

The role of the nurse

The NHS Next Stage Review workforce report, *A high quality workforce*^{*}, indicates that nurses will always be at the heart of shaping the patient experience and delivering care. It promotes further work on reaffirming the role of the nurse and also supports the development of metrics to measure and help improve the quality of nursing care. So, what does this mean for the largest section of the healthcare workforce?

Fluctuations in workforce supply and demand, coupled with changes to policy for the nursing profession and healthcare service delivery make workforce planning and analysing the future role of the nurse a challenge.

Delivering the vision of the Next Stage Review (NSR) to modernise all healthcare careers will require the engagement of the whole of the NHS. This will apply whether these are clinical, administrative or support-based roles. The process starts before education, with the need to market healthcare careers and clearly profile the behaviours and values the NHS needs in its future workforce.

It is vital that any new policies or frameworks support employers' needs in terms of what they want their future nursing workforce to look like and put quality at the centre of any change.

This discussion paper has been produced:

- to give you a summary of the emerging issues
- to provoke thought and discussion about proposals to modernise the nursing workforce
- to engage you in the debate and formulation of policy by asking you to respond to a number of key questions. The questions may also be useful

to start debate within your own organisations.

This paper discusses nursing in general and not particular specialisms, branches, health visitors or midwives. These will be addressed as our work programme progresses.

Background

What does our workforce look like now and what will it look like in the future?

- The NHS in England currently employs 315,410 qualified nursing, midwifery and health visiting staff.
- The Workforce Review Team (WRT) published their workforce predictions in

^{*} References to the Next Stage Review throughout this paper relate to the Department of Health's report: *A high quality workforce: NHS Next Stage Review*.

October 2008, which showed that although supply largely meets demand, if current commissions are maintained there will be a reduction in trained nurses in the future.

- We should not think of our future workforce simply in terms of new entrants. In 2020, 85 per cent of our workforce will be people who are currently employed within the NHS in some capacity.
- The Information Centre census data, September 2008, shows that the number of nursing support roles working in the NHS in England increased from 132,915 in 1998 to 144,892 in 2008, although after a dip in numbers the 2008 figure is comparable to the number employed in 2003. It is widely acknowledged that these roles will continue to exist and need to grow in number. There are currently no national standards of proficiency or framework of competencies for the variety of roles that feature in Bands 1 to 4 of the Career

Framework and the Agenda for Change pay framework.

- In 2006, NHS Employers published an overview of evidence related to the *Employment of registered nurses: the effects on patient outcome and on nurse employees*. The evidence shows that the way in which organisations employ nurses can directly affect patient well-being, recovery and mortality. Research on the educational background of nurses could show that nurses holding a Bachelor degree can have an impact on reducing mortality and failure-to-rescue incidents.
- The Dr Foster Intelligence, published in the *Nursing Times* in March 2009, shows that there were lower mortality rates and shorter hospital stays in acute trusts with more nurses per bed, although it also makes reference to having the correct skill mix present along the patient pathway and how this will ensure that patient outcomes are improved.

What are the policy drivers for change?

We have listed below some of the policy drivers that employers need to work through when assessing what their future nursing workforce will look like. It is likely there will be more that impact on the decision-making processes and this means that solutions will need to be flexible to adapt to future changes. The NSR provides the vehicle for all of the changes to be delivered and makes recommendations of its own around the education and career pathways of nurses.

- Modernising Nursing Careers
- Child Health Strategy
- Maternity Matters
- World Class Commissioning
- Transforming Community Services
- European Working Time Directive

In March 2009, the Commission on the Future of Nursing and Midwifery was created. The

Commission, which reports on its findings to the Prime Minister in March 2010, aims to influence how nurses and midwives can improve the quality of care, health outcomes and experience of patients.

The current recession in the UK has not only had an impact on the commercial sector, but also places demands on the public sector to demonstrate savings and efficiencies while increasing quality and maintaining public confidence. The Releasing Time to Care programme can help employers to get value for money, inspire innovation and empower staff to contribute to wider objectives around productivity and efficiency.

Areas for discussion

1. Degree-level registration for new entrants to the profession

After extensive consultation, the Nursing and Midwifery Council (NMC) announced in September 2008 that new entrants to the profession will need to be

degree-level qualified in order to gain registration to practise. This piece of work formed phase one of the review of Pre-Registration Nursing Education (RPNE). Phase two is currently underway.

The decision to move to degree-level registration for new entrants to the profession will bring nursing into line with other healthcare professions in the UK and with entry to the profession in several other countries in Europe and elsewhere. The stimulus for the shift to degree-level registration is recognition of:

- the increasing complexity of the roles that nurses have to undertake
- the higher levels of autonomy and interaction with other professionals, inside and outside healthcare
- a desire to attract and retain the highest calibre recruits into nursing.

The NMC's decision is supported by a set of principles for a future framework for

pre-registration nursing education as a first part of the Modernising Nursing Careers programme; these are:

- minimum award of a degree for pre-registration nursing programme
- professional recognition on the Register denoting the field of practice
- nature of the programme – to be a blend of generic and field-specific learning that has flexible boundaries, but specified competencies and outcome measures linked to progression points
- length of the programme to be a minimum of three years with a 50 per cent theory/practical split, including sections of time in community and other practice settings
- stepping-on and stepping-off agreements
- a period after registration for mandatory preceptorship.

As a response to phase one of the consultation, employers supported the move to

degree-level registration for new entrants. They also highlighted that the shift comes with a number of issues that need employer and education involvement to implement successfully, namely the content of pre-registration nursing programmes.

The second phase of the review is now underway. It focuses on the development of generic and field-specific competences – the knowledge and skills that nurses need for practice. The NMC is also looking at developing a teaching, learning and assessment framework, which aims to increase opportunities for shared learning between students of different nursing fields and other professions. The outcome of the review will be standards of proficiency for pre-registration nurse education, which should be published by Autumn 2010. Updates on the NMC work will be published on our website: www.nhsemployers.org

In addition to the development of the NMC competences and frameworks, employers want to maintain strong relationships

with the local higher education institutions that provide nurse training courses. This will ensure the content of the programmes include employers' requirements, and will provide clarity on the types of courses and number of students they will be accepting in the future.

Review of student bursaries

The decision to move to degree registration for new entrants raises some issues with the current student bursary scheme that provides financial support to those currently undertaking nursing studies. There is an anomaly in the system which awards a non-means-tested bursary to diploma students and a means-tested bursary to degree-level students.

The NSR indicated that the funding system needs to be reviewed and there is work taking place to prepare options for a formal consultation. This Department of Health consultation will run from the end of July until mid November 2009. We will be seeking views and coordinating a response from employers.

Key questions for employers

- How do you see nursing roles within your organisation developing when all new entrants to nursing are qualified to degree level?
- What does this mean for improving the quality of care? How will you measure and report this?
- What does it mean for workforce planning and education commissioning?
- If there are less qualified nurses in the system, who will be providing the care?
- What will the shape of your nursing workforce look like?
- If the shape looks different, what needs to happen to ensure a smooth transition from where you are now to five years in the future?

2. Embedding the practice of preceptorship

The Modernising Nursing Careers programme has the goals of creating a more flexible and competent workforce, updating career pathways and better preparing nurses for leadership. A key element of the programme, repeated in the NSR, is the commitment to a foundation period of preceptorship at the start of a newly-qualified nurse's career. The NSR announced a threefold increase in the amount currently invested, to provide professional support and protected time for nurses as they move into practice for the first time, laying a solid foundation for lifelong learning.

Preceptorship combines informal one-to-one learning from experienced practitioners with structured learning opportunities, some formal appraisal and recording of the competences and confidence acquired. While we acknowledge that some employers have preceptorship programmes in place, given

the funding commitment made in the NSR employers need to be clear about how they are going to develop and embed the principles of nursing preceptorship in their organisation.

Key questions for employers

- What should preceptorship look like and how will it be assessed or measured?
- How can you plan and resource the increase in preceptorship for all new nurses across all areas of activity?
- Does it need to be profession-specific?

3. Supporting roles: healthcare assistants and assistant practitioners

To support the delivery of high-quality and safe care, the NSR included a commitment to ensure that staff in clinical support roles are appropriately

trained and for all staff to have career frameworks.

The Workforce Review Team (WRT) forecasts indicate that the qualified nursing workforce will be proportionally smaller in the future and therefore the role of the healthcare assistant and assistant practitioner become even more crucial to ensuring that patients continue to receive high-quality care.

In addition to the planned nursing commissions, analysis suggests that the move to degree-level registration for nursing may mean that not all students who currently apply for diploma courses would have the qualifications to be accepted directly onto a degree course. This creates a gap in the workforce supply chain, which employers need to consider and include in workforce development planning and business planning cycles.

It is also thought that as new graduate nurses come on stream it is likely that their practice, as a whole, may shift slightly upwards. This means

that in the future more care may need to be provided by appropriately trained and developed clinical support staff. Some of these staff will progress to a professional career as highlighted in the *Grow our own professionals for the new NHS* project. The supporting roles will not necessarily look like they do now and will evolve to meet service needs. This will add a different dimension to the shape of the workforce.

The step change from employing registered nurses and healthcare assistants to graduate nurses and assistant practitioners at Agenda for Change band 4 needs to be assessed carefully by employers.

Key questions for employers

- Do you have an established assistant practitioner role that operates at level 4 of the national skills framework?
- What are the governance risks of having a larger

proportion of the workforce being non-regulated and how can this be addressed?

- What would a supporting role need to look like to meet your service needs? Is it profession-specific or generic?

4. Access routes into nursing

To make sure that access to the nursing profession is not compromised while maintaining high-quality standards of nurse education, there need to be opportunities to allow entrance to nursing as a second career, a mature student or a student who has not obtained the required academic qualifications for direct entry into nurse education. To widen access and break down some of the barriers an all-graduate registration profession may create, there needs to be a range of additional access routes and clear training

pathways, both for new and existing staff. These include:

- 14 –19 diploma
- apprenticeship programme
- foundation degree.

Key questions for employers

- How should these access routes and training pathways be developed to support employer needs?
- Should the programmes be profession-specific or comprise generic competences and why?

5. Flexible career pathways

With the majority of the future workforce coming from within the NHS, employers must make sure that roles are not only attractive and empowering to individuals they wish to recruit and retain, but also pay attention to development needs, career aspirations and flexible career pathways for their existing workforce. At

the same time, employers should be increasingly aware of the return on investment for staff training and education.

There have been a number of changes in recent years that have had a direct impact on the role of the nurse, for example:

- an increase in long-term conditions
- the move to pathway management
- care being delivered closer to home
- an emphasis on self-care
- a growing public health agenda
- the impact of Transforming Community Services on the profession.

The role of the nurse and the whole clinical team looks different now and will continue to evolve as policy relating to the profession changes.

The career pathway of the nurse needs to be flexible to respond to the needs of the future and ensure that it

attracts and retains those with the behaviours and skills needed by employers and patients.

Work is already being taken forward by the Chief Nursing Officer with Skills for Health as part of Modernising Nursing Careers to develop career pathways for nurses. This includes looking at core competences in level 5 posts across all five pathways, with a particular focus on looking at progression from new registrant to the end of the first year and then to the top end of level 5. This will demonstrate and celebrate the breadth of possibility at this level and tie in with work on preceptorship. The aim is to eventually extend this work across all levels from 2 to 8 in a similar way to the changes already achieved for allied health professionals.

Although work is underway centrally, employers will also have their own programmes to support the development of advanced practice, movement

into management and nurturing leaders. It is important that these local experiences are captured as case studies to inform any centrally developed framework.

Options for careers in clinical academia have also been developed. The National Institute for Health Research (NIHR) and the Chief Nursing Officer for England have launched a joint initiative for a clinical academic training pathway for nurses, midwives and allied health professions. The initiative has been developed in partnership with the Economic and Social Research Council (ESRC) and the Higher Education Funding Council for England (HEFCE).

A principal objective of the initiative is to nurture the academic and research evidence base that will be required to educate the graduate nurses of the future. The first successful candidates from the new funding arrangements will take up posts from September 2009.

Key questions for employers

- What do you need to do to prepare your workforce for work outside of the hospital setting?
- What are the gaps in the current career pathway?
- What can be introduced in a new career pathway structure to enhance staff retention?
- How do you support nurses to hone their leadership and management skills?
- How will you support the clinical development of postgraduate nurses undertaking clinical academic careers?
- Does your organisation have a forum where research questions about nursing practice can be developed and refined and then addressed by clinical academic nurses?

6. Enhancing patient experience

The NHS Confederation is scoping a piece of work around patient experience. This programme is looking at positive clinical outcomes, efficient processes, dignity and personalised care. The nursing workforce has a crucial role to play in enhancing the patient experience but it is also noted that it is not the sole responsibility of those working in nursing roles. As part of the NHS Confederation, NHS Employers will be working with colleagues to ensure the programmes complement each other.

As well as the work being undertaken within the NHS Confederation, the Royal College of Nursing (RCN) conducted a dignity survey in February 2008 which attracted responses from more than 2,000 nurses. Almost all said that the dignity of patients was important to them as nurses, and over 80 per cent said they feel distressed when they are unable to give the dignified care they know they should. In response, the RCN launched a

campaign, *Dignity: at the heart of everything we do*, with the aim of demonstrating how much nurses care about this issue and finding ways to nurture more dignified care.

Having time for dignified care is critical, with 65 per cent of respondents to the RCN's survey saying they sometimes or never have enough time to devote to the dignity of patients. Pressure on staffing levels, volume of paperwork and lack of leadership were all cited as organisational obstacles to dignified care.

A number of physical factors were identified as crucial to sustaining dignity in care:

- cleanliness and privacy of toilets
- curtains around beds
- single-sex bays in wards
- gowns that protect modesty
- private space for intimate care and conversations.

There is also, prima facie, an association between dignity of

care for patients and dignity in treatment of staff. In the case of nurses, this means being respected for their professionalism at ward level or in other arenas of care, and having a voice at board level where issues of dignity and quality of care are given proper consideration.

Employers should have effective mechanisms in place to review patient and staff feedback at board level. They should also consider how well the physical environment of their wards protect and promote patient dignity.

7. Measuring nurse performance

The priority given to quality within the NSR, and the commitment to hold trusts accountable, raises the important question of how nursing outcomes can best be measured and best practice rewarded. The key criteria cited for nursing are compassion, safety and effectiveness. Indicators for safety are already widely used, such as failure to rescue, falls, healthcare associated infection

and pressure sores. Compassion or, more appropriately, patient experience of care and effectiveness as the positive contributions to well-being, are much harder to quantify.

Any selection of indicators and setting of standards presents challenges and the front runners for use by employers can be viewed in the 2008 National Nursing Research Unit report *State of the art metrics for nursing: a rapid appraisal*. Indicators should be measurable with available or easily-acquired data at reasonable cost. Otherwise, resources and energy may be distracted from the principal activity or providing high-quality care. There must be evidence that nursing contributes to changes measured by the indicator, and the indicators must be recognised as significant to employers, patients and practitioners. Also, there is a risk that focusing on a few key aspects of care may prejudice overall performance and improvement.

Developing useful and reliable indicators of quality will require

the involvement of the nursing profession, regulators, employers and patients.

Have your say...

The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda.

To enable us to represent employers' views and to influence the formulation of policy and frameworks, we need to hear from you. We have created an online questionnaire to gather your feedback on the key questions posed throughout this paper. By responding to these questions, you are helping us to reflect your views and give a representative view on behalf of employers.

Please take the time to share your views at www.nhsemployers.org/nursing and please let us know if there are other unanswered questions you, as an employer, feel we need to explore.

We are also asking if you are happy to be contacted

further in relation to contributing to the whole nursing debate or a particular section of interest, for example developing the pre-registration nursing curriculum or developing a framework for Agenda for Change bands 1 to 4.

NHS Employers' work programme

NHS Employers continues to represent you, working closely with the Department of Health and the Nursing and Midwifery Council on various policy

formulation groups. The feedback we gather from our online questionnaire will help us to ensure that we are reflecting your views and interests.

We will keep you informed of the latest developments and news through regular updates on our nursing web pages and our weekly *NHS Workforce* bulletin.

We aim to gather and publish case studies on preceptorship, training for bands 1 to 4 and metrics, which we will place on the

shared learning section of our website.

We will be using the HR directors' network meetings later in the year to update you on our work and we are also looking at holding bespoke workshops for employers. There will also be a session on the future of nursing at our annual conference, **Leading workforce thinking**, in November 2009.

Contact us at recruitmentandretention@nhsemployers.org

References and further reading

NHS Employers website: www.nhsemployers.org/PlanningYourWorkforce/Nursing/Pages/Nursing.aspx

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NHS Employers supporting • promoting • representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work,
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