Strengthening nursing leadership and the role of ward managers:

The Francis recommendations

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Mid Staffordshire: What went wrong?

◆ “The decline in standards was associated with inadequate staffing levels and skills, and a lack of effective leadership and support.” (Francis, 2013)
  – Bullying
  – Failure to listen to and act on concerns
  – Poor workforce planning
  – Target-driven priorities
  – Normalisation of poor standards and conduct
Who failed?
What now?

◆ “There is a need to strengthen the voice of nursing so that what nurses need in their workplace to do their job effectively for patients is articulated better and stronger”.

◆ “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, and by identifying nurses with personal responsibility for each patient.”
Strengthening the voice of nursing

- “That voice could be further strengthened by a requirement that all organisations in the healthcare system for which nursing issues are relevant had the advantage of a nurse at board level”
  - Nurses on CCGs
- Advice sought on quality, reorganisation and staffing issues and involvement in DH policy development
- More nurse Non Executive Directors
- A forum for Nursing Directors across all sectors
  - RCN Executive Nurse Network
- Role of the CNO
- Role of the RCN
- Adequate time for nursing representation
- Leadership training for all
- Supervisory ward managers
The ward manager role

The ward sister remains the key nurse in negotiating the care of the patient because she [or he] is the only person in the nursing structure who actually and symbolically represents continuity of care to the patient. She [or he] is also the only nurse who has direct managerial responsibilities for both patients and nurses. It is this combination...which makes the role unique and so important in nursing.

Sue Pembrey (1980) – The Ward Sister: Key to Nursing

The ward manager’s role as leader of a unit caring for patients is universally recognised as absolutely critical... Not all nurses want to undertake, or are capable of undertaking, this challenging but rewarding role, and it is not always easy to identify suitable candidates.

Robert Francis QC (2013) – Mid Staffordshire Public Inquiry
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.
“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, giving them time to lead action plans by December 2013.”
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:
  - Fulfil 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
- 70% do not have adequate time to carry out their role as they would wish
- The most common tasks typically left undone are:
  - staff development/appraisals (75%)
  - staff mentorship (70%)
  - personal development (70%)
  - educating/mentoring students (50%)
  - talking to/advising patients and families (46%)
Ward managers – Authority and responsibility

- Nurse directors need to review the remit of ward sisters to **ensure they have the appropriate authority for key issues that underpin care quality** – such as ward cleanliness and nutrition – and the appropriate administrative, housekeeping, and HR support to enable them to manage the ward team and ward environment.

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

- According to RCN’s 2013 ward sister survey:
  - Only 50% have budget holder responsibility for the ward/team’s staffing establishment
  - 35% do not have responsibility for signing off staffing rotas
  - Only 53% able to authorise additional staffing when necessary, with 25% finding their requests refused ‘frequently’ or more often.
  - 55% had felt conflicted between their professional nursing responsibility to patients and managerial financial responsibility to board.
Ward managers – what happens next?

- Implementing Francis’s Recommendation 195 – *Compassion in Practice* action plan:

| Organisations will evaluate the options for introducing ward/unit managers and team leaders, with supervisory status and responsibility, into their staffing structure | All organisations to review the options for introducing supervisory status into their staffing structure. They must be able to evidence the options for supervisory status to commissioners and provide evidence about which tool they have used to assess this |
| Benchmark supervisory status and share good practice | Local commissioners to include in commissioning intentions the implementation of supervisory status within organisations they commission from |
| | All organisations to ensure that ward managers and team leaders understand, commit to and deliver on their role as visible, supervisory leaders |
| | All organisations must ensure that supervisory ward managers and team leaders have time to lead action plans |

- The RCN has consistently called for supervisory status and will support NHS organisations to implement this in practice, with guidance, learning and development opportunities.

- Making the business case for supervisory ward managers (RCN, 2011).
Leadership training and CPD for all

◆ Francis:
  – Review Knowledge and Skills Framework to recognise leadership skills.
  – Leadership training and CPD for nurses every level from student to director.

◆ DH:
  – NHS Leadership Academy
  – £40m to be invested in nurse leadership at all stages of the nursing career.

◆ RCN:
  – RCN leadership programmes
  – RCN Consultancy
  – Learning Zone
  – Nurses in Management and Leadership Forum
  – Executive Nurse Network
Any Questions?

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