1. Introduction

With over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

This evidence submitted by the RCN relates to:

- The current status of nurse and nursing leadership in the NHS
- The nature of nursing leadership for engagement required to meet the challenges now facing the health care system
- What needs to be done to strengthen and develop nursing leadership in the NHS

2. The current status of the nurse and nursing leadership in the NHS

Nursing is about providing care that is safe and effective and that also meets the needs of the individual. It is also about ensuring that care systems sustain quality and safety and enable innovation, ensuring continuity of care across pathways, boundaries and sectors and working in partnership with patients and their families and other stakeholders to do so. Fundamentally this requires a style of leadership that facilitates engagement.

Recent high profile experiences have demonstrated that failure to deliver safe and effective care has had a greater impact in bringing down NHS Chief Executives and Boards than failures associated with finance or targets. Nurses and nursing are pivotal to the ability of the NHS to assure the public on all aspects of clinical quality, including patient safety and the patients’ experience, as nurses deliver up to 70% of direct patient care. Yet, in many NHS organisations, the predominant style of leadership and the systems and processes which are in place don’t enable the delivery of care that is compassionate and patients do not receive the care that matters to them.

The current status of nurses and nursing in being enabled, empowered and engaged to deliver safe, effective and compassionate care poses challenges for the health service which the RCN believes need to be addressed.

The Coalition government aims to drive through £20 billion efficiency savings by 2014. With salaries accounting for up to 70% of a trust’s overall budget it is clear that these cuts will

1. RCN (2009) Measuring for Quality in Health Care, RCN publication code 003 535
affect many working in the service. In November 2011, the RCN’s high profile Frontline First campaign estimated that 56,000 jobs are currently at risk in the NHS in the UK. Many of these jobs are front line staff who interface with patients and users on a day to day basis. This reduction in the workforce at a time of austerity brings additional risks to patient safety and clinical quality which NHS leadership will be challenged to address over the next 5 years.\(^6\)

There is a growing body of evidence that there is a relationship between the working environment of nurses and the quality of patient care. Hospitals in England in which nurses care for fewer patients have better outcomes in terms of patient survival and nurse retention. Hospitals where nurses care for a higher number of patients have a 26% higher patient mortality and the nurses working in those hospitals are twice as likely to be dissatisfied with their jobs, show high burnout levels and report low or deteriorating quality of care on their wards and hospitals.\(^7\)

The RCN has carried out 22 employment surveys over 26 years. The findings of the last published employment survey in 2009\(^8\) demonstrated that:

- 61% of nurses said their workload was too heavy
- 84% said they felt poorly paid compared to other professions
- 55% felt that they were too busy to give the kind of care they would like to
- 55% said that the ratio of nurses : patients was not sufficient to meet patient need
- 42% said that short staffing compromises quality at least once or twice per week

In addition, a survey of RCN safety representatives published in 2008 identified that the issue they dealt with most frequently amongst the nursing workforce was work related stress.\(^9\)

Our experience bears this out and demonstrates that where nurses hold negative views about the culture prevalent within the organisation they work in, the emphasis is on finance, targets and throughput, often to the detriment of safe and effective care. Nurses in many places are not supported when they do ‘speak out’ about patient safety concerns and perceive they have no voice, or can feel frightened. Negative and toxic workplace cultures where staff feel unable to speak out were recognised in the Bristol Royal Infirmary Report, and Reports into Mid Staffordshire and Maidstone and Tunbridge Wells as the cause of systems failure.

The most influential factor on workplace culture is strong and effective clinical leadership at every level. The RCN recognises the growing body of evidence that the right kind of leadership, one which is truly shared, can make a difference to patient and staff outcomes and can also encourage innovation and productivity, re-shaping business processes around what matters to patients and this through engagement. With a changing NHS structure in England brought about by the White paper\(^10\) and an increased emphasis on self care and prevention, nursing leadership is needed at every level, with greater investment required in

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community leadership. It is nursing leadership and engagement, the RCN believes, that can make or break the reforms and reduce the waste and bureaucracy inherent in current ways of working in the NHS.

The RCN is using the term clinical leadership to include all professionals who lead or direct clinical care at the interface with patients/users including doctors, nurses and professions allied to medicine.

**The RCN believes there should be ongoing investment made in nurses in clinical leadership roles, at ward sister (acute) and team leader (community) level, as strong effective clinical leadership is the most influential factor in transforming organisational culture.**

The public need to be provided with the assurance that safe, effective and compassionate care is being both commissioned and provided in acute, primary care and community settings for the users of health services. Boards and commissioning consortia need to create the context for the delivery of care that matters to patients.

Further evidence of the kind of leadership that the RCN believes can make a difference to patient care is presented in the next section.

3. The nature of leadership required to meet the challenges now facing the health care system

Leadership and management practices are strongly related to the quality of patient care, significantly lower mortality rates, improved patient safety and better productivity outcomes. Higher levels of autonomy of leaders also results in higher performing organisations. Devolving autonomy to frontline staff improves patient care and health outcomes.

Nurse leaders have the clinical expertise to challenge, motivate, empower and engage frontline staff to innovate and improve quality, productivity and efficiency thereby engendering a competitive edge to organisational development. Nurses are involved in all components of clinical governance, from patient involvement and clinical audit, to staffing and staff management and have considerable power to influence the patients’ experience of the care they receive. Nurses also make resource decisions on a daily basis and have the expertise to ensure the cost-effective resourcing of systems to enable delivery of appropriate, efficient and coordinated services.

**The RCN believes that as nurses are in a position that enables them to understand the whole patient's experience, deliver the majority of direct patient care and are pivotal to ensuring patient safety and cost effective care delivery, there should be greater investment made in developing nurses to fulfil NHS leadership positions, including Chief Executive roles.**

**The RCN believes that investing in nurses in leadership positions at every level of the health service from Chief Nursing Officer to ward sister/team leader will help to ensure the most appropriate skill mix and patient:staff ratios to deliver safe, effective care.**

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Nurse Directors accept professional accountability for the quality of nursing care, championing care from the point of care to the Boardroom. Nurse Directors also have lead responsibility for many, if not all aspects of the clinical governance agenda and as such Nurse Directors have the ability to bring to the Board an unparalleled understanding of the standards of clinical care that are being delivered, leading the development of clinical assurance systems and processes. Nurse Directors have the potential to examine all board decisions and describe to the board the impact of those decisions on patient experience, patient safety and clinical quality. They also have the insight to embed clinical quality at all levels of the organisation through engagement in across systems of care. In high functioning boards, Nurse Directors are able to share the emotional content of the patient/user experience and to help the Board to integrate financial and commercial acumen with the human experience that patients and users experience on a day to day basis.

Longstanding concerns however about the emphasis placed by Boards on clinical quality, compared with finance, have the potential to marginalise the role of the Nurse Director, or make the Nurse Director the executive with sole responsibility for patient care issues, rather than the whole Board.

The RCN believes there should be a greater understanding of the crucial role that the Nurse Director plays at Board level, a strengthening of the Nurse Director role and an investment made in whole Board development that enables the right culture and climate for Board discussions about patient safety, patient experience and clinical quality.

Nurse Executive Director representation at Board level is not a statutory requirement in all NHS organisations. The RCN believes this is a major risk for the NHS around clinical assurance.

The RCN believes that there should be a statutory requirement for nurses to have an executive role in all organisations concerned with care delivery, or providing assurance on care delivery, including a statutory decision making role in commissioning groups in England.

Lastly, there is little chance of achieving health service reform to bring care closer to home and promote self care and prevention without significant investment in community leadership that sustains the policy direction of transforming community services.

The RCN calls for the transformation of clinical leadership in community settings.

3. What needs to be done to strengthen and develop nursing leadership in the NHS?

The current challenging environment in which care delivery takes place presents an entirely new NHS context for work and also for leadership. As clinical commissioning groups emerge and begin to fulfil their role, the decision making of GPs and nurses will impact on the relationship between service users and care providers. Patients too will have increased access to information and choice. Strengthened patient centred clinical leadership will be

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13 Front line care, Report by the Prime Minister’s Commission on the Future of Nursing and Midwifery in England, 2010, p100 Recommendation 2
needed to ensure care provision fulfils the needs of patients within a tightened fiscal climate.\textsuperscript{15}

\textbf{The RCN is reassured to see nurses represented on the NHS Commissioning Board, in commissioning groups and investment in the clinical leadership development of all clinicians in commissioning roles.}

\textbf{The RCN believes the nurse lead role in clinical commissioning groups must be a substantive post renumerated at a senior level. The RCN believes the overarching purpose of the nurse leader role on the clinical commissioning group is to ensure a strategic focus on high quality care and patient safety, promoting excellence in professional practice and leading quality improvements across care pathways and organisational boundaries.}

Within providers, strengthening the engagement of clinical nurse leaders at all levels, and particularly at ward sister/team leader level, in the direction of an organisation rather than simply in it’s functions and activities is required.\textsuperscript{16} Leadership development must be work based and enable an understanding of the business of caring, team working, innovation and creativity. Clinical leaders will also need to develop increasingly strong resilience and political and emotional integrity in order to build effective internal and strategic partnerships.\textsuperscript{17}

Nurse Director roles at Board level must be strengthened within whole Board development, so that what matters to patients is central to the direction and success of the NHS as the system transforms.\textsuperscript{18}

\textbf{The RCN believes there should be strengthened investment in the leadership development of clinicians at Board, team and delivery levels and that investment reflects the changing context of care delivery.}

\textbf{The RCN believes there should be a strengthened clearly defined set of leadership behaviours in support of the ward sister/team leader role and nurses working in provider Board/Commissioning consortia roles and that these behaviours should be captured in a clinical leadership competency framework.}

\textbf{The RCN believes the role of the ward sister/team leader should become supervisory to practice.}

\textbf{The RCN also believes the ward sister/team leader role needs to be clearly defined and the role recognised at all levels of the organisation as the linchpin of good patient care and key role model to promote engagement and improvement.}

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\textsuperscript{17} Goleman, D. Emotional Intelligence, New York, Bantam, 1997.