How to provide better quality care with fewer resources

Maintaining morale and sustaining high quality services against the backdrop of the current economic climate is a leadership challenge that all boards face. We know NHS organisations are going to have to realise billions of pounds of real terms savings and we want to ensure that the quality of services is as good or better than now at the end of the process. That's a challenge for boards, managers and staff. So, what are the implications for the largest part of the workforce – nursing staff?

I am clear that employers, as well as the Department of Health and the government, are absolutely genuine when they say they do not want to see an indiscriminate slash and burn approach to cost reductions which will cause long term damage to the service. But there is no single silver bullet to find solutions that cut waste, improve processes and quality, and release savings.

The answer will not come from management consultants, academics or even those responsible for policy development at the Department of Health or NHS Employers, although trusts must be open to ideas and support from all quarters. Equally, it is not going to be just the board and senior managers of trusts who are going to find the solutions to help their organisations through these difficult times.

It will come from those staff who, on a daily basis, are working in the system, who understand existing processes – and the frustrations they can bring – and who have the knowledge to suggest the improvements and innovations that will both improve quality and release savings.

So workforce engagement has a central role to play as the recession places demand on the public sector to demonstrate savings and efficiencies while increasing quality and maintaining public confidence. Employers must find ways for staff to contribute their knowledge and share good practice so real savings can be made.

The good news is that there is external support and assistance to help employers. My own organisation, NHS Employers, has produced a discussion paper to stimulate debate which looks at “the role of the nurse”. Recently, the NHS Institute for Innovation and Improvement launched a website where nurses and midwives can share examples of service changes they have made that have improved the quality of patient care.

We hope that outcomes from the Prime Minister’s Commission on the Future of Nursing and Midwifery will set the context to take forward change.

One of the areas that we will need to revisit is that old question of achieving the right skill and role mix in nursing so that we might improve capacity in the workforce. This is going to be particularly important as we move to degree level registration for nurses.

Nurses should not be wary of this as simply a management plot to dumb down quality and save money.

Employers do not like rigid formulas to set staffing level and mix – although all organisations should have a rationale for setting staffing ratios – but there is plenty of evidence, including that from Mid Staffordshire Foundation Trust, of the importance of having sufficient levels of qualified staff to maintain quality.

It really is about the right mix to deliver the quality of care required using the level of skills for the tasks required.

We need to enable qualified nurses to spend more time on direct clinical care, a key to delivering the efficiencies required, and ensure support staff are utilised in the most effective way to support this. Employers therefore must engage with their own nursing workforce as they are best placed to advise on the barriers and solutions that exist.

This is happening in many trusts. South Tees Hospitals Foundation Trust is a good exemplar of a trust that has already begun to take steps to free up nurses’ time. Recognising the contribution that support workers give to registered nursing staff, they have sought to further build up the skills of those workers.

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At South Tees, a specific role was created for the assistant practitioner which included technical elements of care provision and other responsibilities that normally fall outside the role of the healthcare assistant and, historically, may have been carried out by a qualified nurse.

An initial cohort of HCAs were invited to train in skills that will enable them to fill the job description.

In this way the trust has not only gained motivated and skilled practitioners who are confident enough to handle the type of work expected of them, but, by ensuring they are appropriately trained, they instil confidence in the registered nursing workforce who feel able to trust these workers to undertake the tasks asked of them and thus have time to concentrate on more appropriate clinical tasks.

As the nursing workforce undertakes what is a historic period of review and change, it is vital that we capture and share these examples of best practice so that they might be replicated elsewhere.

If we do this, and harness this innovation, we do have the opportunity to achieve this grail of better quality and lower cost.

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