



**THE GOVERNMENT'S  
RESPONSE TO THE  
RECOMMENDATIONS IN  
FRONT LINE CARE:** The report of the  
Prime Minister's Commission on the Future of  
Nursing and Midwifery in England.



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# **THE GOVERNMENT'S RESPONSE TO THE RECOMMENDATIONS IN FRONT LINE CARE:**

**The report of the Prime Minister's Commission on the  
Future of Nursing and Midwifery in England.**

**Prepared by**

**Professional Leadership Team – Chief Nursing Officer's  
Directorate**

# Foreword

Having been a nurse myself I was pleased to see the profile of nursing and midwifery raised by the Commission's report *Front Line Care*. It states a number of welcome principles. Before the general election we consulted on the future of nursing. From what we were told through that process I believe we have to go further to ensure that nurses can nurse and midwives can practice effectively. This Government will give nurses and midwives the backing they deserve.

The Government is committed to developing a world class NHS. This will need world class nurses and midwives. We must attract the best recruits and promote their individual professional development so they can give the highest quality care and make a huge contribution to our society.

Since the Commission's report was published I have had the pleasure of launching the Principles of Nursing Practice which were developed by the Royal College of Nursing along with the Department of Health and other collaborators. These eight principles describe the values on which the profession is based and are a commitment to patients, their families, carers and colleagues. I consider these should be over-arching statements that frame the future of nursing. They also reinforce the NHS Constitution.

The country is facing very challenging financial times and *Front Line Care* now has to be read in this new context where funding increases are limited but where expectations of nurses and midwives delivering the very best care remain as high as ever. Much of what we now have to do heralds a change of culture rather than a need for new funding. I have no doubt that the leaders of the professions will be, as ever, pragmatic and creative in taking nursing and midwifery forward.

In responding to *Front Line Care* on behalf of the Government I welcome the report. I recognise it has much to commend it but it does not go far enough. We have an aging population, changing patterns of illness and rapidly advancing treatments – developments that will need to be met with the individual initiative and creativity of every nurse and midwife. Leaders of the professions will need to rise to these challenges to build on the past and ensure nursing and midwifery care is always given with compassion, commitment and confidence.

Finally, I am very grateful to the patients, public and professionals who contributed to the report and the Commissioners who, as prominent leaders of the professions, wrote it. It will help us together build a dynamic future for nursing and midwifery.

**Anne Milton**

**Parliamentary Under Secretary of State for Public Health**

# Introduction

Front Line Care contains 20 recommendations clustered into seven themes. The themes are:

- The socioeconomic value of nursing and midwifery
- High quality, compassionate care
- Health and wellbeing
- Caring for people with long-term conditions
- Promoting innovations in nursing and midwifery
- Nurses and midwives leading services and
- Careers in nursing and midwifery.

The full report can be found at:

<http://webarchive.nationalarchives.gov.uk/20100331110400/http://cnm.independent.gov.uk/the-report/>

## Response to the recommendations

- **Recommendation 1: A pledge to deliver high quality care**

Nurses are highly respected and highly regarded. The Nursing and Midwifery Council Code enshrines the expectations of the profession to deliver high quality care. High quality standards of care are a feature of the NHS Constitution for all staff and are also expressed in the Principles of Nursing Practice launched by the Royal College of Nursing in November 2010.

Employers and educators need to use the Principles of Nursing Practice as a pledge so that their nurses and students understand what is expected of them. Our pledge to nurses and midwives is that we will give them much more autonomy.

We propose making more of the annual International Nurses Day in May to reinforce this pledge to society. We will also use it to promote nursing as a career option for the right people including attracting a broader range of graduates and professionals into nursing and those wanting to make a career change.

- **Recommendation 2: Senior nurses' and midwives' responsibility for care**

Tackling poor care is everyone's responsibility. It is right that there should not be unacceptable variations in the standards of care. To achieve this we need confident nurses and midwives and also strong leaders. Nursing and midwifery leaders are responsible for ensuring compassionate, high quality, safe and effective care. We expect there to be an increasing focus on improving outcomes and experiences for the people who use their services.

The atmosphere in which care is given must also be right. This will need better protection and a stronger voice for staff. We are resolute in protecting the right of staff to speak out about poor care or workplace bullying. There will be zero tolerance of direct threats to the physical safety of front line staff.

We will introduce a new contractual right for staff to raise their concerns direct to the Care Quality Commission.

- **Recommendation 3: Corporate responsibility for care**

NHS Commissioners, boards of NHS trusts and other healthcare providers are accountable for commissioning and delivering high quality care. Lines of accountability in those organisations must be clear.

It makes sense to identify a board member to be the champion of high quality care. This responsibility is often associated with the director of nursing post, but it should be clear that the quality of care is also a corporate responsibility not just enshrined in one director.

We expect nurses and midwives at all levels to be accountable for the quality of their care; Directors of Nursing to be accountable for the shape and size of the nursing and midwifery workforce and boards of NHS trusts and other healthcare employers to be accountable for high standards and quality of care. We have consulted on a new system for planning and commissioning workforce, education and training. We expect this will reinforce the need for those who actually employ nurses and midwives to take a greater role in workforce planning. We want employer-led estimates of workforce need to link directly to decisions over funding for staffing and training.

We will implement new systems during 2011/12.



- **Recommendation 4: Strengthening the role of the ward sister**

The leadership exhibited by ward sisters, charge nurses, community team leaders and other nurse leaders in healthcare is pivotal. The strength of that leadership has an unambiguous link to the quality of care and the reputation of the profession. But they must be given time to lead. Time consumed on bureaucratic tasks must be reduced so they have time to supervise staff and the delivery of care.

We need to get the best out of our staff. The removal of clinically unjustified targets has already given nurses and midwives more time to give care and focus on improving health outcomes.

There are many potential leadership opportunities for nurses and midwives. These are in management, education and research as well as practice. This not about seniority or a position in the hierarchy. We want nurses and midwives to demonstrate their leadership skills and be more autonomous at every stage of their careers, suggesting ways of improving care and innovating to improve the delivery of services. Employers will recognise leadership potential and provide, in collaboration with universities, opportunities for leadership development.

To demonstrate this we are considering a pilot programme in which a junior nurse or midwife representative could sit with the trust board on a rotational basis. This will give staff at a junior level the opportunity to express new ideas to decision makers and to gain an understanding of the wider operation of an NHS organisation.

- **Recommendation 5: Evaluating nursing and midwifery**

Nurses and midwives are central to our vision of the NHS. It is right that their practice needs to be built on an evidence base. Outcomes for patients and service users that are sensitive to nursing and midwifery interventions should be measured. We expect nurse and midwife researchers to identify where there are gaps in the evidence and to create a new evidence base. They and their colleagues in practice, education and commissioning need to ensure that research findings are disseminated and adopted widely.

- **Recommendation 6: Protecting the title “nurse”**

We value the contribution of everyone who gives direct care whether they are a registered nurse or not. Teams often employ people with a blend of skills and a range of qualifications and the care they give can be practiced in many places – hospitals and homes. This diversity brings complexity, but it has to be clear that

care, where it is delegated by a registered nurse, it is carried out by a suitably skilled healthcare assistant.

Historically and currently, the title of nurse has not been restricted to use within health and social care (it is used in other settings such as veterinary nurse, nursery nurse, etc.) and the title "dental nurse" is also specifically protected in law and the General Dental Council has the same responsibility to use its powers to prevent misuse of that title. As an independent regulator it is for the Nursing and Midwifery Council to take measures to ensure that the protected title of 'registered nurse' is appropriately recognised and understood in a health and social care context.

- **Recommendation 7: Regulating nursing and midwifery support workers**

Nursing and midwifery support workers are extremely valuable members of healthcare teams and should be recognised as such. They should be able to develop their skills and knowledge so they can deliver high quality care and, should they wish, progress into higher education with a view to becoming registered nurses or midwives. This is an important access route into nursing and will help increase the diversity of the workforce.

As set out in the Command Paper 'Enabling Excellence'<sup>1</sup>, national statutory regulation must be proportionate and targeted to any risks posed but should not be the first resort in dealing with risks arising from the activities of healthcare workers.. The Government does not believe that the extension of statutory regulation to all workers in the health sector across the UK and the social care sector would be a proportionate response and that the emphasis should be on employers of unregulated workers to take responsibility for the quality of services provided.

Employers are crucial to ensuring that support workers are properly managed and that their performance is regularly appraised. To ensure they are acting to their full potential employers must be clear about the tasks and responsibilities that can be delegated from registered nurses and midwives to support workers.

However, we recognise that a more flexible system is needed to enable employers to assure themselves that prospective employees have met adequate standards of training and competence. Such a system should also allow people who work in professional and occupational groups who are not regulated in law, if

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<sup>1</sup> Enabling excellence. Autonomy and accountability for healthcare workers, social workers and social care workers. The Stationary Office. 2011.

they wish to, to demonstrate that they meet high standards. This would include nursing and midwifery support workers.

Subject to Parliamentary approval of provisions contained in the Health and Social Care Bill 2010/11, the Government intends to establish the Council for Healthcare Regulatory Excellence (CHRE) as the national accrediting body for a system of assured voluntary registers for groups which are currently not subject to statutory professional regulation. The CHRE will set standards against which the governance, procedures, registration criteria and performance of voluntary registers can be judged.

- **Recommendation 8: Regulating advanced nursing and midwifery practice**

Nursing continues to become more complex. High levels of skill are required at the point of registration and, in order to deliver specialist and complicated care, many nurses and midwives develop advanced skills and knowledge and make difficult decisions with people who need their care.

The Government is aware of the long-standing debate on the regulation of advanced practice. The Council for Healthcare Regulatory Excellence (CHRE) provided advice to the four UK health departments on this issue in July 2009.<sup>2</sup> In particular, CHRE concluded that much of what is often called ‘advanced practice’ does not make additional statutory regulation necessary. Career development within a profession can be governed appropriately by other mechanisms.

CHRE also commented that regulatory bodies may need to consider what action is necessary to assure professionals’ fitness to practice where the nature and scope of professional practice changes so significantly that it is fundamentally different for that at initial registration and where risk to the public is evident. While the Government is happy to review any proposals brought forward on this issue by the NMC, we would clearly seek to see such proposals being framed in a manner that takes account of the findings in the CHRE report. We would also expect the NMC to discuss its proposals with the CHRE first. Clearly, framing an approach by which additional regulatory intervention is undertaken only when proportionate will be key.

- **Recommendation 9: Building capacity for nursing and midwifery innovation**

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<sup>2</sup> <http://www.chre.org.uk/satellite/116>

We recognise that nurses and midwives are creative innovators, but there needs to be a genuine culture shift for this to happen consistently and systematically. We want nurses and midwives to promote real change. Their constant exposure to the needs of those who use our services puts them in an ideal position to be creative and improve productivity.

To achieve more they must have opportunities in their pre- and post-registration training to develop skills as leaders, as entrepreneurs and bring about transformational change. It is for universities to provide that training and for employers to recognise and nurture these talents so that nurses and midwives can become the champions of change and innovation for the future.

- **Recommendation 10: Nursing people with long-term conditions**

People are living longer and becoming more expert at managing their own long term conditions. This will be reflected in the commissioning of new care pathways and these will no doubt be dependent on a strong, effective and efficient nursing contribution. It is therefore necessary for nurses to take on new roles as educators and enablers for people with long term conditions. Nurses also need to be able to make direct referrals to other professionals and agencies.

To achieve this nurses need greater autonomy tailored to the roles they are performing and the care they are giving.

We will ensure that in promoting the profession the scope of practice and the roles of specialist nurses is made clear. For example nurses are often the main clinician working with people with a long term condition and can order tests, prescribe medicines and make referrals as well as educating people about their condition and advising on how best to manage it.

- **Recommendation 11: Nurses' and midwives' contribution to health and wellbeing**

The Government has set out its long-term vision for the future of public health in England in the White Paper Healthy lives, healthy people: Our strategy for public health in England. The aim is to create a 'wellness' service (to be known as Public Health England) and to strengthen both national and local leadership.

This vision is enshrined in the Health and Social Care Bill which will create a culture to ensure all nurses and midwives participate in improving the public's

health wherever they can, in whatever setting they work in. There will need to be close integration with health and social care to ensure every opportunity to promote health and well-being, preventing ill health and reducing health inequalities is taken.

We recognise that nurses and midwives have an important role in improving health and it will be for Commissioning Consortia and Health and Wellbeing Boards to create incentives to encourage nurses and midwives to turn every interaction with service users into a health improvement opportunity.

We have made it clear that we will have a director of nursing in the Department of Health. This will be a senior leadership post within the Department and incorporate public health and relate to Public Health England. It will ensure the nursing and midwifery voice is heard when public health policy is discussed and shaped.

Our commitment to maximising the contribution of nurses who are specialists in public health is clear. We have a commitment to increase the number of health visitors and to ensure that they are recognized as leaders of child and family public health in our communities including a leadership role in Sure Start children's centres. We are working to develop a model of school nursing that makes clear the key contribution of those nurses to the health of children and young people in the school and the wider community.

- **Recommendation 12: A named midwife for every woman**

We expect heads of midwifery, maternity services managers and commissioning consortia to implement this locally. Midwives are crucial in supporting women and their families throughout the maternity care pathway. They also need to influence how our proposal for maternity networks develops and functions in practice.

Choice for women over how they access maternity care, what type of antenatal care they want and where to give birth are still central to our thinking. Our intention is to reduce health inequalities and improve public health and midwives must be actively engaged in these efforts.

We have made sure Strategic Health Authorities will not be reducing midwifery training places during 2011/12. The NHS has a record number of midwives in place and the planned training of midwives for the coming year will continue at the same numbers as last year. Since May 2010, the number of midwives has increased by 296.

We are firmly committed to getting the number of midwives right and we have asked the Centre of Workforce Intelligence to monitor this.

- **Recommendation 13: Staff health and wellbeing**

Staff health is equally important and we recognise that nurses and midwives are seen as role models for healthy living. We expect organisations locally to implement the recommendations of the NHS Health and Wellbeing Review (Boorman report<sup>3</sup>).

Staff health and wellbeing can be compromised by their exposure to abuse. This is unacceptable. Of great concern is the number of assaults against staff who work in the community, where they are often more vulnerable because they frequently work alone.

Employers must implement policies supporting zero tolerance of direct threats to the physical safety of staff.

- **Recommendation 14: Flexible roles and career structures**

Flexible roles and career structures already exist, but these should be developed further so that nurses and midwives understand the wide ranging directions their roles and careers can take. In addition to clinical and specialist roles, there are opportunities for careers in commissioning, education, leadership, management and research.

We will ask the national Nursing and Midwifery Advisory Board to explore how employers might structure career development in their organisations. There is a desire to develop nursing roles that are flexible and lead to nurses having advanced generalist skills. This could help broaden the nursing contribution to care and avoid nurses becoming overly specialised too early in their careers.

Continuing professional development needs to be properly funded. We have consulted on this and will develop a system where there is more transparency and the money for training follows the individual member of staff. Training must be seen as integral to an organisation's success and central to business planning. We intend to hold NHS organisations to account for the development of skills within their organisations

The image of nursing and midwifery as career choices should be promoted both nationally and at a local level. We need wide access routes and flexible training and working patterns. The image of the professions is key. Nurses and

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<sup>3</sup> Boorman, S. (2009). NHS Health and Wellbeing. Final Report. Department of Health

midwives are central to our vision for the NHS because it is so often their personal care and initiative that determines the success of interventions and treatments.

The annual celebrations of International Nurses Day and the International Day of the Midwife need to be supported to enhance the image of nursing and midwifery.

- **Recommendation 15: Measuring progress and outcomes**

We expect that the new NHS Outcomes Framework will be used by employers to create opportunities for nurses and midwives to focus on outcomes and deliver effective and safe care. The Government's intention is to liberate the NHS from bureaucracy and the NHS Outcomes Framework sets out the national lines of accountability which are in place to improve outcomes.

Many nurses and midwives will have been involved in developing High Impact Actions and Energising for Excellence. These initiatives have helped create a culture of using evidence and measuring outcomes, and show that ideas from front line nurses and midwives can have a national impact.

Nurses have a key role to play in improving outcomes: from the community matron reducing the time people with long term conditions spend in hospital, to the health visitor helping to reduce injuries to children and the ward staff nurse helping people become independent after a stroke. There is a part for everyone to play.

People using NHS services have variable experiences. We want to create a culture where an excellent experience is as important as an excellent clinical outcome. Part of the culture shift is for nursing and midwifery leaders to help front line staff take broad responsibility for the quality of those experiences. With nurses and midwives giving the highest proportion of hands on care, their ownership of what leads to an excellent experience is crucial.

- **Recommendation 16: Educating to care**

The nursing profession is making progress towards implementing degree level registration for all new nurses from 2013. Midwives already have degree level registration.

Universities and the NHS need to reduce the student drop-out rate. This will cut the amount of NHS funds wasted on students failing to complete their courses. Our proposals for improving the image of nursing and midwifery will ensure we

attract the right people to become students.

Evidence shows that preceptorship programmes play a key role in newly qualified nurses gaining confidence. NHS employers should ensure that they offer preceptorship systematically.

The graduate status of specialist nurses and midwives will be left to local determination but must reflect the skills, knowledge and leadership needed in their practice. Master's degrees should demonstrate that nurses and midwives have mastered the art and science associated with their sphere of practice.

Universities must educate to address employers' workforce needs and the need to give high quality care in all settings. The quality of education is crucial - as is the quality of workforce planning. We expect there to be effective collaboration across the system to ensure supply matches demand and that any reliance on expensive temporary staff as a consequence of under supply is reduced. The age profile of current staff is also a factor to consider in planning the future workforce.

We have created the Centre for Workforce Intelligence which will provide data and influence astute workforce planning.

- **Recommendation 17: Marketing nursing and midwifery**

Nursing and midwifery should have compelling images to position them as careers of choice. Their professional status and the behaviours expected of them need to be enhanced. We will explore the possibility of promoting this both nationally and locally and consider how we can use International Nurses Day and the International Day of the Midwife as part of this.

- **Recommendation 18: Fast-track leadership development**

Leadership is important at all levels of the healthcare system. Talent must be spotted and nurtured. Those with a particular aptitude for leadership should be offered opportunities to develop their skills as quickly as possible. Managers and educators need to build on the existing schemes and ensure leaders can be developed to make a positive impact on care delivery.

To help address this we will develop leadership fellowships for nurses and midwives.

- **Recommendation 19: Integrating practice, education and research**



It is essential that practice, education and research should be integrated. Clinical and research career pathways for nurses and midwives should be planned more effectively between NHS, other health providers and universities through strong clinical leadership locally. Commissioners will need to base their decisions about models of care, service delivery and health outcomes on evidence.

There are national schemes for nurses and midwives to develop as clinical academic researchers. These schemes give funded opportunities to progress from master's degrees in research methods to post-doctoral research. The purpose of this is to develop nurses and midwives into principal investigators leading substantial research projects.

The progress made in stimulating research careers through establishing clinical academic training schemes is so far excellent, but there is more to achieve. We will ensure these schemes are nationally funded to perpetuate them.

- **Recommendation 20: Making best use of technology**

Information technology develops and changes incredibly quickly. But the NHS is not keeping pace. There are IT solutions that could improve practice and streamline care, but we need to make faster progress in adopting IT solutions using local expertise.

## **Conclusion**

The Government is aware of the significant contribution that nurses and midwives make to the health and wellbeing of the population. However, there are more changes ahead to improve the NHS which will have a widespread impact including on nursing and midwifery. Many of the recommendations in Front Line Care should stimulate local action and they now have to be put into the context of our desire to liberate the NHS from central control. We expect nursing and midwifery leaders and others in influential leadership roles to respect what patients and the public have said through this exercise. We expect all nurses and midwives to be responsible for the care they give and to strive to give the very highest quality care.

