The focus of the symposium is advancements in clinical leadership in the interest of patients. Clinical leadership by Senior Charge Nurses/ Midwives (SCN/Ms) is evolving in transforming healthcare services across the UK and internationally (Trofino 2000, Stewart and Usher 2010, Fealy *et al* 2011, Wilson *et al* 2012).

The context for the body of work we report is provided by 'Leading better care' (LBC) (SGHD 2008). The specified role dimensions of LBC are to 1) ensure safe and effective practice 2) enhance the patient experience 3) manage and develop the performance of the team and 4) contribute to the delivery of the organisation's objectives. Phase one of LBC implementation was with hospital-based SCN/Ms in 2010. Phase 2 commenced in 2012 and is with community-based SCN/Ms.

The three papers examine the implementation of LBC from different perspectives to provide an in the round examination of the potential for clinical leaders to make a difference to the quality of care.

Paper one reports upon a longitudinal, interview study of hospital-based SCNs who were participants in a larger, mixed method evaluation (Stoddart *et al* 2012). This study follows the experience of SCN as phase one of LBC embeds into practice and is sustained by them. In paper two, the findings of an action research project with community based SCN/Ms are explored. This study is designed to inform and support SCN/Ms and their community teams as they meet the challenges of fulfilling the role dimensions of LBC. Paper three reports on a 'care and comfort rounds' intervention designed and implemented by a clinical team and led by the SCN specifically.

We will draw together the three closely connected papers to illuminate the impact of LBC in practice underpinned by the enhancement of quality of care conjoined with the patient experience.

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Scottish Government Health Department (2008) *Leading Better Care,* Edinburgh

Stewart L; Usher K (2010) The impact of nursing leadership on patient safety in a developing country. *Journal of Clinical Nursing* ***19****, (21-22) 3152 - 3160*

Stoddart K M; Bugge C; Shepherd A; Farquharson B The new clinical leadership role of senior charge nurses: a mixed methods study of their views and experience *Journal of Nursing Management* DOI: **10**.1111/JONM.12008

Trofino AJ (2000) Transformational leadership: moving total quality management to world class organizations *International Nursing review* ***47****, 232 – 242*

Wilson L; Orff S; Gerry T; Shirley BR; Tabor D; Caiazzo K; Rouleau D (2008) Evolution of an innovative role: the clinical nurse leader *Journal of Nursing Management DOI: 10.1111/j.1365-2834.2012. 01454.x*

A Longitudinal study of hospital-based Senior Charge Nurses (SCNs)

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Background
Leading better care (LBC) is a major development in clinical leadership with emphasis upon transforming and continuing high standards of quality of care (SGHD, 2008). LBC has been implemented in hospital-based settings over the last two years and as it continues to embed there is considerable value in following the SCNs evolutionary journey.
Aims
The study aims to understand the views and experience of SCNs in relation to the ongoing implementation of *'Leading better care.'*
Methods
Nine SCNs, from mental health and acute general areas, who were interviewed in a previous mixed methods evaluative study (Stoddart *et al*, 2012) are being interviewed twice more at nine month intervals. 2012 - 2013. Interviews explore their on-going views and experiences in relation to the implementation of LBC. Data presented in this paper will draw on the comparison between the original evaluative data and the data collection that is now completed for the first follow up interviews. The principles of Framework Analysis were used.
Results
The SCN reported increased confidence in adopting the LBC role dimensions and with quality improvement and assurance methodologies. In addition, SCN focused upon the key areas of clinical leadership and accountability; impacts upon patient care, themselves and colleagues; visibility in practice and influence upon peers and the organisation; and, succession planning.
Discussion
The dialogue of SCN is moving away from the 'nitty gritty' of LBC implementation towards issues of stability and sustaining progress. Areas of emphasis that emerged in the interim findings represent a deepening of the SCNs *modus operandi* in their LBC role and all it encompasses.
Conclusions
The transformation SCN as clinical leaders is founded upon LBC. However, there were indications that SCN were beginning to seek a new level of engagement with their organisation and wider influence upon quality of care.

References
Scottish Government Health Department (2008) *Leading Better Care,* Edinburgh
Stoddart K M; Bugge C; Shepherd A; Farquharson B The new clinical leadership role of senior charge nurses: a mixed methods study of their views and experience *Journal of Nursing Management* DOI: **10**.1111/JONM.12008

An action research study of the implementation of 'Leading better care' in the community

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Background
Concurrent with the implementation of *Leading Better Care* (LBC), a substantial number of policy drivers are influential upon the activities of Community Senior Charge Nurses (CSCN) – including 'Modernising nursing in the community (MNiC) (SGHD, 2012) and the integration of health and social services (SG, 2012). MNiC encompasses the substantial agenda of 'children, young people and families; adults and older people; work and wellbeing'. In a transforming service in which the balance of care is shifting to the community, the role dimensions specified in LBC are the catalyst for the all the responsibilities and accountability of CSCN.
Aims
The aims are to explore how CSCNs implement the precepts of LBC: specifically to - identify the evolution of the CSCN role in the community context and explore how the location/integration service models impact upon LBC implementation.
Methods
This is an action research study deploying three cycles of focus groups with nine CSCNs from different areas of community practice. The first, now completed, cycle focused upon exploring current issues and actions and interventions. The principles of Framework Analysis were applied to transcribed data.
Results
Challenges of change; leadership development; quality improvement and coordinating care were key areas of focus as CSCN adapted to the demands of their role as framed in LBC. CSCN considered that LBC provided the impetus of all their endeavours in a context of strategic and operational change.
Discussion
LBC was in the early stages of implementation and CSCN were at the beginning of understanding its demands and the impact it would have in their practice context.
Conclusions
Integrating the challenges of change, maximising learning opportunities with peers, - including the SCN involved in phase 1 of LBC implementation, and developing the skills required by the four role dimensions of LBC are areas of concerted effort by CSCN.

References
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Care and comfort rounds: leadership in action

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Background
A number of reports criticising care delivery by nurses provided the impetus to develop a structured process of patient care rounds to assure the fundamentals of care. Driven by quality standards, care and comfort are primary in patients' experience and outcomes.
Aims
The project focused upon delivering active rather than reactive care, specifically to: reduce the number of patient falls; increase patient satisfaction; provide a more controlled environment. Two hourly care and comfort rounds were introduced to test these aims.
Methods
The project was conducted over a year in an acute hospital care setting, led by the senior charge nurse. Baseline information was collected *a priori* in key areas of incidence of falls; call bell usage and response; patient satisfaction data. Data was collected throughout by structured observation, documentary audits and secondary data analysis. Implementation was supported by staff training and achieved within 3 months. Bespoke checklists to record care and comfort activities were developed and refined. Complementary information for patients and the public was developed.
Results
Key measurement criteria of incidence of falls, use of call bells and patient experience were used to evaluate. Nine months post implementation there was a 39% reduction in falls; 36% reduction in use of call bells; increased patient satisfaction with their nursing care. A consistently high rate of over 96% compliance with patient checklist completion was achieved.
Discussion
Care and comfort rounds have become embedded in the ward culture and the value they add recognised. Patient satisfaction is increased, especially in relation to visibility and timeliness of nurses.
Conclusions
Care and comfort rounds are intentional actions by nurses for patients designed to anticipate needs, minimise risk and maximise quality of care. As a structured approach to fundamental care, the rounds support patients' care pathways and are reassuring to patients and the public.