Helping and hindering forces

Royal College of Nursing submission to the Prime Minister’s Commission on Nursing and Midwifery

Note: The Royal College of Nursing welcomes the opportunity to submit papers for the Prime Minister’s Commission on the future of Nursing and Midwifery. Please note that the attached paper is one of five that the RCN has provided to the Commission to enable it to take forward its important work. Readers should be aware that there are a series of key themes and recommendations that run across all five documents submitted by the RCN and no individual paper should be considered in isolation. All the documents describe the role of the nurse now and in the future as well as commenting on the value of nursing, both qualitatively and economically, and its relationship with and influence upon wider society. When themes are covered in more than one paper we have included a cross reference wherever possible.
Helping and hindering forces

1. Introduction
This paper will explore the forces that can help or hinder (or both) the future direction of nurses and nursing in the context of the NHS. It will discuss the impact, both real and potential on nurses and nursing in a changing environment of health care.

Throughout the accompanying papers, the challenges and opportunities for nurses and nursing have been highlighted. Some of the issues raised in this paper are similar to those in previous papers; however some of them are different and in many cases are highlighted as both helping and hindering forces at the same time.

2. Nursing leadership

The RCN believes that the nursing leadership role is one that creates a strong and unified culture that is able to both focus on current patient care but also future innovations to improve it. The RCN has recently explored the ward leadership role and we know that similar roles exist in community and primary care settings. This clinical leadership role has been described as multidimensional in that it combines clinical practice, management of care delivery and the ward environment with education.

This is a complex role in a complex environment and we have re-iterated our call for an urgent review into the ward sister role together with investment in their training and development.

The RCN also calls for a review of the nursing team leadership role in community and primary care settings and an assurance of investment in their training and development as a pre-requisite to taking up post.

There is plenty of research evidence, both inside the NHS and outside of it, that confirms the link between leadership and effective team working. There is additional evidence that in health care it is effective teams that enhance the ability to deliver high-quality health care that supports innovation in practice. However, we have argued in a previous paper that nurse leadership, across and within an organisation is key to its success and that ultimately effective teams develop as a result of clear leadership (Borrill and West 2002)\(^1\).

\(^1\) Borrill C & West M (2002) Team Working and Effectiveness in Health Care: Findings from the Health Care Team Effectiveness Project, Birmingham: Aston Centre for Health Service Organisation Research
Investment in the leadership development of nurses is crucial in all contexts in the health sector and particularly important for those nurses who work across what we generally refer to as ‘traditional boundaries’, different teams and various organisations in the pursuit of developing and delivering high-quality, patient-focused services. Due to workforce changes over the years we have witnessed a sea change in the make up of teams, and nurses are increasingly taking on leadership and management roles of increasingly multi-skilled groups of staff. We need nurses who can work across organisations, create strong collaborations, develop patient care pathways and secure innovative services that meet identified health needs and that empower patients. In addition to this we also need nurses who are responsible for working with, educating and directing patients rather than caring for them especially as we see a rise in long-term conditions and continuing poor health behaviours.

The RCN calls for greater investment in the education, training, learning and development of nurses that prepares them for the 21st century and beyond that will ensure a skilled and well-prepared workforce.

Specifically we require investment in nurses’ team leadership skills, to equip them to effectively lead and manage skill mix in multi-disciplinary teams, in both primary and secondary care settings.

Understanding the wider determinants of public health – nurses working in out-of-hospital community settings have always worked in a way that takes account of the factors that impact on people’s lives and that are not within the domain of health. We are acutely aware of the changes to the health of the population, mostly attributable to health (or unhealthy) behaviours, and the widening gap in health inequalities, and we know that many nurses are changing and adapting their roles to meet the new patient centred pathways of care that require them to work in a very different way in a variety of settings. Many of these settings will be based in communities where people live and nurses are taking on the leadership challenge of developing responsive services that meet the needs of the most disadvantaged, such as homeless young people, asylum seekers, those suffering domestic abuse, child protection to name a few. Nurses should be enabled to become confident, skilled practitioners and to develop a greater understanding of the factors that influence how people live their lives and what underpins their choice of certain lifestyles.

Nurses need to have access to good quality training, learning and development opportunities that enable them to assess the health needs and develop services that meet the needs of the most disadvantaged in society. Promoting health and preventing ill health is everyone’s business and nurses need to have adequate preparation in pre-registration courses and continuing access to specialist post registration opportunities.
The RCN calls for obstacles of access and release from work to be recognised, addressed and removed and for greater emphasis on the prevention of ill health in all nursing preparation programmes.

3. Quality
The central importance of the quality agenda as a helping force for the future of nursing and midwifery and an investment in nurses’ ability to lead for quality, standards and metrics is a key consideration when planning for workforce development programmes.

Recent NHS policy has placed care quality as a central organising principle of the NHS in England. Lord Darzi's NHS Next Stage Review report *High Quality care for all* (Department of Health 2008)² has stated that quality is of equal importance to access, volume and cost of health care. It is quite clear that the government is serious when it comes to ensuring that the quality of care remains a high priority in all NHS Trusts and it will be important to them in terms of their performance rating, reputation, contestability and credibility with patients and the public.

Nursing is key to the quality agenda as it has demonstrated how it impacts on standards of care quality. The Chief Nursing Officer for England, Dame Christine Beasley has recently published guidelines that outline the strands of nursing that can be drawn together to ensure high-quality nursing care. This is clearly a centrally important agenda for nurses and nursing to grasp that will enable nurses to be fit for the future.

We consider that the technological revolution can both help and hinder the progress of the nursing role and the efficiency with which patient care is delivered. There are real opportunities for nurses when they use tools such as the electronic patient record and technology generally that will enable them to horizon-scan and plan their services more effectively for the future. However, nurses need to have a better understanding of their responsibilities regarding the use of information and IT in clinical practice and the skills they need to develop in managing that information in the delivery of patient care. The risk of loss of patient contact is a concern as the nurse/patient relationship is a unique relationship that is dependent on direct contact.

The RCN calls for investment in nurses training and development to ensure they are confident in their use of the new technology available to enhance quality patient care. The realisation of this will only be achieved if the IT infrastructure is sufficient and nurses have access to IT at work.

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4. Workforce
The RCN calls for an urgent review of the ward sister role (and equivalent in primary/community settings) and a commitment to prepare all ward sisters adequately in non-clinical skills development as a pre-requisite to taking up their role. The RCN considers that this investment should focus on leadership and management training that is transferable across acute and primary care sectors.

The RCN calls for ongoing support mechanisms for nurses that help them to work effectively across boundaries, professions, teams, organisations and cultures and help foster strong working relationships.

Over recent years we have seen a lack of investment in a wide range of educational opportunities, continuing professional development, poor and patchy investment in developing leaders across the NHS, skill development for new roles and ways of working, and inadequate investment in the preparation of nurses for the challenges of the 21st century and beyond. The RCN has recognised both opportunities as well as obstacles to improvement of services as the NHS ‘market’ becomes available to non-traditional health care providers in a contestable field. Unless these new organisations are charged with ensuring the ongoing learning, training and development of their staff we could see further erosion of the skilled workforce.

The RCN asks for all new health care provider organisations to have a well-developed continuing professional development plan for nurses as part of their business submission.

The emergence of new provider organisations is a potential block to the sharing of good practice amongst nurses as the potential for competition and contestability emerge. Whilst we recognise that there are possible opportunities for nurses in new health care organisations to develop innovative services, there is likely to be less willingness to share learning from best practice across a sector that has a mixed economy.

The nursing population – an ageing workforce, insufficient numbers and shortages, poor workforce planning all indicate a hindering force for the future. The RCN calls for better workforce planning, taking into account the need for succession planning and the anticipated changes in demand from the increasingly ageing population, chronic illness and co-morbidities.

The general population of England (and the UK) is ageing. Up until 2006, the population aged over 65 grew by 31 per cent and at that time, the largest growth in the population was at ages 85 and over. There have been no signs of this increase diminishing since then, which raises issues of both capacity and the necessary knowledge and skill base of nurses to be able to rise to this challenge. As we live longer our demands on the NHS will change and we are
likely to continue to increase our demand for services across health and social care. This increase is most likely to have an impact on the demand for care of people with chronic conditions and co-morbidities.

Good workforce planning is crucial for the future of services that meet this growing health need and recognising and addressing the issues of recruitment and retention of staff. The available number of qualified nurses is reducing year on year and the rise in the number health care assistants and associate practitioners is likely to be a workforce pattern for the future. We are likely to see a career structure that demonstrates a number of assistants working as part of the multidisciplinary teams. The shape of the nursing profession will have to change as a steady, stable and possibly smaller supply of graduate nurses provides leadership and supervision in nursing care delivery.

The RCN calls for a recognition of the importance of and investment in providing responsive training and development opportunities that allow nurses to be confident in this shifting arena of health care delivery and take on the leadership of increasingly multidisciplinary skill mix teams.

5. Culture, Diversity, Equality and Human Rights
Over the last 30 years, there has been a significant growth in cultural diversity in Britain. Changing patterns of migration and immigration as well as population shifts into the south and others have meant that nursing and midwifery have had to respond to a series of practical challenges and changes in this area.

Since 2000, there has been a growing awareness, particularly within the public sector about the nature of institutionalised discrimination. This has generated three public sector equality duties (disability, gender and race) which have placed a proactive responsibility to eliminate unlawful discrimination, promote good relations and equality of opportunity on public sector organisations and by extension those organised commissioned and/or procured to deliver services on their behalf.

In July 2009, the Equality and Human Rights Commission published their inquiry into human rights.

The burgeoning human rights agenda with its antecedents in the values-based language of ‘dignity, respect and fairness’ poses some significant challenges to nursing and midwifery. The inquiry report included a number of findings and recommendations which included the following:

- where public service providers had adopted a human rights approach to service delivery, they reported improved services and better and more coherent delivery procedures and increased staff morale
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• sector specific training on the application of human rights was effective in motivating staff and improving service delivery.

Despite there being an established legal framework around diversity, equality and human rights issues and demographic changes that have necessitated the production of specific guidance. It must also be noted that the NMC code of conduct contains a number of reference to respecting equality and diversity. However, there is a distinct paucity of provision in terms of consistent training and development.

The RCN calls for urgent action on the part of nurse educators to develop and embed distinct components on both pre- and post-registration education as well as continuing professional development that enables nurses and midwives to understand and implement equality, diversity and human rights into their practice.

6. Patients, the public, nursing and nurses

The media’s portrayal of nurses is not always a positive caring image, as we experienced in slogans such as ‘too posh to wash’. It’s potential to influence public perception could be viewed as a potential hindering factor. Added to this, times have changed and so both the public and media understanding of nurses and the role of the nurse may not be totally accurate. Gone are the days when nurses’ uniform was an uncomfortable dress, cinched in waist, pretty and frilly hat, clear tights and sensible shoes; when the public thought of nurses first and foremost as young and female. The RCN uses every opportunity to highlight the vital role that nurses play in the provision of high-quality care, highlighting where there are situations that make it a real challenge for nurses to meet their quality objectives and supporting its members in their representation roles when influencing and negotiating for improved conditions of staff.

The RCN calls for action to promote the image of nurses and to portray their role in a positive manner, that their role is described in an honest and factual way so that the public have a better understanding and clearer expectations of nurses.

All organisations are now required to set up systems whereby they can capture the views of patients and service users of the health service. This feedback is vital for the continuing improvement of services as well as an opportunity for patients to have a say in how services will be delivered in the future. The RCN has set a standard with its annual member survey (findings discussed in the workforce paper) which helps it to develop the information necessary to support members, nurses and nursing to get their voice heard and to become engaged in the debate about shaping the future of the NHS and their vision for the future.
We need an organisational culture that enables nurses and nursing to flourish

Too often we hear that there is insufficient recognition and acknowledgement of the value and impact of nursing on high quality patient care. An enabling culture is one that is inclusive of all those individuals, groups, teams, staff, patients, service users and anyone else who comes into contact with the organisation that values and listens, evaluates and changes and promotes a positive place in which to work.

Organisations and workplaces are complex and there may be accepted ways of working in an established team. However, in an enabling culture there are opportunities for nurses to influence for change, where they can review the existing organisational culture, create a vision for the future and work with colleagues to ensure that staff are valued, roles and responsibilities are clear, people are able to make decisions, there is a skilled workforce and nurse leadership is strong.

The RCN has gathered evidence from across organisations and senior nurses in the NHS in England that suggests that an enabling culture is not the norm across NHS organisations. In a recently published report following research into the role of the ward sister (Breaking down barriers, driving up standards RCN 2009) there is evidence to suggest that some of these qualities and behaviours are not in place. The responsibility for enabling a change in culture is shared across the organisation from a senior executive level through to those delivering patient care and those who use NHS services. It is a shared responsibility of all who work in an organisation; requiring strong leadership at the senior executive level of the trust, and investment in the training, development and preparation of those taking on leadership and management roles at the clinical interface. Crucially, organisational structures can support nurses through lines of reporting and accountability from the bedside to the boardroom. Many nurses are in line management structures where they do not report to a nurse and the RCN believes that this may be detrimental to the patient clinical experience.

The RCN calls for greater investment in organisational development training and development opportunities (non-clinical skills development) for nurses that equip them with the skills and knowledge to challenge existing disenabling cultures and to promote those that enable positive ways of working.

7. Nursing in a changing society
There are many challenges and opportunities for nurses at all levels in the health and social care system. These range from educational developments;

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1 Royal College of Nursing (2009) Breaking down barriers, driving up standards, London:RCN
changes to the organisation of care and traditional ways of working in the delivery of care; how teams are constructed; a further shift towards an increase in the support workforce and skill mix teams; changing expectations to whole scale system re-organisation; new technology; and an increasingly knowledgeable public.

Just as nurses are experiencing change, so is the expectation of the public of the NHS changing. Patients’ demands on the NHS have and continue to change both in their demands for the newest and most up to date treatment as well as access to new medication and technology, but also how and where they access services. When using the NHS, the public expects to receive high-quality nursing care, to be treated with dignity and respect, to be provided with adequate nutrition and to receive their care in an environment conducive to healthy recovery. The younger generation has different expectations of the health service from the older age group who are more likely to use health services in a more traditional way. The younger generation want easily accessible 24-hour services, advice and treatment that they can access whether they are at work or whether they are at home. They do not generally mind who provides this information, be it nurses, doctors, pharmacists or other health care practitioners, but they do expect access to high-quality information.

The RCN views nurses as key information and knowledge workers, who give the public accurate and high-quality, evidence based health information, and as professionals who make decisions and solve problems based on sound knowledge information.

The RCN calls for improved eHealth systems and processes to enable nurses to carry out this key function now and into the future.

The RCN calls for greater investment in developing role clarity for new and emerging nursing roles, particularly where nurses have developed these roles in response to changing demands for services. Advanced nursing roles have enabled skilled nurses to expand their traditional roles, take on the prescribing of drugs, leadership of services, and innovative implementation of new ways of working, encourage self care and work with the expert patient programme. Nurses are keen to take on these new challenges but will need the support of their organisations and investment in their skill development to ensure that the NHS is really fit for the future.

8. World class commissioning (WCC) as a lever for re-designing services

WCC together with Transforming Community Services will continue to have an impact on the way that services are delivered in the future. The Government report *NHS Next Stage Review: our vision for primary and*
community care\textsuperscript{4}, made a commitment to creating modern and responsive community health services of consistently high standards. Nurses, at the forefront of service delivery and with direct contact with patients and the public are in a prime position to understand what it is that patients want of their community services; where and by whom they want them to be delivered. If nurses are able to compliment this information with quality data, they will be in a strong position to influence the development of and the commissioning of nurse led, patient focused services that meet identified health need. (Policy levers and commissioning are documented in detail in the attached RCN paper on the socioeconomic case for nursing)

The RCN calls for a commitment of investment in skilling up all nurses so that they are better able to influence the commissioning of high quality services. In particular an assurance that senior nurse executives will have a place on all NHS Trust boards, both in the acute sector and in PCTs.

We also call for an assurance that nurse leadership in the community sector will receive the recognition and commitment for funding of training and role preparation that it requires.

9. Recommendations

Nursing leadership - investing in the preparation of nurses for taking on leadership roles in a variety of health care settings that drive up standards and enhance patient care within and across organisations, specifically:

- an urgent review into the ward sister role together with a commitment to investing in their training and development
- a review of the nursing team leadership role in community and primary care settings and an assurance of investment in their training and development as a pre-requisite to taking up post
- investment in nurses’ team leadership skills to equip them to effectively lead and manage skill mix in multi-disciplinary teams, in both primary and secondary care settings.

Quality – investing in the nursing workforce as a key role for nurses and nursing in driving high quality services (please see attached RCN paper on quality and innovation for more detail), specifically:

- invest in nurses’ ability to lead for quality, standards and metrics when planning for workforce development programmes
- commitment to invest in nurses’ training and development to ensure they are confident in their use of the new technology available to enhance quality patient care
- that commissioners ensure that there are mechanisms in place that enable nurses to share evidence based good practice across all provider organisations that enhances high quality patient care.

Workforce – there is an urgent need to review a range of issues concerning the existing nursing workforce (please see attached RCN paper on workforce and leadership for further detail), specifically:

- commitment to prepare all ward sisters (and their equivalent in primary/community settings) adequately in non-clinical skills development as a pre-requisite to taking up their role. The RCN considers that this investment should focus on leadership and management training that is transferrable across the acute and primary care sectors
- implementation of appropriate ongoing support mechanisms for nurses that help them to work effectively across boundaries, professions,
teams, organisations and cultures and help foster strong working relationships
• a requisite that all new health care providers should have a well-developed CPD plan for nurses as part of their business submission
• better workforce planning, taking into account the need for succession planning and the anticipated changes in demand from the increasingly ageing population, chronic illness and co-morbidities
• recognising the importance of and investing in providing responsive training that allows nurses to be confident in the shifting arena of health care delivery and take on the leadership of increasingly multi-disciplinary teams.

Culture, diversity, equality and human rights

• Urgent action in required on the part of nurse educators to develop and embed distinct components on both pre- and post-registration.

• Education as well as continuing professional education that enables nurses and midwives to understand and implement equality, diversity and human rights into their practice.

Patients, the public, nurses and nursing

• The RCN calls for action to promote the image of nurses and to portray their role in a positive manner, that their role is described in an honest and factual way so that the public have a better understanding and clearer expectations of nurses.

• Greater investment in organisational development training and development opportunities (non-clinical skills development) for nurses that equip them with the skills and knowledge to challenge existing disenabling cultures and to promote those that enable positive ways of working.

Nursing in a changing society - The RCN views nurses as key information and knowledge workers, who give the public accurate and high quality, evidence based health information, and as professionals who make decisions and solve problems based on sound knowledge information.

• The RCN calls for improved eHealth systems and processes to enable nurses to carry out this key function now and into the future.

• Greater investment in developing role clarity for new and emerging nursing roles.
• Commitment to investment in skilling up all nurses so that they are better able to influence the commissioning of high quality services.

• An assurance that senior nurse executives will have a place on all NHS Trust boards, both in the acute sector and in PCTs.

• An assurance that nurse leadership in the community sector will receive the recognition and commitment for funding of training and role preparation that it requires.