

Submission from the Royal College of Nursing, Wales

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

7 KH 5 & 1 LV WKH ZRUOG¶V ODUJHVW SURIHVVLRQDO XQLRQ RIQXUVH health visitors, health care support workers and nursing students, including over 25,000 members in Wales. RCN members work in a variety of settings including the NHS and the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

Inquiry of the National Assembly for Wales Health, Social Care and Sport into the sustainability of the Health and Social Care Workforce Submission from the Royal College of Nu rsing, Wales

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# Section 1 The picture of the NHS nursing workforce & identifying data gaps

## 1.1 The workforce planning process

1. Currently each Health Board endeavours to produce an Integrated Medium Term

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5 of Agenda for Change<sup>6</sup> up to a Band 8 or higher. After 3 years full time education and practice a newly graduated and Registered Nurse will enter NHS employment at Band 5.

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- 16.1 XUVHV DQG QXUVLQJ VWDII VRPHWLPHVSUUHHPWDUWUXHUROOV 7KH\PD\DOVR OHDYH WKH 1+6 WR ZRUN LVOPDWDKOHVIRQGHS PRYHUDREDG WR SUDF100/LFTRHQV7LKOHHUUHDE100H DPRXQW RIPRYH ERUGHU ZLWK (QJODQG 7KLV LQIRUPDWLRQ FRXOG EH DQG UHWHQWLRQ

17. It would also be helpful to have information on nurses recruited to the NHS

- f movement of nurses within the NHS
- f movement of nurses to the independent care sector
- f nurses leaving (or returning to) health and social care
- f nursing in prison services
- *f* nursing in education establishments
- f International recruitment & nurses leaving Wales to practice abroad
- f cross border migration with England

## 1.4 The Independent Sector ±a data g ap

- 18. Little is still known about the numbers of nurses employed outside the NHS in sectors such as nursing and residential homes, prisons, educational establishments, independent hospitals and clinics, independent hospices, respite and voluntary agencies and commercial nursing agencies. Between a quarter to a third of the RCN membership work in the independent sector in Wales.
- 19. Despite the fact that care homes providing nursing care beds are regulated by Care Standards Inspectorate Wales and the Care Council for Wales (soon to be the Social Care Council) neither body can provide a nationally published figu8(Care)-h(u)-3(b)-3

homes with no continuity

- 27. In 2007 Professor Rafferty surveyed nearly four thousand nurses across England and Scotland and looked at 118,752 patient episodes of care in 30 hospital trusts in England. She found that wards with lower nurse to patient ratios had a 26% higher patient mortality rate. An international meta study in 2007 estimated that each additional full time nurse per patient day saved five lives per 1,000 medical patients, and six per 1,000 surgical patients. Another study in 2014 found that when a nurse is required to work with more than seven patients per day the risk of the patient dying within 30 days increases by 7 per cent<sup>10</sup>.
- 28.RCN members in Wales have consistently rated staffing levels as a top concern, and the RCN remains committed to working with politicians of all parti es to ensure the implementation of the legislation and see it extended to other areas such as community and mental health care.

### Section 3 Equipping the Future Nursing Workforce

## 3.1 Nursing in Primary and Community Care

- 29. Nursing as a profession is well equipped to meet the future health and social care needs of the population. However the Royal College of Nursing believes that developing the profession in the community and primary care should be a priority for the Welsh Government.
- 30. For the last decade in Wales Health Boards have been reconfiguring acute hospital services, reducing bed numbers, encouraging shorter patients stays and enabling more complex treatments and care to be delivered at home. People prefer to receive care at home. This allows people to maintain greater independence. When excellent care is provided in the home it is also often of a nature that prevents future illness or accidents.

<sup>&</sup>lt;sup>10</sup> Rafferty, Anne Marie et al. 2007. Outcomes of variation in hospital nurse staffing in English hospitals: Cross sectional analysis of surveyata and discharge records. International Journal of Nursing Studies 44 (2), pp. 175 - 182 Kane, RL et al. 2007. Nurse Staffing and Quality of Patient Care. Rockville: Agency for Healthcare Research and Quality (US)ken, Linda et al. 2014. Nurse staffangel education and hospital mortality in nine European countries: a retrospective observational study. The Lancet 383 (9931), pp.18804

- 31. The Royal College of Nursing is supportive of this move in principle but has concerns over whether there is sufficient investment in the workforce to ensure high quality of care. There is a paucity of statistical data and performance information on care provided in community settings.
- 32. Numbers of nurses employed by the NHS are known at a national level but the number of people receiving care (and their needs) are not. Therefore it is difficult to judge the level of nursing need and improve workforce planning to meet this need. The skill mix of community nursing teams within a Health Board is also not published at a national level. Most importantly there is no information on the outcomes for the patients.
- 33. As more health care is delivered in the community and more of the health budget is spent on this, it is even more important that this lack of national information be rectified to improve workforce and service planning.
- 34. The nursing workforce based in the community and employed by the NHS is a large and diverse group of specialised nursing areas of practice. It may include Learning Disability nurses, palliative care nurses, school nurses and occupational health nurses. It may include Specialist Nurses and Nurse Consultants who may lead diagnostic clinics with the ability to admit directly to hospitals. It de dc61(inclu)-3(d6d)-3(.) orking to TheP D L Q W

indicate there has been an increase in the numbers of registered nurses working in NHS community services. Health Visitors in particular have increased in numbers.

35. Nurses in different roles provide the bulk of NHS care in the community, yet despite is they are often overlooked as a professi n when primary and community care services are planned and the workforce considered. Directors of Primary Care Local Health Board levels should

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48. Some leading voices in the nursing profession have expressed a desire to modernise the educational curriculum for this qualification. The Royal College of Nursing would welcome discussion on this point but it cannot be used as an excuse for this decline. The RCN believes the Welsh Government should strengthe n the District Nursing service in Wales.

# 3.4 The need for & KLOGUHQ¶V 1XUVHV

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welcome increases in pre-registration training places in Wales, FKLOGUHQ¶V QXUV education has remained static and does not support the future workforce UHTXLUHPHQWV &XUUHQW ZRUNIRUFH SODQQLQJ IRU FI not take into account the number of potential registrants due to retire or the reconfiguration of services.

51. This

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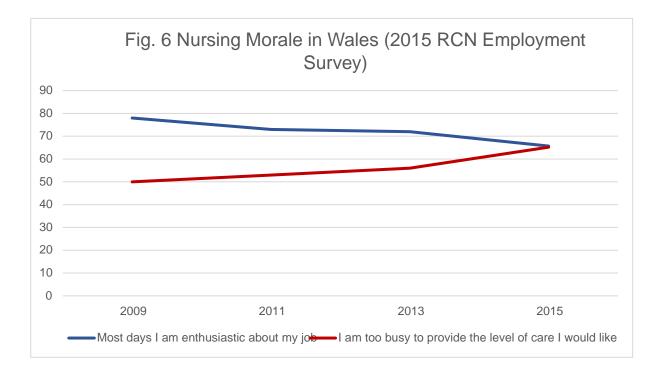
Government. The Royal College of Nursing has a cautious response to this proposal and a number of concerns. Unlike the situation in England with highly  $DXWRQRPRXV 7UXVWV \mu KHDOWK GHYROXWLRQ¶ LQ UI services form various providers, the Welsh NHS remains at the moment a nationally consistent service with the majority of services directly provided by the NHS. One of the purposes of a democratically elected Welsh Government is to set national health policy and ensure high standards in a nationally run and nationally accountable health service. Without control of the workforce planning process it is difficult to see how the Welsh Government can be accountable for either or deliver on either.$ 

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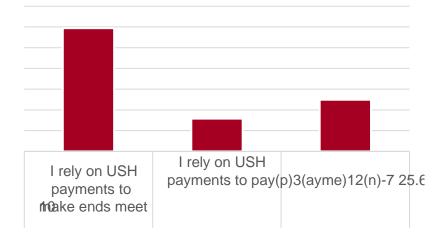
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the privilege of working 12 hours shifts with little control over hours? Will universities still be expected to arrange placements? The administration of this is one of the many reasons why nursing education is costly to provide.

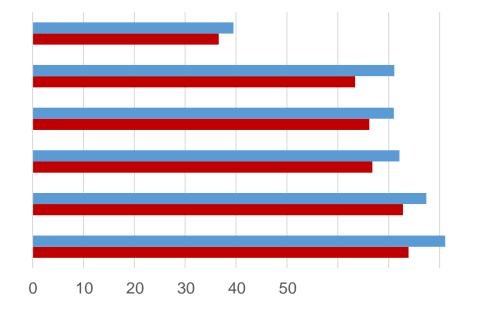
- 66. In contrast the Scottish Government has announced its intention to keep the student nursing bursary.
- 67. The RCN believes that Wales should examine ways to widen access to the nursing profession. Other objectives should be to ensure that national workforce planning can continue and that the high quality of nursing education in Wales remains. RCN Wales has recently published <u>The Future of Nursing Education in Wales</u> This document outlines a strategic vison for widening access equitably and



69. There has been a 14% real terms fall in nursing pay since 2010. A newly qualified nurse in Wales currently earns £21,909. This is £8091 less than the UK median graduate salary. 20% of Nurses and HCSWs have taken another job to make ends meet. Many rely on additional unsocial hours payments for income or to cover caring responsibilities.



- 70. Professional development and learning does not and must not stop at registration. It is a fundamental career-long requirement for every nurse. It is a requirement for successful revalidation by the Nursing and Midwifery Council. Continuing Professional Development (CPD) is essential for patient safety and clinical effectiveness, and is one tool used by the nursing profession to ensure that the highest standards of practice are promoted and maintained.
- 71. Improving access to CPD is also an important way of showing how the nursing profession is valued and improving morale. Doctors, for example, have access to CPD as part of their contracts. Yet many nurses and midwives in the NHS find it very difficult to take time out from the clinical environment to develop their skills ± or even to complete mandatory training.



72. Investing in nursing, through a fair pay agreement, good terms and conditions and access to continuous professional development w ill benefit people receiving care

# **Further Information Sources**

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