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An Roinn Sláinte

Mánnystrie O Poustie

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BAND 7



NURSING AND MIDWIFERY LEADERSHIP TOOLKIT

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CONTENTS

Foreword	5
Introduction	7
Getting Started	8
Structure of the Band 7 Nursing and Midwifery Leadership Toolkit	10

Section 1 You 11

1.1 Self-awareness	12
1.2 Role Competence	13
1.3 Role Clarity	14
1.4 Team roles	14
1.5 Learning styles	15
1.6 Reflection	16
1.7 Communication	17
1.8 Difficult conversations	17
1.9 Emotional Intelligence	18
1.10 Setting standards for the team	21
1.11 Continuing Professional Development, Growth and Support	22
1.12 Networking - Working across boundaries and building relationships	23

Section 2 Your Team 27

2.1 Teamwork	28
2.2 Civility	30
2.4 Communicating with your team	34
2.5 Leadership	34
2.6 Conflict Resolution	35
2.7 Change management	36
2.8 A Guide to Staff Development and Education	37
2.9 Appraisals	37
2.10 The Learning Needs Analysis (LNA)	38

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.



2.11 Education Commissioning Cycle	39
2.12 Mandatory Training	39
2.13 Practice Education Team	40
2.14 Vocational team	40
2.15 Preceptorship	40
2.16 Clinical Educator	41

Section 3 Safety AndQuality

42

3.1 Safety, Quality and Assurance	43
3.2 NIPEC Quality Excellence Framework	43
3.3 Governance in Nursing and Midwifery	43
3.4 Nursing and Midwifery Assurance	44
3.5 The Regulation and Quality Improvement Authority (RQIA)	47
3.6 Patient and Client Care	47
3.7 Standards of Care	49
3.8 Risk Management	50
3.9 Delegation of Care	51
3.10 Evidence-based Practice	51
3.11 Service User Involvement and Experience	52
3.12 Compliments	53
3.13 Duty of Candour	53
3.14 Complaints	54
3.15 Just Culture	55
3.16 Data Protection and Confidentiality	56
3.17 Digital Skills and Encompass	57
3.18 Infection Prevention and Control	58
3.19 Waste Management	58
3.20 Control of Substances Hazardous to Health (COSHH)	59
3.21 Fire Safety	60
3.22 Major Incident Plan	61

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.



Section 4 Managing Resources

62

4.1 Managing Resources	63
4.2 Effective rostering	63
4.3 Demand template and roster alignment	64
4.4 Planned/Unplanned Absence Allowance (PUAA)	65
4.5 Workforce planning	66
4.6 The Refreshed Delivering Care Policy Framework	67
4.7 Common Staffing Method (CSM)	68
4.8 Recruitment and Retention	69
4.9 Staff wellbeing	70
4.10 Managing attendance	70
4.11 Occupational Health	71
4.12 Other Nurses, Midwives and Students	72
4.13 Employee relations	73
4.14 Under-performing staff	73
4.15 Nursing and Midwifery Council Referral	74
4.16 Consumables	74
4.17 Equipment	74

Resource Section

75

Appendix 1	76
Appendix 2	77
Appendix 3	78
Appendix 4	79
Appendix 5	82
Appendix 6	86
Bibliography	89

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FOREWORD

It is a privilege to introduce this Band 7 Nursing and Midwifery Leadership Toolkit, developed at a pivotal time for Health and Social Care (HSC) in Northern Ireland. The changing needs of our population, the increasing complexity of care and shifting demographics including an aging population, rising mental health needs, and widening health inequalities—combined with fiscal constraints, are placing growing pressure on health and care services. Our system continues to evolve in response to this.

The Refreshed Delivering Care Policy Framework (2026), aligned with Shaping Our Future – A Vision for Nursing and Midwifery 2023–2028, places workforce sustainability, staff wellbeing, quality improvement, and leadership at the centre of our future direction. Together with the HSC Workforce Strategy 2026, the Reset Plan, and preparations for potential safe and effective staffing legislation, we are entering a period of transformation that will shape nursing and midwifery practice for years to come. This toolkit will support the implementation of these strategies in practice.

At the heart of this transformation is our workforce. As the largest professional group within HSC, nursing and midwifery teams depend on strong, confident, and compassionate leadership at Band 7 level. You are the individuals who hold teams together, lead with professional integrity, drive quality and safety, and create environments where staff feel supported, valued, and empowered to deliver excellent care.

The Band 7 leader is one of the most influential in nursing and midwifery. It carries significant responsibility, but also enormous opportunity: to shape patient experiences, improve outcomes, nurture learning cultures, and model the values we expect from our profession

Band 7 leaders are well placed to understand the context of care provided, the population needs of those they and their staff care for, and the staff they are responsible for. They are therefore critical to local workforce and workload planning and to the successful implementation of the Refreshed Delivering Care programme and potential safe staffing legislation.

This Nursing and Midwifery Leadership toolkit has been developed to support you in that role. It offers practical, accessible guidance, rooted in current strategic priorities, to strengthen your confidence, enhance your capability, and equip you with the tools needed to lead effectively in today's health and social care environment.



This toolkit complements Trust specific supportive resources and should be used in conjunction with existing local organisational resources, such as Trust-specific ward manager handbooks, induction programmes, and governance processes.

Thank you for your ongoing commitment to patients, families, communities, and colleagues. Your leadership will make a meaningful difference every single day.

In particular I would like to thank Elinor Welch and Jenny McMahon for their work in developing this toolkit, along with my team within the Department of Health and all those from across the region who helped to shape this along the way.

Maria McIlgorm

Chief Nursing Officer



INTRODUCTION

This Nursing and Midwifery Leadership toolkit has been developed to support the ongoing growth of Band 7 leaders. It aims to build confidence, strengthen capability, and enhance the skills and knowledge required to thrive in what is both a challenging and deeply rewarding role. By investing in the development of Band 7 leaders, we invest directly in the quality, safety, and future of our services and the health and wellbeing of our workforce.

The Band 7 role is pivotal in achieving better outcomes for patients by understanding and responding to the needs of the population they serve. Beyond operational oversight, Band 7 leaders cultivate psychologically safe, inclusive, and highperforming teams. They set the tone for professional behaviours, nurture learning cultures, and create environments where staff feel valued and empowered. These conditions are essential for delivering safer patient care and for sustaining the wellbeing and resilience of the workforce.

What makes the Band 7 role truly distinctive is its position at the intersection of clinical expertise and managerial responsibility. It is a role that requires balancing strategic priorities with the realities of frontline care, translating organisational aims into meaningful action, and advocating for both patients and staff. This dual perspective is a powerful asset, one that enables Band 7 leaders to influence change, drive improvement, and ensure that care remains person-centred and evidence-based.

Being a Band 7 can be a demanding, but very rewarding role, whether you are new in post or an experienced Band 7 leader.

Everyone will look at the role differently, but using this Band 7 Nursing and Midwifery Leadership Toolkit will assist in guiding you to develop yourself, your team and your service.

The toolkit will take you on a journey, getting to know and understand yourself and how you work.

As a leader it will help you to develop and maintain an effective, high functioning team who are able to deliver high quality care. You will use this toolkit to help you provide a safe service whilst effectively managing the resources allocated to your unit or department.

As a new Band 7 starting in post, you might use this toolkit as an introduction to your new role, working through progressively to ensure that you understand the post and the responsibilities associated with it.

As a Band 7 who has been in post for a while you might use it to 'take stock', to reflect on where you are in your role and what you might need to refresh or learn for the first time.



GETTING STARTED

Having access to a buddy, mentor, coach, or reflective supervisor will provide support, challenge, and guidance.

- Discuss with your line manager the availability of a formal buddy, coach, or mentor to support your transition into the role.
- Identify opportunities for reflective supervision and agree how these will be accessed and protected within your development plan.
- Include leadership development goals within your induction objectives and review progress regularly with your line manager.

A Guide to your First Week

This is the start of understanding your role as Band 7 and developing as a leader and manager. Below is a suggested checklist of some points to consider in your first week. This may be helpful if you are moving into a new role or a new organisation.

- Familiarise yourself with your unit/base
- Meet your team – informally at first to start relationship building, then plan to meet everyone 1:1
- Meet your line manager and find out:
 - Details of meetings to attend
 - Dates of review meeting with line manager
 - If necessary, discuss with a mentor/buddy who can provide support
- If not already completed – update identity badge and obtain new uniform
- Check and update contact and staff details – email etc.
- Check and update electronic roster
- Check and update access for systems such as Datix reporting
- Book yourself on to any urgent training required e.g. electronic roster
- Start to compile a list of contacts across the organisation in the various teams and departments (see *resource section Appendix 1*).



Tips from other Managers

- ✓ Develop a routine to assist in organising your day / week / month. See the resource section at the back of this document for templates, which could be used (*Appendix 2 and 3*).
- ✓ Be committed to looking after your staff. If staff feel valued and supported, they will more readily form a cohesive team who will strive to provide excellent care.
- ✓ Be understanding and flexible.
- ✓ Don't say no without exploring all options and possibilities. A small change for a staff member can make a huge difference in how a member of your team feels.
- ✓ It is ok to feel unsure or uncertain, everyone has been there. Make sure you look for support from your line manager, a buddy or a colleague.
- ✓ Informal moments, even quick cup of coffee and a chat can make a difference to everyone's day.



STRUCTURE OF THE BAND 7 NURSING AND MIDWIFERY LEADERSHIP TOOLKIT

This Toolkit is divided into four sections as below:

SECTION

1



YOU

SECTION

2



**YOUR
TEAM**

SECTION

3



**SAFETY AND
QUALITY**

SECTION

4



**MANAGING
RESOURCES**



SECTION 1 YOU

1.1 Self-awareness	12
1.2 Role Competence	13
1.3 Role Clarity	14
1.4 Team roles	14
1.5 Learning styles	15
1.6 Reflection	16
1.7 Communication	17
1.8 Difficult conversations	17
1.9 Emotional Intelligence	18
1.10 Setting standards for the team	21
1.11 Continuing Professional Development, Growth and Support	22
1.12 Networking - Working across boundaries and building relationships	23

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1.1 SELF-AWARENESS

Self-awareness is your ability to perceive and understand the things that make you who you are as an individual, including your personality, your feelings, attitudes and behaviours.

In terms of your role, self-awareness is crucial as a leader in nursing and midwifery.

Leaders with good self-awareness understand their own abilities and limitations, understand, and have control over their own emotions, and are tuned in to others they work with.

Improved self-awareness leads to better understanding of oneself, and can increase confidence, ability to communicate and relationships with others.

Self-awareness allows you to self-correct, learn from your mistakes and act.

‘Self-awareness is not the absence of mistakes, but the ability to learn and correct them’

Daniel Chidiac (2018)

Why it Matters

Part of the process of becoming a leader is developing self-awareness before you begin to influence and support others.

How do I become more self-aware?

There are a range of tests and exercises you can complete to help you become more self-aware:

Activity

Personality Tests

You can take personality ‘tests’ that help you understand the person you are, your personality tendencies, preferences values, strengths and weaknesses.

Myers-Briggs Personality Type Indicator (1962) is an excellent tool to help you understand why you act the way you do, which situations you work well in and where you might need to adapt.

1.2 ROLE COMPETENCE

There are role competence tests available, such as the NIPEC self-assessment for Ward Sister/Charge Nurse.



NIPEC Ward Sister/Charge Nurse Competency Assessment

The self-assessment tool has four main sections with the information and resources for:

- Newly appointed Ward Manager
- Experienced Ward Manager
- Staff Nurses and midwives who want to become a Ward Manager

The information and resources are designed to help you to:

- Understand your roles and responsibilities as a Ward Manager
- Plan and action your learning and development
- Develop your career pathway

There are 4 domains, which comprise the core competencies essential for your Ward Manager role.

Domain 1: Safe and Effective practice

Domain 2: Enhancing the patient/client experience

Domain 3: Leadership and management

Domain 4: Delivery of Organisational objectives

The NIPEC career framework and development model was launched in December 2025. It can help to benchmark knowledge and skills and support professional and personal development at every level across a career journey. It focuses on the essential knowledge, skills and behaviours needed to underpin the delivery of safe and effective care at all levels of practice. NIPEC will be developing the Core Career Pathway for Operational Management as part of the NI Career and Development Model for Nursing and Midwifery. Please visit the NIPEC link below site for more information and updates.



The NIPEC Career Framework and Development Model

1.3 ROLE CLARITY

When taking on a new role it is important that you are clear about your role as well as the different roles in your team. All team members should be clear about their responsibilities and levels of accountability. Your role is explained in your job description, but you can get help to understand your role more clearly by talking to others who are already in that role and by discussing with your line manager.

Activity

Completing the short reflection can help you focus on the purpose of the team you work in and your specific role within that team:



What is the purpose of the team or service I work in?



What is my role in the team? (Also see Belbin's Team roles below)



What helps me in my role?



What are the things that hinder me?

1.4 TEAM ROLES

It is important to identify your role and the role of others in your team.

Activity

Belbin (1996), looked at the importance of successful teamwork, how every team requires several different 'roles' to be effective. By taking this questionnaire, you not only identify your specific role, but also that of your colleagues. It also helps you to accept and celebrate differences within your team.

You may also want to complete Belbin's Team roles questionnaire:



Belbin's Team Roles Questionnaire

1.5 LEARNING STYLES

Everyone learns differently, and it is useful to understand not only your own learning style but also that of those you work with or manage.

Learning styles questionnaires such as Honey and Mumford (1986a) can help you identify how you learn and study best and what techniques will help you get the best out of your learning.

Activity

You might wish to complete the Honey and Mumford questionnaire, (see links below) to help you understand how you learn.

[Honey and mumford learning styles questionnaire](#)

Seeking feedback to enhance self-awareness

It is also good practice to seek feedback from others. Feedback helps us see aspects of ourselves that may not be obvious to us, but that others can see. As registrants, we are required to obtain feedback as part of our NMC Revalidation to allow us to reflect on our practice. Feedback can motivate us to improve, be a tool for learning and prevent us from being 'stuck' in our roles.

Regular feedback should be part of creating a learning environment. We need to be able to both give and receive feedback as a tool for personal and professional growth and continuous improvement in our workplaces.

Activity

360 Feedback Exercise

Ask 3 or 4 people that you work with; someone who you might manage, someone who manages you, a peer or colleague in another profession. Use the letter and form in the Resource Section (*Appendix 4*), tell them why you would like the feedback and ask them to be honest.

1.6 REFLECTION

Reflection is an essential part of learning; it aims to foster self-development, self-awareness and support continuous improvement. It gives nurses and midwives insight into their own practice, giving an in-depth view of work situations; what happened, how they felt about it, what influenced their actions and how they would respond if it happened again.

Models of reflection

You can use various models of reflection. The one in your NMC Revalidation Portfolio is a good place to start:

NMC Revalidation Forms and Templates

There are many reflective models available. You can complete these alone, but discussion with a trusted colleague can enhance the depth of reflection and the learning.

Other reflective models to consider:

Rolfe et al (2001), Gibbs (1998) or Johns (1995)

Reflective Supervision or Reflective Discussions

Reflective Supervision is a participative process of supported reflection that enables individual nurses and midwives to develop personally and professionally to improve the quality, safety and person-centeredness of their practice (NIPEC Reflective Supervision Framework 2022). Follow the link below:

NIPEC - Reflective Supervision Framework

Your Trust will have a policy on Reflective Supervision that you can refer to.

A supervisor and supervisee meet to discuss a topic significant to the supervisee. The supervisor creates a safe space for the discussion, using skills of questioning, paraphrasing and feedback to help the supervisee understand their issue better. The goal is to help the supervisee develop their own solutions.

Reflective practice should be part of being a registrant. Reflection is written into our NMC Code (2015):

- *'You reflect and act on any feedback you receive to improve your practice.'*
- *'Gather and reflect on feedback from a variety of sources using it to improve your practice and performance.'*



1.7 COMMUNICATION

Communication is key in your role as it develops trust, improves teamwork and ensures patient safety.

Effective communication will help you build relationships with staff, patient and families, which in turn leads to better outcomes and improved patient care.

Strategies for improving communication include:

- **Active listening** – enables understanding
- **Empathy** – creates a supportive environment
- **Clarity** – avoids misunderstandings
- **Feedback** – enables areas for improvement and enhances team working.

1.8 DIFFICULT CONVERSATIONS

Not all conversations we have in work are straightforward or easy. Often as leaders we must have difficult conversations with staff, patients or relatives. A difficult conversation is one that evokes an emotional response in us or others. That might make us afraid of having the difficult conversation or avoid it altogether.

Why do we find ourselves having difficult conversations?

- We work in environments that are often stressful
- We meet lots of different people, often at difficult times in their lives
- We are in a leadership position, so we have a responsibility to engage, challenge and respond

Managing teams can be a positive and rewarding experience, however, from time to time we may face difficulties in our daily work such as incivility, defensiveness, poor care, lack of professionalism or negativity. These situations require a response from us to maintain standards of care, de-escalate situations, maintain the team and address complaints.

There are things we can do as leaders to prevent conversations becoming difficult.

With staff:

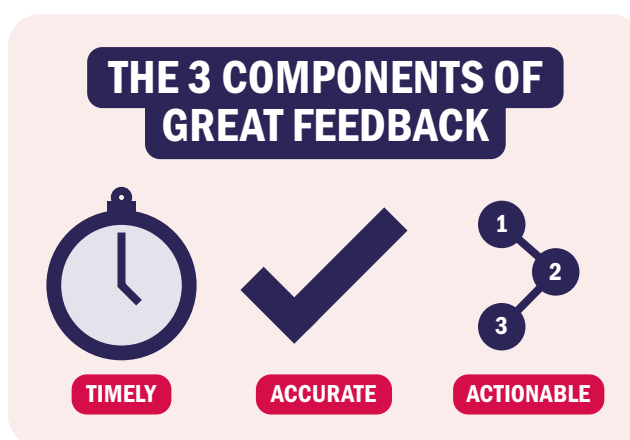
- Regular meetings as well as quick 1:1s
- Act immediately on concerns raised
- Role model open communication and feedback with staff
- Develop and maintain a learning culture in your ward which encourages safe debate, allows staff to admit mistakes, and encourages engagement
- ‘Set out your stall’ and be consistent in upholding your standards

With patients and relatives:

- Communicate proactively
- Manage expectations for care
- Give a point of contact
- Act immediately on any concerns
- Set clear next steps

Despite your best endeavours, difficult conversations may still have to happen. How you prepare yourself and approach the conversation can make a real difference:

- Be consistent
- Be timely
- Keep the big picture in mind
- Get your mind (and heart) right
- Convey worth and dignity
- Observe healthy boundaries
- Ask questions
- Be clear, accurate and honest
- Anticipate the reaction
- Expect the best of people
- Ask for feedback and listen
- Be prepared for the tough decision



There are some practical ways that you can prepare:

1. Self-reflection – understand and set your frame of mind, including your expected outcome
2. Set a time and place
3. Get your facts together – is there a policy or procedure you can reference as back-up?
4. Start by raising the issue – get to the point!
5. Seek to understand the other person's view by active listening
6. Search for a solution together
7. Recognise when the conversation isn't going well
8. Look after yourself

1.9 EMOTIONAL INTELLIGENCE

Emotional Intelligence is crucial for those in leadership positions in nursing and midwifery. Emotional intelligence helps leaders to build trust within their teams, manage team dynamics and enhances their ability to make decisions and solve problems. Emotionally Intelligent leaders are sensitive to their own and other's psychological wellbeing. All these skills contribute to more effective teamwork and better patient care.



Emotional Intelligence covers 4 main areas:

- Self-Awareness
- Self-management
- Empathy
- Social Skills

How can you assess your own levels of Emotional Intelligence?

By becoming aware of the key elements of Emotional Intelligence, you can be conscious of how you think and behave. You can also ask a trusted friend or colleague to give you feedback.

Included in each section are questions you can use.

Self-Awareness

Self-awareness is a key component of growth and development for nursing and midwifery leaders.

It is the foundation of emotional competency, and by understanding your own limitations and abilities, as well as what provokes emotion in others and yourself, you can learn how to manage your own behaviours.

Self-management

Self-management is about being able to regulate and control our own emotions, thoughts and behaviours. It encompasses a range of skills including impulse control, stress management, adaptability and resilience.

Impulse control involves us managing and redirecting strong emotions in response to work situations. By developing the capacity to pause and think before acting we can make decisions that are more thoughtful, rather than reacting immediately.

In high-pressure situations where emotions can run high, it allows us to respond in a calm and composed manner, rather than acting impulsively. Self-management can help us to stop the actions of others dictating our behaviours.

Managing stress is another key component of self-management and is essential for maintaining physical and emotional wellbeing. By identifying what causes us stress, and implementing coping strategies and behaviours, we can reduce the negative impact of stress. Good time management, self-care and relaxation can contribute to a sense of balance and calm both in and out of work.

The ability to adapt in the face of constant change and uncertainty in healthcare is another key factor of self-management. As leaders, we not only have to navigate change for ourselves, but we are required to bring others with us. The better our capacity to 'flex' and adapt, the easier change will be for us.



Self-management – how are you doing? It may be useful to have this conversation with the help of a friend or colleague

-  *How do I react in a crisis or any situation that provokes a strong emotional response in me?*

-  *Am I able to pause and think before I speak or act?*

-  *How do others describe me in difficult situations? Am I the calm person?*

-  *How do I react in the face of strong emotional responses in others?*

-  *What are my main stressors in work?*

-  *What coping strategies do I use?*

-  *What do I do to look after myself both in and out of work?*

-  *Do I intentionally take time for activities or relaxation?*

-  *How do I cope with change? What is my first reaction when change is coming? (Think Encompass!)*

Empathy

Empathy is the ability to understand and share the feelings of another person. It involves putting yourself in another person's shoes and seeing things from their perspective. It allows us to connect with others on a deeper level and respond appropriately. We can use empathy with our patients and their families, as well as our staff.

Empathy can lead us to ask how we can help or support the other person.

Empathy – How are you doing?

-  *How do I react in response to other people's problems?*

-  *Am I able to see things from their point of view?*

-  *Do I feel that I take on other people's problems?*

-  *Do I find it difficult to set boundaries?*



Social Skills

‘Social skills’ is a very broad term; in the context of emotional intelligence, it refers to the skills needed to handle and influence other people’s emotions effectively.

Social skills encompass:

Persuasion and influencing skills – the art of influencing and enthusing others and winning them over to your ideas. This can be very helpful in times of change. People who are persuasive can read the emotions in a situation and fine-tune what they say to appeal to those involved.

Communication skills – the ability to actively listen and communicate your own thoughts and feelings.

Leadership Skills – leadership is the ability to articulate a vision and enable others to be enthused and motivated about that. Leading by example, supporting and guiding a team are key leadership qualities.

Building bonds – the skill of building and maintaining relationships with others is key to effective leadership and teamwork. Showing a genuine interest in other’s values, those we work with, and those effective relationships can contribute to better patient care.

**Your behaviour
can affect and
influence the
behaviour of
your team**

1.10 SETTING STANDARDS FOR THE TEAM

As a Band 7 leader, you set the ‘tone’ and culture for your team. This sets the standards for how the team behave, not only to each other but also to patients, families, and colleagues. It also dictates the standards of care within your department and how others view it. The reputation of the team rests on the example you set as leader.

Professionalism is essential to high standards of care. It refers to the behaviours, actions and attitudes of nursing staff and includes qualities such as compassion, ethics, communication and continued learning. These qualities help nurses and midwives grow personally and professionally and ensure patients/ service users receive the best care.

Registered staff must act in line with the NMC Code (2015), and Nursing Assistants must adhere to the Standards for Nursing Assistants (DoH, 2018). All staff are expected to adhere to the HSC Values:

- Working Together
- Compassion
- Excellence
- Openness and Honesty

Activity



How do you set and articulate expectations for standards of care and behaviours within your area?



You are accountable for the standards of care within your area, but you are not there all the time – so how do you ensure that the quality of care remains high whether you are there or not?

- Set the standards of care for your area. This is a good exercise to involve everyone; you might want to include a Unit or team ‘vision’ or ‘purpose statement’ that can be displayed in the area
- Clearly articulate what you expect from all members of the team
- Communicate your expectations and reinforce with the team on appointment and at every opportunity including staff meetings, appraisals etc.
- Ensure that team members understand their roles and responsibilities
- Ensure that the team have the knowledge and skills to fully carry out their roles
- Hold team members to account when standards of care fall below what is expected
- Role model feedback and critical conversations about care so that the team can talk about concerns, suggest improvements and admit errors or near misses
- Facilitate reflective supervision within the team
- Review quality standards such as audit, complaints and compliments, Quality Performance Indicators (QPI) and scorecards

1.11 CONTINUING PROFESSIONAL DEVELOPMENT, GROWTH AND SUPPORT

Alongside developing your team, you must also pay attention to developing yourself.

At times, you will need support and guidance from a more experienced person (sometimes known as a ‘Critical Companion’) whether you are new in post or not. It helps to have a “go to” person to talk things through with and plan your course of action.

Having a trusted person to go to will help you mentally and emotionally, as well as building your confidence.

Working in a leadership role can be challenging and having a network of peers to provide emotional support and guidance can be vital for your own well-being.

Forming professional relationships where you feel safe and comfortable in sharing will help you in your own professional development and learning while strengthening you as a leader.

Networking can also help open doors to mentorship, career opportunities and knowledge sharing. Are there areas in your organisation that can assist with networking? For example - professional forums, mentorship opportunities, coffee meetings with peers.



1.12 NETWORKING - WORKING ACROSS BOUNDARIES AND BUILDING RELATIONSHIPS

Networking and relationship-building are crucial for nursing leaders because they can:

- Improve teamwork and patient care
- Support professional growth
- Provide support and guidance to you in your role

Reaching out and networking with others outside your role can help you:

- Gain further knowledge
- Find support in areas unfamiliar to you
- Gain insight into wider organisational processes or initiatives

For example, building relationships with HR or Support Services will help you when situations arise in the future.

In your role day to day, you are networking and building relationships with your colleagues and peers.

Developing strong professional relationships fosters trust and open communication. When working with patients this allows for better coordination of care and improves patient satisfaction.

Building your network supports you to stay up to date on best-practices, work to common goals and hear from different perspectives for more innovative problem solving.

 Activity

You might like to consider these questions:

-  ***Do you have strong relationships with other professionals in your role? Can you identify someone who could be a mentor or buddy? That person could be in a higher grade or a peer, and it is likely that your 'go-to' person may change over time depending on your needs.***
-  ***Who are your stakeholders? How could you improve your relationships with these people?***
-  ***Do you feel comfortable reaching out to colleagues outside your day-to day role for support?***
-  ***Which areas do you feel you need support or learning in to do your job more effectively?***
-  ***Who would you like to link in with to support your own professional development?***

Learning from other leaders across the organisation may also help you gain insight into your leadership journey.

 Activity

You are surrounded by people in your organisation with years of experience in leading a team. Reach out to a leader in your organisation that you would like to learn more about.

Here are some examples of questions you could ask.

-  ***What challenge have you faced which has influenced you as a leader?***
-  ***What is the most valuable lesson you have learned throughout your career?***
-  ***What inspires you and how do you continue to develop as a leader?***
-  ***What professional accomplishment are you proud of?***
-  ***What advice would you give to a Band 7 to enable their continuing development as a leader?***

Having completed this section on “You”, you may want to complete the guided reflection to help you review where you are in your role.

 Activity**Guided role reflection template**

Work through this guided reflection now to help you to review your role



Why did I apply for this Band 7 post?



What preparation did I have for my role? Did I seek out information from others before I started?



How am I feeling about my Band 7 role now?



What are the aspects of my role that I really enjoy?



What are my least favourite elements of the role?



Which bits of the role do I struggle with?



Has this post satisfied my expectations of the role?



Do I still see myself in this role in 5 years?



If not in this role – then where?



SECTION 2

YOUR TEAM

2.1 Teamwork	28
2.2 Civility	30
2.4 Communicating with your team	34
2.5 Leadership	34
2.6 Conflict Resolution	35
2.7 Change management	36
2.8 A Guide to Staff Development and Education	37
2.9 Appraisals	37
2.10 The Learning Needs Analysis (LNA)	38
2.11 Education Commissioning Cycle	39
2.12 Mandatory Training	39
2.13 Practice Education Team	40
2.14 Vocational team	40
2.15 Preceptorship	40
2.16 Clinical Educator	41

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.

2.1 TEAMWORK

Teamwork is the willingness of a group of people to work towards a common aim.

Why it matters

As the Band 7, you are the leader of your team. Working together will ensure that your Unit or team is not only a place where excellent care is given, but also a satisfying and safe place to work.

So, what makes an effective team?

- A team has a clear identity and sense of purpose/vision
- A team has clear objectives that relate to its purpose
- A team must work closely with other team members to achieve the team's objectives
- A team needs to meet regularly to discuss its effectiveness in relation to its objectives
- Effective communication which includes active listening
- Regular reflection as a team



Work cooperatively:
Respect the skills, expertise and contributions of your colleagues

As a leader and manager, you should:

- Have a clear sense of individuals' roles, responsibilities and purpose in the team
- Acknowledge and appreciate efforts, contributions and compromises
- Recognise the common purpose of the team, involving the right people at the right time

If effective teamwork has positive outcomes for both staff and service users, then poor teamwork has the potential to have the opposite effect.

In 2002, Patrick Lencioni examined The Five Dysfunctions of a Team:

Trust – is there a high level of trust within your team?

Trust is the foundation of teamwork; if there is a lack of trust between team members, staff may conceal mistakes, or be afraid to speak up or suggest improvements, or even ask for help.

Role modelling open conversations and actively working on establishing and maintaining good working relationships in the department can promote trust and respect between members.

Fear of conflict – is it safe to disagree in your team?

Teams who lack trust may fear conflict; they may not like to discuss controversial ideas, share ideas or express disagreement with each other.



‘Productive conflict’ is necessary for both problem solving and decision-making and is an indicator of a healthy learning culture in a team. If staff are not safe to disagree, they may keep tight-lipped at staff meetings, allowing decisions to pass that they do not necessarily agree with. Problems may resurface at another time because there has not been proper resolution.

Lack of commitment – are team members engaged?

If there is lack of trust and fear of conflict, team members may ‘withdraw’ from the team. They may feel undervalued and reluctant to take part in decision-making within the ward.

Staff responses may differ, with some becoming detached or resentful and, in certain instances, actively obstructive.

There needs to be mechanisms within the team to involve everyone in making decisions, discussing progress and generating new ideas.

Avoidance of accountability – are team members maintaining your standards?

If team members have not ‘bought in’ to the goals or vision they may not feel accountable for achieving it.

The desire to keep themselves safe and avoid conflict means that staff are reluctant to hold each other accountable. This may result in poor standards/safety concerns. It is important for the ward leader to set, articulate and regularly review standards.

Inattention to results – is your team focused on their results?

Team members who are not held accountable become distracted or lack focus. It is important that staff know what they are measured against, what happens to data collected, and what difference it makes to them and their patients.

Progress needs to be visible to staff and discussed regularly at team meetings. This allows staff to celebrate good results, or plan action to address any shortfalls.

Encouraging contribution

Provide encouragement and the opportunity for people to engage in decision-making and to enable them to challenge constructively.

- Respect, value and acknowledge the roles, contributions and expertise of others
- Use strategies to manage conflict of interest and differences of opinion
- Keep the contribution focused on delivering and improving services

2.2 CIVILITY

Civility is important in a team, how we treat each other at work matters. It's free to be kind!

The experience of rudeness at work can be upsetting and belittling. This is not the type of behaviour you want in your team.

Incivility doesn't just hurt a person's feelings it affects patient safety and the team's performance. Therefore, the importance of respect, kindness, compassion and communication cannot be underestimated.

Activity

You might like to look at the work of Dr Chris Turner, "Civility Saves Lives"; which help us understand the impact of rudeness on team performance and patient care and outcomes.

Civility Saves Lives

or

Professor Christine Porath, Mastering Civility: A Manifesto for the Workplace

PSYCHOLOGICAL SAFETY

In the NHS setting this means that team members feel safe to take risks, suggest ideas, express concerns, and admit mistakes without fear of negative consequences.



2.3 PSYCHOLOGICAL SAFETY

Psychological safety in the NHS setting means that team members feel safe to take risks, suggest ideas, express concerns, and admit mistakes without fear of negative consequences. It fosters a culture where open communication and learning from errors are encouraged. Staff should never feel that they will be punished or humiliated for speaking up.

Key Points:

- **Shared Belief:** Everyone in the team understands it's safe to take measured risks.
- **Interpersonal Risk-Taking:** Team members can share ideas, challenge others, and admit mistakes.
- **No Fear of Negative Consequences:** Speaking up or making mistakes won't lead to punishment or judgment.
- **Importance in the NHS:** Essential for learning, improving patient care, and supporting staff well-being.

How can you as a Band 7 ensure that the psychological safety of your staff is maintained?

- Make psychological safety a priority
- Facilitate everyone speaking up
- Establish norms for how failure is handled
- Create a space for new ideas
- Embrace 'productive conflict'
- Talk about psychological safety – in terms of team engagement, inclusion and innovation – role model it

Activity

Check in on psychological safety

-  *How do you help everyone in your team to speak up? How do you manage the strong (and the quiet) personalities?*
-  *Establish norms for how failure is handled. Is there a fair blame or punitive culture? Do you seek to learn lessons?*
-  *Do staff feel that they can float ideas? Even ones that seem far removed from the norm?*
-  *Is there healthy dialogue/productive debate? Do you work to resolve conflicts productively? Do staff feel that they can communicate their concerns about a process that is not working? Can reservations be shared in a respectful manner?*

In essence, psychological safety helps teams to communicate openly, learn, and improve patient care without fear of repercussions.



Activity

Team identity



Does your team have a clear identity? (Is your team clear about the purpose and who is part of your team?)



How do another team view your team?



Have you ever asked anyone?



What is the vision or purpose of your team?



Where can that be accessed?



How do you set and agree objectives for your team, ensuring that everyone in the team knows what they are?



How regularly do you meet to review your objectives?



How often do you and your team meet to reflect together?



2.4 COMMUNICATING WITH YOUR TEAM

Effective communication is essential for nursing and midwifery Band 7 leaders to ensure the best possible care and support for patients, as well as maintaining good working relationships within the team. It is a key component of leadership which helps to build trust, ensure safety and build relationships.

As well as the required skills for good communication such as active listening, empathy, clarity and feedback, leaders need to have clear systems and processes in their area that ensure information is passed on.

Regular ward meetings give staff an opportunity to receive general information, contribute to the team and share concerns.

Daily communication around patient care is critical; shift handovers and safety briefs/ huddles are an efficient method to transfer patient and care information between staff during shifts. Effective handovers promote patient safety, continuity and transfer of responsibility of patient care.

2.5 LEADERSHIP

Effective leadership is associated with better patient outcomes. When nursing and midwifery teams have strong leaders, employees are typically happier, creating an environment conducive to safe, efficient patient care.

Nurses and midwives who work with Band 7 leaders that have established or developed a leadership style know what is expected of them, and what they can expect from their leaders.

Developing a leadership style is a way of holding yourself accountable to the role and demonstrating to others that you are dedicated to the success of your team.

Most people will have a preferred leadership style – what is yours?

We may aspire to be transformational or compassionate leaders, but in truth our leadership style can change and flex, depending on the situation and people we are dealing with. In an emergency we may be very directive and controlling for a time, however, it is good to have a more collaborative and person-centred style.

Collective Leadership

Characteristics necessary for Collective Leadership

- Authenticity
- Honesty and openness
- Curiosity
- Decisiveness
- Appreciation

There are 4 components of Collective Leadership

- Leadership is the responsibility of everyone
- Shared leadership in and across teams
- Collaborative and independent leadership
- Compassionate leadership

Collective Leadership approach:

- Attending: paying attention to your team, being present and listening with intent
- Understanding and coming together with a shared understanding of the situation
- Empathising: using emotional intelligence to engage with your team
- Helping: taking intelligent action to help

Collective Leadership Strategy (DoH, 2017)



HSC Collective Leadership Strategy | Department of Health

2.6 CONFLICT RESOLUTION

Effective conflict resolution is not about avoiding difficult conversations; it is about addressing issues early, fairly and respectfully. Band 7 leaders who develop confidence in coaching, mediation and constructive feedback techniques can improve team relationships, staff engagement, patient experience and overall service performance.

See below some conflict resolution models you may wish to consider:

The Interest-Based Relational Approach

Focuses on:

- Separating people from the problem
- Maintaining respect
- Identifying common goals
- Working collaboratively towards solutions

SBI Feedback Model (Situation, Behaviour, Impact)

A simple framework for difficult conversations:

- Situation: Describe when and where the issue occurred.
- Behaviour: Explain the behaviour observed.
- Impact: Describe the impact on patients, colleagues or the service.
- Example: “During yesterday’s handover (Situation), I noticed several interruptions while your colleague was speaking (Behaviour). This resulted in some key information being missed and created frustration within the team (Impact).”

The GROW Coaching Model

- Goal: What needs to change?
- Reality: What is happening now?
- Options: What solutions are available?
- Way Forward: What actions will be taken?
- Useful when supporting staff members to resolve conflict themselves

NMC Code (Nursing and Midwifery Council)

The NMC Code reinforces professional responsibilities relating to:

- Communication
- Respect
- Professional relationships
- Preserving safety
- Raising concerns
- Useful for: Framing conflict conversations within professional standards and accountability.

Reflection Questions for Band 7 Leaders

When facing conflict, consider:

- What is the underlying issue rather than the presenting problem?
- How might each individual be experiencing the situation?
- What impact is the conflict having on patients, staff and the wider team?
- What outcome am I seeking?
- How can I maintain psychological safety while addressing concerns?
- What support or escalation mechanisms are available if resolution is not achieved?

2.7 CHANGE MANAGEMENT

Change can be stressful for everyone involved. Those who are good at managing change can make it better for everyone else. By recognising the change and removing barriers, they lead from the front, modelling the desired change and enabling others to follow.

Getting buy-in from your staff is key. Healthcare is in a constant state of flux, seeking to operate in more efficient and innovative ways to improve care but also to save money. We can all suffer from ‘change fatigue’ when too many things happen at once, and if not handled well, change can lead to staff dissatisfaction and poor performance.



By ensuring that staff are prepared, have adequate information and understand the need for change, leaders can help navigate the way.

Having a plan, communicating clearly and working through barriers as a team can help staff move forward and see the benefits.

2.8 A GUIDE TO STAFF DEVELOPMENT AND EDUCATION

Being a manager isn't just about running the day to day; it is also about growing your team. Supporting education and development in your team helps keep patients safe, staff motivated and engaged and services running smoothly.

I have a team. Now where do I start?

2.9 APPRAISALS

Why Appraisal Conversations Matter

Appraisal conversations with your team are not simply a tick box exercise.

They are a chance to really get to:

- Know your team
- Celebrate what is going well
- Identify where extra support or learning and development might be needed

Think about it as a structured chat about growth and professional development. *Where do they want to go in their career and how can you support them?*

- 1) To understand what your team need to grow. An appraisal gives you the space to explore what training, mentoring and experiences they need.
- 2) To link personal goals to the 'Big Picture'. Appraisals help to connect the dots; connect individual development to what the Trust and the strategic priorities are aiming for. It helps steer the direction.
- 3) To motivate, support and retain. When people feel heard, valued and invested in, they are more likely to stay and thrive in your area. A good appraisal should leave staff feeling valued, energised and engaged.

Keep standards high and ensure patient safety. By checking in on your team's skills and confidence, you are helping to ensure safe, high-quality, person-centred care. It's about giving them the right tools.

2.10 THE LEARNING NEEDS ANALYSIS (LNA)

Every appraisal you complete feeds valuable information into your LNA and helps you to identify what support your team needs. Your LNA turns the appraisal conversations into a clear plan for short-, medium- and long-term plans for the service. It identifies what learning is needed to keep the team competent and the practice area performing well.

See NIPEC LNA tool and guidance:



New Learning Needs Analysis Guide and Tool | NIPEC

As part of the LNA it is important to think about your team and the service. In the Department of Health's Nursing and Midwifery Retention Report and Nursing and Midwifery Retention Initiative Implementation Framework (2022), Elaine Maxwell's principles 'Maintain, Retain and Transform' are a powerful way to think about developing your team. It steers the questions:

Maintain: What do I need to keep my current workforce competent and confident and maintain the service and keep patients safe? Remember to include all roles across the Agenda for Change bands.

Retain: what do I need to do to create a supportive learning environment, to ensure the team feel valued and can develop professionally.

Transform: What do I need to transform the service and to develop new skills?

Learning needs analysis including commissioning. Be aware of your service's strategic priorities and discuss this with your line manager. Understand your staffing profile by considering the maturity of team, succession planning, retention and future workforce needs.

Where can I access training?

There are a lot of different ways for you and your team to access education and development opportunities. Not all study must come from academic university courses, so think outside the box.

- Knowing what is out there helps you to plan learning that meets the needs of your team and the service.
- In house training.

Your Organisation will already offer a wide range of training and support from local sources such as Human Resources, specialist teams and central nursing and midwifery staff.



External and Professional Bodies

- Clinical Education Centre (CEC) offers a range of updates and clinical skills both face to face and online. The courses offered here are part of a service level agreement – a partnership between the Trust and the CEC.
- RCN/RCM – The RCN/RCM offer professional development study days and leadership programmes (N.B. RCN places offered are part of the commissioning process)
- HSC Leadership Centre offer strategic leadership programmes and personal and professional development
- Universities e.g. Specialist and Advanced Practice and Master's courses

2.11 EDUCATION COMMISSIONING CYCLE

Organisations have an Education Commissioning Plan which determines which courses, modules or programmes are funded. By identifying the learning needs of your team through the Learning Needs Analysis (LNA), you can help develop a skilled workforce to meet the demands of your service and the needs of your population now and in the future.

2.12 MANDATORY TRAINING

Mandatory training is one of the most important things we can do to keep ourselves, our patients and our colleagues safe. Like the appraisal conversations, it is not just about ticking a box. It is your role as a manager to ensure that all staff, at all bands, keep their mandatory training up to date.

Keeping your skills and knowledge up to date doesn't just keep your patient safe, but training helps to ensure we are legally and professionally protected. It ensures that we understand the correct processes to follow. This is time to refuel your skills, refresh knowledge and make sure the team is ready for the challenges of everyday practice.

For most mandatory training login to <https://learn.hscni.net/#/access/signin>. Please see mandatory training matrix for additional links to e-learning.

Accessing eLearning

If staff do not yet have a HSC Learning account this can be requested by [completing a request access form](#) or if they have moved from another HSC organisation they can transfer their HSC learning account.



Keeping your team's training record up to date

All staff have a personal and professional responsibility to ensure they keep an accurate and up to date record of all training attended. Line Managers must also update records of training. Ensure that your team provide evidence of completion of any training.

2.13 PRACTICE EDUCATION TEAM

The Practice Education Team can support you in creating a positive and supportive learning environment for students and staff in clinical practice.

Practice Education Facilitators (PEFs) act as the bridge between education and clinical practice. Their role is to support learning in practice, provide advice and guidance for managing students, including addressing underperformance. They carry out audits of placement areas to ensure that they meet the criteria to effectively support students.

2.14 VOCATIONAL TEAM

The role of the RQF (Regulated Qualification Framework) Vocational Team is to support you in developing the unregistered nursing and midwifery workforce. The Standards of Nursing Assistants (2018) were developed by the Department of Health to set out a consistent professional framework for everyone working in a Nursing assistant role to adhere to.

2.15 PRECEPTORSHIP

Preceptorship is a period of structured support designed to help newly registered nurses and midwives, those returning to practice, those undertaking specialist or advanced practice roles, and internationally educated nurses transition safely and effectively into their role. It supports the development of competence, confidence and professional identity, enabling individuals to progress towards autonomous practice. Preceptorship should normally last between 6 and 12 months and include a period of supernumerary status and a comprehensive induction.

A positive learning culture is fundamental to successful preceptorship. Band 7 leaders play an important role in creating an inclusive, supportive environment where individuals feel welcomed, valued and able to ask questions, seek feedback and learn from experience. Particular consideration should be given to the needs of internationally educated nurses and midwives, who may be adapting to a new healthcare system, professional standards, workplace culture, communication styles and local practices. Providing culturally sensitive support, regular supervision and opportunities to build professional networks can enhance integration, wellbeing and retention while promoting safe, effective person-centred care.

 Activity

Supporting Effective Preceptorship

Reflect on the support provided to preceptees within your team.

Meet with a current preceptee or recently completed preceptee to gather feedback on their experience. Identify one improvement that could strengthen the support, inclusion or development opportunities available within your team.

2.16 CLINICAL EDUCATOR

The Clinical Educators play a key role in supporting learning and development within your own area. Their primary role is to provide advice, guidance support and training to staff, managers and students within the clinical environment. They will assist in the learning and development support of newly qualified nurses, midwives and new starts.

Most areas will have their own Clinical Educator who can assist in all aspects of staff learning and development.

And finally!! Remember: Your role as a learning leader

Education isn't an add-on! It is part of good leadership. When you invest in your teams learning, you are not only building skills, but you are building the team, building confidence and building a future of safe and effective patient care in nursing and midwifery.

But remember that a learning culture starts with you.

- Encourage ongoing professional development
- Recognise and celebrate the achievements of the team
- Support time and access to education
- Be a role model



SECTION 3

SAFETY AND QUALITY

3.1 Safety, Quality and Assurance	43
3.2 NIPEC Quality Excellence Framework	43
3.3 Governance in Nursing and Midwifery	43
3.4 Nursing and Midwifery Assurance	44
3.5 The Regulation and Quality Improvement Authority (RQIA)	47
3.6 Patient and Client Care	47
3.7 Standards of Care	49
3.8 Risk Management	50
3.9 Delegation of Care	51
3.10 Evidence-based Practice	51
3.11 Service User Involvement and Experience	52
3.12 Compliments	53
3.13 Duty of Candour	53
3.14 Complaints	54
3.15 Just Culture	55
3.16 Data Protection and Confidentiality	56
3.17 Digital Skills and Encompass	57
3.18 Infection Prevention and Control	58
3.19 Waste Management	58
3.20 Control of Substances Hazardous to Health (COSHH)	59
3.21 Fire Safety	60
3.22 Major Incident Plan	61

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.

3.1 SAFETY, QUALITY AND ASSURANCE

Safety and quality are the foundations of nursing and midwifery practice and align with the NMC professional code of conduct, standards of care and organisational priorities.

Quality care - ensures that care is not only safe but also effective, person-centred and compassionate and is delivered in line with best evidence and professional standards.

Assurance - provides us with the evidence that expected standards on safe quality care are being met.

Together, safety and quality reflect the core responsibility of all nurses and midwives to provide care that patients can trust.

3.2 NIPEC QUALITY EXCELLENCE FRAMEWORK



NIPEC Quality Excellence Framework

The ambition of the Quality Excellence Framework is to provide assurance of the high-quality care and professional practice within and across organisations. It fosters a culture of continuous improvement and learning, ensuring that all elements of the framework are interconnected and applied holistically.

Organisations who adopt this framework, will benefit from consistent and robust processes for measuring, assuring and reporting on the quality and professionalism of Nursing, Midwifery and Allied Health Professional (AHP) care and practice. Additionally, it will equip teams with the skills to lead and drive continuous improvement within a healthful, safe practice environment.

3.3 GOVERNANCE IN NURSING AND MIDWIFERY

Organisations have structures, systems and processes in place to support safe, quality care for patients/service users. These systems and processes protect patients/service users from avoidable harm, reduce unwarranted variation and help build public confidence in healthcare services.

As a result, patients/service users are also more likely to experience consistent, reliable service and effective care.



This requires robust systems and processes to be embedded in organisational structures such as:

- Policies and procedures
- Incident reporting
- Training and education
- Quality Performance Indicators (QPIs)
- RQIA Reviews
- Audit
- Professional regulation
- Workforce planning

These provide, clarity, consistency and accountability across services. Without these, practice risk becoming fragmented, unsafe or variable in quality.

The systems and processes also empower nurses and midwives at all levels to contribute to:

- Decision-making
- Promoting evidence-based care
- Ensuring resources are deployed in a way that supports patient need.

Governance structures also assist in creating a culture of transparency and learning, where:

- Incidents are reported
- Learning is shared
- Improvements are implemented

For Band 7 nursing and midwifery leaders, these governance structures are essential for demonstrating leadership, supporting staff and linking frontline care to wider organisational strategy.

3.4 NURSING AND MIDWIFERY ASSURANCE

Assurance provides evidence which allows organisations and nursing and midwifery leaders to demonstrate that safety and quality are being achieved in practice.

It involves gathering and reviewing evidence, such as Quality Performance Indicators (QPIs), audit results, patient experience feedback (including complaints and compliments), incident themes and trends, staffing levels and staff feedback.

Assurance provides visibility and confidence to patients, families, staff, boards, and regulators that high standards of care are being maintained and improved.



Assurance matters because it closes the loop between what you aspire to deliver and what is happening in practice. It highlights strengths, identifies risks, and drives improvement.

Importantly, assurance is not about monitoring for the sake of it, but about creating a cycle of learning, reflection and change to ensure that both nursing and midwifery practice are safe, effective and responsive to patient needs.

Leading on Safety Quality and Assurance: the role of the Band 7

A key function of the Band 7 role is to embed governance and assurance structures into everyday practice.

How can you do this?

- by being a visible role model for staff
- by being an advocate for patients

It involves using data and feedback to inform decisions, support staff to deliver excellent care and ensure that the patient voice remains central.

By embedding safety, quality and assurance into everyday practice, you create a culture where your patients/service users receive the best possible care and staff feel proud and confident in the services they provide.

This can be achieved through:

1. Visible Leadership and Culture Building

- Model a culture of safety, openness and learning by being approachable, visible, and responsive.
- Encourage staff to speak up about concerns, near misses, or improvements, fostering a “just” approach that promotes learning.
- Role-model compassionate, evidence-based care, setting expectations for quality at the bedside.

2. Use of Data and Evidence

- Translate assurance data (e.g., QPIs, incident reports, staffing metrics, patient feedback) into meaningful insights for teams.
- Share Unit results with staff in a transparent way—celebrating improvements while constructively addressing challenges.
- Use quality dashboards and team / safety huddles to keep patient safety and quality visible in daily practice.
- Ensure quality of data inputted or analysed and maintain consistency.



3. Embed Safety Systems

- Lead and promote team huddles, safety briefings and audits to keep risk awareness live.
- Ensure effective use of incident reporting systems and close the feedback loop so staff see that reporting leads to action and improvement.
- Monitor staffing and skill mix proactively, escalating risks early to protect safety and quality.

4. Drive Quality Improvement

- Identify themes and trends from complaints, incidents, QPIs, audits, and patient feedback to guide local improvement initiatives.
- Involve staff, patients/service users in co-designing solutions to safety or quality issues.
- Lead or support QI projects that align with wider organisational priorities, ensuring improvements are measurable and sustainable.

5. Assurance and Accountability

- Provide assurance upwards by reporting clearly on safety and quality outcomes, while ensuring frontline staff understand their role in achieving them.
- Embed assurance processes such as ward / Unit accreditation, peer reviews, and audits into routine practice.
- Ensure mandatory training, competencies, and professional development are up to date, linking staff development to quality outcomes.

6. Develop and Support Staff

- Coach, mentor, and supervise staff to build confidence and capability in delivering safe, high-quality care.
- Recognise and celebrate good practice, reinforce positive behaviours.
- Support staff wellbeing, acknowledging that safe, compassionate care depends on engaged and supported teams.

7. Keep Patients/Service users at the Centre

- Actively seek patient and family feedback and use it to shape improvements.
- Promote shared decision-making and person-centred care.
- Ensure communication is clear, compassionate, and culturally sensitive, recognising this as a key part of quality care.

By embedding these processes into everyday routines and by fostering a culture of openness and continuous improvement, you can ensure that safety, quality, and assurance are not just tick-box exercises but part of the lived experience of patients, service users and staff with a culture where patients/service users receive the best possible care and staff feel proud and confident in the services they provide.

3.5 THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

What is the RQIA?

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring, inspecting, and regulating the availability, safety, and quality of health and social care services in Northern Ireland.



RQIA's work spans all areas of healthcare. RQIA has responsibility for **registration, inspection, review, and thematic evaluation**, ensuring services are well managed, meet statutory standards, and protect the rights and safety of people who use services. In doing so, RQIA promotes continuous quality improvement and supports openness, transparency, and accountability in the planning, delivery, and governance of health and social care services.

Activity

-  *Identify the Governance Lead for your area and arrange to meet.*
-  *This will support your understanding of your role in relation to risk management processes, including Datix, SAIs and RQIA reviews.*
-  *Do you require a training update on reviewing Datix etc?*

3.6 PATIENT AND CLIENT CARE

As a Band 7 leading a team, you are responsible for the quality and safety of care given to your patients and clients.

Person centred care

Care that is person-centred is the ultimate goal of all nursing and midwifery interventions. This is care that centres on the whole person, and not just their health-care needs. It is care that is experienced as 'right' by the person receiving it, as it focuses on treating each person as an individual. It respects the rights of the person, prioritising choices and involvement, whilst promoting autonomy and independence. In person-centred care, the relationship between the caregiver and the patient/client is pivotal, with nurses and midwives taking on the role of 'skilled companion.' This encompasses not only physical care, but also emotional, psychological and spiritual support.



The principles of person-centred care are spread throughout the NMC Code (2015):

- You must treat people as individuals and respect their dignity
- You must respect and uphold people's human rights
- You must treat people kindly and considerately
- You must act as an advocate for those in your care, helping them to access relevant health and social care, information and support
- You must listen to the people in your care and respond to their concerns and preferences
- You must support people in caring for themselves to improve and maintain their health
- You must share with people, in a way they can understand, the information they want or need to know about their health
- You must respect and support people's rights to accept or decline treatment and care
- You must uphold people's rights to be fully involved in decisions about their care

Person-centred care, however, is not only about the patient; how we are treated in work and how we treat others is equally important. Person-centredness is vital for everyone involved in the patient or client's journey.

The Person-centred Practice Framework (McCormack and McCance 2016) suggest that when we get the right people, in the best care environment possible, caring with person centred processes, we get the best outcomes, which include a good care experience and a therapeutic environment for everyone.

Valuing Patients' Time

Healthcare Improvement initiatives increasingly recognise that a patient's time is a valuable resource. Professor Brian Dolan, founder of the Last 1000 Days and EndPJparalysis movements, highlights the importance of ensuring that every day spent in healthcare adds value to a person's life. His work promotes person-centred care, early mobilisation, independence and reducing the adverse effects of unnecessary time spent in hospital.



For more information is available on the HDCQI website

The key message is that healthcare professionals are “memory makers” who have the opportunity to positively influence patients' experiences and outcomes. By focusing on what matters most to patients, encouraging timely interventions and supporting people to maintain their independence wherever possible, leaders can improve both patient experience and quality of care.



Activity

Identify one improvement that could help patients make better use of their time while receiving care. Discuss this with your team and consider how you will measure its impact on patient experience or outcomes.

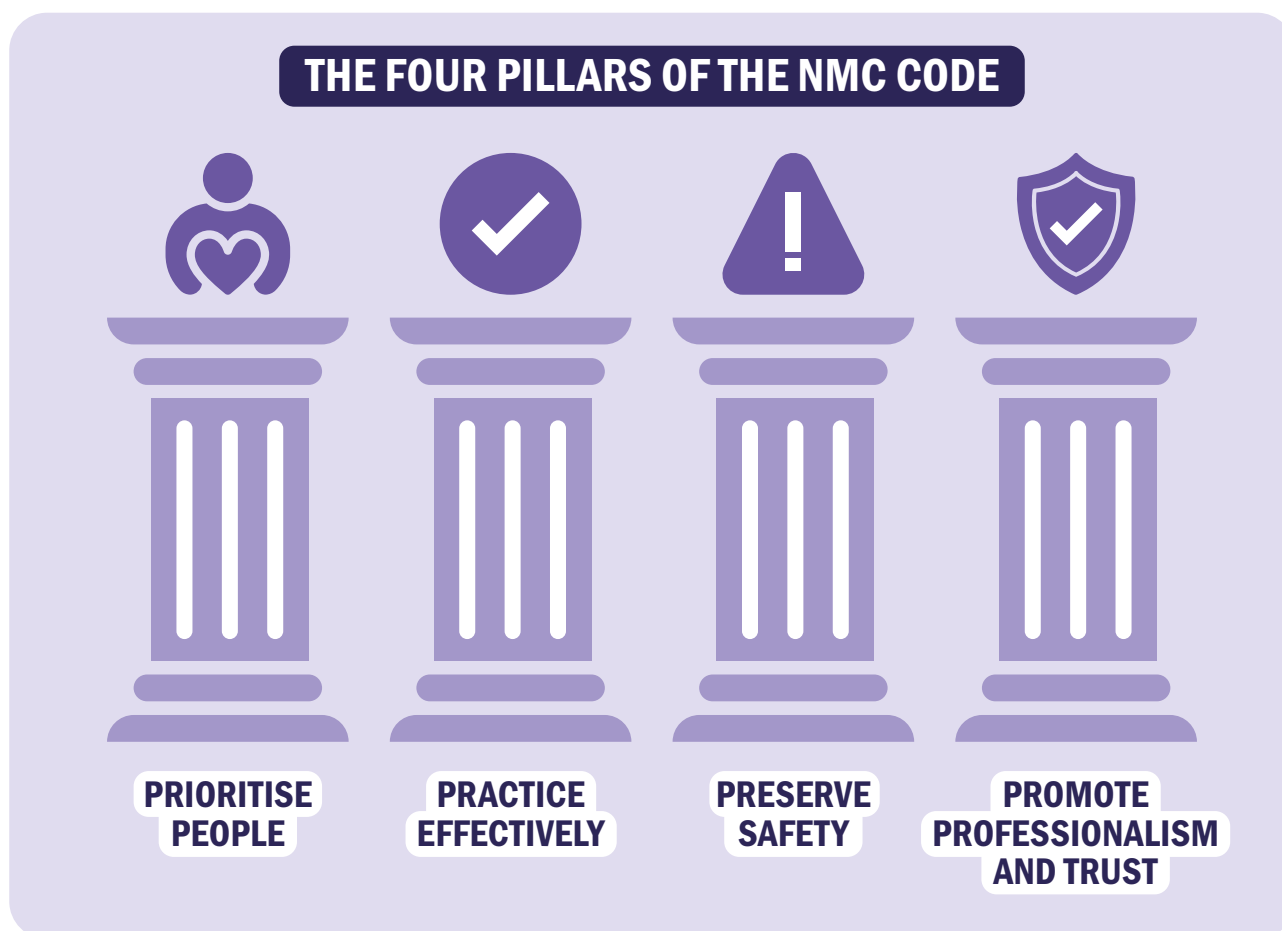
3.7 STANDARDS OF CARE

Nursing standards of care are guidelines that provide the key to how a nurse or midwife should act.

The standards outline the component level of nursing care by assessing, planning, implementing, and evaluating the care provided.

Standards of care also involve the legal, ethical and professional duty of care provided by nursing staff.

The NMC code outlines the 4 pillars of professional standards of practice and behaviour for nurses and midwives:



- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

The fundamentals of care include, but are not limited to nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. (NMC Code 2015)

Activity

-  ***How do you as the Band 7 set the standards for care in your team?***
-  ***How do you ensure that your team are aware of your standards?***
-  ***How do you evidence and monitor the standard of care provided?***
-  ***Are there areas in which this could be improved?***

3.8 RISK MANAGEMENT

Risk Management is about having measures in place to deal with the effect of uncertainty on objectives.

How you manage risks directly impacts on how effective we are as an Organisation.

Risk management is required to:

- provide high quality effective care
- help keep our patients and staff safe
- reduce management time “firefighting”
- help us focus on doing the “right things” properly
- reduce risk and the related hazards
- make more efficient use of limited resources
- reduce waste and fraud and provide better value for money
- ensure compliance with the various legislative and HSC requirements

Risk Register

Each Unit / team will have a Risk Register

Activity

-  ***Explore your Unit’s and the Trust’s Risk Register***

3.9 DELEGATION OF CARE

Delegation is a core professional competency for nurses and midwives and a vital aspect of the Band 7 role, ensuring that care is delivered safely and effectively by the most appropriate person. The Nursing and Midwifery Council (NMC) defines delegation as transferring authority to a competent individual to perform a specific task in a particular situation, and Section 11 of the NMC Code (2018) makes clear that registrants remain accountable for any decisions to delegate. The purpose of delegation is to utilise the skills within the health and social care team effectively to achieve safe, person-centred outcomes. To support this, the Department of Health commissioned NIPEC to develop Deciding to Delegate: A Decision Support Framework (2016, updated 2019 and 2022), which provides clear guidance to ensure that nursing and midwifery tasks are delegated safely, effectively and in line with professional standards. The Royal College of Nursing's Accountability and Delegation guidance (2023) further reinforces the principles of competence, communication and accountability that underpin high quality delegated care.



Delegation in Nursing and Midwifery | NIPEC

3.10 EVIDENCE-BASED PRACTICE

Providing quality care involves using the most up to date research and information, therefore improving the care a person receives.

Ensuring your team has the clinical expertise and knowledge of patient or client preferences required to make appropriate decisions about treatment and care.

Some Resources available to you are:

- Organisational Policies and Guidelines
- NICE Guidelines
- Quality Performance Indicators (QPIs)



Activity

List any other resources you have access to

3.11 SERVICE USER INVOLVEMENT AND EXPERIENCE

The meaningful involvement of key stakeholders is essential to the effective planning, commissioning, delivery and evaluation of Health and Social Care (HSC) services. Understanding lived experience ensures that voices are heard, perspectives are valued and expertise is used to inform decision-making, supporting the delivery of person-centred care. Personal and Public Involvement (PPI) is a statutory requirement and a core element of good practice within HSC. It must be undertaken in a meaningful and proportionate way to ensure service users, carers and the public are genuinely involved.

Co-production goes beyond consultation by enabling service users, carers, families and staff to work together as equal partners in the design, delivery and improvement of services. By combining professional knowledge with lived experience, co-production helps ensure that services are better aligned to the needs of those who use them, improves service quality and strengthens trust and engagement. Meaningful co-production recognises that people with lived experience are experts in their own care and can make a valuable contribution to decision-making and service development.

When developing information for the public, representatives of the target audience should be involved throughout the design, development and review process to ensure materials are accessible, relevant and easy to understand. Engaging with service users and carers from the outset helps ensure that information and services reflect the needs, preferences and experiences of the people they are intended to support.

Activity

Applying Co-production in Practice

As a Band 7 leader, identify a current service improvement, policy review, patient information leaflet or change initiative within your area.

Consider:

-  **Who are the key stakeholders, including service users, carers and families?**
-  **How have they been involved in shaping the work?**
-  **Are they being consulted, or are they actively partnering in decision-making?**
-  **What additional opportunities could you create to ensure lived experience informs the final outcome?**

Within the next month, engage with at least one service user, carer group or patient representative to gather feedback on a service, process or resource within your area. Reflect on how their input influenced the final decision and identify one change that resulted from their involvement.

3.12 COMPLIMENTS

Compliments on the service provided by your team can be used to review the team's performance, investigations, incident reviews and inspections.

Organisations receive thousands of lovely compliments each year about the service provided to patients and clients.

The information is collected on all written compliments, which enables the Organisation to provide quarterly reports to the Department of Health (DoH). This is for written compliments only e.g. card, email, feedback form, social media. Formal verbal compliments are also included, where a person is unable to complete the written detail themselves.

For staff/team morale, it is important to share compliments received as this gives the team continuing confidence and assurance of how well they are caring for patients/clients.

Activity

 ***How are compliments received in your area?***

 ***Do you collate the compliments?***

 ***How do you share the compliments?***

3.13 DUTY OF CANDOUR

As a Band 7 leader, you play a key role in fostering a culture of openness, honesty and learning within your team. The professional duty of candour requires all registered professionals to be open and transparent when something goes wrong that causes, or has the potential to cause, harm or distress. This includes informing patients and families, offering an apology, reporting incidents appropriately and contributing to investigations and shared learning. Candour is not only about responding to incidents; it is about creating an environment where staff feel safe to speak up, raise concerns and learn from mistakes.



For more information on Duty of Candour visit the Nursing & Midwifery Council page



Band 7 Nurse and Midwifery Leaders have a key responsibility to recognise and act on early indicators that patient safety, quality of care, staff wellbeing, professional standards, or service delivery may be at risk. Effective leaders do not wait for issues to escalate; they use professional curiosity, clinical judgement, and available evidence to identify concerns at the earliest possible stage.

When early warning signs are identified, Band 7 leaders should:

- Act promptly and professionally to assess potential risks.
- Escalate concerns through the appropriate governance, safeguarding, or management processes.
- Seek advice and support when required.
- Maintain accurate documentation of concerns and actions taken.
- Support staff who raise concerns and ensure they feel heard and protected.
- Promote reflective learning and continuous improvement following the resolution of concerns.

Leadership in Action: “If something does not seem right, I will not ignore it. I will listen, question, escalate appropriately, and take timely action to safeguard patients, staff, and services.”

Lessons from major inquiries, including the Francis Inquiry into Mid Staffordshire NHS Foundation Trust, demonstrate the importance of looking beyond a single source of information to understand the quality and safety of care. Effective leaders triangulate information from multiple sources, such as patient feedback, complaints, incidents, staffing data, clinical outcomes, audits and staff experience, to build a complete picture of what is happening within a ward or service. By bringing together different perspectives and sources of evidence, Band 7 leaders can identify emerging risks earlier, challenge assumptions and take informed action to improve patient care and staff experience.

3.14 COMPLAINTS

Receiving a complaint is always difficult for a manager and the team.

The complaint may be informal or formal and in person or written.

- **Staff need to be supported. How as a manager can you do this?**
- **How can you be supported?**
- **Identify how you can get advice and support.**

When a complaint is received, review the detail and understand the issues, which have been raised. The investigator may have provided detail of the points, which require review and the information, which is required to complete the investigation and enable a response to be prepared if required. As a manager, this requires a need to step back and review the complaint objectively.

If you are unsure about the process, have a conversation with the investigator as the information and evidence is important in providing a balanced response and enables learning to be identified as required. Information will be filed in the Complaints Department as part of the Investigation papers.

How do you share the learning from complaints, and with whom?



Northern Ireland Public Services Ombudsman

Stage 1 - responded to within 5 days

Stage 1 extended - responded to within 10 days

Stage 2 - written response within 20 days

Onward referral to Northern Ireland Public Service Ombudsman (NIPSO)

Staff who have been requested to provide a recollection of events raised in the complaint, should provide the facts of what was witnessed at the time. This can be a stressful period for staff, and it is important to 'check in' with them and provide/seek support as required.

The information provided in the statement should be typed, dated and signed. This document will then be filed in the Complaints Department as part of the Investigation papers.

Information available – HSC Complaints Procedure “Guidance in Relation to the Health and Social Care Complaints Procedure” is available on the Department of Health website.

Use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice

3.15 JUST CULTURE

A 'Just Culture' is a culture of trust, learning and accountability. This is very important when an incident has occurred and something has gone wrong.

- ***How do you respond to the staff involved?***
- ***How do you maximise learning for the team?***

 Activity

For more information, look up the work of Sidney Dekker.

 **For more information, look up the work of Sidney Dekker and see bibliography**

A timely, sincere, and well-delivered apology can play an important role in responding to concerns and complaints. For Band 7 Nursing and Midwifery leaders, understanding how to apologise effectively can help restore trust, demonstrate accountability, support positive relationships with service users and colleagues, and contribute to a culture of openness and learning. This article provides practical guidance on the key components of an effective apology and may be a useful resource for leaders involved in complaint resolution and quality improvement.

 **The Power of an Apology: Seven Steps for Getting It Right | Psychology Today**

3.16 DATA PROTECTION AND CONFIDENTIALITY

Trusts need to collect, use and process personal data, which includes sensitive data on service users and patients. The information must be managed within a framework which provides the best protection for patients, service users and staff. That is to ensure compliance with current legislation – the Data Protection Act 2018 and the general duty of confidentiality.

In your role as a manager, it is important to always protect confidentiality.

Ensure your staff are aware of what is inappropriate access

- Accessing their own record
- Accessing record of friends, family or known individuals
- Accessing the records of high-profile patients or patients related to local news articles without a legitimate Trust reason to do so
- Accessing records on behalf of someone else to give them information even with their consent
- Accessing out of curiosity, nosiness or sympathy
- Using a colleague's account details

The possible consequences of intentionally accessing patient information

- Disciplinary action
- Loss of job
- Reported to the PSNI
- Notification to the Information Commissioner's Office
- A personal fine
- A criminal record
- Regulatory action by professional bodies

Further information can be obtained from the [Information Commissioner's Office \(ICO\)](#).

3.17 DIGITAL SKILLS AND ENCOMPASS

Digital technology continues to transform health and social care services, enabling safer, more efficient and more connected care. In Northern Ireland, Encompass is the regional digital transformation programme that provides a single, unified electronic healthcare record for every person. By giving staff access to the right information at the right time, Encompass reduces reliance on paper records, improves communication across services and provides high-quality data to support service improvement and better patient outcomes.

As a Band 7 leader, you have a key role in ensuring staff have the confidence and capability to work effectively in a digital environment. This includes supporting staff to develop their digital skills and ensuring safe and professional use of electronic systems.

Staff should always log out or lock screens when leaving a workstation, ensure patient information is not visible to unauthorised individuals, never share login credentials, and maintain confidentiality at all times. Digital professionalism is an essential component of safe, person-centred care.

Activity: Assessing Digital Competence

Reflect on your team and consider the following questions:

-  ***Are all staff confident and competent in using Encompass for their role?***
-  ***How do you identify staff who may require additional digital skills support or training?***
-  ***Are staff consistently following information governance requirements, including screen security, confidentiality and appropriate use of login credentials?***
-  ***What opportunities exist within your area to develop digital champions or peer support?***

Identify one practical step you will take within the next month to strengthen digital capability or digital safety within your team. Record the action, expected outcome and how you will evaluate success.

3.18 INFECTION PREVENTION AND CONTROL

The Infection Prevention (IPC) team provided specialist advice and support to all health and social care staff to help prevent and manage infections across primary and secondary care settings.

This is either through clinical consultation of an individual patient or collectively relating to the safe delivery of care and services to a wider group of service users. The IPC team is part of an integrated team who works closely with Consultant Microbiologists, Specialty Doctors in Microbiology and Antimicrobial Pharmacists.

Activity

-  ***Do you know members of the Infection Prevention & Control Team?***

-  ***Is there a team member assigned to your area?***

-  ***What reports do you receive?***

-  ***Review audit results completed by IPC team***

-  ***Meet with a member of the IPC team to discuss audits, process and review of results.***

-  ***Do you require additional training / access to the systems?***

3.19 WASTE MANAGEMENT

Waste management is an important factor for the safety of staff and patients/service users.

What type of waste is generated in your area?

- Clinical
- Environmental
- Other
- Confidential

 Activity

 ***How do you monitor the amount of waste?***

 ***How is it stored?***

 ***Is the storage facility secure?***

 ***Is there a recycling facility / process?***

3.20 CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

Aim:

- Assess the risk that may arise from exposure to hazardous substances
- Establish precautions and control measures needed to ensure appropriate reduction of risk. Wherever possible, risks should be eliminated.
- Monitor control measures to ensure they are adhered to and working properly. This includes maintenance and testing of any equipment involved.
- Inform, instruct and train employees regarding the hazards and risks presented via hazardous substances and the precautions needed to reduce risk.

COSHH information and a COSHH Risk assessment proforma should be available on your Unit and be reviewed and updated yearly.

 Activity

 ***Review the Unit COSHH information – is it up to date?***

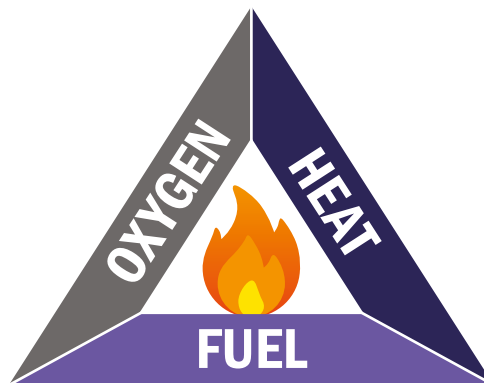
 ***Do you require advice and support in completing?***

3.21 FIRE SAFETY

The safety of service users and staff is paramount in relation to fire safety.

Your Unit will have a Fire Safety Manual, which will include an Evacuation and Shelter Plan, which is reviewed and updated yearly.

A Fire Warden should be documented for each shift, therefore, it is important to have staff trained as Fire Wardens. The manual should be reviewed and formally updated yearly.



Fire Safety training

Staff must be trained in fire safety and the evacuation of patients / service users etc.

Activity



Is the Fire Safety Manual up to date?



Are training records for staff recorded and accurate?



Are the weekly checks completed and signed?

As the manager, ensure that your team's practice is of a high standard:

- Fire doors are kept shut
- Oxygen cylinders are stored correctly
- Flammable liquids are stored correctly

3.22 MAJOR INCIDENT PLAN



A Major Incident Plan (MIP) should be read in conjunction with an Organisation's Corporate Business Continuity Plan. This outlines how the Organisation will respond in the event of a major incident.

A Major Incident is an incident that is likely to involve a Trust receiving large numbers of seriously ill or injured patients in excess of that which could reasonably be managed within the scope of normal resources available.

The Plan forms part of a Trust's overall emergency planning framework and may be activated in isolation or in conjunction with other specific emergency or business continuity plans.

Activity



Review the Major Incident Plan and ensure the plan is up to date



Familiarise yourself with your role in this and that of your team



Ensure staff are aware of the process and actions required of them



SECTION 4

MANAGING RESOURCES

4.1 Managing Resources	63
4.2 Effective rostering	63
4.3 Demand template and roster alignment	64
4.4 Planned/Unplanned Absence Allowance (PUAA)	65
4.5 Workforce planning	66
4.6 The Refreshed Delivering Care Policy Framework	67
4.7 Common Staffing Method (CSM)	68
4.8 Recruitment and Retention	69
4.9 Staff wellbeing	70
4.10 Managing attendance	70
4.11 Occupational Health	71
4.12 Other Nurses, Midwives and Students	72
4.13 Employee relations	73
4.14 Under-performing staff	73
4.15 Nursing and Midwifery Council Referral	74
4.16 Consumables	74
4.17 Equipment	74

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.



4.1 MANAGING RESOURCES

Why it matters?

Effective resource management is a core leadership responsibility because it directly influences *patient safety, quality of care, staff wellbeing, and financial sustainability*. As a Band 7 leader, the way you organise, deploy, and support your staff shapes both day-to-day clinical practice and long-term service delivery.

Staff are the most valuable and most costly resource.

Even small inefficiencies can create significant financial impact.

Managing staffing effectively helps ensure:

- safe skill mix
- reduced sickness absence
- better retention
- reduced spend on temporary staffing

When staff are well-supported, appropriately allocated, and not overstretched, both morale and productivity improve.

4.2 EFFECTIVE ROSTERING

Effective rostering is more than filling shifts.

Effective rostering can inform decision making and enable analysis of changing trends over time, therefore ensuring staffing levels can be more effectively aligned in real time to demand.

It can be analysed in the longer term to support workforce plans in meeting the changing demand within a ward or department.

Effective rostering can also assist in reducing reliance on temporary staffing, closer alignment of staffing levels with patient needs and retention of the workforce - a key objective in building a sustainable workforce.



Your role and responsibility is to provide day-to-day operational leadership, ensuring that staffing levels are aligned with **your funded establishment**, managed in line with the planned/unplanned absence allowance and regional roster principles to ensure the delivery of safe and effective care. When there are gaps in the roster required to ensure safe staffing levels remember to utilise substantive staff first, where possible, by managing time balances and then offering additional hours or overtime. If doing so, you must also adhere to working time directive. For more information on working hours access the following link:

 <https://www.gov.uk/maximum-weekly-working-hours>

What you need to know:

- *Total Funded Staffing Level (FSL) for your ward/department in whole time equivalent (WTE)*
- *The WTE breakdown of bands of registered and unregistered staff – skill mix*
- *Competencies of your staff*

Activity

Find out who the finance support contact is for your service. Arrange to meet with them to discuss your FSL and to check your vacancies and staff in post.

4.3 DEMAND TEMPLATE AND ROSTER ALIGNMENT

Your ward/department will have a demand template, which is essentially a baseline roster for a week (or possibly for a few weeks depending on the service requirements) created using professional judgement and in line with FSL. This is the basis from which you will create your roster. Your demand template should be agreed with finance, your line manager and nursing and midwifery workforce.

Activity

Find out what your demand template is and is it in line with your FSL?

What is your team / department's daily routine? Think about flow, daily tasks and patient requirements, acuity and dependency. What are the skills, knowledge and experience of your team? Understanding your team and this routine allows you to create your roster – how many staff, the skill mix and competences required throughout the day, night and week to meet the demand.

You must identify actual or potential staffing shortfalls or surges in patient acuity and if there is a need for additional staffing this must be evidenced and escalated to your line manager in line with your organisation's policy.



If you roster above the agreed FSL then you will be working outside of your budget, and the reasons for additional staffing should be recorded and regularly analysed. A workforce review may be required if additional staffing requirements are frequently required.

Record all staffing-related risks, decisions, and escalation actions using agreed systems (e.g., Datix, SafeCare, or e-roster). This ensures transparency, supports audit and learning, and contributes to organisational awareness of staffing pressures.

You should continuously monitor staffing levels against patient needs using data from workload tools and e-roster systems (where they exist). If risks to safe care are identified, initiate immediate mitigation actions such as redeploying staff, adjusting skill mix, or prioritising care delivery in collaboration with your line manager.

Activity

Review your roster and discuss with Line Manager any requirements for additional shifts. Look at the reasons for this and any patterns emerging.

4.4 PLANNED/UNPLANNED ABSENCE ALLOWANCE (PUAA)

PUAA refers to periods of absence from work, which can be described as anticipated.

This comprises of annual leave, sickness and mandatory study leave. It was necessary, therefore, when describing nurse or midwifery staffing to agree an allowance which could be factored in. This is known as **'headroom'**.

Maternity or paternity leave are not included in this allowance therefore need to be considered additionally.

ANNUAL LEAVE	SICK LEAVE	STUDY LEAVE	TOTAL ALLOWANCE
15%	5%	4%	24%

Activity

Review your annual leave spread across a month for your team.



What % of your roster hours is allocated to annual leave?

Consider the impact of not allocating 15% of hours to annual leave each month.

For Annual Leave calculator please refer to your Trusts relevant policy.

4.5 WORKFORCE PLANNING

The Regional HSC Workforce Planning Framework provides a working definition for workforce planning:

It is to identify and balance the demand for staff with its supply.

Workforce planning can be used to plan how your team/department might look in a year or to completely redesign your service. It is advised that you annually review your workforce using the six-step methodology. Undertaking this methodology would require support from nursing and midwifery workforce, finance, HR and other relevant stakeholders.

“At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for patients and clients within available resources.”

DoH (2015)

The Six steps methodology to integrated workforce planning is contained in the diagram below (Skills for Health, 2023).



Successful workforce planning ensures that it has the right number of staff, with the right skills and competencies, in the right place, at the right time to deliver services that provide the best possible patient care and meet demand, within an affordable budget.

Workforce planning allows Band 7 leaders to anticipate:

- predictable fluctuations in workload
- seasonal pressures
- emerging needs in the population being cared for

Understanding patient demographics and acuity levels helps shape staffing requirements and future service development.

4.6 THE REFRESHED DELIVERING CARE POLICY FRAMEWORK

In recognition of the evolving landscape of our health service and population health needs, the [Refreshed Delivering Care Policy Framework](#) was launched in March 2026. The new framework supports the provision of high-quality, safe, and effective care within acute and community settings.

This will ensure that Northern Ireland adopts an integrated, system-wide approach to workforce and workload planning. This approach will support the nursing and midwifery workforce in preparation for safe staffing legislation and align with current Departmental policies and strategies. Consequently, there is a need for Band 7 leaders to understand workforce/workload planning and their roles in relation to the delivery of safe and effective care, whilst ensuring efficient and effective use of resources within their remit.

As a Band 7 leader, you have a unique insight into:

- what your population needs
- the local context
- where care could be delivered more effectively
- opportunities for flexible roles or innovative delivery models
- skill development needs within your team now and in the future

This influence ensures that staffing and care models evolve in a way that is safe, responsive, and efficient.

Activity



What tools do you use to support workload planning for your area?



Are you familiar with them and how to use them?



Consider how they help you understand demand.

4.7 COMMON STAFFING METHOD (CSM)

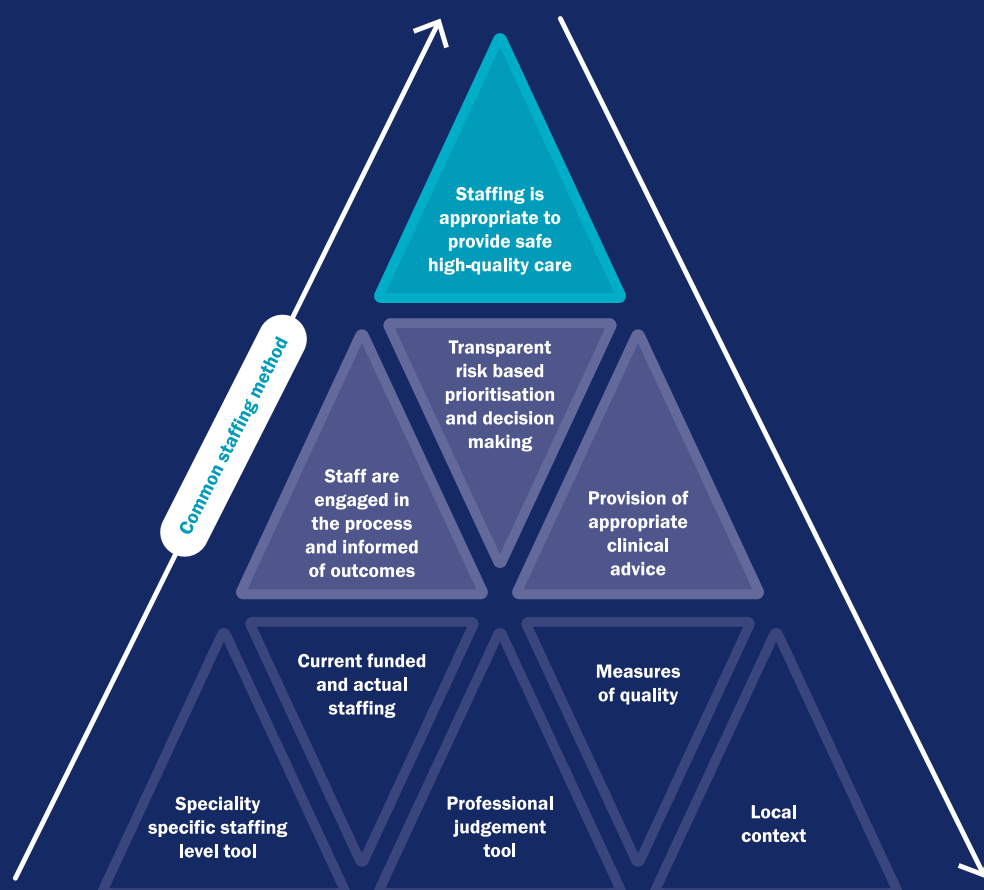
An important element of workload/workforce planning includes the application of a triangulated approach that incorporates local context, quality metrics, and professional judgement to inform staffing decisions. This supports the delivery of safe and effective care by ensuring staffing levels are responsive to patient demand and dependency.

The CSM includes use of acuity/dependency tools. These tools should have a valid evidence base. There are a number of tools available for use and there are areas where there are currently no suitable tools to use.

There are daily acuity/dependency tools which provide near real time information and support deployment of staff, for example SafeCare.

Separately there are acuity/dependency tools specifically used for establishment setting, which measure acuity/dependency over a set period of consecutive days to calculate the required staffing for a ward/department, usually undertaken twice a year for example, Safer Nursing Care Tools (SNCT).

Please see below the Common Staffing Method which supports evidence-based decision making in relation to understanding staffing requirements.



Activity

Triangulate staffing data with quality indicators such as incident reports, patient outcomes, and staff feedback.



What are the trends and is there a relationship between them? What is the data telling you?

Consider using a scorecard to collate information required for reviews and meetings with your line manager and to provide you with a complete picture of what is happening in your ward/area. An example of a scorecard template can be found in the resource (Appendix 5). The example scorecard prompts thoughts around what elements and data you need to consider in relation to your ward/department and what story the data is telling you about your ward/department and the outcomes for patients and staff.

4.8 RECRUITMENT AND RETENTION

Having the right team with the appropriate level of skills is key to maintaining a good working environment and providing high quality care. As a Band 7, it is vital that you are aware of, and involved in recruitment, selection and retention of staff.

Recruitment and Selection

Part of your role is to understand your vacancies and to follow your organisation's process in relation to raising a requisition in a timely manner. It is important to regularly review and follow up on recruitment to ensure delays are minimised.

Your Nursing and Midwifery workforce team and HR can provide advice, support and guidance in relation to recruitment processes.

Below is a link to a Regional Recruitment & Selection Toolkit which takes you through the steps of the recruitment process.



Recruitment and Selection Framework (Regional) - BSO Website

Succession Planning

The development of all team members is key to ensuring staff can develop their knowledge and skills in preparation over time and in preparation for role progression. (Refer to Section 2 Your Team for more information on career progression). Understanding the skills and knowledge of your team and where there may be gaps is essential to succession planning.

Activity

Map out your team's skills, knowledge and experience and consider this in relation to planned retirements, new starts etc. and the needs of your service.

How can you succession plan for your area?

Development may be informal or formal for example:

- Attendance at management meetings
- Champions for areas of the Unit e.g. environment, audits, Infection Prevention and Control
- Training in electronic roster etc.
- Practical manager / leadership courses

4.9 STAFF WELLBEING

Managing your own and your team's health and wellbeing is an important part of your role.

This could be as small as ensuring breaks are being taken or annual leave is being arranged effectively. Most organisations have measures in place to help staff look after their own health and wellbeing.

Activity

Link with HR to find out more ways to support staff wellbeing.

4.10 MANAGING ATTENDANCE

Your organisation will have an attendance management policy, which will provide you with the necessary information to help you manage staff attendance.

HR are a useful point of contact and can provide support and guidance. They can also provide you with data relating to absence for your ward/department.

Tips for Managing Attendance

- Be familiar with local attendance management and wellbeing policies.
- Monitor attendance regularly and identify patterns or recurring concerns.
- Conduct timely, supportive return-to-work conversations following absence.
- Address attendance concerns early and consistently.
- Encourage staff to access available health and wellbeing support services.
- Consider reasonable adjustments where appropriate.
- Maintain accurate documentation of attendance discussions and actions.
- Recognise and promote positive attendance and staff wellbeing.
- Lead by example, demonstrating healthy working practices and self-care.

Activity

Reflecting on Attendance Management

Review attendance within your team over the last six months.

Consider:

-  ***Are there any trends or patterns that require further exploration?***
-  ***How confident are you in having supportive conversations about attendance and wellbeing?***
-  ***What measures are in place to support staff experiencing health or personal challenges?***
-  ***How do you balance staff wellbeing with the need to maintain safe staffing levels?***

Identify one proactive measure you could implement to improve attendance, wellbeing or staff engagement within your team, and agree how you will evaluate its impact over the next three months.

4.11 OCCUPATIONAL HEALTH

Aim to promote and maintain the physical, mental and social wellbeing of all staff.

Ensure that prospective employees are fit for and placed in appropriate work.

 Activity

Consider sending out a stay survey. Find out what makes staff want to stay working in your ward/department.

4.12 OTHER NURSES, MIDWIVES AND STUDENTS

Bank and Agency staff

Due to gaps in staffing, vacancies, etc., bank and agency staff may be required. It is important that this group of staff are welcomed to the team and are aware of the standards of care required.

Staff may be unfamiliar with the team's routine. At the start of the shift, confirm identity of the person and check what support they require during the shift. An appropriate induction should be available and completed.

If a bank/agency nurse or midwife is not meeting the required standards of care a proforma should be completed and forwarded to the Trust Bank Office.

Student Nurses/Midwives

It is important to welcome students to your ward/department and to find out about their experience during their placement.

The Practice Education Facilitation (PEF) team can help and support with students whilst on placement.

If a student has had a successful learning experience and has felt part of the team, they are more likely to want to return to your area as a Staff Nurse or Midwife.

Not all students have the capability to progress and, as a manager, it is important that this is identified with the student as early as possible to enable discussions. Action plans can be put in place along with support from the PEF and Clinical educators.

Students who are struggling and at risk of failing during a placement create a challenge for the Band 7 Leader and the team, therefore support is important for everyone involved.

Newly Qualified Nurses (NQN) and Newly Qualified Midwives

You must ensure the NQN/Newly Qualified Midwife is welcomed to the team and assigned a preceptor. It is important a NQN/Newly Qualified Midwife is supported through preceptorship to allow them to transition from student to confident and competent registrant. Refer to Section 2 for link to NIPEC preceptorship framework.

How do you plan time to allow completion of preceptorship process and documentation in a busy working environment?

Activity



Check in regularly with any NQNs / Newly Qualified Midwives and preceptors to identify what's going well and if there are any issues or challenges.

4.13 EMPLOYEE RELATIONS

Unsatisfactory performance may be considered as an employee who is lacking in some knowledge, skill or ability and is consequently unable to carry out some, or all the duties required of them to an acceptable standard.

Ignoring this can impact negatively on the quality of the service provided.

This can be a difficult process to manage, and it is important to have support. You should link with HR and your line manager regularly to ensure you follow the appropriate policy and process.

Where the unsatisfactory performance is attributable to the employee's incapacity on the grounds of ill health, this would be dealt with under a separate policy. You should discuss this with HR.

4.14 UNDER-PERFORMING STAFF

Members of the team may appear to be struggling, with various factors at play:

- Poor induction/lack of role clarity and responsibility
- Lack of competence, proficiency, poor organisation
- Lack of aptitude, skill or experience
- The reorganisation or redefinition of the person's role, which causes performance problems e.g. organisational changes or technology changes
- Changes in the nature or the allocation of work, including changes to employment such as promotional position which the individual may not be able to undertake to standards required
- An individual being unable to satisfactorily complete their probationary period
- External factors such as person/family difficulties, work life balance

4.15 NURSING AND MIDWIFERY COUNCIL REFERRAL

In some cases, it may be necessary for your organisation to refer an individual to the Nursing and Midwifery Council. This usually only occurs in certain extreme cases where there is a risk of harm to individuals. As a nurse or midwife, you have a professional duty to put the interests of the people in your care first and act to protect them if you think they may be at risk. Discuss concerns early with your line manager and ensure that your organisation's policy is followed. Further information can be obtained from the NMC website.



Concerns about Nurses, Midwives or Nursing Associates (NMC)

4.16 CONSUMABLES

As a manager, you may also be responsible for medications, dressings and equipment etc.. costs and utilisation.

It is important you are aware of any high-cost items and review and monitor regularly.



Activity



What reports do you receive?



How are these reviewed and with whom?



List the details e.g. pharmacy: drugs / dressing

4.17 EQUIPMENT

Equipment used by your team should be in good working order, with service contracts in place. Checked before and after use with records maintained. Any faulty equipment must be taken out of service immediately, labelled and a maintenance request completed.

Your unit should have an Asset Register, which must be accurate.



Activity



Are you aware of the Asset Register and is all equipment recorded on it?



RESOURCE SECTION

Appendix 1	76
Appendix 2	77
Appendix 3	78
Appendix 4	79
Appendix 5	82
Appendix 6	86

NB: The term Band 7 / Band 7 Leaders will be used throughout this document to refer to Band 7 Nurses and Midwives who lead a team.



APPENDIX 1

DOWNLOAD APPENDIX 1

Contact Details Form

Name:			
Role:			
Email:		Contact number:	

Name:			
Role:			
Email:		Contact number:	

Name:			
Role:			
Email:		Contact number:	

Name:			
Role:			
Email:		Contact number:	

Name:			
Role:			
Email:		Contact number:	

[illegible]



APPENDIX 3

DOWNLOAD APPENDIX 3

Daily Routine Form

Date:

AM
PM
Night



APPENDIX 4

[DOWNLOAD APPENDIX 4](#)

360° Feedback Letter and Form

Dear

Re: 360° Feedback

I am contacting you as someone whom I have worked with and whose views and opinion I value, to provide me with feedback.

Attached is a questionnaire for you to use; I would appreciate as much detailed and honest feedback as possible, in as many of the identified areas you feel able to comment upon. Ideally, I would like to hear about actual experiences where I have been effective as well as experiences when I could have been more effective. It would be helpful for me if you could be as specific as possible.

When you have completed your feedback, would you please return the questionnaire to:

By: _____

Many thanks in anticipation,

Yours sincerely,



360° Feedback Questions

Feedback completed by:

What feedback would you give me as a leader of a team?

What feedback would you give me on how I communicate with you?

How could I make my communication more effective?



What feedback would you give me on how you see me as a clinical leader?

How do you see me as someone who helps others to learn?

Is there any other feedback would you like to offer me?



APPENDIX 5

[DOWNLOAD APPENDIX 5](#)

Using a Ward or Department Scorecard

A scorecard is a practical leadership tool that helps Band 7 leaders to understand how their ward, department or service is performing across a balanced set of measures. Rather than focusing on a single target, a scorecard brings together information on patient outcomes, patient experience, workforce wellbeing, financial performance, flow, safety, equity and quality improvement. By reviewing data regularly, leaders can identify trends over time, celebrate success, recognise emerging risks and take timely action to improve care. The scorecard should include clear performance measures, agreed targets, trend information, a narrative explaining what the data is telling you, actions being taken, named owners and review dates. When used consistently, the scorecard supports evidence-based decision-making, improves accountability and helps teams understand the impact of their work on patients, families and staff across hospital and community settings.

Questions for Band 7 leaders when reviewing the scorecard

- What does the data tell us about the quality and safety of care?
- Are patient outcomes improving over time?
- What are patients and families saying about their experience?
- How healthy, engaged and supported is our workforce?
- Are we using resources efficiently and sustainably?
- Where are delays occurring in the patient journey?
- Are there any inequalities in access, experience or outcomes?
- What improvement activity is making a measurable difference?
- Which measures require immediate action?
- Who is accountable for improvement and when will progress be reviewed?

This balanced approach enables Band 7 leaders to move beyond isolated metrics and understand the overall performance, quality and impact of the care they provide.

The scorecard below provides an example framework and a selection of suggested metrics to help get started. It should be viewed as a guide rather than a prescriptive template and can be tailored and expanded to meet the specific needs, objectives and data requirements of your service area.



Year: Data (include source)		
Finance		Month



Year: Data (include source)		
Workforce		Month



Year:		Data (include source)	
Safe and Effective Care		Month	



APPENDIX 6

DOWNLOAD APPENDIX 6

Progress Record and Action Plan (additional resource)

Learning	Action Planned	Date:
Review		Date:
Completion		Date:



With thanks to regional workshop attendees who helped shaped the Band 7 Nursing and Midwifery Leadership Toolkit.

Name	Organisation
Aileen Magill	BHSCT
Caroline Riddell	Nursing Officer for Workforce, DoH
Danielle Goan	WHSCT
Deirdre Cunningham	PHA
Donna Stinson	BHSCT
Elinor Welch	SEHSCT
Emma McCaw	NHSCT
Eunice Robinson	NIPEC
Gary Cousins	NIPEC
Helen Crossan	SEHSCT
Janet McCusker	Clinical Education Centre
Jenny McMahon	SEHSCT
Jordine Fairbrother	SHSCT
Julie Munn	NHSCT
Karima Gray	WHSCT
Katy Rennick	Deputy Chief Nursing Officer, DoH
Kelly Pleasants	SEHSCT
Kim Kelly	BHSCT
Lisa Hill	DoH
Lisa Surginor	BHSCT
Louise Boreland	NHSCT
Louise Canavan	SHSCT
Lynne Vercoe Rogers	NHSCT
Niamh Traynor	BHSCT
Nicola Hempton	SHSCT
Rachel Gibson	SHSCT
Robin Quinlan	DoH
Shauna McKenna	NHSCT
Siobhan Rice	HSC Leadership Centre
Tara Sanderson	NHSCT
Taylor Smiley	SEHSCT



Band 7 Nursing and Midwifery Leadership Toolkit Development Workshop. Colleagues from across Nursing and Midwifery came together to share their knowledge, experience and perspectives, helping inform and shape the early development of the toolkit through collaboration and co-design.



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