

# Clinical Practice

## Comment



## Claire Kent

## 'Effectively prioritising tasks is key to good leadership'

It has been a really difficult summer in the NHS this year – outside we've enjoyed blistering heat but inside it's definitely felt like winter. In my trust we have been in and out of internal critical incidents as patients have waited for hours in the emergency department and ambulances queued outside. As part of the senior manager on-call rota, negotiating in the dark hours with neighbouring organisations for planned diversions of admissions, I know we have not been alone in facing these pressures.

I am a matron for two busy wards and provide leadership for all the clinical nurse specialists across medicine. On difficult days, when demand outstrips capacity, my matron colleagues and I are often heavily embroiled in operational issues and there are some days when this becomes our sole focus.

Two weeks ago I cancelled an appraisal for a clinical nurse specialist due to particular pressures in the organisation. I did not do this lightly, as I think it gives a message about how we value staff but there was no way I could free myself up for that time. Fast forward a week to our rescheduled appointment and again we were in internal incident. I do not cancel appraisals a second time.

We sat and talked for over an hour, reviewing the last year and identifying priorities going forward. During our conversation, the nurse specialist admitted to me that there have been times in the last few months when she had felt isolated and unsupported. I really heard those words, she looks to me for leadership and that was how she had been feeling, as I tweeted that evening – a real #NoteToSelf moment.

I wish I had the answer for spinning all my plates more effectively. There are many roles in the NHS with unachievable portfolios and one of the keys to good leadership is being able to effectively prioritise tasks.

However, the current increasing pressures often limit choices, as all hands are needed on deck when safety and quality may be compromised. In the midst of flow and capacity issues do we (and I include myself here) neglect those not on the 'main stage'? Do some staff feel relegated to the side-lines?

I work really hard on my people 'stuff', so it was a salient moment to realise how one of my direct reports had been feeling. For me, it is positive that she felt able to be so honest and I apologised that she had felt this way. If I am to learn, I need to consider whether I can spread myself differently and reach more people more often.

What is really difficult is to admit that I don't know if I can. I spend a lot of time with staff – supporting, listening and reflecting – and I admit my cup is just about brimming. I have recently been discussing with colleagues the difficulty in absorbing so much from others that our sponge becomes over-saturated – and we begin to leak. As a group of senior nurses, if we are not mindful of the effects of our own potential 'compassion fatigue', I think we run the real risk of failing to note that of others.

It feels ok for me not having the answers immediately and I think it is important to acknowledge that we are flawed and that we can't be all things to all people all of the time. I am immensely proud that she could be so honest with me and I am going to ensure more face-to-face support going forward. I want to try to focus on prioritising the people plates as we get swept up in the flow and capacity dramas. If they fall and break, not only will the organisation miss them but, more importantly, so will our patients. **NT**

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## CPD activities



### Journal club

How can employers address the nursing shortage? Use our journal club article and handout for a discussion, p27



### Self-assessment

Ascites requires careful management. Brush up on your knowledge and test it with our online assessment, p36

## Archive pick



### The value of the work done by mentors

Are you a mentor or are you thinking of adding to your current skills by taking

on this role, which is so crucial to nurse education and to maintaining the quality of patient care?

This month, we report on a project which had third-year students mentoring first-year students. The feedback revealed that the third-years gained as much as the first-years as they realised how much they knew and it gave them confidence. Mentors can get as much out of the relationship as those being mentored.

Our online clinical archive is rich with articles to guide and support mentors. For example, it includes a report of a study exploring the experiences of mentors and how their role could be improved and better supported ([Bit.ly/NTMHmentoring](http://bit.ly/NTMHmentoring)).

Look at the work done by Health Education England to modernise mentorship and recognise the value of mentors. This article ([Bit.ly/NTHEementoring](http://bit.ly/NTHEementoring)) is full of useful strategies and recommendations for getting the best out of the mentor relationship. As we know, mentoring is an important bedrock of nursing education and the development of the profession.

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