New Adviser in Management and Leadership

Jean Bailey, your previous editor, retired with grace, a good send-off and our thanks for her many years of service to RCN members in her role as Professional Adviser to four of the forums for nurses in management and leadership roles. Jean will be returning to support the Leadership masterclass programme in the RCN Institute in 2007/08.

This is the first edition of Leader I have edited in my new role as Jean’s successor; a role I am fulfilling temporarily whilst longer-term arrangements are put in place. I can be contacted at email: sally.gooch@rcn.org.uk or on telephone: 020 7647 3726. I am here to help RCN members who are managers or leaders, and those with a special interest in leadership skills development. I may be able to help you with issues relating to your professional practice, or to assist you in contributing to the work of the RCN through the current forums and the new practice sector for leadership, management, education, quality and research.

I am a registered nurse and health visitor. I continue to work clinically, and have been an operational manager and an executive nurse in both acute and community health care organisations. I also have current experience of working in commissioning in primary care trusts (PCTs) and I am on the RCN database of Expert Witnesses – which I am currently taking care of in my RCN role.

This edition focuses on RCN Congress – which took place in April this year in Harrogate – as well as other current affairs. Your forums were actively engaged in debates, fringe events and round-the-clock networking on your behalf – and did a fine job. This newsletter allows those who were present to reflect on the highlights; for those who couldn’t get there, it will give you a taste of what you missed, so that you can consider attending next year’s Congress between 27 April–1 May 2008 at the Bournemouth International Centre, Bournemouth. Put the date in your diary, as it is never too soon to think about what resolutions you want to put forward for the agenda.

I commend the articles in this edition, and would welcome feedback on them and the changes to Leader this time. Feedback can be directed to me (see page one) or to Beverley Willie at beverley.willie@rcn.org.uk

Sally Gooch

Aspiring executive nurse?

If this is you, then make sure you see the May 2007 edition of Nursing Management (vol.14, no.2). It has a whole magazine devoted to equipping you to prepare and position yourself for that special job – from running a hospital or leading nursing in a primary care trust (PCT) or a local health board.
New RCN General Secretary

Dr Peter Carter spoke to Congress on Monday morning in his first speech as General Secretary since moving from his NHS Chief Executive’s role in January 2007. He spoke from the heart, and told us he would use his “eyes, ears and judgement as a nurse” in leading and managing the RCN, just as he had running a large NHS mental health trust. He also shared the learning from his first few months in the job; acknowledging that there are significant internal management issues for him to resolve, including the staff pension scheme deficit. He said he would “apply the same instinct and experience of a nurse to ensuring that what members’ money is spent on is good value, and meets members’ needs”.

Ward staffing ratios

The first resolution focused on the debate about whether there should be national statutory staffing levels on medical and surgical wards. The RCN undertook some detailed work on this in 2006, to help executives and managers justify patient nurse ratios that they require in order to achieve good clinical outcomes. The publication, Setting appropriate ward nurse staffing levels in NHS acute trusts is a useful practical tool, available at www.rcn.org.uk/downloads/policy/briefings/nurse_staffing_levels.pdf


Deficits and nursing posts lost

The RCN launched a web-only publication (www.rcn.org.uk/publications) and a survey at Congress highlighting the state of the NHS as a result of the imperative for trusts to balance their books by any means possible. The publication, Our NHS – today and tomorrow (publication code 003 155) shows that 22,000 posts have been lost, which is incompatible with improving patient care and clinical outcomes. The survey reveals that 42 per cent of nursing students have been left unsupervised in clinical areas, compromising patient safety and their learning. Both of these unacceptable situations jeopardise efforts in recent years to recruit and retain nursing staff.

2007 pay offer

As you will have read in the newspapers and in Nursing Standard, there was considerable heat at Congress about the percentage pay award and, especially, its staging. Nurses in all sectors were angry and frustrated that the independent Pay Review Body’s recommendations were altered by the Government; that one year after Agenda for Change (AfC), pay differentials between Scotland and England have emerged; and the risks for patients of pushing more nurses out of nursing.

Since Congress, RCN Council has agreed to conduct an indicative ballot of its NHS members to decide if they wish to take industrial action over this year’s pay offer of 1.9 per cent. Council wants to know how strongly members feel about the Government’s decision to ignore the Pay Review Body’s recommendation of 2.5 per cent by staging the award. The indicative poll will ask members if they want a second ballot on industrial action and what type of action they would be prepared to take. It is the second ballot that will decide if industrial action is taken.

Any ballot held by the RCN will put further pressure on Whitehall and the NHS, explains Dr Peter Carter, RCN General Secretary: “This is an historic decision by Council which has not been arrived at lightly. There are only so many times nurses can be asked to accept the unacceptable – and our members have been telling us that they have had enough.

“Ward staffing ratios

“Ward staffing ratios

“Deficits and nursing posts lost

“2007 pay offer

“RCN Ward Staffing Review 2007 – was also published at Congress, and is available at: www2.rcn.org.uk/__data/assets/pdf_file/0018/54009/Staffing_review_2007_v3.pdf

“Since Congress, RCN Council has agreed to conduct an indicative ballot of its NHS members to decide if they wish to take industrial action over this year’s pay offer of 1.9 per cent. Council wants to know how strongly members feel about the Government’s decision to ignore the Pay Review Body’s recommendation of 2.5 per cent by staging the award. The indicative poll will ask members if they want a second ballot on industrial action and what type of action they would be prepared to take. It is the second ballot that will decide if industrial action is taken.

Any ballot held by the RCN will put further pressure on Whitehall and the NHS, explains Dr Peter Carter, RCN General Secretary: “This is an historic decision by Council which has not been arrived at lightly. There are only so many times nurses can be asked to accept the unacceptable – and our members have been telling us that they have had enough.

“The very fact we are holding a ballot is a powerful political statement that the Government must take notice of. We need to make sure that Government puts the cost of our pay offer into perspective. It will only cost around £60 million to pay nurses the difference between a staged and unstaged award. This is not a great deal when you consider that recent figures show the NHS spends half a billion on management consultants.”

Under RCN rules, members cannot take any type of industrial action that is harmful to patient care. The indicative ballot will ask members what form of action they think is acceptable. Once the result is known Council will discuss it with national and regional board representatives and consider the next steps.
Performance management

The Nurses in Operational Management Forum was keen to contribute to the debate on performance management. The resolution was: “That this meeting of Congress discusses the support needed for managers who are accused of bullying and harassment whilst attempting to manage performance”.

One of their speeches, by Deborah Critchley and colleagues, is reproduced here: “Of course a robust performance management framework is essential for all organisations. To guarantee quality patient care. To ensure fairness among colleagues in all workplace settings.

“I know we have all experienced, and certainly heard this week, of the consequences of ineffective performance management. At risk of sounding cynical – maybe this would not have happened if we had the assurance that a nurse with the requisite skills, knowledge and capability was at the top table in all organisations.

“I also need to point out that bullying currently affects managers from both directions. Whilst some managers are accused of bullying staff they try to manage, more are bullied by their own managers to deliver more through their staff. All bullying is unacceptable and so are false allegations of bullying.

“The balance between effective performance management and avoiding accusations of bullying is a balance to be carefully made. Managers are constantly put under pressure to achieve the impossible. This is a considerable cause of stress for them and it leads to the breakdown of relationships and the healthy organisation.”

“To get this right, we need to ensure:

- Managers and staff work together collaboratively.
- Nurses are managed by nurses.
- These managers have the right skills.
- Performance management frameworks are motivational. Harness energy. Reward delivery. Seek to understand the root cause of failure – and tackle this, not the symptoms.
- Ensure there is communication, communication, communication to get this working well by starting with explicit, negotiated goal setting achieved through proper face-to-face meetings between staff and their managers.

“Finally, I do not see how anyone here could support a notion of not having performance management in place. Done routinely. Done skilfully. Done legally.”

Agenda for Change – the independent sector needs it too

The RCN took a policy decision to promote AfC for all nursing staff both within and outside the NHS; currently 27 per cent of RCN members work outside the NHS.

The independent sector has traditionally made reference to clinical grading in the past (by using the grade titles). While there is anecdotal evidence to suggest that the sector used NHS pay scales as a broad benchmark, there is no evidence to suggest that NHS pay scales were or are rigidly followed; for example, the RCN membership survey (2006) suggests that care homes tend to employ staff on lower grades than the acute, hospice and general practice organisations.

As well as lobbying to have AfC as a core element of any contract where NHS services are contracted out to non-NHS providers, the RCN has developed guidance for the independent sector on AfC, agreed a joint letter with the GPC recommending AfC for practice nurses, developed a pay claim tool so that nurses working in the independent sector can raise the issue of AfC with their employer, and negotiated AfC equivalent packages in Marie Curie Cancer Care, Sue Ryder Care, Ministry of Defence, and Prisons Health (England).

While AfC was developed specifically for the NHS, it provides a pay, terms and conditions benchmark for all health and social care organisations across the health economy. Whilst it is a complex system to implement, by working in partnership with a cross section of employers, the RCN has demonstrated that an equivalent package can be delivered successfully outside of the NHS.

Roy Tomlinson, from the Yorkshire and Humber Regional Board, presented a debate in which he called for the implementation of AfC benefits for nurses working in the independent sector.

Roy said that 27 per cent of RCN members work outside the NHS, in the private, independent and not-for-profit sectors. He argued that the better working patterns, wider staff roles and increased knowledge and skills introduced by AfC would have a huge impact on the morale of nurses and on the quality of patient care in the independent sector.

He used the example of the care home sector where the recruitment and retention of skilled staff is particularly seen as an issue: saying that many nurses felt “valued” but felt there was a problem with a lack of opportunities for training and development.

CONTINUED ON PAGE FIVE
Leadership profile

In each issue of Leader, it is planned to have a profile of a leader whose contribution to nursing is significant, and whose journey may offer the rest of us an opportunity for reflection. For the first profile, DAVID BENTON (consultant for the International Council of Nurses) shares his journey during an interview with SALLY GOOCH.

You’ve held a variety of leadership roles. How would you describe yourself in a pen portrait – basic demographics?

I’m 50 this year. I’d describe myself as approaching middle age whilst remaining young at heart. It’s the excitement of the opportunities for the profession that are ahead that keeps me young.

Summary of career to date?

I was a staff nurse, then a charge nurse. After that I was a district research nurse. From there, I became a deputy director of quality, then a director of quality and then Chief Nurse at the Health Authority in East London. After that, I became a regional nurse, and then moved back to Scotland, my home country, as Chief Executive of the National Board for Scotland. I went on to be a director of nursing in a health system.

What does your current role involve, and what leadership behaviours do you most employ?

For the last year or so I’ve been working as a consultant for the International Council of Nurses in regulation, licensing and education. My role involves working with national nursing associations in different countries, regulators and governments to shape the framework for regulation and the preparation of nurses.

To be effective, I use influencing skills. I have to present evidence-based options for what can be implemented that are sensitive to the local culture and environment. Actually, I use the same skills as I did as a ward leader.

What characteristics do you look for in a new job?

It has to be interesting, exciting and something I can make my own.

What has challenged you in the past and what skills did you have to develop to overcome them?

Going into organisations and finding people demoralised, feeling the pain they were feeling and knowing it would take time to remedy the situation. The skills I developed to meet this challenge involved working with people, being visible and recognising I was part of it. I would use skills related to being a fresh pair of eyes, able to use my different perspective to offer challenge and, when faced by ‘tablets of stone’, show there could be another way.

What is your finest achievement to date?

Probably pulling together a compendium of best practice at a trust in Scotland. This demonstrated to a wide audience the excellent work nurses were doing and it gave a visibility to nursing that it didn’t previously have. I’m not sure it was my achievement but it was “fine” ... I facilitated it and I was passionate about it. It shop windowed the immense talent of other nurses.

In which job did you do most for patients, and how?

That’s hard, because in every job I’ve been very clear that the reason I’m there is because the contribution nursing makes has to make a difference to patient care. It is just the timescales that are different. As a staff nurse or charge nurse, the impact you have is usually immediate. At board level, there may be several months or years separating one’s actions from their impact. I’ve never agreed that I’ve moved away from patient care by doing senior roles.

How have you kept close to patients in some of the senior roles you have undertaken?

By spending time in clinical areas with staff – understanding their day-to-day roles. That way you gain insight into the experience of staff and patients. That is where you get the stories – which are very powerful when, in a board meeting, you can talk about what was actually happening the day before.

And I’ve always been active in education. In lots of roles I’ve taught on various programmes. Being with staff undertaking studies is important; helping them clarify what it is they are trying to do with patients. Also recognising that one cannot be expert in everything but acknowledging what you can offer to “expert” nurses.

How would your staff describe you – in five words?


What role has membership of the RCN played in your career?

It has been a complementary pathway, really. I’ve never found my involvement with the RCN has hampered my career.

In what ways are you different at home from at work?

Quieter, I think.
Practice sectors
As you know, all RCN members are allocated a branch by virtue of where they live or work. Some members choose to join forums representing their professional interests or sphere of practice. Whereas both branches and forums have voting rights at Congress, funding and support from staff, forums have not had full membership of all the governance structures – for example constitutional recognition within branches or membership of the boards of the regions in England and the other countries.

Which one do you want to join?
Changes being worked on will alter this, providing all members with the opportunity to enrol in one of seven “practice sectors”. Over the next 12 months, members need to identify which practice sector they want to join. They will do so when they renew their membership, or when new members join.

Meanwhile, all the existing management and leadership forums will be working out how they want to relate to the new practice sectors that will be operational from October 2008, with elections to be held some months beforehand. RCN Council is expected to make decisions on this element of the change programme in July 2007. If you want to read more, go to the members only section of the RCN’s website, click on “Get Involved”, then on “Consultations”, then on “PDF”.

Children’s nurse seeking financial support?
Are you currently working as a children’s nurse and interested in improving or changing the way we deliver care to children and young people? If so, maybe this forum can offer you some help. The RCN Children’s Leadership and Management Forum (CLMF) is interested in supporting nurses who wish to undertake, or who are in the process of undertaking, a piece of work with regard to leadership in children’s nursing. Types of projects you may be considering may be leadership in children’s nursing, succession planning in paediatric nursing or children’s nurses as mentors/coaches.

If you would like to be considered for some financial support, please contact Forum Chair Beverley Boyd at email: beverley.boyd@ruh-bath.swest.nhs.uk

PARENTAL LEAVE CHANGES
APRIL 2007
Significant changes affecting all employers came into effect on 1 April 2007. All managers need to know what the changes are, so there is a helpful summary on the Equal Opportunities Commission website: www.eoc-law.org.uk/Default.aspx?page=2982&lang=en

AfC FEEDBACK NEEDED
The forum for Nurses in Executive and Strategic Roles is interested in your experience as managers and leaders of Agenda for Change insofar as banding differences between trusts and areas may be impacting on recruitment and retention, and staff morale. If you want to provide feedback, please email Lovana Gee on email: lovana.gee@rcn.org.uk

Delegates spoke in favour of the resolution, saying there used to be a “taboo and stigma” attributed to staff who moved from the NHS. Now there are real opportunities in the independent sector for nurses to achieve a better work-life balance, but the terms and conditions and the negative impact on pensions in the independent sector stops nurses moving.

Paul Winter, an independent sector nurse, said nurses “deserve, as professionals, not to suffer for doing a good job” and that supporting this resolution would unite nurses as a profession.

Delegates also opposed the resolution, saying that it didn’t take account of the market forces operating in the independent sector. Also, they noted that AfC was regarded as a “second class system” in the NHS, so asked “why impose it on colleagues in the independent sector?”.

Results of the AfC vote
- for 63.52%
- against 36.48%.

Fringe events
Our forums hosted a successful event on Tuesday at Congress, at which Professor Chris Beasley, Chief Nursing Officer for England, spoke and answered questions on the theme of partnerships between the NHS and the independent sector. On Wednesday, Jeanette McMillan, of Mercury Health Ltd, and Professor Brian Edwards, President of the European Hospital and Healthcare Federation, presented on the theme of ‘The changing face of health care’, which focused on health care across Europe and the experience of running commercial independent sector treatment centres. Their presentations are available from Beverley Willie on email: beverley.willie@rcn.org.uk
Leader

A key priority for Help the Aged is to promote dignity for older people in a range of care settings. It does this through talking to older people, campaigning, influencing government and producing guidance for practitioners. Dignity in care is about how people feel when receiving care – it’s about listening to older people, it’s being aware and respectful of what they want and need, it’s about treating older people as individuals with their own histories, lives, hopes and fears. It is clear that good practice is far from universal and much remains to be done. Many of the issues that older people continue to raise are disappointingly familiar and their concerns have clearly not been addressed in a sustained manner.

As part of its Dignity on the Ward work, Help the Aged, with assistance from the RCN, is producing a series of pocket guides for ward staff. The aim is to provide quick and easy tips on different aspects of working with older people in acute care. The series began with Working with hospital patients with dementia or confusion. Two titles are about to be produced – Promoting dignity in hospital and Bereavement and loss – while a further two have been commissioned – Pain and older people and Working with older people from black and ethnic minority communities.

To become more involved or to become a Help the Aged campaigner (receiving our monthly email updates), please email: campaigns@helptheaged.org.uk. To find out more about the pocket guides, please contact Joanna Edler on email: joanna.edler@hta.org.uk.

Help the Aged is working with the RCN on a future dignity campaign. Watch this space for further information.

Entering the technological age ...

In late summer 2007, the RCN is launching its revamped website, which will include the facility for “communities” of members (sharing professional interests) to talk to each other online. Groups of 20 or more members will be able to form a community if they have a unique reason to come together – to share ideas, campaign, debate and develop policy and practice. This concept is still evolving and will likely continue to do so even more once we all get to have a go at belonging to these communities. Members will be able to join as many as they like and will not already have to be members of forums or “activists” in order to participate.

Opinion surveys can be conducted using the same technology. It will open up a range of new possibilities for members connecting with each other, and two-way communication between members and the RCN.

In addition, the kind of information that is currently published in forum newsletters will be able to be published electronically. Some piloting will take place, and those of us who write and read Leader will be participating in the pilot – possibly within the next three months (as soon as the RCN web team is ready for this phase of development).

Let us know what you want!

Of course, what we don’t know is what you want from the RCN in terms of electronic communication. We need to know what you value about the hard copy newsletters you currently receive, and what your information requirements are for the future.

How would you like to use electronic communication? To find information you need? To network with like-minded colleagues? Or to tell the RCN what you think it should be doing and saying to the world on your behalf?

Let’s start the dialogue now. Contact Sally Gooch on email: sally.gooch@rcn.org.uk or post your views on the Discussion Zone (www.rcn.org.uk/members/dz).

Newsletter to form part of e-communication pilot

Trial run for Leader

Leader is being trialled electronically because members at Congress 2007 provided feedback that they would like more frequent newsletters, via email, with information directly relevant to their actual needs at the time (such as reports on Congress soon after the event), and including briefings on the RCN’s policy position on various topics. In addition, the trial will help to test how it works – for you – before the next phase of e-communication is rolled out.

New Help the Aged pocket guides

Part of the RCN’s Partnership with the Third Sector: Dignity on the Ward
NHS Continuing Care Framework

SALLY GOOCH reports.

NHS continuing care remains a mystery to many nurses, including those responsible for overseeing discharge planning, hospital avoidance, care pathway development – and across all care groups. The basic framework is set out on the Department of Health’s website (www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/IntegratedCare/Continuingcarepolicy/index.htm), but it remains a complex and difficult area of clinical practice, policy and law because every English primary care trust (PCT) operates slightly different systems and processes, and the legal advice they have or haven’t taken leads them to make a variety of decisions about eligibility for PCT funding for care and accommodation. The differences in policy and practice in Scotland, Wales and Northern Ireland lead to even more complexity and enhance the usual border disputes between commissioning bodies.

What will a new framework bring?

As experts in continuing care, we all hope that a new national framework will iron out some of the inequities, often driven as much by ignorance of the legal principles and disregard of the requirement for NHS investment to be clinically and cost effective as simply trying to avoid spend by denying eligibility inappropriately. The risk is, however, that the new framework will be more process heavy and therefore costly; at least as open to professional manipulation as current systems; and as badly managed with millions of pounds worth of placements being randomly charged to PCTs or local authorities because there is no grown-up negotiation of what constitutes interagency partnership working.

Managers need to appraise themselves of the systems now – and the proposals for change – if they care about the long-term care of patients, or have responsibility for budgets that are affected when this field of practice is mismanaged.

Let us know what you think of policy and practice in relation to continuing care by contacting Lovana Gee on email: lovana.gee@rcn.org.uk

Who will pay for long-term care?

The RCN has joined forces with 14 other organisations to launch a national initiative looking at the future funding of long-term care in the UK.

Caring choices: who will pay for long-term care? is a nationwide initiative to help shape future policy on long-term care for older people. Along with a website, a series of events will be held across England and Scotland over the next seven months. The events will give older people, carers and individuals working in long-term care to consider strategies for better care and give their views on how it could be funded in a way that is fair and equitable.

To join the debate, take part in the online survey, and find out more about the campaign, go to the website: www.caringchoices.org.uk

Feeling vulnerable in your job?

The RCN can help

It is a tough time to be a manager right now. Executive nurses and chief executives who are nurses, know more than most how vulnerable they are, especially when the pressure on trusts is as hard as it is. Many nurses in strategic roles in health authorities and similar organisations have found themselves “redundant” due to restructuring and downsizing. Many managers know they are treated as if they are only as good as last month’s budget statement, or waiting list position, or ratings. Leaders like matrons, consultant nurses and clinical nurse specialists also know how dispensable they can appear to bosses who want a short-term impact on the deficit rather than better patient outcomes. Outside the NHS, it is often just as scary.

Remember, the RCN will be there for you if your job is under threat. Whether it is because of restructuring, modernisation, hospital closures or just that you don’t “fit” anymore, don’t go through this worrying time on your own. Whether you are an operational manager or an executive, in the NHS or outside it, talk it through with someone you can trust to act in your best interests.

If you are an executive and need a confidential discussion, advice on your rights to redundancy, early retirement, ill health retirement or going under compromise, contact Lovana Gee on telephone: 020 7647 3726 or email: sally.gooch@rcn.org.uk. If you want to provide feedback on the help you’ve had from the RCN when facing such difficulties, please let us know that too. We are keen to continually improve the services we offer you.

NHSmail

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to www.nhs.net. For help and information call 0845 300 5845 (8am–6pm, Mon–Fri)
The RCN Nurses in Executive and Strategic Roles Forum

The forum's Steering Committee met on 16 May 2007. The topics discussed included:

- Professional Development Framework (PDF) – practice sectors
- Congress 2007
- Nurse executives in vulnerable situations
- Leader and electronic communication with nurses in executive and strategic roles
- International affairs
- Action plan 2007/2008 and annual report
- Masterclasses and political leadership programme
- Commissioning a patient-led NHS
- Scottish health plan.

A further two issues are worth highlighting here, as your responses are needed, including a discussion about engaging trust nurse executives and joint work with networks outside the RCN, which focused on:

- The current profile of the forum
- The ways in which nurse executives exert their influence inside and outside the RCN
- The perception among some nurse executives that the RCN doesn't facilitate their engagement, look after them, or exploit their potential contribution

The committee also agreed to call for nominations for co-option to the committee to fill a vacancy. If you might be interested in joining the committee, please contact Chair Wendy Jehan, via Sally Gooch, on email: sally.gooch@rcn.org.uk

Dates for the committee's remaining meetings in 2007 are:

- 19 September 2007