



Royal College  
of Nursing  
Scotland

# Senior Charge Nurses: The Case For Being Non-Caseload Holding

Senior Charge Nurses<sup>1</sup> (SCNs) are the clinical and professional leaders for nursing staff delivering care. RCN Scotland believes that SCNs – and their equivalents in the community – have a vital role to play in the delivery of safe and effective care. The RCN has campaigned for SCNs to be non-caseload holding for over a decade.



## **Ward nurse managers should operate in a supervisory capacity and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward.**

---

### **SCNs and the Health and Care (Staffing) (Scotland) Bill**

Scottish Government policy – as set out in *Leading Better Care* (2008)<sup>2</sup> – is for SCNs to be non-caseload holding, however this has not been implemented fully or uniformly across Scotland. A freedom of information request to NHS boards revealed that, of the 911 whole-time equivalent SCNs identified at September 2017, only 115 were non-case load holding.

The Health and Care (Staffing) (Scotland) Bill<sup>3</sup> will enshrine in law a duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of patients and staff and the provision of safe and high quality health care and services. It will also set out welcome duties on health boards to proactively manage the frontline, day-to-day risks to patient care arising from staffing pressures.

The amendment passed at stage two at 12IAD has the effect of making SCNs and their equivalents in the community non-caseload holding. It is vital for patient safety and quality of care that this remains.

Senior Charges Nurses (SCNs) provide frontline clinical leadership to 41% of the NHS workforce providing 24/7 care<sup>4</sup>. They are central to the delivery of the duties set out in the Health and Care (Staffing) (Scotland) Bill. The legislation will not work in practice if SCNs do not have the time required to effectively fulfil their clinical leadership role.

### **SCNs as clinical experts and leaders of clinical care**

The role of SCNs as clinical experts and leaders has long been recognised. *Leading Better Care* described SCNs as “*the visible embodiment of clinical leadership*” and “*guardians of clinical standards and quality of care*”. This review of the role of SCNs clearly stipulated that having a direct clinical caseload was not part of the SCN role in clinical coordination.

*Breaking down barriers, driving up standards* (RCN, 2009)<sup>5</sup> noted the pressure on ward sisters (the equivalent of SCNs in England and Wales) from having their own caseload, which “*made it impossible for them to appropriately lead, manage and supervise clinical practice*”.

Two pilot projects carried out by NHS Lanarkshire in 2015 (Rankin et al, 2015)<sup>6</sup> increased the supervisory time of SCNs from 7.5 hours to 22.5 hours per week. Workforce and workload pressures led to the majority of SCNs being unable to utilise all the supervisory time allocated to them. However, when they were able to use their increased supervisory hours, there were clear benefits, including: improved quality of patient care and safety; improved compliance with audits and clinical record keeping; positive patient and family experience; and development of the ward team.



## Having an overview is especially important for patient care, quality assurance and improvements.

---

### SCNs as guardians of safe, high quality care

Recent public inquiries into systemic failures of care have highlighted the importance of the senior charge nurse role.

The Scottish Government's response<sup>7</sup> to the Vale of Leven Hospital Inquiry Report (2014)<sup>8</sup> stated that nurses in charge of wards needed to be empowered in order to assume the responsibility outlined in the report's recommendations. The Government outlined the leadership qualities and skills expected of SCNs and noted concern that the SCN role was moving from a focus on clinical coordination and patient care towards being overly occupied by managerial and administrative concerns. It further stated that the potential within the SCN role was being obscured.

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)<sup>9</sup> made a recommendation that ward nurse managers should be supervisory and not be expected to make up nurse staffing numbers:

*“Ward nurse managers should operate in a supervisory capacity and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team.”*

Whilst the Nurse Staffing Levels (Wales) Act 2016 omitted the non-caseload holding status from their primary legislation, which has a narrower focus than the Scottish Bill under consideration, the guidance<sup>10</sup> accompanying the Act states:

*“Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.”*



## **I want to lead my staff and my ward. To lead change and be a role model.**

---

### **Barriers to SCNs' ability to fulfil their role**

RCN surveys conducted in 2010 and 2012 both revealed that the most significant barrier to SCNs fulfilling their role was their clinical caseload and the time they spent on administrative duties.

According to the RCN's 2017 safe staffing survey<sup>11</sup>, only a quarter of nursing staff surveyed in Scotland reported that the SCN was non-caseload holding during their last shift.

Focus groups conducted by RCN Scotland in February 2019 with 40 SCNs from six NHS Boards (Ayrshire and Arran, Dumfries and Galloway, Grampian, Highland, Lothian and Orkney) reinforced these findings. A recurring theme was the desire for SCNs to have an overview of the care setting they operate in. Without such an overview, they felt unable to support other staff, offer high quality care to patients and drive improvement.

*"Having an overview is especially important for patient care, quality assurance and improvements."*

*"I want to lead my staff and my ward. To lead change and be a role model."*

SCNs felt strongly that maintaining clinical competence was vital to their role.

They also felt hampered by general workforce challenges in carrying out their role (covering for vacancies, sickness absence, study leave and holidays).

Participants were worried that the SCN role was unattractive to more junior nurses and concerned about succession planning in their own work environments.

A strong and consistent message from the focus groups was that many SCNs felt overburdened with administrative tasks and wanted help with admin support. Some noted that their

Boards had engaged admin support staff but that this had been funded from the nursing budget. A pilot project in NHS Ayrshire and Arran demonstrated the benefit of providing administrative support to two SCNs: clinical quality indicators improved, staff absence rates fell to an all-time low, staff were more engaged in quality improvement projects and the SCNs reported a transformation in their role with "more emphasis on continuous quality improvement" (Nursing Times, 2018)<sup>12</sup>.

### **The case for being non-caseload holding**

There is a compelling case for SCNs to be non-caseload holding in order to deliver on the duties in the Health and Care (Staffing) (Scotland) Bill.

SCNs are operating in an ever more complex work environment. They are dealing with increasingly frail and elderly patients; bed occupancy rates are high, as is the pressure to make beds available; and they have responsibility for larger multi-disciplinary teams (Rankin et al, 2015).

The vast size of the nursing workforce, the largely 24/7 nature of nursing care and the need to lead their team in responding to service pressures and clinical complexity means that theirs is a unique role in health care settings. SCNs should not be expected to hold an individual case load or cover staff absences and vacancies, except in exceptional circumstances, in addition to their primary responsibilities of ensuring safe and effective clinical practice, enhancing patient experience and managing and developing team performance.

Recognising this and giving SCNs the capacity to be effective leaders and clinical experts, and to inspire their teams to deliver safe and effective care, will ultimately result in more effective service delivery and improved outcomes for patients.

<sup>1</sup> Please note for the purpose of this briefing, the term Senior Charge Nurse represents the senior registered nurse in a hospital ward or community team who has clinical, professional and managerial responsibility for the team and clinical environment. The Health and Care (Staffing) (Scotland) Bill itself does not refer to “Senior Charge Nurses”. The Bill states that “every Health Board and the Agency must ensure that a senior registered nurse in each rostered location is non-caseload holding”. It also defines what is meant by ‘senior registered nurse’, ‘rostered location’ and ‘caseload holding’:

“caseload holding” means a registered nurse required to meet the needs of a proportion of the patients in a rostered location

“senior registered nurse” means a registered nurse with such level of qualifications, training and experience, role and other requirements as the Scottish Ministers may by regulations prescribe

“rostered location” means an area such as a ward, operating theatre or community team providing nursing care.

<sup>2</sup> Scottish Government (2008) <https://www.gov.scot/publications/leading-better-care-report-senior-charge-nurse-review-clinical-quality-indicators-project/>

<sup>3</sup> Scottish Parliament (2018) <https://www.parliament.scot/parliamentarybusiness/Bills/108486.aspx>

<sup>4</sup> ISD Scotland (2019) (Published 05/03/19, Accessed 13/03/19) <https://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=2363#2363>

<sup>5</sup> Royal College of Nursing (2009) <https://www.rcn.org.uk/about-us/policy-briefings/pol-003312>

<sup>6</sup> Rankin et al (2015) <https://onlinelibrary.wiley.com/doi/full/10.1111/jonm.12330>

<sup>7</sup> Scottish Government (2015) <https://www.gov.scot/publications/scottish-governments-response-vale-leven-hospital-inquiry-report/>

<sup>8</sup> Vale of Leven Hospital Inquiry (2014) <https://www2.gov.scot/Topics/Health/Services/Preventing-Healthcare-Infections/Valelevenhospitalinquiry>

<sup>9</sup> Mid Staffordshire NHS Foundation Trust Inquiry (2013) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf)

<sup>10</sup> Welsh Government (2017) <https://gov.wales/written-statement-publication-statutory-guidance-nurse-staffing-levels-wales-act-2016>

<sup>11</sup> Royal College of Nursing (2017) <https://www.rcn.org.uk/professional-development/publications/pub-006415>

<sup>12</sup> Nursing Times (2018) <https://www.nursingtimes.net/roles/nurse-managers/freeing-up-senior-charge-nurses-time-through-adminsupport/7023322.article>

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. With over 40,000 members in Scotland, the RCN is the voice of nursing.

For more information visit [www.rcn.org.uk/askformore](http://www.rcn.org.uk/askformore) | email [askformore@rcn.org.uk](mailto:askformore@rcn.org.uk) | call **0131 662 6173**

Published March 2019