Florence Nightingale Foundation Response to Change NHS

About Us

1. The Florence Nightingale Foundation (FNF) is a charity dedicated to empowering nurses and midwives through leadership development to improve health and care outcomes, and patient and staff experiences.

2. As part of our mission to support and develop nurses and midwives, we are dedicated to amplifying the professional voice of nursing and midwifery, influencing policy and practice through leadership development, and championing health and care thought leadership.

3. FNF reaches 257,000 nurses and midwives working within the NHS, independent and charity sectors, military, social care, and Higher Education Institutions. Between 2023-2024, FNF leadership programmes reached 2889 nurses and midwives.

4. Anchored by a broad and deeply engaged community of nurse and midwife leaders driving transformative change across all areas of health and care, and a dedicated in-house Policy and Influence staff team, FNF has officially launched a new arm of the Academy: a Think Tank aimed at influencing health and care policy.

5. We welcome the opportunity to convene our community of senior nursing and midwifery leaders to contribute to the government's engagement in understanding the workforce's priorities that should be considered in the 10 Year Health Plan.

Introduction

6. To formulate our response to the NHS Change consultation, we called on our FNF Academy members, Chief Nurses and senior midwives to share their views and perspectives on what the government should prioritise in its 10 Year Health Plan. We convened our community via an online survey.

7. We received 20 responses from a variety of senior health and care experts: 35% of survey respondents work in Chief Nurse or Associate Chief Nurse roles, while 20% work

as Directors of Nursing, and 15% of our respondents were either Sisters or Senior Sisters. Other respondents included Nurse Consultants, Advanced Clinical Practitioners, and Nursing Leads for retention, procurement, and system improvement.

8. Of our respondents, 80% currently undertake their role in England, 15% in Scotland and 5% in Wales. The majority primarily work in a hospital setting (55%) however, we also received responses from senior nurses and midwives working in community settings, education and training, private health care, social care, public health, and for national and regulatory bodies.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

9. Upon consulting with our network, we identified several key priorities that senior nurses and midwives want addressing in the Plan. The most frequently highlighted areas were: Financial Management and Budget Constraints, Workforce Planning and Retention, and Balancing Quality Improvement with Operational Demands.

10. 58% of respondents noted **Financial Management and Budget Constraints** as a key priority focus area.

11. Our community highlighted that effective financial management is vital to ensuring the sustainability of health and care services. Many senior practitioners noted the difficulty of delivering high-quality care while adhering to strict financial envelopes. Balancing the needs of patients with the reality of limited resources often forces teams to make challenging trade-offs. For example, a significant impact highlighted by our members is the lack of spending on capital works, which prevents necessary infrastructure improvements being made to aging estates and compromising quality of care. Our expert members also highlighted the need to fund increases in capacity to emergency care, to address ambulance queues and the delivery of care in temporary escalation spaces (TES) in departments experiencing patient crowding.

12. Investment in innovative solutions, such as streamlining procurement processes and integrating technology to reduce overheads, can help address these constraints without compromising patient outcomes.

13. Additionally, fostering a culture of financial accountability across all levels of the NHS can encourage better utilisation of available funds. Transparent communication about budget limitations combined with input from frontline staff in financial decisions can lead to more efficient resource allocation. Prioritising areas with the most significant impact, such as preventive care and early interventions, is critical to maintaining both short- and long-term financial stability.

14. These insights align with previous findings from the clinical educator workforce, as highlighted in the *Strengthening the Clinical Educator Workforce* policy briefing. Senior clinicians emphasised the importance of enhancing their financial literacy skills as a crucial component of developing their leadership capabilities.

15. 47% of our community highlighted that **Strategic Workforce Planning and Retention** should be a priority in the Plan.

16. The challenges of workforce shortages and high turnover rates were recurring themes across the responses we gathered from our community. Staff often leave to gain promotions or due to burnout caused by understaffing and excessive workloads. Retaining talent requires creating career progression pathways that reward loyalty and expertise within the system. Investment in leadership development, mentorship programmes, and improved working conditions can significantly enhance staff satisfaction and retention.

17. Respondents also underscored the critical need for long-term workforce planning to ensure sustainable staffing solutions that address both immediate and future healthcare demands. Such a robust workforce plan should also emphasise diversity and inclusivity to attract professionals from a wide range of backgrounds. Leveraging flexible work arrangements and integrating innovative recruitment campaigns can widen the talent pool. Listening to staff feedback and addressing their concerns—whether related to well-being, pay, or career development—will strengthen morale and reduce attrition.

18. An issue also raised with respect to financial management was the difficulty faced in deploying unused whole-time equivalent (WTE) funding, with part-time vacant positions remaining unfilled despite the clear need for additional staff.

19. 37% of the senior leaders who responded noted that **Balancing Quality Improvement with Operational Demands** must be prioritised by the government in the 10 Year Plan.

20. Healthcare leaders face a persistent struggle to balance the dual priorities of improving service quality and meeting immediate operational demands. Implementing strategy deployment frameworks can help align these objectives by embedding a culture of efficiency. Staff involvement in decision-making processes ensures that quality improvement initiatives are practical and directly benefit patient care.

21. Clear communication about priorities and realistic goal setting are also essential. Teams often report difficulty managing competing demands, which can lead to reduced focus on quality improvement. Designating specific roles or units to oversee quality initiatives can alleviate this burden and ensure sustained progress without disrupting daily operations. Integrating quality metrics into routine performance reviews fosters accountability and keeps improvement efforts on track.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

22. **Workforce Capacity and Skill Development -** Senior nurses and midwives identified a significant challenge in ensuring sufficient staffing levels with appropriate skills to meet the demand for community-based care. Concerns were raised about whether the current workforce has the expertise needed for complex care traditionally delivered in hospital settings. Additionally, there is apprehension about recruitment and retention in community roles, as they require unique competencies and may be seen as less favourable than hospital roles.

23. **Resource Allocation and Funding -** A recurring theme was the adequacy of resources. Our leaders highlighted that moving care into the community requires substantial investment in infrastructure, technology, and ongoing training. Many respondents

expressed scepticism about whether the shift would be accompanied by the necessary financial commitment, particularly as hospital budgets often dominate healthcare spending priorities. A mismatch between funding levels and service expectations could hinder progress.

24. **Community Readiness and Engagement -** The readiness of communities to take on increased healthcare responsibilities was also highlighted. Our senior leaders stressed the importance of robust support systems, including access to transportation, social care, and local health facilities. Engaging communities and addressing disparities in health literacy and access to care were viewed as critical enablers for success. Without these, the shift risks exacerbating inequalities.

25. **Systemic Coordination and Integration -** The integration of services across primary, secondary, and social care was a major concern. Leaders within nursing underscored the need for seamless communication and data sharing between hospital and community providers. Without strong collaborative frameworks, patients could experience fragmented care, which might lead to poorer outcomes and greater strain on the system. This was also highlighted when digital capability was discussed.

26. **Cultural and Structural Shifts -** Ultimate, the shift demands a cultural change among both healthcare professionals and the public. Our senior leaders observed that patients often perceive hospitals as the primary source of quality care, and changing these perceptions will require public education and trust-building. For healthcare professionals, the move represents a paradigm shift which challenges traditional models of care delivery, necessitating buy-in at all levels.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

27. Our community highlighted a significant concern regarding the **Lack of Integration and Interoperability** across technological systems in health and care. They emphasized that existing tools often operate in silos, creating inefficiencies and fragmented care pathways. Many pointed out that systems frequently fail to communicate with one another, hindering care delivery, particularly between acute and social care settings.

There was a strong call for technology solutions to align across services, ensuring transparency and consistency in care. This mirrors findings from the Ives Review, which emphasized the need for standardising digital tools and ensuring interoperability to support cohesive care delivery.

28. Workforce-related challenges were a recurring theme in our community's feedback. **Digital Literacy** among staff, was flagged as an area needing attention, with calls for more robust training and support to ensure the workforce can confidently adopt and use new technologies. Therefore, digital literacy within the workforce emerged as a crucial enabler but also a barrier. Though generally accepted as a fundamental skill with proven benefits, (Ripple Effect report; 'What do you stand for' report), systemic challenges, including the lack of structured training pathways for digital competencies and population-level digital inequality, remain significant barriers. FNF's Harnessing Digital Technology and Data for Nursing Practice is a comprehensive example of the kind of resources needed to help develop proficiency and confidence in the face of the digital transformation.

29. Our community also highlighted the challenges patients face with the increasing use of technology in care. Many patients, particularly those experiencing digital poverty or inequality, struggle to access and navigate these solutions. Additionally, there was concern about patient resistance to technology-mediated care, with many still valuing in-person interactions. Our community called for greater efforts to support patients in adapting to these changes, ensuring that technology is accessible and meets the diverse needs of the population.

30. The **Design and Implementation of Technology** also raised concerns. Our community noted that many systems are developed without sufficient clinical input, resulting in tools that are not fit for purpose on the frontlines of care. There was a strong sense that IT procurement has historically been problematic, often leading to the adoption of systems that are inefficient or fail to meet the needs of users. Additionally, the sustainability of technological solutions and their impact on the climate were flagged as considerations that are often overlooked. FNF advocates for placing nurses and midwives at the centre of digital transformation to ensure solutions are fit for purpose (Ripple Effect).

31. Another critical issue is maintaining the **Balance between Technological Advancement and Compassionate Care.** Concerns about replacing workforce roles with automation that may not enhance patient safety or experience were raised consistently by our community. The community stressed that while technology can enhance care delivery, it must not replace critical workforce roles, particularly those requiring empathy and human interaction. Instead, technology should be a supportive tool, enhancing safety and efficiency without compromising the quality of care.

32. FNF's ongoing work demonstrates the importance of leadership in enabling technological adoption. Our research highlights how leadership training equips professionals to advocate for equitable access, sustainable solutions, and evidence-based decision-making (Bond, Plotkin, Stacey and Westwood, 2024[1]; Ripple Effect).

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

33. **Challenges in Workforce and Resource Allocation** - One of the predominant challenges highlighted is the strain on the current workforce and resources. The nursing and midwifery leaders expressed concerns about how such a transition from treatment to prevention would impact the already stretched capacity of health and care staff. Spotting illness earlier and tackling the cause of ill health implies a shift to community care. Such a shift requires robust planning to ensure adequate staffing levels and workforce investment. Without additional resources, focusing on community care could detract from meeting the immediate needs of patients in hospitals, creating a potential imbalance in service delivery.

34. **Population Engagement and Accessibility -** Another significant barrier is the difficulty in engaging diverse populations. Certain segments of the community may not readily access preventive or community-based care due to logistical challenges, cultural

[1] Bond, C., Plotkin, L., Stacey G., and Westwood, G. (2024) Nurses' and midwives' perception of the leadership skills and attributes required of future leaders, British Journal of Nursing, 33(20), https://doi.org/10.12968/bjon.2024.0142.

differences, or mistrust in the system. Our community emphasized the importance of engaging with underrepresented groups and involving trusted community leaders to ensure inclusivity. This requires targeted outreach and education to bring these populations into preventive care models.

35. **Importance of Prevention and Education -** While there is agreement on the value of prevention, our senior health and care leaders stressed that the approach must not come at the expense of treating current health needs. There is a need to upskill healthcare professionals in prevention strategies, including nutrition education and chronic disease management. Public buy-in is also critical to the success of such programmes, but it will require addressing structural barriers, such as the higher cost of healthy food disproportionately affecting vulnerable groups.

36. Focusing on developing the leadership skills of health and care staff is, by far, the most crucial enabler in this agenda. Leadership skills equip health and care professionals with the confidence, strategic insight, and innovative thinking needed to drive change and improve care quality. As proven by FNF Alumni, empowered leaders can implement initiatives that enhance preventive care, improve diagnostic pathways, and address health inequities. For example, leadership programmes empower nurses to lead quality improvement projects, such as enhancing diabetes care (Star alumni) or developing digital tools for support recruitment and retention (FNF Alumni). Strong leadership also fosters collaboration with community stakeholders, builds trust with underserved populations, and ensures that preventive measures are integrated into everyday practice, creating a ripple effect in improving public health outcomes (The Ripple Effect).

Q5. Please share specific policy ideas for change.

37. **Strategic Workforce Planning and Retention**: To address workforce shortages and high attrition rates, policies must focus on career progression pathways that reward loyalty and expertise while reducing burnout. This includes integrating mentorship and coaching, leadership development, and flexible work arrangements to enhance staff satisfaction and retention. Leveraging unused Whole-Time Equivalent (WTE) funding can address immediate staffing needs, while targeted recruitment campaigns should

prioritise diversity and inclusivity to ensure a healthcare workforce reflective of the population it serves. These measures will ensure sustainable staffing solutions while fostering a supportive and inclusive work environment.

38. **Financial and Resource Management**: Effective financial management is essential for balancing quality care with budget constraints. Policies should prioritise investments in preventive care and early interventions while streamlining resource allocation through innovative digital tools. Engaging frontline staff in budget decisions will improve efficiency and accountability. Additionally, creating dedicated capital funds for upgrading aging infrastructure will address safety and care quality concerns. By fostering a culture of transparency and financial literacy at all levels, the NHS can better allocate resources to areas with the highest impact.

39. **Advancing Technology Integration**: The integration of technology in healthcare requires standardising systems to ensure interoperability and involving frontline clinicians in their design to align with real-world needs. Investments in workforce digital literacy, alongside patient education initiatives, will bridge gaps in digital equity and improve the adoption of digital tools. Technology should serve as a supportive tool to enhance safety and efficiency without replacing the human touch in care. Emphasising sustainability and clinician-led development will ensure that technological advancements align with patient outcomes and staff usability.

40. **Shifting Care to Communities**: Moving care closer to communities demands substantial investment in local health infrastructure, training, and technology. Policies and marketing must address workforce capacity for community roles, which often lack the prestige of hospital positions, by offering targeted incentives and development programmes. Engaging communities through education and partnerships with local leaders can address disparities in health literacy and trust, ensuring inclusivity. Seamless integration between primary, secondary, and social care services will prevent fragmented care, improving outcomes and reducing strain on hospitals while supporting this paradigm shift.

41. Thank you for the opportunity to present the expertise and priorities of senior nursing and midwifery leaders within NHS and Social Care.