelect.asp to enable you to complete your assessment online. Compile your evidence to support your assessment.
Step 2	Plan your learning and development needs from your assessment results, including any 360° feedback and other sources of information. Record and prioritize your overall learning and development needs with your line manager using your KSF personal development plan.
Step 3	Implement the learning and development activities agreed with your line manager in your KSF personal development plan. This should include a meeting with your line manager to discuss progress.
Step 4	Evaluate your learning and development in relation to improvements in your knowledge and skills with regard to your role. Maintain a reflective record of your learning and development in your portfolio at http://nipecportfolio.hscni.net/ to support your preparation for your supervision sessions or development review meetings.

Adapted from the NIPEC Learning Needs Analysis: Guide for Ward Managers and Team Leaders (NIPEC, 2009)

3.0 COMPETENCY AREAS

3.1 COMPETENCY AREA: CLINICAL EXPERT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale: LD I need a lot of development
 SD I need some development
 WD I feel I am well developed
 NA Is not applicable to my role.

1. TAKING A PRESENTING HISTORY FROM AN INDIVIDUAL TO INFORM ASSESSMENT	LD	SD	WD	NA
a) Take a presenting history from an individual to inform assessment				
b) Knowledge of current NMC standards to support learning and assessment in practice				
c) Prioritise individuals for assessment.				
d) Is aware of when to ask for senior help or intervention				
e) Measure and record vital signs using NEWS				
f) Is able to identify acutely abnormal physiology, and make a differential diagnosis including ability to interpret laboratory investigations, ECG and chest x ray.				
g) Assess the individual's level of consciousness, utilising Glasgow Coma Scale				
h) Maintains accurate clinical records				
2. TECHNICAL SKILLS/INTERVENTIONS TO SUPPORT THE ASSESSMENT PROCESS	LD	SD	WD	NA
a) Recognises, assesses and support others in the detection of the acutely sick/deteriorating patient				
b) Initiate laboratory clinical tests and correctly interpret results/recognise deviation from normal: <ul style="list-style-type: none"> • Biochemistry • Haematology • Coagulation. 				
c) Request radiological examinations: <ul style="list-style-type: none"> • Chest 				
d) Record and interpret electrocardiograph.				
e) Demonstrate proficiency in cannulation and venepuncture				
f) Can perform arterial blood gas sampling and analysis				

3. ASSESSMENT AND 1ST LINE TREATMENT	LD	SD	WD	NA
a) Assess and provide 1 st line treatment for a patient presenting with breathlessness.				
b) Assess and provide 1 st line treatment for a patient presenting with bleeding and fluid loss.				
c) Assess and provide 1 st line treatment for a patient presenting with pain.				
d) Assess and provide 1 st line treatment for a patient presenting with altered consciousness, seizures				
e) Assess and provide 1 st line treatment for a patient presenting with acute confusion/ agitation				
f) Assess and provide 1 st line treatment for a patient presenting with altered body temperature.				
g) Assess and provide 1 st line treatment for a patient presenting with reduced urinary output.				
h) Assess and provide 1 st line treatment for a patient presenting with a fall.				
i) Assess and provide 1 st line treatment for a patient presenting with sepsis				
4. THERAPEUTIC INTERVENTIONS	LD	SD	WD	NA
a) Prioritise individuals for treatment according to their health status and needs.				
b) Is competent in intermediate life support.				
c) Management of the Unconscious patient				
d) Is competent with automated and manual defibrillation.				
e) Manage upper airway obstruction as a medical emergency.				
f) Insert oropharyngeal airway, nasopharyngeal airway, appropriately and safely.				
g) Use bag and mask to maintain oxygenation appropriately and safely.				
h) Recognise indications for oxygen therapy and select appropriate device for administration of oxygen therapy.				
i) Administer oxygen therapy at rate and concentration as prescribed or as per patient group directive.				
j) Administer intravenous fluids as a medical emergency				
k) Prescribe within defined protocols				
l) Is competent in the recognition and verification of expected death				
m) Prescribes, using Patient Group Directives (PGD's) a range of medications including analgesics and nebulisers				
n) Knowledge of Management of Chest drains				

o) Management of Tracheostomy Care				
5. TECHNICAL SKILLS TO SUPPORT THERAPEUTIC INTERVENTION	LD	SD	WD	NA
a) Is competent in the administration of Intravenous Medications				
b) Is competent in Male catheterisation.				
c) Perform insertion of Nasogastric tube.				
d) Is competent in the management HICC /PICC/ Central Venous lines				
e) Has knowledge of indicators and management for CPAP & NIV				
6. PSYCHOLOGICAL INTERVENTION	LD	SD	WD	NA
a) Promote night time environment conducive to sleep.				
b) Demonstrate understanding of cultural needs when caring for individuals.				
c) Provide emotional support for the family who are distressed /bereaved.				

3.2 COMPETENCY AREA: LEADERSHIP AND MANAGEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions C1, C2, C3, C4, C5 and C6; Specific Dimensions G1 and G6.

Rating Scale:

LD	I need a lot of development
SD	I need some development
WD	I feel I am well developed
NA	Is not applicable to my role.

LEADERSHIP AND MANAGEMENT	LD	SD	WD	NA
a) Provides clinical leadership to ward staff and junior medical staff in the out of hours period				
b) Understanding of how to consult, involve, influence and lead the hospital at night team and others, recognising personal impact on situations and people				
c) Ability to lead the delivery of a safe service influencing and facilitating change within the hospital at night /patient flow services				
d) Demonstrates clear visibility to the team and others				
e) Acts as a role model, creating a culture which supports and empowers staff to contribute to the delivery of safe and effective, person-centred care.				
f) Ability to co-ordinate nursing/medical interventions, influencing clinical decisions and monitoring the quality of patient care.				
g) Demonstrates effective interpersonal skills				

h) Fosters a culture of enquiry that is supportive and facilitative, encouraging creativity and innovation				
i) Develops implements and evaluates hospital at night /patient flow policies and good practice guidelines.				
j) Uses critical analysis skills to identify, interpret, and address problems proactively				
k) Knowledge of the governance and risk management arrangements that are in place for the services you are responsible for				
l) Ability to take appropriate action to identify and manage risk and maintain safety of users, staff and others in accordance with relevant regulations, policies and procedures				
m) Knowledge of the necessary process required to optimise the patient journey through the health care system at a pace appropriate to each individual				
n) Ability to manage Nursing issues out of hours to include the deployment of staff				

DEVELOPING TEAM PERFORMANCE	LD	SD	WD	NA
a) Communicates the team's vision by agreeing values, goals and objectives that relate to the organisation's objectives and which motivates staff to strive towards that vision				
b) Effectively communicate and actively engage with the team through meetings, reports, supervision and personal development review meetings				
c) Support the learning and development of multi-professional staff including students, by creating an environment that supports effective learning and development opportunities				
d) Knowledge of the principles and processes of facilitating learning in practice, including mentoring and coaching				
e) Knowledge of clinical supervision including the roles and responsibilities of a supervisor and supervisee				
f) Manage the team effectively, to comply with relevant organisational policies, legislation and Professional Regulations.				
g) Actively promote and support reflective practice, formal and/or informal				
h) Demonstrates the ability to manage conflict, disputes and difficult situations				
i) Delegate in a supportive, appropriate and effective manner				
j) Delegates appropriate responsibility and authority to ensure the delivery of a safe and effective service				
k) Develop decision making skills within the team.				
l) Recognise and respond to the effects of stressors and workload pressures on staff using Trust support services as appropriate.				
m) Provide a robust system of induction and support for new staff and those undertaking a period of preceptorship.				

n) Raise concerns appropriately when resources/workload issues negatively impact on team performance.				
o) How confident are you in supervising and managing the day t day work of other staff in your team to ensure the deliver high quality of care				
p) How confident are you in managing grievances, disciplinary chairing, interview and selection panels and the writing of KSF outlines etc.				

MANAGING THE TEAM/SERVICE	LD	SD	WD	NA
a) Ability to prioritise workload and delegate duties to hospital at night team members, as appropriate				
b) Knowledge of the factors which impact on staff resources when planning, allocating, and leading the hospital at night team to provide safe effective care				
c) Manages the health care support staff within the hospital at night team.				
d) Displays organisational skills necessary to manage the day to day running of the health care support team in a flexible and efficient manner.				
e) Provide effective leadership and support in all clinical emergencies				
f) Provide effective leadership in relation to: <ul style="list-style-type: none"> • Bed management • Staffing issues 				
g) Supervise interventions carried out by others				
h) Ensure effective time management				
i) Manage the performance of self, individuals and teams				
j) Demonstrate ability to activate policies for handling patient / relatives / public complaints				
k) Receive and coordinate all requests for clinical advice/interventions and support from ward staff and medical staff (bleep filtering)				
l) Co-ordinate clinical emergencies e.g cardiac arrest				
m) Co-ordinate the management of patients identified as clinically 'at risk' referring to appropriate medical colleges when necessary				
INTERNAL/EXTERNAL TRANSFER AND DISCHARGE OF INDIVIDUALS	LD	SD	WD	NA
a) Organise safe transfer of the individual to higher / lower levels of care within the hospital environment				
b) Manage equipment used for the transfer or ensure appropriate personnel in place to manage equipment				
c) Participate in the transport of individuals who require emergency				

transfer to suitable locations for treatment/intervention/care in accordance with local transfer policy				
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3.4 COMPETENCY AREA: ENGAGEMENT AND COMMUNICATION

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

ENGAGEMENT AND COMMUNICATION	LD	SD	WD	NA
a) Leads and co-ordinates the hospital at night handover in partnership with Medical Registrar				
b) Ability to delegate in a supportive and appropriate				
c) Knowledge of how to collaborate effectively with other members of the multi-professional team.				
d) Ability to demonstrate effective interpersonal/communication skills within a multi-disciplinary setting.				
e) Demonstrates effective time management skills				
f) Establishes and maintains effective communication networks throughout the hospital.				
g) Develops links with Regional peer groups to share good practise				
h) Maintains effective communication with internal and external stakeholders at all levels of the organisation.				
i) Ensures good communication between staff and patients and relatives is maintained to assist in their understanding of care, treatment and progress of the patient and outcomes.				
j) Communicates with senior managers and clinicians regarding Hospital at Night service				
k) Ability to challenge multi professional team members in a supportive and appropriate manner				
l) Understanding and valuing of patients' cultural preferences, health beliefs and behaviours.				

3.7 COMPETENCY AREA: PROFESSIONAL, ETHICAL AND LEGAL

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

PROFESSIONAL, ETHICAL AND LEGAL	LD	SD	WD	NA
a) Knowledge of professional accountability relating to own practice and that of team members.				
b) Knowledge of policy developments that have an impact on health care provision e.g. disability.				
c) Knowledge of clinical governance, risk assessment/ management and adverse incident reporting arrangements.				
d) Awareness of DHSSPS policy and standards, for example, safe handling, records management and administration, storage and custody of medicinal products.				
e) Awareness of the NMC Code (2015), standards and professional guidelines.				
f) Awareness of Data Protection Act (1998).				
g) Awareness of local policies and procedures relevant to the H@N service.				
h) Demonstrates responsibility for own continuous professional development and revalidation with the NMC.				
i) Ability to reflect on own practice and adapt if necessary.				
j) Awareness of the requirement for practitioner assistant's using protocols and guidelines				
k) Awareness of protocols, guidelines and patient group directives to inform the decision making process.				
l) Development of Trust policies and protocols appropriate to the H@N service.				
m) Awareness of ethical issues and practices related to: i)Do Not Resuscitate orders ii)Organ donation iii)Relatives witnessing resuscitation				
n) Recognise situations where consideration for withdrawal of treatment should be made.				
o) Manage information, reports and records in line with professional guidelines and the Trust's clinical governance framework.				
p) Deal with adverse incidents in a timely and appropriate manner within a culture of learning.				
q) Appropriately challenges health and social care practice which could compromise the safety, privacy or dignity of patients.				

3.8 COMPETENCY AREA: EDUCATION, RESEARCH AND DEVELOPMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale: LD I need a lot of development

SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

EDUCATION, RESEARCH AND DEVELOPMENT	LD	SD	WD	NA
a) Knowledge of education, learning and development opportunities and resources available to support team and individual practice and performance.				
b) Contributes to the development of professional and/or multi-professional practice.				
c) Knowledge of how to access and critically appraise current evidence from a variety of sources.				
d) Understanding of service development processes and evidence based practice, e.g. data collection, audit, patient/client involvement and research.				
e) Develop and promote a culture of research and evidence based practice to enhance person-centred care.				
f) Access and use current information systems to support evidence based practice.				
g) Promote and develop clinically effective practice by developing, implementing, monitoring and evaluating evidence based policies and procedures.				
h) Network with peers across professional groups within the organisation promoting the exchange of knowledge, skills and resources.				
i) Provide specialist training in managing acutely ill patients to other professional staff both within the H@N team and across the hospital site				
j) Demonstrates the use of relevant and current information and communication technology to include email, internet and databases.				

3.9 COMPETENCY AREA: CONTINUOUS IMPROVEMENT

This competency area has been mapped against the following KSF dimensions: Core Dimensions 1, 2, 3, 4, 5 and 6; Specific Dimensions G1, G6, and HWB3.

Rating Scale:

LD I need a lot of development
SD I need some development
WD I feel I am well developed
NA Is not applicable to my role.

CONTINUOUS IMPROVEMENT	LD	SD	WD	NA
a) Knowledge of how to use relevant quality indicators to measure.				
b) Knowledge of measuring for improvement and interpreting causes				

of variation				
c) Awareness of continuous improvement methodologies and their application to improve the Patient Flow service				
d) Working in partnership with a range of clinicians and managers in the planning and/or development of the H@N and Patient Flow services, promoting the involvement of patients and relatives/carers.				
e) Ability to review processes/practices including those within the H@N s and Patient Flow Services to enhance the delivery of safe, effective and person-centred care and deliver required efficiencies.				
f) Identify areas of practice where H@N and Patient Flow services can be improved and proactively take forward any changes identified being aware of and overcoming barriers to change.				
g) Fosters a culture of continuous quality improvement through the use of audit, supervision, personal reflection and patient feedback on practice by self and other members of the team/service.				
h) Displays organisational skills in capturing information pertaining to quality measures within the service.				
i) Ability to critically analyse the information captured and instigate any measures necessary to address quality concerns if indicated.				
j) Identifies the need for change, leads innovation and manages changes in practice and/or service.				
k) Systematically captures and disseminates learning and best practice at all levels of the service.				
l) Contribute to developments in the Trust's education and learning needs framework, in collaboration with nurses and midwives eg mandatory Training, preceptorship, Learning in Caring, Annual Appraisal and Supervision				
m) Promote an effective learning culture that maximises the acquisition of competence of nursing and midwifery to provide high quality patient/client care.				
n) Contribute to the development of flexible approaches to practice development on nursing/midwifery/specialist public health nursing programmes				



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This document can be downloaded from the NIPEC website www.nipec.hscni.net

June 2016