

AUKUH Directors of Nursing Response to the Commission on the Future of Nursing and Midwifery – August 2009 –

1. **What are the knowledge, skills and attributes that nurses and midwives require to take a central role in the design and delivery of 21st century services?**

Caring and interpersonal skills: nurses and midwives are responsible for the quality of care, patient safety and patient experience. This responsibility requires nurses and midwives to have an understanding of individualised care and be able to deliver patient centred care. Nurses and Midwives must have the knowledge and skills that enable them to deliver care in a way that preserves patients' dignity and empowers patients to make decisions about their own care and be as autonomous as possible.

Clinical knowledge (including anatomy and physiology), **skills and competencies:** including the knowledge, skills and confidence to manage complex care pathways.

Other knowledge: Political awareness, and a working knowledge of health policy and social and political context are also important. This includes an understanding of the changing needs of the population e.g. the aging population, increase in people with dementia and different cultural needs.

Leadership and management skills: including stakeholder management, requiring time management, negotiation and persuasion skills. Nurses and Midwives also need an understanding of, and ability to lead and contribute to process re-design and change management.

Team working skills: ability to work effectively in partnerships & in MDT's

Teaching and guidance skills: knowledge and skills must be continuously nurtured and passed on other so that we have knowledgeable and competent nurses working within the NHS.

Other personal attributes: The confidence, assertiveness and skills to challenge poor practice from all professionals.

Research knowledge and skills: working knowledge of research methods, statistics and using research and data to determine and support best practice

Written and verbal communication skills: including excellent documentation skills.

IT skills: electronic patient record, electronic prescribing etc are here to stay and we need to ensure they have the skills to use them effectively

2. **What would you like to see nurses and midwives doing more of and/or doing differently in the future - whether in people's own homes, in the community or in hospital?**

More Nursing! This means nurses and midwives focusing on delivering care that adds value to patients' lives, rather than extraneous tasks. Nurses and midwives should be employed to deliver outcomes for patients (rather than assisting others with this).

Nurses and Midwives should be enabled to:

- **Lead and manage their own case load** with associated tariff based funding
- **Work across organisational boundaries** to deliver care (with funding streams that enable this)
- **Provide tele-advice** to prevent hospital admissions and support self care
- To re-assert the central importance of **dignity and respect in nursing practice.**

Nursing needs to respond to changes in population health in the UK, both in the care nurses and midwives deliver and in terms of service structure, including:

- A new focus for healthcare – nursing practice and services centring on **health promotion/ prevention** and the promotion of healthy living and the reduction of risk for patients with **chronic disease**. For example:
 - more outreach services in the community enabling patients to finish off treatments at home
 - more integrated care management in all settings providing one stop care for those that have chronic problems
 - moving some services in to the community WILL make it so much easier for patients.
- New ways of working – the development of **joint posts between acute and community**. This would be particularly useful in certain areas such as Mental health
- **More nurse led services** – supporting the delivery of better care, closer to home.

3. What might be preventing nurses and midwives from doing this now?

There are a number of barriers to impeding Nurses and Midwives ability to focus on care delivery. These include:

Current work load – nurses are currently used to plug gaps, especially out of hours

Limited or lack of appropriate **funding streams**

Governance structures- poorly conceived governance structures can lead to health professionals working in silos. Silo working also has the knock on potential to deskill professionals as they lose the ability and versatility to work in different settings.

Variable standard of clinical nurse leaders- where leadership is poor, the potential of other staff may go un-nurtured or be missed entirely. Also poor leadership makes retention of staff more difficult.

Medical dominance – not wanting to let go

Other **cultural issues within the NHS** including:

- Aversion to risk and change
- Creativity can be stifled
- within the profession - perceived difference between acute nursing and community nursing which is unhelpful to the profession as a whole

Lack of skills and/ or confidence - leads to low morale

Legal constraints (re prescribing etc)

Political: policy focus on delivery of targets (financial and performance)

The image of nursing: there still exist some misconceptions about the role of the nurse

4. How can these barriers be overcome?

Appropriate **governance structures** and greater **administrative support** are needed to support nurses and midwives to focus on delivering care that adds value to patients' lives. These issues need to be tackled locally, responding to local health needs and context. Furthermore, the **funding streams** need to be in place to enable nurses to work across organisational boundaries and across the care pathway.

To tackle medical dominance and other cultural issues **MDT training** and development of effective MDT working are needed to create a shared understanding of roles, responsibilities and care delivery. The issue of roles of the different health professionals needs to be addressed nationally as well as locally, defining the boundaries between the professions. Nurses, patients and other health professionals need to agree upon a definition of the **role of the nurse**, which can then be shared/ marketed to the wider community. This in turn would give us the opportunity to address the **image of nursing**.

Nurses and midwives need to be encouraged and supported into clinical leadership roles, and effective forms of **clinical leadership training** should be made available to them. Also, support and improve the pay of ward managers, as this is a critical leadership role in terms of patient experience and outcomes.

Improve the **morale** of nurses and midwives- Nurses need to feel valued and acknowledged. A nurse being given credit for what they do and considered a professional has improved over the years but there is still more that can be done both locally and nationally.

5. **If Applicable: what is the potential for, and benefits of, nurses and midwives leading and managing their own services and the framework and support that would be needed for this in the context of the multi-disciplinary team?**

Nurses are ideally placed to manage their own services and to lead MDT's. Proper integration of social work into hospital/community teams is essential (as it used to be.)

There is potential for cancer rehab & survivorship services, chemo service (with medical links). There are benefits for both patients and nurses: consistency of care, improved access, expertise, professional and personal development etc.

However, implementing effective nurse led services does require support. -What is needed is:

- Support from MDT, willingness to support, train & trust nurses
- Nurses need to be appropriately trained and informed to be able to understand the service in its wide context.
- Willingness to relinquish workload knowing it will get done
- Administrative support
- Appropriate governance structures

Additional comments:

We fully support the Commission's review of the future of Nursing and Midwifery and welcome the opportunity to comment.

We have offered our thoughts against the questions posed. However, we think that the questions (and the commission's focus) would be better framed around the care needs of patients (rather than the wishes of nurses) and in the context of multidisciplinary team working. Hence, rather than ask what more nurses could do, we would prefer to explore how patients needs can be met along their care pathway and who might best deliver these to support patients in the most effective way. Nurses have historically taken on a range of tasks to fill gaps in patients care. Though laudable, this distracts nursing away from making best use of their expertise and is rarely cost effective.