

# The professional role of nurses in the new management structures in England

King's Fund



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A REPORT OF KING'S FUND WORKING PARTY

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## *Introduction*

Since the publication of HC (84) 13 following the report of the Griffiths' Management Inquiry, anxiety has been expressed by nurses throughout the NHS about the managerial and professional roles of nurses in the 'post-Griffiths' era.

The King's Fund convened a working party for invited participants under the chairmanship of Lady McCarthy in order to discuss possible guidelines for health authorities and others to be taken into account when new management arrangements and structures are being considered.

The members of the Working Party are listed at Appendix One. We hope that the following document will provide a significant contribution to the debate and consideration of these matters.

## *Context*

HC (84) 13 Annex C gave general guidance on the role of nursing.

Professional chief officers are appointed by the authority and will continue to be directly accountable, and have a right of access, to the authority on the provision and quality of professional advice. On matters relating to the fulfilment of the general manager's responsibility, they will be accountable to the general manager for the day-to-day performance of their management functions. The representative members of the District Management Team will also continue to have direct access to the authority.

In reply to letters from The General Secretaries of the Royal Colleges of Nursing and Midwives, seeking clarification of the future managerial and professional role of senior nurses, the Secretary of State wrote:

We are as you know very anxious to avoid an over-centralised approach to the implementation of the Griffiths Report... We are resisting the temptation of prescribing in detail what authorities must do.

As to general principles, we have made it clear to health authorities that in preparing their proposals for revised management arrangements, they must ensure that there is adequate provision of professional (including nursing) advice. We do not propose to issue detailed instructions to Authorities on how to meet this requirement... In practice so far as nursing is concerned we would

expect that authorities will need a nursing adviser at a senior management level whose main responsibility is the provision and quality of nursing advice to the authority.

But the Secretary of State goes on to make a clear distinction between managerial and professional advice:

The officer will be directly accountable to the authority and have right of access to it as at present on the provision and quality of professional advice; on matters relating to the fulfillment of the general manager's responsibility, the nursing officer will be accountable to him for the day-to-day performance of his or her management functions.

### *The professional role*

The Working Party believe that this distinction between managerial and professional responsibilities is imperfectly understood. Because of this, certain misunderstandings have arisen as to the position of nurses in the management structure.

General management seeks to draw together responsibility for planning, implementation and control of performance. We accept that the Government intends that this general management function must be undertaken with respect to the management of nursing resources in the district, as it must to the management of all district resources. The general management of nursing resources must be practised at unit level, where those resources are deployed. The nurse manager at that level will be managerially accountable to the unit general manager.

The nurse management role is distinctly different from the professional role of the nurse, although it is not necessarily a separate role. We spent some time discussing this and attempting to identify the distinctive characteristics of professional nursing responsibilities.

The first of these professional responsibilities is to ensure compliance with the statutory obligations which authorities have to observe with respect to nursing, and in those cases where compliance is not attained to advise the authority accordingly. A principal example of the necessity for ensuring compliance would be the statutory requirements for nurse education laid on authorities by the statutory boards responsible for nurse training. Other examples are the requirement to liaise with local authorities, to provide child health and school services, to inspect private nursing homes and clinics in their districts before granting licences and to

ensure that the authority receives professional advice in relation to its vicarious liability for nursing staff.

The second area of professional responsibility entails the laying down of standards of sound nursing practice and clinical nursing judgement, advising the authority, and ensuring that these standards are observed throughout the district. Once again, when standards are not observed the professional responsibility is to advise the general manager and where necessary the authority accordingly. An example of this might be to ensure that there is the right mix of skills in the districts, and the right level of manpower to carry out the authority's policy objectives to a safe standard. Another example might be to see that innovations and changes in the practice of nursing are encouraged and put into practice in the district.

The third area of professional nursing responsibility is to advise on all other activities, either related to service or to management practice, where those activities influence or are influenced by nursing. An example here might be when the service is changing from hospital care to community care. The level of nurse manpower required, the changing skills of nurses and possibilities of recruitment to new posts are all matters which need to be directed after consideration of the professional judgement of nurses. Another example might entail personnel practice where recruitment of nurses is not attracting an adequate supply of nurses in the district.

### *Guidance to authorities*

The exercise of these three areas of professional responsibility make up the professional nursing advice which authorities are required to take into account when making decisions. Authorities have been asked to ensure that they receive professional advice on each of these areas. In the final analysis, authorities must decide for themselves how they choose to get their advice, and thus how and by whom the professional responsibility of nurses will be exercised in their districts. *We strongly recommend* that the ultimate responsibility for the provision of professional advice to the authority should be vested in one named nurse who can be held accountable for the nature and quality of the advice given. *We further recommend* that such a nurse should be appointed by the authority at district level. This named nurse would have the responsibility of advising the authority directly on the areas of professional responsibility which we have identified above, and would

have direct access to the authority to proffer such advice. In order to assist directly the fulfillment of the general management function in the district we recommend that the chief nursing officer to the authority also serve as the nursing adviser to the district general manager, who in any event must ensure, according to HC (84) 13, 'that full clinical weight is given to clinical priorities in the light of advice from nurses...'

Nurses with management responsibilities at unit level must also exercise these professional responsibilities. This entails providing professional advice to the unit general manager to whom nurse managers are managerially responsible. For professional matters, however, nurses at unit level will be monitored by the district chief nursing officer (to ensure that issues related to compliance, sound clinical nursing judgement and professional advice are brought to the attention of general managers, and, where necessary, to the authority). The exercise of these responsibilities requires active monitoring in the district through a network of professional nurses. This monitoring is an inherent element of professional nursing accountability, and enables the chief nursing officer to give quality nursing advice to the authority.

Authorities will have to determine whether the advisory role can stand alone, or whether it can be undertaken simultaneously with other management functions in the district. For example, the chief nursing officer at district level might be the named person for special functions, e.g. the closing of a mental hospital. Similarly, a nurse may be chosen as one of the district team of officers, for example as a director at board level in a position which it seems suitable to combine with the role of nursing adviser. How the chief nursing officer role is seen will depend very much on the size and complexity of the district. Whatever the case, we would again strongly recommend that although some of the professional responsibilities relating to nursing advice may be *delegated* to other individual nurses in their district, the responsibility for the advice to the authority remains with the chief nursing officer. It is useful to underline a point from the Secretary of State's letter to the Rcn: '... we would expect that authorities will need a nursing adviser at a senior management level *whose main responsibility is the provision and quality of nursing advice to the authority*'.

The Secretary of State has said that it must be recognised that there is no single way, in which to structure the role of the professional nursing adviser, but we believe our recommendations provide authorities with a

variety of options that will ensure efficient and effective provision of nursing advice and professional leadership. General management processes and structures must emerge from a clear diagnosis of the problems and opportunities facing an individual district. They must in turn reflect and facilitate both the service and the organisational and managerial strategies which the district pursues. So, in each district, management arrangements and structure may vary; there is no general prescription for implementing the general management function.

Health authorities are now devising various management structures. Although these will differ, one common factor must be that all authorities create the right structure to ensure that they receive sound professional nursing advice. We hope that these guidelines may help.



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Appendix one

*Members of the Working Party*

Ms J Clague	President Association of Nurse Administrators
Mr D Dean	Chief Nursing Officer Mid Staffordshire Health Authority
Miss J Flindall	Regional Nursing Officer Wessex Regional Health Authority
Mr M Hill	Director of Labour Relations Royal College of Midwives
Mr T E Grady	District Nursing Officer Exeter Health Authority
Lady M McCarthy	Fellow in Employee Relations King's Fund College
Mrs G Oates	Chief Nursing Officer Salford Health Authority
Dr G Parston	Fellow in Strategic Management and Planning King's Fund College
Mr C Ralph	Director of Nursing Westminster Hospital
Mr R Rowden	Professional Officer RCN Association of Nursing Management
Ms S Willis	Assistant General Secretary Association of Health Visitors

*In attendance*

Mr M Clark	Principal Nursing Officer DHSS, Alexander Fleming House
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