Current Issues and Policy update for Ward Managers

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Stronger focus on clinical leadership

Francis Report
◆ “The capacity for front-line nursing leadership needs to be increased by enhancing the role, by better support and professional development resources, by placing leaders at the centre of teams caring for patients.”

Cavendish Report
◆ “Whether it is a registered manager in a care home, a ward sister in midwifery or a community lead in the NHS, these are the people who set the standard and whose leadership abilities are critical to outcomes for patients and users. Yet they are not always properly supported”

Berwick Report
◆ “Leadership requires presence and visibility. Leaders need first-hand knowledge of the reality of the system at the front line, and they need to learn directly from and remain connected with those for whom they are responsible.”
Ward managers – Francis recommendation 195

- **Ward nurse managers should operate in a supervisory capacity**, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward.

- They should know about the care plans relating to every patient on his or her ward. They should make themselves **visible to patients and staff alike**, and be available to discuss concerns with all, including relatives.

- Critically, they should **work alongside staff as a role model and mentor**, developing clinical competencies and leadership skills within the team.

- As a corollary, they would **monitor performance and deliver training** and/or feedback as appropriate, including a robust annual appraisal.
DH view on ward managers

“"A good body of evidence demonstrates supervisory roles for ward managers are important to delivering oversight to all aspects of care on a ward and in a community."

“"We recognise that many ward managers currently have the same caseload as other nurses on the ward, which does not always allow them time to perform the full scope of the supervisory role."

“"Compassion in Practice commits to ensuring we have the right staff, with the right skill in the right place. This includes supporting leaders to be supervisory."
Ward managers – RCN position

- Role is central to ward standards
- The interface between health care management and clinical delivery
- Combines managerial responsibility for care delivery, the ward setting, those who deliver care and those who receive
- Ward sisters should become supervisory to shifts so that they can:
  - Fuld their ward leadership responsibilities
  - Supervise clinical care
  - Oversee and maintain nursing care standards
  - Teach clinical practice and procedures
  - Role model good professional practice and behaviours
  - Oversee the ward environment.
  - Assume high visibility as the nurse leader of the ward

RCN (2009), *Breaking down barriers, driving up standards*
But...

- According to RCN’s 2013 ward sister survey:
  - 65% do not have supervisory status
  - Only 50% have budget holder responsibility for the ward/team’s staffing establishment and only 53% able to authorise additional staffing
  - 55% had felt conflicted between their professional nursing responsibility to patients and managerial financial responsibility to board.

And tasks left undone;
- Staff development/appraisals (75%)
- Mentorship (70%)
- Personal development (70%)
- Talk to/advise patients and families (46%)
Nursing workforce cut from May 2010 until ‘Francis effect’

Dilution of the skill mix

FTE qualified nursing, midwifery and HV staff, NHS hospital and community services, Apr 2010 – Apr 2014 (HSCIC, 2014)
Staffing levels

- NICE Guidelines
- NQB Guidance
- Safe staffing on NHS choices

- Monthly board level reporting
- Bi-annual establishment reviews
- Workforce planning tools

- Displaying staffing information
- Red flags
- 1:8 on adult wards

National level
Organisational level
Ward level
Staffing levels, patient safety and nurse safety

Onerous workloads and chaotic environments: latent conditions creating possibility of errors

L. Aiken, Univ. of Pennsylvania
What is revalidation?

- From **31 December 2015** Revalidation will be the process by which all registered nurses and midwives will demonstrate to the NMC that they continue to remain fit to practice.

- Revalidation will take place **every three years** at the point of renewal of registration and will replace the existing Prep standards.

- To revalidate, registrants must declare that they have met a number of **requirements** over the three year period.

- Every year the NMC will select a sample of nurses and midwives to audit.
What are the revalidation requirements?

- Minimum **450 hours practice** over three years
- Minimum **40 hours of CPD**, 20 of which ‘participatory’
- Obtain at least **5 pieces of practice-related feedback**
- Record at least **5 written reflections** on feedback, CPD and/or the Code and discuss these with another NMC registrant
- Have an **indemnity** arrangement in place
- Confirm your **good health and character**
- Obtain **confirmation from an appropriate third party** that you have met the revalidation requirements
How can you prepare for revalidation?

• **Find out when you will need to revalidate and what you need to do** – check with NMC when you are due to revalidate and familiarise yourself with the requirements and process

• **Start thinking about revalidation now** – how do you stay up to date? Are you meeting with colleagues to discuss practise and development? Are you getting enough of the right CPD? Who might be able to act as your ‘confirmer’?

• **Speak to colleagues** – identify gaps in your development, areas for improvement and discuss development issues with managers

• **Stay organised** – ensure that you have a clear record of courses, learning and development; keep a note of feedback and how it has informed your practise; as well as your reflections on the Code, practise and learning

• **Get to know the new Code** – familiarise yourself with the new NMC Code and practice using it to reflect on your development, learning and work
Shape of Caring Review

- Commissioned by HEE in May 2014
- Follows 2013 ‘Willis Commission’ report into pre-registration nursing education
- Report published 12.3.15 and proposals include:
  1. A review of funding for multi-professional training
  2. A one year formal preceptorship for NQNs
  3. More general training in the first 2 years of a nursing degree
  4. Creation of a new community nursing field
  5. Making the care certificate mandatory
  6. New advanced HCA role at band 3
  7. Changes to make it easier for advanced HCAs to access nursing undergraduate degrees
What is culture in the NHS?

“Leaders at all levels need to develop an understanding of culture and recognise that culture – not regulation, direction, supervision and punishment – is what determines behaviour in NHS trusts. Culture is the way we do things around here; it is the current in the river; the hidden determinant of organisational direction; the manifestation of values”

*Michael West, Senior Fellow, Kings fund*

“We need to get away from the culture of blame, and the fear that it generates, to one which celebrates openness and commitment to safety and improvement. That is the way to ensure that staff can make the valuable contribution they want to offer towards protecting patients and the integrity of the NHS”

*Sir Robert Francis – Freedom to Speak Up review*
Freedom to Speak Up Review - Key themes

### Culture
- Safety - a ‘just culture’ as opposed to a ‘no blame’ culture
- Free from bullying
- Visible leadership at all levels in the organisation
- Valuing staff and reflective practice

### Improved handling of cases
- Should include CEO or Board level involvement
- Prompt, swift, proportionate, fair and blame free investigations
- Feedback to the person who raised the concern is critical

### Measures to support good practice
- All staff should receive training
- Creation of Freedom to Speak Up Guardians
- Creation of an Independent National Officer to provide oversight and advice on how organisations are handling concerns

### Measures for vulnerable groups
- Vulnerable groups include: student nurses, trainee doctors, BME groups & staff working in primary care
- All the guidance and principles proposed for NHS staff should be available to students
- All principles in the report should apply with adaptation in primary care -although the review does acknowledge challenges

### Extending the legal protection
- The legal protection should be extended to include NHSE, PHE, HEE, Healthwatch England, CCGs, LETBs and the PHSO
- Extension of legislation to include student nurses and midwives could go further to include all students
Governance and leadership for ward leaders

- Do ward leaders in your trust meet regularly?
- How isolated are your discussions from other colleagues?
- What are your relationships with nurse leaders in your organisation?
- How often do you talk to Trust board directors?
- Is Nursing represented at every level of your organisation hierarchy?
- How many levels between you and the DoN?
Health and Social Care Policy Agenda

- Five year forward view
- Integrating health and social care
  - £3.8bn Better Care Fund
  - Where does Manchester fit with this
  - How do we measure outcomes
- Shifting care from acute to community
  - Having staff in the right place
  - Discharge from hospital
- Bringing together primary and community care
- The future for providers
  - 24/7 services
  - The future of district general hospitals
- NHS funding and quality
General election key themes

NHS
- A&E and performance pressures
- Funding
- Integration

Europe
- In or Out?
- Overseas nurses
- EU procurement/TTiP

Economy
- Ring fencing NHS funding
- Public sector pay
• Named GP for all
• 7 day access to GP services
• 5,000 more GPs
• £2bn by 2015/16

• £1bn more than Gov
• £8bn by 2020/21
• Targets for mental health

• £2.5bn more for health and social care
• 36,000 extra health professionals incl 20k nurses
Thank you – any questions?

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