

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

DESIGNED TO REALISE OUR POTENTIAL

**A 'Beliefs and Actions' Statement for Nurses, Midwives and Specialist
Community Public Health Nurses in Wales for 2008 and Beyond.**

JUNE 2008

DESIGNED TO REALISE OUR POTENTIAL': A 'BELIEFS AND ACTIONS' STATEMENT FOR NURSES, MIDWIVES AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSES IN WALES FOR 2008 AND BEYOND

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Foreword by Edwina Hart, MBE, AM, Minister for Health and Social Services

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FOREWORD

'Realising the Potential' (NAfW 1999), the strategy for nursing, midwifery and health visiting in Wales made a commitment to review and evaluate progress against the Action Plan. In keeping with this commitment, widespread audits were undertaken which provided evidence of considerable achievements by nurses, midwives and health visitors (later called specialist community public health nurses) in improving not only the health and well being of patients/clients but also their experience of healthcare, which is so often used as a benchmark for quality.

Times have moved on, there have been considerable changes in both organisational terms, and practice and it was deemed appropriate to revisit the original Strategy to ensure that it was relevant to current and future challenges and priorities – for healthcare and for the professions themselves.

As a result, this new document has been produced based on the values expressed by nurses, midwives and specialist community public health nurses and patients and their carers.

The clear message from patients/clients and the public is that nurses, midwives and specialist community public health nurses must not lose sight of their core purpose and key skills. Regardless of change, they must continue to advocate and provide care that is founded on principles focused on individual rights for respect, well being, choice, trust and dignity, for these are the things that really matter to patients/clients and which determine their experience of care, regardless of outcome.

"Designed to Realise our Potential" is unique insofar as it is framed around a key *Beliefs and Actions* statement. It refreshes the original 1999 strategic objective and five supporting aims and requires tangible evidence that the outcomes are being achieved, in conjunction with Fundamentals of Care (WAG, 2003) and the Healthcare Standards for Wales (WAG, 2005a). This explicit sharing of principles is welcomed, with the emphasis on the core principles of care around individual rights, the nature of caring, the unique relationship between professional and patient/client and how respect, dignity and compassion are essential elements of competent care.

The *Beliefs and Actions* statement is a simple but essential reassertion that care giving is at the heart of what nurses, midwives and specialist community public health nurses 'do' and how they are expected to base their practice on these core principles for care. In doing so, it is anticipated that they will make a positive difference to the patient client experience and their healthcare outcomes.

I have great pleasure in endorsing the principles within the document and commend the use of the *Beliefs and Actions* statement as a guide to enhance the quality of nursing, midwifery and specialist community public health nursing care.



Edwina Hart, MBE, AM
Minister for Health and Social Service

INTRODUCTION

It gives me great pleasure to endorse this refreshed strategy for nurses, midwives and specialist community public health nurses - "Designed to Realise our Potential".

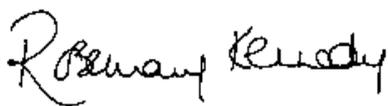
This document, like its predecessor "Realising the Potential" was written by nurses and midwives, for nurses and midwives and therefore has full ownership built in at the construction stage. It has been developed from the solid foundations and successes of the previous strategy. By retaining the original five aims:

- To improve the environment of care
- To ensure a high quality service for all
- To encourage independent and reflective practice
- To develop existing and new career pathways
- To demonstrate the value of nurses, midwives and specialist community public health nurses

which have been adopted across Wales in the development of local strategies for nursing, midwifery and specialist community public health nursing, this latest addition should complement and reinforce all that we are trying to achieve for our patients and our profession. It is relevant to all branches of nursing, midwifery and specialist community public health nurses and will provide a clear point of reference in an ever-changing health and social care scene.

Nursing, midwifery and specialist community public health nursing are fundamentally people-centred professions and crucially, in creating the *Beliefs and Actions* statement, the authors actively sought the views of patients and the public as to what their hopes and expectations are from nursing midwifery and specialist community public health nursing care. Unsurprisingly, it was the elements of dignity and respect and personal care, consideration and compassion that figured largely in their response.

By taking account of what others value in nursing, midwifery, specialist community public health nursing, reaffirming our own beliefs and values and stating for all to see the actions we intend to take to maintain that value base, I believe that we have a sound direction statement for the future against which we will be proud to be judged.



Rosemary Kennedy
Chief Nursing Officer for Wales

DESIGNED TO REALISE OUR POTENTIAL': A 'BELIEFS AND ACTIONS' STATEMENT FOR NURSES, MIDWIVES AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSES IN WALES FOR 2008 AND BEYOND

The Essence of Care

1. While the key purpose of nursing, midwifery and specialist community public health nursing is the well being and care of patients/clients, 'well being' and 'care' may have different meanings in different contexts, ranging from minimal intervention through to total care in circumstances of profound need. Regardless of context though, their decisions and actions should always be based on an individual's need for health promotion, illness prevention, cure or palliative care, support, advice or comfort and involve the patient/client fully (to the best of their capacity) and/or their family or carer as appropriate, in determining what these needs may be and how they may be met; the experience of care being as important as its outcome.
2. In a world of fast-paced change and new technologies the personal and 'human' touch may be lost, not least in healthcare delivery. While nurses, midwives and specialist community public health nurses need to adapt and use these technologies in their practice, they must also retain and be proud of their key role in providing a high standard of individually focused care activities that are central to dignity and wellbeing. They must champion the ethos of 'Fundamentals of Care' (NAFW,2003) and lead on initiatives to meet the Healthcare Standards (WAG,2005a) and other relevant measures of quality. In doing so, every nurse, midwife and specialist community public health nurse in Wales has the potential to influence the healthcare experience of patients/clients and to make a positive difference to their healthcare outcomes.
3. The clear message from patients/clients and the public is that nurses, midwives and specialist community public health nurses must not lose sight of their core purpose and key skills. Regardless of change, they must continue to advocate and provide care that is founded on principles focused on individual rights for respect, well being, choice, trust and dignity, for these are the things that really matter to patients/clients and which determine their experience of care, regardless of outcome.
4. The term 'patient/client' is intended to cover all users of healthcare services and the principles in this statement should underpin the care they receive. An holistic approach to care though may also involve parents and/or significant others.

Core Principles for Care

5. These principles are relevant to all who work in healthcare services but the responsibility for ensuring that they drive decisions and actions for care is central to the role of a nurse, midwife or specialist community public health nurse. These principles are therefore fundamental to a refocus on the actions needed to meet the

challenges, drivers and outcomes that will enable the revised aims (2007) of the strategy to be achieved. These principles include:

- i Patients/clients are central to care. Their health and well being should be the driving factors when nurses, midwives and specialist community public health nurses make decisions about care and/or take action with them and/or when acting as their advocate.
- ii Every patient/client is a unique individual with their own set of needs and desires. Each one has the right to have their healthcare needs met and their wishes respected. They have the right to discuss their care on a regular basis with the healthcare professional responsible for their care.
- iii Patients/clients should be involved, to the best of their ability, as equal partners in their care and their wishes and preferences acknowledged and respected and where legally permitted, take precedent. Where they have the capacity to do so, they should be empowered to make decisions regarding their illness or well being and to make decisions governing the outcomes of their care.
- iv Patients/clients have the right to be independent and to have self determination. 'Caring' therefore may have a range of meanings and applications depending on context and circumstances and these meanings and applications may change throughout an episode of care. 'Caring' may mean total nursing care in times of dependency, through to minimal intervention and advice only. The patient/client's needs and wishes will determine the type and level of support. Those with the mental capacity to do so have the right to refuse care and treatment and such wishes should be respected without prejudice.
- v Patients/clients should be treated equally and as individuals, irrespective of ethnic origin, gender, social position, age, sexual orientation, disability, religious beliefs or personal perspective on health and illness.
- vi Vulnerable patients/clients should be protected from harm and exploitation. They should be enabled to access healthcare services that best meet their needs.
- vii In some instances, for example, children and vulnerable adults, parents and/or significant others may be the main point of communication about care giving and decision making.
- viii Patients/clients have the right to be treated with politeness, respect and dignity at all times. They have the right to be cared for in a clean and safe environment by compassionate and competent professionals who have the appropriate expertise to ensure their basic needs for living are well met, as well as their needs for healthcare and/or therapeutic intervention.

- ix Healthcare professionals should work together and with other agencies, in partnership with individuals and/or groups of patients/clients, their families and/or carers to promote and implement best practice. 'Best' practice can only be practice that is compassionate and caring as well as competent.
- x The value of kindness, reassurance, empathy; of time spent listening and explaining; of anxiety and stress reduced and pain well controlled; of trust in those who care for you; of not feeling alone and helpless, is priceless. Nurses, midwives and specialist community public health nurses should lead by example and demonstrate these elements in the care they provide.
- xi Education is a key investment in safe practice. Sound education will enable the novice practitioner to acquire the proficiencies to enter registered practice with confidence as well as competence; to be fit for purpose as well as award.
- xii Professional education is not just about knowledge and skills to perform a task, no matter how complex. It is also about socialisation and internalisation of the values and codes of professional behaviour and practice, both on and off duty. Professional education takes the lay novice and enables them to 'become' a nurse, midwife or specialist community public health nurse with an identity and pride in upholding the values, ethics and codes of a caring profession so that 'work' is not just a job, but an identity and professional responsibility, underpinned by an ethos of caring.
- xiii Knowledge is not static. A key responsibility of a registered professional is to ensure their own knowledge and skills are contemporaneous to the role they undertake. They should also contribute to knowledge development through using and/or contributing to research and evidence based practice.
- xiv Technology also is not static. Indeed, the pace of change of technological advances in healthcare and communication may seem unprecedented. Technology should be used where it enhances patient/client outcomes and makes delivery of services more effective and efficient. It should not however detract from providing individual contact, personal involvement and 'the human touch'.

6. Every nurse, midwife and specialist community public health nurse in Wales will be responsible for ensuring that the care they deliver for patients/clients is underpinned by these principles at all times.

Strategic Goal and Aims Revisited

7. The continued relevance of the strategic goal and five supporting aims is testimony to the strength of 'Realising the Potential' (NAfW, 1999) and its far-sighted view of healthcare and the role of nurses, midwives and (then) health visitors. As this

'beliefs and actions' statement is the product of widespread consultation, individuals and organisations alike should be in agreement with the specified challenges, priorities and outcomes. Individual nurses, midwives and specialist community public health nurses should be able to draw on examples of achievement, focus on the core principles and 'see themselves' and the contribution they can make to achieving quality health care.

Revised Strategic Goal

To realise the maximum potential of nurses, midwives and specialist community public health nurses in order to meet, in partnership with others, the changing health needs of people in Wales.

Aims Re-Stated:

- **To improve the environment of care**
- **To ensure a high quality service for all**
- **To encourage independent and reflective practice**
- **To develop existing and new career pathways**
- **To demonstrate the value of nurses, midwives and specialist community public health nurses**

8. Stakeholder workshops across Wales identified seven key priority areas for nursing, midwifery and specialist community public health nursing: leadership; education and training; role redesign; workforce planning; information technology; public and patient involvement; career pathways. These priority areas are reflected in the stated actions to achieve each aim. The core principles for care underpin each aim and outcome.

9. Evaluation of the outcomes will be through evidence provided to demonstrate that Healthcare Standards (WAG,2005) are being met. Reference to a specific Healthcare Standard is given in brackets at the end of each outcome but this is for guidance only. Some outcomes may span more than one Healthcare Standard. Those compiling evidence may also feel that a particular outcome relates better to a standard other than the one suggested.

10. While all domains and clinical governance themes in the Healthcare Standards are important to achieving high quality services, the contribution of individual and teams of nurses, midwives and specialist community public health nurses may best be demonstrated in the standards relating to the domains of 'patient experience', 'clinical outcomes' and 'healthcare governance'.

Aims and outcomes for realising the potential of nurses, midwives and specialist community public health nurses in 2007 and beyond

11. AIM 1- Improve the environment of care:

To ensure that nurses, midwives and specialist community public health nurses, in collaboration with others, manage care delivery and resources to

enable these to focus on meeting the specific healthcare needs of an individual, in the most appropriate environment of care for that individual.

Outcomes:

- i Nurses, midwives and specialist community public health nurses will work in partnerships with other healthcare professionals to provide care in an environment that best suits the healthcare needs and wishes of the individual patient/client **(standard 2)**.
- ii Nurse leaders will work to ensure that decisions made at Board level regarding investment and resources for care provision are informed by reliable evidence on patient/client needs, experiences and healthcare outcomes **(standard 1)**.
- iii Patients/clients will be actively involved in planning and evaluation of care given by nurses, midwives or specialist community public health nurses **(standard 1)**.
- iv Care provided by nurses, midwives and specialist community public health nurses will preserve the dignity and respect the privacy of patients/clients at all times **(standard 4 & 8)**.
- v Nurses, midwives and specialist community public health nurses will be responsible for implementing and evaluating care and will participate in core care-giving activities. They will provide evidence and rationale for the degree of their input and the impact this has made **(standard 11)**.
- vi Nurses, midwives and specialist community public health nurses will lead teams that may be multidisciplinary and will be responsible for the management of skill mix to maximise resource use **(standard 11 & 24)**.
- vii Delegation to support staff and other healthcare workers will be managed by nurses, midwives and specialist community public health nurses in ways that best meet the needs of the individual patient/client **(standard 11)**.

12. AIM 2 - Ensure a high quality service for all:

To ensure care by nurses, midwives and specialist community public health nurses: is of the highest quality in all care settings and with all patient/client groups; is based on individual need for health promotion, illness prevention, cure or palliative care; involves the patient/client fully in determining what these needs may be and how they may be met; uses the individual experiences of patients/clients as one measure of quality.

Outcomes:

- i Nurses, midwives and specialist community public health nurses will work in partnerships with others to provide individualised care based on the needs of the patient/client. They will lead on ensuring fundamental aspects of personal care needs, for example hygiene, nutrition, hydration and elimination, are met with expertise **(standards 2 and 11)**.
- ii Decisions and actions of nurses, midwives and specialist community public health nurses will be based on individual patient/client need, or in some instances, groups of patients/clients. Evidence of how they have been involved in these decisions will be documented **(standards 11a and 11b)**.
- iii Nurses, midwives and specialist community public health nurses will participate in self and peer audit of their practice **(standard 11d)**.
- iv Patient/client evaluations will be used by nurses, midwives and specialist community public health nurses to inform quality monitoring and planned improvement of services **(standard 1)**.
- v Nurses, midwives and specialist community public health nurses will enable patients/clients to participate in decisions about their care and will work with them to promote healthy lifestyles and self-management of health, illness and/or disability **(standard 7 & 31d)**.
- vi Nurses, midwives and specialist community public health nurses will work in partnerships with other healthcare professionals and/or agencies to promote the best interests and welfare of their patients/clients **(standard 2)**.
- vii Strategies will be in place at clinical level to empower nurses, midwives and specialist community public health nurses to lead on initiatives for care that promote the best interests and well being of patients/clients **(standard 11 & 29a)**.

13. AIM 3 - Encourage independent and reflective practice

To ensure all nurses, midwives and specialist community public health nurses take responsibility for developing and updating their practice so that it is evidence based and reflective and enables them to practise with competence and confidence in the environment in which they provide care, in keeping with the standards set by the Nursing and Midwifery Council.

Outcomes:

- i Nurses, midwives and specialist community public health nurses will provide evidence of how their practice is research/evidence based **(standard 12)**.
- ii Nurses, midwives and specialist community public health nurses will take personal accountability for ensuring their individual knowledge and skills meet the requirements of their role **(standard 22)**.
- iii Nurses, midwives and specialist community public health nurses have a responsibility to contribute to knowledge generation that underpins their practice. Each will be able to provide evidence of how they are contributing to the research agenda and/or the development of clinical practice **(standard 13)**.
- iv When new skills and knowledge are required for a new role or new way of working, nurses, midwives and specialist community public health nurses will work with their manager/s to ensure competence is acquired before taking responsibility for the new role **(standard 22)**.
- v Every nurse, midwife and specialist community public health nurse will have a planned period of induction on entry to a new job/role **(standard 22)**.
- vi A period of preceptorship with a named preceptor will be provided for those commencing their first period of employment as a registered nurse, midwife or specialist community public health nurse **(standard 22)**.

14 **AIM 4 - Develop existing and new career paths:**

To develop existing and new roles and flexible career pathways for nurses, midwives and specialist community public health nurses that provide a matrix of opportunities to cross boundaries and participate in clinical practice, education, research, management and/or policy development to enhance care delivery and job satisfaction.

Outcomes:

- i There will be opportunities for experienced nurses, midwives and specialist community public health nurses to retain responsibility for delivering 'hands on' care to patients/clients. This may be through expansion of posts at consultant level but will be particularly evident through revised job descriptions of both new and established posts that define direct input into and responsibility for, care-giving activities **(standard 11)**.

- ii Innovative partnerships between education, service and research will be based on patient/client needs and evidence will demonstrate the contribution of such initiatives to enhancing healthcare outcomes **(standard 13)**.
- iii Innovative partnerships across acute and community services will be based on patient/client needs and evidence will demonstrate the contribution of these partnerships to enhancing healthcare outcomes **(standard 12)**.
- iv New roles will be created, based on care pathways or patient/client 'journeys'. Transferable skills will be essential to appointment to these roles and post holders may work across professional boundaries and across all care settings. Evidence will show how these new roles enhance healthcare outcomes for patients/clients and job satisfaction for staff **(standard 20)**.
- v Posts that promote developments in practice will be used as a key means of ensuring innovations in practice and implementation of evidence based care **(standard 24)**.
- vi There will be expansion of programmes and initiatives that enhance research capacity building in nursing, midwifery and specialist community public health nursing, with a demonstrable increase in research output **(standard 13)**.
- vii Secondment and shadowing opportunities will become the norm with seamless movement across all sectors and spheres of practice, be that clinical practice, research, education, management and/or policy development. Secondments to posts in other professional fields where transferable skills can be used will be available. Human resources policies and mechanisms for secondment should facilitate opportunities for exchange and development of skills. Secondment and shadowing opportunities will focus on enhancing the quality of care delivered. **(standard 24)**.
- viii There will be an increase in initiatives to develop the teaching workforce in clinical practice with student evaluations and evaluations from clinical practice, demonstrating the value of these initiatives **(standard 24)**.

15. AIM 5 - Demonstrate the value of nurses, midwives and specialist community public health nurses:

To demonstrate the particular value of nurses, midwives and specialist community public health nurses and the unique contribution they make to care delivery within multidisciplinary teams in all environments of care.

Outcomes:

- i Evaluation and audit tools will identify care given by nurses, midwives and specialist community public health nurses and report on its quality and contribution to the patient/client experience and healthcare outcomes (**standard 11**).
- ii Nurses, midwives and specialist community public health nurses will provide evidence of the way in which clinical governance underpins their practice at all times (**standard 28**).
- iii Nurses, midwives and specialist community public health nurses will be able to provide evidence of how they contribute to the achievement of quality standards (**standard 11**).
- iv Nurses, midwives and specialist community public health nurses will be able to provide evidence of how they have retained their 'hands on' caring skills and have responsibility for care giving activities (**standard 11**).

CONCLUSION: REALISING POTENTIAL IN NURSES, MIDWIVES AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSES IN 2008 AND BEYOND

16. The key aspirations of healthcare policy in Wales are clearly stated in 'Designed for Life' (NAfW, 2005b). Service delivery is to focus on quality improvement and better access with service users actively involved in decision making about their care and participating in the design and quality monitoring of services. More focus on illness prevention, health promotion and better management of long term conditions will contribute to enhancing the health of the people of Wales. Subsequent policy documents and strategies for health care all draw on the aspirations of 'Designed for Life' to ensure a cohesive approach from each area of service provision and from all professions, to achieving overall policy objectives.

17. Standards for healthcare have been set by which quality, safety and effectiveness of care provision may be measured (NAfW, 2005a). These standards will be used as measure of the impact of the actions taken by nurses, midwives and specialist community public health nurses to achieve the outcomes specified in this statement. Future policy documents for Wales will no doubt focus on continuing the improvements in the health of the people of Wales and may draw on world-wide goals and global healthcare indicators.

18. Nurses, midwives and specialist community public health nurses will make their contribution, now and for the future, as outlined in this *Beliefs and Actions* statement. Individually and/or collectively through the Healthcare Standards (WAG,2005a) they will provide evidence of how they have/are implementing the key action areas linked to the five revised aims of their strategy, 'Realising the Potential' (NAfW, 1999) and specified in this statement.

19. The potential of nurses, midwives and specialist community public health nurses to contribute to improving healthcare in Wales is enormous and your contribution as a nurse, midwife or specialist community public health nurse is vital to success.

If you have any questions regarding this *Beliefs and Actions* statement please contact:

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BEYOND 2008 – CHALLENGES AND DRIVERS FOR NURSES, MIDWIVES AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSES

1. Designed for Life (WAG, 2005b) describes a vision of delivery of health and social care in Wales by 2015 and sets out the policy agenda to achieve this vision. The three design aims: life long health; fast, safe and effective services; world class care; will be underpinned by 'skilled staff who provide services that work every time, but are still personal to the individual'. Nurses, midwives and specialist community public health nurses are fundamental to delivery of these services and achievement of these aims. Their ability and willingness to rise to the challenge of delivering high quality care to individual patients/clients and/or populations of patients/clients will be particularly important beyond 2007, as the changing and demanding immediate and longer term healthcare needs of the population of Wales must be met within finite resources.

2. The healthcare reforms set out in 'Designed for Life' place particular emphasis on health improvement; partnership working; engaging with the public; evidence-based care; skill mix and appropriate use of expertise; delivering services in the community in which people live and work. To deliver the reforms, ten "enablers" are identified; performance management; research and evaluation; benchmarking; service re-configuration; education, training and workforce re-design; financial strategy; professional leadership; clinical networks; planning, commissioning and strategic partnership; information.

3. Nursing, midwifery and specialist community public health nursing therefore need to respond to a number of key challenges and drivers in order to contribute to delivery of these reforms:

Changing healthcare needs:

Health care is changing with a predominant focus on public health issues, health inequalities and social inclusion. Health promotion and healthy lifestyles to reduce obesity and smoking related deaths, to name but two examples, have gained prominence while illness prevention, managing long term chronic conditions such as diabetes, supporting self-care and providing services in a community environment all continue to be important drivers for achieving high levels of health and well being across the total population.

'Designed for Life' focuses on a stronger, community-based health service increasingly moving into the heart of the communities where people live and work to enhance access, participation and effectiveness, as well as efficiency. Helping an ageing population to remain well and independent, as well as the benefits of enabling those with chronic and/or long-term physical and/or mental health problems to self-manage their condition at home, with support, underlines this greater emphasis on community-based services and the role of the individual in taking a degree of responsibility for their own health.

Similarly, the needs of those requiring palliative and/or terminal care may best be met in a home-based community environment.

Changing healthcare needs have already led to diverse roles for nurses with 'nursing' having different meanings in different contexts and with different patient/client groups. Many patients/clients are well informed and most have greater expectations of the health service and the front line professionals who impact on their experience of care. Nurses, midwives and specialist community public health nurses will need to be able to respond to the changing context of care provision and have the flexibility, adaptability, knowledge and skills to work in different environments with different emphasis. The professions will need to achieve a balance between generic and specialist skills at the point of need while delivering holistic, seamless care.

New roles:

Nurses, midwives and specialist community public health nurses are being asked to fulfil an increasing variety of new roles in many different settings and with new partnerships in delivery of care. Professional boundaries may be blurred. They will need to successfully integrate the strengths and values of their traditional professional roles into these new roles and new ways of working. They must not however lose the caring skills and caring ethos that are the very essence of the craft of being a nurse, midwife or specialist community public health nurses as these enable them to make such a valuable contribution in the new roles and new ways of working.

It will be a challenge to promote the changing image of the nurse, midwife and specialist community public health nurse in modern healthcare delivery; one who has the skills and knowledge to be able to work flexibly in many new roles and across professional boundaries, yet who still retains responsibility for delivery of an exemplary standard of 'hands on' care.

Modernising careers:

For health care reforms to succeed, nurses, midwives and specialist community public health nurses will need to be flexible and adaptable to take on the variety of these new roles and responsibilities and/or work differently in new and different environments. Careers will therefore need to reflect these changes. The competency-based work force reforms that have driven role re-design and modernisation of services will break down traditional career structures and professional boundaries and create a matrix of opportunities that encompasses traditional pathways as well as new, innovative and flexible career routes. It will be a challenge, but an exciting one, for individual practitioners and the professions to take a wider perspective when defining and planning career pathways. Transferable skills will be essential to practitioners who wish to follow flexible and innovative career routes. Practice based modular programmes of post registration education will enable development of knowledge and skills for those who wish to follow these flexible career routes.

Mobile workforce:

Jobs are no longer for life. Career moves are expected and the workforce is more fluid with healthcare staff now actively seeking new employment opportunities outside Wales. Large hospitals can be particularly vulnerable to movement of staff and rural areas have their own workforce difficulties. The movement and exchange of staff can create instability in the healthcare workforce but also provide a source of stimulation and exchange of ideas and working practices. The expansion of the European Community may see nurses and midwives from European countries seeking employment in the United Kingdom and a corresponding move of UK trained personnel to Europe and beyond.

Patient/client and public involvement:

The emphasis beyond 2007 will be on the autonomy of patients/clients and the public, particularly in two areas. Firstly, empowerment to take responsibility for their own health and well-being and secondly, to be actively involved in the design and evaluation of health care services. Nurses, midwives and specialist community public health nurses will therefore work with individuals or groups of patients/clients, their families and/or carers in new relationships that better reflect their rights and the value of their involvement, particularly through standard setting and evaluation as well as monitoring and review of services. For some professionals and indeed for some patients/clients, the new involvement may prove challenging as there has long been a dependency culture of 'doctor/nurse/midwife knows best'. It will be for individual professionals to reassure and encourage the public in their participation. Nurses, midwives and specialist community public health nurses will also need confidence in their own professional knowledge and skills so that they do not hide behind professional veneers but instead, find ways to engage and involve their patients/clients in better balanced relationships.

Education – the essential foundation:

Pre-registration education will need to take account of changing healthcare needs and the move towards providing an increasing number of services in the community. Emphasis on patient and public involvement challenges the traditional nurse/patient relationship and new roles and careers, based on care pathways and/or patient/client 'journeys', will require the registered practitioner to work more flexibly and across professional boundaries. This has implications and challenges for preparation of new practitioners who must be fit for purpose and practice in a changing, fast-paced world that uses new technologies to enhance efficiency. Curriculum re-design will need to focus on these changing patterns of care delivery and while ensuring appropriate knowledge and skills are acquired, including IT and technical skills, the need for exposure to relevant clinical practice with positive role models who demonstrate the fundamental skills of caring and the ability to make decisions based on sound evidence, remains paramount. Novice practitioners can then

enter registered practice with the skills required to be flexible and adaptable, able to work with confidence and competence in any setting, while still providing the type of individualised, compassionate care that the public expects from a nurse, midwife or specialist community public health nurse.

The ongoing debate about generalist and specialist preparation provides further challenge and an informed decision will need to be taken, based on best evidence that maximises the skills and potential of its registered and other workforce, to enhance healthcare outcomes. There is additional pressure to work more purposefully towards inter professional education, again with the aim of preparing professionals who are fit for purpose.

Work on harmonisation within the countries of the European Community will impact on nurse education in Wales as in the rest of the United Kingdom. The Bologna process and the Tuning project are aimed at aligning nursing competencies so UK preparation programmes may need to make adjustments in keeping with these agreements.

Post-registration education also will need to respond and provide opportunities for nurses, midwives and specialist community public health nurses to acquire competencies that enhance their flexibility and prepare them to practise in new roles and/or in new ways of working. Post registration education must be viewed as part of an education continuum that begins at the point of entry to pre-registration preparation and continues through the career pathway of choice.

The introduction of Regional Deaneries for commissioning post registration education across Wales needs to be explored. The introduction of a post registration framework with individual branches needs to be considered with nursing communities. Nurses, midwives and specialist community public health nurses could choose from a variety of education options at either first degree or masters level, majoring in a speciality, thereby providing them with the necessary competencies to execute their role effectively.

Additionally, there may need to be new post registration opportunities to enhance levels of knowledge and skills to match revised standards, and/or healthcare needs. For example, electronic patient records are gaining prominence and tele-health/tele-medicine may have great benefits for those who live in rural environments. Nurses, midwives and specialist community public health nurses will need to be fluent in the use of information technology to actively participate in enhancing access to health care for the rural population.

The Welsh language is an important aspect of the culture of Wales and a growing proportion of the population is bilingual (Welsh/English). Professional education needs to reflect the cultural basis of Wales with expansion in initiatives for pre and post registration education through the medium of Welsh.

Underpinning all education however, regardless of development, change and initiative, is the need to retain the essence of nursing, midwifery and specialist

community public health nursing and the core values of each. 'Becoming' a nurse, midwife or specialist community public health nurse is as much about internalisation of the values, standards and codes of the profession as it is about learning 'how' and 'what'; codes and values that underpin both personal and professional lives.

Research and development for best practice:

An essential feature of modern health care delivery and an essential part of good clinical governance is the availability of and accessibility to, quality evidence with which to inform practice. All practitioners need to have access to evidence if they are to use research findings and contribute fully to the clinical governance agenda. The challenge is for it to be an integral part of the practice of every nurse, midwife and specialist community public health nurse to evaluate the available evidence before making decisions about care and/or providing patients/clients with evidence to enable them to make an informed choice. Every practitioner should be actively involved in clinical audit and measurement of standards of care.

It is an ongoing challenge to strengthen the contribution of nurses, midwives and specialist community public health nurses into strategic decision making concerning priorities and funding for research and development, so that the evidence base of their specific practice can be developed and have impact on care delivery. Similarly, although there has been progress in developing a critical mass of research active practitioners through initiatives such as Research Training Fellowships, more needs to be done to facilitate research and development in nursing and in midwifery. Development of career pathways in clinical research is vital for practising clinicians and will enable them to extend their research potential and to develop research based evidence from clinical practice.

Leadership and strategic influence:

Nursing, midwifery and specialist community public health nursing need dynamic leaders in all spheres of practice with vision, drive and enthusiasm to take the professions forward as equal partners with other healthcare professions and to influence policy, strategy and determination of priorities at all levels, be that in education, research or clinical practice. There is a place for 'quiet' leadership that gives stability in times of change as well as a need for dynamic, overt leaders who will make change happen. There are already positive examples of team leaders and initiatives for developing leadership skills throughout Wales. The number of nurse and midwife consultants is expanding and they are able to lead on delivery of practice based initiatives that influence care delivery. The challenge however is to increase the momentum of this work and create a critical mass of nurses, midwives and specialist community public health nurses who have a particular flare for strategic thinking, planning and policy making so that the value and input of their professions is recognised and reflected in all arenas. They need to be seen to be effective and influential and to be making a real difference to how

nurses, midwives and specialist community public health nurses contribute to healthcare delivery and to how others view and value that contribution.

Leaders are needed in all arenas and at all levels to champion the core values and expertise of nurses, midwives and specialist community public health nurses and the essential contribution that 'hands on' caring skills make to healthcare outcomes and the patient/client experience. While some social, political and resource factors that influence health and well being are beyond the control of individuals, their leaders must lobby on behalf of patients/clients and the professions to deliver an agenda that meets needs.

APPENDIX TWO

Priority areas for nursing, midwifery and specialist community public health nursing for 2008 and beyond:

Delivering high quality services

1. Priority areas for the Health Service in Wales have been identified as 'user-centred services', 'getting the most from resources' and 'targeting continuous performance improvement', with concentration on better access to services, illness prevention/health promotion and making improvements in key service areas (WAG, 2005b). Ten critical areas of reform are identified and actions targeted to achieve the goals in each. The contribution of nurses, midwives and specialist community public health nurses is particularly pertinent in some key areas: evidence based practice through research and development; benchmarking standards of care and developing care pathways; working differently in service re-configuration; education and training for new roles and new ways of working; leadership to influence standard and priority setting; working in new partnerships and across professional boundaries and through using technology and information in ways that will benefit patients/clients. These priority areas for creating high quality services have determined past and current direction in policy and practice for nursing, midwifery and specialist community public health nursing and continue to shape future focus.

Modernising careers

2. A new and modernised National Health Service that is better able to deliver quality services to those who need them, when and where they need them, requires a modernised workforce. Nursing, midwifery and specialist community public health nursing therefore need to provide competent, flexible professionals who are able to work confidently across care settings and professional boundaries and in new and different roles. Updated career pathways and choices are necessary and strong, dynamic leaders a must. This key aspect of modernisation is highlighted and driven by the four UK Chief Nursing Officers (WAG 2006).

Leadership

3. The overwhelming priorities for action identified at the stakeholder workshops held across Wales were to identify potential leaders and enable them to develop so they could have more influence and would be able to raise the profile, visibility and contribution of nursing, midwifery and specialist community public health nursing. Leaders must have recognition and support to innovate and implement needed change. Leadership remains a major priority.

Working in partnerships

4. The key to successful delivery of the outcomes for healthcare reform in Wales lies in partnerships: partnerships between policy makers, professions, professionals, patients and the public. Nurses, midwives and specialist community public health nurses will be pivotal in facilitating and encouraging positive partnerships with a common purpose; partnerships that encourage team working to deliver world class health and social care for Wales in the 21st Century. This team working should be across the total health community, inclusive of the independent and voluntary sectors as well as the NHS.

Taking the strategy forward to realise potential

5. In the spirit of partnership the '*Beliefs and Actions* statement' that now updates 'Realising the Potential' (NAfW, 1999) is a 'one size fits all' document. It is based on core principles and on common key priorities and drivers at a macro level that have equal relevance to nursing, midwifery and specialist community public health nursing and the different spheres of practice in each. Thus there should be a common strategic direction with a common focus on the challenges and priority areas for the future, albeit that the means to achieve these common outcomes may differ in different areas of practice and may be determined and addressed locally. Working together to realise the aims and outcomes of the revised strategy, as stated in the 'beliefs and actions' statement, is fundamental to achieving goals in all priority areas. It is also essential to work together to make the core principles for care explicit in all aspects of care given by nurses, midwives and specialist community public health nurses who will lead by example in delivering excellence in care.

APPENDIX THREE

Celebrating Achievements

Drawing on health policy of the time, 'Realising the Potential' (NAfW,1999) sets out a visionary agenda for achieving outcomes initiated and driven by nurses, midwives and (then) health visitors that will make an important contribution to delivering the underlying policy goals of meeting health care needs and improving the health and well being of people in Wales. The strategy is designed to be a working document, relevant to every nurse, midwife and (now) specialist community public health nurse, whatever their sphere of practice.

The strategic goal is underpinned by supporting aims in five key areas: improving the environment of care; ensuring high quality service for all; encouraging independent and reflective practice; developing existing and new career paths; demonstrating the value of nurses, midwives and specialist community public health nurses. Action points to achieve the overall strategic goal relate to each aim.

Nurses, midwives and specialist community public health nurses have always made patient/client health and well being their key priority. However, 'Realising the Potential' clearly inspired action across Wales to work together and in collaboration with patients/clients, their families and/or carers as well as the public and other healthcare professionals, on new initiatives and with renewed momentum to achieve significant outcomes. The requirements were particularly challenging in an environment of fast paced change, resource limitations and new policy drivers but they have been addressed with energy, enthusiasm and a commitment to succeed.

A key achievement of 'Realising the Potential' has been the creation of seven briefing papers. Each briefing paper document reinforces the aims of the strategy and provides clear direction on how these will be achieved in the fields of education (NAfW,2000), mental health nursing (NAfW,2001), learning disability nursing (WAG,2002a), midwifery (WAG,2002b), child and adolescent mental health nursing (WAG,2002c), research and development (WAG,2004a) and children's nursing (WAG,2004b). At the time the briefing papers gave ownership to implementation of the strategy and importantly, an all Wales focus and understanding of how the outcomes would be achieved in each field. This is important work that has informed the new statement of 'beliefs and actions'.

Similarly, in every healthcare provider in Wales, 'Realising the Potential' (NAfW,1999) has been used to personalise and underpin local strategies designed to deliver the outcomes expressed in the action plan. This approach should continue with delivering the outcomes expressed in the new (2008) statement.

Other examples of achievement arising from 'Realising the Potential' include the establishment of community based, nurse led 'outreach' clinics for the homeless that have improved the environment of care for that client group. A target of 10% home birth rate for Wales has increased the choice for women regarding place of birth and therefore the quality of the service provided. Independent and reflective practice has been encouraged across the professions and is now included in both pre and post registration programmes of education and updating. Pre registration education for nurses and for midwives is at graduate level. The provision of leadership programmes has expanded across Wales and includes all grades of nurse, midwife

and specialist community public health nurse so that leadership has gained prominence and importance at ward and community level as well as in senior management. Assembly approval of consultant posts for nurses, midwives and specialist community public health nurses has enabled a new career pathway that contributes to enhanced patient/client care. The establishment of the Academy to promote scholarship and excellence in education, practice and research promotes the value of nurses, midwives and specialist community public health nurses and their contribution to excellence in health care.

Further examples and a full analysis of achievements arising from the targets set in 1999 can be seen at: www.wales.gov.uk/nursing

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