

Growing, Nurturing, Sustaining the Workforce - leadership and image a major part of the 'how' solution.

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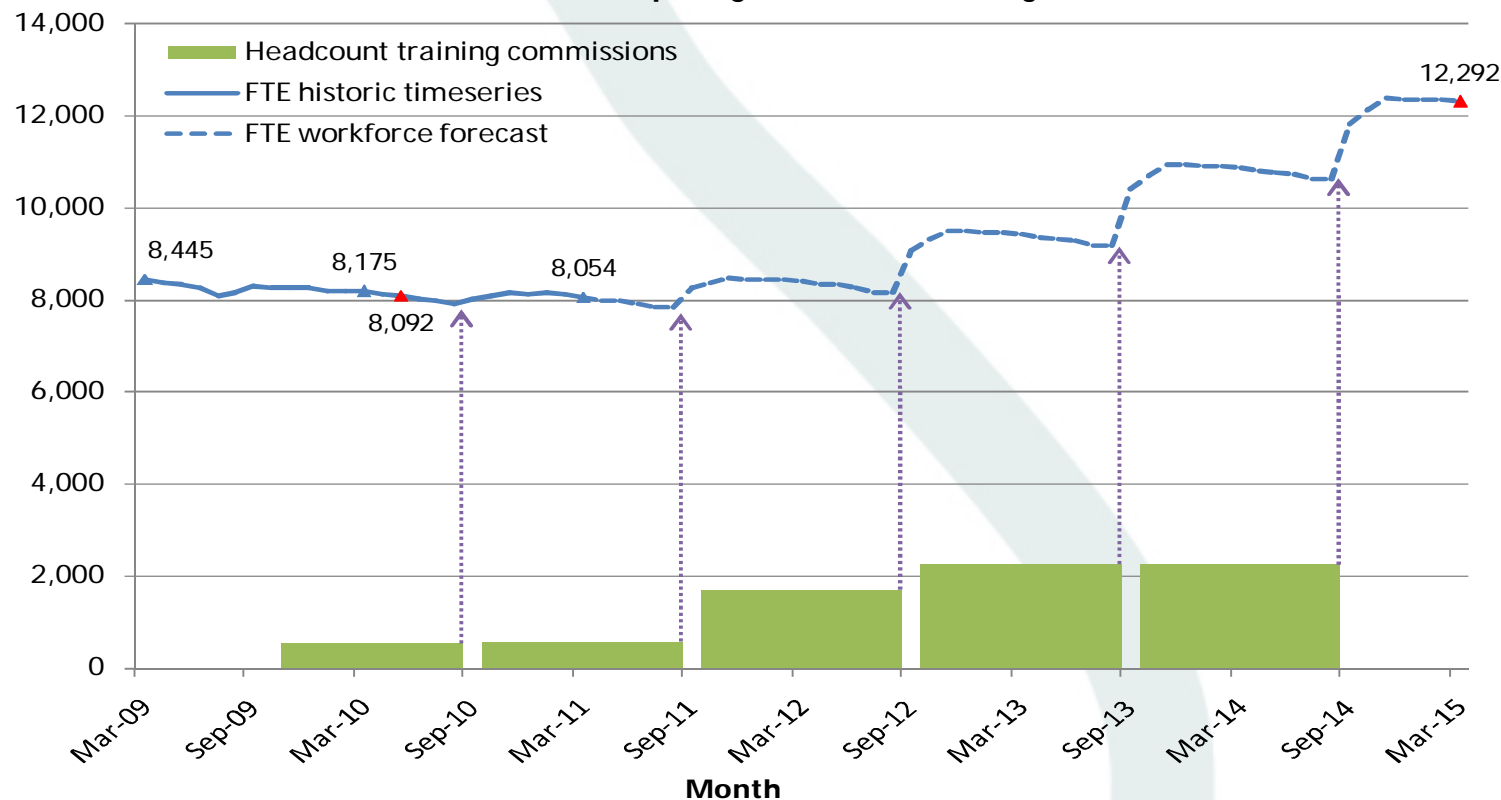
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National – Department of Health led

- Very high profile – personal interest of PM
- High level of interest – across government, academic, all agencies
- 26 Early Implementer Sites – to lead achieving the vision
- Number of training commissions increased – HEI leadership in partnership with providers
- Collaborative events and projects – maximising leadership
- Marketing, communications, narratives – image of HV
- Investment and growth ‘ a given’ – commissioner leadership

Centrally modelled Health Visitor Monthly Trajectory

Arrows indicate trainees completing courses and entering the workforce



Notes:

- The above indicative trajectory is based on central analysis of likely workforce change due to attrition, retirements, new trainees and return to practice initiatives;
- SHAs are submitting final Health Visitor workforce trajectories during September for review by DH. The final workforce trajectory is therefore likely to change from the above central estimate due to e.g., the introduction of training courses phased throughout the year, improved estimates of return to practice initiatives and other factors such as strategies to improve staff retention.

Regional - SHA led

- All SHAs have a person in a lead role
- Leading, supporting and facilitating EISs
- Programme Management with Clusters (accountable for delivery)
- Performance Management to achieve trajectories
- Centralised recruitment (London model)
- Detailed data collection and monitoring
- Nursing/Performance/Workforce team engagement
- Marketing and communication

The 'middle'

- Understanding the service
- Communicating the service vision to stakeholders
- Providing support (high challenge / high support)
- Reporting the appropriate information
(data v quality = data + quality)
- Responsive to high challenge and negotiation
- Establishing the governance arrangements
- Clear delegation – accountability/responsibility

Front line

- 1. Provision towards the vision**
- 2. Performance and transformation**
- 3. Problem solving and sustainability**
- 4. Child/family centred philosophy**
- 5. Doing the right things in the right way**
- 6. Delivering the service to meet need not just the system**
- 7. Team culture and behaviour – two way feedback**
- 8. Team work – goals, working together, resource**
- 9. Confidence, pride and enthusiasm**

Questions about leadership

- Is leadership knowledge/expertise/theory used?
- Do team members need leadership development?
- Do team leaders have the skills to develop teams?
- Is there a need for team building?
- Is the team strong and high performing?
- Does the team attract new recruits?
- Do student evaluations confirm a strong team?

Image Could a focus on HV be helpful as part of the 'Image of Nursing' work?

- **Objective:** *Ensuring we attract the right people to become nurses and enhance the image of those in the current workforce.*
- **Extensive research undertaken within and outside of the current nursing workforce:**
 - *Rapidly apparent that issues are less about image of nursing than image of nurses*
 - *Current perceptions have a direct and negative impact on recruitment and retention*
 - *Key area of concern is 'image of nursing' and low morale amongst nurses themselves*
 - *Poor morale and public image are a major cost to the NHS*
- **Core theme around diversity with inferences of privilege and fulfilment**
- **Recommendation:** *A new independent brand to celebrate realities of being a nurse to increase morale, enhance the public image and improve recruitment and retention.*
- **Britain's Nurses: Social Networking Brand – About Nurses, For Nurses, By Nurses**
 - *Dedicated website*
 - *National activity at regional level*
 - *Commercial sponsorship*

Conclusion

Growth without 'nurturing' and 'sustaining' will not achieve the new vision and improved outcomes for children and families.

Leadership and improving the image of health visiting is a major part of the 'how' solution.